Winter Vaccination Programme Health & Wellbeing Board 3<sup>rd</sup> November 2021

Dr Manisha Kumar ,Medical Director Manchester Health & Care Commissioning











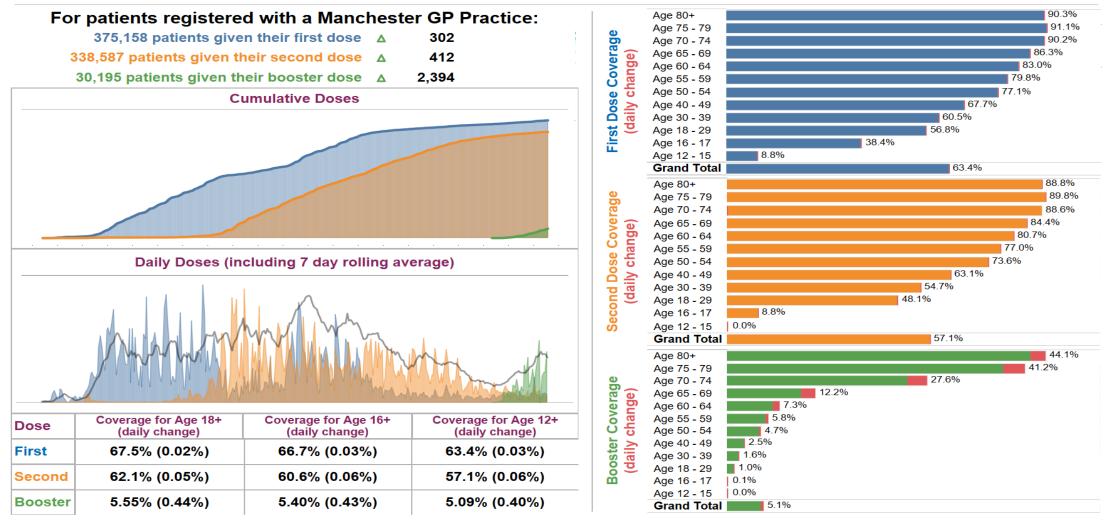


Manchester Health & Care Commissioning Business Intelligence Team

#### **Performance Summary**

#### **COVID Vaccination Coverage as of 21 October 2021**

Data Source: National Immunisation Management System (NIMS)













The timeline below shows the continuation of programmes from Phase 2 and the additional programmes included in Phase 3 - Winter Vaccination Programme.



Septer	nber	October	November	December	2022					
Extended Vaccination Offer (EVO) for JCVI cohorts 1-12										
16-17 year olds										
		12-15 year olds	that are Clinically	Extremely Vulnerat	ble	>				
Care home staff 2nd dose 11th A										
		Inequalities - e.g. p	regnant women, as	sylum seekers, horr	neless	>				
13th Flu programme										
13th	13th Immunosuppressed 3rd dose									
22ndAll 12-15 year olds29th*All 12-15 yrs complementary offer										
	22nd   Booster programme									

^ Deadline for all 2nd doses to be delivered
\* Deadline for all school visits to have taken place





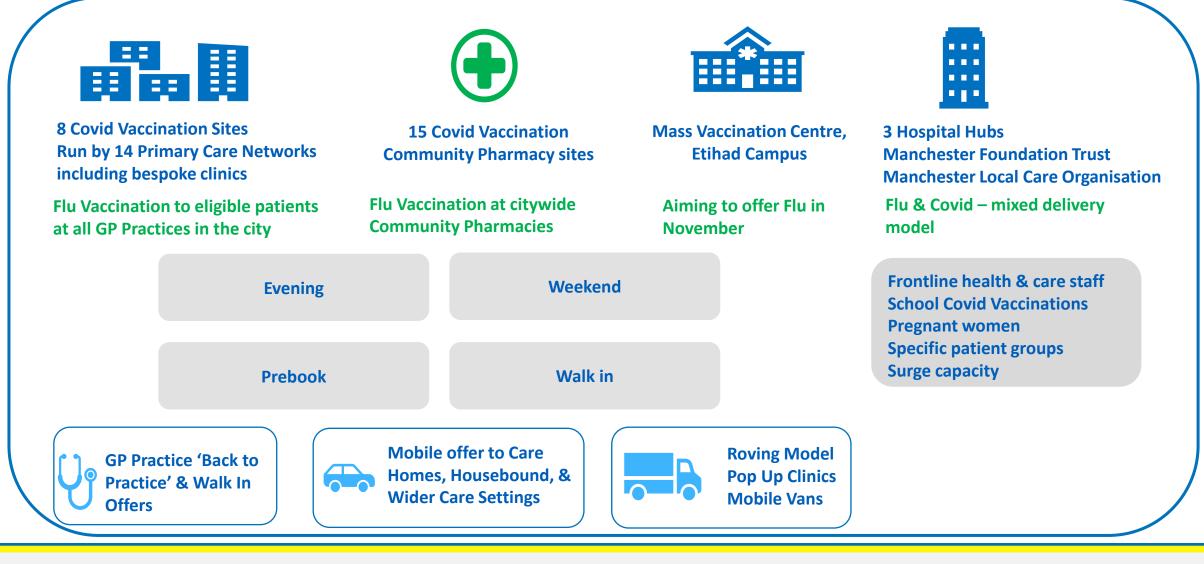


Manchester University





# Manchester's Citywide Vaccination Delivery Model: A single system approach focused on 'place' and 'person'



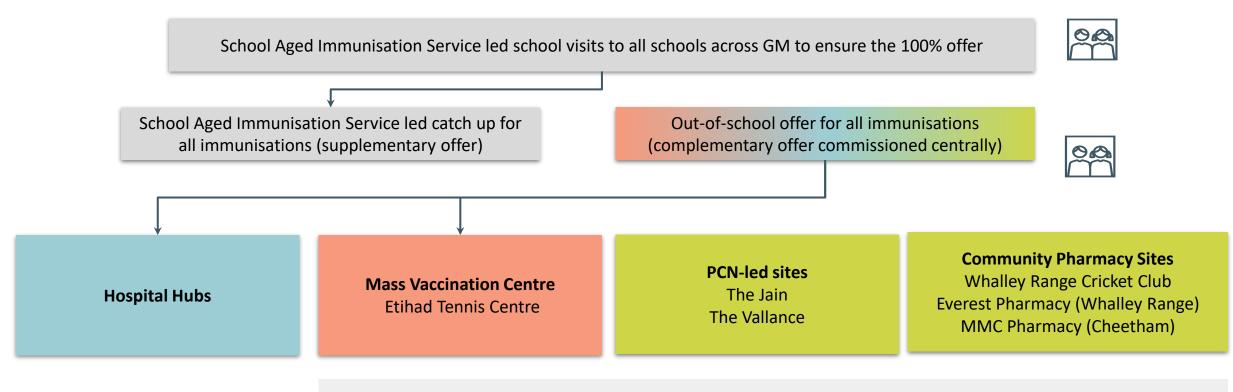








This describes the delivery pathways for the 12-15 offer. The primary offer remains through School Aged Immunisation Services delivered in schools with an expanded out-of-schools offer being provided by existing delivery channels to ensure equity and accessibility.



Access is via the National Booking System – PCN sites can vaccinate opportunistically











#### There is a mixed delivery model for Covid and Flu vaccination across the city in 2021/2.

- 'Co-administration' the offer of a Covid and Flu vaccination at the same time is currently limited. This is due to national complexities around which provider is able to vaccinate which person/patient and multiple funding flows.
- The key message is for people to come forward to take up the offer of either vaccination as soon as it is available.

#### We are integrating our approach in the following areas to ensure cohesion and co-ordination through the winter season:

- Neighbourhood Level Planning
- Vaccine Equity and Inclusion
- Communications and Engagement
- Citywide performance monitoring through Vaccination Programme structures
- We retain a Citywide and weekly flu co-ordination group remains to ensure that we do not lose our focus on Flu

#### Separate Flu and Covid Vaccination offer

- PCN Local Vaccination Sites are not currently offering coadministration but this may change later in the year
- Mass Vaccination Site aims to offer co-administration later in the year
- Children & Young People eligible for the Flu and Covid Vaccination will not be offered co-administration – it is delivered by different providers

#### **Co-administration offer**

- Care Home Residents and Staff
- Housebound Patients
- MFT/MLCO Health and Social Care Workforce
- Community Pharmacy sites may offering flu and Covid jabs together

## **Strategic Approach to Vaccine Equity**

We co-ordinate activity through a Citywide Vaccine Equity Group

We use high quality data to drive our strategic and operational approaches and monitor the impact of activity

We focus on short to mid-term actions - acknowledging that the issues underpinning low coverage are long-standing and building trust with particular groups is an ongoing process

Work takes place at citywide and neighbourhood level on proactive and targeted design of vaccination service offers, supported by high quality communication & community engagement approaches

We work through Covid Health Equity Manchester & Sounding Boards and other community partners to inform our approaches and extend our reach within particular communities

We focus on increasing coverage across three broad groups in response to performance data

- Ethnicity: primarily Black African, Black Caribbean and South Asian
- Disabled People: particularly people with Learning Disability; Severe Mental Illness
- Inclusion Groups: Refugees & Asylum Seekers; Homeless people; sex workers, Gypsy, Roma & Traveller communities











## Vaccine Equity: Spotlight on Young People

## 16 – 17 Year Olds - Engagement 36.9% Vaccinated (5,722), 46.6% At Risk, 33% Not At Risk

In mid September we mapped out the Colleges & Sixth Forms & Independents against our LVS sites and worked with PCN's & community pharmacy on arranging pop-up clinics where appropriate. We held pop-up clinics at 8 sites from the end of September/early October and vaccinated over 650 pupils.

The Comms team supported this work by creating a Toolkit to share with relevant organisations including education and training settings. This included a poster/social media assets with a QR code which takes people to the MCC website with all clinics across the city listed including Walk-Ins. A large number of NEET groups have also been contacted and sent the toolkit.

Manchester Young Lives, Skills for Life - Manchester City Council, Manchester Youth Council, Street Style Surgery, Greater Manchester Youth Network, Greater Manchester Centre for Voluntary Organisation, Young Manchester, 4CT Get Together Club, Manchester Youth Zone, Boys & Girls Clubs of Greater Manchester, North Manchester Scout District 14-18, M13 Youth Project, The Hideaway Youth Project, Norbrook Youth Club, The Powerhouse Youth Zone

An MCC Neighbourhood Project Lead is co-ordinating focus group to look more closely at engagement. The focus will be on young people 16 - 30. They are going to start by doing some asset mapping and our toolkit will form part of this. There may also be a requirement for further pop-up's or perhaps the peripatetic offer could be utilised once up and running.













## Young People: Rates Hall October Review

Total vaccinated in October so far over 1,360 (as of Monday 18<sup>th</sup> October) September total was 1,616 August total was 1,512

#### **Patient Feedback**

- Over 300 students identified.
- People's main reasons to have the vaccine are to keep themselves and others safe and to have the freedom to do things.
- **75%** Work in the city
- 65% aged 18 26
- 32% 25 to 40
- **8.8%** stated that they wouldn't have bothered finding an alternative vaccine centre if this option wasn't available
- Targeting/reach Social media 37%, WOM 25.6%, Outdoor Advertising 13%

#### **Next Steps**

- Continuing the offer for the month of November
- Regular reviews which give us the opportunity to identify ways to improve the service
- Future pop up's planned and we will have clinics running at Owens Park in early November
- Ensure all local vaccination sites and pharmacies across the city which are listed on the MCC website.













## **Communications: Manchester's Winter Campaign**

#### **Challenge:**

- Sheer volume of messages already circulating
- National and regional campaigns
- Challenging context from promoting one vaccination strand (flu) last year to promoting 5 vaccination strands, lower perceived risk by the public
- Given the return to pre-pandemic social mixing levels lower uptake levels this year would leave many groups vulnerable

#### **Objectives**:

- Raise high awareness about who is eligible and where they can get vaccinated
- Inform audiences of the dangers of flu, particularly combined with COVID-19
- Maximise the intention of take-up of both vaccines amongst eligible groups, by addressing barriers and increasing understanding of the benefits
- Generate high levels of confidence in flu and COVID-19 vaccination most adults and children will be eligible for a flu jab, Covid-19 booster, or both

#### Key messages:

Flu and Covid-19 can both be life-threatening and spread more easily in winter, especially with people socialising more and when crowded together inside. Make sure you:

- Have both Covid vaccinations (it's never too late the offer is always open);
- Have your Covid booster when called;
- And have your flu jab;
- As well as continuing with testing and wearing a mask when needed.









## **Manchester's Winter Campaign**

#### **Communications focus**

- Simple messaging in complex times
- Social 'norming' the benefits of vaccinations
- Activity will amplify national and local messages in a targeted way
- Encouraging 'at risk' cohorts and traditionally lower uptake communities to get vaccinated through targeted engagement activity at a neighbourhood level - based on intelligence and insight

## 'Manchester's winter is coming' - our city's battle

- Campaign launched w/c 18 October
- Game of Thrones lookalike actor became 'Jon Snow' for the campaign his famous line was 'Winter is coming'
- Filmed him in a variety of ways, including getting vaccinated
- Winter message from David Regan as Manchester's Director of Public Health
- Execution full channel plan in place inc media relations, digital screens, radio, mobile phone advertising, potentially GP surgeries, student pubs, website, social media, local publications and so on.
- Vaccination site based assets being developed too

National campaign resources will also be used for public facing messages and where appropriate, specific messaging and resources will be developed for targeted community groups in line with local engagement plans.







NHS

MANCHESTER'S WINTER IS COMING DIFEND YOURSELF WITH COVID AND FLU JAKS Visit www.manchester.gov.ak/winter















Winter Vaccination Programme Flu Vaccination 2021/22 David Regan Director of Public Health











## Overview

#### **OBJECTIVES**

Deliver safe and effective vaccination programmes to JVCI cohorts and to meet national targets

Maximise vaccination coverage across the whole population, building on learning from 2020/21

Effective system coordination across all vaccination programmes and delivery partners

Facilitate and support the design of a sustainable vaccine delivery function

#### **OUTCOMES**

Protect population health and
 support recovery from the pandemic

Improved levels of vaccination coverage and an increase in heath equity through greater engagement and targeting of inclusion groups

Partners work together to make every contact count and support system resilience

An ability to repeat vaccination programmes safely and cost effectively using mainstream resources

#### **APPROACH TO THE ANNUAL FLU PROGRAMME 2021/2**

- We are taking an integrated approach to winter vaccination planning this year.
- We have system objectives and outcomes
- Citywide performance monitoring of both flu and covid vaccination programmes will take place through our Vaccination Programme structures
- This plan focuses specifically on our approach to Flu Vaccination and specific activity we will take forward to support flu vaccination coverage for our population
- A Monthly Citywide and weekly Core Flu coordination group remains to ensure flu focus



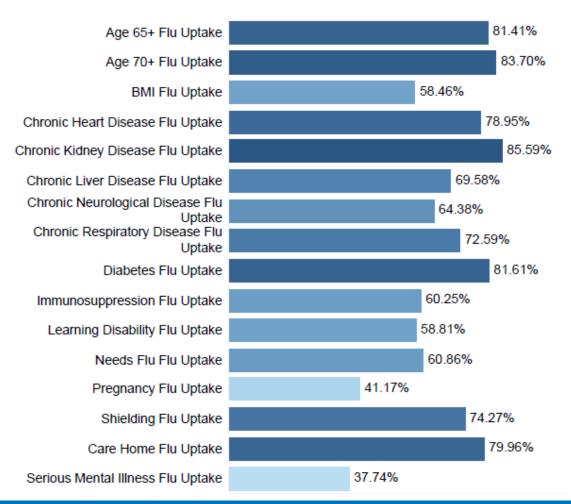




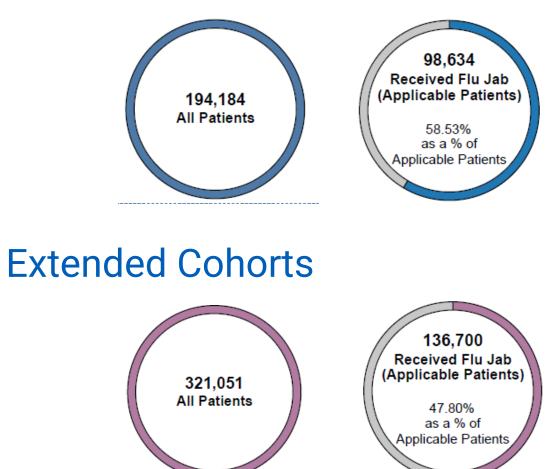




### Manchester Flu vaccination Uptake 2020/21



## **Traditional Cohorts**





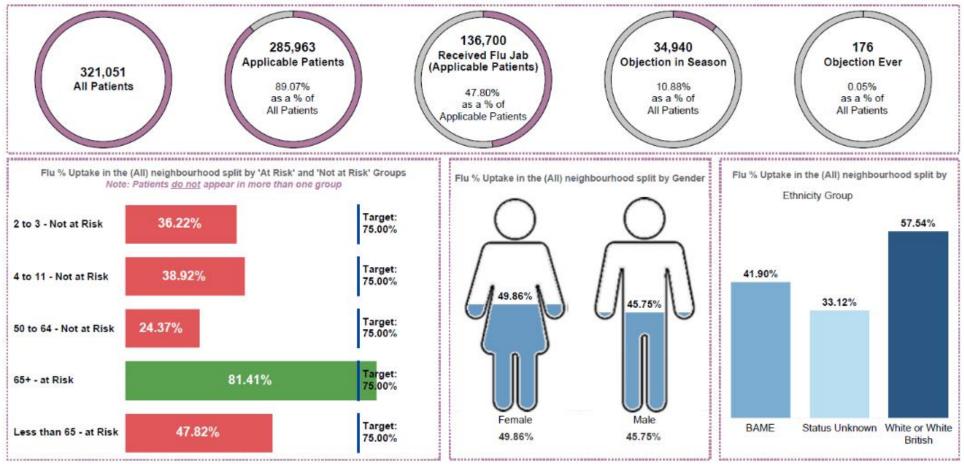








## Manchester Flu vaccination coverage 2020/21 (All Eligible Cohorts\*)



\*Eligibility changed in year











## **Eligible cohorts for Annual National Flu Programme 2021/22**

#### Flu Vaccine Eligibility Criteria

All children aged 2 to 15 (but not 16 years or older) on 31 August 2021

Those aged 6 months to under 50 years in clinical risk groups

Pregnant woman

Those aged 50 and over

Those in long-stay residential care homes

Carers

Close contacts of immunocompromised individuals

Frontline health and social are staff employed by:

- A registered residential care or nursing home
- Registered domiciliary care provider
- A voluntary managed hospice provider
- Direct Payment/Personal Health Budgets, such as Personal Assistants

## Total population in scope number = 345,613 (50.39 % of the population)











## **National Uptake Ambitions 2021/22**

Eligible Group	National uptake ambitions	IIF Target Indicator	Thresholds	Valuation
65+	85%	VI-01: Percentage of patients aged		
> 65 'at risk & pregnant women	75% + in all clinical risk groups	65 years or over who received a seasonal influenza vaccination between 1 September and 31 March	80% (LT) 86% (UT)	£9.0M/
50-64	75%	VI-02: Percentage of at-risk patients2		40pts
Children aged 2 and 3 years	70%	aged 18 to 64 years who received a seasonal influenza vaccination	57% (LT)	£19.8m/
School-age children	70%	between 1 September and 31 March	90% (UT)	88pts
Health & Social Care workers	100% offer with 85% ambition	VI-03: Percentage of patients aged two or three years on 31 August of the relevant financial year who		
Inequality	No group or community should have uptake more than 5% lower than national average	received a seasonal influenza vaccination between 1 September and 31 March	45% (LT) 82% (UT)	£3.2m/ 14pts











## Flu Cohort Planning 2021/2

## Children (2 & 3yrs)

## Performance 2020/21

- Coverage increased from 28.07% to 36.22% however remains lower than 75% target
- Wide variation across and within neighbourhoods e.g. Moss Side, Hulme & Rusholme overall coverage 17.4% (highest 45% to lowest 1%)

## Key Priorities for 2021/2

- Improve uptake across all practices and localities, reducing variation.
- Feedback regularly to individual practices and PCNs using last year's and live data for this age cohort
- Work with neighbourhood leads and practice nurses to raise community awareness particularly for this age cohort and pregnant women
- Improve access within localities offering out of hours immunisation clinics e.g. early evening and weekends for parents with practices sharing resources











#### **Pregnant Women**

Last Years Uptake

• Coverage has reduced year on year since 2017 (41.07% in 2020/1)

Key Priorities for 2021/2

- Opportunistic flu vaccination within practices (make every contact matter)
- Optimise the Covid vaccination offer with flu at specific venues such as Central Mosque pop-up and other planned extra clinics
- Identifying flu vaccine supplies to be available at all LVS offering Covid vaccination to pregnant women
- Provide regular feedback to practices on flu and Covid vaccination uptake in their pregnant population











#### **School Age Children**

Performance 2020/21

- 39% uptake with large variation between schools
- Variation between 2% and 84% uptake

## Key priorities for this year

- Earlier partnership work and sharing of booking schedule, sharing of e-consent uptake data, closer work with neighbourhood engagement & comms and regular sharing of coverage data
- Scale up of delivery in schools to allow for extended cohorts
- Majority of schools will return to paper consent after last year's feedback that e-consent was not first choice for many parents
- IM consent to be offered in conjunction with nasal vaccine to streamline process
- Joint local engagement and comms work
- Joint planning on community clinics linking to Vaccination Site location

Early Years settings for 2-3s- flu vaccine information provided to nurseries and childminder settings, that covers some commonly circulating diseases in children, raising the awareness of the flu vaccine availability and information that can be relayed to parents.











Over 65's and 50-64's

Performance 2020/21

Vaccine coverage:

- 81% over 65's (best year to date)
- 47% under 65 at risk
- 24% 50-64 not at risk (added December 2020)

## Key Priorities for 2021/2

- Improve uptake across all practices and localities, reducing variation
- Encourage PCNs to work collaboratively to increase uptake and maximise IIF funding.
- Provide weekly flu data update and create a forum for shared learning across PCNs and Neighbourhoods
- Weekly data review and identification of at risk cohort(s) with low uptake. Facilitate focused communications and campaigns for these cohorts.
- Promote collaboration between practices and community pharmacies to maximise uptake across the Manchester population
- Provide advise and guidance to facilitate co-administration of COVID-19 and influenza vaccination
- Early vaccination of all care home residents across Manchester.
- Ensure adequate vaccine supply across practices and PCNs and support practices to access centrally held national stocks

MANCHESTER CITY COUNCIL









## Flu Vaccination in Care Homes

All 83 Older Care Homes in Manchester will be visited by 1<sup>st</sup> November 2021. Co-administration of Flu and Covid Vaccination to reduce footfall into care homes is prioritised for this group

### **Targeted work with Inclusion Groups**

## Priorities for 2021/2

Monitor coverage of people with a **Learning Disability** and work with partners to develop bespoke approaches learning from Covid vaccination experience

Monitor coverage of people with **Severe Mental Illness** and work with partners to develop approaches to drive up coverage

Work with GM commissioned services to support delivery to our **homeless** and sex worker population and people accessing **substance misuse** services

## Health and Social Care Workforce

## Priorities for 2021/2

Co-administration of flu and covid booster jab to care home staff to maximise coverage

Co-administration of flu and covid booster jab to MFT/MLCO staff and affiliates) via Hospital Hubs

Promote the expanded cohorts eligible for a free flu jab – domiciliary care, Direct Payment & Personal Budgets.

Track the outcome of the national consultation on mandatory vaccination of wider health and social care workers for flu in addition to Covid vaccination.









## Neighbourhood Partnership Approach

### Neighbourhood

- 2020-21 Wide variations across neighbourhoods with flu vaccination uptake e.g. 47.98% in Moss side and Hulme and 67.3% in Brooklands and Northenden
- Mixed picture in terms of increase from the previous year 2019-2020 with some neighbourhoods seeing a decrease in uptake

## Key Priorities for 21/22

- Partnership model with PCNs in each neighbourhood to develop local plans to increase uptake
- Targeted work to increase uptake in BAME communities across neighbourhoods
- Utilise data to drive neighbourhood approach and ensure that information is shared with wider team around the neighbourhood colleagues to build offer
- Build on partnerships with VCSE to increase access to vaccine offer



Hanchester Health & Care Commissioning









### **Primary Care Communications**

As well as the wider winter campaign we have also been ensuring practices have all of the communications materials that they need to promote vaccinations to their patients

This includes:

Answerphone message, digital assets and scripts about the vaccinations

Website copy

Social media messages

## Specific flu resources include:

- Access to all patient leaflets (including community languages and Easy Read) specific information for adults, primary, secondary and pregnant women. We have offered to facilitate the printing of relevant leaflets to practices.
- Access to relevant videos including a video about flu vaccinations in our LD population
- Text message copy to send to patients inviting them to be vaccinated
- Flu Q&A (including a specific Q&A for our Muslim communities)











### **Delivery and Monitoring**

- Citywide performance monitoring through Vaccination Programme structures
- Monthly Citywide and weekly Core Flu co-ordination group remains to ensure flu focus •
- Monitoring data available through Tableau Dashboard
- Data reviewed weekly by MHCC core flu group

### **Data and Intelligence**

- MHCC weekly Tableau data and interactive dashboard displaying citywide, neighbourhood and practice level data enabled equalities analysis and targeted work with population and inclusion groups
- Sustain this approach which has been developed further for Covid Vaccination and work with MHCC Business ٠ Intelligence to refine dashboard for integrated approach with Covid Booster intelligence where possible











## Covid and Flu Vaccination Performance Dashboards 20<sup>th</sup> October 2021 Dr Manisha Kumar













## **Covid-19 Vaccination: Programme Summary**

## 66.5% have received a first dose 60.2% have received both doses

	Hanchester Health & Care Commissioning				vith a Mar	achester GP Practice Onl	'w				
Total vaccines	Priority Cohort	Data Gourge. Emile, r		•			J	Patients	% Dose 1	% Dose 2	
	01: Care Home Resident	Care Home Resident	1,688	93.1%	89.9%	08: Age 55 - 59	Age 55 - 59	20,527	75.0%	72.5%	
708,538	Age 65+ or Care Home Worker	Care Home Worker	113	91.2%	87.6%	09: Age 50 - 54	Age 50 - 54	26,093	72.7%	69.5%	
	02: Ago 90 and over	Ago 90 and over				10: Ago 10 10	Age 40 - 44	40,676	62.0%	57.2%	
		Age ou and over	14,472	00.0%	00.0%	10. Age 40 - 49	Age 45 - 49	31,389	66.1%	62.0%	
372,509	03: Age 75 - 79	Age 75 - 79	11,037	90.8%	89.5%		Age 30 - 34	58,385	56.7%	50.5%	
Second doses	04: Age 70 - 74 OR Shielding OR QCOVID	Age 70 - 74	16,326	90.1%	88.5%	11: Age 30 - 39	Age 35 - 39	50,143	59.2%	53.7%	
336,029		QCOVID	14,380	83.5%	78.7%	12: Ago 19 - 20	Age 17 (18 in <= 3 mo	1,844	39.8%	11.3%	
		Shieldina - Aae 18+	12.685	87.5%	83.8%	12. Age 10 - 29	Age 18 - 29	142,385	54.7%	46.1%	
							Age 12 - 15 At Risk	3,090	12.1%	0.3%	
	05: Age 65 - 69	Age 65 - 69	17,468	85.6%	0.6% 83.8%	13: Age 12 - 17 At Risk	Age 16 - 17 At Risk	1,409	46.6%	21.9%	
	06: Higher Risk	Higher Risk	69,244	80.6%	75.4%		Age 16 - 17 No Risk	12,046	33.0%	4.1%	
	07: Age 60 - 64	Age 60 - 64	14,188	77.4%	75.2%	14: Age 12 - 17 No Risk	Age 12 - 15 No Risk	30,892	6.0%	0.0%	
	delivered to anchester patients 708,538 First doses 372,509 Second doses	Total vaccines delivered to anchester patients 708,538Priority Cohort01: Care Home Resident Age 65+ or Care Home Worker01: Care Home Resident Age 65+ or Care Home Worker02: Age 80 and over 03: Age 75 - 7902: Age 80 and over03: Age 75 - 7904: Age 70 - 74 OR Shielding OR QCOVID05: Age 65 - 69 06: Higher Risk05: Age 65 - 69	Total vaccines delivered to anchester patients 708,538Priority CohortData Source: EMIS, FPriority Cohort01: Care Home Resident Age 65+ or Care Home WorkerCare Home Resident Care Home WorkerFirst doses 372,50902: Age 80 and overAge 80 and overSecond doses 336,02903: Age 75 - 79Age 70 - 74O4: Age 70 - 74 OR Shielding OR QCOVIDAge 70 - 7405: Age 65 - 69O6: Higher RiskHigher Risk	Total vaccines delivered to anchester patients 708,538Priority CohortPatients01: Care Home Resident Age 65+ or Care Home WorkerCare Home Resident Care Home Worker1,688 1,688 113First doses 372,50902: Age 80 and overAge 80 and over14,472 103: Age 75 - 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79         Age 70 - 74         16,326         90.1%         88.5%           04: Age 70 - 74 OR Shielding OR QCOVID         QCOVID         14,380         83.5%         78.7%           05: Age 65 - 69         Age 65 - 69         17,468         85.6%         83.8%           05: Age 65 - 69         Age 65 - 69         17,468         85.6%         83.8%           06: Higher Risk         Higher Risk         69,244         80.6%         75.4%	Total vaccines delivered to anchester patients 708,538         Data Source: EMIS, Patients Registered with a Manchester GP Practice Onl Priority Cohort           Priority Cohort         Patients         % Dose 1         % Dose 2         Priority Cohort           01: Care Home Resident 708,538         Care Home Resident Morker         Care Home Resident Care Home Worker         1,688         93.1%         89.9%         08: Age 55 - 59           02: Age 65+ or Care Home Worker         Care Home Worker         113         91.2%         87.6%         09: Age 50 - 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79         11,037         90.8%         89.6%         11: Age 30 - 39         Age 30 - 34         58.385           Second doses 336,029         04: Age 70 - 74 OR Shielding OR QCOVID         Age 70 - 74         16.326         90.1%         88.5%         11: Age 30 - 39         Age 31 - 39         50.143           05: Age 65 - 69         Age 65 - 69         17,468         85.6%         83.8%         13: Age 12 - 17 At Risk         Age 16 - 17 No Risk         14.409           06: Higher Risk         Higher Risk         69.244         80.6%         75.4%         83.8%         13: Age 12 - 17 At Risk         Age 16 - 17 No Risk         14.499	Total vaccines delivered to anchester patients 708,538         Tirst doses 372,509         Priority Cohort         Patients         % Dose 1         % Dose 1         % Dose 2         Priority Cohort         Patients         % Dose 1           Second doses 336,029         G: Age 65 - 69         Age 65 - 79         Age 65 - 79         Age 65 - 69         Age 75 - 79         Age 70 - 74         16,326         90.1%         88.5%         1: Age 30 - 39         Age 30 - 34         58.38         56.7%           04: Age 70 - 74 OR Shielding OR QCOVID         Age 65 - 69         Age 65 - 69	Total vaccines delivered to anchester patients 708,538         Disc Source: EMIS, Patients Registered with a Manchester GP Practice Only           First doses 372,509         Priority Cohort         Patients         % Dose 1         % Dose 1         % Dose 2         Priority Cohort         Patients         % Dose 1         % Dose 2         Priority Cohort         Patients         % Dose 1         % Dos 1         % Dos 1         % Dos 1

First dose uptake JCVI Cohorts 1 – 4 72,362

First dose uptake JCVI Cohorts 5 - 9 169,609

First dose uptake Ages 18 – 49 (JCVI 10 -12) 230,612

First dose uptake Ages 12 – 17 (JCVI 13 -16) 8,970









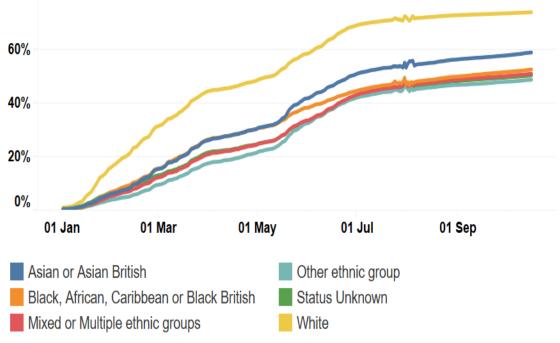
## First Dose Coverage for Cohorts 1 to 14 by Ethnicity

First Dose Coverage by Ethnicity									
Ethnicity		Vaccinated	Eligible	% Coverage (increase from 2 weeks ago)					
	Irish	5,527	7,377	74.9%					
W/bita	English, Welsh, Scottish	179,314	228,242	78.6%					
White	Any other White backgr	19,505	40,753	47.9%					
	Gypsy or Irish Traveller	70	273	25.6%					
	Bangladeshi	4,282	5,996	71.4%					
Anion on	Indian	10,186	15,115	67.4%					
Asian or Asian British	Pakistani	33,700	51,625	65.3%					
ASIAII DITUSII	Any other Asian backgr	8,567	16,164	53.0%					
	Chinese	7,676	20,453	37.5%					
Black,	Caribbean	3,979	7,955	50.0%					
African,	African	18,486	33,629	55.0%					
Caribbean	Any other Black, African	3,956	8,662	45.7%					
Mixed or	White and Asian	1,675	2,749	60.9%					
Multiple	White and Black African	2,262	4,438	51.0%					
ethnic	Any other Mixed or Multi	3,103	6,244	49.7%					
groups	White and Black Caribb	1,947	4,193	46.4%					
Status	Declined to provide ethn	4,190	7,853	53.4%					
Unknown	No record of ethnicity st	51,450	102,655	50.1%					
Other ethnic	Arab	2,585	4,958	52.1%					
group	Any other ethnic group	10,127	21,117	48.0%					
Grand Total				63.1%					

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#### Trend in First Dose Coverage by Ethnicity



This slide uses patient level data flowing from NIMS to GP Clinical Systems. This means that the data is a few days behind NIMS.

Ethnicity data is based on information stored within GP Practice records only. Approximately 20% of patients do not have their Ethnicity recorded and work is ongoing to reduce this.







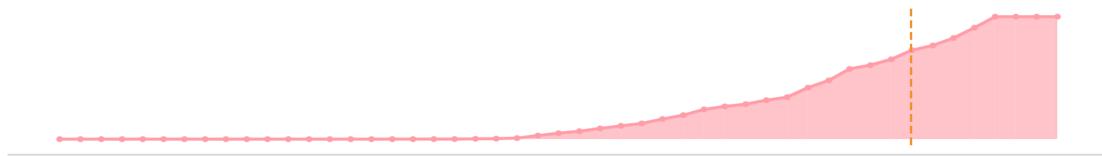




## **Patients receiving Covid Booster – Summary**

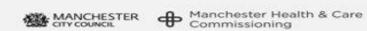
### Overall Delivery: 23,151 Covid booster doses given. This is an increase of 6,336 doses from 1 week ago

#### **Cumulative Doses**



#### **Coverage by Cohort**

Booster (	Cohort	Vaccinated Patients		% Coverage (change from 1 week ago)		
	1.1 Immunosuppressed	1,801	15,925	11.3%		
Otomo 4	1.2 Resident of Nursing or Residential Care Home	428	1,570	27.3%		
Stage 1	1.3 Aged 70 and over	11,249	39,175	28.7%		
	1.4 Clinically Extremely Vulnerable	1,712	23,069	7.4%		
	2.1 Aged 50 and over	4,060	103,304	3.9%		
Stage 2	2.2 Aged 16 - 49 At Risk	633	33,069	1.9%		
	2.3 Contact of Immunosuppressed	3	325	0.9%		
Other	Other eligibility, already received booster	3,265	3,265	100.0%		
Grand To	otal			10.5%		





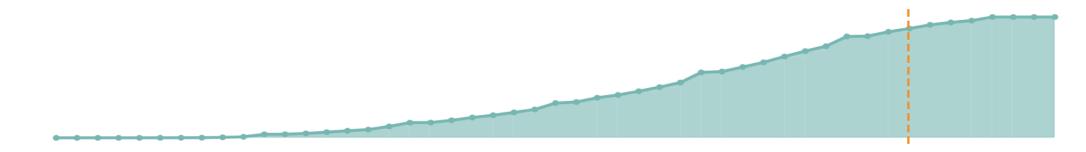






### Overall Delivery: 44,915 Flu doses given. This is an increase of 4,295 doses from 1 week ago

#### **Cumulative Doses**



#### **Coverage by Cohort**

Booster	Cohort	Vaccinated	Patients	% Coverage (change from 1 week ago)
	1.1 Immunosuppressed	3,448	15,925	21.7%
01	1.2 Resident of Nursing or Residential Care Home	372	1,570	23.7%
Stage 1	1.3 Aged 70 and over	14,790	39,175	37.8%
	1.4 Clinically Extremely Vulnerable	4,485	23,069	19.4%
	2.1 Aged 50 and over	17,522	103,304	17.0%
Stage 2	2.2 Aged 16 - 49 At Risk	3,086	33,069	9.3%
	2.3 Contact of Immunosuppressed	14	325	4.3%
Other	Other eligibility, already received booster	1,198	3,265	36.7%
Grand T	otal			20.4%





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## Patients receiving Flu – Breakdown by Ethnicity

#### **Coverage by Ethnicity**

#### Sorted By Total Coverage

Ethnicity	Vaccinated	Patients	% Coverage (change from 1 week ago)	
Irish	1,231	4,103	30.0%	Coverage as of 28 Sep
English, Welsh, Scottish, Northern Irish or British	30,161	114,688	26.3%	White background: 9.1%
Chinese	800	3,088	25.9%	BAME background: 4.9%
Indian	860	3,738	23.0%	Difference: -4.2%
Bangladeshi	451	2,166	20.8%	Coverage as of 05 Oct
White and Asian	122	679	18.0%	White background: <b>13.5%</b>
Any other Asian background	618	3,752	16.5%	BAME background: 7.2%
Declined to provide ethnicity status	318	1,966	16.2%	Difference: -6.3%
Any other White background	1,315	8,632	15.2%	The difference in coverage
Pakistani	2,771	19,292	14.4%	between patients from a
Any other ethnic group	601	4,323	13.9%	White background and
Caribbean	640	4,749	13.5%	patients from a BAME
Any other Mixed or Multiple ethnic background	194	1,450	13.4%	background has increased
White and Black Caribbean	169	1,408	12.0%	by 2.1 % in the last 7 days.
Arab	153	1,289	11.9%	
White and Black African	138	1,260	11.0%	
African	1,147	10,762	10.7%	
No record of ethnicity status	2,967	29,440	10.1%	
Gypsy or Irish Traveller	8	88	9.1%	
Any other Black, African or Caribbean background	251	2,824	8.9%	
Roma	0	5	0.0%	White Coverage
Grand Total			20.4%	BAME Coverage











## **Care Homes – vaccination coverage**

		1st doses	2nd doses	Flu	Booster
	Residents	93%	87%	33%	19%
Care Homes	Staff	92%	79%	6%	9%
	Total number of Care Homes	Phase 3	3 visited	Remain Oct	Week 1 Nov
	83	48 (	58%)	35 / 40.8%	1 / 1.2%

National guidance is that all eligible care home patients should be offered a booster vaccination by the 1<sup>st</sup> of November.

We are on track to achieve this target – one clinic has been scheduled for 4<sup>th</sup> November but this needed to be done with the LD Community team and this was the first available date.

Working closely with care homes and partners to ensure staff have mandated 2<sup>nd</sup> dose vaccinations by the cut off point – 11<sup>th</sup> November







