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Mandatory Covid vaccines for NHS staff 3

ID of request: 32981
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A. National and International Guidance

Department of Health and Social Care

Unvaccinated mothers urge pregnant women to get jabbed (2021)

Available online at this link

Unvaccinated women who suffered with COVID-19 during their pregnancies have told their harrowing stories of battling the virus, from being hospitalised to having emergency C-sections, as part of a new campaign encouraging expectant mothers to get the vaccine. The video features 3 women who experienced serious complications after contracting COVID-19 before they'd been vaccinated, as well as the doctors and frontline staff who treated them, to warn of the dangers of the virus for pregnant women and their babies. Medical expert Professor Asma Khalil from Royal College of Obstetricians and Gynaecologists (RCOG) is also interviewed as part of the powerful new film and provides further reassurance on the importance of the vaccine.

NHS England

COVID-19 and seasonal flu vaccination for pregnant women (2021)

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Letter asking all healthcare colleagues to make every contact count this winter with pregnant women – and those planning pregnancy – to advise them of the benefits of COVID-19 and flu vaccination; and to signpost acute physicians to best practice guidance on the management of COVID-19 infection in pregnancy, including medication.

NHs England and NHS Improvement

Vaccination as a condition of deployment (VCOD) for healthcare workers: Phase 1 – Planning and preparation (2021)

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The purpose of this letter and guidance is to support providers in preparing and planning for when the regulations (which are subject to parliamentary passage) are introduced. These documents include supporting material to provide further clarity and confirmation of which individuals are in scope of the regulations and those which are exempt, and guidance on increasing vaccination uptake; including among groups where uptake is lower.

B. Institutional Publications

BBC Health News

Mandatory vaccinations: Three reasons for and against (2021)

Available online at this link

Presents arguments for and against mandatory vaccines around the world.

Department of Health (Northern Ireland)

Vaccination status of deaths and hospitalisations (2021)

Available online at this link

Information on the vaccination status of COVID-19 deaths and hospitalisations in Northern Ireland

Medical Protection Society

Mandatory vaccination for NHS staff (2021)

Available online at this link

From 1 April 2022, vaccinations against COVID-19 will be mandatory for patient-facing health and care staff in England. Dr Heidi Mounsey, Medicolegal Consultant at Medical Protection, takes a closer look at what these changes mean

NHS Employers

Vaccination as a condition of deployment for healthcare workers (2021)

Available online at this link

Details on the guidance issued by NHS England and NHS Improvement regarding mandatory vaccines for all healthcare staff.

Race Disparity Unit

Final report on progress to address COVID-19 health inequalities (2021)

Available online at this link

This is the final report on progress to address disparities in the risks and outcomes of COVID-19 for ethnic minority groups. It summarises how work across government, and with national and local partners, has led to increases in both positive vaccine sentiment and vaccine uptake across all ethnic groups since the beginning of the year. The report also includes further analysis of how the impacts of COVID-19 changed for ethnic minority groups between the first and second waves of the pandemic.

The Conversation.com

Why the UK shouldn't introduce mandatory COVID vaccination (2021)

Available online at this link

A discussion piece that looks at whether vaccines should be mandated for all. The risk of vaccine mandates to public confidence in government is substantial, but there are even more important moral issues. Vaccine mandates are a highly significant infringement of individual liberty and, for some, they cross a line that should never be crossed. But mandates may be justified if they are necessary to achieve a proportionate public health goal and are effective in doing so.

the Health Foundation

What has happened to non-COVID mortality during the pandemic (2021)

Available online at this link

n England, deaths from causes other than COVID-19 have been lower than usual for 80% of the pandemic. In January to September 2021, this was equivalent to about 34,000 (or 9%) fewer deaths than we would expect, based on historical mortality patterns. This analysis explores some of the questions arising from this reduction. Some of this reduction can be explained by 'displaced mortality': people who would have died from another cause, but died earlier from COVID-19 instead. But this cannot account for all the difference. If people dying from COVID-19 were typical of their age, around 9% would have died from another cause in the following 12 months – around 8,500 people. Even if these people were more likely to die than typical of their age, this would still not account for anywhere near the 34,000 'missing deaths'. During the pandemic, deaths from eight of the nine leading causes of death in England were lower than usual. The greatest reductions in percentage terms are for influenza/ pneumonia (48%) and chronic lung conditions (25%). As well as displaced mortality, reductions here are largely due to the lower prevalence of infectious diseases as a result of restrictions such as social distancing. The reasons behind reductions in deaths from stroke, heart attacks, angina and cancers are less clear.

C. Original Research

1. **Effectiveness of public health measures in reducing the incidence of covid-19, SARS-CoV-2 transmission, and covid-19 mortality: systematic review and meta-analysis.**
   Talic Stella BMJ (Clinical research ed.) 2021;375:e068302.

   OBJECTIVETo review the evidence on the effectiveness of public health measures in reducing the incidence of covid-19, SARS-CoV-2 transmission, and covid-19 mortality.DESIGNSystematic review and meta-analysis.DATA SOURCESMedline, Embase, CINAHL, Biosis, Joanna Briggs, Global Health, and World Health Organization COVID-19 database (preprints).ELIGIBILITY CRITERIA FOR STUDY SELECTIONObservational and interventional studies that assessed the effectiveness of public health measures in reducing the incidence of covid-19, SARS-CoV-2 transmission, and covid-19 mortality.MAIN OUTCOME MEASURESThe main outcome measure was incidence of covid-19. Secondary outcomes included SARS-CoV-2 transmission and covid-19 mortality.DATA SYNTHESISDerSimonian Laird random effects meta-analysis was performed to investigate the effect of mask wearing, handwashing, and physical distancing measures on incidence of covid-19. Pooled effect estimates with corresponding 95% confidence intervals were computed, and heterogeneity among studies was assessed using Cochran's Q test and the I2 metrics, with two tailed P values.RESULTS72 studies met the inclusion criteria, of which 35 evaluated individual public health measures and 37 assessed multiple public health measures as a "package of interventions." Eight of 35 studies were included in the meta-analysis, which indicated a reduction in incidence of covid-19 associated with handwashing (relative risk 0.47, 95% confidence interval 0.19 to 1.12, I2=12%), mask wearing (0.47, 0.29 to 0.75, I2=84%), and physical distancing (0.75, 0.59 to 0.95, I2=87%). Owing to heterogeneity of the studies, meta-analysis was not possible for the outcomes of quarantine and isolation, universal lockdowns, and closures of borders, schools, and workplaces. The effects of these interventions were synthesised descriptively.CONCLUSIONSThis systematic review and meta-analysis suggests that several personal protective and social measures, including handwashing, mask wearing, and physical distancing are associated with reductions in the incidence covid-19. Public health efforts to implement public health measures should consider community health and sociocultural needs, and future research is needed to better understand the effectiveness of public health measures in the context of

covid-19 vaccination.SYSTEMATIC REVIEW REGISTRATIONPROSPERO CRD42020178692.

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2. **Increasing acceptance of a vaccination program for coronavirus disease 2019 in France: A challenge for one of the world's most vaccine-hesitant countries.**
Cambon L. Vaccine 2021;:No page numbers.

   France is one of the most vaccine-hesitant countries in the world, including for coronavirus disease 2019 (COVID-19). After 10 months of restrictive measures and media coverage of the dangers of COVID-19, French attitudes towards a vaccine continue to deteriorate. The communication strategies of the government have not helped; in fact, they have made the situation worse. Empirical studies on the national strategy for management of the COVID-19 pandemic in France have shed light on the reasons for vaccine hesitancy. These studies have identified four pillars for the vaccination strategy: i) Communication regarding the importance of herd immunity, ii) making healthcare workers the focus of the vaccination campaign, iii) citizen mobilization and guaranteed consultations, and iv) access to free vaccines without delay. This paper discusses the evidence supporting this strategy.

3. **Perspectives of primary care physicians on acceptance and barriers to COVID-19 vaccination.**
Day Philip Family medicine and community health 2021;9(4):No page numbers.

   OBJECTIVESThe purpose of this study was to examine the perspectives of primary care physicians in Texas around vaccine acceptance and potential patient barriers to vaccination. National surveys have shown fluctuating levels of acceptance for COVID-19 vaccination, and primary care physicians could play a crucial role in increasing vaccine uptake.DESIGNThis study employed a cross-sectional anonymous survey design to collect data using an online questionnaire. Participants were asked about vaccination practices and policies at their practice site, perceptions of patient and community acceptance and confidence in responding to patient vaccine concerns.SETTINGFrom November 2020 to January 2021, family medicine physicians and paediatricians completed an online questionnaire on COVID-19 vaccination that was distributed by professional associations.PARTICIPANTSThe survey was completed by 573 practising physicians, the majority of whom identified as family medicine physicians (71.0%) or paediatricians (25.7%), who are currently active in professional associations in Texas.RESULTSAbout three-fourths (74.0%) of participants reported that they would get the vaccine as soon as it became available. They estimated that slightly more than half (59.2%) of their patients would accept the vaccine, and 67.0% expected that the COVID-19 vaccine would be accepted in their local community. The majority of participants (87.8%) reported always, almost always or usually endorsing vaccines, including high levels of intention to recommend COVID-19 vaccination (81.5%). Participants felt most confident responding to patient concerns related to education about vaccine types, safety and necessity and reported least confidence in responding to personal or religious objections to COVID-19 vaccination.CONCLUSIONSThe majority of the physicians surveyed stated that they would receive the COVID-19 vaccination when it was available to them and were confident in their ability to respond to patient concerns. With additional education, support and shifting COVID-19 vaccinations into primary care settings, primary care physicians can use the trust they have built with their patients to address vaccine hesitancy and potentially increase acceptance and uptake.

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4. **Reducing the risk of COVID-19 transmission in hospitals: focus on additional infection control strategies.**
Dancer Stephanie J. Surgery (Oxford, Oxfordshire) 2021;39(11):752-758.

Hospitals under pressure from the COVID-19 pandemic have experienced an additional challenge due to clusters of hospital-acquired COVID-19 infection occurring on non-COVID-19 wards. These clusters have involved both staff and patients and compromise staffing, bed management and routine care, especially delivery of elective surgical procedures. They have also contributed towards the overall morbidity and mortality of the pandemic. COVID-19 infection rates are rising again, so it is important to consider implementing additional activities designed to impede transmission of SARS-CoV-2 in acute hospitals. These aim to protect staff, patients and visitors, and conserve safe and continued access for patients needing routine and emergency surgical interventions. Current infection prevention strategies include hand hygiene; patient and staff screening; surveillance; personal protective equipment; cohorting and isolation; and enhanced cleaning. Additional activities include restriction of staff and patient movement; COVID-19 pathways for wards, operating theatres and outpatient services; bathroom management; and ensuring fresh air in the absence of effective mechanical ventilation systems. Seasonal pressures and spread of more contagious and/or vaccine-tolerant variants will continue to disrupt routine and emergency care of non-COVID-19 patients, as well as increase the risk of COVID-19 infection for staff and patients. Supplementary practical and cost-effective actions to limit spread in hospitals are explored in this article.

5. **Risk of SARS-CoV-2 transmission from universally masked healthcare workers to patients or residents: A prospective cohort study.**
Williams Victoria R. American journal of infection control 2021;49(11):1429-1431.

In a multifacility prospective cohort study, we identified 116 acute care, 26 long-term care, and 67 rehabilitation patients who received direct care from a universally masked healthcare worker while communicable with COVID-19. Among 133(64%) patients with at least 14-day follow-up, 3 (2.3%, 95% CI, 0.77-6.4) became positive for SARS-CoV-2. Universal masking, embedded with other infection control practices, is associated with low risk of transmission of SARS-CoV-2 from healthcare workers to patients and residents.

6. **Staff to staff transmission as a driver of healthcare worker infections with COVID-19.**
Gordon Claire L. Infection, disease & health 2021;26(4):276-283.

BACKGROUNDHigh rates of healthcare worker (HCW) infections due to COVID-19 have been attributed to several factors, including inadequate personal protective equipment (PPE), exposure to a high density of patients with COVID-19, and poor building ventilation. We investigated an increase in the number of staff COVID-19 infections at our hospital to determine the factors contributing to infection and to implement the interventions required to prevent subsequent infections.METHODSWe conducted a single-centre retrospective cohort study of staff working at a tertiary referral hospital who tested positive for SARS-CoV-2 between 25 January 2020 and 25 November 2020. The primary outcome was the source of COVID-19 infection.RESULTSOf 45 staff who returned a positive test result for SARS-CoV-2, 19 were determined to be acquired at our hospital. Fifteen (15/19; 79% [95% CI: 54-94%]) of these were identified through contact tracing and testing following

exposures to other infected staff and were presumed to be staff-to-staff transmission, including an outbreak in 10 healthcare workers (HCWs) linked to a single ward that cared for COVID-19 patients. The staff tearoom was identified as the likely location for transmission, with subsequent reduction in HCW infections and resolution of the outbreak following implementation of enhanced control measures in tearoom facilities. No HCW contacts (0/204; 0% [95% CI: 0-2%]) developed COVID-19 infection following exposure to unrecognised patients with COVID-19.CONCLUSIONUnrecognised infections among staff may be a significant driver of HCW infections in healthcare settings. Control measures should be implemented to prevent acquisition from other staff as well as patient-staff transmission.

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7. **Will Africans take COVID-19 vaccination?**
Anjorin AbdulAzeez A. PloS one 2021;16(12):e0260575.

The economic and humanistic impact of COVID-19 pandemic is enormous globally. No definitive treatment exists, hence accelerated development and approval of COVID-19 vaccines, offers a unique opportunity for COVID-19 prevention and control. Vaccine hesitancy may limit the success of vaccine distribution in Africa, therefore we assessed the potentials for coronavirus vaccine hesitancy and its determinants among Africans. An online cross-sectional African-wide survey was administered in Arabic, English, and French languages. Questions on demographics, self-reported health status, vaccine literacy, knowledge and perception on vaccines, past experience, behavior, infection risk, willingness to receive and affordability of the SARS-COV-2 vaccine were asked. Data were subjected to descriptive and inferential statistics. A total of 5,416 individuals completed the survey. Approximately, 94% were residents of 34 African countries while the other Africans live in the Diaspora. Only 63% of all participants surveyed were willing to receive the COVID-19 vaccination as soon as possible and 79% were worried about its side effects. Thirty-nine percent expressed concerns of vaccine-associated infection. The odds of vaccine hesitancy was 0.28 (95% CI: 0.22, 0.30) among those who believed their risk of infection was very high, compared to those who believed otherwise. The odds of vaccine hesitancy was one-fifth (OR = 0.21, 95% CI: 0.16, 0.28) among those who believed their risk of falling sick was very high, compared to those who believed their risk of falling very sick was very low. The OR of vaccine hesitancy was 2.72 (95% CI: 2.24, 3.31) among those who have previously refused a vaccine for themselves or their child compared to counterparts with no self-reported history of vaccine hesitancy. Participants want the vaccines to be mandatory (40%), provided free of charge (78%) and distributed in homes and offices (44%). COVID-19 vaccine hesitancy is substantial among Africans based on perceived risk of coronavirus infection and past experiences.

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