

North-east COVID-19 observatory: issue 13.

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North-East COVID-19

Observatory

Issue 13—25th January 2021



Welcome

Welcome to our thirteenth issue of the Observatory. This is the first issue of the new year and we hope you have found the previous issues both informative and useful. The aim of the Observatory is to provide a variety of resources on the pertinent topics of our times. The Observatory will be issued monthly in 2021, with each month having a dedicated theme. This month we have chosen vaccinations as our theme, and this issue includes information, news and resources available to date about the vaccines for COVID-19, with a specific focus on giving information to people who are cognitively impaired.

The COVID-19 epidemic quickly became a pandemic and this global concern has come at a time when social media use is widespread—creating rapid global exchanges of both information and misinformation. It is difficult for people to sift through the numerous websites and articles available, and these difficulties are magnified for people with cognitive difficulties. We have therefore invited two guest contributors from NHS Grampian, specialists in the field of dementia care and of learning disabilities. Both specialists have a keen interest in the chosen theme. **Lyn Irvine** (Alzheimer Scotland Dementia Nurse Consultant, Strategic Lead (Falls) and Clinical Lead (Virtual Visiting)) is our first contributor and she highlights the additional considerations that need to be given concerning COVID-19 vaccinations for people with dementia. We also have **Kerry Anderson** (Nurse Consultant – Learning Disabilities Mental Health and Learning Disability Services), who writes on supporting people with a learning disability – with resources pertinent to informing people with a learning disability about the vaccination for Covid-19.

The Observatory aims to use only reliable sources of information – with the caveat that information is constantly being updated and we urge you to check for any updates on the sites we have recommended if you are reading this issue several weeks after publication. As ever, we value any feedback and encourage people to request themes or to send in resources that others might find interesting.

Theme: Vaccinations



Lyn Irvine writes: *In recent weeks we have warmly welcomed the good news about the effective coronavirus vaccination, which brings a much-needed ray of hope. The vaccination programme for the population of Grampian will include many people living with dementia, and their families and carers. I recommend you read the resource provided by Dementia-UK called 'Useful tips on the COVID-19 vaccine for people with dementia' (<https://bit.ly/2M4kKJ4>). It provides some key information to consider when supporting someone living with a diagnosis of dementia and their family members and/or carers when consid-*

ering, planning and preparing a person with dementia for vaccination. Please note that the document refers to the Mental Capacity Act, but we follow Scottish legislation, so substitute this with the Adults With Incapacity (Scotland) Act 2000.

I am happy for anyone to e-mail me, should they want help or advice concerning caring for someone with dementia. My email address is: Lyn.Irvine1@nhs.scot



Kerry Anderson writes: Public Health England (2020) published a report in November 2020, which documented the devastating impact of the pandemic, with the rate of people with a learning disability dying from COVID-19 estimated to be 3-4 times the rate in the general population. Furthermore, when comparing deaths in populations with the same age and sex, the death rate for people with a learning disability could be as high as over 6 times that of the general population.

As we begin the roll-out of the COVID vaccination programme, it is therefore even more important for us as clinicians to ensure that people with a learning disability are supported and involved in decisions about their own health and care. This includes consenting to and receiving the vaccination.

It should not automatically be assumed that people with a learning disability lack capacity. Capacity should always be assessed in line with the person's communication abilities, preferences and needs. The principles of the Adults With Incapacity (Scotland) Act 2000 require us to make decisions that must benefit the person, take account of the views of carers and encourage the person to make their own decisions.

The law requires us, as clinicians, to have a clear idea about any decisions that need to be made, and to make an assessment of whether or not that person can make a particular decision. This is a more person-centred approach, based on building capacity and allowing people to make their own choices wherever possible. In order to support people with a learning disability in understanding information and using that information to reach a decision, clinicians should consider reasonable adjustments under the Equality Act (2010). Adjustments aim to remove barriers and encourage you to consider presenting information in an alternative way.

Clinicians should consider their own communication by using the individual's preferred way of communicating. This could be by using simple, clear language and, where possible, avoiding terminology that is difficult to understand. Consider alternative ways of communicating this information through accessible formats or pictures. Visual and hearing impairments are more common in people with a learning disability and should always be considered.

A family or carer will have a wealth of information; they know the person the best. It is important that they are involved in any treatment required. They will be able to advise if the individual is in pain if that person is not able to verbalise this themselves. This includes feeling unwell or experiencing side effects.

Ask for specialist support and advice when planning for delivery of vaccinations. This can be through connecting with your local community learning disability nurses or learning disability teams, based within our Aberdeen City and Aberdeenshire Health and Social Care Partnerships. In addition, Public Health Scotland have produced two documents in an accessible and easy-to-read format, which help to support sharing information about the vaccine and knowing what to expect:

- What you need to know about the vaccine (<https://bit.ly/36gpMZY>)
- What to expect after the COVID-19 vaccine (<https://bit.ly/3sUPnBf>)

I am happy for anyone to contact me should further information or advice be required. My e-mail address is kerry.anderson3@nhs.scot

The Vaccines Available

So what do we know so far?

Two vaccines (the Pfizer/BioNTech and Oxford/AstraZeneca vaccines) are now available. They are approved by the MHRA (Medicines and Healthcare Products Regulatory Agency). This regulator is independent and approves medical and/or healthcare products based on evidence. They operate very rigorous processes, and their primary focus is on safety and efficacy. For any vaccine to have been approved, it must have gone through a very in-depth review by the MHRA.

Pfizer/BioNTech vaccine

The COVID-19 mRNA vaccine BNT162b2 is used for active immunisation to prevent the COVID-19 disease caused by SARS-CoV-2 virus. It works by triggering the body's natural production of antibodies and stimulates immune cells to protect against the disease.

AstraZeneca vaccine

The COVID-19 vaccine AstraZeneca stimulates the body's natural defences (immune system). It causes the body to produce its own protection (antibodies) against the virus. This will help to protect you against COVID-19 in the future. None of the ingredients in this vaccine can cause COVID-19. The advice from the UK Government website about AstraZeneca (<https://bit.ly/3cd3CM0>) warns people to seek medical advice before having this vaccine if they suffer from allergies.

How many doses are required and how long between doses?

Whichever vaccine you have, you will require two doses of it to provide the best protection. Both vaccines are very effective and offer protection after the first dose. The second dose completes the course and is important for long term protection. The latest evidence suggests the first dose of the vaccine provides protection for most people for up to 12 weeks. As a result of this evidence, the number of weeks before you can have the second dose has changed. This change is also to make sure that as many people can have the vaccine as possible. In the resources section we signpost you to the UK Government's 'Green Book' on the dosage interval information, published by Public Health England.

- The Pfizer/BioNTech vaccine second dose is given 3 to 12 weeks after the first dose
- The Oxford/AstraZeneca vaccine second dose is given 4 to 12 weeks after the first dose

It is really important for people to make sure that they complete the course. We do not yet know for how long the vaccine will be effective once a course is completed. We will only know this over time and through proper monitoring of the spread of COVID-19 by local public health systems in our communities.

The vaccines have proven to be effective in **preventing** COVID-19. Further studies are being carried out to assess their effectiveness in stopping the transmission of COVID-19. It is therefore important that everyone continues to follow the rules around social distancing, hand hygiene and face coverings.

For those wanting more detail on the vaccines available in the UK, see the UK Government's dedicated website (<https://bit.ly/3a4iI3B>).

Side Effects of the Vaccine

This is early days and there is much misinformation on social media, which is why we try to provide only legitimate sources of information. The NHS inform site report has excellent resources on Coronavirus and COVID-19, which you can access at NHS Inform Scotland (<https://bit.ly/2MqnJeM>). They warn that some people may experience side effects after getting the COVID-19 vaccine, but state that these are usually mild. Possible side effects may include:

- Tenderness, swelling or redness at the injection site
- Headache
- Muscle ache
- Feeling tired
- A high temperature of 37.8oC or greater

A less common side effect is swelling of the glands, which could start a few days after the vaccine and may last for up to two weeks. NHS Inform state that this is to be expected and is a sign of the immune system responding to the vaccine. The team advise that people should take paracetamol if they experience discomfort and state that no-one will need to self isolate or get tested should they experience such symptoms.

Any suspected and unexpected side effects can be reported through the yellow card website (<https://coronavirus-yellowcard.mhra.gov.uk/>) or by phoning 0800 731 6789. You can also search for MHRA Yellow Card in Google Play and include the vaccine brand and batch number, if available. By reporting side effects, you can help provide more information on the safety of this vaccine.

One severe and rare effect of having any vaccine is that of anaphylaxis. This is a life threatening allergic reaction that can occur after vaccination. The Centres for Disease Control and Prevention (CDC) report that between the 14th and 23rd December 2020, the Vaccine Adverse Event Reporting System detected 21 cases of anaphylaxis after administration of a reported 1,893,360 first doses of the Pfizer-BioNTech COVID-19 vaccine (i.e. 11.1 cases per million doses); 71% of these occurred within 15 minutes of vaccination. The CDC recommends that locations administering COVID-19 vaccines should adhere to CDC guidance on the use of COVID-19 vaccines, including screening recipients for contraindications and precautions, having the necessary supplies available to manage anaphylaxis, implementing the recommended postvaccination observation periods, and immediately treating suspected cases of anaphylaxis with intramuscular injection of epinephrine.

Vaccination Plans for Scotland

At the moment, we understand that there will be four routes to deploy the vaccine:

- Through hubs at NHS hospitals
- Through large community hubs established across the UK (using large venues)
- Through local GP practices
- In care homes where possible

Mass vaccinations are planned. To get the most up-to-date information on the deployment plan for Scotland, the Scottish Government has provided a website with live updates (<https://www.gov.scot/collections/coronavirus-covid-19-vaccination/>).

On January 14th 2021, vaccinations were rolled out at locations on the high street, with Boots in Halifax and Superdrug in Guildford among the first six sites to give the jabs. This information came from NHS England and we could not source any information regarding the first vaccinations issued in Scotland.

On January 22nd, NHS Grampian published a list of the mass vaccination centres they have set up throughout Aberdeenshire. These are listed in the COVID-19 brief. P&J Live and TECA have been set up as the mass vaccination sites and clinics will operate in Elgin, Forres, Buckie, Dufftown, Keith, Peterhead, Fraserburgh, Macduff, Stonehaven, Inverurie, Banchory, Alford / Huntley (these clinics will rotate) and Ellon.

What immunity do people who have had COVID-19 have?

The UK SIREN (SARS-CoV-2 Immunity and Reinfection Evaluation) study being carried out by Public Health England has reported that people who have had the COVID-19 infection can have immunity for at least five months, but they may still be able to carry the virus in their nose and throat and therefore be at risk of transmitting the virus. This means that many people who contracted the disease in the first wave may now be vulnerable to catching it again. The scientists are currently studying whether protection may last for longer. You can read more about this in a press release from Public Health England (<https://bit.ly/3gSIQ8p>).

Resources

The Scottish Government has a very informative site on Coronavirus in Scotland. This has a section on the COVID-19 vaccine that signposts to a wide range of topics, such as case numbers, local restrictions, travel and quarantine. It also has a section on the COVID-19 vaccination programme for Scotland.

- The main site: <https://www.gov.scot/coronavirus-covid-19/>
- The vaccination information site: <https://www.gov.scot/collections/coronavirus-covid-19-vaccination/>

Public Health Scotland has a really useful site (<https://bit.ly/39ihXEK>) that contains a host of resources and information that can be given to a variety of client groups. We know it can be tedious to click lots of links, so to make life easier we have provided below some direct links to the areas most relevant for your work:

Care home resources: <https://bit.ly/39k7yZk>

Healthcare workers resources: <https://bit.ly/3pjiC2J>

Social care workers resources: <https://bit.ly/2NykTVr>

GP resources: <https://bit.ly/2MtP2Vh>

NHS Inform is Scotland's national health information service. It is an excellent site that provides people in Scotland with accurate and relevant information, to help them make informed decisions about their own health and the health of people for whom they care. A dedicated part of this site (<https://bit.ly/3t7ARX4>) gives information on the priority groups to vaccinate, when and where people can expect to have their vaccine, information on the vaccines available, vaccine safety in relation to pregnancy and breast feeding, and side effects of the vaccine. It also provides a link to the COVID-19 vaccines leaflets.

The Royal Society for Public Health have published a report called 'Moving the Needle' (<https://bit.ly/39iKGcH>), which looks at the importance of vaccination through childhood, working-age adulthood and later life, and explores the barriers to uptake at different stages. The authors stress that, whilst improving access to vaccines remains crucial in addressing low uptake rates – and especially in reducing inequalities in uptake – understanding the public's attitudes to vaccination is also a valuable tool for increasing and maintaining uptake.

Dementia UK provide a set of useful questions and answers for people caring for someone with dementia (<https://www.dementiauk.org/get-support/coronavirus-covid-19/questions-and-answers/>). These questions have been taken from those posed to the helpline team, covering questions before, during and after having the vaccine. It also covers questions concerning people with dementia living at home, living in care homes, being in a hospital or hospice and living alone at home.

The Alzheimer's Association has an excellent resource on COVID-19 and we would point you to their tips for dementia caregivers in long-term or community-based settings (<https://bit.ly/3a3XO4G>). These cover topics such as preventing illness, providing person-centred care, keeping families connected, assisting with eating and drinking, monitoring mobility and responding to dementia-related behaviours.

Alzheimer Scotland have a dedicated site for information on COVID-19, which is constantly updated (<https://www.alzscot.org/coronavirus-updates>). It contains useful information for staff, people with dementia and those who live or care for people with dementia.

The Royal College of Nursing (RCN) has provided a statement (<https://bit.ly/36fKQj7>) on the decision to delay the administration schedule of the first vaccine for the second dose from 21 days to 12 weeks. The RCN has updated its position on this issue and it now supports the decision of the Joint Committee on Vaccination and Immunisation (JCVI - the independent expert group responsible for advising the UK vaccination and immunisation programme) to administer the Pfizer/BioNTech vaccine with a dosing interval of 12 weeks.

The Green Book, published by Public Health England, sets out the policy for immunisation and vaccination policy across the UK. This guidance is to be followed by staff. It has been updated to reflect the COVID-19 vaccine programme delivery process and the rationale behind it. Any members following the guidance in the Green Book – even if it is at odds with manufacturer recommendations – will be practising within the Nursing and Midwifery Council Code. Chapter 14a (<https://bit.ly/39j1S1R>) includes information on the COVID-19 vaccines, the dosage and schedule for the UK, and recommendations for the use of the vaccine.

Global News

The World Health Organization produced their document 'Occupational Safety and Health in Public Health Emergencies' in 2018 (<https://bit.ly/39hix9T>). It is a long read, so we would signpost you to Chapter 3 on common risks for safety and health in emergencies, and Chapter 8 on managing the health and safety of health workers during conflicts and emergencies.

Vital Strategies is a global health organisation that believes every person should be protected by a strong public health system. It works with 73 countries to design and implement evidence-based strategies to tackle their most pressing public health problems. Their goal is to see governments implement promising interventions on a large scale, as quickly as possible. Vital Strategies was launched in 2016 to bridge the gap between pressing public health needs and effective solutions. One initiative from this group is **Resolve to Save Lives**. This initiative has 12 programmes, including a 'Prevent Epidemics' programme. Resolve to Save Lives have produced a free-to-use set of resources, called '*Live COVID-19 Safe: Toolkit 2020*'. We would point you in particular to the section on vaccine communications (<https://covid19riskcomms.org/vaccinecomms>).

Although the UK and Scottish Governments have provided detailed public health messages on how to stay safe during the pandemic, you might be interested to explore this toolkit if you are interested in public health messaging, designing resources for a specific group and/or supporting people to adopt long-term behaviour changes to keep themselves and others safe. The toolkit gives information on how to campaign and how to give messages that are culturally sensitive and non-judgemental. It advises on the tone of voice to be used in media resources, and it also advises on brand identity and supplies posters that can be adapted to suit the target population. It also provides videos, radio scripts and social media contents, with information on how these can be adapted to suit the country/population target group. This would be an excellent resource for anyone wanting to design a public health information resource for a specific population.

Similarly, the Resolve to Save Lives communications team provide a number of factsheets (<https://bit.ly/3qQTxrT>) on how to communicate public health messages related to COVID-19. The resources are available in English, Spanish, French and Kiswahili. The site covers many topics, but some examples include:

Road Safety during COVID (<https://bit.ly/3iLQD4U>): A warning that fewer cars on the road have led to dangers such as speeding motorists and more cyclists using roads.

COVID-19 Comics (<https://www.graphicmedicine.org/covid-19-comics/>): This resource provides educational messages illustrated in comic form.

Podcast

This podcast is an interview with Andrew Pollard, conducted by Elisabeth Mahase from the BMJ. Andrew has been leading the Oxford vaccine clinical trials in the UK, Brazil and South Africa. He is chair of the UK's Joint Committee on Vaccination and Immunisations (JCVI) and the European Medicines Agency's scientific advisory group on vaccines. In the podcast he explains how the Oxford vaccine came to be, how dosing was worked out and whether it will stand up to the new variants of the virus. The podcast is embedded in the following short article:

Mahase, E., 2021. How the Oxford-AstraZeneca COVID-19 vaccine was made. *BMJ*, 372(n86). <https://doi.org/10.1136/bmj.n86>

COVID 19 Library

Academic Reading

We have two articles for you this month:

- Harrison, E.A. and Wu, J.W., 2020. **Vaccine confidence in the time of COVID-19**. *European Journal of Epidemiology*, 35, pp. 325-330. <https://doi.org/10.1007/s10654-020-00634-3>

This first article explores the issues surrounding vaccine refusal. The authors critique contemporary approaches to reducing 'vaccine hesitancy' and increasing 'vaccine optimism' by reframing such phrases, and exploring instead how to address vaccine confidence.

- Chung, J.Y., Thone, M.N. and Kwon, Y.J., 2020. **COVID-19 vaccines: the status and perspectives in delivery points of view**. *Advanced drug delivery reviews*, 170(March), pp. 1-25. <https://doi.org/10.1016/j.addr.2020.12.011>

This article gives an outline of the SARS-CoV-2 virus and the associated immune response with its infection. It then gives a good history of the rapid spread of COVID-19 across the globe and goes on to look at the treatment options, vaccine development and the promising future roles of vaccine delivery systems.

Light Reading

We also thought you might like to read an informative question and answer blog from the Scottish TV site, about how the AstraZeneca vaccine works and how it differs from the Pfizer vaccine: <https://news.stv.tv/scotland/ga-how-does-the-oxford-astrazeneca-vaccine-work>

We know that so much information is now freely available and it is important to be able to address what the World Health Organization refers to as infodemics. Have a look at their myth-busting website (<https://bit.ly/3a22JDf>), which gives tips for telling the difference between information and misinformation.

The Editorial Team

We are a small team from the School of Nursing, Midwifery and Paramedic Practice at Robert Gordon University (RGU). Angela Kydd (Clinical Professor in Nursing RGU / NHSG) is the editor, Colin MacLean provides librarian support and Rahul Oza provides online support.

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