

## Health Protection Board Update

### SUMMARY

- 1.1 This report provides an overview of the key issues of note from the Derbyshire Health Protection Board which met on the 16<sup>th</sup> March 2015.
- 1.2 The key health protection issues for the Health and Wellbeing Board to note are:
- The 95% coverage target was achieved in the 'DTap/IPV/Hib age 1 year' immunisation.
  - Performance against all childhood vaccinations dropped slightly in quarter 4 of 2014/15 and is being investigated by NHS England.
  - There is good local performance against all adult immunisation.
  - Cases of Scarlet Fever have increased both nationally and locally. All schools and nurseries have been contacted and provided with information on recognising the symptoms of Scarlet Fever and the appropriate action to take.
  - Ten Tuberculosis Control Boards will be established across the country including one for the East Midlands.
  - A Tattooist Hygiene Registration Scheme is being established across Derbyshire, including the city.
  - Work is underway to 'map out' the infection prevention and control (IPC) arrangements across Derbyshire in primary and community settings.
  - The Health Protection Board noted the potential impact on the new NHS England North Midlands structure on the existing geographical footprint of the Derbyshire LHRP. The Emergency Preparedness, Resilience and Response Planning Lead for NHS England North Midlands has confirmed that the existing geographical footprint of the Derbyshire LHRP should continue.

### RECOMMENDATION

- 2.1 The Board is asked to receive and note this report for information and assurance.

### REASONS FOR RECOMMENDATION

- 3.1 To provide update and assurance to the Health and Wellbeing Board on the activity of the Derbyshire Health Protection Board.

## SUPPORTING INFORMATION

### 4.1 Childhood immunisation

Derby childhood vaccination performance for the first three quarters of 2014/15 is shown in the table below:

*Table 1 Child hood Vaccination Data for Derby City 2014/15*

Childhood Immunisation Performance				
	Q1 (14/15)	Q2 (14/15)	Q3 (14/15)	2014/15 Target
DTap/IPV/Hib age 1 year	94.2%	95.8%	95.1%	95.0%
HepB age 1yr (3rd dose)**	100% (3/3)	Nil		
PCV booster aged 2 years	94.0%	94.0%	92.7%	95.0%
Hib and MenC aged 2 years	94.2%	94.2%	92.4%	95.0%
MMR aged 2 years	93.1%	94.3%	93.1%	95.0%
HepB age 2yrs (4th dose)**	100% (3/3)	Nil		
DtaP/IPV booster aged 5 years	90.2%	90.3%	88.8%	95.0%
MMR 2nd dose aged 5 years	89.6%	89.4%	88.9%	95.0%

The 95% coverage target was only achieved in the 'DTap/IPV/Hib age 1 year' immunisation. Performance against all childhood vaccinations dropped slightly in quarter 4 of 2014/15. NHS England are investigating the reasons for this and will identify if any improvement activity is required.

Since 2009 there has been an increase in the number of cases of meningococcal group W (MenW) disease. The national Joint Committee on Vaccination and Immunisation (JCVI) has advised the Department of Health that immunisation should be offered to 14 -18 year-olds to prevent the transmission of the disease. The advice has been accepted and the Department of Health is now planning the implementation of a combined MenACWY immunisation programme.

## 4.2 Adult immunisations

There is good local performance against all adult immunisation.

*Table 2 Adult Vaccination Coverage Data for Derbyshire*

Vaccination	Derbyshire (%)
Pertussis*	69.8 (62.3)
Shingles Age 70*	51.2
Shingles Age 78*	47.5
Shingles Age 79*	50
Flu Age 65+	76 (72.8)
Flu – High Risk	52.9 (50.3)
Flu – Health Care Workers*	58.8% (54.9)

Note: figures in Brackets are All England Average for comparison

## 4.3 Infectious disease

There has been an increase in cases of Scarlet Fever both nationally and locally. The reason for the increase is not yet known but infectious diseases such as Scarlet Fever tend to have 3-4 year cyclical peaks. Scarlet Fever is usually a mild illness but in some children it can cause more serious complications. All schools and nurseries have been contacted and provided with information on recognising the symptoms of Scarlet Fever and the action to take.

## 4.4 Tuberculosis (TB) Strategy

The incidence of TB in England increased steadily from the late 1980s to 2005, and has remained at relatively high levels ever since. There is a strong association between TB and social deprivation, with 70% of cases occurring among residents of areas in the two most deprived quintiles in the country.

Nearly three quarters of all TB cases occur in those born abroad, and the vast majority of these cases (85%) occur among settled migrants who have been in the country for more than two years, rather than in new entrants. There were 37 incidences of TB in Derby in 2014 and the rate in Derby City (17.3 per 100,000) is slightly higher than the national average (15.1 per 100,000).

Tackling TB requires the co-ordinated action of many partners, working together across local authority and NHS boundaries. To establish clear responsibility and accountability arrangements, ten TB Control Boards will be established across the country including one for the East Midlands.

#### 4.5 Tattooist Hygiene Rating Scheme

Since tattoo instruments come into contact with blood and body fluids, viral and microbial infections may be transmitted if the instruments are used on more than one person without being sterilised or without proper hygiene techniques being practised.

To encourage high standards of infection control by tattooists and to enable the public to make an informed choice about hygiene standards in tattooists, a Tattooist Hygiene Rating Scheme (THRS) is being established in the city and across Derbyshire. Participation in the scheme is voluntary and after a tattooist is inspected the premises are allocated a rating from 1 (Improvement Needed) to 4 (Very Good).

#### 4.6 Healthcare Acquired Infections

Healthcare Acquired Infections (HCAs) are infections that develop either as a direct result of healthcare interventions or from being in contact with a healthcare setting. Harmful HCAs include:

- Methicillin-resistant *Staphylococcus aureus* (MRSA).
- Methicillin-sensitive *Staphylococcus aureus* (MSSA).
- *Clostridium difficile* (*C.diff*).
- *Escherichia coli* (*E. coli*).

HCAs pose a serious risk to patients, clients, staff and visitors, incur significant costs for the NHS and Local Authority social care services, and cause significant morbidity and mortality for those infected.

Work is currently underway to 'map out' the infection prevention and control (IPC) arrangements across Derbyshire in primary and community settings. A Whole Health Economy IPC Group provides a forum for IPC issues across the City/County and includes representatives from organisations across the health economy. Further work is underway to continue to assess the IPC arrangements across the whole health economy.

#### 4.7 Local Health Resilience Partnership (LHRP)

The Health Protection Board noted the potential impact on the new NHS England North Midlands structure on the existing geographical footprint of the Derbyshire LHRP as it is proposed to create three locality areas (Staffordshire, North Derbyshire and Nottinghamshire and South Derbyshire and Staffordshire).

Following the meeting of the Health Protection Board, a meeting has been held with the Emergency Preparedness, Resilience and Response Planning Lead for NHS England North Midlands who has confirmed that the existing geographical footprint of the Derbyshire LHRP should continue.

<b>OTHER OPTIONS CONSIDERED</b>
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5.1 N/A

**This report has been approved by the following officers:**

<b>Legal officer</b> <b>Financial officer</b> <b>Human Resources officer</b> <b>Estates/Property officer</b> <b>Service Director(s)</b> <b>Other(s)</b>	Acting Director of Public Health
<b>For more information contact:</b> <b>Background papers:</b> <b>List of appendices:</b>	Darran West 01332 643109 darran.west@derby.gov.uk None Appendix 1 – Implications

<b>IMPLICATIONS</b>
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**Financial and Value for Money**

1.1 None

**Legal**

2.1 None

**Personnel**

3.1 None

**IT**

4.1 None

**Equalities Impact**

5.1 None

**Health and Safety**

6.1 None

**Environmental Sustainability**

7.1 None

**Property and Asset Management**

8.1 None

**Risk Management**

9.1 None

**Corporate objectives and priorities for change**

10.1 None

