

Report of the Director of Public Health to the meeting of Health and Social Care Overview and Scrutiny Committee to be held on 18th November 2021

K

Subject:

AN UPDATE ON COVID-19 IN BRADFORD DISTRICT

Summary statement:

This report provides an update on COVID-19 in Bradford District. It describes the response to the COVID 19 pandemic between March and September. The latest data on cases, admissions and deaths are included. The report sets out how the Bradford District COVID-19 response is being managed, including delivery of the COVID-19 Vaccination programme. The report concludes with a section on horizon scanning, considering developments which may impact on how we control COVID-19 in the future.

Sarah Muckle
Director of Public Health

Report Contact: Caroline Tomes,
Consultant in Public Health
Phone: 07929 829751
E-mail: Caroline.Tomes@bradford.gov.uk

Portfolio:

Health People and Place

Overview & Scrutiny Area:

Health and Social Care

1. SUMMARY

- 1.1 This report provides an update on COVID-19 in Bradford District. It describes the response to the COVID 19 pandemic between March and October 2021. The latest data on cases, admissions and deaths are included. The report sets out how the Bradford District COVID-19 response is being managed, including delivery of the COVID-19 Vaccination programme. The report concludes with a section on horizon scanning, considering developments which may impact on how we control COVID-19 in the future.

2. BACKGROUND

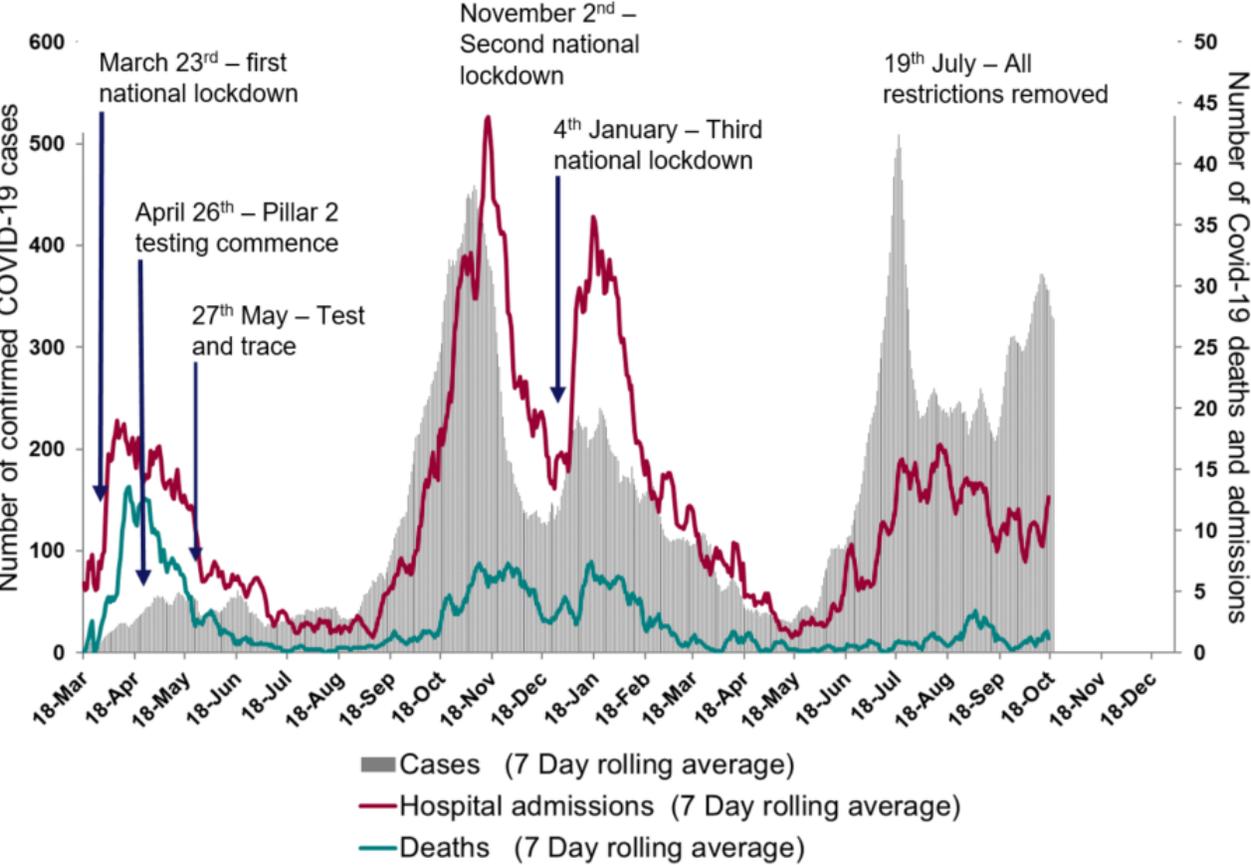
- 2.1 In March 2021, Sarah Muckle, the Director of Public health, presented to the committee giving an overview of the COVID-19 Local Outbreak Management Plan including updates on the Roadmap, local data, outbreak management, testing, contact tracing and the COVID-19 vaccination programme. This report builds on previous reports and provides an update on COVID-19 in Bradford district including local plans to manage COVID-19, epidemiology of the disease, testing, vaccinations, schools, long COVID, addressing inequalities and horizon scanning.

3. REPORT ISSUES

3.1 Local data and epidemiology

- 3.1.1 To date there have been 91,559 PCR confirmed COVID-19 cases, 7,000 hospital admissions and 1,436 deaths related to COVID-19 in Bradford District (**Figure 1**). Figure 1 shows the four waves of infection in Bradford District and the associated deaths and hospital admissions.
- 3.1.2 The number of cases in the first wave will be underestimated as mass testing only began on 26th April 2020 and Test and Trace began on 27th May 2020. Infections remained low in the summer months of 2020 dramatically increasing from September 2020 onwards followed by the second national lockdown on the 2nd November 2020. The third national lockdown on the 4th January 2021 came following the identification of the Alpha variant (previously known as the Kent variant). Restrictions began to ease from the 8th March 2021 with all legal limits on social contact removed on the 19th July 2021. A further increase was seen from the end of May 2021 following the introduction of the more contagious Delta variant.
- 3.1.3 Although the weekly incidence rate remains high (333 per 100,000, as of 8 November 2021) the proportion of cases being admitted is far fewer than the previous two peaks. Currently, approximately 4% of all cases are resulting in a hospital admission, in comparison to 11% in November 2020 and 13% in January 2021 (**Figure 1**). The reduction observed in hospital admissions has been attributed to the vaccine effectiveness. As of 8 November 2021, 77.1% of the eligible population in Bradford District and Craven CCG have received their first dose, 71.9% have received their second dose and 53.9% of those eligible have received their booster (third COVID-19 vaccination) dose.

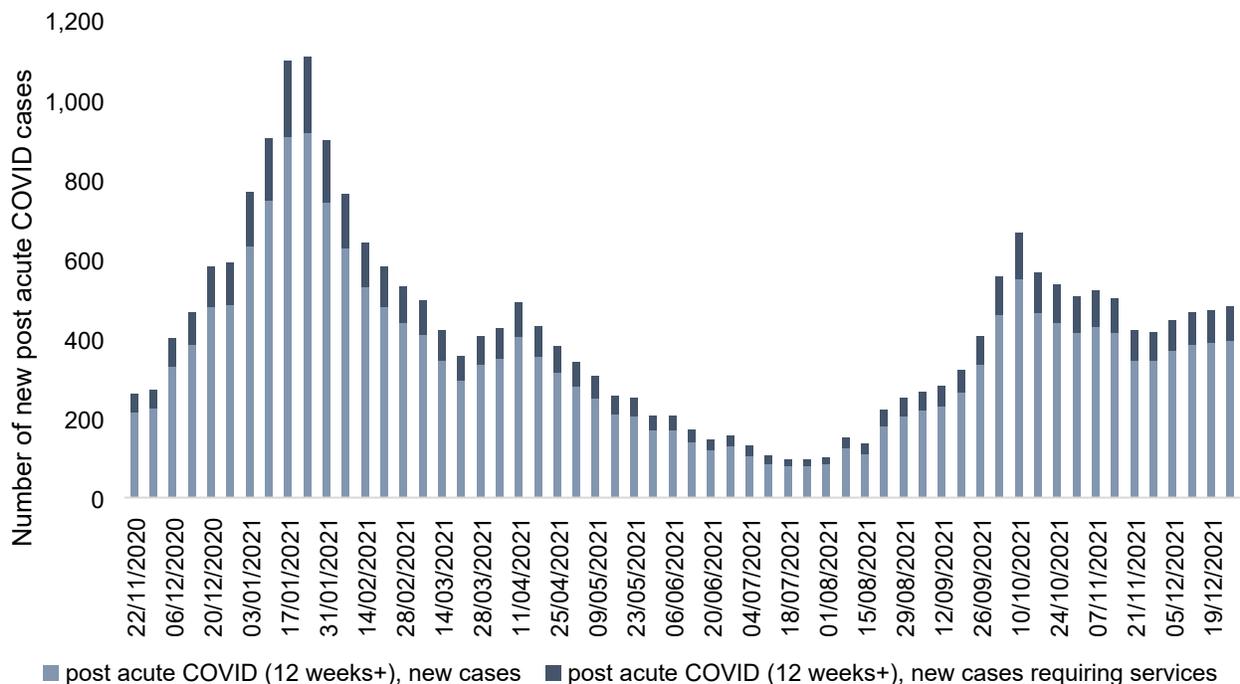
Figure 1: Seven-day rolling average of COVID-19 confirmed cases, hospital admissions and registered deaths in Bradford District. Data source: [UK Coronavirus dashboard](#) and CBMDC Registration Service



3.1.4 There has been growing concern of post-acute COVID-19 syndrome (also known as Long Covid). Estimates have been produced on the number of new post-acute COVID-19 syndrome in Bradford District on a weekly basis with a forecast up to mid December 2021 (**Figure 2**). For modelling purposes post-acute COVID-19 has been defined in line with [NICE guidance NG188](#) as *signs and symptoms that develop during or after infection consistent with COVID-19 which continue for more than 12 weeks and are not explained by alternative diagnosis*.

3.1.5 Approximately 21% of all post-acute COVID-19 cases will require access to services. For instance, the model estimates that there were approximately 440 new cases of post-acute COVID-19 syndrome in the week commencing 24 October 2021 and 95 required a service. The estimates produced relates only to new cases and does not include existing cases.

Figure 2: Number of new cases of post-acute COVID-19 syndrome in Bradford district.
 Data source: COVID-19 Situational Awareness Explorer



3.1.6 Since June 2021, the dominant strain of COVID-19 has been the Variant of Concern ‘Delta’ (B.1.617.2). A sublineage offshoot of Delta was identified in July – AY.4.2. This strain has been expanding across England, and has been designated as a Variant Under Investigation while further assessment is made regarding its properties and likelihood to cause harm. **Figure 3** and **Figure 4** show the number and proportion of COVID-19 variants which have been identified in Bradford district.

Figure 3: Number of COVID-19 PCR tests sequences and genome results in Bradford district per week (source: COVID-19 Genomic Surveillance, [Wellcome Sanger Institute](#))

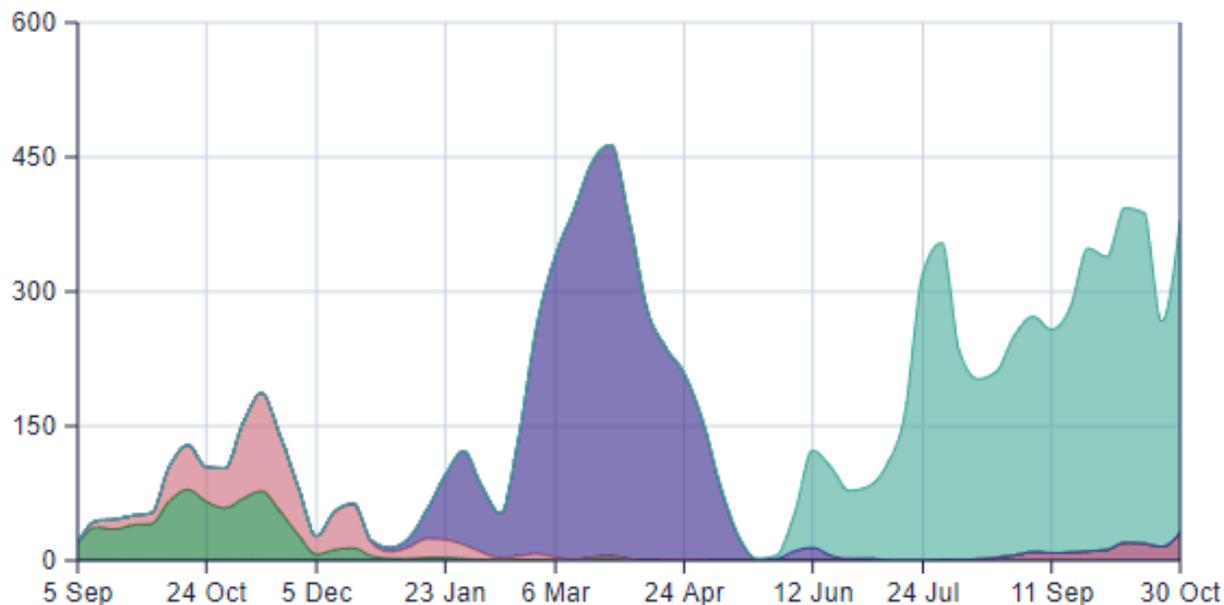
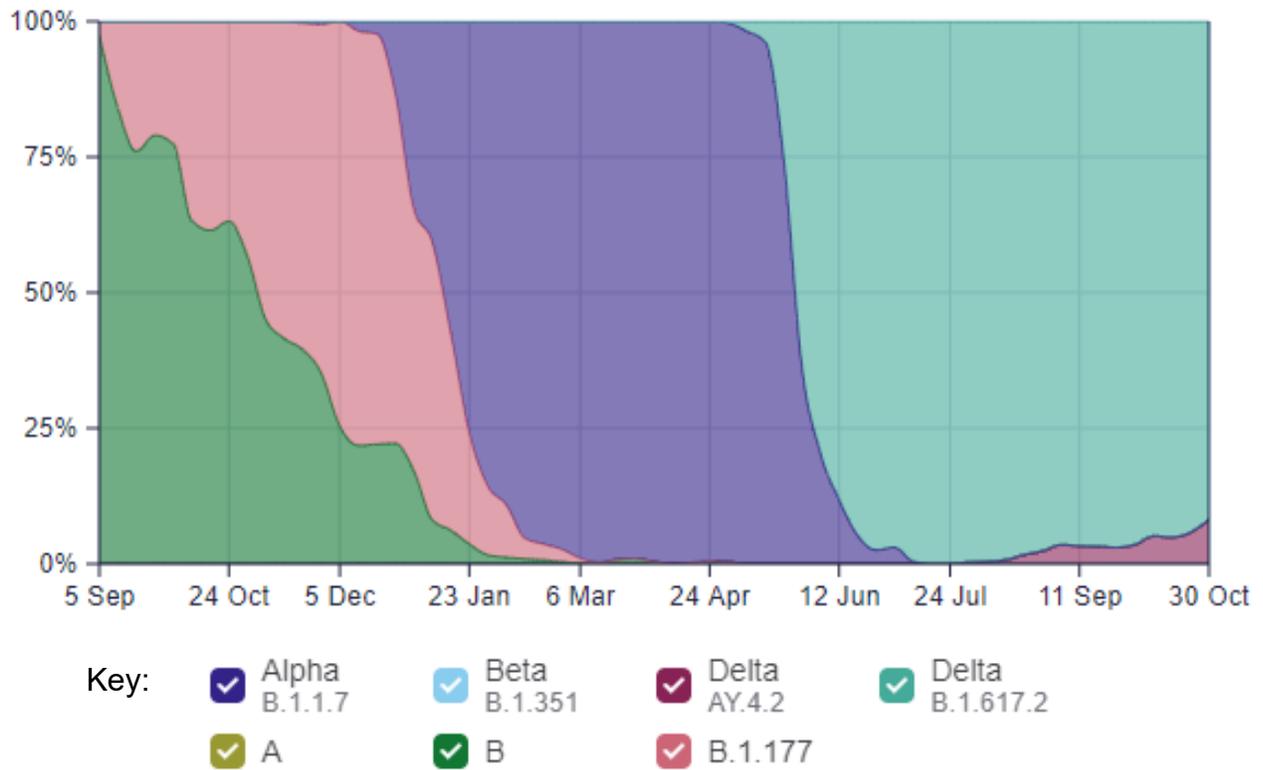


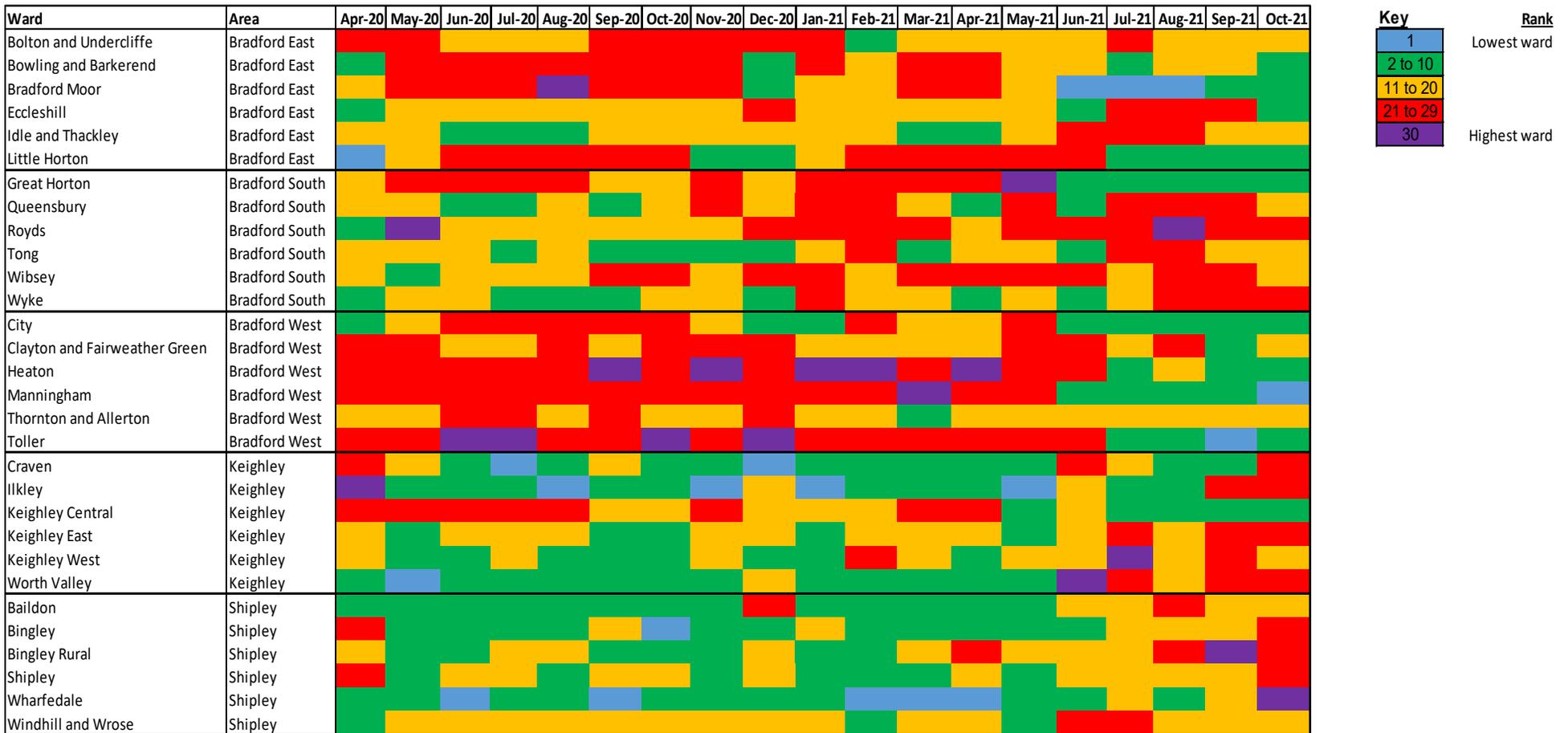
Figure 4: Proportion of COVID-19 variants in Bradford district per week (source: COVID-19 Genomic Surveillance, [Wellcome Sanger Institute](#))



3.1.7 **Figure 5** shows the ranking of monthly COVID-19 infections across Bradford district wards, with those coloured red and purple indicating highest levels of COVID-19 infections. Heaton, Toller and Manningham wards were most often featured in the top 10 highest wards for COVID-19 infections.

Figure 5: ranking of monthly COVID-19 infections across Bradford district wards
(data source: COVID-19 Situational Awareness Explorer)

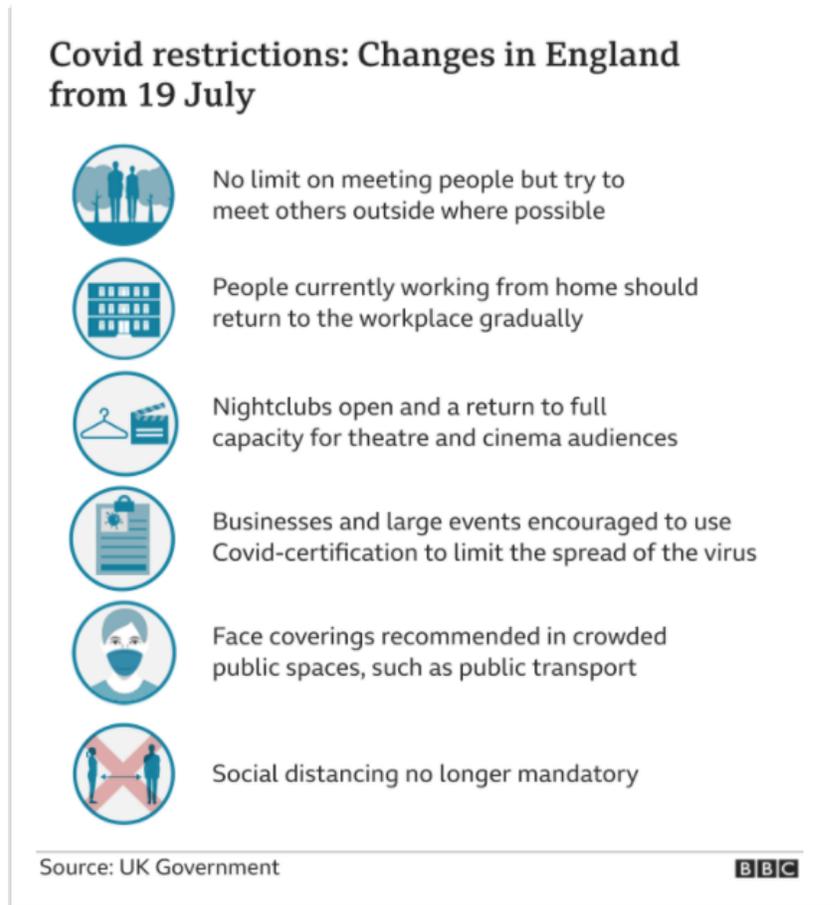
Ranking of rates



3.2 Response to managing COVID-19, March – October 2021

3.2.1 On July 19th 2021, Step 4 of the Government's Spring 2021 Roadmap out of Lockdown was implemented (**Figure 6**).

Figure 6: COVID-19 restrictions: changes in England from 19th July 2021



3.2.2 While restrictions may have come to an end, as a Council we continue to monitor the local impact of re-opening and will leverage our resources to support the safety of residents, local institutions and local businesses. The Council will meet all the national and local priority areas outlined in the [COVID-19 Response: Autumn and Winter Plan](#) (a document that has replaced guidance outlined in both the Spring 2021 Roadmap and the Summer 2021 COVID Response Guidance) including:

- **Building our defences through pharmaceutical interventions:** vaccines, antivirals and disease modifying therapeutics.
- **Identifying and isolating positive cases to limit transmission:** Test, Trace and Isolate.
- **Supporting the NHS and social care:** managing pressures and recovering services.
- **Advising people on how to protect themselves and others:** clear guidance and communications.
- **Pursuing an international approach:** helping to vaccinate the world and managing risks at the border.

- 3.2.3 While the [COVID-19 Response: Autumn and Winter Plan](#) comprise the backbone of 'Plan A' for Autumn and Winter, the Government has emphasised that the rapidly changing nature of the pandemic means more restrictive contingency measures, a 'Plan B' may still be implemented if considered necessary. Details of 'Plan B' have not yet been confirmed, however are anticipated to consider social restrictions, travel restrictions, working from home, and wider use of NHS Vaccine Passport.
- 3.2.4 Since the 19th of July 2021, local authorities and their public health teams are only to be backed by enforcement powers within very specific circumstances. This means the role of these teams has shifted away from enforcing government guidelines and COVID-19 legislation to advising key settings and resident groups on guidance. That said, the Number 3 Regulations are still in place until March 2022 – they will remain under review during this time.
- 3.2.5 The [Local Outbreak Management Plan](#) (v8) was updated in September 2021 to reflect the national policy shift in focus from pre-empting and responding to outbreaks, towards 'learning to live with COVID-19'. The onus is upon balancing economic recovery with the need to minimise the transmission of infection, morbidity, mortality and health service pressures. The [Local Outbreak Management Plan](#) is accessible on the council's website alongside a [summary of changes](#) document.

3.3 Testing strategy and availability

- 3.3.1 For those who live or work in the Bradford district, there continues to be a range of options to test for COVID-19. The national [booking website](#) allocates appointments based on a set list of guidelines. Some sites test people with and without symptoms - in these cases all customers are tested in separate booths which are fully cleaned down before and after the test. Everyone who is tested is treated as if they are symptomatic.
- 3.3.2 Locally, free Polymerase Chain Reaction (PCR) tests are available between 8am and 6pm at Centenary Square, Bradford and Victoria Hall, Keighley. Appointments can be made online or people can walk-in without an appointment. The COVID-19 response continue to provide pop up PCR testing for people with no symptoms at various supermarket carpark locations, giving accurate lab tests results in 24 to 48 hours by text or email. Mobile testing units are run by national coronavirus testing programme staff, and are available in community locations throughout the district. Appointments are accessible through the national website.
- 3.3.3 Individuals without symptoms of COVID-19 can access free Lateral Flow Test (LFT) which generate results within 30 minutes. LFT are helpful in identifying infectious people who are asymptomatic (not displaying symptoms). LFT kits can be collected from a range of locations including pharmacies, Keighley Town Hall and the Customer Services Desk at Britannia House, Bradford.
- 3.3.4 In an effort to monitor and manage the initial local spread of the Delta Variant an Enhanced Testing initiative took place between 23/06/21 and 08/07/21. This additional programme of work involved PCR testing of asymptomatic people across a defined area of the district using our door to door approach coupled with pop up testing sites, open access to both mobile and fixed testing sites (usually reserved

for symptomatic people only) and, due to the number of cases among younger people, most critical was the PCR testing in specified secondary schools. The drive saw a significant increase in testing rates in these areas. By the time the Enhanced Testing initiative was near completion in Bradford, it had become nationally accepted that the Delta Variant had become the dominant strain in circulation and that containment of the variant was unlikely to be managed through Enhanced Testing. Although we couldn't distinguish the asymptomatic tests administered during the Enhanced Testing phase from the results of symptomatic tests in the data sets available it is very likely that this initiative is responsible for the identification of a larger number of cases shown in **Figure 1** for in July. These asymptomatic cases will have been able to self-isolate and help contain the spread.

3.4 Outbreak Management

3.4.1 The definition of a COVID-19 outbreak is where two or more people with confirmed COVID-19 are linked by a common setting. Single cases may be investigated in high-risk settings or where a case is complex. To date, Council Officers have been involved in the management of more than 83 care home and social care situations, 888 education sector situations (including schools), and 196 workplace situations. We have also investigated complex cases including supporting vulnerable groups such as those who are homeless, Gypsy and Traveller groups, those with substance misuse issues, and refugees in emergency accommodation. Locally, primary oversight for outbreak management has returned to the UK Health Security Agency (previously Public Health England) Health Protection Team. However, both the Infection Prevention Control team and COVID-19 Schools team continue provide advice and guidance for Care Homes and Schools, respectively.

3.5 COVID-19 Vaccination Programme

3.5.1 The UK's Vaccination Programme has inoculated near 84 million people nationally, with over 48,590,000 receiving their first dose and over 44,400,000 receiving their second dose. These figures include over 740,000 people from Bradford District alone, whereby (as of 8 November 2021) 395,052 – or 77.1% of our total population – have received one dose and 369,031 – 71.9% of our total population – have received 2 doses.

3.5.2 Diverse delivery models are being used to maximise vaccine accessibility, acceptance and uptake. The following approaches have been – and are continuing to be – used with great effect in Bradford:

- Hospital Sites
- Community Vaccination Sites
- Primary Care Networks
- Pharmacy sites
- Piloting other approaches to reduce inequality in vaccine uptake (e.g. pop-up sites in workplaces, football stadiums, mosques, shopping centres etc.)

3.5.3 A third “Booster” dose of vaccination is being provided to extend the protection against COVID-19 for key population groups. Those included in Phase 1 of the vaccination programme ([priority groups 1 through 9](#)) have started to be offered a booster vaccine 6 months after their second dose. 53.9% of those eligible have received their booster (third COVID-19 vaccination) dose

- 3.5.4 The Joint Committee on Vaccinations and Immunisations (JCVI) has also advised that some immunosuppressed individuals, aged 12 and over, may benefit from a [third primary dose of COVID-19](#) vaccine. Definitions of those eligible and timings are included in appendix 1 and individuals will be contacted either by their hospital consultant or GP if eligible.
- 3.5.5 Information on the offer of COVID-19 vaccinations to children aged 12+ is included in the 'Supporting Schools' section of this paper.
- 3.5.6 The JCVI have reported that efforts to increase booster jab uptake will not be sufficient to prevent more deaths and hospitalisations, and therefore JCVI recommend prioritising reaching individuals who have not yet taken up the offer of a COVID-19 vaccine. Of particular concern is the low uptake rate amongst people who are pregnant. Recent [analysis from NHS England](#) which shows one in six COVID-19 patients requiring intensive ventilation treatment were unvaccinated and pregnant. For those who are more than 28 weeks pregnant or have an underlying condition while they are pregnant, they are at greater risk of becoming seriously ill with COVID-19. COVID-19 vaccination in pregnancy is considered safe and is recommended by the Royal College of Obstetricians, the Royal College of Midwives as well as the JCVI.
- 3.5.7 As outlined in the [COVID-19 Response: Autumn and Winter Plan](#), this winter could be particularly difficult due to the impacts of COVID-19 on top of the usual increase in emergency demand and seasonal respiratory diseases such as influenza (flu). Although flu activity was low last season (2020-2021), there is a risk that flu activity this season may be high. This is because the non-pharmaceutical interventions such as shielding and social distancing that were in place have now been lifted and more of the population may be susceptible to flu this year. As such the groups eligible for a free flu vaccine has been expanded this year (appendix 2) and locally individuals are encouraged to get their flu vaccine as soon as they are able. The JCVI have advised that COVID-19 vaccines can be offered alongside flu jabs, where it is practical to do so. A Multi-Agency Flu Plan is in place locally, supported by the Flu Steering Group for Bradford district and Craven. Progress for uptake of both flu and COVID-19 vaccines is being overseen by the weekly Vaccinations Steering Group.

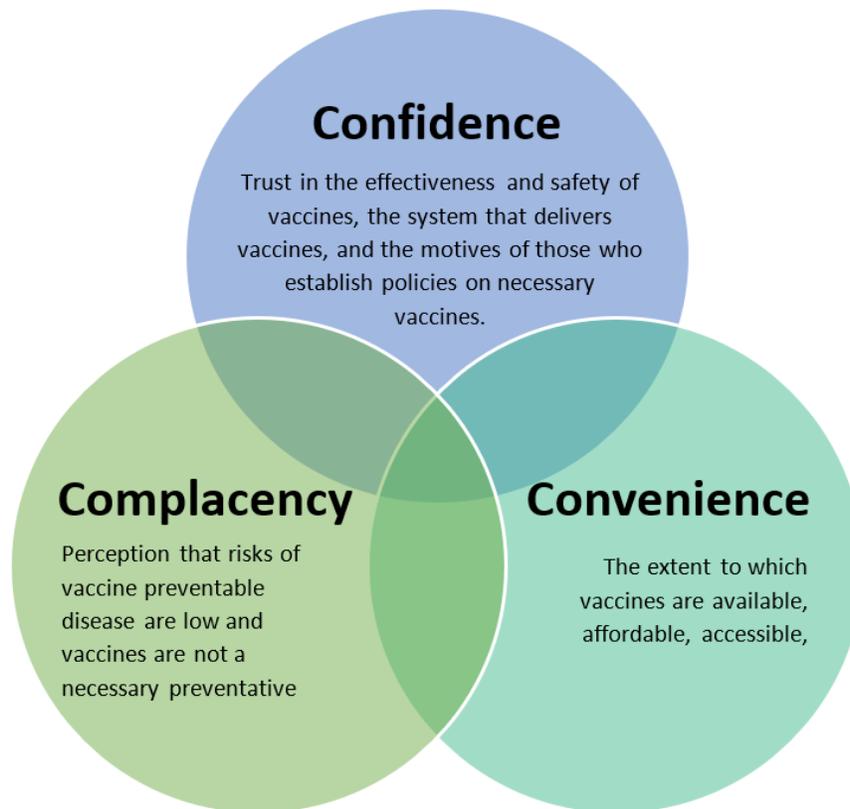
3.6 Vaccine Hesitancy

- 3.6.1 The concept of 'vaccine hesitancy' refers to *the delay in acceptance or refusal of vaccines despite availability of vaccine services*. It is complex and context specific varying across time, place and vaccines. Hesitancy is also noted to be influenced by factors such as complacency, convenience and confidence (**Figure 7**).
- 3.6.2 There is evidence that vaccine hesitancy is prevalent within certain communities across Bradford district. This has been [highlighted within C-SAG research](#) and is evident in recent data from the COVID-19 Vaccination Programme, showing variation in uptake.
- 3.6.3 The COVID-19 Vaccination Programme is working to mitigate inequalities at a local level - as outlined in the Bradford District and Craven COVID-19 Equalities Vaccine

Uptake Plan. The Deliver Plan is owned by the COVID-19 Vaccination Inequalities Group, which directly reports into the Bradford District and Craven COVID-19 Vaccination Programme Steering Group. The collective aim to improve vaccine uptake across all communities is underpinned by four enablers:

1. **Conversations and engagement** (to identify issues and barriers)
2. **Removing barriers to access** (by delivery solutions)
3. **Working in partnership** (to deliver solutions)
4. **Data and information** (to measure programme outcomes)

Figure 7: Factors influencing vaccine hesitancy



3.6.4 Local action to address vaccine hesitancy for COVID-19 has included:

- Gathering local insight through COVID-19 Hub, COVID Champions, Youth Ambassadors, Locality groups, health inclusion groups and workplaces
- Vaccine hesitancy project with Sheffield Hallam University which developed and tested messages to promote COVID-19 vaccination uptake in members of BAME communities in Bradford using a behavioural science approach
- Removing access barriers through innovative pop-ups, including at Broadway Shopping Centre, on the maternity unit at BRI, community centres, supermarket car parks and football stadiums.
- Race Equality Network “Helpline Project” to support GPs across Primary Care Networks 4, 5 and 6 by talking in their preferred language (most required: Urdu, Punjabi, Arabic, Slovak and Czech) to provide reassurance,

increase vaccine confidence and tackling misinformation

- Wide promotion of training to frontline staff across sectors, to increase skills to have conversations using the principles of Making Every Contact Count (MECC) and Motivation Interviewing (MI) to combat disinformation and myths and whilst providing reassurance while having conversations about COVID-19 vaccinations

3.7 Supporting Schools

3.7.1 The Council's COVID-19 Schools Team (including council officers from Children's Service and Public Health) have been supporting schools in the following ways:

- Responding to notifications of cases in schools reported via web form
- Providing advice, guidance and support
- Proportionate tailored support for each school outbreak, taking into account numbers and COVID-19 rates locally
- CO2 monitors have been delivered to all special schools (high school delivery being rolled out and expected by the end of 2021)
- Up to date guidance on the Bradford Schools Online website, including COVID-19 Public Health advice for [Bradford District Schools](#) and [General advice](#)

3.7.2 The Bradford District the School Age Immunisation Service (provided by Bradford District Care Trust) are delivering the offer of COVID-19 vaccines to all children and young people aged 12 and above (first dose). The timing of a second dose for these 12 to 17 year olds will be confirmed later. This build on the existing programme to offer a vaccine to all extremely clinically vulnerable children and children living with immunocompromised household members. Some young people are at greater risk of serious illness if they catch COVID-19 and will be offered two doses of vaccine, 8 weeks apart.

3.7.3 The COVID-19 vaccine offer will cover 47 secondary schools and special schools. Parental / guardian consents for vaccination have been put in place since September 22nd. The consent process usually takes 3 weeks. This high school programme is ongoing, scheduled to complete most of its work by November 10th but will be running school vaccination until the end of November. The immunisation teams have been doing 2-3 sessions in schools each day dependent on number of consent forms returned. Teams have approximately 10 people for an average session which includes;

- Clinical manager
- Pharmacy staff
- Vaccinator Nurses
- Health Care support workers
- Admin support

3.7.4 In situations where parents do not sign a consent form, services are offering an alternative conversation with the school nurse where a child has expressed the wish to be vaccinated, in order to assess whether a child under the age of 16 who wishes to receive the vaccine, has the maturity to make their own decisions and to

understand the implications of those decisions (known as Gillick Competence). Parents with concerns have been supported to discuss concerns at the vaccination centres, which has been well received.

- 3.7.5 From 25th October 2021 parents and guardians will be offered the choice to have their children vaccinated in school for COVID-19, or to make an appointment through the NHS National Booking Service.
- 3.7.6 A COVID-19 education meeting with head teachers, local authority education and public health departments, UK Health Security Agency (previously Public Health England) and local academics is also held weekly to lead the work strategically. Public Health have also presented and taken part in Q&A sessions in webinars for head teachers and with teachers' unions.

3.8 Horizon scanning

- 3.8.1 Controlling COVID-19 depends on future developments. Key developments are mentioned in this section below.
- 3.8.2 **Community engagement** and support is crucial. It is imperative that residents support efforts to avoid infection from COVID-19 and avoid transmission if infected. This requires communities to understand how COVID-19 is spread, and the consequences of the infection as well as trust in the impact of communal efforts to control COVID-19. In response, a range of insight continues to be gathered through engagement in order to understand what our communities think, and to challenge misinformation which is commonplace.
- 3.8.3 **Testing.** The Autumn and Winter plan outlines that PCR testing will continue to be free for those with COVID-19 symptoms and close contacts, and investment is being made to increase sequencing capacity which will strengthen available surveillance systems, including the ability to monitor COVID-19 and new variants. Asymptomatic testing using Lateral Flow Tests is due to continue, particularly focusing on those who are not fully vaccinated, those in education and in higher-risk settings (such as health and social care). The Autumn and Winter plan notes universal free provision of Lateral Flow Tests will end, and individuals and businesses using the tests will be expected to bear the costs, although the timescales for these changes have not been confirmed.
- 3.8.4 **Support to isolate** continues to be vital for curbing transmission, yet evidence suggests that rates of compliance are low. An online survey series of more than 50,000 participants carried out throughout the pandemic (the [CORSAIR study](#)) found that only half of respondents (52%) with COVID-19 symptoms reported fully adhering to self-isolation guidelines. In response, the Local Contact Tracing service was set-up in August 2020 and continues to support local people who have been asked to self-isolate. Research shows that people are more likely to pick up a call with a local number, people are also more likely to respond positively to messages from a local person and can benefit from their knowledge of the local support services that are available. The Local Contact Tracing service has recently

strengthened its Door-Knocking Service, focusing on those household who do not respond to requests for information or who seem unlikely to be complying with self-isolation orders. The Door-Knocking Service also conduct welfare visits, ensuring that those self-isolating are having their physical, emotional and financial needs met.

3.8.5 COVID-19 vaccines. The Medicines and Healthcare Products Regulatory Agency have authorised the use of four COVID-19 vaccinations in the UK: Pfizer/BioNTech, Oxford/AstraZeneca, Moderna and Janssen. The Janssen vaccine (not currently being distributed) has the advantage of only requiring one dose for optimal protection – however the evidence base of vaccine efficacy and optimal dosing for different population groups is growing and may change as research trials are concluded. It is unclear at this time how long COVID-19 vaccines will be effective, although current studies suggest they remain effective for at least six months. It is unclear at this time whether an annual COVID-19 booster will be recommended, and whether it is possible for this to be delivered alongside the annual influenza vaccine programme. The Bradford District and Craven COVID-19 Vaccination Steering Group continue to consider community feedback in their delivery plans in order to maximise uptake.

3.8.6 Variants of Concern (VoC). National surveillance systems remain in place with a [weekly report published](#) by the UK Health Security Agency. The Bradford Surge Testing Plan for COVID-19 VoC builds on the local COVID-19 Testing Strategy, local knowledge and resources. This plan aims to ensure any surge testing required in response to a new VoC is effective, inclusive, timely and implemented in a highly-organised manner. The principle is to test adequate numbers to detect sufficient numbers of positive tests to control transmission and for sequencing to identify VoCs. Surge Testing is nationally managed by NHS Test and Trace and a local plan has been developed for Bradford District. NHS Test and Trace will provide the necessary resources and test kits to support implementation on the basis of locally determined action with national support. Surge testing is carried out in specific and targeted locations and involves offering tests to everyone living in specified areas, excluding only those who have received a positive PCR test for COVID-19 in the previous 90 days. Protocol is for the Department of Health and Social Care to alert the Director of Public Health (DPH) that Surge Testing is necessary. The DPH would then notify the Chief Executive, Council Leaders and the Corporate Management Team.

4. FINANCIAL & RESOURCE APPRAISAL

4.1 The Contain Outbreak Management Fund through DHSC has enabled local authorities in England to help reduce the spread of COVID-19 and support local public health. Locally, this funding has supported activities directly related to the COVID-19 response, as directed by the Local Outbreak Management Plan. Funding levels and associated expenditure have been planned until March 2022.

4.2 Funding has been made available from DHSC to allow Councils to design and deliver bespoke interventions to support their local communities to self-isolate

successfully when instructed to do so.

4.3 Community Testing is funded separately by DHSC, all associated costs are recovered on a monthly basis.

4.4 The central Covid Hub is supporting the NHS with the ongoing vaccination programme.

4.5 There has been no announcement that funding will continue into 2022/23.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

5.1 No significant risks or issues

6. LEGAL APPRAISAL

6.1 No legal issues arising

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

7.1.1 The Council's approach to manage COVID-19 across the district contributes to the following equality objective:

7.1.2 ***Working with our partners and the district's many communities to understand and meet the needs of individuals and communities, and improve their opportunities, wellbeing and ability to live together productively.*** Collaborative working across Council teams and in partnership with the Race Equality Network (REN), Community Action Bradford And Distract (CABAD), health and academic partners has enabled the approach to COVID-19 to adapt to the changing needs of the district's communities. This approach is evident through the Outbreak Control Board membership, COVID-19 Management Team membership, and commissioned work to support the COVID-19 response.

7.2 SUSTAINABILITY IMPLICATIONS

7.2.1 No implications

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

7.2.1 No impact

7.4 COMMUNITY SAFETY IMPLICATIONS

7.4.1 No implications

7.5 HUMAN RIGHTS ACT

7.5.1 No implications

7.6 TRADE UNION

7.6.1 No impact

7.7 WARD IMPLICATIONS

7.7.1 On-going review and reporting of COVID-19 infection rates across wards, including to the Outbreak Control Board, chaired by Councillor Ferriby

7.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS (for reports to Area Committees only)

7.8.1 Not applicable

7.9 IMPLICATIONS FOR CORPORATE PARENTING

7.9.1 No implications

7.10 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

7.10.1 No implications

8. NOT FOR PUBLICATION DOCUMENTS

8.1 None

9. RECOMMENDATIONS

9.1 The Committee it invited to note and comment on the report.

10. APPENDICES

Appendix 1: Severe immunosuppression at the time of vaccination is defined by the JCVI using the guidance and timings stated below

Appendix 2: Groups eligible within the 2021-2022 flu vaccine programme

Appendix 1: Severe immunosuppression at the time of vaccination is defined by the JCVI using the guidance and timings stated below

1. Individuals with primary or acquired immunodeficiency states at the time of vaccination due to conditions including:

- acute and chronic leukaemias, and clinically aggressive lymphomas (including Hodgkin's lymphoma) who were under treatment or within 12 months of achieving cure
- individuals under follow up for chronic lymphoproliferative disorders including haematological malignancies such as indolent lymphoma, chronic lymphoid leukaemia, myeloma, Waldenstrom's macroglobulinemia and other plasma cell dyscrasias (note: this list is not exhaustive)
- immunosuppression due to HIV/AIDS with a current CD4 count of <200 cells/ μ l for adults or children
- primary or acquired cellular and combined immune deficiencies – those with lymphopaenia (<1,000 lymphocytes/ μ l) or with a functional lymphocyte disorder
- those who had received an allogeneic (cells from a donor) or an autologous (using their own cells) stem cell transplant in the previous 24 months
- those who had received a stem cell transplant more than 24 months ago but had ongoing immunosuppression or graft versus host disease (GVHD)
- persistent agammaglobulinaemia (IgG < 3g/L) due to primary immunodeficiency (for example, common variable immunodeficiency) or secondary to disease/therapy

2. Individuals on immunosuppressive or immunomodulating therapy at the time of vaccination including:

- those who were receiving or had received immunosuppressive therapy for a solid organ transplant in the previous 6 months
- those who were receiving or had received in the previous 3 months targeted therapy for autoimmune disease, such as JAK inhibitors or biologic immune modulators including B-cell targeted therapies (including rituximab but in this case the recipient would be considered immunosuppressed for a 6-month period), T-cell co-stimulation modulators, monoclonal tumour necrosis factor inhibitors (TNFi), soluble TNF receptors, interleukin (IL)-6 receptor inhibitors, IL-17 inhibitors, IL 12/23 inhibitors, IL 23 inhibitors (note: this list is not exhaustive)
- those who were receiving or had received in the previous 6 months immunosuppressive chemotherapy or radiotherapy for any indication

3. Individuals with chronic immune-mediated inflammatory disease who were receiving or had received immunosuppressive therapy prior to vaccination including:

- high-dose corticosteroids (equivalent to \geq 20mg prednisolone per day) for more than 10 days in the previous month
- long-term moderate dose corticosteroids (equivalent to \geq 10mg prednisolone per day for more than 4 weeks) in the previous 3 months
- non-biological oral immune modulating drugs, such as methotrexate >20mg per week (oral and subcutaneous), azathioprine >3.0mg/kg/day, 6-mercaptopurine >1.5mg/kg/day, mycophenolate >1g/day in the previous 3 months

- certain combination therapies at individual doses lower than above, including those on ≥ 7.5 mg prednisolone per day in combination with other immunosuppressants (other than hydroxychloroquine or sulfasalazine) and those receiving methotrexate (any dose) with leflunomide in the previous 3 months

4. Individuals who had received high-dose steroids (equivalent to >40 mg prednisolone per day for more than a week) for any reason in the month before vaccination.

Individuals who had received brief immunosuppression (≤ 40 mg prednisolone per day) for an acute episode (for example, asthma / COPD / COVID-19) and individuals on replacement corticosteroids for adrenal insufficiency are not considered severely immunosuppressed sufficient to have prevented response to the primary vaccination.

For the most up-to-date advice, see [COVID-19: the green book, chapter 14a](#).

Appendix 2: Groups eligible within the 2021-2022 flu vaccine programme

The Government recommends as many people as possible receive a vaccination against flu this autumn and winter. This could help to reduce overall pressure on the NHS and is especially important this year given the possibility of a substantial resurgence in flu. The NHS has begun to roll out the annual campaign for the flu vaccination from August 2021. A free flu vaccination will still be available for all previously eligible groups:

- Primary school children.
- 65 year olds and over.
- Vulnerable groups.
- Pregnant women.

The Government has also extended eligibility for a free flu vaccination this year to include:

- Secondary school children.
- 50-64 year olds.

As with the COVID-19 vaccine, flu vaccines are available from a range of different providers, including GPs, community pharmacies, and health centres. This ensures that access is as easy as possible for all, including vulnerable groups. The NHS has learned a number of lessons from the successful COVID-19 vaccination programme on reaching out to previously vaccine hesitant groups. The NHS is implementing these lessons in the flu vaccine programme this year in order to drive uptake higher than ever before.

For those not eligible for a free flu vaccine, the City of Bradford District Council are offering Flu Vouchers to council employees and frontline Voluntary and Community Sector workers, which can be exchanged for a flu vaccination at a range of pharmacies across the district. Many of the behaviours that help reduce the chance of catching COVID-19 will also reduce the risk of catching flu, such as washing your hands regularly and trying to stay at home if you are feeling unwell.