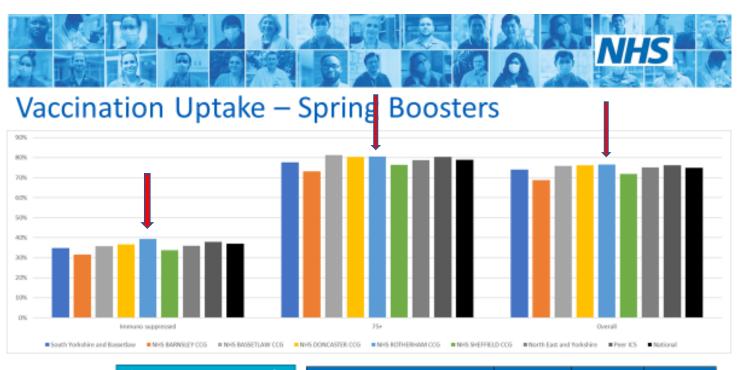


Progress to date

Really positive position!

Thank you to all who have been involved



National Position: Immunosuppressed: 32nd of 42 ICS'

ion: 75+: 32nd of 42 ICS'

> Overall: 32nd of 42 ICS'

CCG / Benchmark	Immuno suppressed	75+	Overall	
South Yorkshire and Bassetlaw	35%	78%	74%	
NHS BARNSLEY CCG	32%	73%	69%	
NHS BASSETLAW CCG	36%	81%	76%	
NHS DONCASTER CCG	37%	80%	76%	
NHS ROTHERHAM CCG	39%	81%	77%	
NHS SHEFFIELD CCG	34%	76%	72%	
North East and Yorkshire	36%	79%	75%	
Peer ICS	38%	80%	76%	
National	37%	79%	75%	



Your 'Peer ICS' was defined by the National team as a similar ICS demographically and so is used as a benchmark.

Please note that care home residents are included in the 'overall' figure. Care homes are reported separately within this pack.



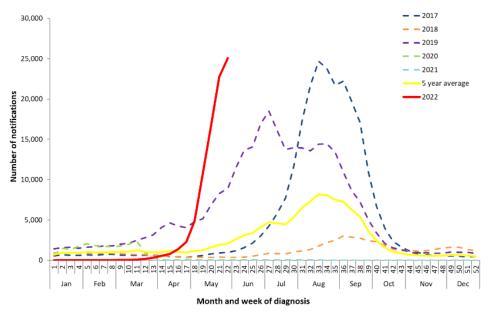




AUSTRALIAN INFLUENZA SURVEILLANCE REPORT

No. 05, 2022 Reporting fortnight: 23 May to 05 June 2022

Figure 4. Notifications of laboratory-confirmed influenza, Australia, 01 January 2017 to 05 June 2022, by month and week of diagnosis*



Source: NNDSS

Vaccine match and effectiveness

WHOCC:

- Of the 851 isolates characterised for antigenic similarity to their corresponding vaccine components by HI
 assay (Table 1):
 - All influenza A(H1N1) isolates characterised in the year to date have been antigenically similar to the corresponding vaccine components;
 - 96.0% of influenza A(H3N2) isolates were antigenically similar to the corresponding vaccine components; and
 - The one influenza B/Victoria isolate characterised in the year to date was antigenically dissimilar to the corresponding vaccine components.

Winter Predictions – likely to follow Australian trend for flu

Will be key that we push on with our flu plans and don't delay

^{*}NNDSS notification data provided for the current and most recent weeks may be incomplete. All data are preliminary and subject to change as updates are received, with most recent weeks considered particularly subject to revisions. Please refer to Data considerations for interpretation of the 5 year average.

Phase 5 Patient Cohorts



COVID-19 VACCINE

AUTUMN BOOSTERS

- Residents and staff in older adult care homes
- Frontline health and social care workers
- People aged 50 and over
- People aged 5-49 in a clinical risk group
- Household of immunosuppressed people
- Unpaid carers aged 16-49

Impact on Rotherham



Total Number of People from Eligible Cohorts for Autumn Booster by Rotherham PCN

Data Source: Foundry - Uptake (GP Registrations) Report

Note: Assumes all patients from specified cohorts are eligible including those without any previous vaccinations and those vaccinated within the last 91 days.

100% Uptake

Cohort	HEALTH VILLAGE/DEARN VALLEY	MALTBY WICKERSLEY	RAVEN	ROTHER VALLEY SOUTH	ROTHERHAM CENTRAL NORTH	WENTWORTH 1	ROTHERHAM
1: Care Home Residents & Residential Care Workers	289	124	142	246	169	149	1,119
2: 80+ & Health and Social Care workers	3,995	3,842	4,582	6,150	3,464	4,460	26,493
3: 75-79	1,569	1,594	1,754	2,896	1,311	1,955	11,079
4: 70-74 & CEV	2,704	2,651	2,925	4,237	2,212	3,513	18,242
5: 65-69	1,975	1,844	1,855	2,813	1,534	2,288	12,309
6: At Risk	7,593	5,583	6,782	8,441	6,226	8,854	43,479
7: 60-64	1,112	1,195	1,279	1,746	968	1,358	7,658
8: 55-59	1,424	1,438	1,575	2,173	1,193	1,861	9,664
9: 50-54	1,505	1,665	1,860	2,406	1,317	1,978	10,731
13: 12-15 At Risk	147	106	85	180	68	112	698
14: 12-17 Household contacts of immunosuppressed	92	64	104	137	70	129	596
17: 5-11 At Risk	278	200	246	315	210	314	1,563
Total - 65+ and At Risk	18,642	16,008	18,475	25,415	15,264	21,774	115,578
Total - 50+ and At Risk	22,683	20,306	23,189	31,740	18,742	26,971	143,631
Difference	4,041	4,298	4,714	6,325	3,478	5,197	28,053

Cohorts

Updated: 19/07/22

144,000 people to be vaccinated based on 100% of the eligible population (excluding staff)

Who & When

Cohorts 1 – 5 first

followed by 6 - 9

Timeframe

5th September – 11th December

Type of Vaccine

Booster Vaccines – Bivalent (Pfizer & Moderna)

Evergreen offer - Pfizer (1st and 2nd dose)

Primary Care Network (PCN) Approach to delivery



Patients called at 91 days in line with national cohort guidance						
HEALTH VILLAGE & DEARNE	RVS	WENTWORTH 1 RAVEN		CENTRAL	MALTBY/WICK	
PCN DELVIERY@ HEALTH VILLAGE	PCN DELVIERY@ ANSTON	PCN DELIVERY@ RAWMARSH	PCN DELIVERY@ BRINSWORTH	PCN DELIVERY@ BROOM LANE	PCN DELIVERY@ OAK HOUSE	
CARE HOMES						

PRACTICE DELIVERY – WHEREVER POSSIBLE VIA CO-ADMINISTRATION $91 \text{ days from first dose} = 2^{\text{nd}} \text{ week of October}$ RMBC made aware of plans to resolve any issues of access in advance

HOUSEBOUND

WHEREVER POSSIBLE VIA CO-ADMINISTRATION

DN team to vaccinate those of case load

Federation to support PCNs with any house bound not on a case load.

Potential £ support for required for this cohort – expensive to vaccinate and smaller numbers per day

HARD TO REACH GROUPS

POP UPS VIA VAN ALLOATED & COMMUNITY VENUES IN MOST DEPRIVED AREAS OF THE BOROUGH — VIA GP FEDERATION £ support required as vaccine costs do not cover resources needed to vaccinate & promote the services daily rate will be £900 per day (staffing, petrol, insurance, promotions)

- Each PCN will deliver to their patient
- Bookings will be made via NBS/System 1 and Accubook
- Raven/Central/Maltby/Wickersley will deliver via GP practice
- Anston/Wentworth1/Health Village and Dearne will deliver on a mass vac site
- Mop ups/centralised service will be undertaken as part of a mass vac site commencing when the 50 plus cohorts are called forward
- Community Pharmacy's will also support the scheme with a good number in place across the borough and visible on NBS
- Oversight of delivery will be via the Rotherham Place Vaccination Board & cover staff and patient uptake and the weekly operational group meeting

Staff Vaccinations



- TRFT classed as a Hospital Hub
- RDASH classed as a Hospital Hub plus
- Primary Care Inhouse staff only & care homes
- Social Care Staff via National Booking System, encouraged to access New York Stadium

Eligibility

Patient facing staff – including nonclinical staff who are patient facing e.g – reception staff and porters



High Level Risks



Vaccine Supply

 Supply might not equal the initial demand across local vaccination sites and Community Pharmacy

Weather

• Bad weather may impact on attendance at sites

Vaccine Fatigue

 Patients may feel they have been vaccinated and not come forward. Communications will be key to supporting uptake



Questions

