



UK Health Security Agency

South West Directors of Public Health and Directors of Adult Social Care
NHS England Director of Nursing
NHS Clinical Commissioning Group Infection Prevention and Control Leads

Please share with local partners, stakeholders and providers of care as appropriate.

06 January 2022

Dear colleagues,

Update on the management of Omicron cases and outbreaks in social care settings

This letter is to clarify the current UKHSA South West position and guidance on the management of COVID cases and outbreaks in care homes and social care settings in the context of the current high prevalence of the Omicron variant.

Background

In line with the national guidance, UKHSA Health Protection Teams have been recommending outbreak measures for 28 days in settings where there has been laboratory confirmation or a high likelihood of a **high-priority variant of concern**, including Omicron. This sensible, precautionary advice is double the normal 14-day period (equivalent to the reasonable maximum incubation period for COVID), due to the higher risks associated with variants of concern. Additionally, Health Protection Teams have recommended restrictions following the notification of single cases of COVID in staff members

Omicron is now the dominant variant nationally and regionally. Levels of infection remain high across the South West and are expected to increase over the coming weeks. Rates of infection in those aged 60 and over, measures of overall COVID test positivity, and counts of hospital admissions are increasing. Although we are seeing an increase in the frequency of reported outbreaks in care homes, we have not seen commensurate increases in severe illness in these settings. This data is being kept under close review.

On the 24 December 2021, a letter was sent out from the Chief Executive of UKHSA and the President of the Association of Directors of Public Health which advocated 'flexibility' in supporting social care settings where outbreak restrictions had been put in place. This letter highlighted the existing guidance which had been shared with local system leaders, noting that any outbreak restrictions should be informed by a local risk assessment process.

Omicron remains a variant of concern, with increased risk of transmission, vaccine escape and reinfection. Whilst there remains some uncertainty around the severity of disease in older people and impacts on vaccine effectiveness, there is an increasing body of evidence to help inform the national risk assessments and guidance. The current assessment of the balance of risks of harm suggests that the more precautionary approach of extending outbreak measures for 28 days is no longer required.

Recommendations

The UKHSA National Incident Director and policy leads have met today and reviewed the current advice, evidence base and risk assessment. Recognising that **DHSC data suggests nearly half of care homes are now in COVID outbreak response**, that a high proportion of tests that have been sequenced are positive for Omicron, and with regard for the current pressures on health and social care across systems, UKHSA Health Protection Teams will from tomorrow recommend:

- **Omicron cases and outbreaks in social care settings can be managed in the same way as any other standard variant of COVID** (including alpha and delta¹) and in the absence of genotyping or sequencing results, we should assume Omicron may be circulating;
- For confirmed outbreaks, recovery testing can be carried out at **14 days** after the date of the most recent case, and if no further cases are identified through recovery testing, then outbreak restrictions can be routinely stood down;
- Identification of an outbreak should trigger daily serial LFD testing for staff for seven days, as well as two rounds of whole home PCR testing;
- **For single cases of Omicron, whether in residents or staff, it is no longer necessary to introduce COVID outbreak restrictions** – these will only be implemented with the identification of more than one case, or if there are other specific concerns relating to the risk of spread in the setting;
- However, in anticipation of a change in national policy, following the identification of a single COVID case the UKHSA South West Health Protection Team will recommend considering one round of whole home LFD testing for residents where the index is a resident, in addition to the currently recommended seven days of staff LFD testing. The rationale for this is the known increased transmissibility of Omicron, the need for early results to inform the risk assessment and the currently observed increases in average turnaround times for PCR testing through the Lighthouse Laboratories.

¹ Alpha and Delta are also still officially classified as variants of concern.

Considerations

Colleagues are reminded that with high rates of community transmission, the identification of more than one case in a setting may not necessarily constitute an outbreak. Multiple cases within a setting may not be due to transmission within that setting, but may be independent and unlinked introductions². In these circumstances, outbreak restrictions may be implemented for a limited period, whilst investigations take place, in the form of seven-day serial LFD testing for staff and two rounds of whole home PCR testing. If no further cases are identified, then restrictions may be lifted at this point.

The current Government guidance contains provisions for continuing some visiting during an outbreak, including for nominated care givers, end of life visits and the use of alternative visiting arrangements. There is also provision in the current Government guidance to allow admissions into care homes that are operating under outbreak measures when this can be done safely. In such circumstances new admissions should be risk-assessed on a case by case basis in liaison with the commissioning authority. Issues to be considered in such a risk assessment include, but are not limited to, vaccination status of the individuals and their ability to effectively isolate, where in the outbreak timeline the home is, whether there is a rising tide of cases and the type of care home. The risks of admission should be balanced against the risks of the potential admission staying in their current location.

In some exceptional circumstances, for example where outbreaks are not effectively controlled through the application of routine measures, the Director of Public Health or their deputy, working with the UKHSA Health Protection Team, may feel it necessary to advise on a longer period of outbreak restrictions than 14 days – this decision would be undertaken collectively by the Outbreak Control Team informed by a joint risk assessment.

Next steps

UKHSA South West will over the coming days work closely with local partners to co-produce and refine tools and resources to support local outbreak response, adding value to the work already undertaken locally within systems and by care sector organisations. We are committed to working in partnership with and learning from our colleagues who have been working hard throughout the pandemic to protect their patients, residents, and clients.

² Sometimes described as a cluster of cases rather than an outbreak if transmission within the setting is considered highly unlikely after a risk assessment. The standard outbreak definition is two linked cases within a fourteen-day period.

We would like to take the opportunity to remind everyone that the most important public health intervention we have in the battle against COVID and Omicron is to achieve a high level of uptake of vaccination, including the booster dose. A recent study has shown that **reinfection currently accounts for around half of all of care home cases**. Prior infection alone does not protect against reinfection by the Omicron variant, although this may provide additional protection in combination with the booster. Whilst staff are a significant route for the introduction of COVID infection in care homes, vaccination booster uptake rates are currently well below the level required to prevent infection within the region. Recent evidence from the Vivaldi study has demonstrated that booster vaccination strongly enhances COVID immunity in care home residents and staff. These findings emphasise just how important it is for both care home staff and residents to get a booster vaccine. Please continue to support and promote the vaccination in social care settings as we do across systems and the South West region.

Finally, we would once again like to take the opportunity to recognise the significant contributions made by social care, healthcare and public health professionals across the South West throughout the pandemic response. We hope this letter helps to clarify the current position and outline pragmatic and proportionate recommendations to control the spread of Omicron in social care settings. The suite of national guidance is expected to be updated shortly, including the UKHSA internal documents which are routinely shared with local partners and care providers.

If you have any questions or feedback, please contact swhpt@phe.gov.uk

Yours faithfully,



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