

HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 8(a)
25 SEPTEMBER 2014		PUBLIC REPORT
Contact Officer(s):	Dr Henrietta Ewart, Interim Director of Public Health	Tel. 01733 204175

HEALTH PROTECTION EXCEPTION REPORT

RECOMMENDATIONS	
FROM : Dr Henrietta Ewart, Interim Director of Public Health	Deadline date : seasonal flu and business continuity- at this meeting
<p>The Health and Wellbeing Board is asked to:</p> <ol style="list-style-type: none"> 1. note the updates on Tuberculosis, gonorrhoea and Ebola. 2. consider how to engage and communicate with members of the new migrant populations about health issues in the context of wider PCC engagement eg housing, benefits advice. 3. to consider asking CMT to make arrangements to encourage and enable frontline social care staff and other essential staff (directly employed or commissioned) to access seasonal flu immunisation to support business continuity and winter planning. 	

1. ORIGIN OF REPORT

1.1 This report is submitted to the Board as an 'exception report' to provide an update on current issues of interest in health protection.

1.2 The purpose of this report is to provide an update on:

- A. The tuberculosis (TB) screening in Chatteris;
- B. The apparent rise in notifications of gonorrhoea (gc) in Peterborough;
- C. Ebola in West Africa;
- D. Planning for seasonal influenza and business continuity for the winter; and invites the Board to consider the implications and actions recommended in relation to items A and D summarised in points 2 and 3, above.

1.3 This report is for Board to consider under its Terms of Reference:

'to keep under review the delivery of the designated public health functions and their contribution to improving health and tackling inequalities in health'.

The discharge of the Health Protection responsibilities of the PCC links with the following priorities of the Health & Wellbeing Strategy 2012-15:

- Ensure that children and young people have the best opportunities in life to enable them to become healthy adults and make the best of their life chances.
- Narrow the gap between those neighbourhoods and communities with the best and worst health outcomes.
- Enable older people to stay independent and safe and to enjoy the best possible quality of life.

2. UPDATE REPORT ON TUBERCULOSIS SCREENING AT A FRUIT-PACKING FACTORY IN CHATTERIS, IN APRIL 2014.

The report below was provided for the HWB by the lead investigator, Public Health England, on 27th August, 2014.

2.1 Context:

From January 2012 some cases of TB diagnosed among workers at a fruit packing business in Chatteris were noted to have the same VNTR (variable number tandem repeat – a form of modified genetic sequencing used routinely in the UK to identify cases of TB that could be linked). Many of the people diagnosed with this strain of TB were from Eastern Europe, giving rise to the hypothesis that the cases were a result of infection acquired in countries of origin with higher rates of infection than the UK.

However, there was also evidence of infection passing to colleagues in the workplace. Routine contact-tracing was not succeeding in preventing transmission of infection. Although many of the cases shared transport to work and had often shared accommodation, meaning that transmission could have taken place outside of work, the workplace was the most convenient place to intervene. Therefore a mass screening event was organised for April 10th and 11th 2014 using a mobile chest x-ray facility and blood tests.

2.2 Results:

A total of 523 people were screened. 173 people were identified as needing further assessment as either the chest x-ray showed evidence of lung disease needing investigation or the blood test indicated that they had latent TB. Latent TB is a dormant and non-infectious phase of TB disease that can progress in approximately 10% of people to active disease. By identifying people at this stage of infection and offering treatment it is possible to reduce the chance of them developing active TB by two thirds. Peterborough City Hospital and Addenbrooke's Hospital have been investigating and treating these people. The clinical teams will soon be in a position to report on the numbers entering and completing treatment.

2.3 Discussion:

The WHO estimates that one third of the world's population has evidence of TB infection. It is impossible to interpret the figures we obtained in the context of the UK population as large-scale screening exercises using the sensitive immunological blood tests have not been carried out. Migrant workers from Eastern Europe come from countries with higher rates of TB infection than the UK and may develop symptoms while working locally.

2.4 Issues for Peterborough:

The TB service has developed a good understanding of how Peterborough residents with family links to the Indian sub-Continent react to a diagnosis of TB, but the links have not yet been established with communities from Eastern Europe. This population may be suspicious of "state medicine" and reluctant to co-operate with contact-tracing. They may also experience barriers to accessing a range of health and social services.

2.5 Recommendation:

The need to engage, and communicate with, members of the new migrant populations about health issues has been identified in a number of forums and there is a plan to include an 'eastern European JSNA' in this year's JSNA refresh/ extension.

The HWB may wish to consider how the need to provide health advice and tackle the perceived stigma of TB can be addressed in the context of wider PCC engagement e.g. with housing and benefits advice.

3. UPDATE ON THE RISE IN NOTIFICATIONS OF GONORRHOEA

3.1 Background

The Peterborough Health Protection Committee received a verbal update of an increase in gonorrhoea notifications in 2013 from the Peterborough genito-urinary medicine service.

Public Health England have provided the following data:

Year	Notifications of gonorrhoea
2008	47
2009	52
2010	32
2011	42
2012	64
2013	106
2014 (Jan-March)	19

The April –June 2014 data will be available at the end of September.

3.2 Action and response

PHE have raised the increase with the provider, Peterborough and Stamford Hospital Foundation Trust. PSHFT believe that the increase reflects a change in practice with regard to partner notification rather than a rise in index cases on gonorrhoea.

‘Previously patients who opted to inform sexual partners of an infection were assumed to have done so. There has been a change in practice where a nurse/ health advisor would actively check that the index patient has informed sexual partners and take on the responsibility of contacting sexual partners where the index case had failed to do so. This has resulted in more partners being screened, diagnosed and treated’

3.3 Cambridgeshire Community Services won the tender to provide this service from July 2014. PHE has a meeting with the new provider early in September.

3.4 Recommendation

The HWWB is asked to note the explanation for the rise in gonorrhoea notifications due to a change in practice to active contact tracing, giving rise to an improvement in the identification, diagnosis and treatment of sexual partners of index cases.

4. EBOLA IN WEST AFRICA

4.1 Background

An outbreak of Ebola Virus Disease (EVD) was first reported in West Africa in March. Guinea, Sierra Leone and Liberia are all affected. This is the largest known outbreak of EVD and the World Health Organisation has warned that it is likely to ‘continue for some time’. The death toll from the disease was reported by WHO as 1522 on the 28th August, which the United Nation’s health agency considers an underestimate.

Ebola causes a viral haemorrhagic fever. It is a zoonosis –that is, its usual host in an animal rather than man. It is thought that hunting and eating bush meat is a factor in transmission to local populations. Ebola is spread through contact with the body fluids and secretions of someone with the illness and through local burial practices. The incubation period is 2-21 days and presentation is usually with a high fever, muscle pains and diarrhoea.

There have been six cases (PHE 3rd September) of infection in humanitarian aid workers who have been repatriated to their home countries for treatment. A British nurse who caught Ebola in Sierra Leone has been repatriated, treated at the high level isolation facility at the Royal Free and discharged home.

Public Health England advises that the risk for UK tourists, visitors and expatriates is very low. The likelihood of imported cases is low; healthcare providers have been reminded to remain vigilant for those who have visited an area affected by ANY viral haemorrhagic fever and who develop unexplained illness. Advice has been issued for travellers and for aid workers; to airlines, the UK Border Agency, the NHS and primary care, and the ambulance service. Both PHE and NHS England provide regular briefing notes and updates.

4.2 Local response

The Public Health Department receives regular updates and briefing notes from Public Health England and NHS England and disseminates information appropriately, working with the Peterborough and county wide health protection committees.

Peterborough City Council provided advice to front line staff in early August. The briefing note is attached at Appendix A for information.

4.3 Recommendation

The Health and Wellbeing Board is asked to note:

- that the likelihood of an imported case in Peterborough, as in the rest of the UK, is low based on the PHE assessment of risk;
- that the Public Health Department reviews and disseminates information from updates and briefings as appropriate;
- that Peterborough City Council has provided advice to front line staff through its Public Health Department and Internal Communications service;
- that NHS England has provided advice and briefings to acute trusts and primary care;
- that services are identified for the safe and secure transport of suspected / cases by the ambulance service and for treatment in high level isolation facilities.

5. SEASONAL INFLUENZA

5.1 Background

The Department of Health, Public Health England and the NHS Commissioning Board published a joint winter flu plan in April 2014 clarifying the responsibilities for delivery following the Health and Social Care Act 2013.

Local authorities, through their Director of Public Health, have responsibility for:

- providing appropriate challenge to local arrangements and advocacy with key stakeholders to ensure access to flu vaccination and to improve its uptake by eligible populations
- providing independent scrutiny and challenge to the arrangements of NHS England, PHE and local authority employers of frontline social care staff and other providers of health and social care
- providing leadership, together with local resilience partners to respond appropriately to local incidents and outbreaks of flu infection.

In addition, all employers of individuals working as providers of NHS services are responsible for:

- management and oversight of the flu vaccination campaign for their frontline staff
- support to providers to ensure access to flu vaccination and to maximise uptake amongst those eligible to receive it.

The impact of flu on the population varies from year to year and is influenced by changes in the virus that, in turn, influence the proportion of the population that may be susceptible to infection and the severity of the illness.

5.2 Eligible groups

Eligible groups for seasonal flu immunisation are listed in Appendix B. The focus is on vulnerable groups such as older people (over 65), people of all ages with a serious medical condition, carers, and pregnant women. In addition, in order to disrupt transmission of the virus to susceptible individuals, seasonal flu immunisation is being rolled out to children aged 2, 3 and 4 years and, as a pilot, to older children. Peterborough is a pilot site for immunisation of year 7 and 8 children in schools.

Public Health England is the lead organisation, commissioning vaccine and delivery programmes for target groups, working through CCGs, pharmacies, midwives and schools. The programme is coordinated by the Cambridgeshire and Peterborough Immunisation and Vaccination Committee and reports via the Peterborough Health Protection Committee.

5.3 Communications and recommendation to raise awareness

There will be a national flu marketing media campaign starting on 4th October targeting specific groups (people under 65 with long term health conditions; pregnant women and healthy children aged 2-4 years) to make them aware that they need the vaccine.

This provides an opportunity for Peterborough to provide additional local information to raise awareness and signpost services e.g. pharmacies in Peterborough contracted by Public Health England to provide immunisation to pregnant women.

In addition, Peterborough City Council may wish to consider providing information to support immunisation to vulnerable groups e.g. with any 'winter warmth' or similar communications.

5.4 Business continuity and recommendation to promote immunisation with front line staff

The City Council may wish to consider promoting the uptake of seasonal flu immunisation to employed front line staff caring for vulnerable groups e.g. by providing information and reimbursing staff in the identified groups for immunisations they purchase at a pharmacy as part of business continuity and winter planning. (Cambridgeshire County Council will reimburse identified front line staff through the expenses system on production of a receipt for the flu immunisation).

Peterborough City Council may wish to review contracts with providers of front line services with regard to business continuity and the promotion of seasonal flu immunisation.

6. IMPLICATIONS

Recommendation 5.6, if supported, will entail some additional costs for the reimbursement of front line staff (who are not in a group eligible for free NHS immunisation based on their own health) who take up the offer of flu immunisation. However, this may be offset by the reduction in sickness absence and the need to provide overtime or additional staff to cover essential care and services.

National pharmacy chains are quoting charges of £10-£13 per immunisation; some providers of occupational health services to businesses quote costs of ~£6 per vaccine for a corporate contract.

7. BACKGROUND DOCUMENTS.

2014-15 Flu Plan

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/306638/FluPlan2014_accessible.pdf

Ebola Operational Update, 4th September 2014, issue O6, NHS England

Ebola virus disease (EVD) outbreak – an update, serial number 2014/070; 3rd September 2014, Public Health England

Author:

Dr Anne McConville, MRCP, FFPH

Interim Consultant in Public Health

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