

# COVID-19 Update

Adults and Health Committee Meeting 16/03/22

# COVID-19 RESPONSE: LIVING WITH COVID-19

England moving into a new phase of managing COVID-19 based on the following four principles

- **Living with COVID-19:** removing domestic restrictions while encouraging safer behaviours through public health advice, in common with longstanding ways of managing most other respiratory illnesses
- **Protecting people most vulnerable to COVID-19:** vaccination guided by JCVI advice and deploying targeted testing
- **Maintaining resilience:** ongoing surveillance, contingency planning and the ability to reintroduce key capabilities such as mass vaccination and testing in an emergency
- **Securing innovations and opportunities** from the COVID-19 response, including investment in life sciences.

# POLICY CHANGES FROM 24 FEB

- Removal of the legal requirement to self-isolate following a positive test. Adults and children who test positive will continue to be advised to stay at home and avoid contact with other people for at least 5 full days and then continue to follow the guidance until they have received 2 negative test results on consecutive days.
- Removal of the legal requirement for close contacts who are not fully vaccinated to self-isolate.
- No longer asking fully vaccinated close contacts and those aged under 18 to test daily for 7 days
- End of self-isolation support payments, national funding for practical support and the medicine delivery service
- End of routine contact tracing. Contacts no longer be required to self-isolate or advised to take daily tests.
- End of the legal obligation for individuals to tell their employers when they are required to self-isolate.
- Revoked The Health Protection (Coronavirus, Restrictions) (England) (No. 3) Regulations.

# POLICY CHANGES IN END OF MARCH

## From 24 March, the Government will:

- Remove the COVID-19 provisions within the Statutory Sick Pay and Employment and Support Allowance regulations.

## From 1 April, the Government will:

- No longer provide free universal symptomatic and asymptomatic testing for the general public in England.
- Update guidance setting out the ongoing steps that people with COVID-19 should take to minimise contact with other people.
- Consolidate guidance to the public and businesses, in line with public health advice.
- Remove the health and safety requirement for every employer to explicitly consider COVID-19 in their risk assessments.
- Replace the existing set of 'Working Safely' guidance with new public health guidance.
- Remove the current guidance on voluntary COVID-status certification in domestic settings and no longer recommend that certain venues use the NHS COVID Pass.

# POLICY CHANGES IN VACCINATION

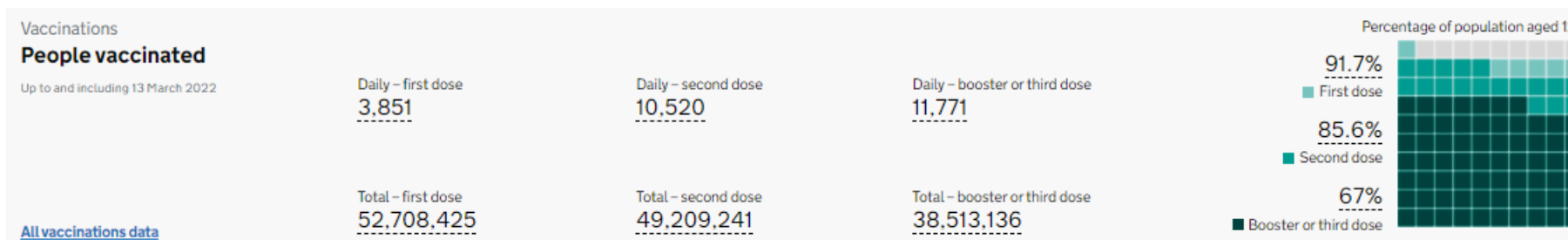
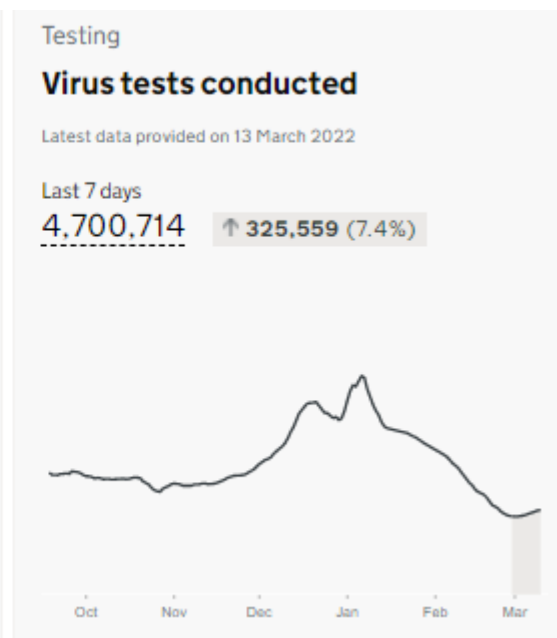
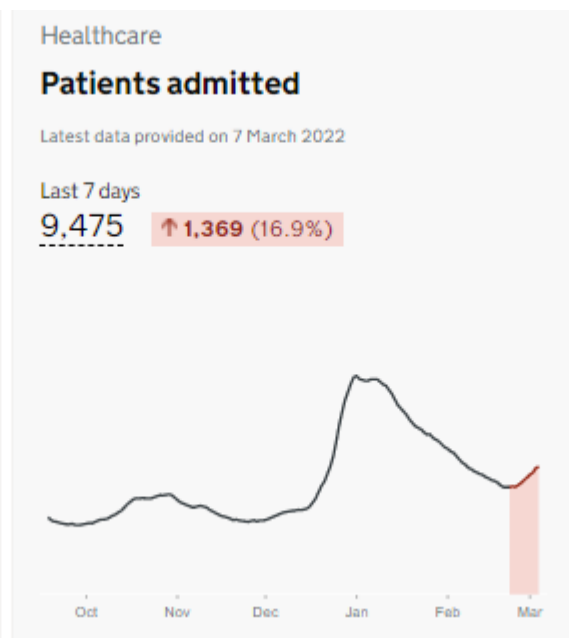
## > 75-year-old, Care Home residents and Immunocompromised individuals

- An extra spring dose is advised around 6 months after the last vaccine dose
- Precautionary dose for waning immunity

## Primary Age children (5 -11 years)

- **Non-urgent offer** of 2 doses of the Pfizer-BioNTech paediatric vaccine (interval of at least 12 weeks between doses).
- Other important childhood vaccinations, such as MMR and HPV, have fallen behind due to the pandemic.
- It is vital these programmes continue and are not displaced by the rollout of the COVID-19 vaccine to this age group.

# Nationally, deaths within 28 days of a positive test, hospital admissions and viral tests conducted have increased.

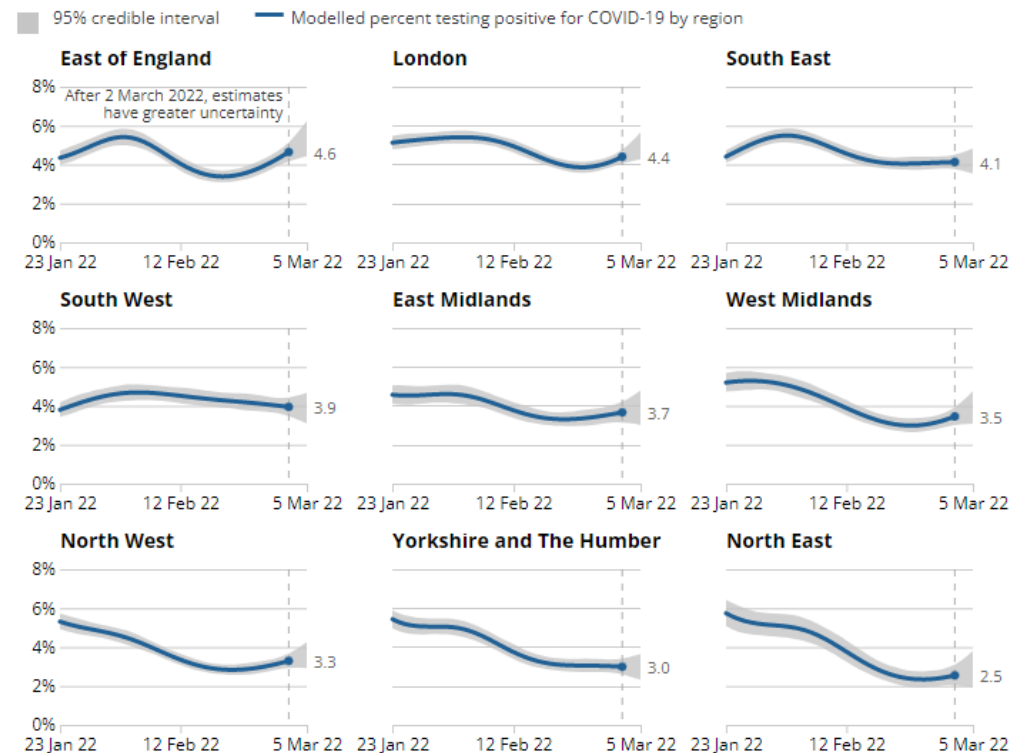


Due to the recent changes to testing and isolation guidelines and the subsequent reduction in testing rates – reported case data is no longer a reliable representation of covid prevalence and will not be presented.

# Covid Infection Survey (CIS) to 5<sup>th</sup> March shows an increase in people tested positive in the North West, East Midlands, West Midlands, East of England and London; whereas the trend was uncertain in the North East, Yorkshire and The Humber, South West and the South East.

Figure 2: The percentage of people testing positive for COVID-19 remained high but varied across regions of England in the week ending 5 March 2022

Modelled daily percentage of the population testing positive for coronavirus (COVID-19) on nose and throat swabs by region, England, 23 January to 5 March 2022



Modelled percentage of the population testing positive for COVID-19 by region, England

Region	Modelled % testing positive for COVID-19									
	Data to 3 <sup>rd</sup> Jan	Data to 12 <sup>th</sup> Jan	Data to 19 <sup>th</sup> Jan	Data to 26 <sup>th</sup> Jan	Data to 2 <sup>nd</sup> Feb	Data to 9 <sup>th</sup> Feb	Data to 12 <sup>th</sup> Feb	Data to 16 <sup>th</sup> Feb	Data to 26 <sup>th</sup> Feb	Data to 5 <sup>th</sup> Mar
North East	7.66	8.41	6.92	5.23	5.05	4.39	4.01	3.03	2.24	2.54
North West	9.81	6.33	5.86	5.26	4.61	3.6	3.2	3.13	2.83	3.29
Yorkshire and The Humber	8.44	6.91	6.22	5.07	5.08	4.11	3.64	3.26	2.86	2.99
East Midlands	6.79	5.44	4.77	4.4	4.69	3.85	3.29	3.62	3.32	3.66
West Midlands	7.03	6.37	5.03	5.24	5.16	4.38	3.98	3.39	3.07	3.45
East of England	4.86	4.53	3.94	4.51	5.41	4.78	4.24	3.5	3.49	4.64
London	7.82	5.26	4.75	4.91	5.55	5.27	5.13	4.67	4.01	4.40
South East	5.27	4.44	4	4.52	5.76	4.86	4.25	4.56	4.16	4.13
South West	4.18	3.71	3.38	4.49	4.74	4.59	4.36	4.3	4.77	3.94

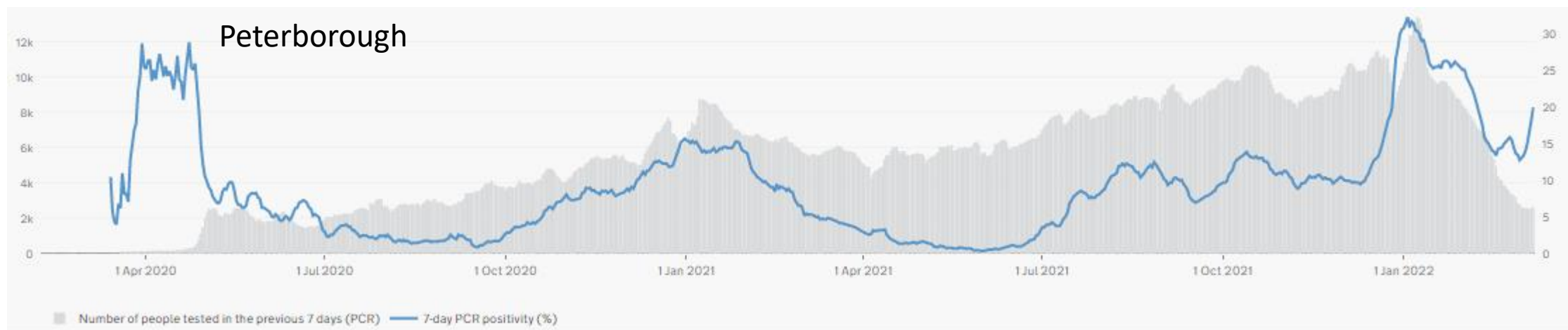
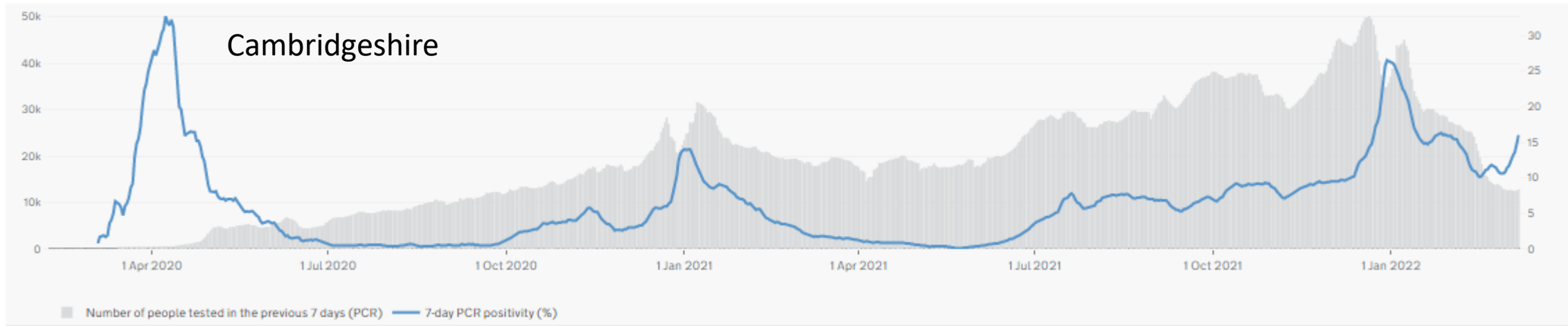
**In East of England approximately 1 in 19 people are positive**

Source: Office for National Statistics – Coronavirus (COVID-19) Infection Survey

# The number of people receiving a PCR test continues to decline in Cambridgeshire and Peterborough. Positivity has increased throughout March.

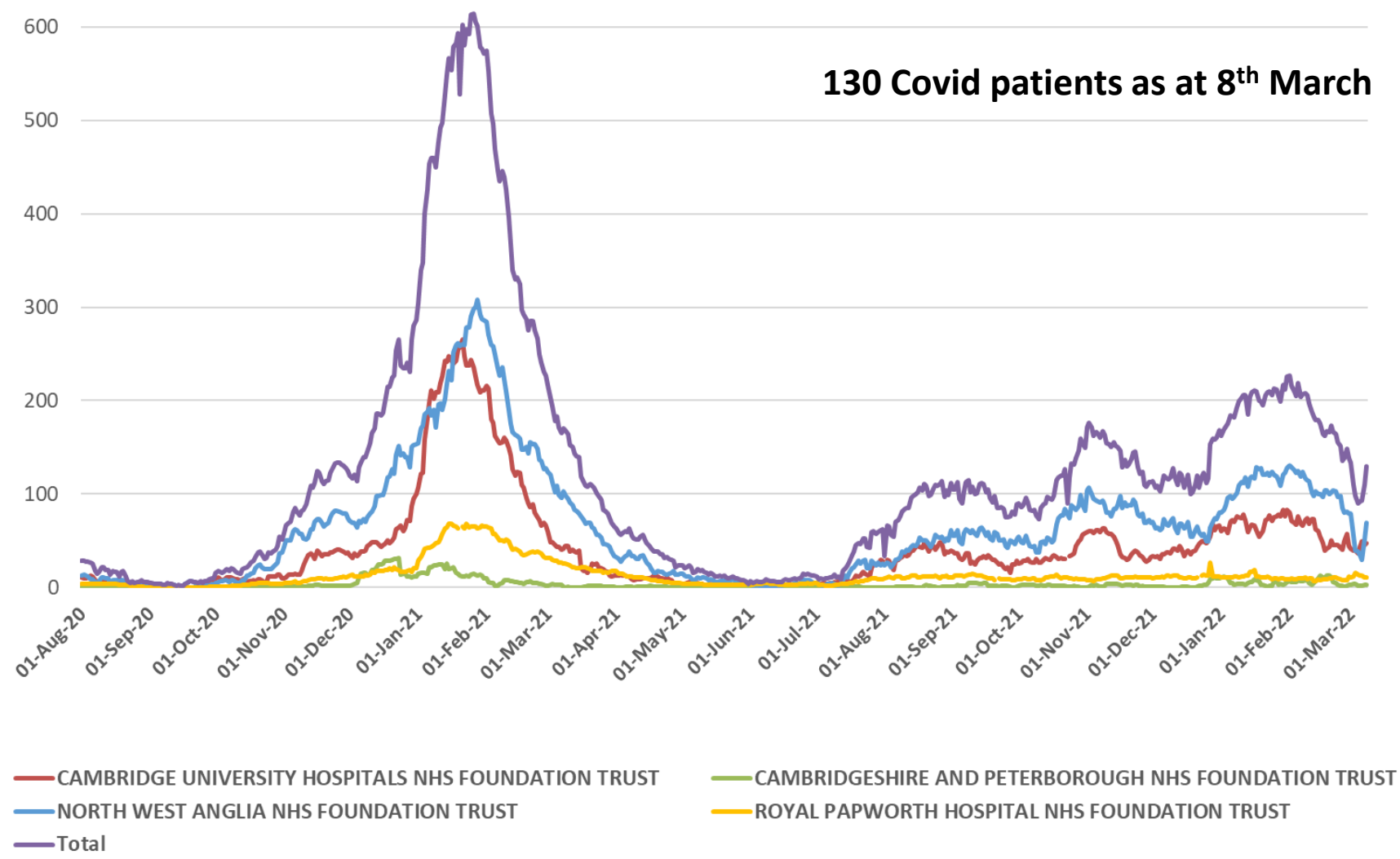
## Weekly number of people receiving a PCR test and positivity

The number of people who received a polymerase chain reaction (PCR) test in the previous 7 days, and the percentage of those who had at least one positive COVID-19 PCR test result in the same 7 days. Data is shown by specimen date (the date the sample was collected from the person). People tested more than once in the period are only counted once in the denominator. People with more than one positive test result in the period are only included once in the numerator.





# The number of Covid patients in Cambridgeshire and Peterborough hospitals has been falling although there has been an increase in the last couple of days predominantly at Hinchingsbrooke Hospital



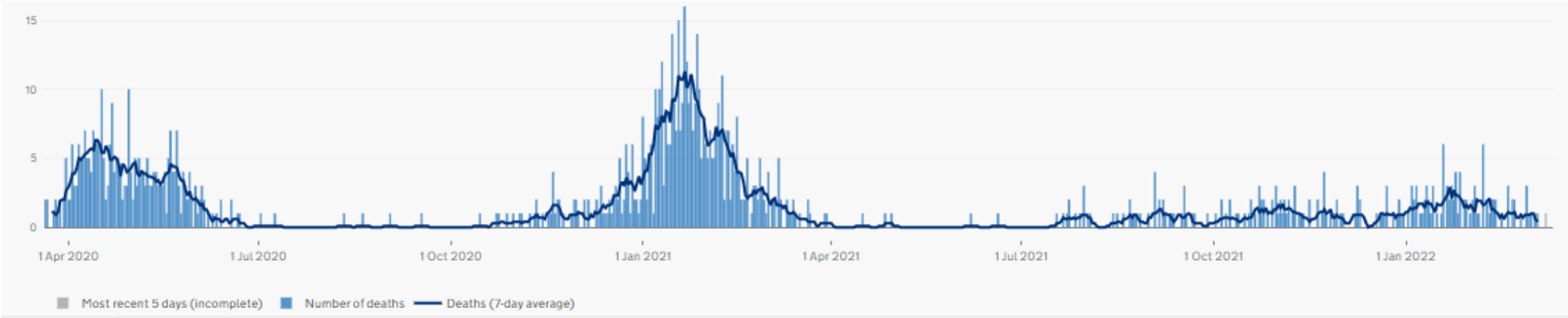
# Deaths with Covid-19 remain relatively low with minor fluctuations.

Cambridgeshire

**Deaths within 28 days of positive test by date of death**  
Number of people who died within 28 days of their first positive test for COVID-19. Data from England, Northern Ireland, Scotland and Wales use different methodologies, so can't be directly compared. Data for the last 5 days, highlighted in grey, are incomplete.

## Deaths within 28 days of positive test

Last 7 days	Total
7	1,017



# Deaths where Covid-19 is mentioned as a cause is fluctuating weekly for Cambridgeshire, but at relatively low levels.

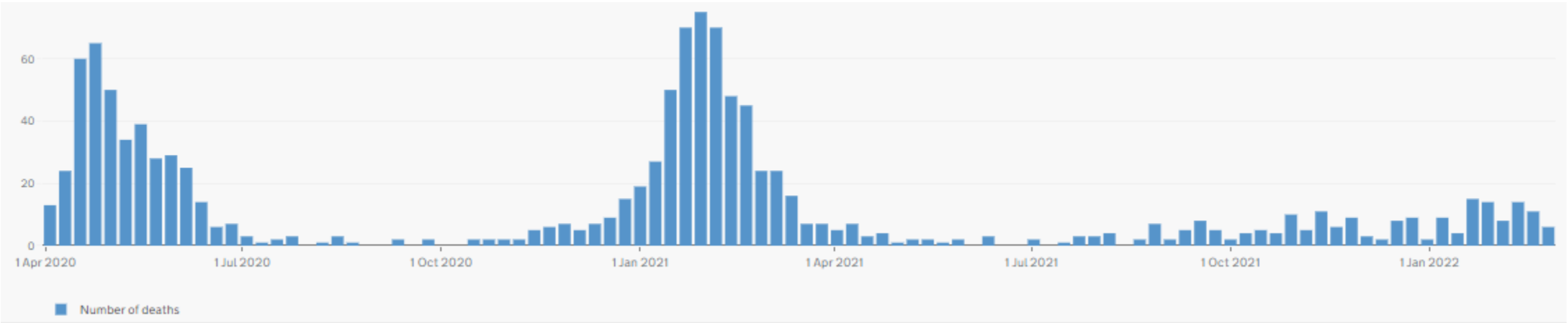
## Cambridgeshire

**Weekly deaths with COVID-19 on the death certificate by date registered**

Weekly number of deaths of people whose death certificate mentioned COVID-19 as one of the causes. The data are published weekly. Data are shown by the date the death was registered.

**Deaths with COVID-19 on the death certificate**

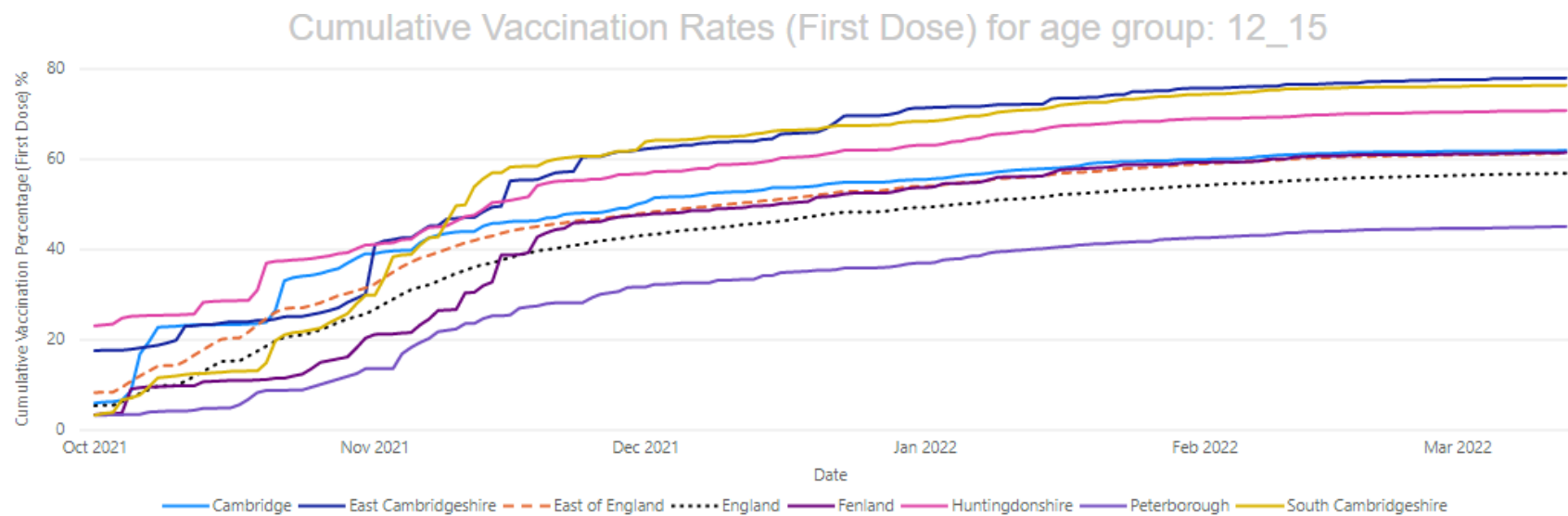
Weekly	Total
6	1,189



# Second dose uptake in 12-15 year olds remains below the regional average for Fenland and Peterborough

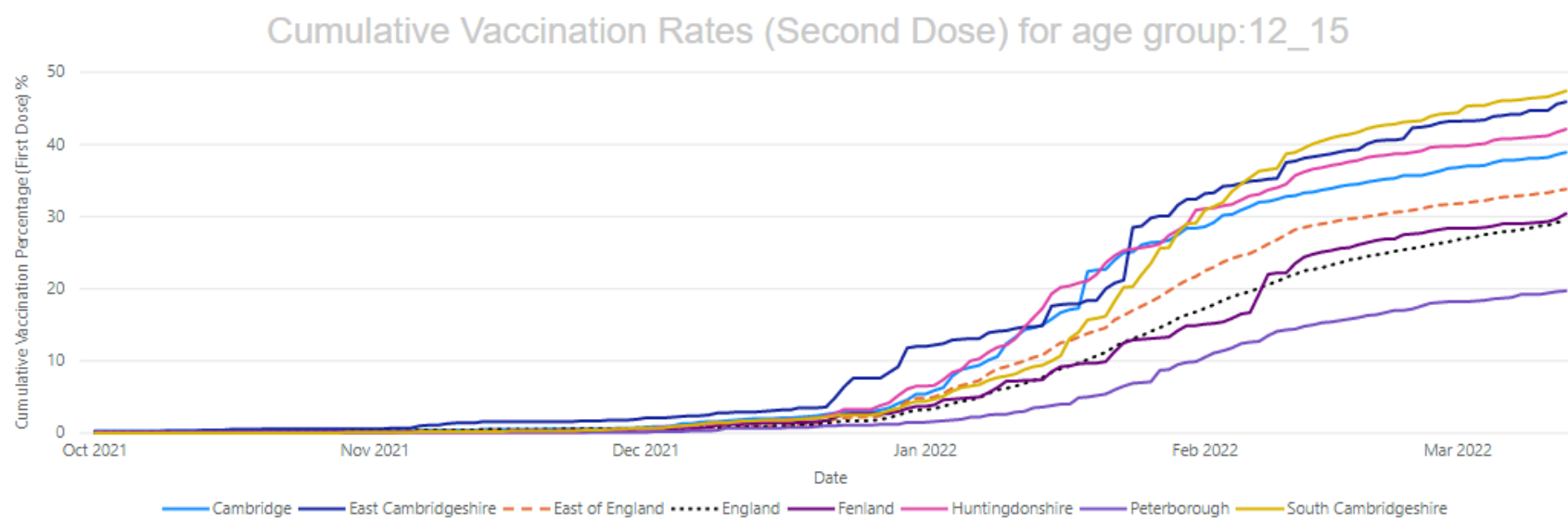
**13 March 2022**

Cambridge	62.00
East Cambridgeshire	78.00
East of England	61.30
England	56.90
Fenland	61.50
Huntingdonshire	70.80
Peterborough	45.10
South Cambridgeshire	76.40



**13 March 2022**

Cambridge	38.90
East Cambridgeshire	45.90
East of England	33.80
England	29.30
Fenland	30.40
Huntingdonshire	42.10
Peterborough	19.70
South Cambridgeshire	47.40

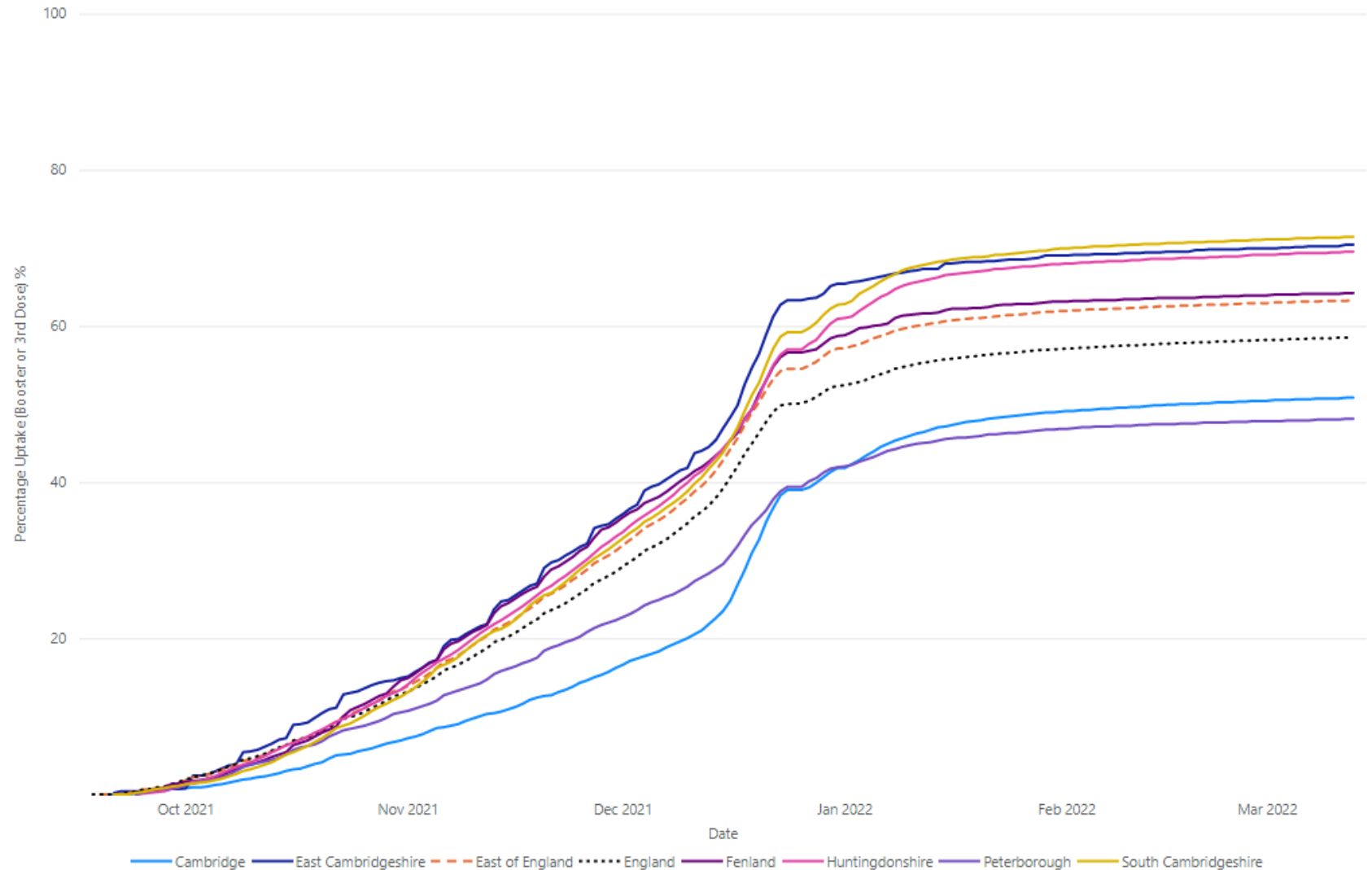


# Booster vaccinations remain below the regional and national average in Cambridge and Peterborough.

Percentage of Vaccination Uptake for All Ages (Booster or 3rd Dose)

**13/03/2022 00:00:00**

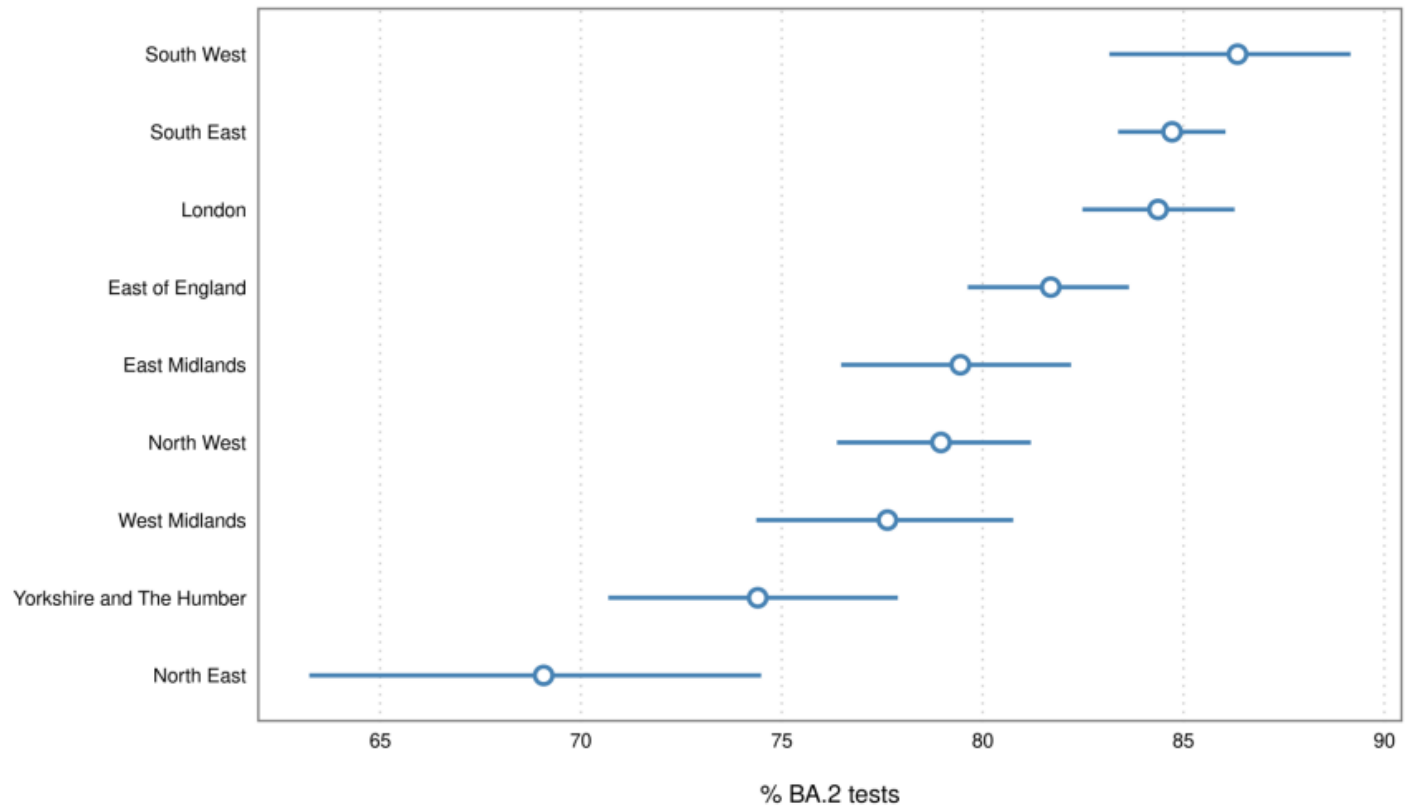
—	Cambridge	50.90
—	East Cambridgeshire	70.50
- - -	East of England	63.40
.....	England	58.60
—	Fenland	64.30
—	Huntingdonshire	69.60
—	Peterborough	48.20
—	South Cambridgeshire	71.50



# Modelling identifies that approx. 82% of positive PCR tests in the East of England are expected to be the BA.2 variant

SARS-CoV-2 variants of concern and variants under investigation in England: Technical briefing 38

**Figure 5. Plot showing the modelled percentage of PCR tests in each region of England that are probable BA.2 on 4 March 2022**  
Points are the median estimates from a Bayesian logistic growth model, with 95% credible intervals shown as lines. The model accounts for difference in the percentage of BA.2 compatible tests in local authorities within each region. The model uses positivity on all 3 gene targets as an indicator of BA.2 and SGTF as a proxy of BA.1. Supplementary data is not available for this figure.



Indicator	Red, amber or green status*	Confidence level	Assessment and rationale As Omicron (BA.1) was the previous dominant variant in the United Kingdom (UK) this risk assessment uses the characteristics of BA.1 as the baseline (for example, amber indicates equivalence to BA.1).
Overall growth advantage	Red	High	<b>BA.2 is now dominant in England based on community testing data</b> The growth advantage of BA.2 compared to BA.1 is now visible in multiple countries with genomic surveillance. The growth advantage in England remains substantial. This growth advantage is also supported by the finding of increased household and non-household secondary attack rates for BA.2 compared to BA.1 (not adjusted for vaccination).
Growth advantage 1: Transmissibility	Red	Moderate	<b>It is likely that the transmission characteristics of BA.2 are contributing to its growth advantage</b> Preliminary laboratory data suggests an increase in ACE2 binding affinity for the BA.2 receptor binding domain compared to BA.1, which may influence transmissibility. A shorter serial interval is also seen through analysis of contact tracing data. Viral load data require further assessment. Given the apparent lack of immune evasion, it is likely that altered transmission characteristics are significant contributors to the growth advantage.
Growth advantage 2: Immune evasion	Amber	Moderate	<b>Immune evasion is unlikely to be a major contributor to the growth advantage</b> Neutralisation data from UK and international laboratories suggest a small antigenic distance between BA.1 and BA.2. However, sera from vaccinated and boosted individuals neutralise both variants similarly, although in some experiments a slight reduction in BA.2 neutralisation is seen. In preliminary data from the UK, hamsters previously infected with BA.1 are protected against subsequent BA.2 infection.  There is no apparent reduction in vaccine effectiveness against symptomatic infection for BA.1 compared to BA.2 in the iterated test negative case control analysis using routine testing data in England. Small numbers of BA.2 reinfections occurring after BA.1 primary infections have been detected in the UK Office for National Statistics community survey and are also reported from Denmark. These events appear uncommon at present but many BA.1 infections are extremely recent. Population reinfection analysis will be iterated.
Infection severity	Amber	Moderate	<b>It is likely that the clinical severity of BA.2 is similar to that of BA.1</b> In preliminary animal data from the UK using SARS-COV-2 BA.2 virus, there was no evidence of increased virulence for BA.2 compared to BA.1, although international data based on chimeric virus studies is noted.  There is no evidence of an increase in hospital attendance or admission for BA.2 compared to BA.1 in England. Similar findings have been published from South Africa.

\* Refer to scale and confidence grading slide.