Health and Wellbeing Board

Report title: Local COVID-19 Outbreak Engagement Board update

Date: 7th September 2022

Key decision: No

Class: Part 1

Ward(s) affected: All

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Outline and recommendations

The purpose of this report is to provide an update to the Lewisham Health and Wellbeing Board in its role as the Local Outbreak Engagement Board.

The Health and Wellbeing Board are recommended to:

- Note the contents of the report

Timeline of engagement and decision-making

1. Recommendations

1.1. The purpose of this report is to provide an update to the Lewisham Health and Wellbeing Board in its role as the Local Outbreak Engagement Board.

1.2. The Health and Wellbeing Board are recommended to note the contents of the report.

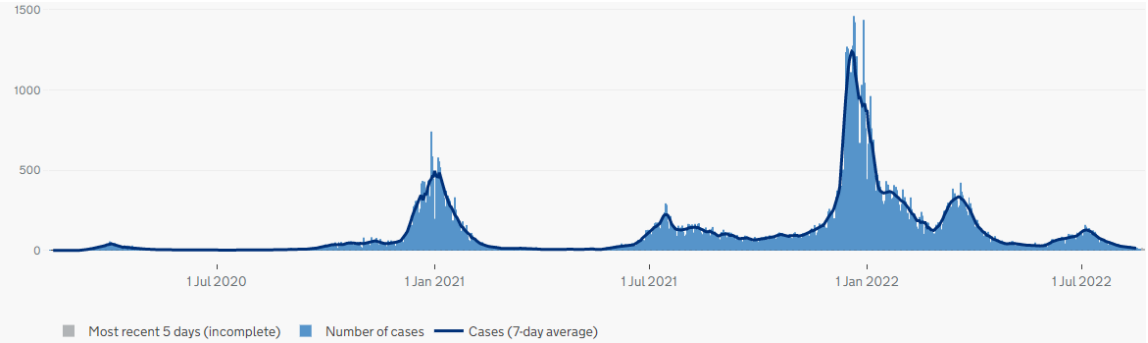
2. Background

2.1. At the September 2020 meeting of the Lewisham Health and Wellbeing Board, it was agreed that the Board will act as the Local Outbreak Engagement Board as part of the governance of the COVID-19 Local Outbreak Management Plan.

3. COVID-19 Cases in Lewisham

3.1. As of 23rd August 2022 there have been a total of 101,605 confirmed cases of COVID-19 in Lewisham. Since the last Health and Wellbeing Board update, there had been an initial decrease in confirmed cases of COVID-19 in Lewisham following the introduction of the 'Living with COVID-19' guidance. A subsequent increase and peak in cases was seen at the end of June 2022 with cases now declining. This is demonstrated in Figure 1.

Figure 1. Daily number of new lab confirmed cases in Lewisham until 23rd August 2022



Source: https://coronavirus.data.gov.uk/cases

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4. Living with COVID-19: Recent updates to the response

4.1. Lewisham Acute Respiratory Infection (ARI) Plan 2022

Owing to the implementation of the 'Living with COVID-19' plan nationally and other respiratory communicable diseases that may become prevalent this winter, a Lewisham Acute Respiratory Illness plan will replace our Lewisham Local COVID-19 Outbreak Management Plan (LOMP) from October 2022. This plan will be circulated to Health and Wellbeing Board members ahead of the next meeting of the Health and Wellbeing Board in December 2022.

4.2. COVID-19 autumn booster

People aged 50 years and older, residents in care homes for older people, those aged 5 years and over in a clinical risk group and health and social care staff will be offered a booster of coronavirus (COVID-19) vaccine this autumn. The autumn booster is being offered to those at high risk of the complications of COVID-19 infection, who may have not been boosted for a few months. As the number of COVID-19 infections increases over the winter, this booster should help to reduce the risk of being admitted to hospital with COVID-19 for those in eligible groups for the autumn booster.

4.3. Those eligible should be offered an appointment between September and December 2022, with those at highest risk being called in first. Those eligible should have their booster at least 3 months after their last dose of vaccine.

4.4. For more information about the autumn booster please see: https://www.gov.uk/government/publications/covid-19-vaccination-autumn-booster-resources/a-guide-to-the-covid-19-autumn-booster

4.5. Changes to asymptomatic testing for health and social care

Regular asymptomatic testing for COVID-19 in all remaining settings in England is being paused from 31 August. This change is being implemented as COVID-19 cases, deaths and hospitalisations continue to decline.

4.6. Free testing for the public ended on 1 April as part of the government's 'Living with COVID-19' plan, but asymptomatic testing continued to be used in some settings during periods of high case rates.

4.7. Settings where asymptomatic testing of staff and patients or residents will be paused include:

- the NHS (including independent healthcare providers treating NHS patients)
- adult social care and hospice services (apart from new admissions)
- parts of the prison estate and some places of detention
- certain domestic abuse refuges and homelessness settings

4.8. Testing will remain in place for admissions into care homes and hospices from both hospitals and the community, and for transfers for immunocompromised patients into and within hospital to protect those who are most vulnerable.

4.9. Testing will also be available for outbreaks in certain high-risk settings such as care homes.

4.10. Year-round symptomatic testing will continue to be provided in some settings, including:

- NHS patients who require testing as part of established clinical pathways or

those eligible for COVID-19 treatments

- NHS staff and staff in NHS-funded independent healthcare provision
- staff in adult social care services and hospices and residents of care homes, extra care and supported living settings and hospices
- staff and detainees in prisons
- staff and service users of certain domestic abuse refuges and homelessness services

For more information about this change please see: [COVID-19: testing during periods of low prevalence - GOV.UK (www.gov.uk)]

5. Other communicable disease concerns

5.1. **Monkeypox**

Monkeypox is a rare infectious disease, usually associated with travel to west and central Africa. Since May 2022 there has been an increase in the number of cases within the UK. However, the overall risk to the UK population remains low and there have been no deaths in the UK to date.

5.2. The World Health Organisation (WHO) has been carefully monitoring the situation and declared the current outbreak a public health emergency of international concern on 23rd July 2022 with recommendations for all countries to follow. The implications for the UK strategy to control the outbreak are being reviewed in the light of this announcement but most measures are already in place.

5.3. Monkeypox can be passed on from person to person through:

- any close physical contact with monkeypox blisters or scabs (including during sexual contact, kissing, cuddling or holding hands)
- touching clothing, bedding or towels used by someone with monkeypox
- the coughs or sneezes of a person with monkeypox when they're close to you

5.4. Anyone can get monkeypox, but currently most cases are in men who are gay, bisexual or have sex with men, so it's particularly important for those in these groups to be aware of the symptoms of monkeypox.

5.5. After contact with an infected person it can take 5-21 days to develop symptoms. The illness usually starts with flu like symptoms and then a rash which changes as it develops and eventually forms scabs.

5.6. The infection is usually mild and self-limiting but a person remains infectious to others until their lesions are fully healed. Most people will not require treatment. A few individuals may develop a more serious illness or a secondary infection which requires treatment.

5.7. Since monkeypox is caused by a similar virus to smallpox, vaccination against smallpox can be used to provide protection against monkeypox. The NHS is offering smallpox (MVA) vaccination to people who are most likely to be exposed to monkeypox and local NHS services will contact those eligible to offer them a vaccine if they are at risk of exposure. Further details about the vaccination can be found at: https://www.nhs.uk/conditions/monkeypox/

5.8. In Lewisham, we are working with colleagues in the UK Health Security Agency (UKHSA) and South East London Integrated Care System (ICS) to ensure that there is a robust local response for any cases and for those eligible for vaccination.

5.9. **Polio**

Polio is an infection caused by a virus that attacks the nervous system – it can cause permanent paralysis of muscles. Before the polio vaccine was introduced, there were as many as 8,000 cases of polio in the UK in epidemic years. Because of the success of the polio vaccination programme, there have been no cases of natural polio infection in the UK for over 30 years (the last case was in 1984) and polio was eradicated from the whole of Europe in 2003.

5.10. The Joint Committee on Vaccination and Immunisation (JCVI) has advised that children aged 1 to 9 years old in London be offered a dose of polio vaccine, following the discovery of type 2 poliovirus in sewage in north and east London. The number of children vaccinated in London is lower than it should be, so boosting immunity in children should help protect them and reduce the risk of the virus continuing to spread.

5.11. For some children this may be an extra dose on top of their routine vaccinations. In other children it may bring them up to date with their routine vaccinations. This will ensure a high level of protection from any risk of paralysis, though the risks to the general population are still assessed as low due to high vaccine coverage rates overall.

5.12. In Lewisham, we are working with GPs (who already deliver routine childhood vaccinations including polio vaccination), the hospital and some local pharmacies to support local delivery of the polio booster vaccination programme. Families with eligible children will have received a letter and text message to let them know about the programme.

For further details please see: https://www.gov.uk/government/publications/polio-booster-campaign-resources/have-your-polio-vaccine-now-information-for-parents

6. Financial implications

6.1. Resourcing of the ongoing local response to COVID-19 and other communicable diseases will be met from existing public health and Lewisham Local Care Partnership budgets.

7. Legal implications

7.1. There are no legal implications arising for Lewisham Council, from this updating report.

8. Equalities implications

8.1. COVID-19 has had a disproportionate impact on specific groups including older adults, and those from Black, Asian and Minority Ethnic groups. Health and Wellbeing Board Members' attention should be drawn to the following reports regarding these inequalities:

- Disparities in the risks and outcomes of COVID-19, PHE, 2020 (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892085/disparities_review.pdf)
- Beyond the data: understanding the impact of COVID-19 on BAME groups, PHE, 2020(https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf)

9. Climate change and environmental implications

9.1. There are no significant climate change and environmental implications of this report.

10. Crime and disorder implications

10.1. There are no significant crime and disorder implications of this report.

11. Health and wellbeing implications

11.1. The health and wellbeing implications for this report are outlined in the main body of text.

12. Report author and contact

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