

Report sponsor: Robyn Dewis, Director of Public Health

Report author: Alison Wynn, Assistant Director of Public Health

## **COVID Outbreak Engagement Board and Health Protection Board Update**

### **Purpose**

- 1.1 To provide the Health and Wellbeing Board (HWB) with an update and overview of the key discussions and messages from the COVID Outbreak Engagement Board and Derbyshire Health Protection Board.

### **Recommendation**

- 2.1 The Health and Wellbeing Board is asked to note the update report.

### **Reason**

- 3.1 To ensure the Health and Wellbeing Board is kept updated on health protection issues affecting the population of Derby.

### **Supporting information**

- 4.1 As we have moved to learning to live safely with COVID, the Derby Outbreak Engagement Board has been paused. A meeting is, however, being scheduled to review the Local Outbreak Management Plan which is currently being updated and to consider plans for winter.
- 4.2 The Derbyshire Health Protection Board continues to meet regularly and includes consideration of COVID as appropriate.
- 4.3 The Health Protection Board met on 21<sup>st</sup> October. Key points of note for the information of the HWB:
  - In depth discussion regarding Infection Prevention and Control services in the community, this included the challenges of recruitment of specialist staff. A local review is currently underway and due to report in the coming months.
  - Screening - all local services have now recovered their activity levels and the age extension of the bowel cancer pathway is currently being implemented. It was noted that the Abdominal Aortic Aneurysm programme has the 4<sup>th</sup> best performance nationally.
  - Immunisation - additional support is being provided by NHS England for the delivery of the vaccination in pregnancy programme and an MMR catch up

programme is due to be implemented shortly. The flu campaign is underway, but there are concerns regarding the uptake in 2 and 3 year olds, which is reflected nationally. Support has been offered to NHS England to further promote vaccination in this age group particularly. We are continuing to work in the city to reduce inequality in vaccination uptake including consideration of the best communication channels for promotion.

For information, latest published data on uptake of the routine immunisation programme in the city is provided in Appendix 1

- The responsibility for commissioning the national immunisation and screening programmes is planned to be transferred from NHS England to Derby and Derbyshire Integrated Care Board.

4.4 A full update on the local status of the national immunisation programme has been requested by the Health Protection Board and will be scheduled for consideration at the following HWB.

## Public/stakeholder engagement

- 5.1 As part of the local outbreak planning arrangements, the Derby COVID Outbreak Engagement Board was established. A key function of this group is to engage with the local community to understand any local issues and communicate effectively with local people.

## Other options

- 6.1 None.

## Financial and value for money issues

- 7.1 None.

## Legal implications

- 8.1 None.

## Climate implications

- 9.1 None.

## Other significant implications

- 10.1 None.

This report has been approved by the following people:

Role	Name	Date of sign-off
Legal Finance Service Director(s) Report sponsor Other(s)	Robyn Dewis, Director of Public Health	02/11/2022
Background papers:	None	
List of appendices:	None	

## Appendix 1 – Latest published data showing the uptake of routine immunisation programme in Derby

### Childhood immunisation programme

Vaccination	2018/19 Derby	2019/20 Derby	2020/21 Derby	2020/21 England
Dtap / IPV / Hib (1 year old)	92.5%	92.0%	92.3% →	92.0%
Dtap / IPV / Hib (2 years old)	93.9%	93.5%	93.6% ↓	93.8%
Dtap / IPV / Hib (5 years old)	83.2%	82.5%	80.5% ↓	85.3%
MenB (1 year)	91.6%	91.6%	92.0%	92.1%
MenB booster (2 years)	89.7%	90.2%	90.9%	89.0%
Rotavirus (Rota) (1 year)	88.9%	90.0%	89.9% →	90.2%
PCV	92.7%	92.5%	-	-
PCV booster	88.5%	89.8%	88.6% →	90.1%
Hepatitis B (2 years old)	100%	100%	90.0%	-
MMR for one dose (2 years old)	88.9%	90.0%	89.2% →	90.3%
MMR for one dose (5 years old)	94.8%	94.2%	93.8% ↓	94.3%
MMR for two doses (5 years old)	84.6%	83.8%	81.7% ↓	86.6%
Flu (2-3 years old)	45.2%	52.0%	51.6% ↑	50.1%
Flu (primary school aged children)	44.8%*	52.6%**	46.2%***	57.4%***
Hib / MenC booster (2 years old)	88.3%	90.0%	89.1% →	89.8%
HPV vaccination coverage for one dose (12-13 year old female)	82.9%	34.8%	76.2% ↓	76.7%
HPV vaccination coverage for one dose (12-13 year old male)	-	27.1%	68.4%	71.0%
HPV vaccination coverage for one dose (13-14 year old female)	76.1%	28.8%	46.3% ↓	60.6%
Meningococcal ACWY conjugate vaccine (MenACWY) (14-15 years)	77.3%	84.7%	84.3% ↑	80.9%

\* 2019 \*\* 2020 \*\*\* 2021

Source: Office for Health Improvement and Disparities [Public Health Outcomes Framework](#) (accessed 27 and 28 October 2022)

#### Key

→	No significant change in trend (based on most recent 5 data points)
↑	Trend increasing and getting better (based on most recent 5 data points)
↓	Trend decreasing and getting worse (based on most recent 5 data points)

## Adult vaccination programme

Vaccination	2018/19 Derby	2019/20 Derby	2020/21 Derby	2021/22 Derby	2020/21 England
Flu (at risk individuals)	47.7%	41.6%	50.8%	53.7% →	52.9%
Flu (aged 65+)	73.1%	74.2%	80.9%	83.4% ↑	82.3%
PPV	73.3%	72.6%	72.2% ↓	-	70.6%
Shingles vaccination (71 years)	49.3%	45.9%	-	-	48.2%

Source: Office for Health Improvement and Disparities [Public Health Outcomes Framework](#) (accessed 28 October 2022)

### Key:

→	No significant change in trend (based on most recent 5 data points)
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## Diseases protected against by vaccine

Vaccine	Disease(s) protected against
Dtap / IPV / Hib	Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib)
MenB	Meningococcal group B
Rotavirus	Rotavirus gastroenteritis
PCV	Pneumococcal (13 serotypes)
HepB	Hepatitis B
MMR	Measles, mumps and rubella (German measles)
Live attenuated influenza vaccine LAIV (eligible paediatric age group)	Influenza
Hib / MenC	Haemophilus influenzae type b (Hib)/ Meningococcal group C
HPV	Cancers and genital warts caused by specific human papillomavirus (HPV) types
MenACWY	Meningococcal groups A, C, W and Y
Pneumococcal polysaccharide vaccine (PPV)	Pneumococcal (23 serotypes)
Inactivated influenza vaccine	Influenza
Shingles	Shingles