

Classification	Item No.
Open	

Meeting:	Bury Health and Wellbeing Board
Meeting date:	14 November 2023
Title of report:	Health Protection Update
Report by:	Steven Senior, Consultant in Public Health
Decision Type:	For information
Ward(s) to which report relates	All

Executive Summary:

- Health protection is the part of public health that involves protecting the public from hazards like infectious diseases or environmental pollutants. For reasons of time and space, this report focuses on infectious diseases.
- Local work on health protection can be divided into reactive work (responding to outbreaks and emerging issues) and proactive (preventative work such as infection control audits or vaccination programmes). This report provides a brief overview of current work under these headings.
- Current and recent health protection issues include:
 - Increasing circulation of COVID-19;
 - A small cluster of hepatitis A cases; and
 - A shortage of treatment for scabies.
- Proactive work includes

Recommendation(s)

That: Health and Wellbeing Board notes the contents of the update.

Key considerations:

Background:

1. Health protection is the part of public health that involves protecting the public from hazards like infectious diseases or environmental pollutants. For reasons of time and space, this report focuses on infectious diseases.
2. Local work on health protection can be divided into reactive work (responding to outbreaks and emerging issues) and proactive (preventative work such as infection control audits or vaccination programmes). This report provides a brief overview of current work under these headings.

Reactive work

3. Current and recent health protection issues include:
 - Ongoing circulation of COVID-19;
 - A small cluster of hepatitis A cases; and
 - A shortage of treatment for scabies.

COVID-19

4. Almost everyone in England has some immunity to COVID-19, most through a combination of vaccination and infection. As a result, the proportion of people who become seriously ill when infected is now much lower than in 2020.
5. However, across the whole population of England it has still contributed to over 11,000 deaths in the first nine months of 2023 (32 of which were Bury residents). Nationally the number of deaths is less than half the number for the equivalent period in 2022 and one fifth of the equivalent period in 2021.¹
6. Since the end of national lockdown restrictions there have been six waves of COVID-19 infections, peaking every three to four months. The last five of these were driven by the emergence of new variants of the SARS-COV2 virus that can partly evade existing immunity. The trend has been for each wave to peak at fewer people in hospital positive for COVID-19.
7. We are now in a seventh wave. The number of people in hospital who have tested positive for COVID-19 has increased but is still significantly lower than any previous wave (see figure 1).

¹ This is based on deaths where COVID-19 is mentioned on the death certificate, and include both those where it was the main cause of death, and those where it is listed as a secondary cause. An increase in the proportion of these deaths where COVID-19 was a secondary cause means that these figures are likely to over-state the number of deaths caused by COVID-19 in 2023 compared with earlier in the pandemic. Source: [National COVID-19 dashboard](#) (accessed 17/10/2023).

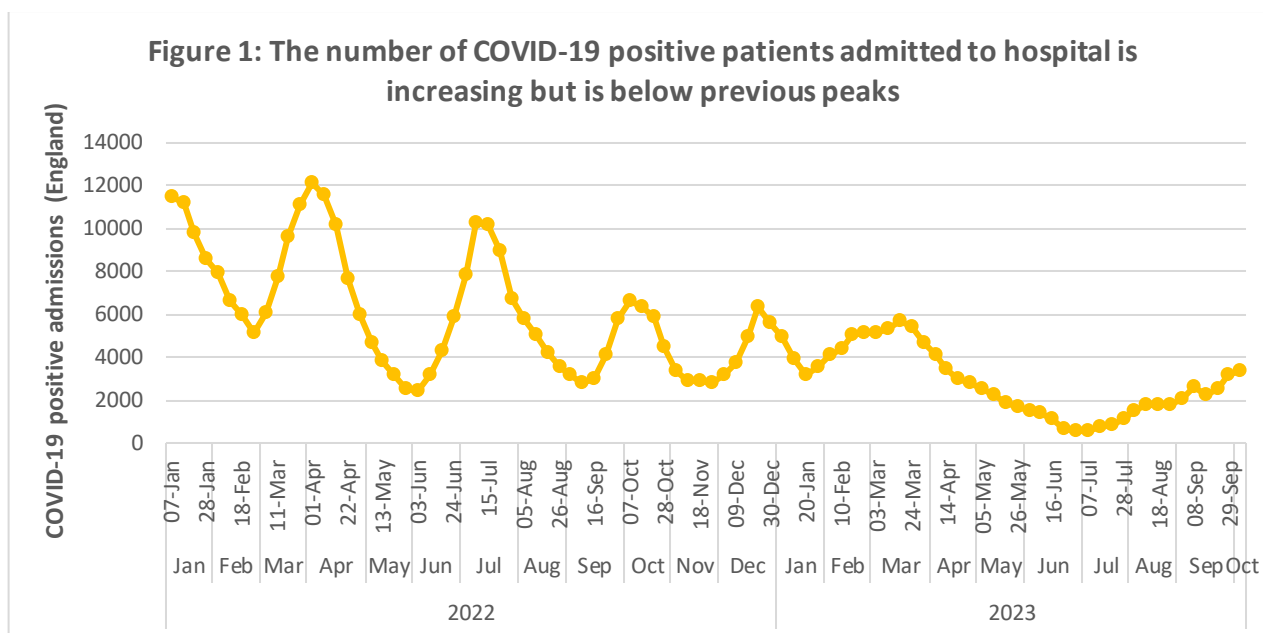


Figure 1: Weekly number of COVID-19 positive hospital admissions, January 2022 - October 2023.

8. There has been some concern about a recent variant (BA.2.86, 'Pirola'). This concern was based on the genetic profile of the Pirola variant. However, these concerns appear not to have been realised: the Pirola variant continues to circulate but there is little evidence it is more infectious or more virulent, and the COVID-19 vaccines should offer protection from the most severe illness among those most vulnerable.

Hepatitis A

9. Hepatitis A is a viral infection of the liver. In children and younger people, symptoms are mild and hard to distinguish from other gastrointestinal infections but in older adults or those with existing liver disease it can cause liver failure which can be fatal. The virus is excreted in poo and can be passed on through poor hand-hygiene (especially among food handlers), sharing toilet facilities, contaminated water and shellfish, and some sexual contacts.
10. Hepatitis A is relatively uncommon in England, with 21 laboratory-confirmed cases so up to the week ending 15 October nationally².
11. There has been a small cluster of hepatitis A detected in Bury. This has been linked to overseas travel. UK Health Security Agency (UKHSA) has completed contact tracing and has offered testing and vaccination to relevant close contacts.
12. One of the cases attended a primary school in Bury. Following risk assessment by UKHSA and council public health staff, the child's class and teachers were offered hepatitis A vaccination. Of 25 children offered vaccination, 20 were vaccinated on 11

² Source: UKHSA (2023) [NOIDs causative agents week 41 \(week ending 15 October 2023\)](#)

October. Three parents did not consent, and two children were unable to be vaccinated on the day and have been advised to visit their GP for vaccination.

Scabies

13. Scabies is a skin condition caused by mites that burrow into the skin. It is infectious and transmits by skin-to-skin contact. Although not serious, it is unpleasant and if untreated can lead to secondary bacterial skin infections.
14. So far in 2023 there have been 5 scabies outbreaks in care homes in Bury, three of which are under active surveillance.
15. There is a current national shortage of scabies treatment. Bury Council's Infection Prevention and Control (IPC) Team is working closely with NHS GM Bury's Medicines Optimisation Team and local NHS Trusts to source treatment for cases of scabies. However, supplies have been insufficient to ensure timely treatment of close contacts in line with national guidance, increasing the risk of outbreaks and the number of people affected.

Other issues

16. Figure 2 and 3 below give a summary of outbreaks reported to Bury Councils IPC Team by month in the year to date. COVID-19 continues to account for the most outbreaks in care homes.

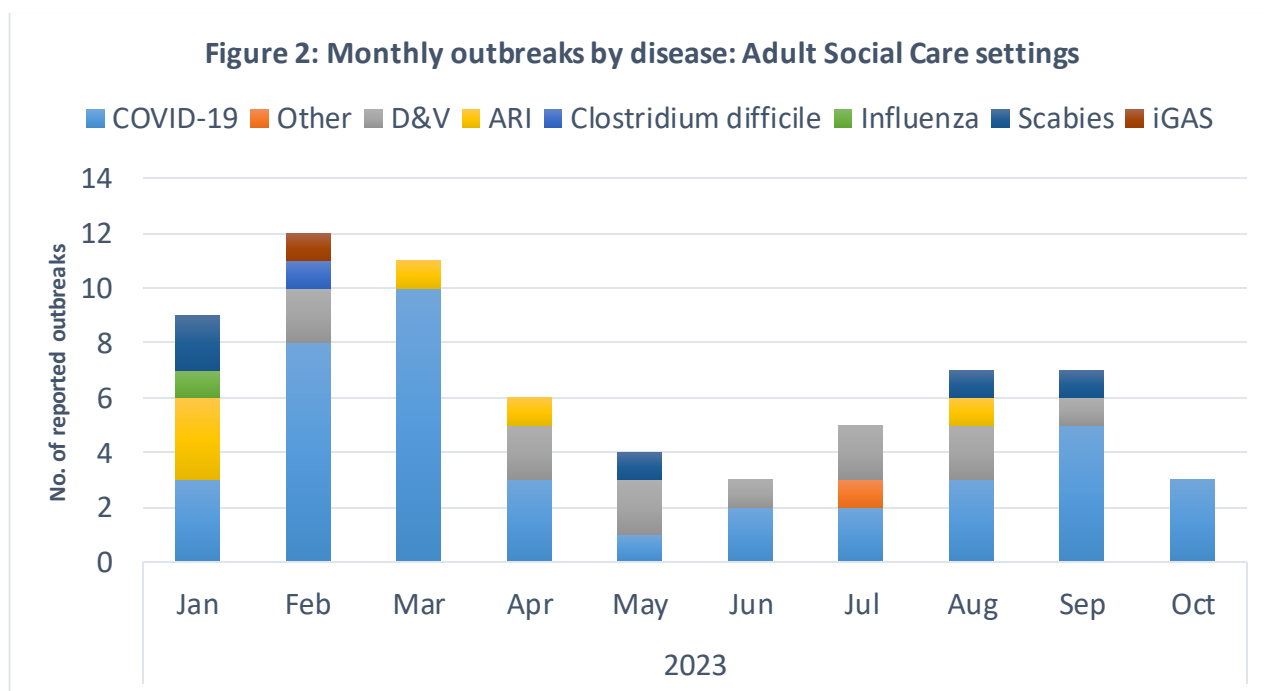


Figure 2: Monthly outbreaks in adult social care settings reported to Bury's IPC Team, year to date. D&V - diarrhoea and vomiting. ARI - acute respiratory infection. iGAS - invasive group A streptococcus. Note: data for October are partial.

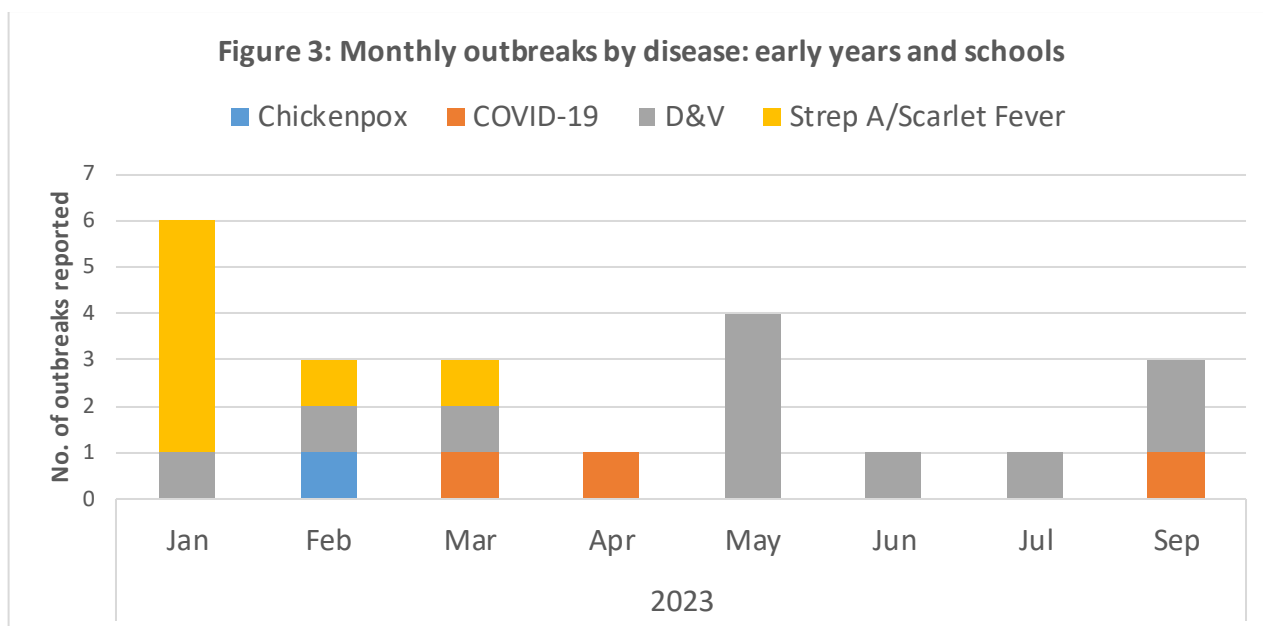


Figure 3: Monthly outbreaks reported to Bury's IPC Team year to date. D&V - diarrhoea and vomiting. Strep A - group A streptococcus.

17. As well as the incidents described above, avian influenza remains a threat. With any No cases have been notified by APHA (Animal and Plant Health Agency) who act along the lines of outbreak management akin to the UKHSA for avian influenza outbreaks. In the event of a confirmed outbreak, the council would need to step up an immediate response to deal with identification of premises within the declared 3km protection zone and 10km control zone.
18. Bury Council's Environmental Health Team has also investigated one case of legionnaires' disease (linked to recent travel to Portugal). There are no reports of food-borne outbreaks.

Proactive work

19. Proactive health protection work includes vaccination and immunisation programmes, infection prevention and control audits in care homes, and sector-led improvement work.

Vaccination and immunisation

20. Routine vaccination programmes commissioned by NHS England under section 7a of the NHS Act (2006). The local Public Health Team supports NHS England by monitoring uptake and coordinating local actions to address inequalities.
21. Current priorities include supporting the COVID-19 and flu seasonal vaccination programmes and offering catch up vaccination on measles, mumps, and rubella (MMR) vaccination.

COVID-19 and flu vaccines

22. From spring 2023 COVID-19 vaccines have been delivered by Bury's four primary care networks (PCNs) using general practice venues and by community pharmacies. The number of community pharmacies offering vaccination in Bury this winter has increased to 19 from 8 in the spring programme. The larger vaccination sites at the Elizabethan Suite, Ramsbottom Civic Centre, and Prestwich Walk-In Centre stopped operating in January 2023.
23. Both PCN and community pharmacies offering COVID-19 vaccines can also offer flu vaccines at the same time. This is likely to be both more convenient for patients and more efficient for vaccine providers.
24. The overall effect of these changes is to significantly increase the number of places offering COVID-19 and flu vaccines, particularly in areas of higher deprivation and lower vaccination uptake.
25. Data are available showing progress by locality, primary care network, and GP practice. This shows roll out in Bury roughly in line with the Greater Manchester average (see table 1 below).

COVID-19 vaccine uptake	Locality									
Cohort	Bolton	Bury	Manc.	Oldham	Rochdale	Salford	Stockport	Tameside	Trafford	Wigan
1: Care Home Residents	78.0%	83.1%	76.9%	76.5%	77.6%	41.7%	84.1%	68.6%	81.7%	81.6%
2: Healthcare Workers	16.1%	20.5%	14.7%	18.6%	17.9%	13.3%	25.6%	20.4%	22.5%	15.2%
3: Social Care Workers	21.5%	24.0%	15.3%	19.8%	22.8%	13.7%	23.8%	20.3%	17.6%	16.8%
4: 80+	58.8%	59.9%	44.5%	58.0%	61.9%	33.8%	68.5%	58.7%	58.0%	49.8%
5: 75-79	59.9%	60.3%	46.0%	60.7%	62.7%	37.7%	69.2%	60.1%	60.7%	50.1%
6: 70-74	52.4%	55.3%	41.5%	53.0%	56.1%	32.7%	65.4%	57.8%	55.4%	45.8%
7: 65-69	41.7%	46.3%	31.6%	41.7%	44.6%	27.0%	55.8%	46.3%	47.2%	36.6%
8: At Risk	15.2%	17.7%	12.2%	13.1%	16.1%	9.7%	24.3%	17.7%	18.5%	13.4%
9: 12-15 At Risk	5.6%	6.0%	4.5%	1.9%	3.8%	1.6%	3.4%	4.3%	6.9%	3.6%
11: 5-11 At Risk	0.8%	7.0%	3.6%	2.7%	1.5%	1.3%	5.5%	1.0%	4.5%	1.4%
10: 12-17 Household contacts of immunosuppressed	0.9%	0.8%	0.2%	0.2%	0.2%	0.2%	0.7%	0.0%	1.3%	0.6%

Table 1: Uptake of COVID-19 vaccines by locality (based on where the person is registered with a GP). Source - NHS Greater Manchester. Data as of 26 October 2023.

26. Data are not yet available on inequalities in uptake by geography, ethnicity, gender, or deprivation. Data on flu uptake are also not yet available but are likely to be similar to COVID-19 vaccine uptake.
27. We are in the process of preparing a bid for 'access and inequalities' funding from NHS Greater Manchester. This is intended to support activity to reduce inequalities in vaccine uptake. We plan to involve the five neighbourhood public sector leadership teams, as well as supporting extra calls, texts, and letters to residents promoting vaccination.

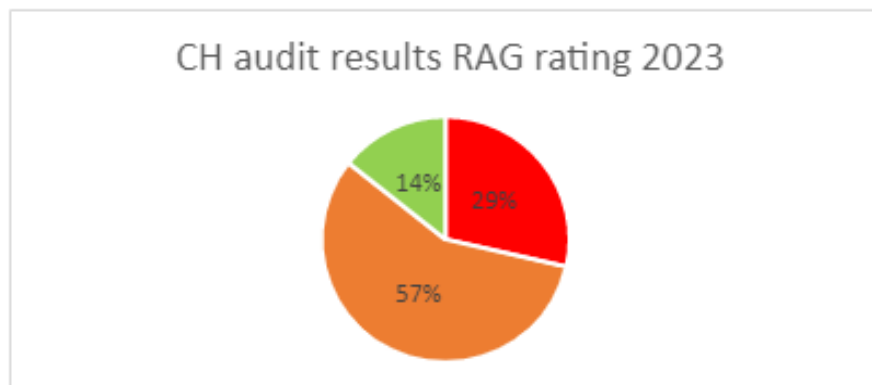
Measles, mumps, and rubella (MMR)

28. Uptake of the MMR vaccine has been falling, both in Bury and nationally since around 2015/16. Measles is highly infectious so the fall in vaccination rates means that large outbreaks are increasingly likely. Bury experienced a 'near-miss' this year, with a small outbreak of five cases of measles in April-May. This was traced back to a child who was too young to have been vaccinated who had travelled abroad on holiday. Fortunately, no further cases have been reported since.
29. The public health team in Bury and its partners across the council, wider health system and partners took a range of actions to reduce this risk. These have included:
- Sharing communications with GPs and schools and early years settings highlighting the risk of measles, its potential consequences for those infected, and asking parents to check their children's vaccination status and contact their GP practice to catch up, and to phone ahead if attending a healthcare setting with someone who may have measles;
 - Briefing local GPs on the situation, the typical clinical presentation of measles, the importance of diagnostic swabs and prompt notification of possible cases to UKHSA, the importance of isolation of possible cases, and on practices' MMR uptake statistics;
 - Working with the Bury GP Federation to provide practices with lists of patients whose records suggest they have missed one or both MMR doses;
 - A wide range of work led by the school-aged immunisations team to offer catch-up MMR vaccination to secondary school children, including outreach work with local faith communities and gypsy and traveller communities; and
 - 28 MMR catch-up clinics offered through primary care networks at four sites across Bury with the Bury GP Federation supporting three of the four sites. This resulted in 429 people being vaccinated, many from deprived and under-served communities.

30. We are planning to submit a bid for funding from NHS Greater Manchester to continue this work. If successful, we plan to start focusing on those aged 19-30 along with younger cohorts. This is because the children who missed out on vaccination due to the MMR scares in the early 2000s are likely to be in their mid-20s now and may not know they are not protected from measles.

Care home infection prevention and control audits

31. The IPC Team also conducts infection prevention and control audits in care homes and other settings. Due to limited capacity, the team has been focusing on care homes, and those care homes in particular that have had the most outbreaks or other IPC issues identified, or where there were wider issues such as adverse CQC inspections.
32. Seven settings have been audited with a couple requiring multiple visits due to ongoing concerns. The chart below shows results from care audits which are RAG rated (Green = 92-100%, Amber = 71-91%, Red = 0-70%)



GP Practice infection prevention and control audits

33. One GP Practice has been audited on site due to them choosing to suspend minor surgery due to poor compliance with the last IPC audit in 2017. The minor surgery facilities were refurbished in spring 2023 and the team was requested to reaudit in April 23 with the practice receiving a green rating and minor surgery recommencing.
34. Other practices were asked to self-audit using a GM GP Practice IPC audit tool sent to practices so that the team can concentrate on Care Home audits. Only five audits returned to date with no major issues identified and other practices have been reminded to return the audits.

Quality improvement activities

35. The Greater Manchester Health Protection Strategic Confederation brings together health protection leads from across the city region. Part of its function has been to facilitate continuous improvement across the Greater Manchester health protection system.

36. Throughout 2020-22 the IPC Team developed improved systems for tracking and managing outbreaks, including risk assessment and identifying lessons from outbreaks.
37. In 2022, we did a stock take of our health protection arrangements, drawing on the Association of Directors of Public Health 'What Good Looks Like' document for health protection. This identified some areas for improvement around coordination with local TB services. These were common to other areas and are being addressed at GM level.
38. We are about to start a peer review of our health protection arrangements, partnering with Wigan Council. This will give us the opportunity to have our arrangements reviewed by a critical friend and identify further areas of improvement. Our aim is to complete this work by the end of 2023.

Key Issues for the Board to consider: For information only

Community impact/links with Community Strategy

Equality Impact and considerations:

Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to -

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;*
- (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;*
- (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.*

The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services.

Equality Analysis	<i>Please provide a written explanation of the outcome(s) of either conducting an initial or full EA.</i>
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Work in health protection helps to reduce inequalities. This includes both reactive work, which prevents the spread of infectious diseases, and proactive preventative work.

The focus on adult social care settings reflects the significant vulnerability of this group to infectious diseases, and helps to support healthy ageing and reduce the increased burden of ill health experienced by older people.

Reducing inequalities in vaccine uptake is central to the work described here. If successful this will reduce inequalities in vaccine preventable disease.

**Please note: Approval of a cabinet report is paused when the 'Equality/Diversity implications' section is left blank and approval will only be considered when this section is completed.*

Legal Implications:

To be completed by the Council's Monitoring Officer

Financial Implications:

To be completed by the Council's Section 151 Officer

Report Author and Contact Details:

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Background papers:

Please include a glossary of terms, abbreviations and acronyms used in this report.

Term	Meaning
ARI	Acute respiratory infection
D&V	Diarrhoea and vomiting
iGAS	Invasive Group A Streptococcus, a serious bacterial infection
IPC	Infection Prevention and Control
MMR	Measles, Mumps, and Rubella
PCN	Primary Care Network
TB	Tuberculosis
UKHSA	UK Health Security Agency