

A Report to the Health Improvement Partnership Board 22nd November 2017

Public Health Protection Forum business 2017/18

Purpose

This document will report on the activity of the Health Protection Forum for 2017/18.

1. Introduction

- 1.1. Oxfordshire County Council (and the Director of Public Health (DPH) who acts on behalf of the local authority) has a critical role in protecting the health of its population. This role is to act as a watchdog, ensuring that all organisations working within Oxfordshire coordinate their activities and provide high quality services to protect the population.
- 1.2. If organisations fall short of the required standards, the DPH has a duty to help them ameliorate the situation. It is therefore a leadership role rather than a managerial role.
- 1.3. In order to carry out this role the DPH works in partnership with the relevant organisations via the Health Protection Forum which reports to the Health Improvement Board and hence the Health and Wellbeing Board.
- 1.4. Most problems are dealt with directly by the Health Protection Forum, but should persistent difficulties arise these will be escalated to the Health Improvement Board and Health and Wellbeing Board as required.
- 1.5. The Health Protection Forum therefore facilitates the DPH in fulfilling the statutory function of protecting the health of the population of Oxfordshire.

2. Role of the Health Protection Forum

The group report on the following issues

- Prevention
- Planning and preparedness
- Relationships and accountabilities
- Monitoring of local data
- Reporting of local issues which may affect the health of the local population

3. Membership of the forum

Membership of the forum includes;

- Director of Public Health, Oxfordshire County Council (Chair)
- Oxfordshire County Council Portfolio Holder for Public Health
- Consultant in Public Health/Public Health Medicine with responsibility for Public Health Protection/emergency planning – Oxfordshire (Deputy Chair)
- Director of Public Health England Centre – Thames Valley (or nominated deputy)
- District representation of Environmental Health colleagues
- Associate Director Medicines Management, Quality and Innovation, Oxfordshire Clinical Commissioning Group
- Head of Public Health Commissioning, NHS England Thames Valley
- Consultant in Public Health Screening and Immunisation, NHS England Thames Valley
- Consultant in Health Protection/CCDC with responsibility for Health Protection in Oxfordshire – Public Health England

Specialist advisors will be invited as necessary.

4. Meetings

The forum met three times in the financial year 2017/18. There were no extraordinary meeting held in this time.

5. Activity Reporting

The following activity was discussed and reported at the group meetings in 2017/18.

6. Topical Infections (Lead role Public Health England)

6.1 An outbreak of mumps in Oxfordshire, predominantly in the student aged population in Oxford city, aged 17-23, was identified in May 2017. There were 107 notifications in May compared to 7 the previous year. This increase was also observed nationally although not on the same scale. The number of notifications have declined to more expected levels since then. The reason for this increase is not known but mumps appears to be a cyclical disease with numbers peaking every three years, which is supported by local figures. It is spread by respiratory droplets and transmission is usually fuelled by close contact for example in in halls/colleges or parties. It is also not uncommon for mumps to occur in vaccinated individuals as the efficacy of the mumps component of the MMR vaccine declines with age and secondary infection is common. However, mumps in vaccinated individuals is less likely to lead to complications (including hospitalisation, orchitis and meningitis). In response to the outbreak information went to schools, colleges and the two universities on the signs and symptoms of mumps, actions to take if unwell and exclusion advice, as well as promotion of having two MMR vaccinations as the best way to avoid serious mumps infection as well as protecting the individual from measles and rubella. The public health message was also disseminated through some local media outlets.

6.2 During the winter season 2017/8 there were 20 flu outbreaks reported in Oxfordshire. Thirteen were confirmed positive for flu A or B or a combination of strains, 13 involved other respiratory outbreaks. Eighteen of the 20 outbreaks were reported in care homes. For influenza like illness outbreaks, public health advice is still to provide Tamiflu to care home residents prophylactically, as a preventive measure for those without symptoms, and for those with symptoms as treatment, if it can be delivered in a timely manner and is not contraindicated for the individual. Oxfordshire CCG are currently working with local providers to ensure that there is continued local support to respond to outbreaks in care homes.

6.3 Nationally there were elevated levels of notifications of scarlet fever in 2017/18 compared to previous years. Oxfordshire showed a similar pattern with over double the number of cases from October to April compared to the previous year (504 compared to 234 notifications). It is a cyclical disease so we would expect peaks every four years. However, from 2014 we have seen elevated numbers. It is not clear why this year is so high. It may be a combination of factors such as climate, behavioural patterns (increased awareness and attendance at GP practices), and incidence of predisposing viral factors such as chicken pox and influenza.

7. Healthcare Acquired Infections (Lead Role Oxfordshire CCG)

Clostridium Difficile (C.Diff.)

7.1 In 2017/8 there were 160 cases of C.Diff. reported. This was higher than the target threshold of 145 for the county. This was an increase on the previous year (135). The CCG are continuing to work with providers to improve the management of C.Diff.

Methicillin Resistant Staphylococcus Aureus (MRSA)

7.2 In 2017/18 there were 6 reported cases of MRSA which is an improvement on 2016/7 (8 cases).

7.3 Oxfordshire CCG continue to work with providers to continue the improvement on limiting and managing healthcare acquired infections.

8. Environmental Health Issues (Lead Role District Councils)

Air pollution continues to be a concern at both local and national level and gained more prominence. This has been discussed the health protection forum.

9. Immunisation Programmes (Lead Role NHS England)

Influenza Programmes

9.1 There were increased levels of flu locally and Nationally in the 2017/18 season. This was anticipated and did create pressures on the health system at local and national levels.

9.1.1 Child flu vaccinations 2016/17 Season

This year saw an increase in uptake of vaccinations in all children and extending the programme to year 4 children. The uptake in all ages of the programme was:

2-year-old children in Oxfordshire vaccinated 52.6% (last year 47.5%)
3-year-old children in Oxfordshire vaccinated 54.6% (last year 51.5%)
Reception year children in Oxfordshire vaccinated 73.7% (last year 41.2%)
Year 1 children in Oxfordshire vaccinated 71.2% (last year 68.3%)
Year 2 children in Oxfordshire vaccinated 72% (last year 64.2%)
Year 3 children in Oxfordshire vaccinated 67.9% (last year 63.5%)
Year 4 children in Oxfordshire vaccinated 65.3% (new in 2016/17)

The ambition for 2018/9 is to extend the programme to offer vaccinations to year 5 children.

9.1.2 Adult flu vaccinations

There was improved performance in the adult programme on the previous year.

Adults aged over 65 in Oxfordshire vaccinated 75.5% (last year 73.8%)
Adults aged under 65 at risk in Oxfordshire vaccinated 52.4% (last year 52.4%)
Pregnant women in Oxfordshire vaccinated 58% (last year 52.8%)

9.1.3 Health and Social care workers

In the annual flu plan NHS England published a two-year Commissioning for Quality and Innovation (CQUIN) covering 2017/18 and 2018/19 which includes an indicator to improve the uptake of flu vaccinations for frontline healthcare staff within

providers. As in previous years, the national ambition is that a minimum of 75% of staff in trusts are vaccinated against flu. In 2016/17 the uptake amongst healthcare workers overall was 71.2%.

In November 2017 NHS England announced the inclusion of social care staff for the 2017/18 seasonal flu programme. The evaluation of this programme is being done by the National team. At time of writing the report, no data for the uptake in social care staff in Oxfordshire is available.

The inclusion of social care staff in the vaccination programme has been continued for the 2018/19 season.

10. Other Childhood vaccination programmes (Lead Role NHS England)

10.1 The performance of other childhood vaccinations is still generally performing similar to previous years of activity and is better than most areas in Thames Valley. The DPH and forum continue to monitor activity and ensure that the performance is maintained at an acceptable level. Vaccinations of note:

Measles

10.2 The number of children receiving the MMR vaccine aged 2 years was 95.0% which meets target uptake. However, the rate for MMR vaccination at 5 years was 90.4% (previous year 92.4%). The catch-up cohort of 5-year-old children continues to present challenges to improve on the uptake. The commissioning team have invested in staff to target this group and follow up on those who have not had a second MMR vaccination.

Rotavirus

10.3 The uptake of this vaccination in 2017/8 was 93.8% which was a continued improvement on the previous year's uptake of 93.6%.

11. Adult Vaccinations (Lead Role NHS England)

Shingles

11.1 The cohort for vaccination in 2016/17 was 70 & 78-year-old adults. The coverage of 70-year olds was 54.2% (58.0% in 2016/17). Coverage for 78-year olds was 57.6% (61.1% in 2016/17). The performance in Oxfordshire has seen a slight decrease on the previous year which has also been seen across Thames Valley and Nationally.

12. Screening Programmes (Lead Role NHS England)

Antenatal Screening Programmes

12.1 Programme activity continues to perform satisfactorily. Commissioners continue to work with the provider to improve on the avoidable repeat of blood spot tests. This has produced a reduction on the repeat tests from 4.8% to 2.8%. This is welcome but still above the target of 2%.

Bowel Screening

12.2 Screening is offered to people aged 60-74 years of age. The most recent annual data was in 2017 when 60.1% of the eligible population took up the offer of screening. This is an improvement on 2016 (58.3%) and is the same as regional levels of 60.1% it is better than national averages of 57.9%.

Breast Screening

12.3 This programme is available to women aged 50-70 every three years. Latest data showed that in 2017 78.6% of eligible women had a breast screen, slightly down from the previous year (79.3%). This is better than regional (76.9%) and National (75.4%) levels.

Cervical Screening

12.4 This programme is available to women aged 25-64. The percentage of those that took up the offer of screening in 2017 was 71.4 (72.5% in 2016). This is lower than regional (73.2%) and National (72.0%) levels. The uptake of screening in this programme still continues to struggle throughout the country.

Aortic Abdominal Aneurism Screening

12.5 This programme is available to men aged 65 to 74 over 10 years. Locally the programme screened in 80.1% 2016/17 (77.2% in previous year) of eligible individuals which exceeds the national target of 75%. However, this is below regional (81.3%) and National (80.9%) levels.

13. HIV and Sexually Transmitted Infections NHSE (Lead Role NHS England & Oxfordshire County Council)

HIV

13.1 Due to the advances in treatment, HIV is now considered a long-term condition and those who have HIV infection can now expect to have a longer lifespan than previously expected by HIV carriers. As such we expect to have more people living with HIV long term. 2016 data shows that there were 463 people diagnosed with HIV living in Oxfordshire, 233 out of these 463 live in Oxford City.

13.2 Early diagnosis of HIV is important as it improves the prognosis of treatment, reduces the cost of treatment and lowers the risk of transmission. Latest data for 2014-16 revealed that 25 cases of late diagnosis occurred in Oxfordshire.

13.3 The Sexual Health Services in Oxfordshire are now part of the National trial of Pre- Exposure Prophylaxis (PrEP) use being run by NHS England. The use of this PrEP in pilot programmes in London and other countries has been encouraging in seeing a reduction in new diagnoses of HIV in men who have sex with men.

Sexually Transmitted Infections (STIs)

13.3 Total rates of STIs in Oxfordshire are still below the national average except in the City which has remained at a similar rate since 2013.

Gonorrhoea

13.4 Gonorrhoea levels are below national average for Oxfordshire as a whole and all districts except in Oxford City. This is likely to be due to its younger age profile of the population in the city.

Chlamydia

13.5 Chlamydia levels continue to be lower than the national average in all Districts. The remodelling of Chlamydia testing to a more targeted programme to

better suit the local population has not seen any change to the local profile for chlamydia.

14. Blood Bourne Viruses

There were no major incidents locally to report.

15. Recommendations

The board are requested to consider the contents of this report on the health protection activity in the year 2017/18.