

6. COVID-19 and Recovery Update

29th March 2022, BNSSG Primary Care
Commissioning Committee

Overview

- Update on BNSSG vaccination programme
- Current cohorts
- Outreach update

Latest published statistics for BNSSG

2,096,856
Total vaccinations

775,528 First dose vaccinations

730,290 Second dose vaccinations

591,038 Booster or third primary vaccinations

34,234



People vaccinated as part of our outreach programme

84.6%
of people in our area aged 16+ have had their first dose



83.4%
of people aged 12+ have had their first dose

Bristol, North Somerset & South Gloucestershire



**Covid-19
Vaccination
Programme**



For more information
Visit the BNSSG Healthier Together website

Vaccination Sites



1 Large Vaccination Centre



53 GP Clinics



13 Pharmacy Clinics



2 Hospital Clinics

Social media

 @HTBNSSG  @BNSSGCCG

 @BNSSG_CCG

[17 March 2022]

Shaping better health

Latest published statistics for BNSSG

- Latest vaccination figures, (published 17 March 2022), show that across BNSSG we have now given **2,096,856** vaccinations in total. Of that total **775,528** are first dose vaccinations, **730,290** are second dose vaccinations and **591,038** are booster or 3rd/4th Primary doses.
- **84.6%** of all eligible people aged over 16 and **83.4%** of all eligible people 12+ have had their first dose vaccination
- We have given **34,234** vaccinations in our outreach clinics since March 2021.

First dose vaccination rates in our area and nationally:

	12-15	16-17	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+
National	61.5%	75.4%	82.5%	82.9%	89.0%	90.4%	94.7%	91.2%	95.6%	98.0%	99.9%	97.1%	95.9%	100%*	91.6%
BNSSG	65.0%	81.1%	83.3%	81.5%	92.0%	98.0%	100%*	97.1%	98.8%	100%*	100%*	98.9%	97.7%	100%*	92.5%
BNSSG total	27,726	15,684	85,166	65,272	68,519	64,425	58,938	55,947	59,856	59,176	49,455	42,051	42,686	33,624	44,050

*100% signifies that the number of people who have received their first dose exceeds the latest official estimate of the population from the ONS for this group.

Latest statistics for BNSSG

First Dose Target Uptake	Cohort #	Cohort Name	# Eligible
95.0%	1	Care Home Residents & Staff	5,480
95.0%	2	80+ & frontline H&SCW	109,850
95.0%	3	75-79	34,259
95.0%	4	70-74 & CEV	61,902
95.0%	5	65-69	39,359
90.0%	6	At Risk (16-64)	134,940
90.0%	7	60-64	26,900
90.0%	8	55-59	35,964
90.0%	9	50-54	40,942
85.0%	10	40-49 (C10)	93,769
85.0%	11	30-39 (C11)	127,856
85.0%	12	18-29 (C12)	146,127
75.0%	13	12-15 At Risk (C13)	2,950
75.0%	14	12-17 Immuno Contacts (C14)	2,530
75.0%	15	16-17 (C15)	17,751
60.0%	16	12-15 (C16)	40,862
60.0%	17	5-11 At Risk (C17)	6,533
38.0%	18	5-11 (C18)	76,909
	other	All Other (<5yrs)	51,066
81.8%		Total Population	1,055,949

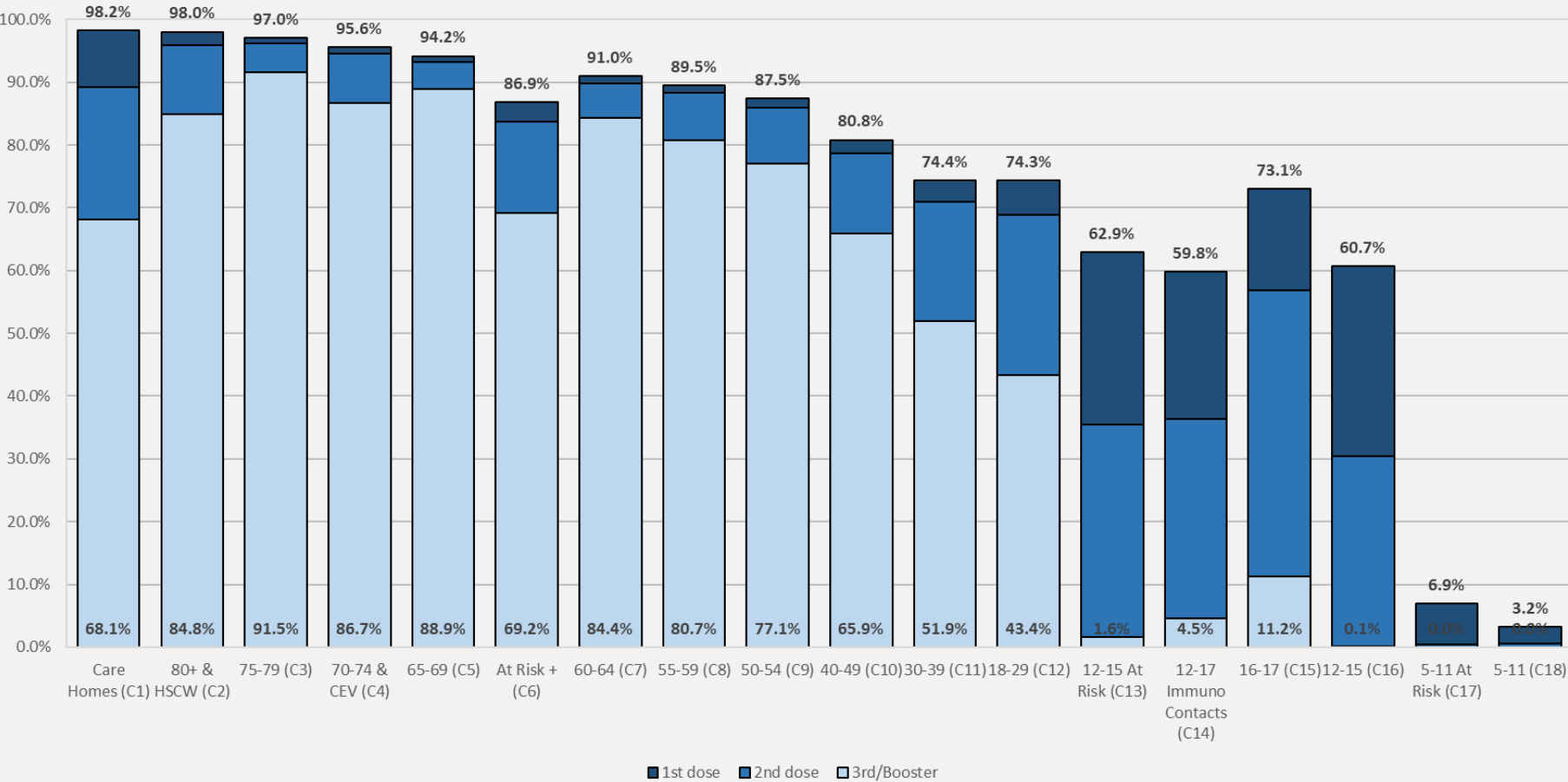
Foundry Reported Vaccinations		
First Dose	Second Dose	Third Dose & Boosters
5,382	4,888	3,732
107,665	105,377	93,197
33,248	32,930	31,354
59,179	58,506	53,658
37,062	36,659	34,977
117,212	113,016	93,415
24,472	24,168	22,694
32,196	31,759	29,026
35,804	35,192	31,557
75,761	73,770	61,809
95,120	90,683	66,354
108,610	100,562	63,383
1,857	1,048	47
1,514	919	115
12,968	10,095	1,988
24,800	12,428	58
453	25	
2,466	429	
12	0	0
775,781	732,454	587,364
2,095,599		

Uptake Eligible Population		
First Dose as a % of # Eligible	Second Dose as a % of 1st Doses	Third Dose & Boosters as a % of 2nd Doses
98%	91%	76%
98%	98%	88%
97%	99%	95%
96%	99%	92%
94%	99%	95%
87%	96%	83%
91%	99%	94%
90%	99%	91%
87%	98%	90%
81%	97%	84%
74%	95%	73%
74%	93%	63%
63%	56%	4%
60%	61%	13%
73%	78%	20%
61%	50%	0%
7%	6%	
3%	17%	
0%	0%	
77%	94%	80%

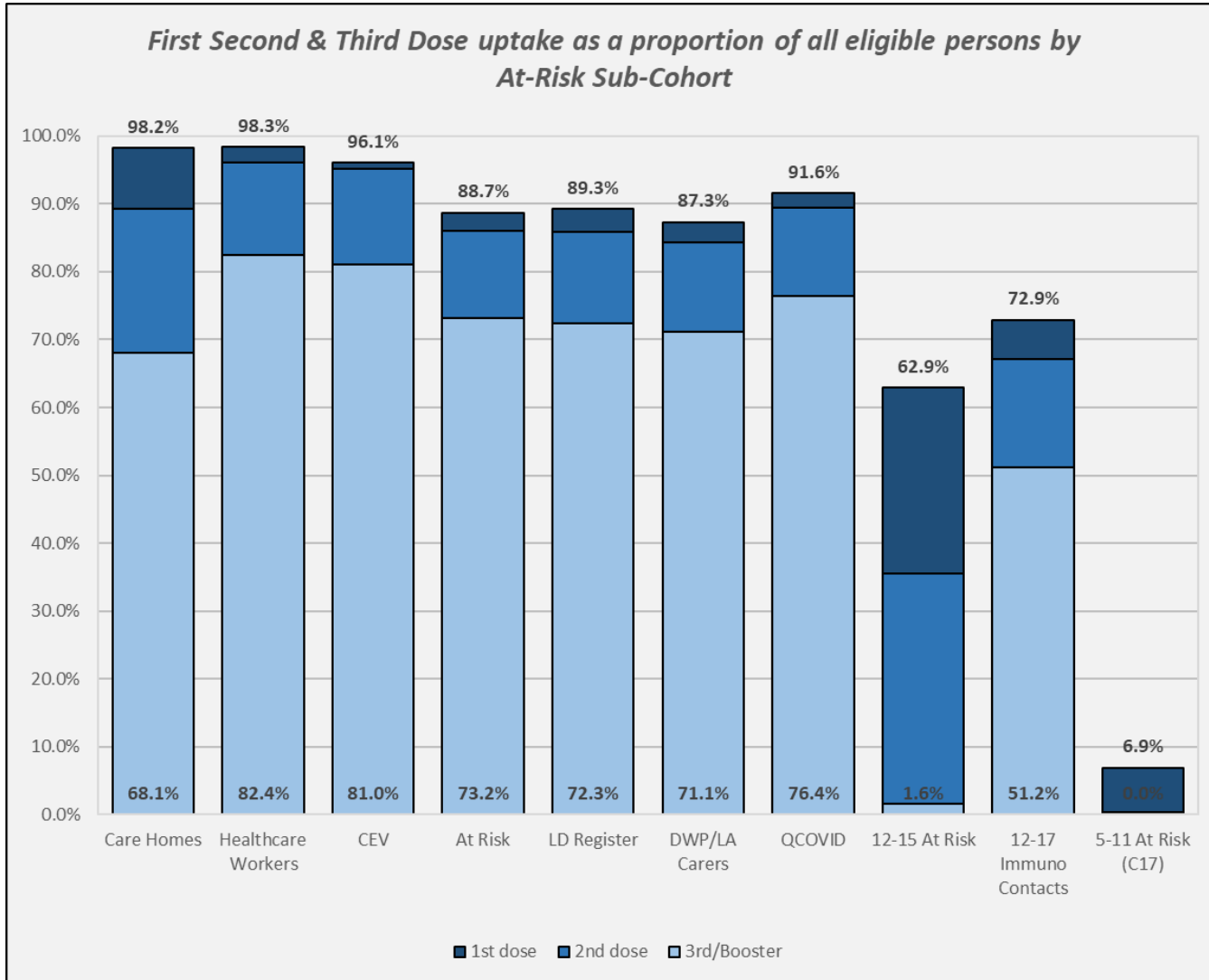
note: 'All other' not included in Totals

Latest statistics for BNSSG

First Second & Third Dose uptake as a proportion of all eligible persons by Cohort



Latest statistics for BNSSG



Current focus of the vaccination programme

- Spring Booster programme
- Planning for 5-11y olds without underlying conditions
- Evergreen offer
- Planning the future delivery model

PCNs

- Enhanced service specification updated
- <https://www.england.nhs.uk/coronavirus/publication/enhanced-service-specification-covid-19-vaccination/>
 - Extended to 30/9/22
 - Notice period shortened to 21 days
 - “Pause” mechanism introduced
 - £10 supplement for vaccinations to care home residents, care home staff, housebound patients, immunosuppressed patients, 5-11yr olds
- PCNs have access to programme workforce to support delivery to housebound patients or care homes to be able to maintain a focus on core business
- Confirmed the use of Improved Access to deliver vaccines
- Several sites have also opted in to vaccinate 5-11y olds without underlying conditions to ensure good population coverage

Current Cohorts:

Cohort	Vaccine	Booster / Primary	Doses	When	Place of Delivery
Anyone aged 18+ except those who are severely immunocompromised	MRNA OR AZ if age 40+	2 Primary Doses	<u>2 doses</u> 2 nd dose 8 weeks after 1 st dose Must be at least 4 weeks (28 days) after positive COVID test	Now	<ul style="list-style-type: none"> - Walk-ins • Book on the Day • Vaccination Centre • PCN Clinics • Community Pharmacy • Outreach • Hospital clinics where appropriate
	MRNA (unless PEG allergy then AZ)	Booster 1	<u>Dose 1</u> At least 3 months after final primary dose Must be at least 4 weeks (28 days) after positive COVID test	Now	
In addition – for adults aged 75 years and over and residents in a care home for older adults	MRNA (unless PEG allergy then AZ)	Booster 2	<u>Dose 2</u> 6 months after previous dose and operational flexibility whereby individuals in care homes or housebound patients may be offered the booster alongside other residents providing there is at least three months from the previous dose	21 March 2022	<ul style="list-style-type: none"> - Walk-ins • Book on the Day • Vaccination Centre • PCN Clinics • Community Pharmacy • Outreach • Hospital clinics where appropriate

Current Cohorts

Cohort	Vaccine	Booster/ Primary	Doses	When	Place of Delivery
Anyone 18+ who is severely immunocompromised	MRNA	3 Primary Doses	3 doses 3 rd dose is 8 weeks after 2 nd dose Must be at least 4 weeks (28 days) after positive COVID test	Now	With evidence of eligibility: <ul style="list-style-type: none"> • PCN clinics • Walk Ins • Book on the day • Community Pharmacy - Outreach - Vaccination Centre • Hospital clinics where appropriate
	MRNA (unless PEG allergy then AZ)	Booster Dose1	1 booster dose 3 month after 3 rd dose Must be at least 4 weeks (28 days) after positive COVID test	Now	
	MRNA (unless PEG allergy then AZ)	Booster Dose 2	2 nd Booster dose 3 months after 1 st individuals who have received the 1 st booster (fourth) dose more recently should also be offered the booster during the spring 2022 campaign providing there is at least three months from the previous dose. This will ensure they have additional protection against a potential summer wave and will align with their peers to facilitate an autumn programme	21 March 2022	

Current Cohorts

Cohort	Vaccine	Booster/ Primary	Total Doses	When	Place of Delivery
16 & 17 Year Olds (unless severely immunocompromised -see below)	Pfizer 16yr olds and above can have AZ if there is a clinical reason not to have an MRNA and they have had it before	2 Primary Doses	<u>2 doses</u> Must be 12 weeks after positive COVID test result 2 nd dose at least 12 weeks after 1 nd dose	Now	Where staff signed off: <ul style="list-style-type: none"> • Schools/ Colleges • Community Pharmacies • Outreach • Walk Ins • PCN • Vaccination Centre
	Pfizer 16yr olds and above can have AZ if there is a clinical reason not to have an MRNA and they have had it before	Booster Dose	<u>1 Dose</u> 30 micrograms Pfizer-BioNTech COVID-19 vaccine (Comirnaty®) no sooner than 3 (91 days) months after completion of their primary course:	Now NBS open for Booster doses from 17/1/22	
Household contact of people with weakened immune system aged 16-17	Pfizer 16yr olds and above can have AZ if there is a clinical reason not to have an MRNA and they have had it before	2 Primary Doses	<u>2 doses</u> Must be at least 4 weeks (28 days) after positive COVID test 2 nd dose 8 weeks after 1 st dose.	Now	<ul style="list-style-type: none"> • Schools/ Colleges • Community Pharmacies • Outreach • Walk Ins • PCN • Vaccination Centre
	Pfizer 16yr olds and above can have AZ if there is a clinical reason not to have an MRNA and they have had it before	Booster Dose	1 Dose Must be at least 4 weeks (28 days) after positive COVID test . No sooner than 3 (91 days) months after completion of their primary course:	Now	

Current Cohorts

Cohort	Vaccine	Booster/ Primary	Total Doses	When	Place of Delivery
16 & 17 Year Olds - Severely immunocompromised	Pfizer 16yr olds and above can have AZ if there is a clinical reason not to have an MRNA and they have had it before	3 Primary Doses	<u>3 doses</u> Must be at least 4 weeks (28 days) after positive COVID test 3 rd dose 8 weeks after 2 nd dose (if possible delayed until 2 weeks post immunosuppression)	now	With evidence <ul style="list-style-type: none"> • PCN clinics • Vaccination Centre Hospital • Walk In
	Pfizer 16yr olds and above can have AZ if there is a clinical reason not to have an MRNA and they have had it before	Booster 1	<u>Dose 1</u> Must be at least 3 months(91 days) after primary in line with the clinical advice	1 st Booster Now	With evidence <ul style="list-style-type: none"> • PCN clinics • Vaccination Centre • Hospital • Walk In
	Pfizer 16yr olds and above can have AZ if there is a clinical reason not to have an MRNA and they have had it before	Booster 2	<u>Dose 2</u> 2 nd Booster dose 3 months after 1 st Individuals who have received the 1 st booster (fourth) dose more recently should also be offered the booster during the spring 2022 campaign providing there is at least three months from the previous dose. This will ensure they have additional protection against a potential summer wave and will align with their peers to facilitate an autumn programme	21 March 2022 ^t	With evidence <ul style="list-style-type: none"> • PCN clinics • Vaccination Centre • Hospital • Walk In

Current Cohorts

Cohort	Vaccine	Booster/ Primary	Total Doses	When	Place of Delivery
Healthy 12 -15 Year olds	Pfizer	2 Primary Doses	<p><u>2 doses</u></p> <p>2nd dose at least 12 weeks after 1st dose At least 12 weeks from positive Covid Infection*</p> <p>New JCVI Advice that children who are aged 12 years old in school year 7 should preferably receive the Comirnaty® 10 micrograms/dose. This is applicable for any 12 year-old born after 31 August 2009. This will require further changes to PGDs and national protocols.</p>	Now	<ul style="list-style-type: none"> • School and Colleges by SAIS • Community clinics • Vaccination Centre (NBS appointments) • PCNs (where subcontracted and using NBS), walk in or local booking system • Outreach clinics <p>Staged consent not require if parent /legal guardian is present a point of vaccination</p>

Current Cohorts

Cohort	Vaccine	Booster/ Primary	Total Doses	When	Place of Delivery
Children aged 12 - 15 severely immunocompromised	Pfizer	3 Primary Doses	<p>3 doses</p> <p>3rd dose 8 weeks after 2nd dose (if possible delayed until 2 weeks post immunosuppression) Must be at least 4 weeks (28 days) after positive COVID test*</p> <p>New JCVI Advice that children who are aged 12 years old in school year 7 should preferably receive the Comirnaty® 10 micrograms/dose. This is applicable for any 12 year-old born after 31 August 2009. This will require further changes to PGDs and national protocols.</p>	Now	<ul style="list-style-type: none"> PCN clinics via Digital Booking System Vaccination Centre with prior agreement <p>Staged consent not require if parent /legal guardian is present at point of vaccination</p> <p>Assurance process required for sites delivering 10ug doses</p>
	Pfizer	Booster 1	<p>Dose 1</p> <p>1st Dose 30 micrograms Pfizer-BioNTech COVID-19 vaccine (Comirnaty®) no sooner than 3 months after completion of their primary course:</p>	1 st Dose Now	<p>New JCVI Advice that children who are aged 12 years old in school year 7 should preferably receive the Comirnaty® 10 micrograms/dose. This is applicable for any 12 year-old born after 31 August 2009. This will require further changes to PGDs and national protocols.</p>
	Pfizer	Booster 2	<p>2nd Dose - 6 months after last vaccine</p> <p>(Individuals who have received the 1st booster (fourth) dose more recently should also be offered the booster during the spring 2022 campaign providing there is at least three months from the previous dose. This will ensure they have additional protection against a potential summer wave and will align with their peers to facilitate an autumn programme</p>	21 March 2022	

Current Cohorts

Cohort	Vaccine	Booster/ Primary	Total Doses	When	Place of Delivery
<p>Clinically at risk 12-15 year olds or a household contact of someone with a weakened immune system</p> <p>Clinically extremely vulnerable children with severe neuro- disabilities</p>	Pfizer	2 Primary Doses	<p><u>2 doses</u></p> <p>Must be at least 4 weeks (28 days) after positive COVID test* 2nd dose 8 weeks after 1st dose. New JCVI Advice that children who are aged 12 years old in school year 7 should preferably receive the Comirnaty® 10 micrograms/dose. This is applicable for any 12 year-old born after 31 August 2009. This will require further changes to PGDs and national protocols.</p>	Now	<ul style="list-style-type: none"> • PCN clinics via local Digital Booking System • Also will be identified via school based immunisation team • Vaccination Centre with prior agreement <p>Staged consent not require if parent /legal guardian is present at point of vaccination</p> <p>Children who turn 12 between 1st and 2nd doses should receive the same 2nd dose as 1st ie 10µg Assurance process required for sites delivering 10ug doses</p>
	Pfizer	Booster Dose	<p><u>1 Dose</u></p> <p>30 micrograms Pfizer-BioNTech COVID-19 vaccine (Comirnaty®) no sooner than 3 months after completion of their primary course:</p>	Now	

Current Cohorts

Cohort	Vaccine	Booster/ Primary	Total Doses	When	Place of Delivery
5-11 Year Olds- At Risk including household contacts of people with weakened immune system	Pfizer	Primary	<p><u>2 doses</u></p> <p>Pfizer BioNTech COVID-19 2 x vaccine 10µg. 8 week interval between 1st and 2nd dose The minimum interval between any vaccine dose and recent COVID-19 infection should be 4 weeks*</p>	Now	<p>PCN based clinic – opt out arrangement Community clinics where PCNs have opted out Vaccination Centre ‘mop up’ clinics</p> <p>Children who turn 12 between 1st and 2nd doses should receive the same 2nd dose as 1st ie 10µg Assurance process required for sites delivering 10mg doses</p>
5-11 Year Olds- without underlying conditions	Pfizer	Primary	<p><u>2 doses</u></p> <p>A non-urgent offer of two 10 mcg doses of the Pfizer-BioNTech COVID-19 vaccine (Comirnaty®) to children aged 5 to 11 years of age who are not in a clinical risk group. The two doses should be offered with an interval of at least 12 weeks between doses Should be at least 12 weeks from positive Covid Infection*</p>	4 th April	<p>PCNs Community Pharmacy UWE Outreach/ Community Clinics Parental supervision</p> <p>Assurance process required for sites delivering 10mg doses</p>

Maximising Uptake – Reducing Inequalities

Over the last month the team have been back out with more roving clinics as well as returning to regular venues and visiting new sites to provide outreach in homeless shelters, asylum seeker hotels, refugees, mental health clinics, drug & alcohol centres, secure units, shopping centres, supermarkets, leisure centres and community centres. Some examples below....



48 roving COVID vaccinations
8 1st, 8 2nd, 32 Boosters

It's not too late protect yourself and loved ones against Covid-19!

Come along to:
 St John Ambulance unit outside
 St John Ambulance Centre
 11am - 1pm
 Friday 4 March

Look out also on the same day for our mobile vaccination team in Stapleton Road & Albasera Rosque

1st, 2nd, 3rd or booster dose available, if eligible

www.grabajab.net

If you need support or information about Covid-19 please call Caafi Health on 0117 924 7442 or email bnssg.massvaccination@nhs.net



Please come along to:

The Rock Community Centre
 St Peter's Hall
 Ridingleaze
 Lawrence Weston
 Bristol
 BS11 0QF

Saturday 26 February 10am-5pm
 &
 Saturday 26 March 10am-5pm

Open to anyone 12 years and over for 1st, 2nd, 3rd or booster dose, if eligible

If you need support or information about Covid-19 please call Caafi Health on 0117 924 7442 or email bnssg.massvaccination@nhs.net

@ Symes Community Building family walk-in vaccination clinic
26th Feb, (including roving to Imperial Apartments) and 12th March

Haven't had a chance to get your Covid-19 vaccination?

Please come along to the pop up clinic at Imperial Apartments soft play area on Saturday 26 February 2pm - 3.30pm

Imperial Apartments residents get a £50 Sainsbury's & Tesco shopping voucher when they have their vaccination!

Open to anyone 12 years and over for 1st, 2nd, 3rd or booster dose, if eligible

You can also pop into our walk-in clinic from 10am - 6pm at: @Symes Community Building, Peterson Avenue, Hartcliffe Bristol, BS13 0BE

If you need support or information about Covid-19 please call Caafi Health on 0117 924 7442 or email bnssg.massvaccination@nhs.net

"What was all that about, I should have done that sooner"
60 year old female



Haven't had a chance to get your Covid-19 vaccination?

Please come along to:

@Symes Community Building
 Peterson Avenue
 Hartcliffe
 Bristol
 BS13 0BE

Saturday 26 February 10am-6pm
 &
 Saturday 12 March 10am-6pm

Open to anyone 12 years and over for 1st, 2nd, 3rd or Booster dose, if eligible

If you need support or information about Covid-19 please call Caafi Health on 0117 924 7442 or email bnssg.massvaccination@nhs.net



34,250+
Vaccinations in outreach
Since March 2021

YATE SHOPPING CENTRE

LSO

Caafi Health

NHS

Morrisons

NHS

BORDERLANDS
 from exclusion to BELONGING

Barton Hill walk-in vaccination and roving clinics

Wali ma qaadatay tallaalka Koofid-19?
 Fadlan kaalay:
Wie miałas jeszcze szczepionki na Covid-19?
 Proszę przyjdź do:

لم تأخذ لقاح كوفيد-19 بعد؟
 فضلاً تعال إلى:

Weekly For All Healthy Living Centre walk-in family clinics



Every Tuesday – providing Covid vaccinations for families from 12+ year olds



Does anyone in your family still need their Covid-19 vaccination?

Please come along to

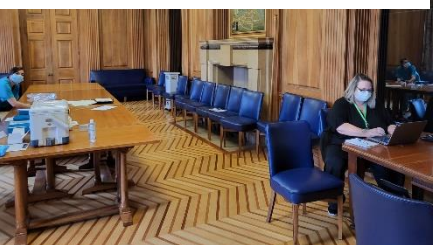
Lockleaze Sports Centre
 Bonnington Walk
 Lockleaze
 Bristol
 BS7 9XF

Saturday 5 March 9am-5pm

Open to anyone 12 years and over for 1st, 2nd, 3rd or Booster Covid-19 vaccinations, if eligible

If you need support or information about Covid-19 please call Caafi Health on 0117 924 7442 or email bnssg.massvaccination@nhs.net

Hong Kong Refugees clinic at City Hall



Wellspring Healthy Living Centre
 Beam Street
 Barton Hill
 Bristol
 BS5 9QY

Saturday 5 and 19 February 10am-4.30pm
 Saturday 5 and 19 March 10am-4.30pm

Open to anyone 12 years and over for 1st, 2nd, 3rd or Booster dose, if eligible

Every 2 weeks - Covid vaccinations for families (12+ year olds) and Adult Flu

Communications & Insight Update

Operational Communications:

- Launch of Spring boosters for
 - everyone aged 75 and over,
 - people who live in care homes for older people, and
 - people aged 12 and over with a weakened immune system.
- Media: Dr Neil Kerfoot and Dr Geeta Iyer took part in Spring booster media activity on BBC Points West and BBC Radio Bristol.
- Ongoing messaging to support uptake of clinically extremely vulnerable 5 to 11 year olds.
- Working with Healthier Together comms leads to ensure consistent messaging.
- Progressed behavioural change campaign planning, identifying target groups and now starting qualitative research to understand attitudes.
- Evaluation of Vaccination Programme as a legacy for development of future healthcare services is underway.
- Planning for launch of 5-11 year old vaccinations in April.

Maximising Uptake:

- Developing an animation to normalise COVID-19 vaccination, explain how vaccines work and which vaccines are offered at different stages of life.
- Promotion of walk-in clinics on local radio stations and social media.
- Comms support for outreach clinics including posters, social media, leaflets
- Signage for Network4 hyper-local ambulance approach.
- Comms support for Reducing Inequality Grants weekly drop-in sessions.

Regular Programme Outputs:

- Promoting clinics on www.grabajab.net
- Social media calendar
- MP briefings
- Weekly infographic with uptake figures
- Updating and distributing Anti-Vax Guidance



Governance: The BNSSG Flu Group will report to BNSSG Mass Vaccination Programme Partnership Board and BNSSG CCG PCCC.

Report for: Relevant internal/external committees.

Written by: Debbie Campbell, Lisa Rees, Jacci Yuill, Fiona Budd

Background

The timing and magnitude of potential influenza and COVID-19 infection waves for winter 2021 to 2022 are currently unknown, but there is concern regarding the rate of influenza that may be seen this year, with mathematical modelling indicating the 2021 to 2022 influenza season in the UK could be up to 50% larger than typically seen and it is also possible that the 2021 to 2022 influenza season will begin earlier than usual. Influenza vaccination is therefore an important priority this coming autumn to reduce morbidity and mortality associated with influenza.

Key Highlights since the last report

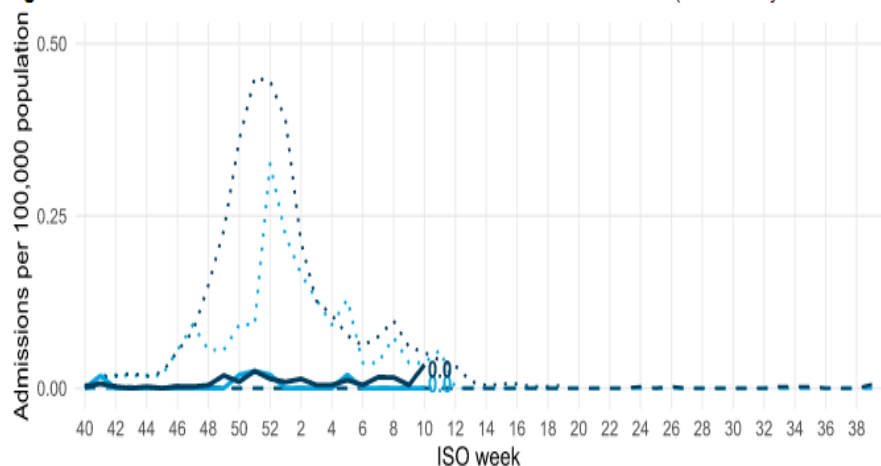
- Flu levels remain low in the South West region and similar to the previous week.
- Two national Flu communications have been issued:
 - Communication from Deborah Tomalin, Director of Public Health Commissioning and Operations to thank everyone involved in delivering this year's flu vaccination programme. This highlighted that we have seen record numbers of these vital jabs given, in particular to people over 65s, which is an amazing achievement - thanks to our amazing primary care flu services and staff in Trusts who have delivered the flu jab to patients and pregnant women. It also recognised the hard work of the school immunisation teams.
 - NHS England and NHS Improvement have now published their guidance about reimbursable vaccines and eligible cohorts for the 2022/23 NHS Seasonal Influenza (flu) Vaccination Programme. While the reimbursable vaccines for the coming season remain unchanged, there are changes to the first line vaccination recommendations. The letter also highlights that in 2022/23, the NHS flu vaccination programme will only be offered to patient groups eligible in line with pre-pandemic recommendations. Cohorts that were eligible in the 2021/22 season but that are **not** included in the cohorts for 2022/23 are:
 - those aged 50 to 64 years
 - secondary school children in Years 7 to 11 (i.e. between 11 and 15 years of age)
 It also highlighted that it is not anticipated that any stock will be centrally procured by the Department of Health and Social Care for the 2022/23 season.
- Data overall continues to show a positive uptake rate for the over 65years cohort and we continue to achieve the national ambition overall with a BNSSG current uptake of 85%. The 'at risk' cohort however remains below trajectory with uptake of 54% (national ambition 75%) but similar to last season's uptake. Slight improvements noted in the 2-3yr old cohort uptake with a current uptake of 55%. Uptake in pregnant women remains lower than hoped at 42%
- Ongoing positive results seen by the outreach work, with 642 Flu vaccinations being delivered as per 03/03/22, including both adult and child vaccinations.
- Practice Nurse survey undertaken to gain their feedback on this season. Positives included well run, effective clinics, good team work and uptake rates. Areas that went less well included delays to vaccine deliveries, pressure on nursing teams, uptake in school children and 2/3 year olds.

Influenza and ILI - South West Summary – Week 10

- The ICU/HDU admission and hospital admission rates with confirmed influenza remain low in the South West and England (Figures 2 and 3), with a slight increase in hospital admission rate in England in the last week (0.7 per 100,000 population).
- The percentage positivity of respiratory samples tested for influenza A and reported to DataMart remain low but have increased in the South West (1.8%) and in England (1.5%). Positivity for influenza B has remained low (0.0 and 0.1% in the South West and England respectively)
- The number of cases of parainfluenza increased (n=13), and the number of cases of adenovirus, hMPV, influenza A, influenza B, RSV and rhinovirus decreased or remained similar in the South West in week 10 compared to week 9

Hospital admissions –ICU/HDU with confirmed Flu

Figure 2. ICU/HDU admissions with confirmed influenza – SARI Watch (Mandatory Surveillance)



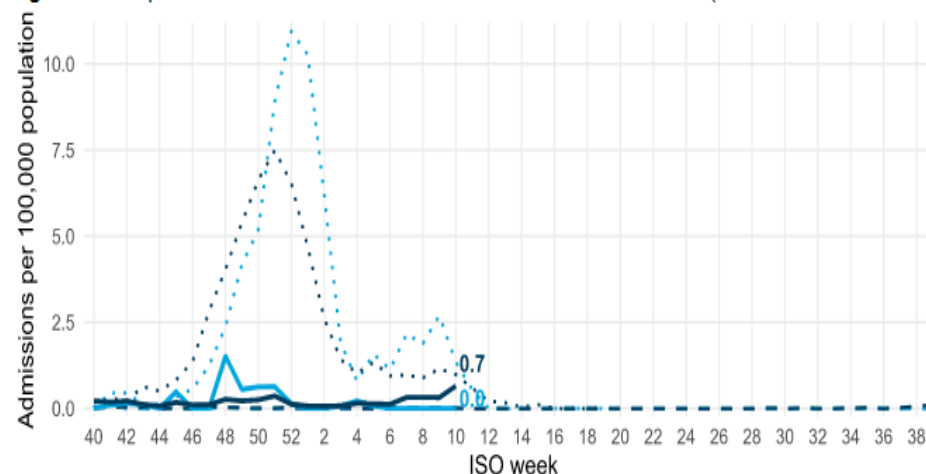
..... South West 2019-2020*
 - - - South West 2020-2021
 — South West 2021-2022
..... England 2019-2020*
 - - - England 2020-2021
 — England 2021-2022

*Data from 2019-20 USISS Mandatory Surveillance

Labels shown for most recent week's rate

Hospital admissions with confirmed Flu

Figure 3. Hospital admissions with confirmed influenza – SARI Watch (Sentinel Surveillance)



..... South West 2019-2020*
 - - - South West 2020-2021
 — South West 2021-2022
..... England 2019-2020*
 - - - England 2020-2021
 — England 2021-2022

*Data from 2019-20 USISS Sentinel Surveillance

Labels shown for most recent week's rate

Frontline Health Care Worker (FHCW) vaccine uptake

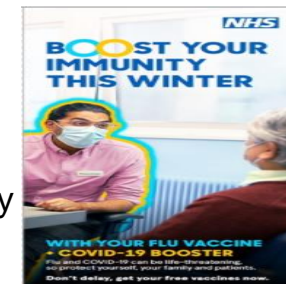
- UHBW have offered their staff vaccination via both roving vaccination and a drop in clinic models and tried to tailor their approach in response to what the data is showing e.g. satellite clinics in the divisions where uptake is lowest. BAME staff groups are showing a low uptake to date and so are liaising with religious teams and Caafi Health to support. UHBW also reviewed the diversity of their vaccination workforce to try to improve uptake. Educational sessions across the trust have also been held. A UHBW Fights Flu week with extra clinics and roaming vaccinators took place prior to the Christmas period. Regular staff communications took place.
- NBT are offered drop in Flu clinics and have held a Saturday clinic to vaccinate staff against both Flu and Covid. It has been noted that due to the work pressures, it can be difficult for staff to leave clinical areas to get vaccinated. Staff also have the offer of a vaccine via the UWE site. A roving model was also been considered. The profile of the vaccine campaign has been raised and they are working with communications to further promote including a promotional video from the Executive team. A late pilot clinic was also undertaken to capture late and night staff.
- Both UHBW and NBT report many staff have been vaccinated elsewhere, and this data can be hard to quantify. Staff have been asked to report their vaccination status to trusts if they have been vaccinated elsewhere and data consolidation exercises have taken place.
- AWP used the Vaccination Track system to vaccinate staff via booked clinics as well as via peer vaccinators. AWP noted that a number of staff in the over 50 years cohort have had their vaccine from their GP practice. AWP are reviewing the reasons for staff vaccination declines to help inform their work as well as to ensure all staff vaccinations are captured in the data.
- Sirona's staff campaign has been supported by the Vaccination Track system this season with staff being able to access the flu vaccine at UWE whilst receiving their Covid vaccination booster or via their community base clinics. Clinics allowed drop in options to support uptake. Data breakdown is being reviewed regularly and targeted communications issued to staff.
- Health and Social Care staff employed by a registered residential care or nursing home or registered domiciliary care provider, employed by Direct Payments or by a voluntary managed hospice who are directly involved in the care of vulnerable patients or clients who are at increased risk from exposure to influenza are able to access Flu vaccinations via their GP or community pharmacies. Some early feedback suggested that some staff were finding it difficult to access the vaccine and so the Avon LPC and Local Authorities worked together to address this and the situation improved. It has been noted that there are a number of contributing factors regarding vaccine hesitancy among care workers.

Provider	Uptake
UHBW	84% (FHCW) (end of February 22)
NBT	59.1% (07/03/22)*
AWP	57% (FHCW) (17/02/22)
Sirona	73% (FHCW) (end of February 22)

*From NHSE data based on staff on ESR record and so may include some non-frontline staff. Work is ongoing to review data flows into Foundry.

Communications

- A local BNSSG winter communications group ensures consistent messaging across the ICS. A small budget has been allocated to support Flu communications to a variety of audiences. This will have a focus on the BAME population as well as hard to reach groups. A sports campaign will also be included following the success from last year's campaign. A new health literacy booklet is being developed to support people keeping well over the winter months and this will include vaccination information.
- National communications have been produced for the staff vaccine programme and patient facing communications/ tools are also available. The wider national winter vaccination communications include an integrated campaign signalling the importance of both the flu and covid vaccines building on learnings from previous flu and COVID-19 vaccine marketing activity to bust myths, overcome barriers and hero the benefits of vaccines to drive uptake effectively. A 'boost your immunity' national headline campaign has also been launched and materials shared in a PHE [campaign resource centre](#).
- [Public communications](#) have also been published which explains to patients how they can help protect themselves and their children against flu this winter. It includes information for children, eligible adults and pregnant women, and details why it's very important that people at increased risk from flu, or who care for someone vulnerable, to have their free vaccination every year. A local 'grabajab' webpage is being used to promote the Flu vaccination campaign alongside the Covid booster vaccinations. Local communications have also started including items on BBC Points West and BBC Radio Bristol supported by local GPs and Community Pharmacists. A Radio Ujima session will have a recording this week to highlight the importance of vaccination.
- A local maternity focused social media video and a 2/3 year old focused social media video has been filmed to help encourage uptake in these specific cohorts. Bristol Local Authority have issued communications regarding the 2/3 year old vaccines to childminders and nurseries to support uptake.
- To prevent the Flu messaging becoming lost in ongoing Covid campaigns, BBC Points West and ITV West Country have had specific features on Flu vaccinations, with the filming taking place in a local GP vaccination clinic.
- NHS England/ PHE have also issued a communication to GP reception staff to ensure they are aware of the eligible cohorts for the Flu vaccine this year.
- Regular communications relating to Flu are issued to practices in the General Practice Bulletin and a Flu resource webpage available on the One Care Teamnet website. Recent reminders have included supporting patients with learning disabilities with their flu vaccinations and reminders about vaccinating clinically 'at risk' children.
- A press release was issued to highlight that there is 'still time to arrange a Flu vaccine'.



Feedback from Practice Nurses in BNSSG regarding the flu season

A short electronic survey was designed and shared with practice nurses in BNSSG to gain their thoughts on the current flu season to help inform our plans for the next season. 31 nurses responded and this feedback will be taken forward by the BNSSG system flu group.

Common areas highlighted that had gone well this season included:

- Having a effective, fully prepared practice flu team/ well run practice clinics
- Using text messaging/ online booking system/ good invite organisation
- Booked clinics worked well
- Saturday clinics were very efficient
- Giving other vaccines at the same time as Flu e.g. Covid, PPV
- Positive staff, staff flexibility and team work
- Uptake rates
- Being able to offer the injection vaccine to those who couldn't have the intranasal vaccine

Common areas that hadn't gone so well this season and/or could be improved on included:

- Vaccine delivery delays, leading to wastage despite lots of efforts to vaccinate patients
- Demands on practice staff in particular nursing teams, especially when running separate flu/covid clinics
- Poor uptake in children
- National NHS Flu vaccine supply release was slow
- Patient reliance on practices to notify them about flu vaccine eligibility leading to delays in attendance
- Uncertainty in vaccination in the over 80yrs as some had flu vaccine with their covid vaccination whilst others didn't
- Covid illness affecting staff and patient
- Government changes at short notice
- Some patients not keen on having both covid and flu vaccinations

Feedback from Practice Nurses in BNSSG regarding the flu season continued

Common patient feedback received in relation to why some patients haven't attended for their flu vaccine included:

- Patient had side effects from a previous Flu vaccine
- Patient felt they couldn't have both a Covid vaccination and a Flu vaccine and so chose only to have a Covid vaccine
- Patient feels they are not at risk of Flu and the vaccine is only for the very old
- Patient concerned the Flu vaccine would give them Flu
- Patient doesn't feel they need the vaccine due to low flu levels this season
- Patient feels flu is just like having a cold and so won't need the flu vaccine
- Patient is afraid of needles

The most commonly highlighted patient groups which were difficult to engage with included:

- Patients who don't present regularly in primary care e.g. obese patients with no additional health issues or stable asthmatics
- Patients whose primary language is not English
- Working aged men
- Parents of young children e.g. 2 and 3 year olds

Support from the BNSSG Healthcare system that may be helpful included:

- More leaflets and posters
- More information prior to the start of the season
- More publicity to nurseries and play groups to support the 2 and 3 year old vaccinations
- More myth busting and social media posts
- More flu training slots and consider if the updates are required yearly
- Investigate if there is a way to ensure all eligible patients are invited for vaccination
- Early press in August as preparation for patients to book appointments in September
- Good vaccine delivery mechanisms
- Early guidance on concomitant vaccines
- Investigate if at risk and well children can be vaccinated together in GP practices.

Maximising uptake

Representatives from the BNSSG System Flu group are also part of the Mass Vaccination Maximising Uptake group to ensure both vaccination programmes are aligned and that lessons learnt are taken forward. A Flu outreach task and finish group has been set up and it is overseeing the offer of flu vaccine in outreach clinics.

The flu outreach programme continues to be a success and feedback suggests the offer of a flu vaccine alongside a Covid vaccine has been positive. Support from community pharmacies as well as Sirona to deliver flu vaccinations in an outreach setting has worked well as has the utilisation of community influencers and trusted voices within the community to support key vaccination messages. Local uptake data has helped to inform us of areas that would benefit from outreach work to ensure we are targeting areas with the lowest uptake.

Initial vaccination clinics were held at the St Paul's Learning Centre in October. It is positive to note that some of the people presenting at the clinic were vulnerable and agreed to be vaccinated.

Clinics supporting the homeless hostels were also noted to have had encouraging results.

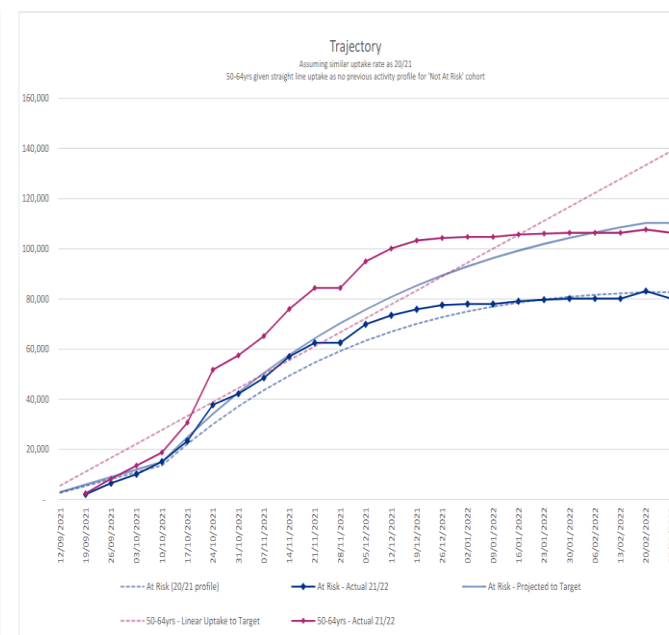
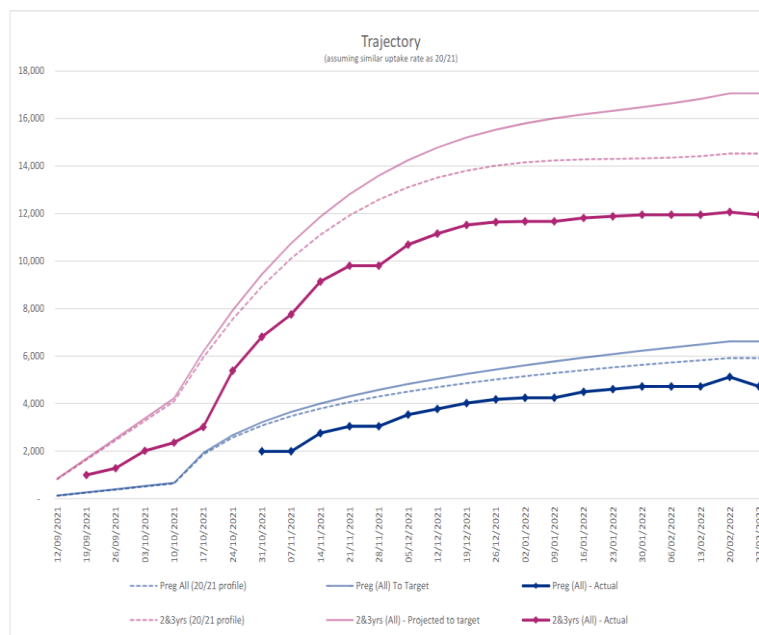
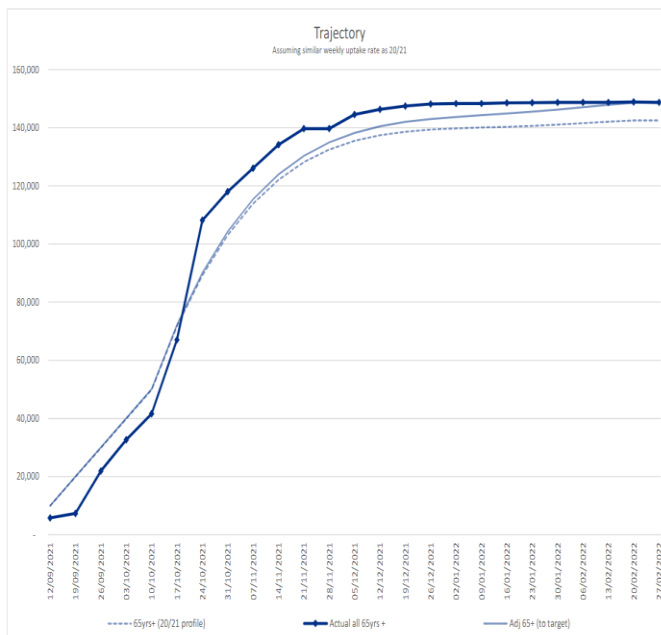
The concept of family clinics has also been shown to be a success, the initial clinic resulted in 44 adult patients accepting a flu vaccine, many of whom had not previously received the vaccine and 35 children (19 received the injection option due to the intranasal vaccine containing porcine gelatine) in the first clinic. This showed the concept worked well and other successful family clinics were held such as the clinic in November at the Southmead Mosque, with 56 adult flu vaccines and 73 children's flu vaccines (of which 40 were IM vaccinations) were delivered. Further family clinics were also delivered in the Hartcliffe area. Other outreach clinics offers have included a clinic at the Rock community Centre and from the end of November, flu vaccine was offered via outreach in the Bournville area of Weston.

The school immunisation team have also undertaken weekend community clinics at the City Academy and at the UWE vaccination centre and uptake has been positive from these clinics.

Bristol Inner City PCN have issued additional support for their communities via reminder text messages to patients about vaccination to help support their local uptake.

Overall, **642** flu vaccines have now been given via outreach up to 3rd March 2022.

Vaccination data and updates



- Uptake data monitoring is supported by matrix working between system analysts from the CCG BI team, OneCare and the PHE Screening and Immunisation team. Trajectory data is now from Immform following this data becoming available. The trajectory has been developed which shows the uptake pattern derived from the 20/21 uptake rate using data from the Immform database. It has been adjusted to reach the 21/22 target.
- Current uptake remains inline with trajectory and above last season's trajectory for the over 65 years cohort and overall we have now met the national ambition of 85%. The 'at risk' cohort however is slowing and remains under trajectory to meet the national ambition but is following a similar trend to last season, current uptake is 54% (see: blue line - graph 3). The overall uptake rate is slowing as we reach the end of the Flu season compared to earlier in the season. There also continues to be variation in the different at risk cohorts with the liver and obesity cohorts showing the lowest uptakes. The 50-64yr old cohort shows this group were interested in vaccination and were coming forward for vaccination well with an uptake of 57%.
- Nationally there have been concerns in relation to the slow uptake of the vaccine in 2 and 3 year olds due to children being carriers of the virus and so important they are vaccinated prior to flu circulation, uptake is showing below trajectory although has been slowly increasing, current uptake is 55% (see pink line - middle graph). Local communications to nurseries and childminders have been issued to support the uptake in this group and wider communications to support the clinical risk groups.

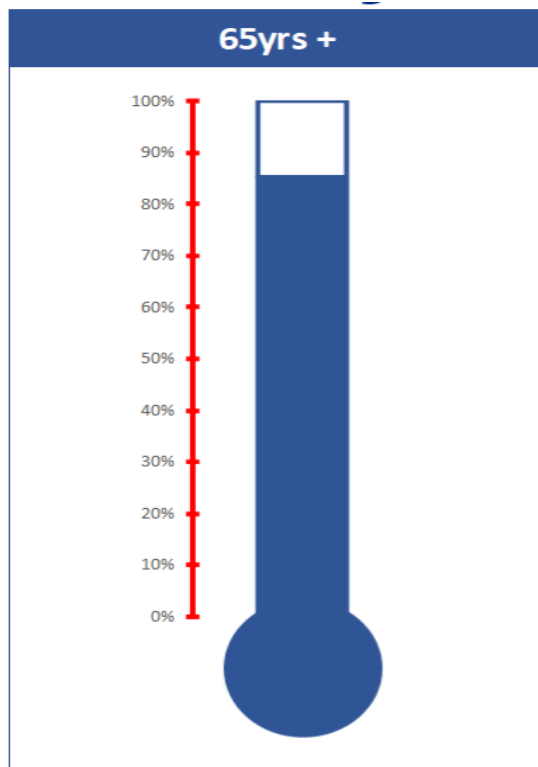
*Under 65yrs data includes Pregnant, At Risk and 2&3yr olds (50-64yrs old, not within an additional 'at risk' group, have been excluded pending further development of the trajectory). Data for 50-64yrs includes all patients.

Mitigation plans

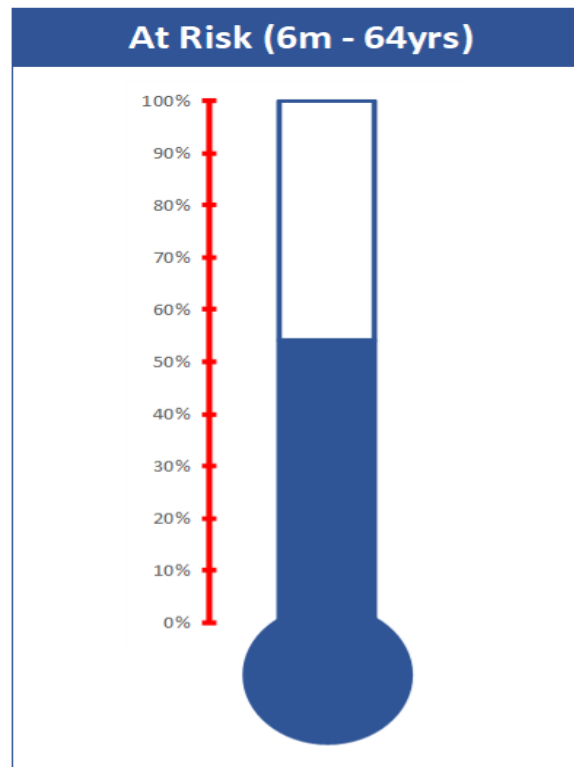
- Data is helping to inform our work in reviewing uptake in 'at risk' groups and areas of lower uptake, so that proactive action can be taken.
- There is a staff sharing agreement with PCNs in place in BNSSG for the Covid vaccination programme so that additional staff can be accessed if required to support vaccine delivery and a similar agreement for the Flu programme is in development.

Overall Uptake by Cohort (end February 22)

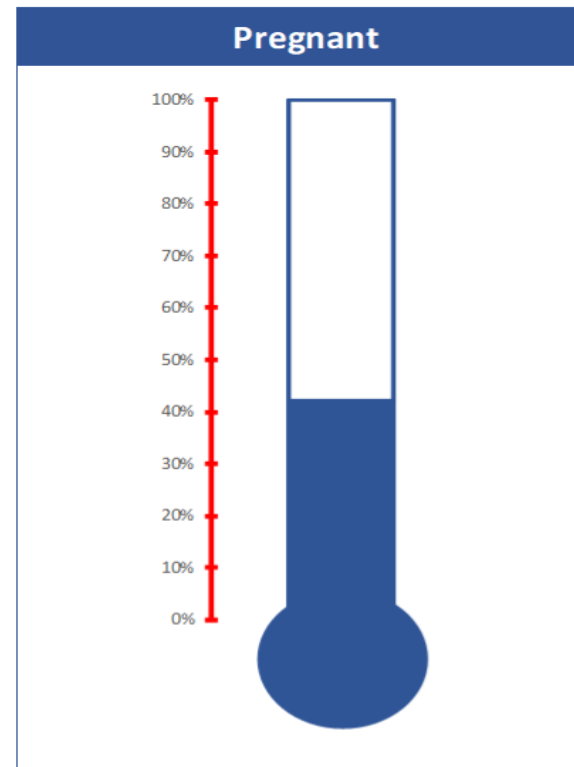
Data source:
Immform



Population	174,232
Vaccinations to date	148,717
Current Uptake	85%
Target	85%
Extra to reach Target	- 620
Not Vaccinated	25,515



Population	148,231
Vaccinations to date	80,091
Current Uptake	54%
Target	75%
Extra to reach Target	31,082
Not Vaccinated	68,140

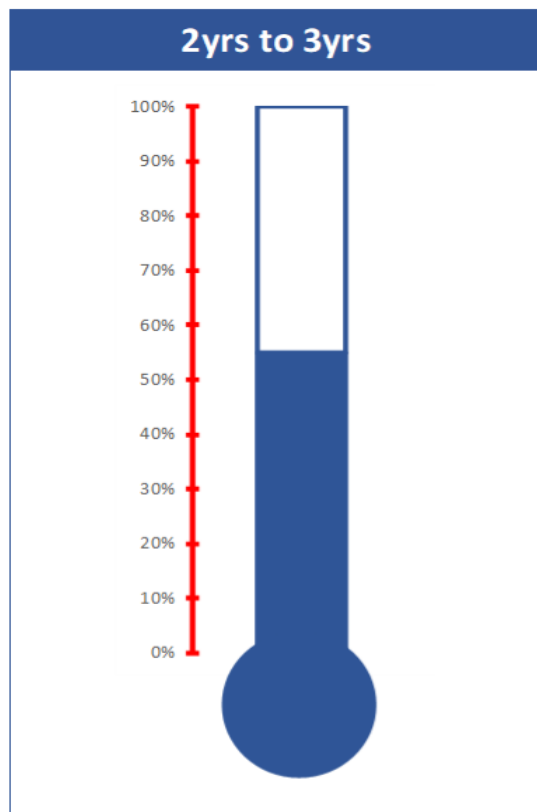


Population	11,227
Vaccinations to date	4,723
Current Uptake	42%
Target	75%
Extra to reach Target	3,697
Not Vaccinated	6,504

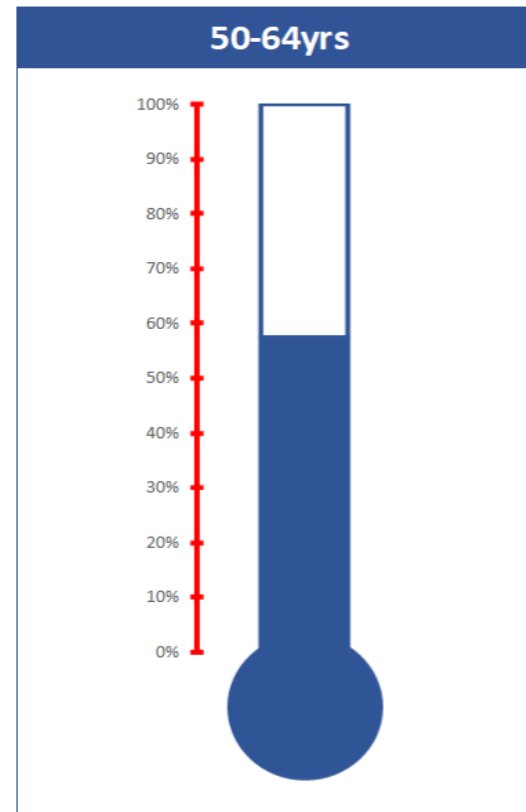
- This report has been created using 2 disparate sources, a local flow of data from EMIS via onecare and national data provided through the immForm portal. It is acknowledged that due to a variety of reasons data will be different between these sources.
- Each slide contains information on the bottom right hand corner to explain the data source for that slide.
- The cohort defined as being 'pregnant women' is all females who are recorded as pregnant on 01/09/21.
- IMD deciles are defined by residential address.
- Data will be subjected to small number suppression.

Data source - immForm Latest vaccine data: Feb 2022
Data source - EMIS via OneCare. Latest vaccine data: 02/02/2022

Overall Uptake by Cohort (cont.)



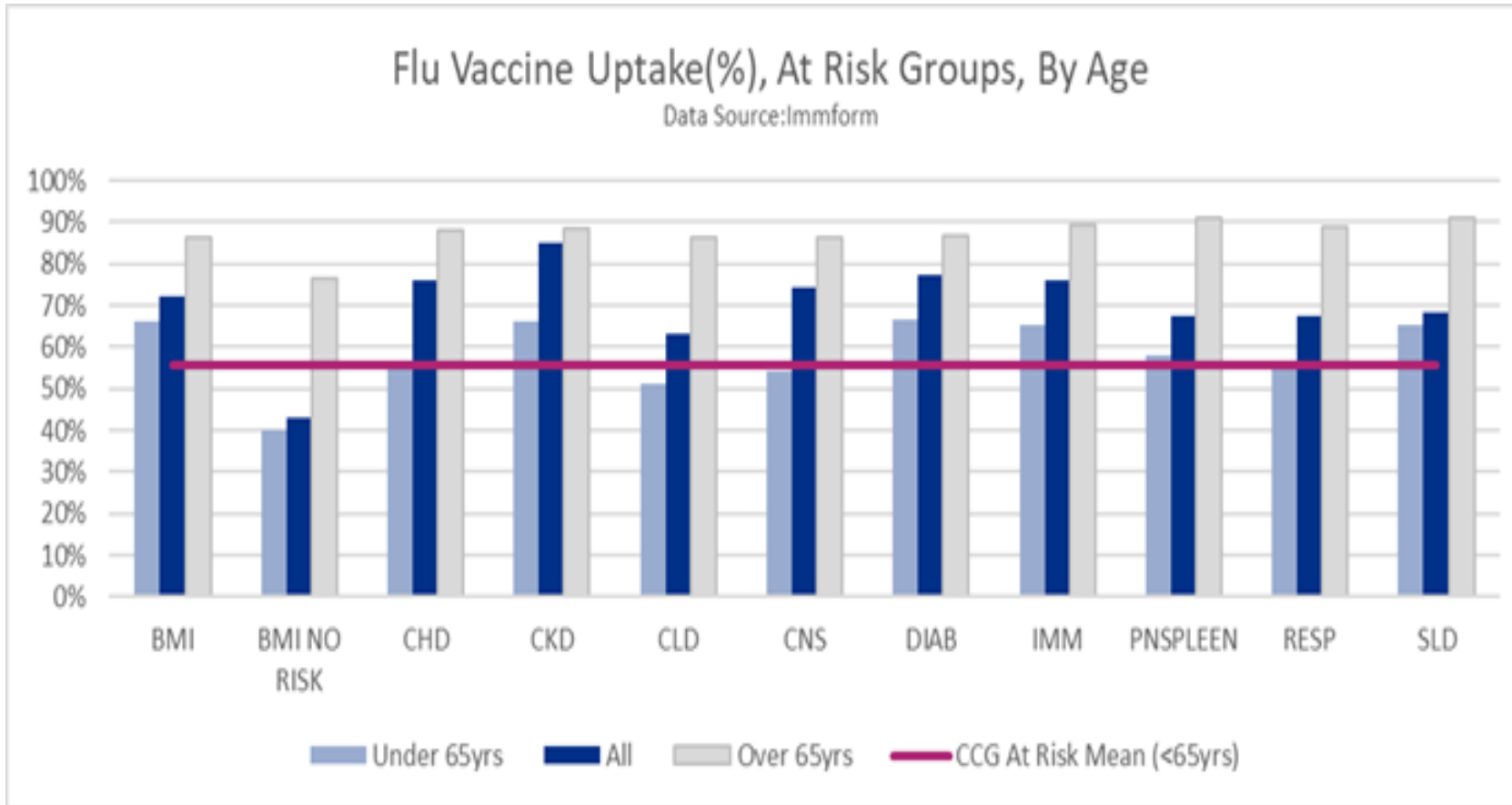
Population	21,801
Vaccinations to date	11,948
Current Uptake	55%
Target	75%
Extra to reach Target	4,403
Not Vaccinated	9,853



Population	185,233
Vaccinations to date	106,340
Current Uptake	57%
Target	75%
Extra to reach Target	32,585
Not Vaccinated	78,893

Data source: Immform

At Risk by Clinical Group (end February 22)



Key	
BMI	Patients with morbid obesity (BMI>=40) and in one or more other clinical risk group
BMI NO RISK	Patients with morbid obesity (BMI>=40) only
CHD	Patients with chronic heart disease
CKD	Patients with chronic kidney disease
CLD	Patients with chronic liver disease
CNS	Patients with chronic neurological disease (including stroke/TIA, cerebral palsy or MS)
DIAB	Patients with diabetes with other relevant endocrine conditions
IMM	Patients with immunosuppression
PNSPLEEN	Patients with asplenia or dysfunction of the spleen
RESP	Patients with chronic respiratory disease
SLD	Patients with severe learning disability (sub-set of 'Patients with chronic neurological disease')

National ambition: 75%

*Please note that an individual may exist in multiple 'At Risk Categories' but is only counted once in the 'All' category.

Actions following review of data

- We are working with One Care and PCNs to understand why there is a wide variation in vaccine uptake across PCNs for all cohorts and the best ways to support practices.
- We are also continuing to work with local secondary care trusts and Local Authorities to highlight the clinical risk groups with low uptake to understand the reasons for this so that appropriate supportive actions can be put in place. This includes the liver and respiratory cohorts.
- Practices have been encouraged to review their individual practice uptake data via their 'How am I driving?' dashboards and community pharmacies encouraged to work together with their local PCN to optimise the vaccine uptake. Supportive tips to increase uptake have also been issued.
- A deep dive into the liver and respiratory groups, suggested the younger age groups were not coming forward for vaccination and so these groups have been highlighted to clinicians to encourage vaccination and a press release on long term health conditions is planned.
- Area uptake data is being reviewed to ensure outreach clinics are in appropriate locations to support uptake.
- We plan to review the breakdown of the individual schools and their uptake, so we can start understanding where uptake is lower and what we can put in place for next season.
- We also plan to work with localities and the communications team to further investigate PCN flu vaccine variation.

Outbreak management

Every year, the local antiviral pathway for flu outbreaks is reviewed to ensure it is robust and current for the forthcoming flu season. Discussions have taken place with local GP practices, PCNs, Sirona and Severnside to ensure there is service in place this season to provide antivirals in a timely way in event of a flu outbreak in a care home setting. A single PCN provider has now been agreed to provide this service across BNSSG. The Flu outbreak antiviral pathway has now been updated and has been shared to relevant parties.

Risks/ Issues (scoring 12 and above)

1. There are concerns raised regarding Primary care staff capacity , volume of work and 'burn out' during this period, especially nurses and practice managers who are under a lot of pressure and are key in the Flu vaccination programme. Also risk if high staff absence due to Covid/Flu.
2. There is a risk that although the flu vaccine is recommended in pregnancy, due to some women having concerns over the covid vaccine this may have affected their opinion of other vaccinations such as flu which may lead to low uptake. Current uptake is lower than national ambition.

Assurances

1. Good relationships with practices and support offered where appropriate. Ongoing sit reps being undertaken to ascertain current status. Workforce is being looked at in wider Covid vaccination programme to potentially support both programmes
2. A vaccines in pregnancy working group has been set up to review uptake of both flu and covid vaccines and reasons why the vaccine may be declined and how this can be improved. Ongoing communications to target this cohort are ongoing at a local and national level.