



COVID-19 Vaccination Programme Update

Northumberland Health & Wellbeing Board

11 February 2022

Rachel Mitcheson

Service Director: Transformation & Integrated Care

SRO COVID-19 Vaccination Programme (NCCG & NCC)



Vaccine uptake (12+) in Northumberland

2

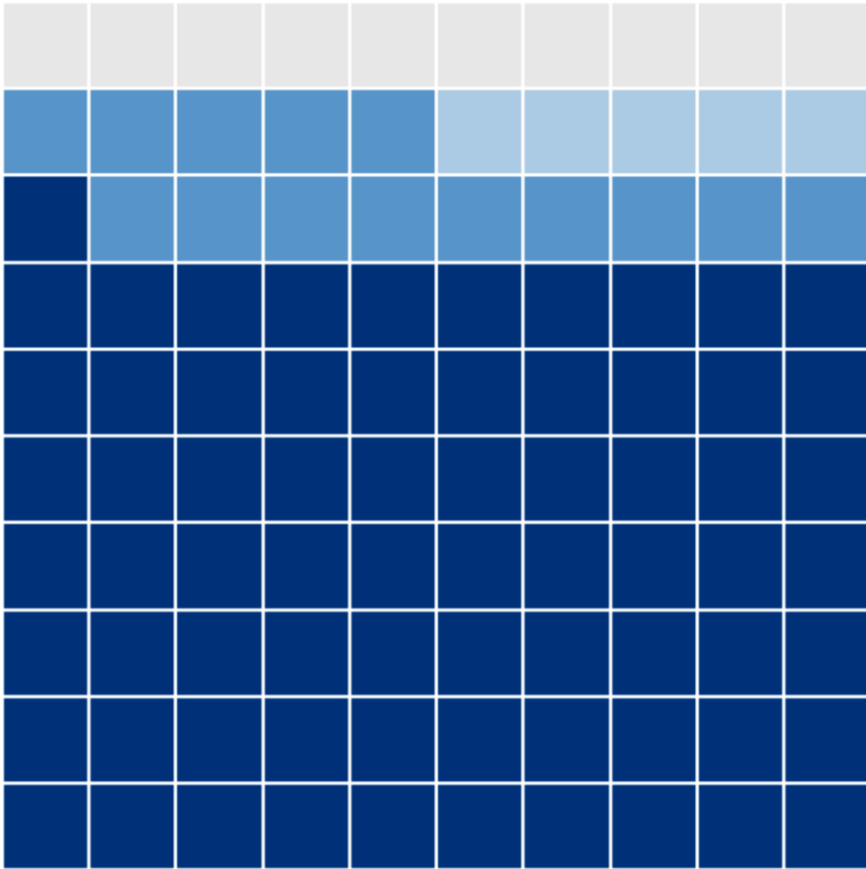
2nd Highest % uptake of 1st doses across UTLAs in England

1

Highest % uptake of 2nd doses across UTLAs in England

7

7th highest % uptake of booster/3rd doses across UTLAs in England

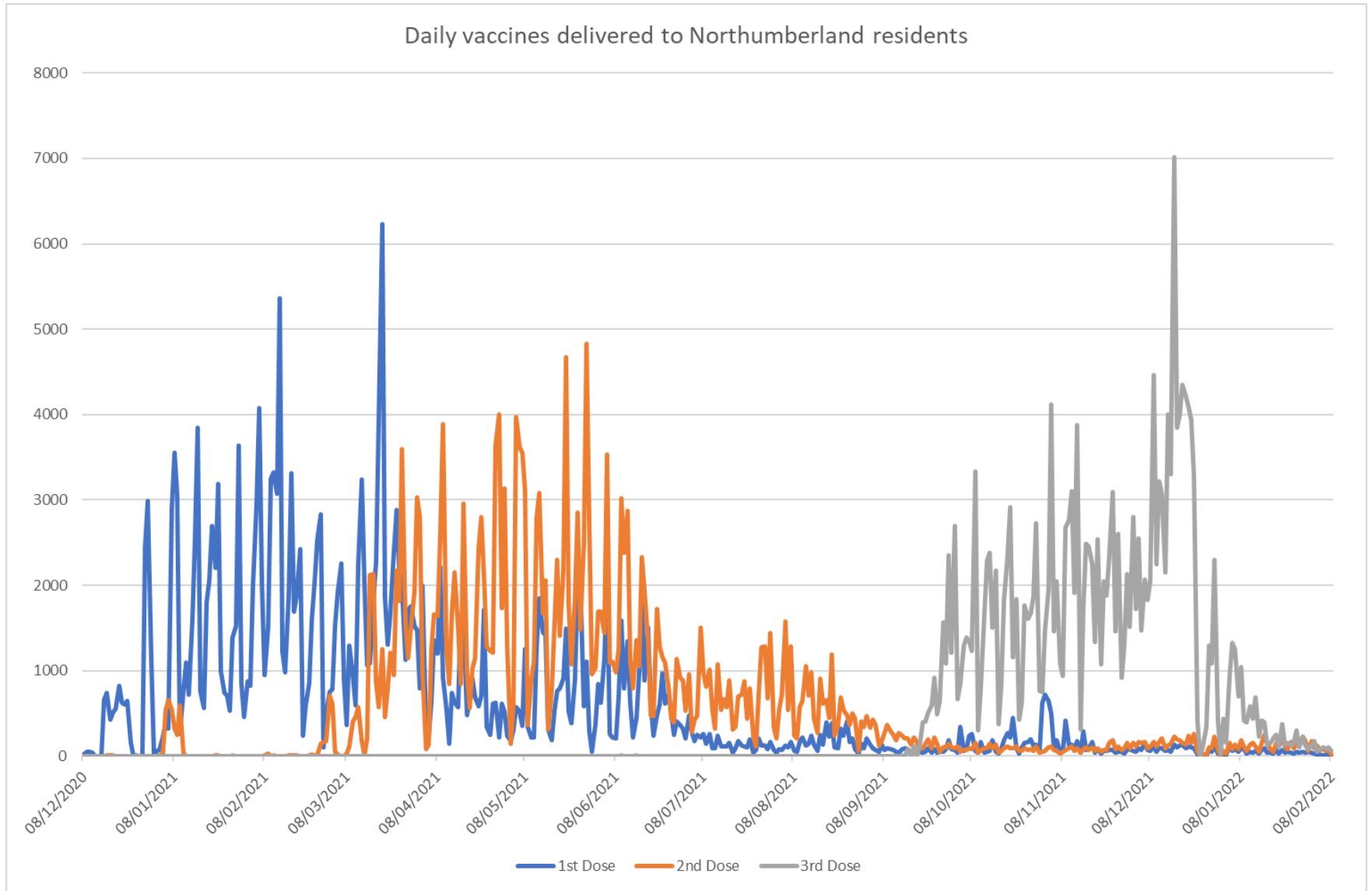


1st dose: 90.3%

2nd dose: 85.6%

Booster or 3rd dose: 71.1%

Vaccine uptake (12+) in Northumberland



Vaccine uptake (12+) in Northumberland

| Age Band | Population | 1st dose | 2nd dose | 3rd/boost | 1st dose % | 2nd dose % | 3rd dose % |
|--------------|---------------|---------------|---------------|---------------|-------------|-------------|-------------|
| 90+ | 3,134 | 3,044 | 3,024 | 2,885 | 97.1 | 96.5 | 92.1 |
| 85_89 | 6,151 | 6,013 | 5,986 | 5,772 | 97.8 | 97.3 | 93.8 |
| 80_84 | 10,432 | 10,195 | 10,143 | 9,878 | 97.7 | 97.2 | 94.7 |
| 75_79 | 16,322 | 15,982 | 15,902 | 15,561 | 97.9 | 97.4 | 95.3 |
| 70_74 | 23,146 | 22,549 | 22,438 | 21,851 | 97.4 | 96.9 | 94.4 |
| 65_69 | 22,862 | 22,126 | 21,959 | 21,177 | 96.8 | 96.1 | 92.6 |
| 60_64 | 25,367 | 24,308 | 24,094 | 22,697 | 95.8 | 95.0 | 89.5 |
| 55_59 | 26,454 | 25,069 | 24,761 | 22,765 | 94.8 | 93.6 | 86.1 |
| 50_54 | 24,016 | 22,421 | 22,062 | 19,780 | 93.4 | 91.9 | 82.4 |
| 45_49 | 19,988 | 18,199 | 17,816 | 15,124 | 91.0 | 89.1 | 75.7 |
| 40_44 | 18,550 | 16,448 | 15,952 | 12,717 | 88.7 | 86.0 | 68.6 |
| 35_39 | 18,821 | 16,232 | 15,526 | 11,347 | 86.2 | 82.5 | 60.3 |
| 30_34 | 18,844 | 15,608 | 14,682 | 9,588 | 82.8 | 77.9 | 50.9 |
| 25_29 | 17,471 | 14,284 | 13,297 | 8,017 | 81.8 | 76.1 | 45.9 |
| 18_24 | 21,915 | 18,399 | 16,970 | 9,519 | 84.0 | 77.4 | 43.4 |
| 16_17 | 6,846 | 5,450 | 4,147 | 556 | 79.6 | 60.6 | 8.1 |
| 12_15 | 14,049 | 9,447 | 3,229 | 23 | 67.2 | 23.0 | 0.2 |
| Total | 294368 | 265774 | 251988 | 209257 | 90.3 | 85.6 | 71.1 |

- 86% of eligible patients have received a booster (>3 months post 2nd dose)
- Particular focus required to increase booster uptake in the under 50s



Boosters and 4th doses

- **'Get Boosted Now'** campaign during December 2021 saw a huge increase in booster delivery
- **Reduced demand** so far in 2022, key that we continue to promote the importance of being boosted across all eligible cohorts
- Given v.high case rates in the **Omicron wave** a large number of eligible patients have had to observe the **28-day post infection period** where they cannot receive their booster
- Regional comms & engagement campaign targeting **under 30s** ('change of heart') which aims to increase uptake in these cohorts
- Particular push around promoting uptake of boosters (and 1st/2nd doses) amongst **pregnant women** – lots of positive work already done with this cohort in Northumberland in partnership with maternity services
- **4th doses** (effectively a 2nd booster) for the severely immunosuppressed cohort are now being rolled out
- **16/17 and 'at risk' 12-15 year olds** now eligible for a booster and being invited at the appropriate interval



Vaccinating Children and Young People

- Programme delivered 1st dose vaccinations to **healthy 12-15 year olds** rolled out **in schools** from late September – November '21
- 1st dose uptake for 12-15 and 16-17 year olds both within the **top 10 UTLAs** nationally
- **12-17 year olds** now beginning to be invited for 2nd doses and boosters as they become eligible – via local and national booking
- **2nd doses to 12-15 year olds** being rolled out now using a **hybrid approach** of in-school clinics and wider access via the National Booking Service at selected PCN and Pharmacy sites
- **5-11 year olds** who are considered 'at risk' have been identified by PCNs and are being invited to come forward and receive a 1st dose of vaccination ($\frac{1}{3}$ of a 'standard' Pfizer dose for this cohort, delivered via a special paediatric preparation)
- Awaiting further **advice and guidance from JCVI** on the potential vaccination of the wider 5-11 year old cohort and whether 12-15 year olds will require a booster



Providing an evergreen offer of vaccination

| People not vaccinated... | with a 1 st dose | with a 2 nd dose | with a 3 rd /Booster |
|--------------------------|-----------------------------|-----------------------------|---------------------------------|
| Aged over 50 | 6,177 (3.9%) | 7,515 (4.8%) | 15,518 (9.8%) |
| Aged 16-49 | 17,815 (14.6%) | 24,045 (19.6%) | 55,567 (45.4%) |
| Aged 12-15 | 4,602 (32.8%) | 10,820 (77.0%) | Not yet eligible |
| Total | 28,594 (9.7%) | 42,830 (14.4%) | 85,111 (28.9%) |

- Unvaccinated people are at **highest risk** from serious illness and death from COVID-19
- An **evergreen offer** of vaccination **remains open to ALL** eligible individuals who have yet to be vaccinated and is accessible via all delivery models (PCN, Pharmacy, Vaccination Centre)
- **Northumberland Vaccine Equity Board** continues to monitor vaccine uptake and areas of inequity and identify groups for targeted intervention (e.g. pregnant women, BAME groups, indices of multiple deprivation)
- Focus on **convenience, confidence, and complacency**



Next Steps – transition to BAU

- Our current assumption is that an **annual COVID-19 booster vaccination** will be required for all adults over 50 and those consider 'at risk' (JCVI cohorts 1-9) – subject to final JCVI advice and guidance
- Delivery likely to be during **Autumn/Winter** (September – December) 2022, in line with seasonal flu vaccination campaign
- Flu and COVID-19 vaccination supply chains unlikely to be aligned for autumn/winter 2022 campaign however all **opportunities for co-administration** of vaccines will be maximised
- Planning and analysis is now beginning to understand what a **sustainable vaccination service** looks like (*how, what, where, when, who etc.*) learning invaluable lessons from the COVID-19 vaccine rollout
- Various scenarios will be planned for, from '**BAU rollout**' alongside flu to '**surge rollout**' (e.g. in response to high incidence and/or a new variant)
- A **sustainable workforce solution** is essential to ensure vaccination services can run alongside (and not instead of) routine health and care services to support tackling the **COVID-19 backlog of elective care**

