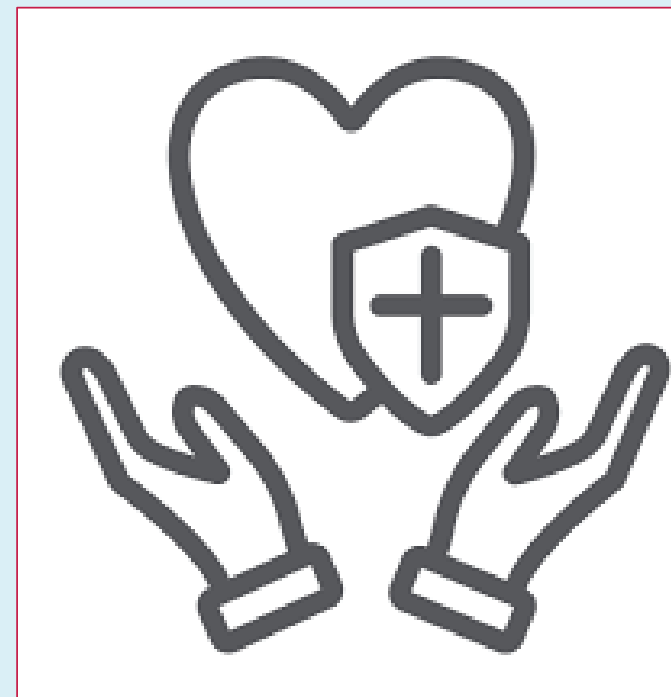


# Health Protection Annual Report 2024, Public Health

September 2023 – September 2024

## Document approval

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# Introduction and Background

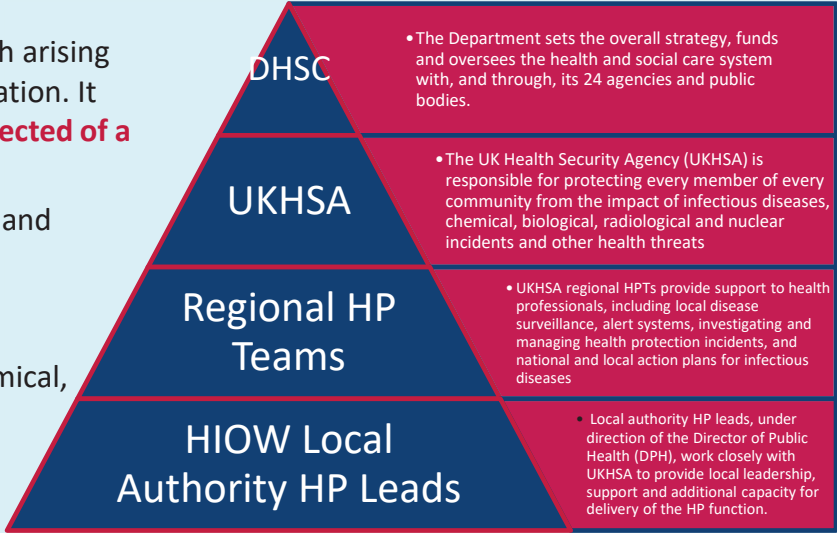
The [Director of Public Health has a responsibility](#) under the [National Health Service \(NHS\) Act 2006](#) and the [Health and Social Care Act 2012](#) to provide assurance to the Local Authority on the adequacy of prevention, surveillance, planning and response to reduce the harm from health protection issues that affect Southampton residents. Local Authorities have a critical role in protecting the health of their local population, both in terms of helping prevent threats arising and in ensuring appropriate responses to incidents that present a threat to the public's health.

Health Protection is a term used to encompass a wide range of activities within public health aimed at protecting the population from both infectious diseases, and non-infectious threats to health, such as chemicals or extreme weather conditions. Under the [Civil Contingencies Act \(2004\)](#) SCC is a Category One responder which places a legal duty on the organisation to respond to major incidents and emergencies. Directors of Public Health have a wider health protection role in supporting the UK Health Security Agency (UKHSA), which is the lead agency responsible for delivery of the specialist health protection function, with the management of incidents and outbreaks within their local authority area. This requires close collaboration and communication both regarding emerging health protection issues and in response to any individual situation.

### Scope of Health Protection

[Health protection practice](#) aims to prevent, assess and mitigate risks and threats to human health arising from communicable diseases and exposure to environmental hazards such as chemicals and radiation. It covers an extensive range of exposures, risks and diseases. **Core health protection functions expected of a local health system include:**

- Emergency Preparedness, Resilience and Response (EPRR)
- Communicable disease control
- Risk assessment and risk management
- Risk communication
- Incident and outbreak investigation and management
- Monitoring and surveillance of communicable diseases
- Infection Prevention and Control (IPC) in health and social care and other settings e.g. schools etc
- Delivery and monitoring of immunisation and vaccination programmes
- Environmental public health and control of chemical, biological and radiological hazards
- Responding to European Centre for Diseases Prevention and Control and the World Health Organisation (WHO)



# Report Structure

## The Structure of this 2023-24 report

This report documents the progress made by the Health Protection Board during September 2023-24. It is structured around the three strategic aims, **‘Prepare, Respond and Build’**, set out by UKHSA [UKHSA 3-year strategic plan](#) published August 2023. The report aims to concisely draw together some of the key work undertaken in relation to the health protection function across the city, in order to provide assurance, highlight risks, challenges and priorities, as well as inform planning for the future. Where possible links to supporting documents are provided to avoid reproducing information that is available in more detailed studies and reports elsewhere.

## Aim of report

The purpose of this report is to **provide the Director of Public Health DPH, Health Protection Board and Health and Wellbeing Board (HWBB)** with an update on **health protection assurance arrangements and activities in Southampton** over the last year.

## Objectives

The objectives of the report are to:

- Report on **activity** and **key developments nationally** and **locally** relating to health protection.
- **Capture** Health Protection Board (HPB) activity.
- **Reflect on situations** and issues that have arisen over the last year.
- **Summarise work undertaken** to develop and **maintain preparedness** and **reactive capacity**
- **Inform** and **shape priorities** for the coming year.
- **Highlight** key **issues and risks**.

## UKHSA Strategic Priorities 2023/26



# Health Protection Remit of SCC Public Health Team

## Delivery of the Health Protection Function

The Health Protection Function is delivered by a range of organisations in Southampton. Local authorities (LAs) and Directors of Public Health (DsPH) have a statutory role to maintain an oversight function, ensuring plans are in place to mitigate health protection risks for their population, and to support the health protection response work of the UK Health Security Agency (UKHSA) actively planning for and leading the local response to health protection incidents and emergencies. Category one responders are also responsible for warning and informing and advising the public, The Emergency Preparedness Resilience and Response (EPRR) lead on emergency planning and business continuity both internally and externally and coordinate multi-agency planning and response via the Local Resilience Forum (LRF). EPRR hold multiple plans and link with the Local Health Resilience Partnership (LHRP) as well as colleagues in Port Health and Environmental Health (EH). The Integrated Care Board (ICB) also has responsibility for elements of health protection, and as a Category 1 responder, work closely with relevant partners to exercise and prepare for infections, environmental, radiological and chemical emergencies. The ICB also employs an Infection Prevention and Control Team (IPC) with capacity in Southampton part-funded by the public health grant. NHS England is responsible for commissioning and quality assuring population screening and immunisation programmes.

During the COVID-19 pandemic, like many Local Authorities, SCC Public Health Team rapidly expanded the Health Protection capacity, with fixed term posts and reprioritisation of existing team responsibilities, to undertake the significant volume of work generated in response to the pandemic. Since then, national Covid-19 funding for Local authorities has come to an end. The health protection team has reduced in size and shifted their focus from reactive response to broader health protection issues. Alongside this the team has sought to embed learning from the pandemic and vital health protection, infection prevention and control (IPC) and emergency planning capacity and skills across the team to maintain resilience and ensure readiness for any future pandemic response. They continue to contribute

**In summary, the health protection remit of the Southampton City Council (SCC) public health team is:**



**1. EPRR** – HP Incident response, planning, training and exercising, stakeholder relationships and capacity building.



**2. Advice/Scrutiny/Challenge** – Commissioning, programme performance.



**3. Comms** – Cascading information, warn and inform, providing specialist advice and support to senior officers, elected members, colleagues, residents and high-risk settings e.g. *Infection Prevention & Control (IPC)*.



**4. Maintaining a watching brief** – Surveillance, attending briefings, engagement.



**5. Supporting outbreak control** – attending IMT's, providing local intelligence.



**6. Infection prevention and control** - Supporting health and social care sector and other settings e.g. schools etc as well as cascading of information and providing education webinars and forums.

# Local Health Protection Assurance and Quality Standards

The DPH is a statutory chief officer of their authority, accountable for the delivery of public health responsibilities, and the principal adviser on all health matters to elected members and officers, with a front-line leadership role spanning all 3 domains of public health – health improvement, health protection and healthcare public health.

The [DPH also has a vital system leadership role](#), working closely with place-based organisations in efforts to secure better public health. The DPH will raise health protection risks with relevant, responsible agencies and is responsible for briefing the [Health & Wellbeing Board](#), a strategic partnership between the council and the NHS, who aim to improve the health and wellbeing of residents. Their key mechanism for the DPH to gain assurance for health protection is via the Southampton City Council Health Protection Board (HPB), alongside specialist boards within the wider HIOW ICB and NHS England footprint, such as the Screening and Immunisation Oversight Group (SIOG).

Local health protection systems should ensure that organisational and system-level governance arrangements are in place to assure and improve the quality of services provided to protect health.

The following specialist health protection areas and quality standards have been identified to meet local priorities and aspirations:

1. Immunisation
2. Infection Prevention and Control (IPC)
3. Environmental Hazards and public health (and control of chemical, biological and radiological hazards)
4. Emergency Planning Resilience and Response (EPRR)
5. Communicable Disease Control
6. Risk Communication

The HPB agenda is planned to ensure that all specialist health protection areas are reviewed and discussed in HPB meetings throughout the year, which then enables members to seek assurance on their status and the progress made in managing issues and risks. Assurance is achieved through a combination of in-depth discussion on specific agenda items and through the performance monitoring section of the meeting.

SCC data and intelligence team have developed a [Health Protection Dashboard](#) which compiles a range of publicly available health protection data into an easy to navigate platform accessible to professionals, businesses, the voluntary sector, citizens and communities.



# Local Health Protection Assurance and Quality Standards (specialist areas)

No	Key Outcomes/Aims for SCC Health Protection Function	Key Indicator(s)	Assurance Mechanism/Lead
<b>Specialist Area 1: Immunisation</b>			
1. A	Children are protected against key vaccine preventable diseases by immunisation	<a href="#">Pertussis vaccine uptake</a> amongst pregnant women. (RSV vaccine from Sep 2024)	HIOW SIOG
		Call and recall arrangements implemented.	HIOW SIOG
		Achieving target immunisation coverage for all childhood vaccine preventable diseases. <a href="#">COVER</a>	HIOW SIOG
		<a href="#">Seasonal influenza vaccine uptake</a> in children of primary school age.	HIOW SIOG
1. B	Transmission of Hepatitis B and Hepatitis C is minimised	Achieve high rates of HBV vaccination coverage in all high-risk groups, (NICE QS65).	HIOW SIOG
1. C	Reduce transmission of TB, including drug resistant TB	BCG newborn vaccination programme	HIOW SIOG
1. D	Older adults are protected against key infectious diseases through vaccination (focus on prevention in aspects of HP)	Uptake of Covid-19, influenza, pneumococcal and shingles vaccines *RSV vaccine from Sep 2024	HIOW SIOG
1. E	Reduced inequalities in vaccine coverage across communities	Achieve high vaccination and immunisation coverage in all clinical risk groups (including flu vaccination as per NICE <a href="#">NG103</a> [15]); in communities with known low uptake; and, in under-served populations including, for example, migrants, people experiencing homelessness, and traveller communities.	HIOW SIOG
<b>Specialist Area 2: Infection Prevention and Control (IPC)</b>			
2. A	Spread of common infections amongst children is reduced through hand and respiratory hygiene	Local audit of promotional activities. Delivery of training on educational sector outbreak packs. Monitoring outbreaks via UKHSA dashboard	ICB IPC and SCC PH
2. B	Reduce transmission of TB, including drug resistant TB	Participation in quality initiatives including TB cohort review in high-incidence areas.	ICB TB leads / SE TB Control Board / HIOW Cohort review
		Arrangements in place to support TB patients with social risk factors during diagnosis and treatment including those who are homeless and those with no recourse to public funds.	ICB TB leads / SCC PH / HIOW Cohort review
2. C	Minimise harm by preventable health and social care associated infections	Rate of health care associated Gram Negative Blood Stream Infections - MRSA, <i>C. difficile</i> and E.coli bacteraemia; PHE Fingertips.,	ICB IPC team
2. D	Reduce harms and long-term risks from antimicrobial resistance	12-mth rolling totals of numbers of prescribed antibiotic items, as per <a href="#">STAR-PU</a> , by ICB in England. Progress against AMR strategy	HIOW ICB Medicines optimisation team & ICB IPC team
2. E	Assurance of Infection Prevention and Control expertise and support to health and social care settings.	Number of care home outbreaks supported by local IPC teams	ICB IPC team

# Local Health Protection Assurance and Quality Standards

No	Key Outcomes/Aims for SCC Health Protection	Key Indicator(s)	Assurance Mechanisms/Lead
<b>Specialist Area 3: Environmental Hazards and public health (and control of chemical, biological and radiological hazards)</b>			
3. A	People live and work in areas with good air quality	Health is included as a key consideration in local plans to reduce exposure to air pollution in line with NICE QS181 and NG70 [18,19].	SCC AQAP, Annual Status Report
3. B	Health is included as a key consideration in local plans to reduce exposure to air pollution in line with NICE QS181 and NG70 [18,19].	Fraction of mortality attributable to particulate air pollution - <a href="#">PHE Fingertips</a>	TBC
3. C	Foodborne and Waterborne illness	Environmental health team response to local situations and delivery of Food Hygiene Inspection Programme.	Environmental Health lead
3. D	Control of infectious disease on board incoming vessels and preventing the introduction into the country of dangerous epidemic, contagious and infectious diseases and ensuring wholesomeness of imported food.	Port Health monitoring and responding to Maritime Declarations of Health	Port Health lead
<b>Specialist Area 4: Emergency Planning Resilience and Response (EPRR)</b>			
4. A	Meet the requirements set out in the Civil Contingencies Act 2024 to ensure sufficient oversight of risks and preparedness.	EPRR are active members of the LRF, inputting to core work streams and forums , including training and exercising, risk and planning, the LHRP and HPB. PH are given opportunity to participate in system wide preparedness work. Public Health are kept sighted on any health risks and notified (and supported) of incidents (in and out of hours).	EPRR lead
<b>Specialist Area 5: Communicable Disease Control</b>			
5. A	Minimise the harm caused by outbreaks and incidents	The local LHRP, with its health protection assurance function, sits within the local governance and assurance framework, has clarity of responsibility and a written protocol / plan is in place for the management and governance of local outbreaks and incidents.	LHRP
		There is a documented agreement that funding disagreements will not lead to delays in delivering interventions.	LHRP
<b>Specialist Area 6: Risk Communication</b>			
5. A	The public and partner organisations are informed about emerging threats to health.	Local review of the planned and reactive comms campaigns that are undertaken.	Communication Lead / SCC PH

Guidance documents that have helped inform the development of our approach and health protection priorities locally include:

1. [What Good Looks Like for High Quality Local Health Protection Systems](#)

2. [Directors of Public Health in Local Government: Roles, Responsibilities, and Context](#)

3. [Functions and Standards of a Public Health System](#)

4. [Policy Position: What we say about... Health Protection](#)



## Related Areas

There are several public health services and programmes that are closely related to and may overlap with the Health Protection portfolio, but do not fall within the Governance and assurance of the Southampton Health Protection Board (HPB). These include:

- Sexual Health including Sexually Transmitted Infections (STI's)
- Substance use, including associated risks of blood borne viruses (BBV's)

*The SCC Health Protection Team link up with relevant leads overseeing these areas to exchange information and identify any shared opportunities to promote and improve services, as well as ensuring that we are alerted to any emergency problems.*

# Progress on priorities from previous HPAR – 2023

## Key: RAG Rating (self-assessment)

- Red – limited/no progress on priority
- Amber – moderate/some progress on priority
- Green – significant/full progress on priority

In the last Health Protection Board report (2023) the Health Protection Board committed to improving all work streams and identified six priorities to be addressed in order for the Director of Public Health (DPH), on behalf of the local authority, to be further assured that suitable arrangements are in place in Southampton to protect the health of the population.

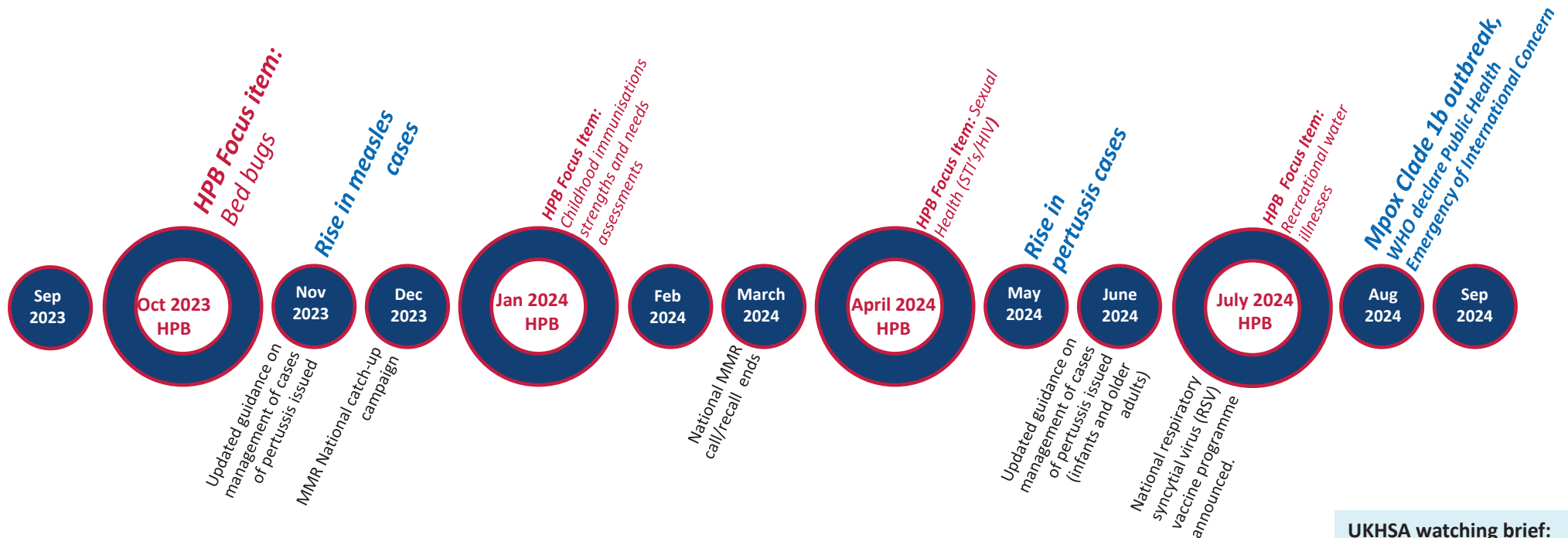
No	Priority	RAG Rating	Status update
1.	<b>Pandemic Flu/outbreak response plans:</b> The health protection team will work with emergency planning colleagues to undertake a review of, and update, existing pandemic flu and outbreak response plans to ensure that arrangements are streamlined and align with national and regional arrangements.		<i>Plan review is underway. Existing Pandemic Flu plan to be reworked and replaced by a single pandemic framework, also incorporating learning from COVID. Pandemic exercise to be timetabled for autumn 2024.</i>
2.	<b>The Reactor Emergency Plan (REPPiR):</b> The Reactor Emergency Plan (REPPiR) is also due to be updated in 2023. Updated public information for the detailed emergency planning zone (DEPZ) for residents and businesses which will be reissued in Summer 2024 as per the three-year cycle. The outline planning zone (OPZ) public information is due to be reissued in October 2023.		<i>The Reactor Emergency Plan is currently under review, due to be consulted on this Autumn. Three yearly exercise scheduled for 2nd October 2025 (Portsmouth focused this time). This will likely be an SCG level exercise with a STAC and Media Cell. <a href="#">The Public Information leaflet</a> for those in the 5km Outline Planning Zone was reissued in November 2023. The Public Information leaflet for residents and businesses within the 1.5km Detailed Emergency Planning Zone is currently being reviewed and due to be issued shortly. This leaflet is printed and posted to all residents and businesses within the zone.</i>
3.	<b>Air quality:</b> The health protection team will be working with lead SCC air quality officers in supporting an air quality healthcare professional engagement project.		<i>Clean Air Clinical Champions project commissioned by SCC and delivered by Global Action Plan and the Environment Centre progressing well. Currently over 50 champions recruited to the network.</i>
4.	<b>Climate change:</b> A climate change health impact assessment will be scoped out to bring focus to the significant health threats presented by climate change and consider what this means for Southampton. The team will also be undertaking a rapid literature review into open water swimming and infectious disease risks.		<i>Open water swimming rapid evidence review completed and published on Southampton Data Observatory (<a href="#">Recreational Use of Open Water</a>) Climate Change health Impact Assessment planned to commence Autumn 2024.</i>
5.	<b>Childhood Immunisations Strengths and Needs Assessment (CHISANA)</b> Findings and recommendations from the CHISANA will be shared with the health and wellbeing board (HWB) in March 2024.		<i><a href="#">CHISANA</a> was shared and signed off by the HWBB in March 2024. See <a href="#">summary report</a>. The findings and recommendations identified are being used to inform and drive forward action across the system to improve uptake of routine childhood immunisations for Southampton.</i>
6.	<b>Reactive capacity</b> Continuing to react to and provide additional capacity to health protection situations and incidents will remain a priority, including working with agencies to share latest information and good practice.		<i>The DPH is informed of outbreaks, incidents and exceedances via email alerts and represented at all local outbreak control meetings. SCC Public Health colleagues continue to attend key EPRR forums as well as participating in training and exercises and inputting to the development of plans and procedures that will support a response. Key communicable diseases this year have included measles and pertussis.</i>

# Priorities – 2024/25

The Health Protection Board remains committed to improving all work streams within available resources. The following nine priorities have been agreed for 2024-2025 by the Health Protection Board as priority issues to be addressed.

No	Priority
1.	<b>Assurance of specialist areas:</b> continue to monitor the performance of specialist areas (see assurance measures on slides 6 and 7), identify risks, ensure mitigation is in place and escalate, as necessary.
2.	<b>Communicable disease control:</b> actively participate in the prevention, preparedness and management of outbreaks and incidents with partner agencies to slow down and prevent the spread of communicable disease and manage environmental hazards.
3.	<b>Warn and inform:</b> Continue to ensure that the public and partner organisations are informed about emerging threats to health.
4.	<b>Immunisation uptake:</b> help improve immunisation uptake and reduce inequalities in uptake through the following: inputting to the HIOW MMR Oversight Group and Screening and Immunisation Oversight Group (SIOG), contributing to the development of local vaccination delivery plans, implementing the findings and recommendations from CHISANA, joint working with commissioners, providers, and communities to take collaborative action to expedite improvements and amplify local communications.
5.	<b>TB Pathways:</b> improve pathways and governance for tuberculosis cases, particularly for residents with no recourse to public funds.
6.	<b>Pandemic readiness:</b> retain capacity to respond to threat of a future pandemic by finalising a local pandemic framework and undertaking a pandemic Exercise.
7.	<b>Collaborative working:</b> maintain collaborative system working with key partners across the system.
8.	<b>Antimicrobial resistance (AMR):</b> contribute and support ongoing system wide efforts to counter the growing threat of AMR.
9.	<b>Climate change:</b> undertake a Climate Change health Impact Assessment ( <i>Scoping in autumn 2024 and planned to commence spring 2025</i> ).

# High level timeline



## Key:

- Health Protection Board meetings and focus items
- Notable rise in cases
- Health protection campaigns and/or policy updates

## UKHSA watching brief:

- Avian Influenza
- Measles
- Mpox
- Covid-19
- Seasonal Flu

# Prepare

# Preparedness

**Preparedness** involves ensuring that we, as an organisation, and our partners are **prepared for future health threats** that we might face, be that new emerging infectious diseases or increasing threats from climate change and extreme weather.

We do this in multiple ways including:

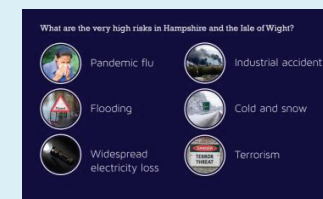
- Working closely with key partners on initiatives, such as **routine vaccination programmes**.
- **Maintaining readiness to respond** by undertaking training and attending exercises to explore key scenarios including
- Inputting to the **development and delivery of response plans** locally.
- **Participating in** and inputting to the work of the **Local Resilience Forum (LRF)** including attending LHRP meetings and relevant Working on Tuesdays (WOT) sessions.
- Receiving, assimilating and disseminating **stakeholder cascades** from UKHSA.
- **Monitoring latest data and surveillance reports** including the weekly Notification of Infectious Diseases (NOIDS) report, COVID-19 dashboard and COVID-19, influenza and other seasonal respiratory illnesses surveillance report.
- **Anticipating future threats** and hazards.

## Plans, policies and Standard Operating Procedures (SOPs)

The following policies and plans were developed and updated in 2023-24 period.

- **Southampton City Council Pandemic Plan - Updated July 2024:** The existing Southampton City Council Pandemic Flu plan has been replaced by a pandemic response framework. This aims to provide the council with a generic and flexible response to any type of human pandemic.
- **Cold weather and heatwave plans - Updated June 2024:** A new national Adverse Weather and Health Plan (AWHP) was published by UKHSA in April 2023 and updated June 2024. The SCC heatwave plan and cold weather plan have been reviewed and combined into a Joint Adverse Weather and Health Plan.
- **Public Health Incident Management Plan (IMP) –September 2024:** A PH Incident Management Plan (IMP) has been developed. This plan sets out the overarching generic framework and structure required to support the PH team to respond to any type of public health related incident at a local, national or international level.

<https://documents.hants.gov.uk/emergencyplanning/CommunityRiskRegisterbooklet.pdf>



# Partnership Working

Many different stakeholders have a role to play in the delivery of Health Protection. The pandemic highlighted how crucial trusted relationships are at times of crises, and how much can be achieved when individuals and organisations come together to work towards a shared objective. Fostering and maintaining these relationships is an important aspect of the local authority health protection function. Our approach to the delivery of health protection reflects this. As a team we work to maintain relationships with key partners across many different areas.

Key mechanisms for achieving this are **The Health Protection Board (HPB)**, which brings together stakeholders from across the city to consider local health protection issues, and **the Local Resilience Forum (LRF)** which includes emergency services, councils, businesses and voluntary organisations from across Hampshire and Isle of Wight (HIOW).

We also engage with a range of stakeholders via other forums and groups including:

- The University Oversight Group (UOG)
- The Local Health Resilience Partnership (LHRP)
- Health Protection Leads Screening and Immunisation (SIT) meeting
- HIOW MMR uptake oversight group
- UKHSA HP West of Region/Southeast Forum
- DsPH Regional meeting (via DPH as required)
- HIOW Flu operational delivery group
- GP reference group ( as required)
- HIOW ICB Migrant working group – (Asylum seekers and refugees)
- Environmental health meetings
- UKHSA TB Meetings, Cohort review, SE TB board, Southampton TB Commissioning meetings.
- Education Oversight Group (EOG)
- HIOW ICB IPC network meetings
- SCC Adult health and Social Care Quality and Safeguarding meetings

Attending these forums helps to ensure that:

- We **retain** and continue to **develop relationships** with key partners.
- Share and keep abreast of good practice
- Have oversight of developing issues and intelligence.
- Work collaboratively towards shared goals.

<https://www.hants.gov.uk/community/localresilienceforum>

# The Health Protection Board (HPB)

The **Southampton Health Protection Board (HPB)** is a collaborative forum that brings together key partners from across the city. It retains **oversight of health protection related indicators**, **reviews specific issues** of concern related to health protection for local people with a view to **investigate or escalate as required**. The HPB enables strong relationships between all agencies to be maintained and developed to provide a robust health protection function in Southampton. Throughout 2023-2024 the HPB continued to provide a forum for professional discussion of health protection plans, performance, risks and opportunities for joint action.

Southampton City Council (SCC) and the Director of Public Health (DPH) have a critical role in protecting the health of its population. To carry out this role the DPH works in partnership with key system partners via the Health Protection Board (HPB). **The HPB is chaired by the Public Health Consultant lead for health protection on behalf of the DPH**. The **HPB is accountable on matters of Health Protection** to the Southampton City Council Health and Well Being Board (HWBB). Where appropriate (where matters involve wider partners), the board will liaise closely with the Local Health Resilience Partnership (LHRP).

The HPB provides a forum for discussing strategic and operational health protection issues; reviewing outbreaks and incidents; and learning lessons identified. It also provides a forum where cross-organisational issues can be discussed and solutions identified; as well as providing a forum to share national guidance, local intelligence and maintain oversight of key risks.

The HPB meeting four times a year. It is **attended by a core group of members from UKHSA, SCC, the two Southampton universities, Southampton Voluntary Services (SVS), Emergency Planning, ICB infection prevention and control, and University Hospital Southampton (UHS)**. Other 'wider members' are invited to attend as required. The format of the meeting follows a standard agenda with a focus item each quarter. The HPB seeks assurance on six key strands of activity including:

1. Immunisation programmes
2. Infection Prevention and Control (IP&C)
3. Environmental Hazards and public health
4. Emergency Preparedness and response to incidents and emergencies
5. Outbreaks and communicable diseases
6. Risk communication





# HPB Focus Items – Sep'23- Sep'24

## Bed bugs update – HPB December 2023

- Bedbugs are small insects that often live on furniture or bedding. Their bites can be itchy, but do not usually cause other health problems.
- Bed bugs can affect hotels and cruise ships, as well as residents' home, particularly social housing and tower blocks. Bedbugs can live in the cleanest of homes and can survive without warmth and food sources for some time. They can be carried on clothing, luggage and furniture. Exterminating them can be difficult requiring fumigation by a professional which can be very costly. Southampton public health and comms team supported the development of a bedbug campaign with environmental health to raise awareness of the signs, symptoms and treatment of bedbugs following a period of increased bedbug outbreaks. This was an opportunity to raise awareness amongst HPB partners.



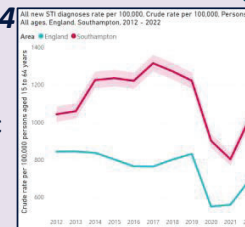
## Childhood immunisations Strengths and Needs Assessment (CHISANA) – HPB January 2024

- A comprehensive Childhood Immunisation Strengths and Needs Assessment (CHISANA) with a focus on immunisations in children aged 0-5 years living in Southampton has sought to understand why uptake rates of childhood immunisation are declining and, consider what practical and immediate action can be taken to address the issues that may be contributing to this.
- Key findings, including highlighting some of the work that is already undertaken to commission and deliver immunisations in Southampton as well as key recommendations and opportunities to positively influence uptake were shared with HPB partners. Completion of the report came at a time of recent and ongoing outbreaks of measles in London and the West Midlands. The needs assessment is being used to drive work to increase uptake across the system.
- [Childhood immunisations \(southampton.gov.uk\)](https://southampton.gov.uk) and [CHISANA Summary Report](#)



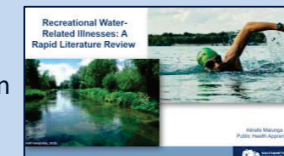
## Sexually Health - Transmitted Infections (STI's/ HIV) – HPB April 2024

- STI testing and diagnoses fell during the pandemic.
- There has been a national focus on testing and service recovery; testing rates have increased but STI diagnosis rates have not yet recovered to pre-pandemic levels.
- Young people experience the highest diagnosis rates of the most common STIs, potentially due to higher rates of partner change.
- Diagnosis rates were higher in people of black ethnicity, with particularly high rates amongst those of black Caribbean ethnicity – previous research suggests this is due to underlying socio-economic factors rather than unique clinical or behavioural factors.
- Diagnosis rates were higher and increasing in GBMSM for specific infections (including gonorrhoea and less frequently reported STIs).
- Reviewing data at the HPB with partners provided an opportunity to consider training opportunities as well as promotion of key sexual health prevention messages and services within the student and wider population. [www.letstalkaboutit.nhs.uk](http://www.letstalkaboutit.nhs.uk)



## Recreational Water Illnesses– HPB July 2024

- Open-water swimming, where individuals swim in recreational waters such as lakes, rivers, and seas, is becoming increasingly popular in the United Kingdom (UK) (Outdoor Swimmer, 2021). There is developing evidence regarding the benefits of engaging with natural aquatic environments, often called 'blue spaces', on people's health and wellbeing, with associations of enhanced mental well-being and increased opportunities for social interactions and physical activity (Oliver et al., 2023)
- However, the absence of disinfectant properties in open water poses a risk to human health, individuals can be exposed to waterborne pathogens that may be naturally present in the aquatic environment or introduced through contamination from various sources of pollution: humans, sewage overflows, industrial activities, animals or wildlife; consequently, recreational water users may have a greater susceptibility to infectious disease transmission.
- The review, which was shared with HPB partners, evaluated results from epidemiological studies between 2000 and 2023 that explored evidence of illness and risk of illness. It also brought together evidence-based guidance. HPB partners were asked to support within signposting appropriate information to the public to mitigate risks.



# Communications Campaigns

**Communications, engagement** and **promotion** is a key aspect of Health Protection. This involves a combination of both council-led campaigns, where we produce organic content and artwork to reflect the identity and need of the local population, and national-led campaigns, where we publicise campaigns produced by The Department of Health and Social Care (DHSC), UKHSA and the NHS, cascading to key partners.

Communications colleagues work with Public Health, the Data Team and partner agencies across the city to ensure **campaign materials are tailored to the areas of need, ensuring that where possible, materials are accessible** and made **available in multiple languages**.

**Crisis communications** is also an important element of health protection communications. This requires a council-wide approach to developing key messages, drafting media statements and issuing press releases in response to a health protection risk, outbreak or emergency alert.

Multi-agency working plays a key part in health protection campaigns and our communication colleagues work closely with counterparts in HIOW ICB, NHS trusts, hospitals, Primary Care Networks (PCNs), neighbouring local authorities and third sector community organisations to help share important health messages across Hampshire and the Isle of Wight.

**Over the last year we have supported and delivered a number of health protection campaigns including:**

- Winter wellness – including winter vaccination programme (flu & covid), staying warm and Group A Strep
- Summer safety – including hot weather and heat wave alerts, sun safety, tick safety and travel vaccinations
- National catch up campaign for Measles Mumps and Rubella (MMR) and launch of the new Respiratory Syncytial Vaccination (RSV) vaccination programme.

The image shows a Facebook post from Southampton City Council dated 29 July. The post text reads: "UKHSA and The Met office issued a Yellow heat-health alert for the South East, until 9am on Friday 2 August 2024. Whilst we hope everyone can enjoy the sunshine, we are also advising people to be cautious when outdoors. Here's some top tips to keep safe and look after yourself and others in the hot weather: Keep hydrated by drinking plenty of water ... See more". Below the post is a poster from the UK Health Security Agency. The poster features a child drinking from a water bottle. Text on the poster includes "HOT WEATHER" in a pink box, "Look out for people who might struggle to keep cool" in a pink box, and "Older people, people with long-term health conditions and young children may need help keeping cool." in a white box. A thermometer icon is on the right side of the poster.

# Education and early years webinars

Southampton City Council hosted a series of Education Settings Winter Illness webinars for Educational Leads and Early Years providers. These were focused on gastrointestinal outbreaks, scarlet fever, and respiratory illnesses.

**The aim of the webinars was to:** Provide educational settings with **guidance and support** in relation to **managing outbreaks of infectious disease** to **minimise any potential impacts** and **disruption**.

## Objectives:

- **Highlight** and **explain** some of the **key advice, guidance** and **processes** contained with the UKHSA Education settings information packs. **Minimise any delays** to settings getting the appropriate advice and **taking necessary actions**.
- Ensure education settings **experiencing more serious outbreaks** are **appropriately supported**.
- **Standardise** outbreak **response processes**.
- Consider **key preventative measures**.
- **Signpost** useful information.
- Opportunity to **ask questions**.

Going forward SCC will continue to make a similar offer to Education Settings on a annual basis and by exception for specific diseases.



### The Educational Setting Outbreak Packs

#### Pack One – GI Outbreaks Pack

#### Pack Two – Scarlet Fever

#### Action Card – Respiratory Illness

**Respond**

# Situations and Incidents

An element of health protection involves **responding to situations and incidents** when they happen. Whilst **UKHSA regional Health Protection Teams (HPTs) lead on the response** to outbreaks, **SCC Health Protection team provide additional support** including local intelligence and insights. This might include:

- **Retaining oversight** of situation reports and surveillance and attending briefings to ensure intelligence is cascaded to key partners across the city.
- Providing a **rapid response** to incidents.
- **Cascading information** and guidance to key stakeholders.
- **Supporting communications** and engagement.
- **Briefing** senior officers and Councillors as required.
- Providing **Public Health advice** to colleagues and residents.
- Providing UKHSA with **local intelligence** and Insights to support and shape communications and response plans.
- **Responding to queries** from residents, colleagues and councillors.



## SCC Health Protection team activity

- Throughout the last year the Local Authority has worked closely with colleagues at UKHSA, in their lead role, to address a number and range of infections. The team have **responded to queries** and **provided advice** to a number of infectious diseases and/or concerns from the public.
- Examples include: **Scabies, TB, water quality, chickenpox, measles, norovirus and COVID-19.**

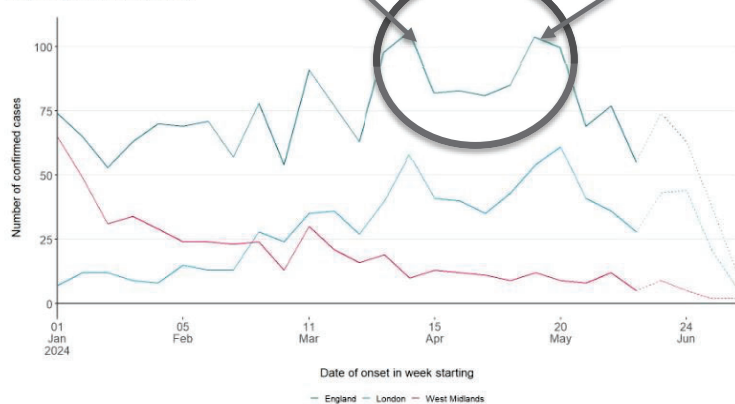
## Specialist IPC advice

- IPC advice has also been provided, to many external agencies by our **Senior Health Protection and Infection Prevention and Control Nurse Specialists**, including educational settings, businesses, Port Health, hotels, hostels and care homes.
- The team also **cascade UKHSA** and **NHS England national guidance on IPC** and many Infectious diseases especially to the Adult Social Care sector and other relevant settings.
- **IPC Advice and support** is also given on a day-to-day basis in response to outbreaks as well as many queries and concerns.

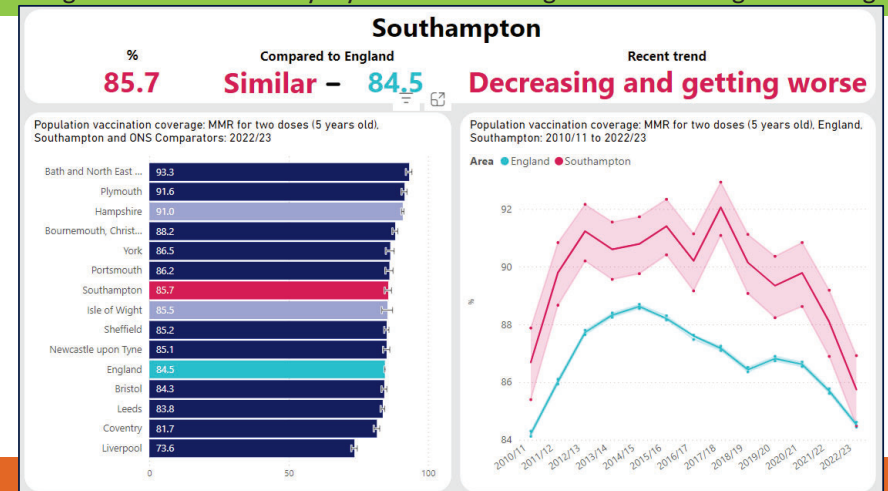
# Measles – vaccine preventable

- **Measles** is a highly infectious acute viral illness. It is a notifiable disease and vaccine-preventable.
- Global cases of measles are high due to poor vaccination coverage made worse by the Covid-19 pandemic. **Imported cases are therefore likely.**
- Vaccine has been available in the UK since 1968 but low coverage of population until MMR vaccine in 1988 and due to subsequent lower transmission, **unvaccinated children remain highly susceptible to measles infection**, and this continues to the present day
- Since 1 January 2024, there have been **2,012 laboratory confirmed measles cases reported in England (46% in London, 28% in the West Midlands, and 9% in East Midlands)**. 129 upper tier local authorities (UTLA) have reported at least one confirmed case with symptom onset since 1<sup>st</sup> January. **The majority of the cases, (62%), have been in children under 10 and young people and adults aged 15-34 (31%).**
- Since January 1<sup>st</sup> 2024, there have been 13 confirmed measles cases (as of September 2024) in Southampton. These have been travel-related with no sustained community transmission.
- **Measles cases peaked at the end of March 2024 and again at the end of April 2024.**

**Figure 2. Laboratory confirmed cases of measles by week of onset of rash or symptoms reported, London, West Midlands and England: 1 January 2024 to 15 July 2024 [notes 1 and 2]**



Vaccination with the MMR is key to **keeping the Southampton population safe**. MMR is part of the routine childhood immunisation schedule. Two doses are given – 1<sup>st</sup> at 12 months and 2<sup>nd</sup> at 3 years & 4 months of age. MMR can be given at any age to those who have missed it – **a catch up campaign continues**. The target for uptake is 95% of the population to protect everyone. In 2022/23 in Southampton in 90% of children had their 1<sup>st</sup> MMR by age 2 years but this drops to 86% of children having their second dose by 5 years. Both are higher than the England average



## Actions taken:

- SCC has conducted a **Childhood Immunisation Strengths and Needs Assessment** to understand factors that could help increase uptake of childhood immunisations, including MMR. Findings and recommendations are being used to inform action across the system. There is no single cause or solution and increasing uptake will require sustained action from multiple partners.
- The MMR oversight group is overseeing implementation of the HIOW MMR improving uptake plan.
- Training is being offered to the wider workforce to support promotion of vaccination an SCC is engaging with primary care on the issue.

## Priorities going forwards:

- Help improve immunisation uptake and reduce inequalities in uptake through the following: inputting to the HIOW MMR Uptake Group, contributing to the development of local vaccination delivery plans, including in the HIOW ICB response to the National Vaccine Strategy. Implementing the findings and recommendations from CHISANA, joint working with commissioners, providers, and communities to take collaborative action to expedite improvements and amplify local communications.

# Pertussis – vaccine preventable

- [Whooping cough](#), also known as pertussis, is a **highly contagious bacterial infection** that mainly affects the lungs and airways. Whooping cough is sometimes known as the 100-day cough because of how long it takes to recover from it.
- It spreads very easily and can be serious. **It's important for babies, children and anyone who's pregnant to get vaccinated against it.**
- Whooping cough can affect people of all ages and while it can be a very unpleasant illness for older vaccinated adolescents and adults, young babies who are too young to be fully protected through vaccination are at increased risk of serious complications or, rarely, death.
- Since 1 Jan 2024, there have been **5337 suspected cases in the South East: 2005 confirmed (to September 2024)**, compared with 858 cases for the whole of last year (2023).
- Of the 4992 cases with age information available, 61 (1.2%) were under 3 months old, 48 (0.9%) were 3-5 months old and 57 (1.1%) were 6-11 months old

- The pre-natal vaccination programme is the main route to protecting children from Pertussis.

In 2023/24, pertussis vaccine was offered in 100% of pregnancies at UHS and 83% accepted the vaccine. This compares very favourably with the [England average of 59%](#).

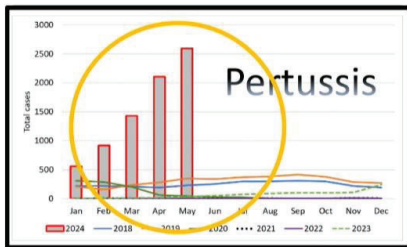
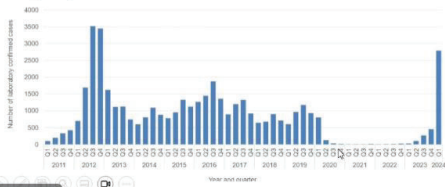


Figure 3. Laboratory confirmed cases of pertussis by quarter in England: 2011 to 2024 (note 1)



Age group	2018	2019	2020	2021	2022	2023	2024, cumulative to end May
Under 3 months	49	83	30	1	2	48	262
3 to 5 months	26	32	15	1	3	23	138
6 to 11 months	17	21	5	0	0	25	122
1 to 4 years	87	147	49	3	10	53	395
5 to 9 years	139	222	52	2	3	79	875
10 to 14 years	288	467	150	3	3	177	1,750
15 years and over	2,342	2,706	693	39	47	453	4,057
Total	2,948	3,680	994	49	68	858	7,599

UKHSA data reports 7,599 laboratory confirmed cases January to May 2024 (compared to 83 in 2023)

*In the 12 years prior to the introduction of maternal pertussis vaccination in October 2012, 63 deaths occurred in babies aged under one year with confirmed pertussis. Since the introduction of pertussis vaccination in pregnancy, from 2013 to the end of May 2024, there have been 29 deaths in babies with confirmed pertussis who were all too young to be fully protected by infant vaccination. Sadly, this includes 8 deaths in infants who had contracted pertussis between January and May 2024. Of the 29 infants that died, 23 had mothers who were not vaccinated in pregnancy.*

Confirmed cases of pertussis in England by month - GOV.UK ([www.gov.uk](http://www.gov.uk))

## Actions taken:

- SCC has supported UKHSA with cascading information to primary care. The Director of Public Health has also sent letters GP Practices and Midwives thanking them for their continued efforts in promoting and supporting vaccinations at every opportunity as well as sign-posting information and resources.
- IPC team have cascaded information to primary care and also to Adult health and social care sector as part of Occupational health requirements.

## Priorities going forwards:

- Continue to help support increased immunisation uptake working with colleagues across the system.

# Common Respiratory Infections - Covid-19, Flu, RSV

- **Covid-19** is a respiratory infection caused by SARS-CoV-2 virus. We continue to live safely with it alongside other respiratory infections, including **Influenza (flu)** and **Respiratory Syncytial Virus (RSV)**. This is reflected in current guidance [people with symptoms of a respiratory infection including Covid-19](#) and [living safely with respiratory infections, including Covid-19](#). The likelihood of being admitted to hospital directly due to coronavirus (COVID-19) is greatly reduced in the general population.
- Testing for Covid in healthcare settings is now mainly targeted at informing clinical care. Surveillance (testing) continues within acute hospital settings, and for people at higher risk of severe infection who may be eligible for anti-viral treatment. Genomic sequencing of hospitalised positive cases continues to help provide insight into emerging variants.
- The continued threat from new variants of Covid-19 and Flu are helpful reminders of the importance of aligning to our SCC living with Covid strategic objectives of retaining our agility and capability to respond within the SCC health protection, emergency planning, and wider council teams.
- RSV is a common respiratory virus that causes serious lung infections. Whilst it can occur at any age, the risk and severity of RSV and its complications are increased in older adults and in neonate and small babies and it has considerable impact on individuals and NHS services during the winter months.

There are steps we can all take to reduce the spread of infection, such as practicing good hygiene. Alongside this, **vaccination is the best line of defence for protecting the most vulnerable. The Covid-19 and Influenza vaccination** continues to be offered to those at most risk of severe infection as part of seasonal campaigns.

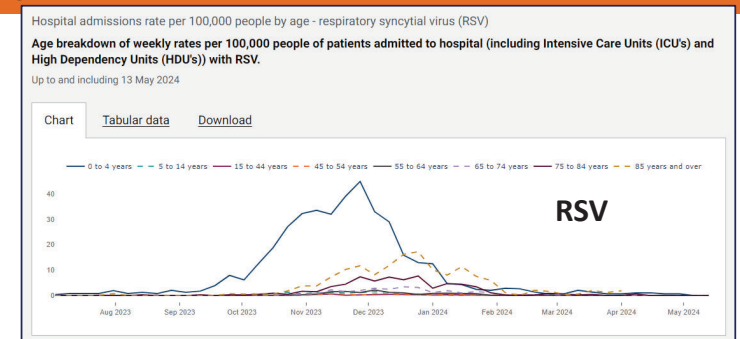
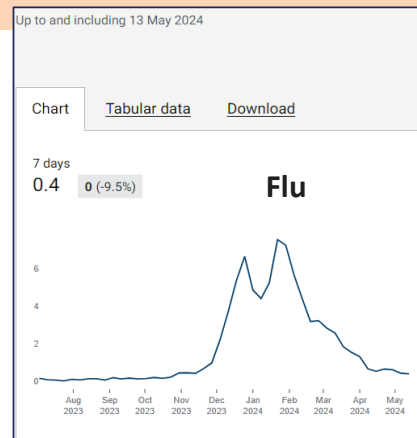
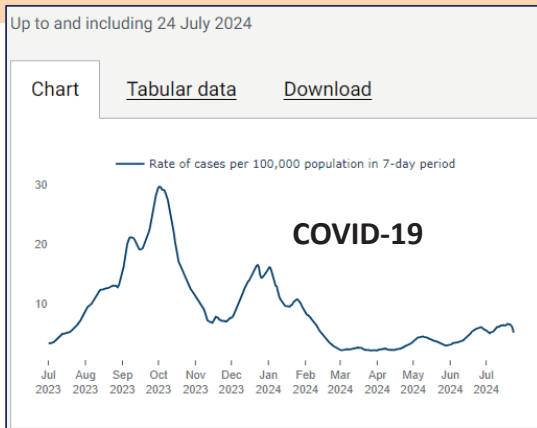
Following guidance from the Joint committee on Vaccination and Immunisation (JCVI), **2 new respiratory syncytial virus (RSV) vaccination programmes will be rolled out from 1<sup>st</sup> September 2024**, for older adults and during pregnancy for infant protection.

## Actions taken:

- SCC has supported comms campaigns to help promote vaccination to eligible groups and remind the population about the steps we can all take to minimise the spread of infection.

## Priorities going forwards:

- Continuing to support communications campaigns and inputting to system wide work to increase uptake across all vaccination programmes.



- \*In care homes LFD testing is still used to test the first five symptomatic residents in suspected outbreaks; testing is still used in symptomatic healthcare professionals caring for patients with severely weakened immune systems
- The [UKHSA data dashboard](#) shows public health data across England. It builds on the success and is an iteration of the COVID-19 UK dashboard. It presents a range of data on respiratory viruses.



# Mpox

**Mpox** is caused by the Monkeypox virus (MPXV) a virus from the same family as smallpox. Patients present with a rash illness which may be mild and localised, or severe and disseminated. There are two distinct clades:

- **Clade 2** is responsible for the global outbreak that began in 2022, and which has resulted in [a number of cases in the UK](#).
- **Clade 1** is considered more severe than clade 2, leading to it being currently classified by the world health organisation as a [high consequence infectious disease \(HCID\)](#). Historically clade 1 MPXV has been reported only in 5 central African countries. However, recent cases in additional countries within Central and East Africa mark the first known expansion of it's geographical range, heightening the risk of spread beyond the region. Evidence of sexual transmission of Clade 1 MPXV has emerged in the DRC.
- The World Health Organisation (WHO) has determined that the upsurge of mpox in the Democratic Republic of the Congo (DRC) and a growing number of countries in Africa constitutes a public health emergency of international concern (PHEIC) under the International Health Regulations (2005) (IHR). The WHO declaration which will release funding to accelerate vaccine access for lower-income countries and support surveillance, preparedness and response activities.

## About mpox

- Mpox is a rare disease that is caused by infection with monkeypox virus (MPXV). The virus is related to but distinct from the ones that cause smallpox and cowpox.
- Symptoms of mpox begin 5 to 21 days (average 6 to 16 days) after exposure with initial clinical presentation of fever, malaise, lymphadenopathy (swelling of lymph nodes/glands) and headache. Within 1 to 5 days after the appearance of a fever, a rash develops, often beginning on the face or genital area and it may then spread to other parts of the body. The rash is sometimes confused with chickenpox. It starts as raised spots, which turn into small blisters filled with fluid. These blisters eventually form scabs which later fall off. Most individuals experience a mild illness, with spontaneous and complete recovery within 3 weeks.
- Treatment for mpox is mainly supportive. However, severe illness can occur and sometimes results in death. The risk of severe disease is higher in children, pregnant women and immunosuppressed individuals i.e. it is centred around managing symptoms.

## Vaccination

- There is currently no vaccine licensed in the UK or Europe for immunisation against mpox. However, as mpox is related to the virus which causes smallpox, vaccines developed for smallpox are considered to provide cross-protection against mpox.
- Vaccination does not give full immunity but gives some protection against the most serious outcomes for all variants of mpox.

## Steps we can take to prepared and reduce risks:

- There are no cases of Clade 1 MPXV confirmed in the UK and the UK Health Security Agency (UKHSA) has assessed the current risk to the UK population as being low. However, planning is underway to prepare for any cases that we might see in the UK. This includes ensuring that clinicians are aware and able to recognise cases promptly, that rapid testing is available, and that protocols are developed for the safe clinical care of people who have the infection and the prevention of onward transmission.
- The Council Public Health team will monitor this situation as it evolves. We are working with our partners, including UKHSA, Hampshire and Isle of Wight and Frimley Integrated Care Boards (ICBs), NHS England, acute Trusts, community pharmacy, and our commissioned sexual health services to ensure systems and processes are in place to respond to any local cases.

## Actions taken:

- SCC has supported UKHSA with cascading briefing notes, guidance, action cards to primary care.

## Priorities going forwards:

- Continuing to remain briefed and support the international response at a local level.

# Infection Prevention and Control (IPC) and Health Protection

SCC has the support of **two Senior Health Protection and IPC Specialist Nurses**, who are also part of the wider NHS HIOW ICB, IPC team as well as being an integral part of the Health protection team at SCC. They work collaboratively on many initiatives, **providing expert advice** and **guidance to a broad range of health and social care settings, protecting vulnerable people from infection, reducing the risk of outbreaks**, and **reducing the impact** when they do.

## The IPC team :

- ✓ **Collaborate** with the SCC public health team, as required, to **communicate infection prevention** and **control and health protection advice** to a broad range of settings and stakeholders including **schools and early years** as well as ensuring the Director of Public Health and Health Protection team are kept up to date with **outbreaks, healthcare acquired infection rates** and **other concerns and issues** identified across Southampton.
- ✓ **Provide additional infection prevention and control or health protection advice** across other portfolio areas where relevant such as **to sexual health** or **substance use services, Environmental Health, Port Health, Adult and Children's services**.
- ✓ Attend Southampton **asylum seeker contingency hotel** and other relevant meetings to provide infection prevention and control, and health protection advice as required **to reduce the risk of infection and outbreaks**.
- ✓ **Support** and work closely with SCC adult **quality and safeguarding team** by **undertaking visits to care homes** where concerns are raised as well as attending Quality and Safeguarding meetings with providers to **advise and support** both parties.
- ✓ **Undertake visits to Health and Social care sector homes** and premises **advising and supporting managers** to ensure they are complying with the health and Social Care Act IPC requirements.
- ✓ Undertake **education sessions to all sectors as required**, this can be face to face, via webinars, care home forums, or to individual Schools, care homes etc where specific concerns are raised and identified. These topics cover many areas such as the importance of hand hygiene, respiratory hygiene, use of Personal Protective Equipment (PPE), cleaning standards, outbreak management etc
- ✓ **Cascade up to date relevant national guidance to all Health and Social care settings** via weekly forums, newsletters etc
- ✓ Attending and participating in **TB cohort review** and **networking meetings** as required as well as working collaboratively with SCC public health (health protection) team and NHS commissioners to review the delivery of TB services in the city.
- ✓ IPC support and **participate in Incident Management Team meetings** as required including those convened by the UK Health Security Agency including but not limited to health, social care, and educational settings.
- ✓ Regularly support and **advise Care Homes** in the **management of outbreaks of infections** such as **Norovirus, Acute Respiratory infections, Scabies** and other **causative agents** and they ensure these topics are covered in education sessions.



**Build**



**SOUTHAMPTON**  
CITY COUNCIL

# Capacity building

The Childhood Immunisation Strengths and Needs Assessment (CHISANA) identified a series of recommendations to improve uptake including recommendation no 1) Strengthening promotion at every stage of a child's journey and recommendation no 6) Information availability (information being available in a range of formats and languages).

## Wider workforce training – ‘Job Chat’

- SCC secured NHS England ‘wider workforce development’ grant funding to commission the development and delivery of vaccination training. This educational project aims to tackle falling rates of routine childhood immunisations by developing the knowledge and confidence of the wider workforce to have short conversations with parents about the importance of childhood immunisations.
- The training is aimed at professionals who are not directly responsible for delivering vaccinations, but who have been identified as having a key role, as trusted individuals, in promoting childhood immunisations.
- Using healthy conversation principles, the training aims to equip attendees with the knowledge and confidence to initiate short, reassuring, and supportive conversations with parents about routine childhood immunisations.
- Target workforce includes: Family hub staff, social workers, health visiting practitioners, early years providers, engagement workers and staff supporting administration of vaccinations

**We need YOU, to help boost Southampton '0-5 years' immunisation uptake**

We would like to invite you to an interactive training session with

1000 play a vital part in promoting better health outcomes for the children you interact with through conversations with their parents/carers.

**We know this can be challenging so we are offering:**

- how to communicate in simple terms, how routine childhood immunisations work to protect children from a range of vaccine preventable diseases.
- common myths and misconceptions
- what vaccinations children will need and when
- key messages and lots more!

Using healthy conversation principles, these sessions aim to equip attendees with the knowledge and confidence to initiate short, reassuring, and supportive conversations with parents/carers on routine childhood immunisations.

[If you are interested in signing up, click here to register.](#)

Tuesday 10th September 2-4pm - Southampton Civic Centre  
Thursday 12th September 13:00-3:30pm - Pickles Copple Family Hub  
Tuesday 22nd October 12:30-2:30pm - Southampton Civic Centre

[If you are interested in attending this training but can't make these dates please get in touch.](#)

## Language Free Resource

- To tackle a decline in routine childhood immunisation uptake, and inequalities in relation to information availability, SCC secured grant funding to commission the development of a language free resource (short film) to provide engaging and fresh content. The film normalises childhood immunisations as ‘one more way to keep them safe’ alongside other everyday actions like using stairgates, car seats and washing hands. [The film is hosted on the Healthier Together website.](#)
- To develop and test the creative concept, several focus group sessions were undertaken. This enabled us to gauge views and invite discussion in relation to what parents felt they would and wouldn't like to see. We were also able to recruit Southampton residents to feature in the film.
- Target audience includes: All parents, in particular under-represented groups, for whom English may not be a first language.



End