WHC (2024) 037

CYLCHLYTHYR IECHYD CYMRU

Statws: Gweithredu

Categori: Strategaeth ac Ymateb Diogelu Iechyd

Teitl: Fframwaith feirysau anadlol y gaeaf 2024 i 2025

Dyddiad dod i ben / Dyddiad adolygu: Medi 2025

I'w weithredu gan: bob Bwrdd ac Ymddiriedolaeth Iechyd

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Dogfennau amgaeedig: Fframwaith feirysau anadlol y gaeaf 2024 i 2025

Winter Respiratory Framework 2024-25

Contents

Purpose

The purpose of this framework is to:

- Set out the public health context as we move into autumn and winter.
- Highlight priority areas of focus to help mitigate the acute system pressures from respiratory viruses that can be exacerbated during the winter months.
- Set out clear expectations of the health and social care system in responding to respiratory viruses.
- Summarise modelling for respiratory viruses this winter

Context

In general terms, we anticipate a seasonal rise in respiratory viruses, alongside cyclical further waves of COVID-19 infection, which will cause increased demand on the NHS in Wales over autumn and winter.

The continued challenging financial climate, cost-of-living crisis and high energy costs also pose risks of people getting ill if they are not able to afford to heat their homes to an appropriate level. Those with respiratory illness are particularly at risk.

Health and social care

NHS Wales planning for seasonal peaks in demand across the system is a year-round exercise. NHS Wales planning for winter is integrated into existing planning arrangements, which have been set out in the NHS Planning Framework.

This winter, NHS Wales should focus on the management of respiratory patients across Wales utilising the respiratory treatment toolkit, which provides digital support for both patients and practitioners, promoting practices and behaviour change principles that result in improved outcomes and ultimately reduce the burden on the health system. In addition, organisations should apply respiratory disease national pathways (Chronic Obstructive Pulmonary Disease (COPD), asthma, bronchiectasis, bronchiolitis, and RSV) to help people keep well and manage exacerbations to help reduce unnecessary admissions to hospital.

System resilience for urgent and emergency care is key to supporting improvements in hospital flow and discharges. There should be a continued focus on reducing the instances of delayed pathways of care, increasing capacity in the system at peak periods and strengthening support to improve discharge processes.

Guidance to support safe and timely discharge from hospital is available on the Welsh Government website: Hospital discharge arrangements: December 2023 (gov.wales). It covers core processes for staff in supporting and managing hospital discharge, together with detail on key social care functions as well as signposting to information, advice and support for patients, their families and carers.

Further measures to support NHS Wales this winter are set out under the Six Goals for Urgent and Emergency Care ('six goals') programme. If delivered consistently by health boards, they will support better experiences and outcomes for people at risk of exacerbation of respiratory complaints. These include:

- A Technology Enabled Care (TEC) Cymru pilot to support people with exacerbations of COPD through use of wearables / a virtual ward environment with a focus on safely managing patients at home.

- A pilot using paediatric consultants to provide remote advice to NHS 111 Wales / service users with urgent care need with intent to safely manage children in the right place, first time.

- Additional funding to Local Health Boards to support development of urgent care models and same day emergency care services to include management and admission avoidance of people with shortness of breath which might include patients with working diagnoses of conditions including COPD and asthma.

It is important people are able to access hospital care when medically required, but when they no longer need medical care, recovery is best supported at home or in the community. Health boards, Local Authorities and their partners should continue to drive forward their work to develop an Integrated Community Care System for Wales. This is intended to build capacity in our communities and help people maintain their own health and wellbeing. It will also help ensure Enhanced Community Care at home to avoid or respond to a crisis and assist to prevent an avoidable admission to hospital, and support people who have needed admission to hospital to return home quickly to recover.

A key element to support the wellbeing of individuals in care homes is visits from friends and family. Visitors to care homes should generally be welcomed, encouraged and enabled. Outbreaks should be managed through the arrangements set out in the Communicable Disease Outbreak Plan for Wales. During an outbreak or incident of a virus in a care home, visiting should remain as open and flexible as possible, with visiting restrictions only being implemented after a risk assessment. Further information is available in the 'Social care guide to controlling acute respiratory infections', which may be updated as required over the winter.

Any health or social care worker with symptoms of a respiratory infection or a high temperature is advised to stay at home if they normally work in close contact with people using services. The latest guidance can be found in the Advice on respiratory viruses including COVID-19 for staff in health, social care and special schools. They should also tell their employer about their symptoms as soon as possible. When they feel better, and no longer have a high temperature, employees may want to discuss with their employer any concerns or ways to minimise risk of spread and transmission of infection upon their return to work.

Education and childcare settings

Education and childcare settings should consider what they can do to reduce the spread of respiratory viruses to protect their learners and staff, including any additional protection for those who are more vulnerable. Advice on managing respiratory viruses can be found in the Public Health Wales Guidance for childcare and education settings.

Additional advice for staff and pupils of special educational schools includes additional precautions to reduce the risk of transmission to those who are at highest risk of adverse outcomes is located in the Managing acute respiratory infections in special educational schools guidance.

The Emergency planning and response guidance for education and childcare settings | GOV.WALES provides advice on how education and childcare settings should plan for and deal with emergencies, including significant public health incidents and severe weather.

Prisons

Health boards providing health services within prisons are expected to include prison health services within their own winter planning arrangements. PHW will continue to produce surveillance reports and intelligence on incidents and outbreaks and will remain in close contact with each prison to support and advise as necessary.

Health boards will also need to ensure sufficient resource is allocated to prison healthcare teams in remand prisons to keep up with vaccination take up for the entire winter due to their rapid turnover of admissions.

Modelling

The Welsh Government has produced modelling for respiratory viruses over winter 2024-25 across a range of scenarios located here:

https://www.llyw.cymru/cyngor-ar-wyddoniaeth-thystiolaeth-modelur-gaeaf-2024-i-2025

https://www.gov.wales/science-evidence-advice-winter-modelling-2024-2025.

It is important to note that the modelling is an estimate of impact based on historical data, rather than an absolute prediction of what will happen when. A summary of the modelling data is set out below.

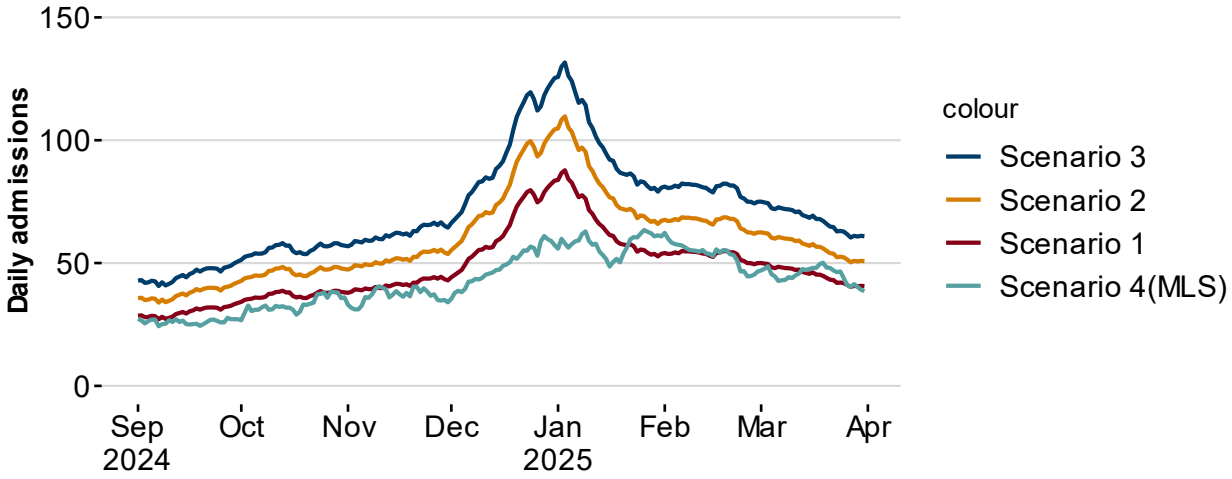
Influenza Modelling

Influenza viruses change over time, so that any protection from immunisation or natural infection is not fully maintained from season to season. Influenza seasons are therefore difficult to predict, and vaccine uptake and vaccine match to circulating virus subtypes are important factors.

For winter 2024-25, the modelling sets out four scenarios where influenza and pneumonia scenarios have peak daily admissions ranging from 63 to 132. The peak in the occupancy scenarios for patients admitted due to influenza ranges from 441 to 1,058. During the non-pandemic years, admissions for influenza and pneumonia peaked between 24th December and 26th January.

The most likely scenario for winter 2024-25 repeats last year's admissions, when there was a longer flatter peak than expected, with daily admissions remaining above 50 from the 3rd week of December to the 3rd week of February.

Figure 1: Daily influenza and pneumonia admissions scenarios – Winter 2024-25

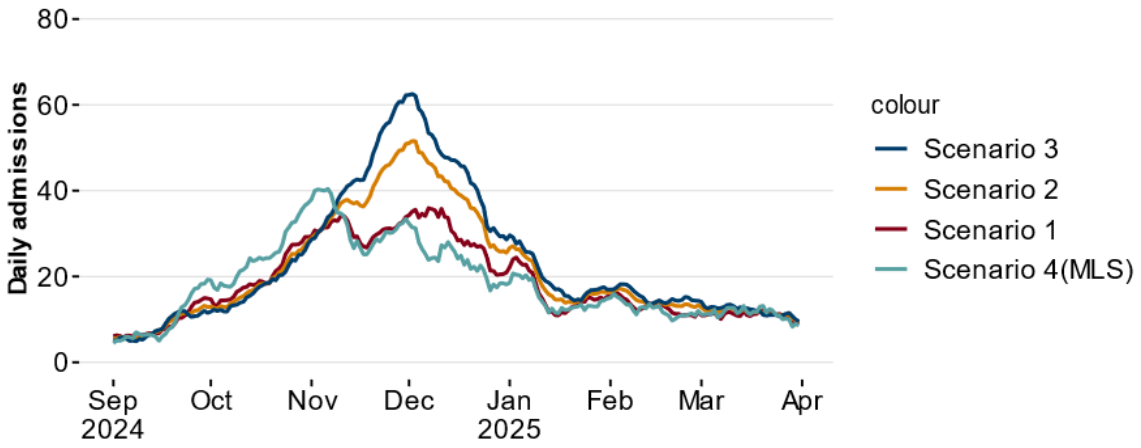


Source: Actuals to 31 March 2024 provided by DHCW, projected scenarios from 1 September 2024 to 31 March 2025 from SEA

RSV Modelling

RSV scenarios for winter 2024-25 have peak paediatric (age 0-4) admissions ranging from 36 to 63 daily admissions. The daily peak in the number of beds occupied by RSV patients aged 0-4 ranges from around 40 to 70. RSV paediatric admissions during the non-pandemic years peaked between 6th November and 2nd December.

Figure 2: RSV Winter 2024/25 modelling scenarios for daily paediatric hospital admissions (0-4 years)

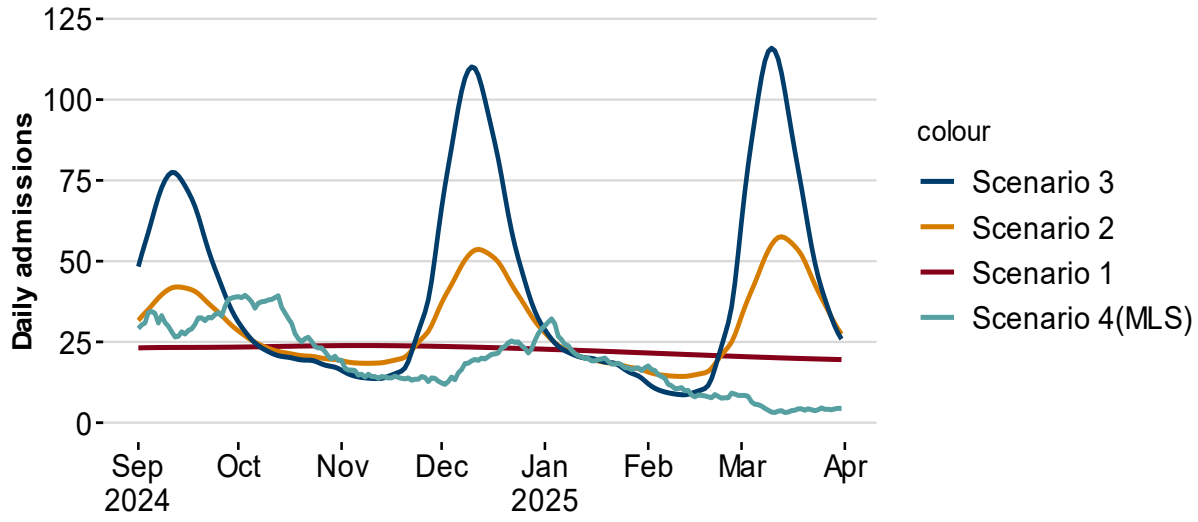


Source: Actuals to 31 March 2024 provided by DHCW, projected scenarios from 1 September 2024 to 31 March 2025 from SEA

COVID-19 Modelling

The seasonal pattern of COVID-19 has yet to be determined, although the expectation is that there will be several waves per year. Although COVID-19 has not shown signs that it is solely a 'winter virus', the virus can cause compounding pressures if the peaks are combined with those of influenza and RSV. Actual COVID-19 hospital admissions tracked below the most-likely scenario throughout the winter of 2023-24. Data revealed several peaks during the winter season, with 40 admissions recorded on 28th September 2023, and 35 admissions on 2nd January 2024. COVID-19 hospital occupancy scenarios for 2024-25 estimate a varying number of peaks, with the maximum of these peaks between 391 and 1,549 daily beds. The most likely scenario is a repeat of last year's data, which suggests a peak of 520 beds in second week of October after which occupancy decreases throughout winter.

Figure 3: COVID-19 Winter 2024-25 modelling scenarios for all hospital admissions including ICU admissions



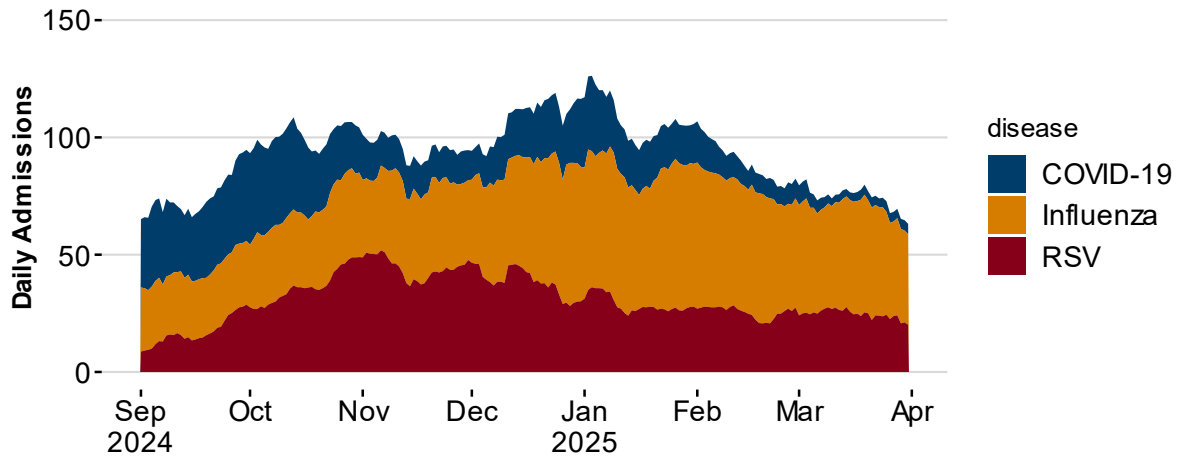
Source: Swansea University modelling (Scenarios 1, 2 3), actuals underlying the MLS to 31 March 2024 provided by DHCW, projected MLS scenarios from 1 September 2024 to 31 March 2025 from SEA

Combined Pressures Modelling

Concurrent risks such as influenza, COVID-19, RSV, invasive group A streptococcal disease (iGAS), non-respiratory conditions such as norovirus, and environmental issues such as cold weather occurring at once, would place significant pressures on health and social care services.

As noted above, the most likely scenario for daily hospital admissions due to COVID-19, flu and RSV for winter 2024-25 is a repeat of last year. The below graph therefore shows the combined most likely scenario.

Figure 4: Combined most likely scenario – daily hospital admissions (including ICU admissions) for winter 2024-25



Source: Actuals to 31 March 2024 provided by DHCW, projected scenarios from 1 September 2024 to 31 March 2025 from SEA

It is also possible that there may be concerns around avian influenza or other novel influenzas in humans this winter, in addition to concerns around measles, or mpox.

Key measures

Infection, Prevention & Control

Infection Prevention and Control (IPC) measures remain a key component of practice to reduce transmission of respiratory viruses including COVID-19, influenza and Respiratory Syncytial Virus (RSV), as well as norovirus. The current Public Health Wales **COVID-19 Infection Prevention and Control (IPC) Guidance** sets out IPC measures to prevent transmission of COVID-19 in health and care settings in Wales. This guidance should be read in conjunction with the **National Infection Prevention and Control Manual Wales**, which includes guidance on the management of other winter viruses.

Testing

Last winter, testing for COVID-19 and other respiratory viruses focused on supporting the clinical management of patients and identification of vulnerable individuals who would benefit from specific anti-viral treatment for COVID-19 or influenza, plus supporting infection control activities and the management of incidents or outbreaks in closed settings. The approach to testing this autumn and winter currently remains unchanged and is based on the assumption that there will be a peak in respiratory viruses, however, at this time there are no firm indications these will be particularly severe.

Symptomatic testing is recommended for selected cohorts and remains as set out in the Patient Testing Framework. This will be reviewed if indications change.

Most people in Wales are no longer advised to take a test if they have symptoms of COVID-19. Information on how to manage symptoms can be found in Welsh Government's Guidance for people with symptoms of a respiratory infection, including COVID-19 | GOV.WALES. Those who may be eligible for COVID-19 treatments can access free lateral flow tests which can be collected from a community pharmacy. Further information on eligibility and how to get a test can be found in Welsh Government's online guidance - Get tested for coronavirus (COVID-19) | GOV.WALES.

For autumn and winter 2024/25, testing is recommended as follows:

- For symptomatic individuals who are eligible for anti-viral treatments. This includes people in the community and/or in closed settings such as care homes, residential special schools and prisons.
- To identify and support the management of outbreaks in closed settings.

There are also currently 3 programmes of active surveillance involving testing:

1. SARI surveillance - Patients presenting to secondary care with acute respiratory illness – respiratory multiplex testing.
2. GP Sentinel surveillance - Patients presenting to primary care with influenza-like illness – respiratory multiplex testing.
3. Pharmacy surveillance - Individuals presenting to pharmacies with influenza-like illness – respiratory multiplex testing.

The testing of symptomatic health and social care staff is not recommended (unless they are personally vulnerable and anti-viral therapy would be appropriate). Symptomatic staff are advised to stay away from work based on symptoms and follow the guidance **Advice for health and care staff on respiratory viruses including COVID-19: guidance | GOV.WALES**. Testing may be deployed as part of management of specific incidents.

Pre-admission screening to hospital is not recommended unless there is clear evidence that the there is an identified risk to an individual associated with concurrent planned treatment (such as chemotherapy) and infection with COVID-19.

Pre-admission testing for residents of nursing or care homes is not currently recommended as the risk of introduction of COVID-19 into such settings is significantly reduced due to high rates of immunisation.

We will continue to closely monitor the emergence of any new respiratory virus threats that may cause significant health impacts, or if co-infection, for example with influenza, emerges as a major concern. If additional precautionary measures are needed, the testing strategy will be reviewed.

Anti-viral treatment

Influenza

The National Institute for Health and Care Excellence (NICE) recommends the use of:

- **antiviral medicines oseltamivir and zanamivir for the treatment**
- and **prophylaxis of influenza in adults and children over 1 year** who are particularly at risk from influenza infection and who fall into one or more of the clinical risk groups defined and updated each year by the Chief Medical Officer (CMO).

Treatment can be prescribed by general practitioners (GPs) for people in an at-risk group who have influenza like illness but must begin within 48 hours of the onset of symptoms.

It is a condition of prescribing that the CMO has notified GPs the influenza virus is circulating in the community; determined in accordance with a community based virological surveillance scheme that influenza is circulating in the locality in which the patient resides or is present or was present at the time that the virus was circulating; or there is outbreak of pandemic influenza.

Prescribing patterns in primary care align closely to the incidence of influenza. However, there is a need for health boards to have arrangements in place which ensure sufficient supplies of influenza antivirals are available both for general prescribing for the treatment of influenza, and for prophylactic treatment necessary for the management of outbreaks in residential care establishments.

Health Boards should take steps to facilitate the prompt prescribing of influenza antivirals by GPs, including out of hours, with a particular focus on improving access for people living in residential care. Alongside this, Welsh Government will work with health boards to ensure that they have robust arrangements for the supply of sufficient quantities of antivirals for treatment and prophylaxis within the timescales required for them to be effective.

COVID-19

The National Institute for Health and Care Excellence (NICE) recommends the use the antiviral medicine nirmatrelvir-ritonavir for the **treatment** of COVID-19 in adults who have an increased risk for progression to severe disease as **defined** by the higher-risk patients eligible for COVID-19 treatments: independent advisory group. The monoclonal antibody therapy sotrovimab is also recommended for treatment of COVID-19 in the same cohort but only where a patient has a contraindication to nirmatrelvir-ritonavir.

Currently treatment is provided by antiviral services in each health board. Treatment is dependent on confirmation of COVID-19 infection by positive Polymerase Chain Reaction (PCR) or Lateral Flow Device (LFD) test and should begin within five days of symptom onset. COVID-19 antivirals are not recommended for prophylactic use.

Health boards are expected to maintain arrangements for providing COVID-19 antivirals to eligible people in the community, in line with the arrangements for testing set out earlier in this framework. They should have robust plans to increase capacity in the event of increased demand, or any expansion to the eligible cohort over the winter period.

Vaccination

Vaccination is a vital tool in helping to mitigate the effects of respiratory viruses circulating in the community, protecting the vulnerable and supporting the resilience of the NHS and care systems.

Annual vaccination programmes targeting seasonal influenza have been a feature of healthcare in Wales for many years and have expanded in scope over that time, more recently, a programme of vaccinating against COVID-19. Whilst still developing and responding to change, the COVID-19 programme is becoming increasingly regularised and its scope refined.

For the past two years the Winter Respiratory Vaccination Programme (WRVP) for Wales has brought together the COVID-19 and influenza vaccination programmes. This approach has enabled health boards to offer an improved experience for patients. Over two million vaccinations were delivered last year as part of the programme, despite a decline in uptake amongst some eligible groups.

Again this year, the national flu vaccination programme and the COVID-19 vaccination programme will form the WRVP. The programme aims:

- to protect those at greatest risk from these respiratory viruses;
- to reduce the circulation of respiratory viruses in our communities;
- to support the resilience of the NHS and care system through the winter period.

The WRVP will seek to maximise uptake and undertake targeted actions to reduce existing vaccination inequity in a measurable way. The aim is to complete the programme by early December and conclude any mop-up activity as early as possible in 2025. To implement it effectively, health boards are expected to operate a co-ordinated and coherent programme for both vaccines. Wherever possible, delivery models should be aligned to allow for co-administration, to maximise efficiencies and reduce vaccination inequity. Vaccination Programme Wales (VPW) will provide NHS oversight and assurance of planning and delivery for the programme.

There will also be renewed focus on the following groups:

Influenza vaccination for 2 and 3 year olds

As well as protecting these very young children from serious illness, vaccination of this age group helps to protect their carers, parents, grandparents and the wider community and reduce general levels of transmission. Starting in September, 2 and 3 year olds and school aged children/young people should be vaccinated as quickly

as possible. Health boards have previously been asked to develop plans to reach 75% uptake for these groups by the end of the 2025-26 season. There is an expectation that those plans will be further developed this year and the actions identified which will help realise this ambition.

Vaccination of adults

The Welsh Government influenza vaccine uptake target for all eligible adult groups is 75%. The World Health Organisation (WHO) has set 75% as the target for adults aged 65 years and older. It is vitally important that coverage is maximised this season. Health boards have therefore been asked to work closely with primary care contractors to help ensure uptake meets or exceeds the 75% target for this group. The main adult vaccination programme for both influenza and COVID-19 will commence in October.

Furthermore, where a health board's uptake figure for a specific cohort for either influenza or COVID-19 fell significantly below the 75% target in the 2023-24 season, health boards are expected to identify a pathway to meaningful improvement for the 2024-25 season.

Vaccination of health and social care workers

Health and social care workers will be encouraged to take up the offer of the influenza vaccine as early as possible. The protection offered by vaccinations will help prevent frontline workers becoming ill with influenza and will also protect the resilience of the health and social care system.

In relation to COVID-19, the Joint Committee on Vaccination and Immunisation has advised that, on the balance of evidence, it does not believe there is a continuing clinical benefit to offering the vaccine to these groups. Therefore, whilst health and social care workers will still be able to access the COVID-19 vaccine this season, health board resources should not be channelled towards maximising uptake for these groups at the expense of others.

We will continue to review our vaccination programme during the autumn in response to the surveillance on respiratory viruses circulating including emerging variants.

RSV vaccination

This year for the first time, NHS Wales is offering the respiratory syncytial virus (RSV) vaccine to those aged 75 to 79 and pregnant women. This is a year-round offer but its promotion ahead of winter by health professionals is vital, particularly to those at highest risk.

Surveillance

Effective and routine respiratory disease surveillance is an important feature of the health protection system in Wales. Timely data and intelligence collected from an integrated surveillance system aids effective risk assessment and management decisions to reduce harm and help guide investment decisions and policy choices.

Public Health Wales (PHW) is implementing an integrated respiratory surveillance plan, in line with principles of surveillance recommended by the World Health Organisation and the European Centre for Disease Prevention and Control. This considers the pandemic virus COVID-19 alongside other respiratory pathogens and assesses the impact of these pathogens at different levels from asymptomatic to severe hospitalised cases.

This surveillance involves multiple systems and routes of reporting, coupled with specialist microbiology and genomics and linked to other data such as vaccinations and hospital admissions.

Work has been undertaken to combine separate surveillance reports for COVID-19 and influenza into an integrated suite of outputs covering each level of disease severity and surveillance type. PHW is developing collections of reports focusing on specific population groups, and already runs a weekly paediatric infection report.

A weekly interpretive summary (including highlights of available international surveillance), covering key points from each surveillance system will be provided to Welsh Government. This will include:

- Community sentinel surveillance in GPs and community pharmacies.
- Severe Acute Respiratory Infection (SARI) surveillance in hospitals covering admissions and ICU beds taken up due to acute respiratory infections.
- Cause specific and seasonal all-cause mortality data.
- Sequencing/genomics reports on SARS-CoV-2 variants and influenza clades (this will also feature in the annual influenza report produced by PHW).
- Vaccine uptake for COVID-19 and influenza.
- Vaccine equity reports relating to the COVID-19 autumn booster programme
- Data on other causes of acute respiratory infections, such as Group A streptococcus, mumps and pertussis.

In addition to the above, enhanced surveillance/evaluation will be undertaken on vaccine effectiveness, RSV and the burden of respiratory diseases. This is part of an ongoing review of surveillance outputs from PHW looking to rationalise some of the COVID-19 outputs and combine reports into a more integrated suite of surveillance outputs.

To assure timely and accurate interpretation of surveillance data local intelligence collected from established professional networks will also continue to be utilised. A number of national multi-disciplinary health and public protection groups will continue to meet regularly to consider local and regional intelligence.

This winter, Welsh Government and Public Health Wales continue to have in place monitoring and oversight arrangements to review the surveillance data and intelligence on respiratory viruses. This builds on the approach adopted throughout the pandemic to combining a wider range of scientific evidence and analysis from different disciplines alongside local intelligence and surveillance.

Winter communication campaign

This winter PHW will run a Beat Winter Viruses communications campaign to encourage preventative behaviours for respiratory viruses, based on behaviours and audience insight.

The campaign will be designed to be flexible to respond to emerging threats and issues and will target a broad range of the population, focusing on increasing knowledge and motivation for the public to adopt preventative behaviours over winter when there is an increased risk of spread. It will focus on creating social norms and everyday routines to help us stay well and reduce rates of mortality and morbidity.

Alongside and aligned with the preventative behaviours campaign will be the Winter Respiratory Vaccination Campaign. It will promote the COVID-19 autumn booster and influenza vaccination to eligible audiences in Wales including pregnant women, over 65s, those who are clinically at risk plus health care workers. The campaign will include key messages around both vaccines and use media relations, digital advertising, social media, out of home advertising, influencers and content using health experts on NHS owned digital channels. The campaign will run until December 2024, with mop up activity taking place in January/February 2025.

RSV communications will support the roll out of the new vaccination programme for pregnant women and the over 75s through paid-for advertising, website, social media content and patient resources.

For all winter communications campaigns, PHW will engage with the wider NHS to ensure messages are consistent across Wales and materials shared.