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Dear Colleagues

LATEST REVIEW OF “VISITING WITH CARE – A PATHWAY”

The Public Health Expert Reference Group within the Public Health Agency has recently completed its latest formal review of surveillance information as required in “**Visiting With Care – A Pathway**”.

Review Outcome

Based on the analysis of the available surveillance information (see details at **Appendix A**), I can confirm that the Public Health advice is that it is now appropriate to move to the third full stage of the Pathway – “**Further Easing**”.

However, in light of the high incidence of COVID-19 in children and young people the text of the Further Easing Pathway section on children has been amended to ‘*children can visit*’ as opposed to the previous wording of ‘*children will be encouraged to visit*’.

A further formal review will be undertaken on the 4 March 2022 in line with the four week cycle, as scheduled, with the outcome circulated thereafter.

Key Messages

I would like to take this opportunity to reinforce the key messages that:

- since the effectiveness of COVID-19 vaccines and vaccine coverage is apparent at this stage in reducing the severity of COVID-19 infections and the risk of hospitalisation, it is crucial that care home managers and Trusts continue to encourage uptake of the COVID-19 vaccination (including booster) for care home staff;
- continued engagement with the regular testing programmes for staff, visitors and Care Partners is essential; and
- strict adherence to IPC standards including hand washing and use of face masks remains vitally important.

I would ask that this update be circulated appropriately to facilities, residents/families and staff as soon as possible. Thank you all, once again, for the efforts you continue to make to deliver top quality care in these difficult times.

Yours sincerely



LINDA KELLY

Chief Nursing Officer

cc: Trust Directors of Older People Services

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Summary of Public Health Expert Reference Group Findings:

Care Home Outbreaks

The incidence of new care home outbreaks per week has fallen since the end of 2021, from a weekly peak of 100, to around 20 per week for the last two weeks. It should be noted that the definitions of outbreak were tightened in mid-January to ensure we were measuring spread within Care Homes, rather than occurrence of cases in the community who happen to work in a Care Home.

Of the 177 current open outbreaks; 73 are staff only, 11 are residents only, 89 are a combination of residents and staff, with 4 not recorded. Therefore, 50% of care home outbreaks, currently, do not involve residents. To note, the adverse health impact of care homes outbreaks has been significantly constrained by the high uptake rates of booster vaccines, especially in elderly residents.

Community Incidence

The current wave of COVID-19 has been difficult to fully quantify in comparison to pre- Christmas community incidence as the testing regimens changed.

We have seen a stepped change from the Christmas New Year period but overall numbers and rates remain high and gradually increasing from around 2,500 cases per day at the end of the first week in January to around 4,000 cases per day on average in the last couple of weeks. Around two / three of these tests are LFDs and remainder are PCRs.

The distribution of cases by age is more evenly distributed across the under 50 population than during the previous couple of months, although the 5 -19 population and their parental age group are slightly more affected. Those above 60 are relatively spared at this point in time.

Mortality associated with COVID-19 in care home settings

There are continued low levels of mortality associated with COVID-19 in care home settings. There were four care home deaths associated with COVID-19 in the four weeks to 31 December 2021. This number increased to 20 in the 4 weeks to 28 January (2, 3, 7, 8 deaths per week). This is a reflection of the numbers of care home with outbreaks and residents affected, as community incidence increased.

However, the severity of illness in residents being reported to the duty room by care homes is less than that experienced previously due to booster vaccinations and, as such, people can be dying with, not necessarily because of, COVID-19. Care home deaths as a proportion of total deaths where COVID-19 is noted on the death certificate remains lower than in all previous waves/surges. (NISRA).

Hospital admissions:

Hospital admissions remain a challenge for the system. Overall, daily admissions to hospital due to COVID-19 have fallen during the month of January 2022. Current general bed occupancy is just over 105%.

The majority of new inpatients are from older populations aged 70-79 and aged 80+.

Vaccine uptake rates

Vaccination remains steady from last month; for residents with booster doses; 90.3% and two doses 95.2%; for staff with booster it is lower at 59.4% and 2 doses; 80.1%. Variation in care home staff vaccination at trust level is reducing although the SHSCT is lower than the other trusts with 47.4% for staff booster and 73.8% for 2 doses. A small number of homes still have low levels of coverage (especially in staff). Many of the homes with low uptake rates are either very small or have a relatively high turnover of residents as they provide respite or intermediate care.

Ongoing efforts are in place to improve data quality and directly encourage staff to be fully vaccinated.

Variant of concern

The Omicron variant is the dominant variant in Northern Ireland having had significantly increased transmissibility over delta but morbidity appears less, albeit infection in those who have been vaccinated is occurring.

Waning protection from vaccination is a concern but offset by a booster third dose being offered to more vulnerable populations including care home residents and staff. Health protection surveillance will continue to monitor this data closely.