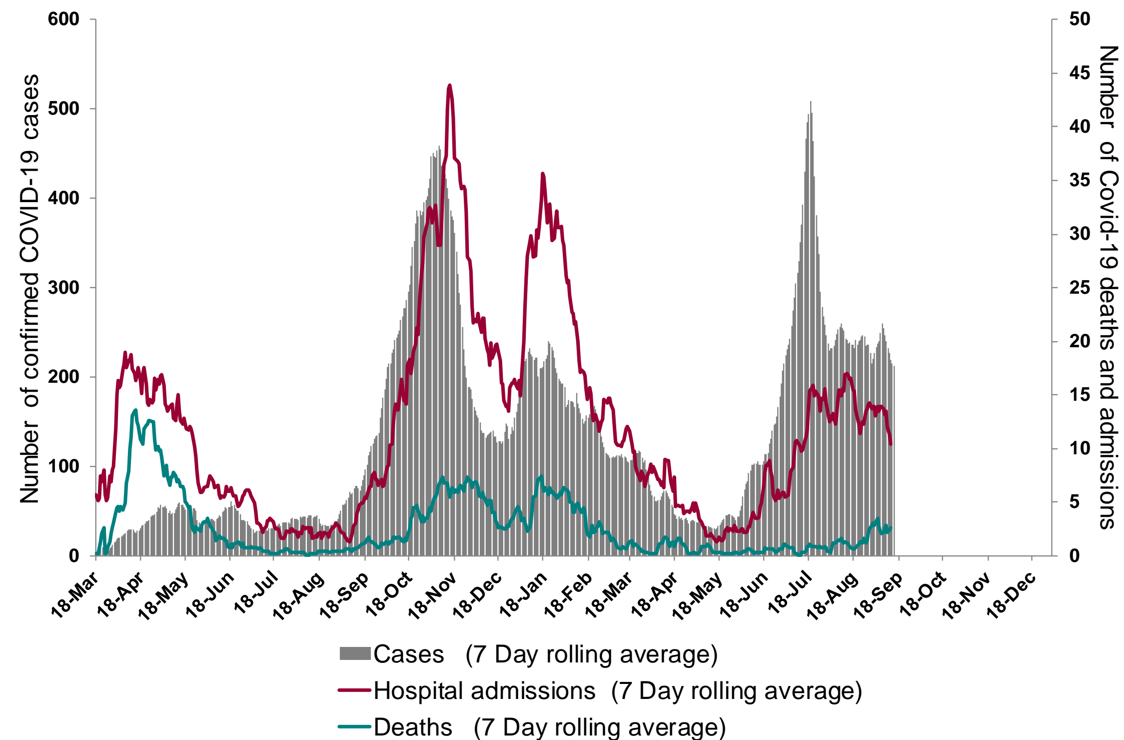
UPDATES TO THE CITY OF BRADFORD METROPOLITAN DISTRICT COUNCIL'S LOCAL OUTBREAK MANAGEMENT PLAN (LOMP V8)

OVERVIEW OF CHANGES

- Focus shifting away from pre-empting and responding to outbreaks to ‘learning to live’ with COVID-19
- Changes made during Step 4 of the Spring 2021 Roadmap out of Lockdown:
  - Removal of social restrictions
  - Changing powers of local authorities
  - Changes to self-isolation requirements
  - Broader roll out of vaccination programme (including the launch of booster doses and first doses for children) alongside the 2021/2 Winter Flu Vaccine season.

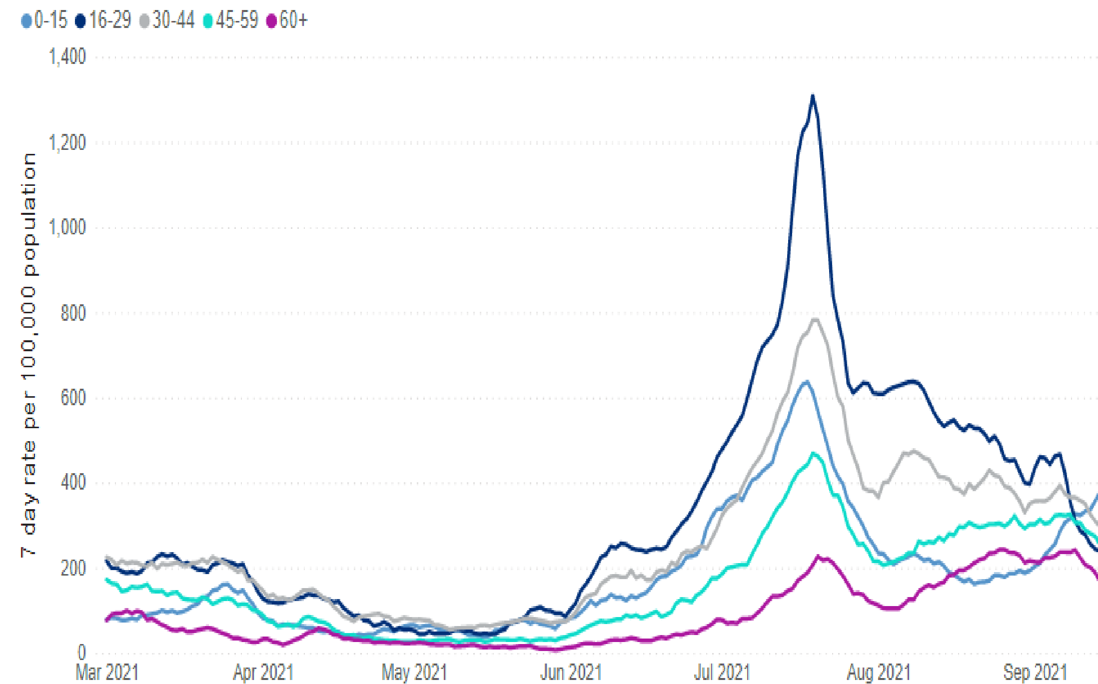
THE LOCAL CONTEXT

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



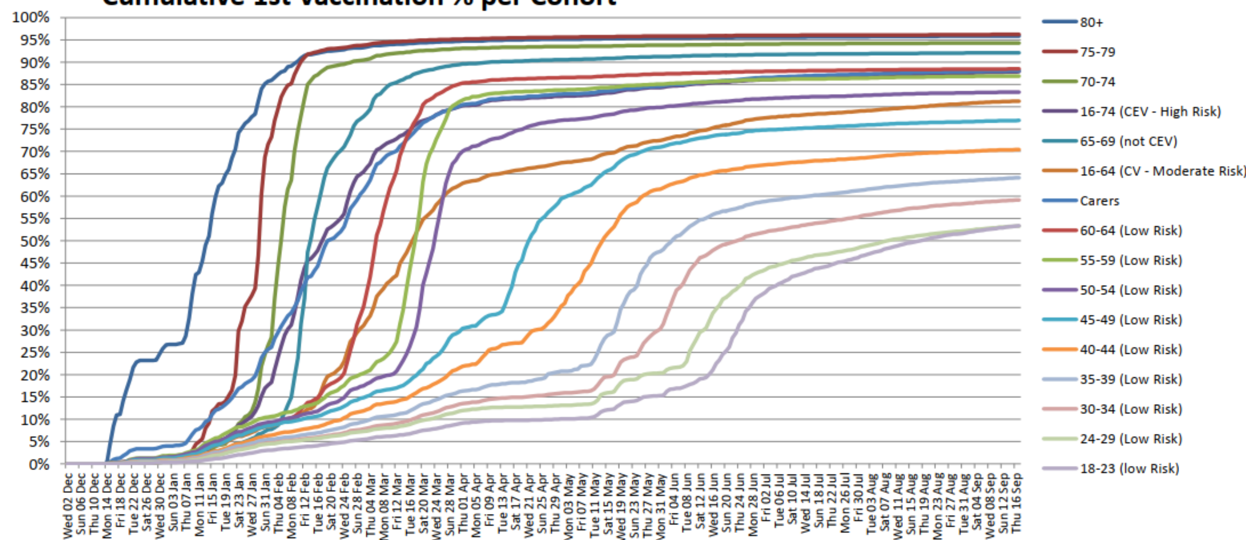
THE LOCAL CONTEXT

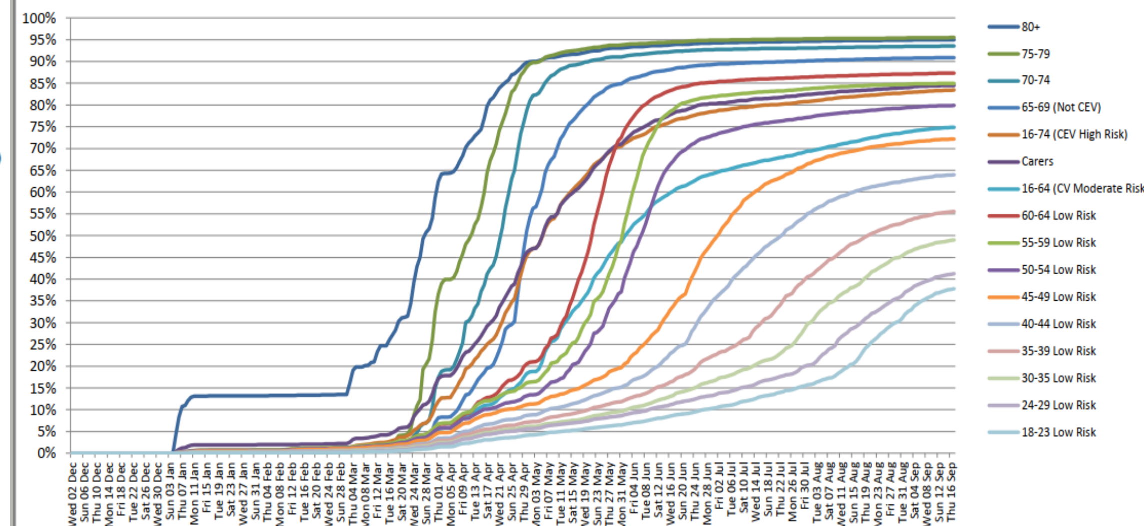
Figure 2: 7-day rolling average incidence of cases per 100,000 population by age group (March 01 2021 to September 14 2021). Source: PHE Epidemiology of laboratory-confirmed Covid-19 cases in Bradford



THE LOCAL CONTEXT

Figure 4: First and Second Vaccination in Bradford District by 20 September 2021.





Source: NHS Bradford District and Craven CCG Vaccination Uptake

LIVING WITH COVID-19

- Stubborn transmission levels combined with the ability of the mutating virus to evade vaccination-induced antibodies makes herd immunity unlikely; this should not be counted upon as an epidemiological strategy.
- As such, learning to live with COVID-19 is more important than ever; the onus here will be on balancing economic recovery with the need to do all possible to minimise death, critical illness and chronic illness.
- This approach will be underpinned by the continued roll-out of the vaccine (and boosters where relevant) and a robust Test and Trace service.
- CBMDC's Environmental Health and Public Health teams will take a pro-active approach to supporting local workplaces and high-risk settings to adapt to life post-lockdown; although clusters and outbreaks are inevitable, these teams will make themselves available to give guidance and spare capacity to curb these and identify whether their origins are community-based or endemic to the setting in question.
- Local intelligence systems will be crucial to enabling these teams to detect and respond to any emerging threats or novel variants effectively and in a timely manner.
- Our ongoing relationships with national health bodies (PHE – soon to be UKHSA), local volunteer organisations and community champions will ensure we are aware of the ways in which the removal of restrictions impact locals – especially vulnerable groups – at national and grassroots levels.

REMOVAL OF SOCIAL RESTRICTIONS

- Step 4 of the UK Government's Spring 2021 Roadmap out of Lockdown is characterised by the following changes:
  - The removal of all specific social distancing and contact restrictions e.g. bubbles, rule of six, outdoor hospitality etc.
  - The return of UK nightlife and largescale events
  - Relaxation of restrictions have been strategically scheduled for the school holiday period to ensure more activities can take place outdoors and pressures on the NHS are minimised compared to autumn and winter months
  - Key protections are still in place including regular testing, isolating when positive or when contacted by NHS Test and Trace, quarantining when arriving into the UK (as necessary), retaining COVID vigilance ('hands, face and space'; ventilation; face coverings in crowded areas/ specific forms of public transport etc.), widespread use of the NHS COVID pass
  - A gradual return to the office is encouraged over summer and autumn months – this is not mandatory, however.

Covid restrictions: Changes in England from 19 July

No limit on meeting people but try to meet others outside where possible

People currently working from home should return to the workplace gradually

Nightclubs open and a return to full capacity for theatre and cinema audiences

Businesses and large events encouraged to use Covid-certification to limit the spread of the virus

Face coverings recommended in crowded public spaces, such as public transport

Social distancing no longer mandatory

Source: UK Government BBC

COVID-19 RESPONSE: AUTUMN AND WINTER PLAN

- Over Autumn and Winter, the Government will aim to sustain the progress made and prepare the country for future challenges, while ensuring the National Health Service (NHS) does not come under unsustainable pressure.
- As presented in the Autumn and Winter Plan, the Government aims to achieve this by:
  - 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.
- While these points comprise the backbone of 'Plan A' for the coming Autumn and Winter, the Government has emphasised that the rapidly changing nature of the pandemic means more restrictive contingency measures (e.g. social restrictions, travel restrictions, lockdown, wider use of NHS Vaccine Passport etc.) may still be implemented if deemed necessary.

CHANGING POWER OF LOCAL AUTHORITIES

- Since the 19th of July, 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 legislation to advising key settings and resident groups on how to adjust to life post-Lockdown.
- That said, the Number 3 Regulations are still in place until March 2022 – they will remain under review during this time.
- Public Health England will now lead on outbreak management via local Health Protection Teams – they, and not SPOCs within the Council Public Health or Environmental Health Teams, will become the first point of contact for residents in the eventuality of any outbreak.
- Local Councils still have the ability to close any venues they believe are an imminent threat to the public health; however, this decision must now come with more layers of scrutiny and generally sit in the purview of central agencies including PHE and HSE. Directives can only be served once a qualified public health professional has formally requested it and made the case for why a closure is absolutely necessary.
- The Council's role must now shift towards 'building back for better' programmes of work, providing support and guidance for residents and accumulating and disseminating best practice relating to COVID, outbreak management and recovery both locally and nationally where possible.

CHANGES TO SELF-ISOLATION POLICIES

- Anyone displaying symptoms of COVID-19 are required to self-isolate and seek out PCR testing regardless of age or vaccination status.
- The following individuals no longer have to undergo 10 days of self-isolation if identified as a close contact to a case of COVID-19:
  - The double vaccinated (provided they received their final dose of an MHRA-approved vaccine in the UK vaccination programme at least 14 days prior to contact with confirmed case)
  - Those under the age of 18.5 years
  - Those taking part in test-and-release pilots/ clinical trials
  - Double vaccinated and asymptomatic critical workers (if requested by their employers and agreed upon by a relevant government department).
- These individuals should all still seek out PCR testing on the second day of what would have been their isolation period or as and when symptoms emerge by dialling 119 for home delivery or by booking online for testing at their nearest centre.
- Precautionary daily LFTs will also be required for those returning to work after being identified as a close contact, however.
- Children under 5 years should also take a PCR test if identified as a close contact – especially if said close contact is within their household.
- Precautionary daily LFTs will also be required for those returning to work after being identified as a close contact, however.
- Those still required to self-isolate must continue to do so for10 days following their exposure to the confirmed case; if they go on to be confirmed for COVID-19 themselves, they will be required to self-isolate for an additional 10 days after symptoms started.

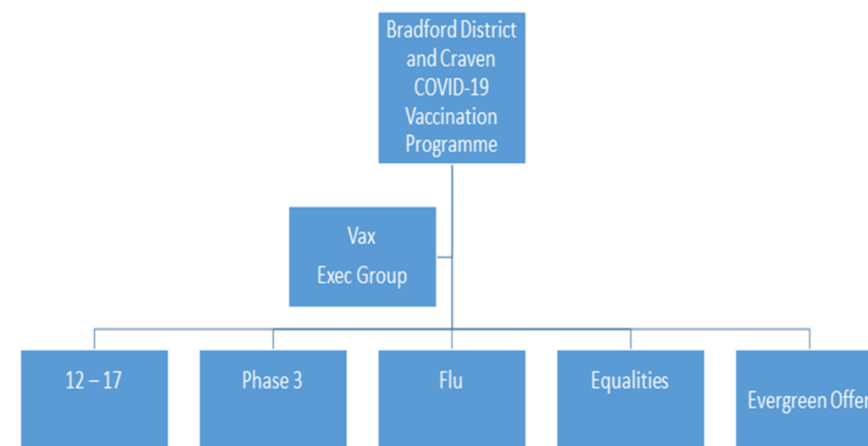
CHANGES TO THE VACCINATION PROGRAMME

- To date, the MHRA has authorised the following 4 vaccines for emergency use in the UK
  - Pfizer/BioNTech vaccine (two doses, a minimum of 8 weeks apart)
  - Oxford/AstraZeneca vaccine (two doses, a minimum of 8 weeks apart)
  - Moderna vaccine (two doses, a minimum of 8 weeks apart)
  - Janssen vaccine (one-dose).
- Those 16 and over have been invited to take up all of the above (though AZ is generally not given unless in very special circumstances e.g. severe allergic reactions to mRNA composites); those aged 12 to 17 are now also welcome to seek out one dose of Moderna and Pfizer. Clinically extremely vulnerable children of any age will also be considered for inoculation and booster vaccination.
- Vaccination has proven especially important for combatting the more severe effects of the Delta variant of COVID-19; dependent on vaccine type, one-dose efficacy against critical illness is estimated to reach around 30-50% whereas two-dose efficacy (where relevant) has been proven to reach around 80-90%.
- Trials are underway to build out the local use of the NHS COVID Pass – a digital tool which shows proof of vaccination, a recent negative test or natural immunity as a means of entry into large-scale gatherings or other high-risk settings. This is not currently mandatory for access for said settings, however.

THE VACCINATION BOOSTER PROGRAMME

- Plans are in place to launch the COVID Vaccine Booster programme in September 2021; these booster vaccines have been engineered to provide improved coverage against new variants of the disease. Those included in Phase 1 of the vaccination programme (priority groups 1 through 9) will be offered a booster vaccine no earlier than 6 months after their second dose. This includes:
  - those living in residential care homes for older adults
  - all adults aged 50 years or over
  - frontline health and social care workers
  - all those aged 16 to 49 years with underlying health conditions that put them at higher risk of severe COVID-19, and adult carers
  - adult household contacts of immunosuppressed individuals
- As most younger adults will only receive their second COVID-19 vaccine dose in late summer, the benefits of booster vaccination in this group will be considered at a later time when more information is available.
- The JCVI has specified that the Pfizer-BioNTech vaccine is preferable for the booster dose. That said, should this vaccine not be available, a half dose of Moderna has proven similarly effective. Furthermore, those who cannot receive an mRNA vaccine (e.g. due to allergies) may be eligible for a third dose of the AstraZeneca vaccine if they had received it previously.
- The government is advising that as many people as possible take up the invitation to receive their winter flu jab this year, especially those receiving booster vaccinations for COVID-19. The ComFluCOV trial indicates that co-administration of influenza and COVID-19 vaccines is generally well tolerated with no reduction in immune response to either vaccine as a result of parallel delivery.
- The need for parallel distribution of these vaccines is in acknowledgment of the potential rise of joint outbreaks between the two illnesses. The suppression of winter illness last year due to lockdown combined with the current reductions seen within NHS capacity makes winter flu a particular threat this year.

Figure 5: The local governance structure of the seasonal influenza vaccine programme



TACKLING VACCINE HESITANCY – AN OVERVIEW

- The success of 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 21 September 2021) 387,427 – or 76.3% of our total population – have received one dose and 354,584 – 69.8% of our total population – have received 2 doses.
- CBMDC's COVID-19 Vaccination Programme intends to mitigate inequalities at a local level - as outlined in our COVID-19 Equalities Vaccine Uptake Plan. The collective aim is to improve vaccine uptake across all communities. This approach is underpinned by four enablers; these are:
  - **Conversations and engagement** (to identify issues and barriers)
  - **Removing barriers to access** (by delivery solutions)
  - **Working in partnership** (to deliver solutions)
  - **Data and information** (to measure programme outcomes).
- 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 vaccine sites in workplaces / culturally-relevant locations (mosques, shopping malls, schools etc.).

TACKLING VACCINE HESITANCY – SUPPORTING RESEARCH

- A recent collaboration between the Council's public health team and researchers at Sheffield Hallam University applied behavioural science approaches to better understand vaccine hesitancy amongst our young people of Pakistani heritage.
- The project identified barriers and enablers to vaccine uptake through workshops with stakeholders and the target community; four messages were then co-created to address the identified barriers.
- In order to test the messages with young people, three Young COVID ambassadors were trained to become community researchers following which they undertook 73 interviews with their peers exploring attitudes and beliefs about the vaccine and opinions of the four messages created to promote uptake of the vaccine.
- Feedback from interviews was then used to refine key health messages and to inform dissemination plans for vaccine communications. The insights that came out of these consultations and interviews included the following:
  - Messages should be framed positively and focus on the key motivations for young people (protecting family and friends) and getting life going again (avoiding restrictions e.g. self-isolation, travel constraints and further lockdowns)
  - Challenge myths about vaccination using an evidence-based technique
  - Avoid stigma and blame by having messages for different groups of young people in Bradford that includes those of Pakistani heritage but does not focus exclusively on them
  - Provide links to or signpost additional evidence-based accurate information about the vaccination to promote making an informed choice, rather than being directed or coerced into vaccination
  - Include logos in messages for established trusted medical/scientific organisations, ideally the NHS.

CHANGES TO OUTBREAK RESPONSE IN SPECIFIC SETTINGS

- As stated, primary oversight for outbreak management has shifted from relevant Local Authority teams to PHE Health Protection Teams. Local Authority Public Health and Environmental Health Teams are now encouraged to focus their efforts on 'Building Back for Better' interventions or programmes and playing a supporting and guiding role for residents who may be confused with new regulations or how to handle outbreaks or keep themselves as safe as possible going forwards.
- Key setting-specific updates to outbreak control include:
- Relevant LA SPOCs will maintain their active role in the management of outbreaks that involve inclusion health/ vulnerable populations, however. They will work to resolve these outbreaks in close collaboration with the local PHE HPT.
  - Schools – bubbles have now ended; self-isolation is no longer required amongst those aged 18.5 years and under unless symptoms are reported or a positive test returned; schools are no longer required to identify cases – this is now the remit of NHS T&T alone; schools can be used as vaccination sites for their pupils if resources allow and this process can be handled safely.
  - Workplaces – employees are now encouraged to return to the office which may potentially increase incidences of workplace based outbreaks; workplaces are still required to maintain robust Risk Assessments even though precautionary COVID behaviours (hands, face, space etc.) are no longer legally enforceable; many workplaces are still choosing to keep safety procedures and measures first instituted during lockdown.
  - Transportation – mask wearing in Bradford while using public transport is actively encouraged but no longer mandated.