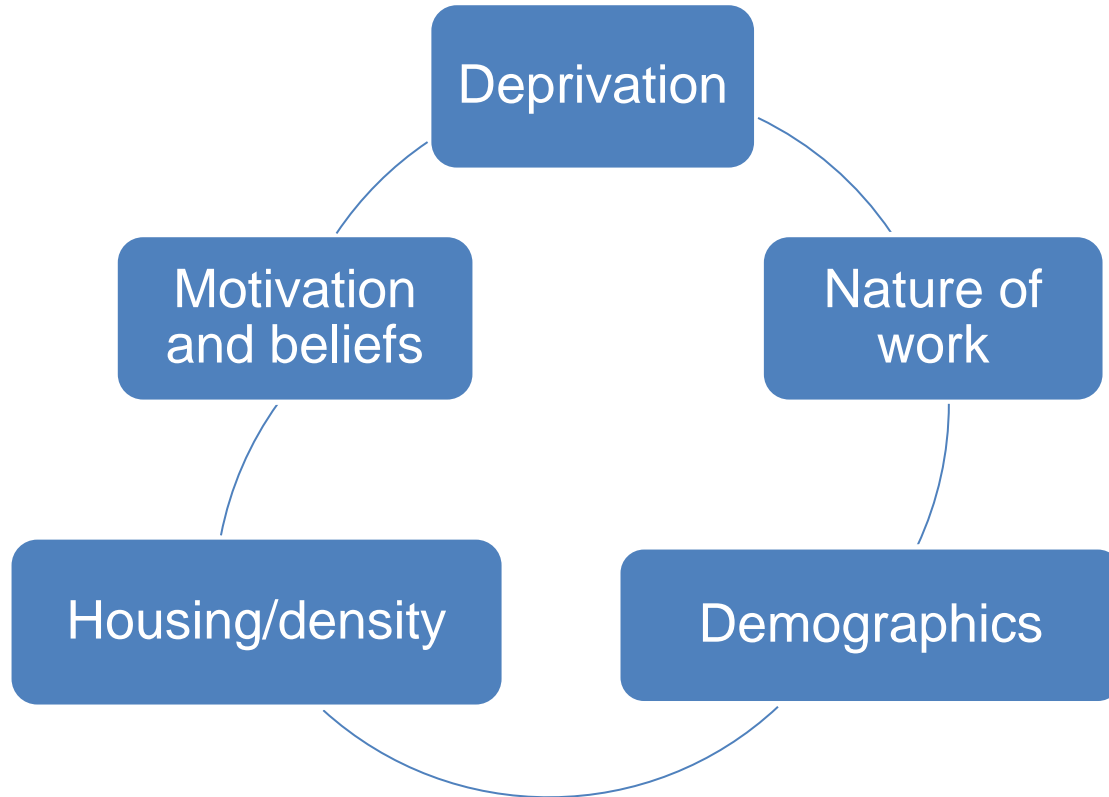


Contributing factors and mitigation strategies for areas of enduring COVID-19 prevalence

Cath Lewis and Sheena Johnson

Interviews were conducted with Directors of Public Health (DsPH) in 19 areas – nine of these were in areas that were identified by SAGE (2021) as areas of enduring prevalence (AEP). Ten interviews were conducted in comparison areas (CA).

A range of indicators (e.g. deprivation levels, employment rates, vaccination rates) were also collected, based on a literature review that was carried out and themes that were emerging from the interviews.



“So, it’s almost as if you could have high levels of variation around ethnicity, and not be an area of enduring transmission.. You could be in an area of multi-generational households and not be an area of enduring transmission...You may have housing stock that is not as good as some areas...or even income levels could be lower ...the issue is, when you start to layer these factors on top of each other. So, enduring transmission comes about by areas where it’s almost the straw that breaks the camels’ back. So, you might have three and be fine, but you won’t have six and be fine, you know?” (AEP M1).

Local COVID-19 response strategies	Examples
Communication campaigns	Messaging via local and social media, webinars, community meetings.
Collaboration	Collaboration with other DsPH, regional partners, NHS, social care & police; local resilience forums
Community engagement	Contact by phone, door-to-door knocking, virtual forums; engagement through community champions/ leaders, faith groups, unions or employers.
Isolation support	Tailored engagement with vulnerable groups; welfare support (food delivery, medication); additional financial support for self-isolation
Local contact tracing	Local contact tracing team using local phone number for tracing; Follow-up with phone calls and text messages to encourage self-isolation
Testing	Symptomatic PCR testing; Surge testing in hotspots, Supply of test kits
Vaccination	Accessible/mobile vaccination sites; sites at work or religious sites.

Recommendations

- Further analysis of the indicators at a ward or SOA level. Further research on how multiple factors interact in predicting enduring prevalence, and on the effectiveness of mitigation strategies, including research with CVOs, 'seldom heard' groups, and employers and employees
- Understanding the impact of the pandemic on other health outcomes (physical and mental health) and the health care system
- Building a local knowledge base and infrastructure that can be used for local outbreak management, and building on partnerships/networks established during the pandemic. Integration of national and local response
- Preserving and improving access to data
- Providing long-term investment in public health

Contact details

Sheena.johnson@manchester.ac.uk; cath.lewis@manchester.ac.uk