

Minimising a 'twindemic'

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Australia announced the removal of the requirement for mandatory isolation associated with COVID-19 from 14 October 2022, stating that the country had moved on from its emergency phase. However, it noted that the COVID-19 pandemic was not over yet and isolation was still recommended for those infected (Healthdirect, 2022). The UK has no current domestic restrictions in any location. The COVID-19 illness remains a notifiable disease and SARS-CoV-2 remains a notifiable causative organism, as is the influenza virus (UK Health Security, 2022a). The UK Health Security Agency's recommendations for England remain: fresh air ventilation for indoor meetings if the meeting cannot be held outdoors; wearing of a face covering in crowded, enclosed spaces; and taking the COVID-19 vaccination offer (initial 1st and 2nd vaccination, and boosters, as offered depending upon age, clinical vulnerability, health or social care occupation etc).

Alongside concerns about an autumn spike of COVID-19 infections, is the possibility of a major influenza epidemic arising from the lack of circulating influenza virus over the last 2 years due to social distancing and working from home. The absence of the annual transmission cycle is expected to have lowered the usual levels of immunity against the influenza virus, especially among young children who may have had no prior exposure. While COVID-19 as a cause of death reduced in early 2022, it has remained higher than for influenza and pneumonia. The latest available data reported that at the end of April 2022, influenza and pneumonia were the cause of 20% of recorded deaths, which is similar to most weeks since March 2021 (Office of National Statistics (ONS), 2022). Influenza and pneumonia were the seventh leading cause of death in England and Wales in 2020 and 2021 (ONS, 2022), with between 10 000–20 000 people dying of influenza each winter.

Between 19 to 25 September 2022 (week 39), national influenza and COVID-19 surveillance report notes that COVID-19 case rates had increased, with influenza positivity being stable at 2% and other viruses, including the respiratory syncytial virus (RSV), adenovirus, rhinovirus, parainfluenza and human metapneumovirus (hMPV) being detected at different levels (UK Health Security, 2022b). The WHO Global Influenza Surveillance and Response System (GISRS) data indicate that the influenza A (H3N2) virus strain is dominant worldwide and it is expected to take off in the UK (Worldwide Influenza Centre (WIC), 2022). It is not known whether it causes more severe illness than other variants and, while Australia confirmed six-times more influenza cases than normal at its peak in June 2022, this number may reflect the increased testing as part of COVID-19 surveillance.

The COVID-19 vaccination autumn booster programme has commenced for those aged 65 years and over, including the clinically vulnerable and health and social care staff; however, the vaccination uptake data suggest some vaccination fatigue among those eligible (UK Health Security, 2022b). About 33 million people in the UK will be offered a free influenza vaccination and includes all those over 50 years of age (those aged 50 to 64 years old not in clinical risk groups are asked to wait until mid-October while the more vulnerable are prioritised) (UK Health Security, 2022c). As part of the promotion of the seasonal influenza vaccination programme, those advising or delivering the influenza vaccination may access an interactive e-learning course (<https://www.e-lfh.org.uk/programmes/flu-immunisation/>).

Quadrivalent influenza vaccines are being offered to protect against four strains, which this year include influenza A subtypes H1N1(pdm09) and H3N2, and both B lineages (UK Government, 2022). A number of different vaccines have been authorised for this year's programme: Sanofi's Quadrivalent Influenza Vaccine for everyone over 6 months of age; Sanofi's Supemtek for anyone over 18 years of age; AstraZeneca's FluenzTetra for those aged 2–18 years; Viatrix' Infuvac sub-unit Tetra for anyone aged over 6 months; Seqirus' Cell-based Quadrivalent Influenza Vaccine for anyone 2–64 years; and Seqirus' Cell-based Adjuvanted Quadrivalent Influenza Vaccine for anyone aged over 65 years (UK Government, 2022). It is expected that both COVID-19 and influenza

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vaccinations may be offered at the same time with an injection in each arm. If the vaccines are not given together, they can be administered at any interval, although the UK Government (2022) advises separating the vaccinations by a day or 2 to avoid confusion over any systemic side-effects.

The combination of COVID-19 vaccination uptake fatigue and the growing evidence of a decline in vaccine effectiveness, especially against the SARS-CoV-2 Omicron variant (Xu et al, 2022), together with the anticipated increased seasonal influenza epidemic, emphasises the imperative of a successful vaccination effort this autumn. Similar to While (2021a), Peters' (2022) commentary has acknowledged that individuals delay or decline vaccination for varied reasons and sometimes for multiple reasons. He reiterated While's (2021b) recommendations for addressing vaccine hesitancy, namely, understanding the person's information needs, personalising the content of the information message and delivery and paying attention to the context of the vaccination offering. In the absence of evidence regarding the effectiveness of interventions, vaccine hesitancy is best addressed with a multifaceted intervention comprising clear consistent messaging, mutual trust and respect, and collaboration between health professionals and others in the community (Peters, 2022), with minimal barriers to access.

Understandably, both practitioners and clients may feel that 'here we go again' as vaccination promotion efforts pick up again. However, the reality remains that viruses wait for no-one and will exploit all available opportunities to infect the vulnerable who are best protected through vaccination. Vaccination is the most effective intervention, not only to protect individuals but also the wider community, and to reduce healthcare demand through avoidable ill-health caused by COVID-19 and influenza. It would be ideal if both COVID-19 and seasonal influenza vaccination rates could achieve those recorded in 2021 so that the emerging COVID-19 peak and the anticipated seasonal influenza epidemic pass without an unnecessary loss of life. **BJCN**

Healthdirect. How to isolate or quarantine with COVID-19. 2022. <https://www.healthdirect.gov.au/covid-19/isolation-and-quarantine> (accessed 26 October 2022)

Office for National Statistics. How coronavirus (COVID-19) compares with flu and pneumonia as a cause of death. 2022. <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/howcoronaviruscovid19compareswithfluasacauseofdeath/2022-05-23> (accessed 26 October 2022)

Peters MDJ. Addressing vaccine hesitancy and resistance for COVID-19 vaccines. *Int J Nurs Stud.* 2022;131:104241. <https://doi.org/10.1016/j.ijnurstu.2022.104241>

UK Government. Influenza: the green book, chapter 19. 2022. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1107978/Influenza-green-book-chapter19-16September22.pdf (accessed 26 October 2022)

UK Health Security. Notifications of infectious diseases (NOIDs) and reportable causative organisms: how to report. 2022a. <https://www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report#list-of-notifiable-diseases> (accessed 26 October 2022)

UK Health Security. Weekly national Influenza and COVID-19 surveillance report. Week 39 report. 2022b. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1107874/Weekly_Flu_and_COVID-19_report_w39.pdf (accessed 16 November 2022)

UK Health Security. The national influenza immunisation programme 2022 to 2023: information for healthcare practitioners. 2022c. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1105068/Flu-information-for-HCPs-2022-to-2023-20Sept22.pdf (accessed 26 October 2022)

While A. Understanding vaccine hesitancy: the evidence. *Br J Community Nurs.* 2021a;26(6):278-282. <https://doi.org/10.12968/bjcn.2021.26.6.278>

While A. Evidence-based strategies to promote vaccine acceptance. *Br J Community Nurs.* 2021b;26(7):338-343. <https://doi.org/10.12968/bjcn.2021.26.7.338>

Worldwide Influenza Centre. Report prepared for the WHO annual consultation on the composition of influenza vaccine for the Northern Hemisphere 2022-2023. 2022. https://www.crick.ac.uk/sites/default/files/2022-04/Crick_NH2022-23%20VCM%20report.pdf (accessed 26 October 2022)

Xu Y, Li H, Kirui B et al. Effectiveness of COVID-19 Vaccines Over 13 Months Covering the Period of the Emergence of the Omicron Variant in the Swedish Population. 2022. <http://dx.doi.org/10.2139/ssrn.4224504> (accessed 26 October 2022)

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