

LRF

Northamptonshire Local Resilience Forum

Northamptonshire COVID-19 Local Outbreak Management Plan 2021



West
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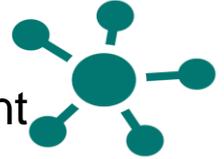
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Context



- The first Northamptonshire COVID-19 Local Outbreak Management Plan (LOMP) outlining our objectives as a system in preventing and controlling COVID-19 outbreaks was published in June 2020.
- The scope of this update has been broadened to reflect the changes recommended in the CONTAIN framework (published 7th October 2021), bearing in the mind the specific sets of challenges that the autumn and winter will bring in dealing with not just COVID-19 but other infectious diseases, and how the changes will be applied locally.
- Northamptonshire will aim to sustain the progress made and prepare the county for future challenges, while ensuring the local Health and Social care economy does not come under unsustainable pressure.
- COVID-19 Regional Partnership Teams (RPTs), led by UKHSA and the Office of Health Improvement and Disparities (OHID), now play a pivotal role in connecting the national and local response.

Glossary of Terms

- **Asymptomatic Testing** - testing those without symptoms (this is usually with Lateral Flow Device LFD tests but can be with PCR tests)
- **Contact Tracing Partnership** - national, regional and local teams working together to trace contacts of positive cases
- **Community Engagement** - listening to and discussing/addressing concerns or queries of members of the community
- **Enhanced Contact Tracing** - use of intelligence gathered from contact tracing to identify early and/or prevent outbreaks
- **EHO** - Environmental Health Officer
- **High Risk Settings** - settings that have either a high risk of COVID-19 outbreaks (i.e. transmission more likely) and/or a high risk of serious consequences (i.e. hospitalisation and death more likely)
- **Non-Pharmaceutical Interventions** - any interventions to reduce impact and transmission of the virus other than medical treatment and vaccination
- **Self-Isolation** - act of staying at home during potential infectious period to protect others
- **VOC or Variants of Concern** - new genetic variants of the virus that exhibit concerning properties (e.g. increased infectiousness)

Governance

COVID-19 Health Protection Board

- Provides health protection expertise
- Leads development and review of the Outbreak Prevention and Control Plan
- Seeks assurance from delivery partners and informs system of delivery of the plan
- Makes strategic decisions about the outbreak response and prevention, including vaccination and testing

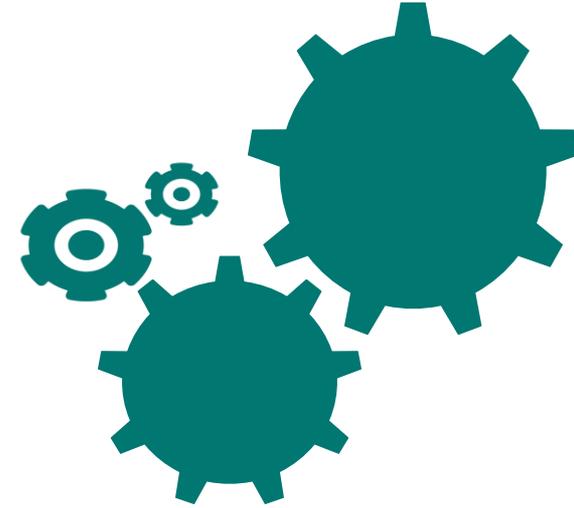
Local Oversight and Engagement Board/Health and Wellbeing Board

- Provides political oversight of the plan
- Engages with the public on elements of the plan

COVID-19 Recovery Coordinating Group (RCG)

(Strategic Coordination Group (SCG) will be mobilised as required if there is a return to Response status)

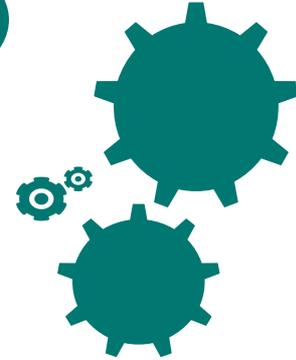
- Provides clear direction and oversight to the recovery activity
- Mobilises the multi-agency resources required to deliver the plan



Governance: Regional Partnership Team (RPT)

COVID-19 Regional Partnership Teams (RPTs), led by UKHSA and the Office for Health Improvement and Disparities (OHID), now play a pivotal role in connecting the national and local response by:

- Providing ongoing oversight and assurance, escalating risks and issues as needed including via the national local action committee command structure, and providing additional support and escalating requests for surge assistance
- Working collaboratively to bring their collective capability together in support of local areas, working in partnership as necessary with Northamptonshire DPH, Chief Executives and local authority Leaders of North and West Northamptonshire and wider system partners
- Working closely with national teams to support policy and operational co-ordination across UKHSA, NHS England's regional teams, DHSC, and other key government departments



Northamptonshire Context

- One LRF covering two new Unitary Authorities created on 1st April 2021 - North Northamptonshire and West Northamptonshire
- **Strong travel links and connectivity** M1 corridor and fast train connections from London mean that during times of free movement there is significant travel into county both from the South East and North of England
- **Logistics and distribution hub** Large proportion of workforce in employment (low unemployment) but high rates of low paid work in manufacturing and distribution
- **Large rural areas with urban centres** Northampton, Kettering, Corby and Wellingborough and smaller towns including Daventry, Towcester, Brackley, Raunds, Irthlingborough and others distributed across the county



Intelligence and Surveillance



Routine Data – testing, cases, contact tracing and vaccination

A combination of UKHSA-prepared surveillance reports and locally tailored analysis is used to inform IMT discussion. Line lists alongside Common Exposures lists are used to inform outbreak investigations.



COVID Marshall and Police Intelligence

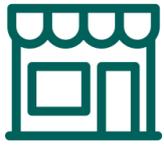
Following repealing of most COVID-19 regulations, police intelligence is only shared at IMT meetings in relation to self-isolation breaches or by exception. COVID-19 marshals have also been stood down.



Community Engagement

Community engagement events, 'COVID Ambassadors' and 'Northamptonshire Support Volunteers' are all useful tools to support engagement with specific communities. As a system we collaborate with community and faith leaders, to obtain information and intelligence on challenges and ways of working with the community they represent.

High Risk Settings in Northamptonshire

Care homes	Schools	Shared accommodation	Prisons and other detention	Health care settings	Industrial (manufacturing and distribution) settings	Public open spaces	Communities
							
240 with an additional 29 supported living facilities	326 mainstream, 15 special schools, 10 independent schools plus 5 boarding schools	Homeless shelters largely closed but a number of supported accommodation buildings supporting vulnerable individuals	3 detention facilities at border of county	2 district general hospitals, 14 other hospital settings, 69 GP practices	54 food processing and meat packing	10 train stations, bus and coach stations. Local tourist attractions	Various potential community groups/ Settings across the county – known groups mapped as stakeholders

Understanding and Managing Risk

The plan identifies a number of potential high-risk settings and vulnerable populations. Settings are considered high risk if outbreaks are highly likely to occur or if the consequences of an outbreak in the setting would be significant.

Why identify high risk settings?

1. To provide support and assistance in managing an outbreak
2. To be able to deliver proactive prevention activity including testing, vaccination and Infection control advice
3. For surveillance/mapping - so that we can identify patterns early and act quickly

What support is given to high-risk settings around prevention?

- Assist with risk assessment and support with planning and delivery of control measures
- Offer infection control training and regular guidance updates
- Advise and support on the local Test and Trace Programme
- Advise and support the delivery of local Vaccination Programme

Vulnerable Communities

We can consider 'vulnerability' in terms of*:

People who are clinically at higher risk of more serious illness and poor health outcomes

- People with long term conditions
- People with serious mental health issues
- Alcohol/substance misuse

People from Minority Ethnic Groups

- Black and minority ethnic communities

People who are socially isolated or excluded and marginalised

- Deprived communities: poor housing, low income, unemployment, crime
- People who are homeless or rough sleeping
- People for whom English is not their first language
- Gypsy, Roma, Traveller communities
- Carers
- Domestic violence victims
- Asylum seekers, refugees and unregistered migrant workers

* to note that there is significant overlap in these categories

We want to ensure:

**Strong engagement
and collaborative
working**

**Good access to
testing and
vaccination**

**Enhanced support for
isolation**

Resourcing

What we have done

- Definitive resource plan aimed at identifying and utilising resource capacity effectively in line with agreed financial spending.
- Resource plan updated as and when required, and revisited to incorporate recommendations in CONTAIN framework to ensure it is still fit for purpose.

What we are planning

- Updated governance structure and supporting resource plan created to reflect move through repealed restrictions.
- Plans ensure future infection control in the county can be monitored and escalated as required.
- Planning to move management of COVID-19 into business as usual when/where possible, retaining surge capacity where spikes/waves occur.

Further enhancements

- Continue to identify resource capacity risks and opportunities dependent on current levels of COVID-19 activity.
- Create new resource plan in line with new unitary council structure and national roadmap.

Education and Schools

Current state

- Case notification form and tracker produced locally so that settings can notify system of cases or issues in advance of UKHSA or national data streams to allow a swift local response.
- Community IPC team delivering support to schools on request or where identified.
- Healthy Schools team offering wider wellbeing support.
- Regular COVID information sharing to settings via bespoke Head teachers letter.

Transition

Schools team is in the process of being sent daily updates from the PowerBI export to identify any cases attending school or childcare settings to monitor and ensure any potential outbreaks are identified.

Work has been done to identify best model of response to support both new local authorities through a single community IPC team managing incidents and outbreak management in schools.

New notification system being developed to monitor education settings.

Preparing a model of care to support educational settings from the start of the new term.

Standard operating procedure for managing incidents/outbreaks has been share within all schools within the county

Adult Social Care

Care Home Cell

- We have an established Care Home Cell that includes representation from Adult Social Care, Public Health, CCG IPC and Quality Teams, DIPCs, Primary Care and Analyst Support.
- The Care Home Cell meets monthly to review the care home dashboard and agree any strategic actions or operational considerations required to support care homes (and wider adult social care settings when appropriate).

NASS Provider Hub

- The NASS Provider Hub offers a single point of contact for all adult social care providers (including but not exclusively care homes). The hub sends out proactive communications weekly but also receives enquiries and provides support when required.

New Unitary Authorities

- Although the Northamptonshire Adult Social Care function has now been divided into two teams as part of LGR, the adult social care COVID-19 response remains county-wide.

Community Engagement



An extended programme of community engagement work has been established since Summer 2020 and since then, the county has undertaken an initial large behavioural insights survey. In addition to this, it has conducted a Deep Dive session on behavioural insights, including input from community and faith leaders to increase understanding.

Community Fora and Focus Groups

Collaboration with existing fora e.g. REACH Young Persons Collaborative and Black Communities Together Northants as well as setting up target group focus groups.

Community Ambassadors and Northamptonshire Support Volunteers

The COVID-19 Community Ambassadors Team is made up of volunteers across West Northamptonshire, whilst the Northamptonshire Support Volunteers are based across Northamptonshire. Both groups help residents to stay up to date with how to protect themselves and others against the virus. The LA PH will keep them updated with the latest advice and guidance, so that they can help their family, friends and other community members to make sense of the latest information.

Communications and Engagement

Engagement

- We will speak with, listen to and understand the concerns of local communities.
- We will ensure vulnerable groups and marginalised communities are heard.
- We will gather information from various community and faith leaders to inform our engagement plan.

Proactive Communications

- We will build on the LRF's existing #NorthantsTogether branding.
- We will use evidence and local intelligence alongside published literature on behavioural insights to shape local messaging.

#Northants
Together

Reactive Communications

- We will work closely with the UKSHA (Health Protection) regional communications team, as well as key local stakeholders to keep residents informed.



Community Resilience

- The Community Resilience Cell is continuing to manage the CEV list on behalf of the two unitary councils.
- Additional activities:
 - Coordinate the voluntary sector through the Northamptonshire Emergency Response Corps supporting urgent food requests
 - Volunteer Online register to be maintained through the Northamptonshire Emergency Response Corps Reservists.
 - Coordination of teams (local authority, local infrastructure organisations and communities) to give the best support and engagements.
 - Managing the COVID Local Support Scheme (until 30 September 2021).

COVID-Safe Reopening of Economy

COVID-secure advice and support

- Environmental Health provide businesses with advice on re-opening safely in line with current legislation and national guidance as required.
- Communications colleagues also work with various business fora to coordinate business webinars for members to get updated with latest advice and to have a chance to ask questions.
- Following revoking of most regulations, the local system is to agree an approach on COVID-19 safety control measures to maintain safe delivery of business.
- Establishing tracking mechanisms for ‘business health’ and job fulfillment.



Compliance and Enforcement

Health and Safety Executive (HSE) and both North and West Northamptonshire local authorities are the lead enforcement authorities for business related COVID-19 compliance and enforcement.

- Both Local authorities will continue to be the main enforcement authority in retail, hotel and catering, office and consumer or leisure settings while, in general, HSE inspectors lead on enforcement in more industrialised settings such as manufacturing.
- Businesses are responsible for taking precautions to protect people against COVID-19 in their health and safety risk assessments.

Under the government's COVID-19 Response: Autumn and Winter Plan, both local authorities in Northamptonshire will retain powers under the No. 3 Regulations until 24 March 2022 and will also play a role in ensuring that employers comply with their obligations under the self-isolation regulations.

Compliance and Enforcement

Step 4 implemented

- To continue collaborative work between the JET to observe how rules are complied with in line with the national roadmap.
- Workplace and health and social care setting compliance and enforcement specifically will continue to be supported by EHO teams, HSE and CQC.

End of all restrictions and revoked legislation

- To continue collaborative work between the JET to observe compliance in line with the national guidance and existing regulation.
- Workplace and health and social care setting compliance and enforcement specifically will continue to be supported by regulatory bodies - EHOs, HSE and CQC.

Re-escalation

- Identify clear communication channels to ensure risks are signposted to relevant partners or agencies to apply relevant existing legislation within their remit.
- Joint Enforcement Team will identify and enforce any breaches of current self-isolation regulations.
- Identify areas that become part of service and areas of continued coronavirus response enforcement.

Vaccination

The main line of Covid-19 defence is now vaccination rather than lockdown restrictions. NHS Northamptonshire is a lead agency in Covid and Flu vaccination programme delivery.

Local health and care partners play a key role in delivering the programme and driving uptake, as set out in the COVID-19 Vaccine Delivery Plan. System should continue to work in partnership with the NHS to help shape local plans to tackle disparities in vaccine uptake, as well as ensuring uptake of second dose and boosters.

Increasing vaccination rates overall, especially among disproportionately affected groups, will be central to the local COVID-19 response. Public Health plays a decisive role in understanding the population.

NHS England has published guidance to LA's on 'surge vaccination' in response to the prevalence of the Delta Variant.

Advice on a potential COVID-19 booster vaccination programme, published by the JCVI in June 2021, advises that boosters are offered initially to the most vulnerable (broadly cohorts 1 to 4), alongside a Flu (Influenza) vaccine since September. This is to maximise protection in the most vulnerable ahead of the winter months.

From 19 July 2021 the JCVI has also advised that children at increased risk of serious COVID disease are offered the Pfizer-BioNTech vaccine. This includes children aged 12 to 15 years with neurodisabilities, Down's syndrome, immunosuppression and multiple or severe learning disabilities. The JCVI also recommends that children and young people aged 12 to 17 who lived with an immunosuppressed person should be offered the vaccine.

All healthy children aged 12 to 15 will also be offered a vaccine this autumn.

Vaccination

Since the launch of the COVID-19 Vaccination Programme in Northamptonshire on 8th December 2020 to 24th November 2021:

1,186,146	Total doses administered
533,015	Total first doses administered
479,865	Total second doses administered
243,949	Total booster doses administered

- 97% of our 70+ population have received both doses and 60% of them have also received their booster dose
- 94.3% of our population age 50-69 have received two doses.
- 77% of our 18-49 year olds have received both doses
- 70% of our 16-17 years have received their first dose as well as 44.1% of our 12-15 year old healthy children have received their first dose. 50% of our 12-15 children who are with At Risk group or a house hold contact of Immunocompromised have also received their first dose.
- 97.6% of our care home residents are fully vaccinated and 57.5% have also received their booster dose
- 89.6% of health care workers and 86.6% of care workers are fully vaccinated.

Static Vaccination Sites:

1. Local Vaccination Sites (LVS)

- 16 Primary Care Network Hubs that cover 100% of the population
- 4 Community Pharmacy Sites from 15 March 2021

2. Mass Vaccination Sites (MVS)

- 1 Mass Vaccination Centre offering up to ~1500 appointments per day

Mobile Vaccination Sites:

- Home Visiting Service and GP service to Care Homes and the housebound
- Pop-up clinics in towns and villages to increase general uptake
- Outreach clinics for vulnerable populations (e.g. homeless, BAME)
- School health nursing team offering clinics at main stream schools and SEND schools to vaccinate 12-15 year old children

Vaccination Inequalities

There is a detailed plan to address inequalities in vaccination across a number of groups. Selected interventions are described below:

	Current and Planned Interventions
Ethnicity	<ul style="list-style-type: none"> Engagement via community leaders/ambassadors and community events. Communications including videos in various language. Outreach clinics in mosques conducted and further planned.
Socioeconomic Deprivation	<ul style="list-style-type: none"> Outreach and communications via key locations – foodbanks, job centres etc. Mobile communications (eg GOMO vans) to keep messaging visible.
Disability	<ul style="list-style-type: none"> Ensuring accessible communications and communication channels/formats. Work with local charities that support those with various disabilities.
Rough Sleeping	<ul style="list-style-type: none"> Outreach clinics to support uptake in targeted groups. Engagement with support groups and others that are vulnerably housed.
Severe Mental Illness	<ul style="list-style-type: none"> Working with community mental health trust to offer opportunistic vaccination. Ongoing service provision to ensure cohorts are covered upon admission.
Asylum Seekers/ Unregistered Migrants	<ul style="list-style-type: none"> Engagement through charity organisations and employers. Pop-up clinics at accessible locations.
Domestic Violence Refuges	<ul style="list-style-type: none"> Engagement through charity organisations. Pop-up clinics at accessible locations.

Testing

- Symptomatic and asymptomatic testing will remain in place to help identify positive cases and reduce the risk of transmission to others, regardless of vaccination status.
- Free PCR testing for people with COVID-19 symptoms and free lateral flow testing, particularly for people working in higher risk workplaces and in education settings will continue in England as part of the government winter plan.

Current state

- Secured LTS sites in all but one district of the county.
- Ensured appropriate access by targeting MTU to our under-represented and hard to reach groups.
- Set up 2 fixed ATS sites covering Wellingborough and Northampton.
- Directed all testing queries via a shared team inbox.
- Surge Testing Plan developed should we experience a VOC.

Transition

- Open smaller satellite ATS and Community Collect sites to expand access to LFT testing but retain PCR capacity.
- Option for more targeted and tailored asymptomatic testing for disproportionately affected communities.
- PCR testing for symptomatic people remains a top priority.
- High-risk and vulnerable settings such as the NHS and adult social care will continue providing test.

Re-escalation

- Options for more targeted and tailored asymptomatic testing options depending on availability of LFT kits and the contents of the National Testing Strategy.

Symptomatic Testing

	Objectives	Tactics
Step 4 (19 th July onwards)	<ul style="list-style-type: none">Continue to operate a network of testing sites as well as the option to order PCR tests for self-test at home, as appropriate to the current epidemiology.	<ul style="list-style-type: none">The delivery and operation of symptomatic testing sites sits with UK HSA, however Northamptonshire Councils work closely with UK HSA to ensure good access to symptomatic testing across the county.UKHSA can provide access to additional mobile testing units to be deployed in certain outbreak scenarios.

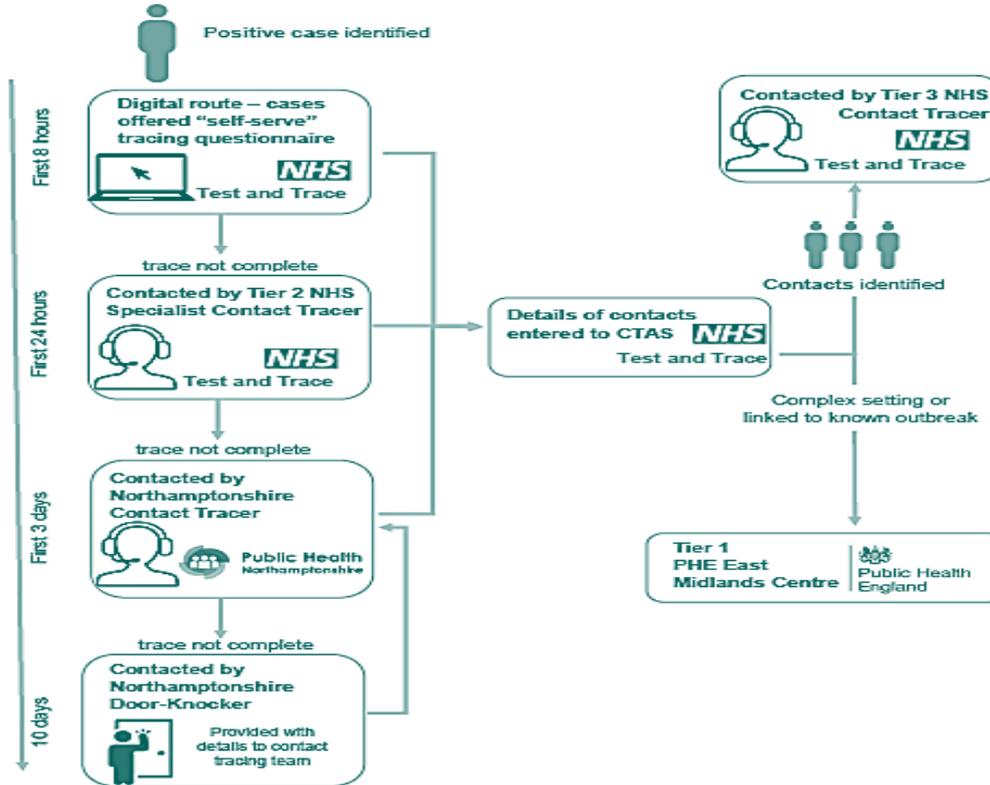
Proactive Asymptomatic Testing

	Objectives	Tactics
<p>Step 4 (19th July onwards)</p>	<ul style="list-style-type: none"> LAs should use a range of methods to reach disproportionately affected groups and support targeted community testing. Promoting access to LFTs available to the wider community through online ordering / community/pharmacy collect. 	<ul style="list-style-type: none"> Promoting access to LFTs available to the wider community through online ordering / community/pharmacy collect. Assisted testing is now targeted at communities with lower LFT uptakes and focuses on education and engagement with these communities in order to promote increased regular testing. Additional mobile unit and door to door teams due to come online in November. All businesses will be encouraged to signpost staff to continue to access free weekly testing via Gov.uk and the Pharmacy Collect service. Secondary school children will be required to complete two onsite tests on their return to school, and to continue home testing until the end of September. University students will be required to test before travelling for the autumn term, and on arrival complete two LFD tests either through self testing at home or at an Asymptomatic Testing Site.

Contact Tracing Partnership

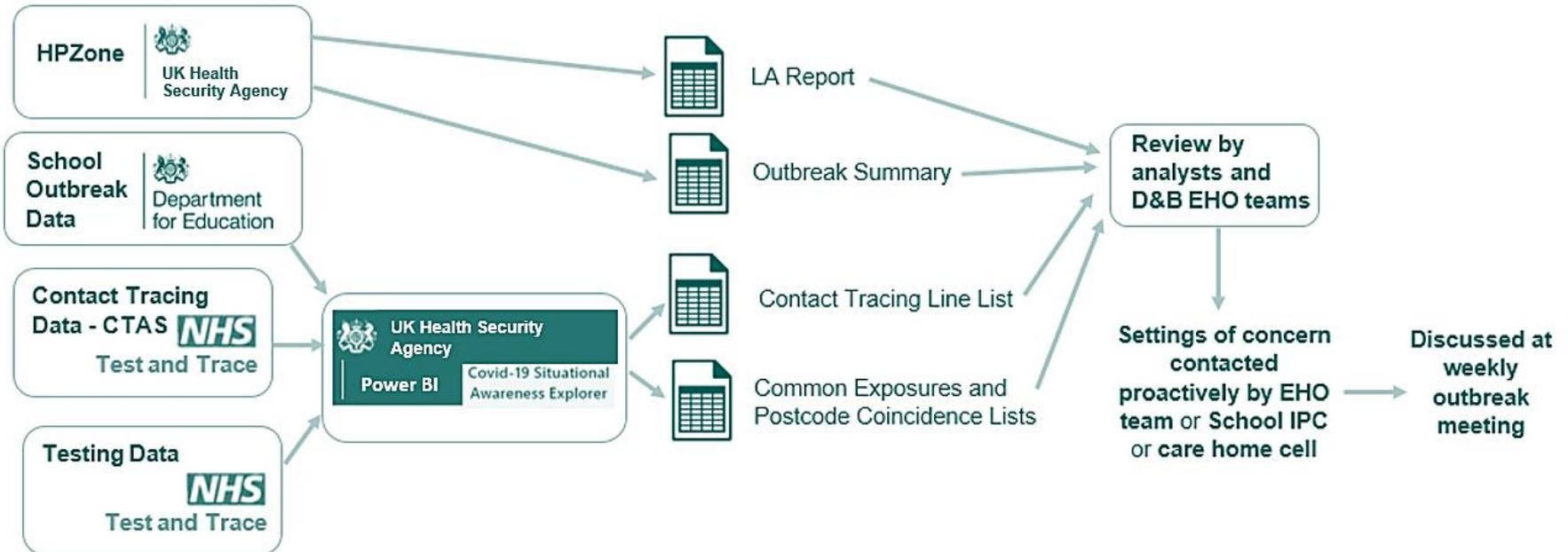
- All positive cases, regardless of age or vaccination status, will continue to be contacted.
- Local Tracing Partnerships (LTPs) work alongside the National Trace Team.
- As of March 2021 90% of cumulative cases from Northamptonshire recorded on CTAS had been successfully traced.
- This has increased from 72% in August when our Local Contact Tracing Team was established.
- We currently have an arrangement to receive cases from the National Service that fall within pre-agreed Post Codes. We use dedicated tracers to resource this function.

Contact Tracing Partnership

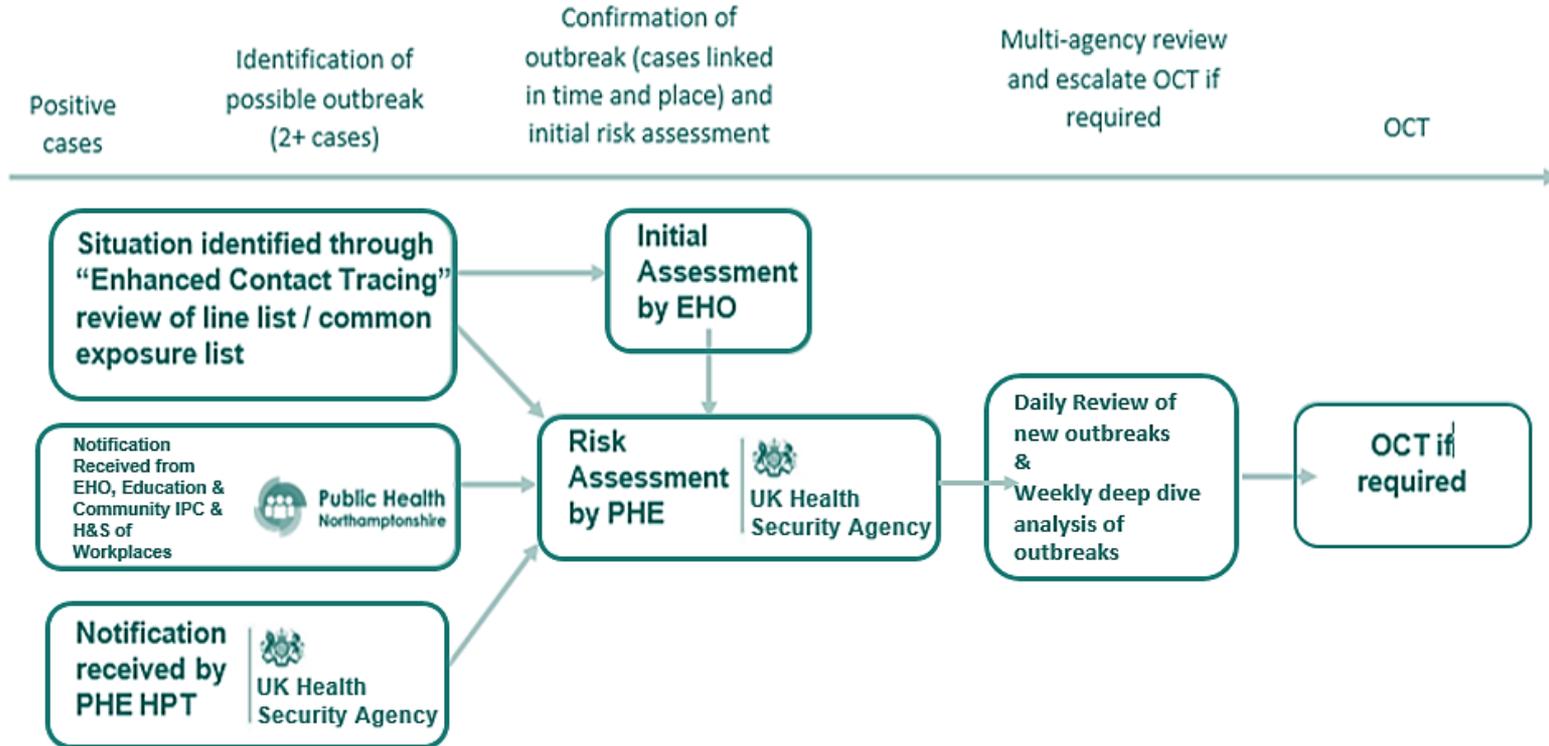


Enhanced Contact Tracing

- Dedicated EHO analyst to review line lists and common exposure lists to identify settings requiring proactive reach-out.
- IMT functions and weekly outbreak meetings provide forum to share information with UK HSA and wider PH team.



Outbreak Management



Outbreak Management

Current state

- Outbreaks are managed through working in collaboration with UK HSA, EH, Public Health Northamptonshire, local NHS trusts, CCG, Adult Social Care, HSE, CQC and the community IPC team. This is supported by specific cells established as part of the outbreak response - including the schools cell, care homes cell and IPC cell.
- Review of outbreaks:
 - Daily review of LA and HPZ reports.
 - Weekly review to evaluate status, follow up investigations and control measures, and escalate any issues or concerns – convening an OCT if required.
 - To inform care home cell to identify quality and regulatory issues.
 - To inform vaccination cell regarding care homes and other work settings with active outbreaks.

Transition

- We will continue responding to COVID settings outbreaks as per the current arrangements but reduction in outbreak rates will allow resource for more proactive risk assessment and identification of very high risk settings.
 - Regular IPC training for workforce in all settings.
 - Supporting managing other infectious disease outbreaks.
 - Advising communication team on IPC health promotion activities.
 - Supporting vaccination, care homes and schools cells, alongside workplaces, with IPC advice to maintain COVID-safe service delivery.
 - HPT has temporarily increased capacity to support COVID and non-COVID outbreak response, as well as COVID recovery programmes.
 - To support education settings, a local surveillance system as well as reporting mechanism has been developed to manage incidents and outbreaks.

Re-escalation

- If the proportion of highly significant (deaths involved) or significant (more than 30% of setting affected) increase substantially, we will look to escalating capacity and resourcing, and identify the duration for which additional capacity is required and therefore whether redeployment of staff is sufficient to manage a temporary re-escalation.

Support for Self-Isolation

- The Government will continue to offer practical and financial support to those who are eligible and require assistance to self-isolate. This support has been extended until 31 March 2022.
- Both North and West Northamptonshire Local authorities will continue to play a critical role in supporting people on low incomes who are required to self-isolate by delivering financial assistance via the Test and Trace Support Payment scheme (TTSP) and Practical Support Payment (PSP) schemes and raising awareness of the support available.
- The Contain Outbreak Management Fund (COMF) is the primary source of funding to support both local authorities to deliver their outbreak management plan and implement measures to tackle transmission, and enhanced response activity in areas with particularly challenging disease situations. It is expected that all funds will be spent by the **end of March 2022**.

Support for Self-Isolation



Contact us to request support



Advice and support for young people



Test and trace payment support



Self-isolation support pack

Community Resilience Hub

Connects requests for support with local council and voluntary sector offers

Self-Isolation Payments

Coordinated by Revenue and Benefits Teams



Isolation Support Pack
Provided to all cases and contacts having to isolate for 10 days

Key Risks and Issues

Risk management is currently coordinated by the COVID-19 Recovery Programme Team and is reviewed on a regular basis through the RCG Board. However the large overarching risks to successful delivery of the LOMP specific to Northants are identified and discussed below:

Organisational

Risk	Mitigations
Newly created unitary authorities – risk of disruption, dilution of Public Health specialist skills and loss of local focus.	Close coordination of management within and across the new councils. Joint COVID response team wherein Public Health, Emergency Planning, EHO and communications and engagement teams are working in collaboration.
Repealing of most COVID regulations, except self-isolation requirements – risk of non-adherence to guidance due to reduced enforcement capability.	Local communications and campaigns to engage with people and communities. Use of existing powers, including Public Health Act, to enforce if required.
Reopening of all settings with a new normal life with complacent behaviour of the workforce.	Close coordination with workplace Health and Safety leads targeted communications to strongly advise infection control measures and use of Health and Safety Act where safety of workforce is at risk.
NHS is likely to come under unsustainable winter pressure due to increasing case rates of COVID-19 or other respiratory viruses.	Alerting local population if the risk level changes. Local decision of enforcing face coverings in settings with high risks and other control measures. Stepping up vaccination campaign and surge vaccination in frontline work force as well as high risk groups.

Geographical

Risk	Mitigations
<p>Key transit route – risk of increased transmission due to high levels of transit across county.</p>	<p>Strong EHO links with logistic businesses. Transport colleagues available for IMT if any issues with M1 services, rail or coach links. HPT links with cross-border colleagues.</p>
<p>Reopening of businesses and events – increased mixing and movement across the county.</p>	<p>Escalating any concerns via IMT, with any significant concerns discussed in Deep Dive meeting.</p>
<p>Reopening of schools, colleges and universities without any IPC restrictions.</p>	<p>Local IMT is working with educational set ups and children services. Developed a local surveillance system and reporting mechanism to support head teachers and deans in managing incidents and outbreaks.</p>
<p>Winter may see increase in hospitalisations due to COVID-19 or other respiratory complications which may lead to increased mortality.</p>	<p>Targeted campaign to promote uptake of booster doses to those who are eligible and co-administering with flu vaccines. Strongly advising use of control measures such as face coverings, hand hygiene, some social distancing and adequate ventilation and if necessary local authority may enforce and mandate use of face coverings in high risk settings.</p>