

Dialogue-Responsible Individual Forum December 16th 2020

- Vaccinations- the next phase within the Covid 19 pandemic
 - Where are we currently?
 - Risks ahead:

Vaccination:

- **Oxford / Astra Zenica** applying to the UK regulator for approval. Now in phase three trials.
 - Two injections approximately 21 days apart
 - 100,000,000 doses on order
 - Traditional virus model used.
- **Pfizer / Biontech**. Regulation agreed in UK and for emergency use in the US.
 - 800,000 doses in the UK and now being used
 - Two injections approximately 21 days apart
 - Logistics chain requires v. low temperatures until final stage , then short term refrigeration
- **Moderna**- now in phase three trials
 - New technology uses a micro – fragment of RNA of the coronavirus. Injected and starts viral replication in the body , whose immune system then triggers a response
 - Two injections four weeks apart

Vaccination:

- You are unlikely to get a choice of vaccine.
- In terms of herd immunity between 60-70% of the global population are thought to need to be vaccinated to stop the virus spreading easily. Billions of people
- Antibody/ immunity length is not fully known yet. The Moderna vaccine at present seems to “hold up” for at least 4 months- follow up is ongoing.
- Priority groups set out. Not likely to be all children at present- those shielding / specific cases only
- Whole population injection under consideration

Priority groups

- Priority/Risk group

- 1 Residents in a care home for older adults and staff working in care homes for older adults
- 2 All those 80 years of age and over and health and social care workers
- 3 All those 75 years of age and over
- 4 All those 70 years of age and over and clinically extremely vulnerable individuals (not including pregnant women and those under 18 years of age)
- 5 All those 65 years of age and over
- 6 Adults aged 18 to 65 years in an at-risk group (see below)
- 7 All those 60 years of age and over
- 8 All those 55 years of age and over
- 9 All those 50 years of age and over
- 10 Rest of the population (to be determined)

Clinical conditions considered

Clinical conditions list:

- a blood cancer (such as leukaemia, lymphoma or myeloma)
- diabetes
- dementia
- a heart problem
- a chest complaint or breathing difficulties, including bronchitis, emphysema or severe asthma
- a kidney disease
- a liver disease
- lowered immunity due to disease or treatment (such as HIV infection, steroid medication, chemotherapy or radiotherapy)

Clinical conditions considered

- rheumatoid arthritis, lupus or psoriasis
- liver disease
- have had an organ transplant
- had a stroke or a transient ischaemic attack (TIA)
- a neurological or muscle wasting condition
- a severe or profound learning disability
- a problem with your spleen, example sickle cell disease, or you have had your spleen removed
- are seriously overweight (BMI of 40 and above)
- are severely mentally ill

Vaccination cont'd

- New safeguarding dynamic for education and children's services especially those services which support disabled children or those with difference, children with medical needs etc.
- Issues such as managing the combination of a vaccinated and non vaccinated community, parental consent etc will need to be considered.
- Vaccinations will have no impact on this wave or on a likely third wave. Likely to have an impact late summer 2021 onwards if everyone identified for vaccination has had both vaccinations and kept compliance going (face , space , hands) whilst the programme is rolled out. Unfortunately , this is not a seasonal virus.
- Issue may arise as we have a “willing participant” approach- problematic?
- 20-30% drop off between first and second injection- problematic?
- Immunity conferred 7-9 days after the second injection generally
- Issue of vaccine hesitancy can also occur

- Influential leaders and individuals / societal and colleague support
- Politics / policies (e.g. Mandates)
- Religion / Culture / Gender
- Socio-economic group

- Communication and media environment
- Pharmaceutical industry
- Historical influences

Contextual influences

HCP vaccine hesitancy

Individual/social group influences

Immunization is a social norm vs immunization is not needed/harmful
 Beliefs, attitudes and motivation about health and prevention
 Knowledge/awareness of why/where/what/when vaccines are needed
 Personal experience with and trust in health system and provider
 Risk/benefits (perceived/heuristics)
 Experience with past vaccination
 Costs

Vaccine and vaccination specific issues

- Risk/benefit (scientifically based)
 - ❖ *Effectiveness*
- Vaccination schedule
- Mode of administration
- Mode of delivery
- Introduction of a new vaccine or new
- Reliability of vaccine supply
- Role of healthcare professionals
- Tailoring vaccines/vaccination to need
- ❖ *Incentives to vaccinate*
- ❖ *Geographic access (e.g. mobile carts, vaccination)*
- ❖ *Training / information support*

Vaccine hesitancy-
 can apply to
 anyone- think
 about staff ,
 families , yourself

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Vaccination- issues:

- Areas for you to consider in relation to vaccines:
 - You may have to manage a part vaccinated community / non-vaccinated community... how? What issues could arise ?
 - How will you know who has been vaccinated and who has not? Do you need to know?
 - How will you be sure that the person has received both vaccines?
 - Families / carers who refuse the vaccination?
 - Longer term view re. a possible ongoing booster programme
 - Potential roll out for whole population vaccination
 - Practicalities like time off work to have the injections?
 - Any other thoughts?

R rate as of 11.12.20.

Tier review for England 16.12.20

Region	R	Growth rate % per day
England	0.8-1.0	-2 to 0
East of England	0.9-1.1	-1 to +2
London	0.9-1.1	-1 to +1
Midlands	0.8-1.0	-3 to -1
North East and Yorkshire	0.7-0.9	-4 to -2
North West	0.7-0.9	-4 to -2
South East	0.9-1.1	-1 to +1
South West	0.8-1.0	-4 to 0

Risks ahead

- Potential impact of Christmas from about second week in January onwards
- Lack of public “buy in “ to face , space ,hands ongoing message
- General weariness
- Frustration at the lack of a quick fix
- Logistics behind vaccination roll out and mass testing model
- Others as in the slides above.