



| SHROPSHIRE HEALTH AND WELLBEING BOARD | | | | | |
|---|--|--|---------------------|--|--|
| Report | | | | | |
| Meeting Date | 18 th January 2024 | | | | |
| Title of report | Health Protection Update | | | | |
| This report is for (You will have been advised which applies) | Discussion and agreement of recommendations | Approval of recommendations (With discussion by exception) X Information only (No recommendations |) | | |
| Reporting Officer & email | Dr Susan Lloyd, Consultant in Public Health Susan.Lloyd@shropshire.gov.uk | | | | |
| Which Joint Health & Wellbeing Strategy | Children & Young People | Joined up working | Joined up working X | | |
| priorities does this report address? Please tick all that apply | Mental Health Healthy Weight & Physical Activity | Veight & Working with and building strong X | | | |
| , | Workforce | Reduce inequalities (see below) | Χ | | |
| What inequalities does this report address? | Health Inequalities specific to screening and vaccination. | | | | |

Report content - Please expand content under these headings or attach your report ensuring the three headings are included.

Executive Summary

This health protection report to the Health and Wellbeing Board provides an overview of the health protection status of the population of Shropshire. It provides an overview of the status of communicable, waterborne, foodborne disease.

Part one is an overview of health protection data and a summary of new risks, part two is an overview of new health protection developments relevant to the system.

- Recommendations (Not required for 'information only' reports)
- Report

Part One

Overview of health protection data and summary of risks

1.1 - Immunisation Cover Shropshire

- Immunisations Childhood.
 - There is continued local push on Measles, Mumps and Rubella (MMR). GPs are being reminded to ensure current vaccine and dates are being recorded and to provide opportunistic vaccinations to individuals who have not received 2 doses of MMR.
 - All age groups are being encouraged to ensure that they have received 2 doses of MMR. Communications have gone out through organisational staff newsletters and websites and through social media for the general public. Further information is provided below.
- Immunisations Adolescent –. The HPV vaccine is changing to one dose for eligible adolescents. Those that have already received one dose eligible academic year 2022 to 2023, will be considered vaccinated.

Autumn/Winter COVID-19 Vaccination Campaign

- Care Homes were fully vaccinated for COVID-19 as of the end of October '23, Shropshire, Telford
 Wrekin are the third best performing system in the country and performing well.
- Overall, 120,000 completed vaccinations on 1st December 2023. The national booking service programme ceased in mid-December 2023, walk ins will continue.
- Looking to improve update in known low uptake areas and particular cohorts.
- Target was 140,000. This will not be hit by the end of December but expect to get there by end
 of January. There appears to be vaccine apathy and a lack of urgency from the public on getting
 vaccinated.
- The Spring campaign will be subject to JCE guidance, care home, immune-suppressed, go live from April 2024 for 12 weeks, so almost identical to previous campaign. Funding to be confirmed, but there is a risk of provision to administer vaccinations if funding drops below current rate.

1.2 - Screening uptake Shropshire

- Breast breast screening service had difficulty recovery following the pandemic, particularly with staffing. Recovery is back on track and in a stable position.
 Ongoing work between service, local authority and other system partners.
- Bowel Bowel screening had extended down to the age of 50, but the STW service were unable to extend on their 12-month deadline due to colonoscopy capacity. However, they are back to full invite rates and in a good position. The service cannot rely on the independent sector. Working with different colleagues and the system will be a focus. The service is looking at ways in which to build resilience and are training their own colonoscopists.

1.3 - Communicable disease

- Flu Indicators of Influenza A and Influenza B are low across the Midlands, but these will
 continue to be monitored as we progress through the winter season. Seasonal flu contract has
 now been finalised and due to be implemented in the near future.
- Covid recorded cases are decreasing in Shropshire due to limited testing. Outbreaks are still occurring in care homes and are being risk managed.
- Tuberculosis tuberculosis is the focus for review in-line with the Shropshire Health Protection Strategy 2023 further detail is provided below.
- Monkeypox cases nationally remain very low, but we are not complacent. There are currently.no local implications. The JVCI has issued advice for these at highest risk <u>JCVI has</u> issued advice to government on a routine vaccination programme against mpox
- Group A Streptococcus Group A Streptococcus (GAS) is a bacterium which can colonise the throat and skin. Since the last report the number of GAS and IGAS notified continues to be low.
- Avian Flu The recent update from UKHSA and APHA. As of 06 November 23, H5N1 has been detected in one premises across the UK (0 in England) since 01 October 23, and in 8 wild birds across 8 locations in the UK mainly in coastal locations. Wild bird risk level has been reduced from high (occurs often) to medium (occurs regularly). There remains considerable uncertainty due to the continued inward migration of wild birds. Strict approach is still being applied to humans. The current level of risk remains at Level 3. An Avian Influenza pathway for swabbing and prophylaxis for outbreaks has been approved by the ICB. The gap due to testing of symptomatic individuals has been added.
- Foodborne and waterborne disease Campylobacter numbers remain largest reported and most common foodborne bacteria.
- Other foodborne and waterborne case numbers have increased slightly. Since the start of 2023, 8 cases of E Coli 0157 have been reported.
- Norovirus Nationally cases are increasing, and we continue to see local outbreaks of suspected Norovirus both within care settings and the community.

Part Two

• Health Protection Developments relevant to the system

2.1 - Measles

To mitigate against the impact of Measles in Shropshire, **STW** partners (Shropshire, Telford & Wrekin Council, ICB) are working jointly with **UKHSA** to ensure a pathway is in place to protect vulnerable individuals who are unvaccinated or under vaccinated, a vaccine catch up programme is also in place. Staff who have not been vaccinated are also being followed up on and offered.

Prevention is via vaccination. We know that individuals who are unvaccinated or incompletely vaccinated are at increased risk of contracting Measles if they come into contact with a case. In addition to this, they are also at an increased risk of having a severe illness as a result of the infection, particularly if they are young children.

Health and Wellbeing partners can support **prevention** by:

- **Communication**: Communicate externally and internally to increase uptake in vaccination. Externally to at risk groups e.g., children and unvaccinated individuals; internally, to at risk group e.g., unvaccinated staff.
- MMR Vaccination catch-up programmes: Support via School Aged Immunisation Service (SAIS) Support staff who are unvaccinated or who are under vaccinated to go for a Measles vaccine.
 - To mitigate against the impact of Measles in Shropshire, STW partners (Shropshire, Telford & Wrekin Council, ICB) are working jointly with UKHSA to ensure a pathway is in place to protect vulnerable individuals who are unvaccinated or under vaccinated, a vaccine catch up programme is also in place. Staff who have not been vaccinated are also being followed up on and offered.
- Contain is the process of containing a case or outbreak if one occurs in the community or in the NHS in Shropshire. In the community UKHSA will manage the case or outbreak and the NHS will manage internally.

Health and Wellbeing partners can support **contain** by:

- Resources: Both the NHS and UKHSA will require the use of manpower to support the
 Measles pathway particularly contact tracing including identification and treatment of un/under
 vaccinated individuals.
- Infection Control: All individuals who deal with a suspected case will need to awareness of the need to isolate the individual before examination. Also, that FFP3 masks and additional PPE should be work during examination.

The person who has a suspected Measles infection will need to exclude themselves until 4 days after the rash subsides. Vulnerable and immunocompromised contacts of a suspected case will require urgent post exposure prophylaxis (**PEP**). Within 6 days of exposure to measles and post risk assessment immunocompromised individuals, pregnant women and other vulnerable individuals including babies will require immunoglobulin. A pathway for administration has been written locally and is held by the Rapid Response to Infectious Diseases participants and shared with the NHS and Local Authority partners.

Measles is a notifiable disease and all suspected cases (included those seen by medical practitioners other than doctors e.g., nurse practitioners) should be reported urgently (by phone) to the local **UKHSA Health Protection Team** (https://www.gov.uk/guidance/contacts-phe-health-protection-teams). There is no need to wait for a result - **UKHSA** can support clinicians with a risk assessment.

General Information

- https://www.nhs.uk/conditions/measles/
- UKHSA Guidance
 - o https://www.gov.uk/government/collections/measles-guidance-data-and-analysis
- ECDC
 - o https://www.ecdc.europa.eu/en/measles
- WHO
 - o https://www.who.int/health-topics/measles

2.2 Tuberculosis

Discussions are ongoing to address the provision of TB services in Shropshire, Telford and Wrekin (**STW**) including a focus on migrant population. A network meeting STW, will be followed by a separate meeting to discuss TB service specification. Ongoing monitoring and review is now a standing item on the **HPQA** Board Agenda.

2.3 C. Difficile

C. Difficile has seen a sharp increase in most hospital systems across the county, due to the ongoing pressures within emergency care as reported in the media.

Outbreaks are being contained, and deep cleans are being completed when/where possible. A more joined up approach has come about as a result of these challenges, and the situation remains under control.

2.4 Health Protection Strategy (Annual Report)

The annual report for the Health Protection Strategy was presented to the **HPQA** Board in early December 2023. One of the key actions from this review was a cross-organisation (**SATH**, **UKHSA**, Shropshire, Telford & Wrekin Councils) progress checking system to be developed and implemented in the new year as a whole system approach for reviewing strategy progress. This remains a focus for implementation in early 2024.

It was agreed at the board that the report would move to a more in depth and major review every 3-5 years, rather than yearly, as well as this live system being implemented for all partners to see as/when needed.

2.5 Communications to the wider public

A press release, alongside national/regional communications have gone out to encourage residents to attend the most appropriate care setting for their issues in order to relieve pressure on the system. Think which service? - NHS Shropshire, Telford and Wrekin (shropshiretelfordandwrekin.nhs.uk)

| Risk assessment and opportunities appraisal (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation) | | | |
|---|-------------------------------------|---|--|
| Financial implications | There are no financial implications | | |
| (Any financial implications of | | | |
| note) | | | |
| Climate Change | | | |
| Appraisal as applicable | | | |
| Where else has the paper | System Partnership | | |
| been presented? | Boards | | |
| - | Voluntary Sector | | |
| | Other | Health Protection Quality Assurance Board (HPQA) | |

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)

Cabinet Member (Portfolio Holder) Portfolio holders can be found here or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead

Cllr Cecilia Motley – Portfolio Holder for Adult Social Care, Public Health & Communities Rachel Robinson – Executive Director, Health, Wellbeing and Prevention

Appendices

(Please include as appropriate)