

Halton Borough Council Public Health Protection Annual Report 2016/17



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Contents

Summary of Key Findings.....	3
Purpose of this report.....	4
Introduction.....	4
Emergency Planning and major incident response.....	5
Air Quality.....	6
Communicable Disease.....	7
Food Poisoning.....	7
<i>Cryptosporidium</i>	8
<i>Salmonella</i>	8
<i>Campylobacter</i>	8
<i>Escherichia coli 0157 (E Coli 0157)</i>	9
<i>Giardia lamblia</i>	9
<i>Listeria</i>	10
Legionella.....	11
Hepatitis.....	11
<i>Hepatitis A</i>	11
<i>Hepatitis B</i>	12
<i>Hepatitis C</i>	12
Whooping Cough.....	13
Dysentery.....	14
Tuberculosis.....	15
Seasonal Flu and Flu Vaccination.....	15
Vaccine Preventable Diseases.....	18
Measles, Mumps and Rubella (MMR).....	18
HPV.....	20
Meningococcal Disease.....	21
Pneumococcal Infection.....	22
Shingles.....	24
Screening Programmes.....	25
Breast Cancer Screening.....	25
Bowel Screening.....	26
Cervical Screening.....	27
Abdominal Aortic Aneurysm (AAA) screening.....	28

Diabetic Retinopathy	28
Sexually Transmitted Diseases	30
HIV	30
Chlamydia	32
Syphilis	33
Gonorrhoea	34
Genital Warts	35
Genital Herpes	36
Healthcare Associated Infections (HCAs).....	37
Clostridium difficile	38
MRSA (Methicillin Resistant Staphylococcus Aureus)	39
Summary and Assurance.....	40

Summary of Key Findings

- Halton has robust emergency planning arrangements
- TB incidence remains low in comparison to England
- Flu vaccination coverage for 2- 4 year olds and pregnant women is above England and the North West
- Flu vaccination coverage for the over 65s has decreased in recent years but is still higher than England
- MMR vaccination coverage for first dose is similar to England and for second dose is higher than England and similar to the North West
- HPV vaccination coverage in Halton (89.7%) is above England and the North West
- Hib/Men C vaccination rates remain high at 93.5% in spite of a slight reduction of 1.6% based on the previous year
- Childhood vaccinations remain around national targets but have seen a steady slow decline in recent years
- Uptake of the shingles vaccine in Halton has fallen from 50.9% in 2014/15 to 37.5% in 2015/16
- Breast screening in Halton is consistently above the North West but slightly below that of England
- Bowel screening rates are below that of the North West and England, however data for 2016 shows an increase on the previous year
- Cervical screening coverage rates in Halton are slightly below the North West and England and have seen a steady slow decline in recent years
- Abdominal Aortic Aneurysm screening in Halton has increased year on year since it was introduced in 2013
- HIV prevalence in Halton is low in comparison to national and regional trends
- Late diagnosis rates for HIV in Halton are significantly lower than England and the North West
- Since 2012, there has been a year on year decrease in Chlamydia screening rates in Halton, similar to the North West and England
- There were 26 cases of C. Difficile in 2016/17 (14 cases over trajectory)
- Latest data for MRSA for 2015/16 shows there was 1 case of MRSA

Purpose of this report

The purpose of this document is to provide a clear overview of the current health protection situation within Halton highlighting any on-going challenges or issues. The document enables the Director of Public Health (DPH) to provide assurance to the health and wellbeing board (HWBB) and the Executive Board Portfolio holder for Health and Wellbeing, that the health of the residents of Halton is being protected in a proactive and effective way.

Introduction

Health protection is an essential part of achieving and maintaining good public health. It involves planning, surveillance and response to incidents and outbreaks. Health protection prevents and reduces the harm caused by communicable diseases and minimises the health impact from environmental hazards such as chemicals and radiation. It also includes the delivery of major programmes such as national immunisation and screening programmes and the provision of health services to diagnose and treat infectious diseases.

The Health and Social Care Act 2012 defines the new health protection duty of Local Authorities (LAs). The Act states that Public Health teams, on behalf of Directors of Public Health are responsible for the local authority's contribution to health protection matters including responses to incidents and emergencies. Public Health England (PHE) is required to provide specialist support and have a complementary role to play. Both PHE and LA Public Health should work as a single unit when addressing health protection issues. NHS organisations including NHS England and our local Clinical Commissioning Group (CCG) have a legal responsibility under the NHS Act 2006 to mobilise resources to manage incidents and emergencies. They also have a legal duty to co-operate with LA Public Health teams in delivering health protection national and local priorities.

The key roles necessary to provide effective health protection include:

- Planning and responding to incidents and emergencies
- Carrying out surveillance of communicable and notifiable diseases
- Reducing the negative impacts of communicable and non-communicable diseases including preventing infection and infectious diseases
- Minimising the health impact of environmental hazards
- Reducing premature mortality and morbidity by improving environmental sustainability

Emergency Planning and major incident response

Background

Emergency planning and major incident response comprises actions that are taken to reduce the chances of emergencies occurring. If incidents do occur the response includes ensuring that the impact on residents and the environment is kept to a minimum. Emergency planning is guided by the Civil Contingencies Act 2004. The Act ensures that the organisations best placed to manage emergency response and recovery are at the heart of civil protection.

Current Situation

The 'Halton Borough Council Major Emergency Plan' implements the requirements of Local Authorities as Category: 1 Responders, under the provisions of the Civil Contingencies Act 2004. The purpose of the plan is to provide a framework for managing the council's response to a major emergency, which cannot be dealt with through normal procedures.

With effect from April 2013 NHS England, has taken over responsibility for the coordination and, if required, command and control, of NHS resources necessary for a multi-agency response to a MAJOR ACCIDENT at a COMAH site. This does not include the provision of public health advice – which is now provided by Public Health England (formerly the Health Protection Agency) and / or Halton Borough Council's Director of Public Health or the Scientific and Technical Advice Cell (STAC). NHS England will be involved in assisting with the cascading of any public health advice to healthcare professionals and members of the public.

Halton is part of the Cheshire Resilience Forum that is a Cheshire-wide working group covering the areas of Halton, Cheshire West, Cheshire East and Warrington. Halton also works across the wider regional footprint with the Regional Emergencies Division (formerly Government Office North West).

In 2016-2017 there were 9 Major Incidents (or Major Incident Standby) declaration for Halton incidents which required multi agency response, these include response due to Flood warnings, Severe Storm, roof collapse at an extra care establishment, fire in sheltered housing accommodation, Silver Jubilee bridge closures, industrial premises fire and a police related incident.

Recommendations

- Emergency planning groups should continue to meet regularly to monitor on-going activity and ensure they are aware of potential future risks/ scenarios which might occur and how these can be mitigated
- Halton Borough Council should continue to liaise with wider regional partnerships to use any available learning they have gained from incidents in other local areas

Air Quality

Background

Air pollution is defined as a mixture of gases and particles that have been emitted into the atmosphere by man-made processes. Air pollution is a local, regional and international problem caused by the emission of pollutants, which either directly or through chemical reactions in the atmosphere lead to negative impacts on human health and ecosystems. There are many sources of air pollution, including power stations, traffic, household heating, agriculture and industrial processes.

Generally, if you are in a good state of health, moderate air pollution levels are unlikely to have any lasting effects. People with existing lung or heart disease are generally more susceptible to the effects of air pollution and are likely to see effects at lower concentrations. However, higher levels or long term exposure to air pollution can lead to more serious symptoms and conditions, mainly affecting the respiratory and inflammatory systems, but also more serious conditions such as heart disease and cancer.

Current Situation

Air quality in Halton is assessed and monitored regularly in order to comply with UK and EU Air Quality legislation. Air Quality objectives have been achieved in Halton for all current pollutants with the exception of Nitrogen Dioxide.

A report on Air Quality in Halton in 2015 identified a number of recommendations for future action. As part of this Halton has identified two Air Quality Management Areas, both of them in Widnes, where levels of NO₂ exceed the objective levels on more occasions than is permissible as part of the objective standards. The levels of NO₂ are higher in these two areas as a result of higher town centre traffic activity. As a result of the declaration of Air Quality Management Areas, these areas are subject to additional measures and Halton Borough Council is working hard to ensure that the levels of NO₂ in these areas fall to within

permitted levels. These activities include investigating traffic flow alterations and promoting alternative access to the town centre, cycling, walking etc.

National and European Air Quality Objectives are determined at levels to protect health. As Halton meets all these criteria (except in designated AQMAs) the air quality cannot be considered to be at levels poor enough to affect health.

Recommendations

- The Council will continue to implement and monitor the recommendations within the Air Quality report 2015
- As part of its core responsibilities the Council will continue to monitor air quality within Halton.

Communicable Disease

Background

Communicable diseases are diseases you can “catch” from someone or somewhere. They are spread from person to person, from an animal to a person or from the environment to a person. The spread often happens via airborne viruses or bacteria, but also through blood or other bodily fluids. Some people may use the words contagious or infectious when talking about communicable disease.

When diagnosed, some communicable diseases must be reported to Public Health England so that the data can be recorded and monitored. This enables PHE and local authority public health teams to work collectively to identify outbreaks, clusters of disease and trends over time which can contribute towards future planning and prevention.

The following provides an overview of some of the main notifiable diseases for Halton that were reported to Public Health England in 2016/17. It is important to note that some cases of food poisoning are not reported and are therefore not included in this data.

Food Poisoning

Background

Food poisoning is an illness caused by eating contaminated food. It's not usually serious and most people get better within a few days without treatment.

In most cases of food poisoning, the food is contaminated by bacteria, such as salmonella or Escherichia coli (E. coli), or a virus, such as the norovirus.

Certain types of food poisoning are, when detected, reported to Public Health England. These include:

Cryptosporidium

Cryptosporidium is a parasite (a tiny organism) that causes an infection called cryptosporidiosis affecting people and farm animals. Cryptosporidium is found in lakes, streams and rivers, untreated drinking water and sometimes in swimming pools.

Anyone can get cryptosporidiosis, but it is most common in children aged between one and five years. People who care for, or work with children are more at risk than others. For most people, the illness is unpleasant but self-limiting. However, it can be a serious illness in people who have immune systems that are not working properly.

Salmonella

There are more than 2,500 strains of salmonella bacteria. These live in the guts of domestic and wild animals including, chicken, cattle, pigs, hedgehogs, snakes and lizards.

Salmonella causes food poisoning. Foods such as eggs, chicken, pork and dairy produce can carry salmonellas. Fruit and vegetables can also become contaminated if they have been in contact with livestock, manure or untreated water. People preparing food should make sure that they wash their hands and clean kitchen equipment thoroughly to prevent the spread of salmonellas from meat to other foods in the kitchen. People can also become infected from contact with individuals with diarrhoea or from unwell animals.

Symptoms of diarrhoea, stomach cramps, nausea, vomiting and fever usually develop between 12 and 72 hours after becoming infected. Illness usually lasts from 4 to 7 days.

Campylobacter

In the UK, campylobacter bacteria are the most common cause of food poisoning. The bacteria are usually found on raw or undercooked meat (particularly poultry), unpasteurised milk and untreated water.

The incubation period (the time between eating contaminated food and the start of symptoms) for food poisoning caused by campylobacter is usually between two and five days. The symptoms usually last less than a week.

Escherichia coli 0157 (E Coli 0157)

Escherichia coli O157, is a bacterial infection that can cause severe stomach pain, bloody diarrhoea and kidney failure.

E. coli O157 is found in the gut and faeces of many animals, particularly cattle. It is an uncommon cause of gastroenteritis but can be caught by:

- Eating contaminated food (such as raw leafy vegetables or undercooked meat). Always wash all vegetables (including salad leaves) that will be eaten raw, unless they have been pre-prepared and are labelled 'ready to eat'. Washing may reduce the risk of infection, but will not eliminate any risk of infection completely.
- Touching infected animals or accidentally coming into contact with their faeces.
- Contact with people who have the illness, particularly if you do not wash your hands thoroughly after using the toilet or before handling food.
- Drinking water from inadequately treated water supplies.
- Swimming or playing in contaminated water, such as ponds or streams.

Symptoms include diarrhoea, stomach cramps and occasionally fever. About half of people with the infection will have bloody diarrhoea. People usually notice symptoms three to four days after they have been infected, but symptoms can start any time between one and 14 days afterwards. These symptoms can last up to two weeks.

A small number of people with E. coli O157 infection go on to develop a serious condition called haemolytic uraemic syndrome (HUS). This can sometimes lead to kidney failure and death, although this is rare. The risk of HUS is highest in children aged under five years. Some people become infected but don't develop symptoms.

Giardia lamblia

Giardiasis is an infection of the digestive system caused by tiny parasites called Giardia intestinalis (also known as Giardia lamblia, or Giardia duodenalis).

Symptoms include stomach cramps, nausea, bloating and indigestion.

Most people become infected with giardiasis by drinking water contaminated with the Giardia parasite, or through direct contact with an infected person.

The giardiasis infection can also be passed on if an infected person doesn't wash their hands properly after using the toilet, then handles food eaten by others. Food can also be contaminated if it is washed with infected water.

Listeria

Listeriosis is an infection that usually develops after eating food contaminated by listeria bacteria.

In most people, listeriosis is mild and causes symptoms including a high temperature (fever), vomiting and diarrhoea. These symptoms usually pass within three days without the need for treatment.

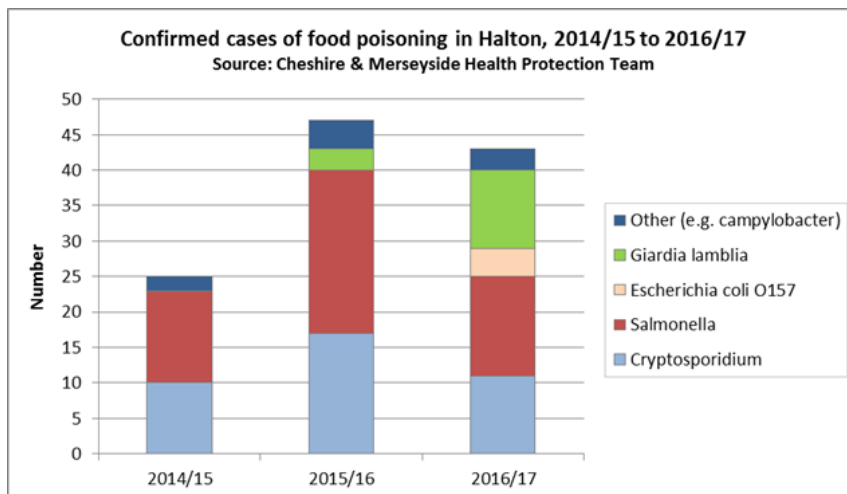
Listeria bacteria have been found in a range of chilled "ready-to-eat" foods, including pre-packed sandwiches, pate, butter, soft cheeses, cooked sliced meats and smoked salmon.

The bacteria may also be passed on through contact with the stools of infected animals or human carriers.

Current Situation

During 2016/17 a total of 43 cases of food poisoning were reported to Public Health England. This compares to 47 for 2015/16 and 25 for 2014/15.

The most common cause of food poisoning reported was Salmonella, followed by Cryptosporidium and Giardia. The Cryptosporidium cases were linked to an outbreak. In terms of Giardia, cases increased over 70% since the previous year, however these were sporadic and not linked to any particular cause.



Legionella

Legionnaires' disease is a serious lung infection caused by Legionella bacteria. Symptoms usually include flu- like such as mild headaches, muscle pain, high temperature, chills, tiredness, changes to your mental state, such as confusion.

Once bacteria begin to infect your lungs symptoms of pneumonia are also likely.

It usually takes six to seven days between getting the infection and the start of symptoms (known as the incubation period), although it can be any time from two to 19 days.

Around 90% of people with Legionnaires' disease make a full recovery after taking antibiotics. Legionnaires' disease can be particularly serious in people with pre-existing health conditions.

Current Situation

During 2016/17 there were 3 cases of Legionella in Halton. These were investigated and found to be sporadic with no obvious cause detected.

Hepatitis

Hepatitis is the term used to describe inflammation of the liver. It's usually the result of a viral infection or liver damage caused by drinking alcohol. There are several different types of hepatitis, most of which are outlined below.

Some types will pass without any serious problems, while others can be long-lasting (chronic) and cause scarring of the liver (cirrhosis) loss of liver function and, in some cases, liver cancer.

Hepatitis A

Hepatitis A is caused by the hepatitis A virus. It's usually caught by consuming food and drink contaminated with the faeces of an infected person and is most common in countries where sanitation is poor.

Hepatitis A usually passes within a few months, although it can occasionally be severe and even life-threatening. There's no specific treatment for it, other than to relieve symptoms such as pain, nausea and itching.

Hepatitis B

Hepatitis B is caused by the hepatitis B virus, which is spread in the blood of an infected person.

It's a common infection worldwide and is usually spread from infected pregnant women to their babies, or from child-to-child contact. In rare cases, it can be spread through unprotected sex and injecting drugs.

Hepatitis B is uncommon in the UK and most cases affect people who became infected while growing up in part of the world where the infection is more common, such as Southeast Asia and sub-Saharan Africa.

Most adults infected with hepatitis B are able to fight off the virus and fully recover from the infection within a couple of months.

However, most people infected as children develop a long-term infection. This is known as chronic hepatitis B and it can lead to cirrhosis and liver cancer. Antiviral medication can be used to treat it.

In the UK, vaccination against hepatitis B is recommended for people in high-risk groups, such as healthcare workers, people who inject drugs, men who have sex with men, and people travelling to parts of the world where the infection is more common.

Hepatitis C

Hepatitis C is caused by the hepatitis C virus and is the most common type of viral hepatitis in the UK. It's usually spread through blood-to-blood contact with an infected person.

In the UK, it's most commonly spread through sharing needles used to inject drugs. Poor healthcare practices and unsafe medical injections are the main way it's spread outside the UK.

Hepatitis C often causes no noticeable symptoms, or only flu-like symptoms, so many people are unaware they're infected.

Around one in four people will fight off the infection and be free of the virus. In the remaining cases, it will stay in the body for many years. This is known as chronic hepatitis C and can cause cirrhosis and liver failure.

Chronic hepatitis C can be treated with very effective antiviral medications, but there's currently no vaccine available.

Current Situation

During 2016/17 there were a total of 6 cases of hepatitis within Halton. There were less than 5 confirmed cases of hepatitis in both 2014/15 and 2015/16.

Whooping Cough

Whooping cough, also called pertussis, is a highly contagious bacterial infection of the lungs and airways. It causes repeated coughing bouts that can last for two to three months or more, and can make babies and young children in particular very ill.

Whooping cough is spread in the droplets of the coughs or sneezes of someone with the infection.

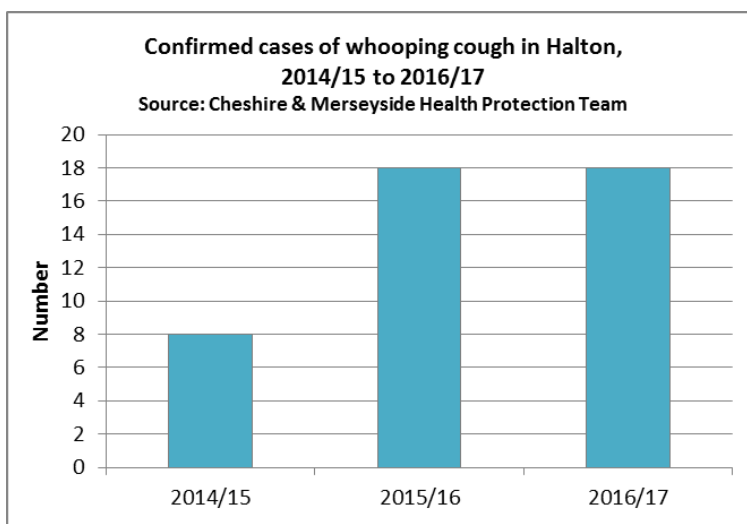
There are three routine vaccinations that can protect babies and children from whooping cough:

- The whooping cough vaccine in pregnancy – this can protect your baby during the first few weeks of life; the best time to have it is soon after the 20th week of your pregnancy
- The 5 in 1 vaccine – offered to babies at 8, 12 and 16 weeks of age
- The 4 in 1 pre-school booster – offered to children by 3 years and 4 months

These vaccines don't offer lifelong protection from whooping cough, but they can help stop children getting it when they're young and more vulnerable to the effects of the infection.

Current Situation

During 2016/17 there were 18 recorded cases of whooping cough in Halton. This figure was the same in the previous year but higher than that recorded in 2014/15 when only 8 were reported.



Dysentery

Dysentery is an infection of the intestines that causes diarrhoea containing blood or mucus.

Other symptoms of dysentery can include:

- painful stomach cramps
- Nausea or vomiting
- a fever of 38C (100.4F) or above

There are two types of dysentery:

- **bacillary dysentery or shigellosis** – caused by shigella bacteria; this is the most common type of dysentery in the UK
- **amoebic dysentery or amoebiasis** – caused by an amoeba (single-celled parasite) called *Entamoeba histolytica*, which is mainly found in tropical areas; this type of dysentery is usually picked up abroad

Current Situation

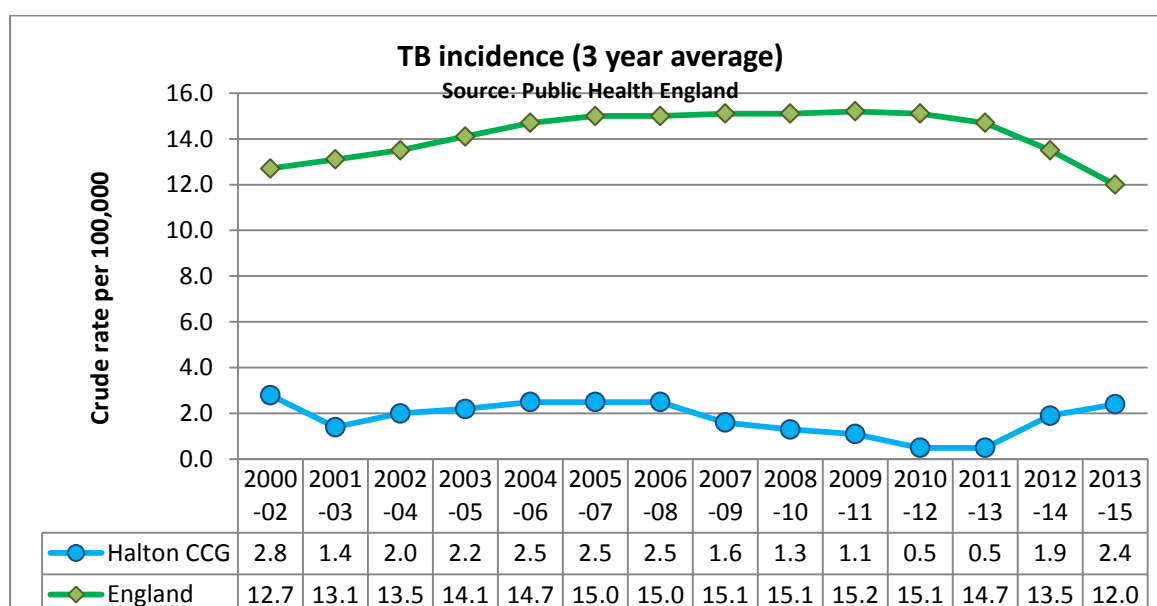
During 2016/ 17 there were 3 cases of dysentery in Halton. All of these were related to shigella bacteria.

Tuberculosis

Tuberculosis (TB) is a vaccine preventable disease caused by the bacteria belonging to the *Mycobacterium tuberculosis* complex. TB usually causes disease in the lungs (pulmonary), but can also affect other parts of the body (extra-pulmonary). Those most at risk are migrant populations and vulnerable groups, particularly the homeless.

Current Situation

The chart below illustrates that incidence rates for TB in Halton are low in comparison to England. This is largely to be expected due to Halton having lower than average numbers of at risk populations.



Recommendations

- Continue to monitor levels of communicable disease across all population groups and take effective action to prevent and control outbreaks as required
- Although TB incidence in Halton is low, continue to work with partner agencies to identify/ review at risk populations to ensure early diagnosis and treatment.

Seasonal Flu and Flu Vaccination

Background

Influenza (flu) is a viral infection affecting the lungs and the airways. The symptoms can appear very quickly and include a headache, fever, cough, sore throat and/ or aching muscles and joints. Flu occurs most often in winter in the UK and peaks between January and March.

The seasonal flu virus does not necessarily cause high mortality, but for some people flu can lead to complications including bacterial pneumonia, which can be life threatening especially to the elderly and those with underlying health conditions. In order to protect these vulnerable groups from seasonal flu, a national flu vaccination programme is offered. All those that fall within at risk groups are identified and offered the flu vaccination through their GP surgery. This is a national evidence based programme to help plan for the demand of flu.

Current Situation

Halton Borough Council does not have direct responsibility for delivering the seasonal flu vaccination programme, this responsibility lies with NHS England. The immunisation programme is delivered through general practitioners (GPs) in primary care. The Public Health team within the local authority, however, supports NHS England in the delivery of the programme by localising national plans to ensure effective targeting and prioritisation.

Halton also has a multi-agency Flu Planning Group which meets on a bi-monthly basis to coordinate the annual immunisation programme utilising local data and intelligence to enable effective planning. Lessons learnt from previous years also form an important part of this process.

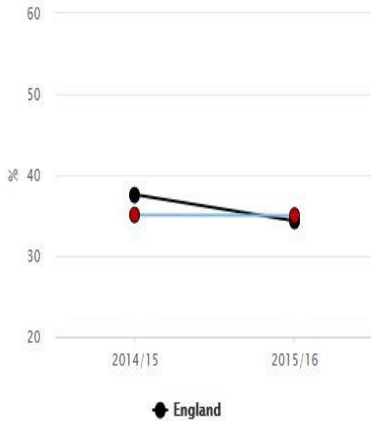
The following charts show flu vaccination coverage for the main at risk groups in Halton compared to England.

3.03xviii - Population vaccination coverage - Flu (2-4 years old)

Halton

Proportion - %

[Export chart as image](#) [Show confidence intervals](#)



Recent trend: -

Benchmarking against goal: <40 40 to 65 ≥65

Period	Count	Value	Lower CI	Upper CI	North West	England
2014/15	1,815	35.1	33.8	36.4	38.3*	37.6*
2015/16	1,694	35.0	33.7	36.4	34.4*	34.4*

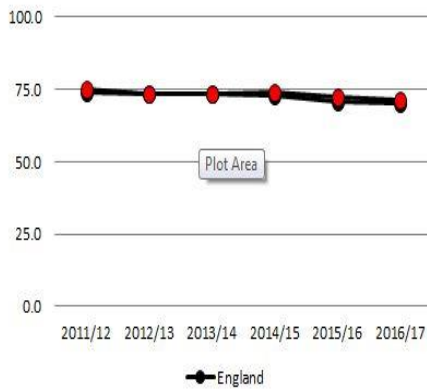
Source:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/428972/Seasonal_Flu_GP_Patients_31Jan_LAs_acc.pdf

Population vaccination coverage - Flu (aged 65+)

Halton

Proportion - %



Recent trend: ↓

Benchmarking against goal: <75 ≥75

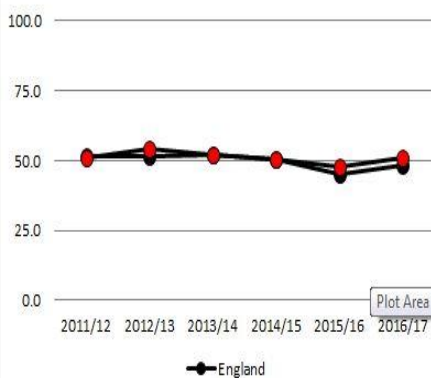
Period	Count	Value	Lower CI	Upper CI	North West	England
2011/12	14,230	74.8	74.2	75.5	76.7	74.0
2012/13	14,641	73.6	73.0	74.2	75.8	73.4
2013/14	15,086	73.5	72.8	74.1	75.8	73.2
2014/15	15,549	73.8	73.2	74.4	75.4	72.7
2015/16	15,637	72.2	71.6	72.7	73.7	71.0
2016/17	15,487	71.5	70.9	72.1	72.9	70.5

Source: <https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-gp-patients-in-england-winter-season-2016-to-2017>

Population vaccination coverage - Flu (at risk individuals)

Halton

Proportion - %



Recent trend: ↓

Benchmarking against goal: <55 ≥55

Period	Count	Value	Lower CI	Upper CI	North West	England
2011/12	7,723	51.2	50.4	52.0	55.3	51.6
2012/13	7,902	54.0	53.2	54.8	55.2	51.3
2013/14	7,569	51.9	51.1	52.7	56.5	52.3
2014/15	8,104	50.3	49.6	51.1	53.9	50.3
2015/16	8,789	47.6	46.9	48.3	49.0	45.1
2016/17	8,313	51.0	50.2	51.7	52.5	48.6

Source: <https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-gp-patients-in-england-winter-season-2016-to-2017>

The data shows that although there was a slight decrease in 2015/16, uptake for 2-4 year olds is higher in Halton than both England and the North West. A similar trend is also observed for pregnant women where the latest data for 2016/17 shows that 50.6% of Halton women received the flu vaccination compared to 44.9% for England and 47.9% for the North West. Uptake for the under 65 at risk population is also higher than England but lower than the region as a whole.

Coverage for the over 65 population has decreased in recent years, which is similar to national and local trends. However, coverage in Halton (71.5%) is still higher than England (70.5%) but lower than the North West (72.9%).

Recommendations

- Continue to work with GP Practices to improve uptake in all population groups
- Enhanced intelligence of care home populations should be developed
- Continue to work across the wider Cheshire and Merseyside footprint to share communication plans
- Continue to utilise and promote the PHE social media campaign to promote uptake
- Promote and monitor uptake of staff flu vaccination schemes

Vaccine Preventable Diseases

Background

A number of vaccines are routinely offered through the NHS immunisation schedule in order to protect the young, older people and vulnerable groups from a range of infectious diseases. Vaccinations are carried out by a range of Primary Care professionals working in local communities, including GPs, Practice Nurses and School Nurses. The following provides an overview of the main vaccines offered and includes a brief analysis of uptake across Halton compared to the national and regional position.

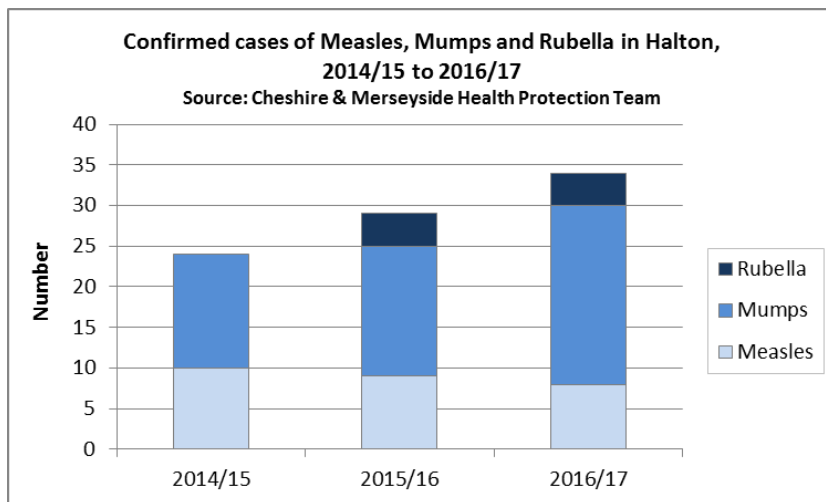
Measles, Mumps and Rubella (MMR)

MMR is a safe and effective combined vaccine that protects against three separate illnesses—measles, mumps and rubella (German measles) – in a single injection. The full course of MMR vaccination requires two doses. Measles, mumps and rubella are common, highly

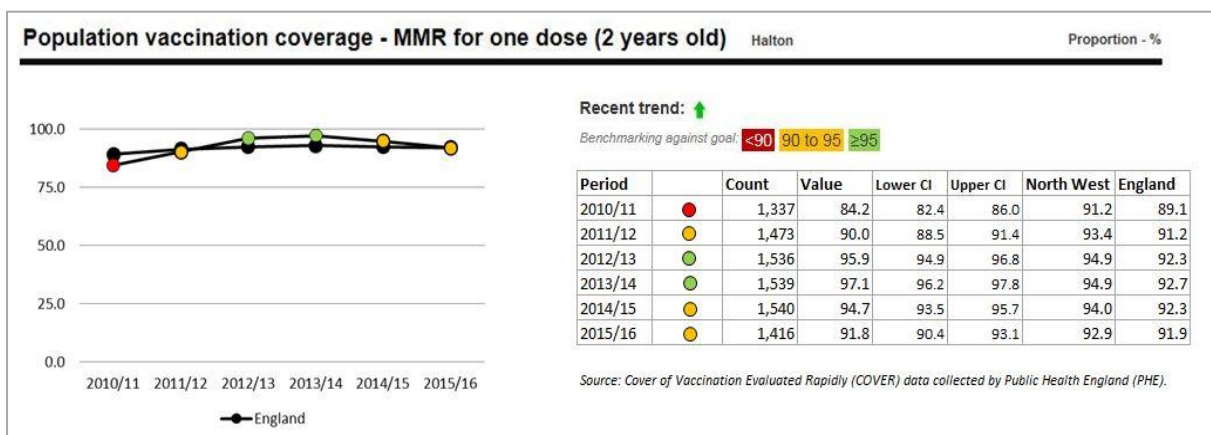
infectious conditions that can have serious, potentially fatal, complications, including meningitis, swelling of the brain (encephalitis) and deafness. They can also lead to complications in pregnancy that affect the unborn baby and can lead to miscarriage. Since the MMR vaccine was introduced in 1998, fewer children have developed these serious conditions. However, outbreaks do happen with cases of measles in particular rising in recent years.

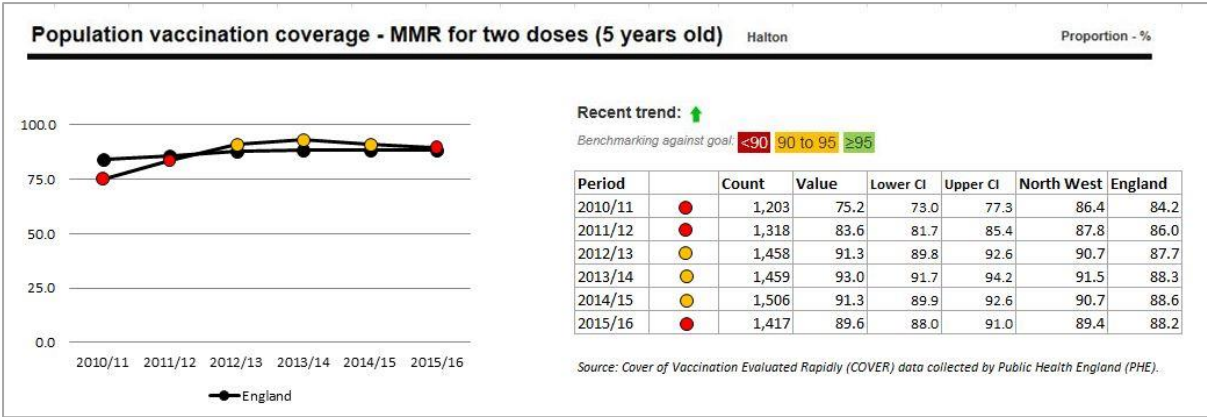
Current Situation

The following chart shows the number of recorded cases for Measles, Mumps and Rubella in Halton for the last three years. During 2016/17 there were 8 cases of Measles, 22 cases of Mumps and 4 cases of Rubella.



The latest data for MMR from 2015/16 shows that for the first dose (by 2 years old) Halton’s uptake is similar to England and the North West. By the time the second dose is given at the age of 5 Halton is higher than the England average and similar to the North West.



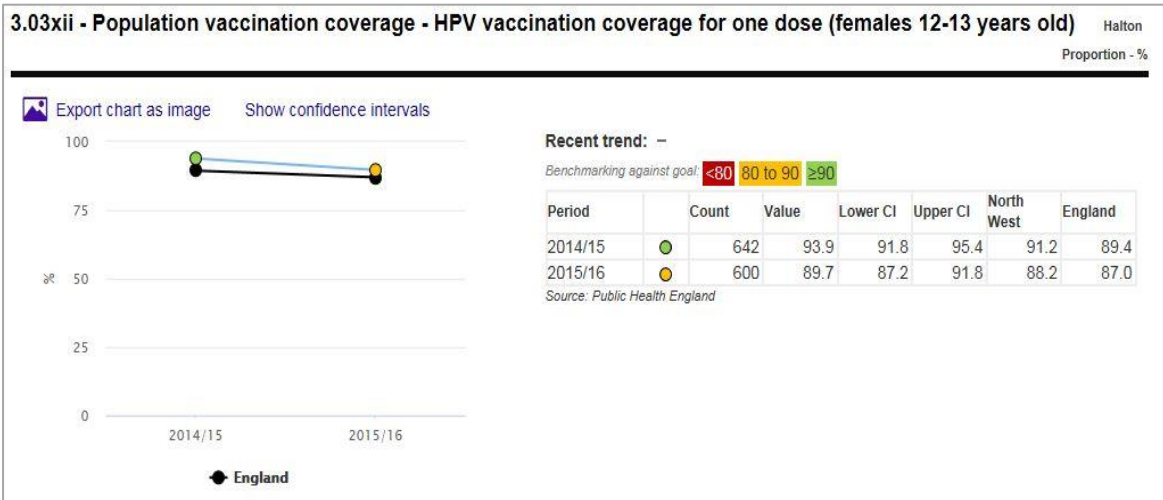


HPV

All girls aged 12 to 13 are offered the HPV (Human Papilloma Virus) vaccination as part of the NHS childhood vaccination programme. The vaccine protects against cervical cancer. It is usually given to girls in Year 8 across schools in England.

Current Situation

The percentage of girls being vaccinated against HPV in Halton in 2015/16 was 89.7 compared to 87% for England and 88.2% for the North West. However, the data also shows that Halton's percentage coverage dropped by 4.2% since the previous year a similar trend to that experienced both nationally and regionally. The national target for HPV is set at 90% and over.



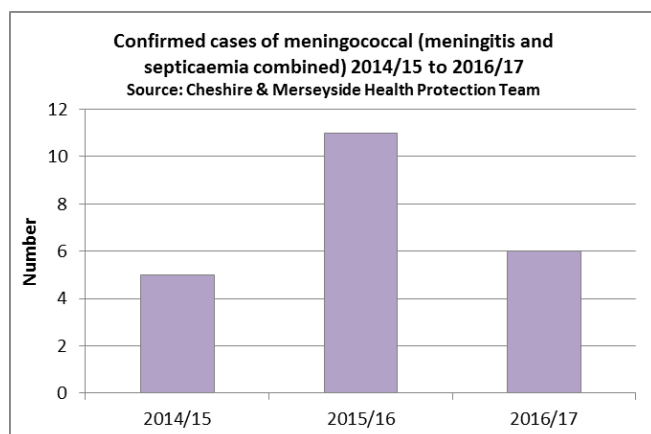
Meningococcal Disease

Meningococcal disease can affect all age groups, but the rates of disease are highest in children under 5 years of age, with the peak in babies under one year of age. There is a second peak in young people aged between 15 and 19. Babies are routinely offered the Men C vaccine as part of the vaccination programme at 3 months of age. A second dose of Men C is offered at 12 months in a combined vaccine with Haemophilus influenza b (Hib). Teenagers and first-time university students are offered Men C vaccination in a combined Men ACWY vaccine.

September 2015 saw the addition of the Men B vaccine being added to the childhood vaccination programme. The vaccine protects babies against infection from Meningococcal group B bacteria, which can cause Meningitis and septicaemia (blood poisoning), which are serious and potentially fatal illnesses. The vaccine is offered to babies aged 2 months, followed by a second dose at 4 months and a booster at 12 months.

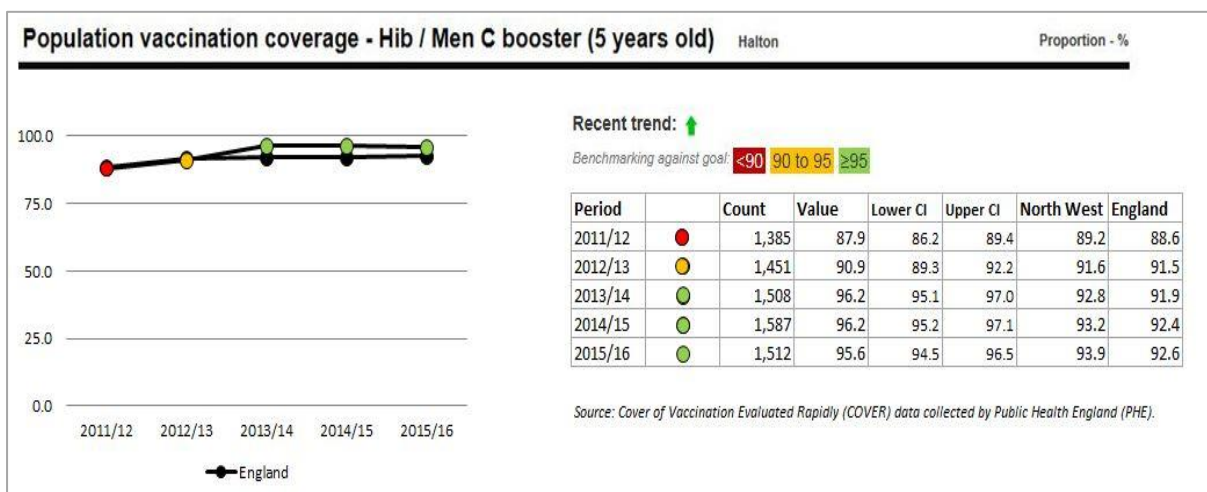
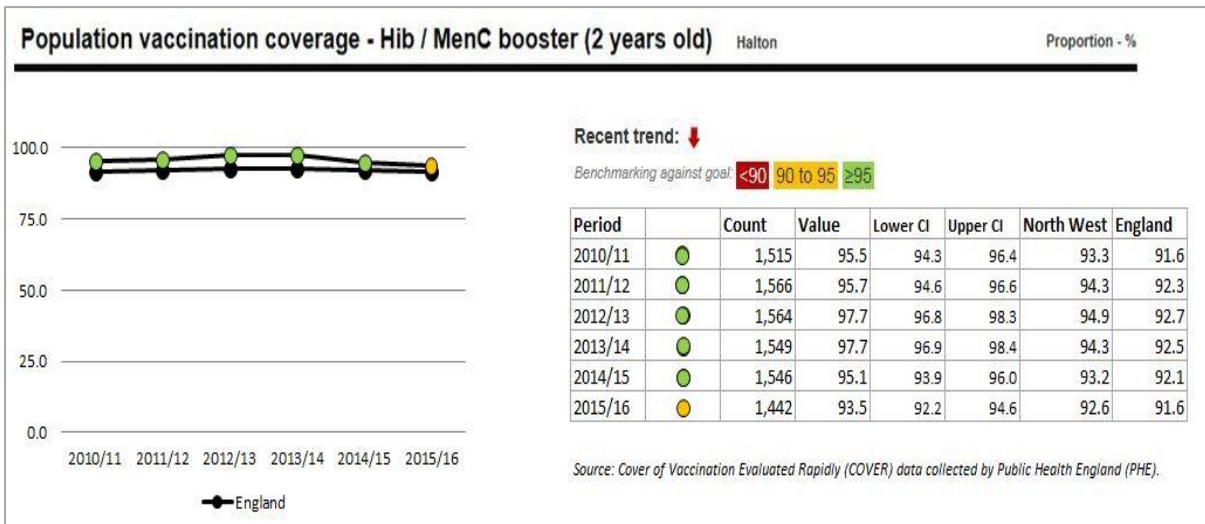
Current Situation

Over the past three years there were a total of 22 cases of Meningococcal infection in Halton, (9 cases of Meningococcal Meningitis and 13 cases of Meningococcal septicaemia).



Hib/ Men C vaccine uptake among 2 year olds in Halton remains high at 93.5% for 2015/16 but dropped by 1.6% based on the previous year. In spite of this, it still remains above England and the North West.

By age 5, uptake is above the 95% target (95.6%) and also exceeds England and the North West.



Pneumococcal Infection

Pneumococcal infections are caused by the bacterium *Streptococcus pneumoniae* and can lead to pneumonia, septicaemia (a kind of blood poisoning) and meningitis. A Pneumococcal infection can affect anyone, however, some people need the pneumococcal vaccination because they are at higher risk of complications. These include:

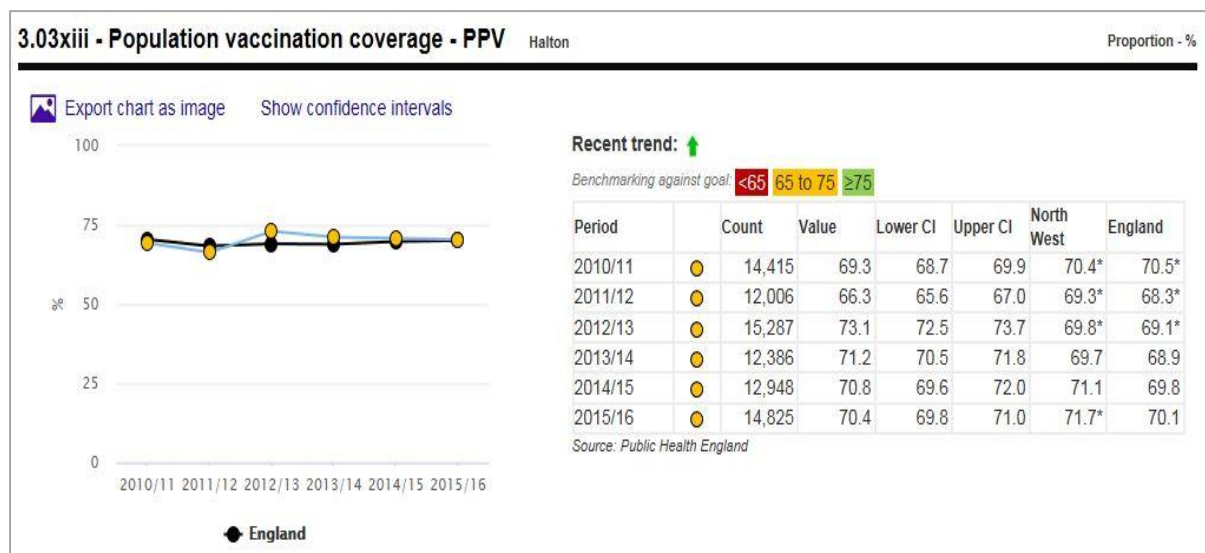
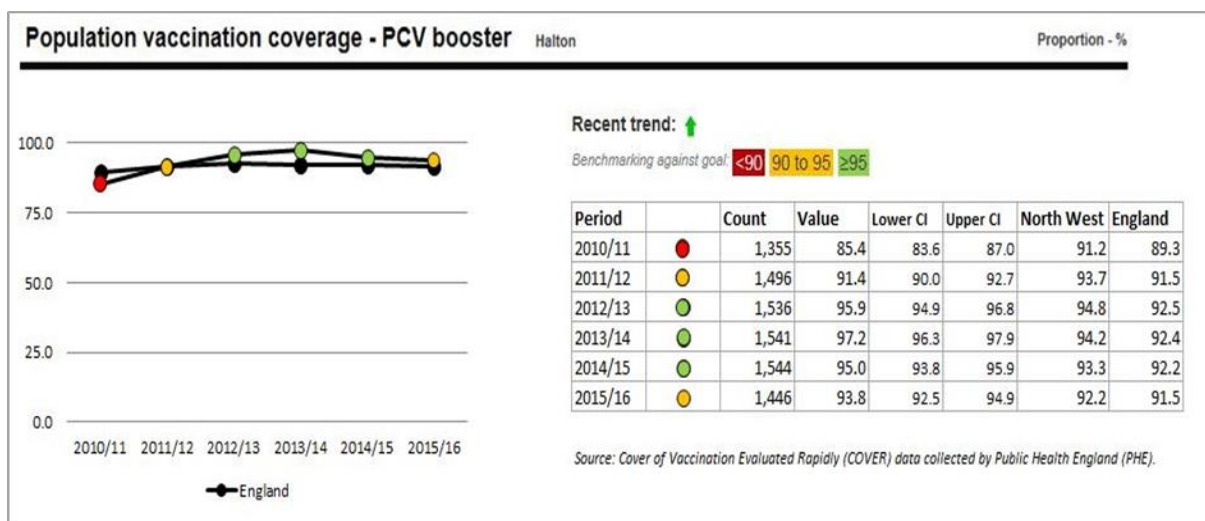
- All children under the age of two
- Adults aged 65 or over
- Children and adults with certain long-term health conditions

Children receive the Pneumococcal Conjugate Vaccine as three separate injections, at 8 weeks, 16 weeks and one year old. People over 65 only need a single pneumococcal vaccination, known as Pneumococcal Polysaccharide Vaccine (PPV) which will protect them

for life and those with a long-term health condition may need just a single one-off vaccination or five-yearly depending on their underlying health condition.

Current Situation

In recent years PCV vaccination coverage in Halton has remained consistently above the North West and England. Although a drop was observed in 2015/16 this remains consistent with national and regional trends. Coverage for the PPV vaccination for the over 65s is also above England but is currently slightly below the North West.



Shingles

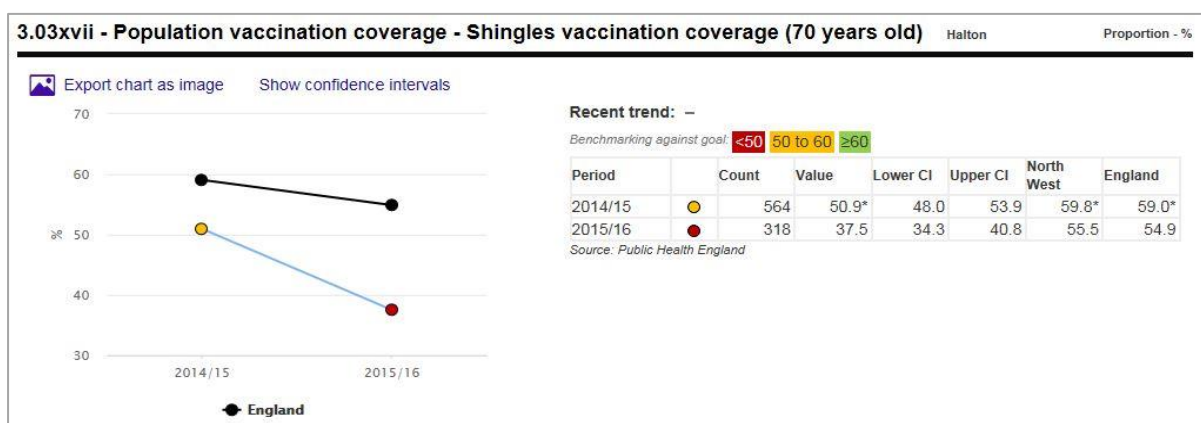
Shingles is a painful skin rash caused by the reactivation of the chickenpox virus in people who have previously had chickenpox. The shingles vaccine is given to people aged 70 or 78 years old on 1st September 2016. In addition, anyone who was eligible for the vaccine in the previous three years of the programme but missed out on their shingles vaccination remains eligible until their 80th birthday. This includes:

- People aged 71, 72 and 73 on 1st September 2016
- People aged 79 on 1st September 2016

The vaccine is expected to reduce the risk of getting shingles. For those who are unlucky enough to get the disease the symptoms are usually milder and the illness shorter.

Current Situation

Data for uptake of the shingles vaccine in Halton shows that since the vaccine was introduced, uptake has fallen from 50.9% in 2014/15 to 37.5% in 2015/16. The reasons behind this are unknown, however, these figures show that Halton is significantly below the North West and England.



Recommendations

As the data shows Halton has good vaccination uptake in most areas, however, further work is needed to:

- Improve uptake of the Shingles vaccine in target groups by ensuring an effective strategy is developed to include communication across a range of settings including: front line professionals, primary care, community services and care homes
- Build on existing uptake rates in other vaccinations, aiming for 95% coverage and above in all areas of Halton

Screening Programmes

Background

Screening is a way of identifying apparently healthy people who may be at risk of a health problem, so that early treatment can be offered or information given to help them make informed decisions. In England, a range of screening programmes are available including breast, cervical and bowel cancer, diabetic eye screening and abdominal aortic aneurysm (a dangerous swelling in the aorta). Screening can lead to a reduction in late diagnosis and preventable deaths.

To maximise the benefits of the screening programme it is important that as many of the eligible population take up the offer of screening as possible. Screening rates can be affected by a number of factors including socioeconomic group, ethnicity, knowledge and service provision.

Breast Cancer Screening

Breast screening is routinely offered to women aged 50- 70 years as part of the NHS screening programme. Women over 70 can self-refer.

Current Situation

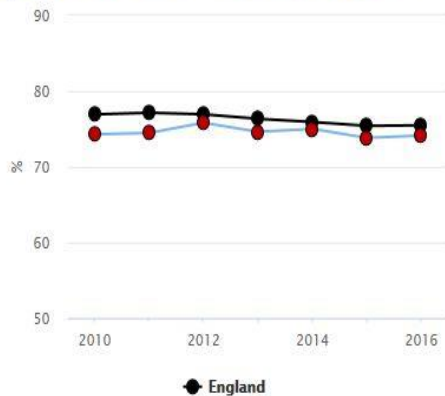
The percentage coverage of breast screening in Halton is below the England average but is consistently above the North West. Whilst rates dropped in 2015 the latest data for 2016, shows an increase.

2.20i - Cancer screening coverage - breast cancer

Halton

Proportion - %

Export chart as image Show confidence intervals



Recent trend: ↓

Period	Count	Value	Lower CI	Upper CI	North West	England
2010	9,840	74.3	73.5	75.0	75.6	76.9
2011	10,054	74.5	73.7	75.2	74.9	77.1
2012	10,448	75.8	75.1	76.5	74.9	76.9
2013	10,485	74.6	73.9	75.3	74.5	76.3
2014	10,736	75.0	74.3	75.7	73.4	75.9
2015	10,810	73.8	73.1	74.5	72.6	75.4
2016	11,137	74.1	73.4	74.8	72.2	75.5

Source: Health and Social Care Information Centre (Open Exeter)/Public Health England

Bowel Screening

There are two types of screening for Bowel Cancer:

- A home testing kit is offered to men and women aged 60-74
- Bowel scope screening uses a thin, flexible tube with a tiny camera on the end to look at the large bowel. It is offered to men and women at the age of 55 in some parts of England.

Current Situation

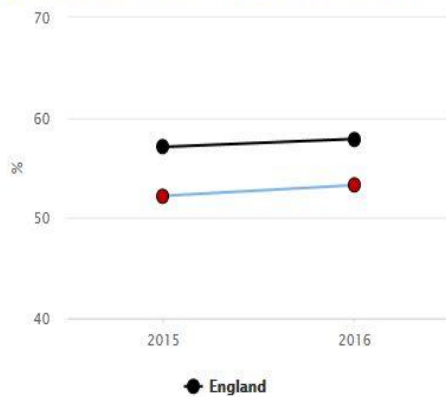
In Halton, although screening rates for bowel cancer have improved in 2016, they are still below the England and North West. A new initiative has recently been introduced in Halton through primary care, whereby people are contacted by telephone to encourage them to return their bowel cancer testing kits. This also provides the opportunity to discuss any concerns the patient may have regarding the test. A pilot of the programme in 2016 proved successful within the trial group in increasing uptake.

2.20iii - Cancer screening coverage - bowel cancer

Halton

Proportion - %

Export chart as image Show confidence intervals



Recent trend: -

Period	Count	Value	Lower CI	Upper CI	North West	England
2015	10,060	52.2	51.5	52.9	55.9	57.1
2016	10,551	53.3	52.6	54.0	56.8	57.9

Source: Health and Social Care Information Centre (Open Exeter)/Public Health England

Cervical Screening

Cervical screening is offered to women aged 25- 64 to check the health of cells in the cervix. It is offered every three years for those aged 26-49, and every five years from the ages of 50-64.

Current Situation

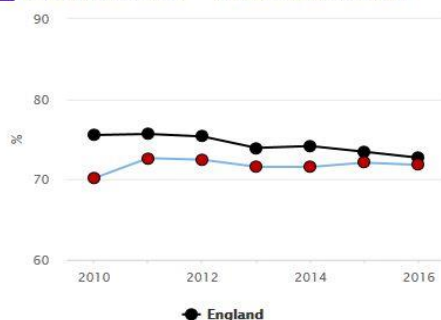
Although rates for cervical cancer screening increased slightly in 2015 the latest data from 2016 shows a slight decrease. Halton's rate is slightly below the North West and 0.9% below that of England.

2.20ii - Cancer screening coverage - cervical cancer

Halton

Proportion - %

Export chart as image Show confidence intervals



Recent trend: ↗

Period	Count	Value	Lower CI	Upper CI	North West	England
2010	23,516	70.2	69.7	70.6	72.5	75.5
2011	23,630	72.7	72.2	73.1	74.9	75.7
2012	23,579	72.5	72.0	72.9	74.8	75.4
2013	23,344	71.6	71.1	72.1	73.1	73.9
2014	23,451	71.6	71.1	72.1	73.0	74.2
2015	23,744	72.1	71.6	72.6	72.8	73.5
2016	23,820	71.8	71.3	72.3	72.3	72.7

Source: Health and Social Care Information Centre (Open Exeter)/Public Health England

Abdominal Aortic Aneurysm (AAA) screening

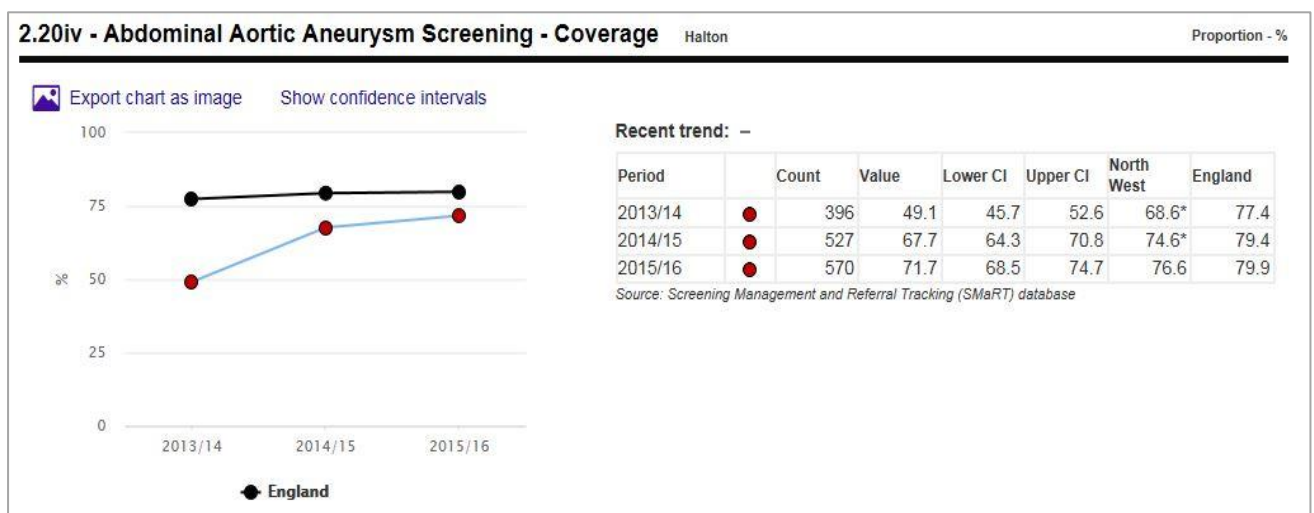
AAA screening is a way of detecting a dangerous swelling of the aorta- the main blood vessel that runs from the heart, down through the abdomen to the rest of the body.

This swelling is far more common in men aged over 65 than it is in women and younger men, so men over 65 are invited for screening in the year they turn 65. An AAA usually causes no symptoms, but if it bursts, it's extremely dangerous and usually fatal.

Screening involves a simple ultrasound scan of the stomach (abdomen) which takes about 10-15 minutes.

Current Situation

Since being introduced in 2013, uptake for AAA screening in Halton has increased year on year but still falls below both the North West and England.



Diabetic Retinopathy

Diabetic retinopathy is a complication of diabetes, caused by untreated high blood sugar levels. To minimise risk, people with diabetes should:

- Ensure they control their blood sugar levels, blood pressure and cholesterol
- Attend diabetic eye screening appointments- annual screening is offered to all people with diabetes aged 12 and over to pick up and treat any problems early on.

The screening test involves examining the back of the eyes and taking photographs. Depending on the results, patients may be asked to return for another appointment a year later, attend more regular appointments or discuss treatment options with a specialist.

Current Situation

Unfortunately, there are no specific Halton data for diabetic eye screening as the programme is managed as central hub services. The following tables however, show the latest quarterly data from the Cheshire and Merseyside immunisation report as well as national trends. This demonstrates that Cheshire and Central Mersey have the lowest level of uptake when compared to the North West and England as a whole.

3.1 Diabetic Eye Screening

3.1.i DE1 - Uptake of Digital Screening Encounter

The proportion of those offered diabetic eye screening who attend a digital screening event.*

Target: Acceptable >=70%, Achievable >=80%

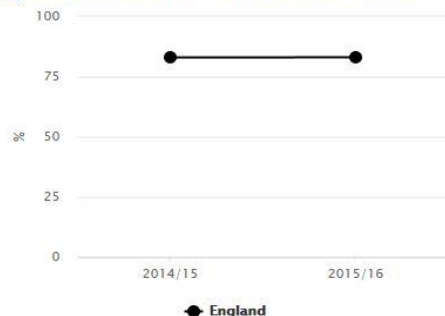
Screening Centre	Q1 2014/15	Q2 2014/15	Q3 2014/15	Q4 2014/15	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Trend
Cheshire	83.1%	79.3%	77.6%	76.9%	76.4%	76.8%	76.5%	75.9%	
Wirral	83.7%	83.9%	83.3%	83.4%	83.5%	83.8%	83.9%	83.9%	
Central Mersey	77%	76.8%	76.9%	78.4%	79.2%	79.2%	78.8%	79.8%	
Liverpool	83.5%	82.9%	83.0%	85.9%	88.0%	89.3%	91.2%	83.1%	
North Mersey	91.8%	91.4%	91.2%	91.8%	91.8%	92.0%	91.8%	91.7%	
North West	81.6%	80.8%	80.5%	81.1%	81.1%	81.3%	81.5%	81.1%	

2.20v - Diabetic eye screening - uptake

Halton

Proportion - %

Export chart as image Show confidence intervals



Period	Count	Value	Lower CI	Upper CI	North West	England
2014/15	-	-	-	-	81.1	82.9
2015/16	-	-	-	-	81.1	83.0

Source: Local diabetic eye screening service

Recommendations

- Build on existing improvements in bowel cancer and breast cancer screening
- Continue to build on the success of bowel cancer telephone pilot and roll out to more practices across Halton
- Maintain increase in AA screening to bring in line with North West and England average
- Examine ways to improve cervical cancer screening by identifying areas with low uptake

Sexually Transmitted Diseases

Sexual Health is an issue that concerns the majority of the population. The World Health Organisation defines sexual health along these main parameters:

- Enjoyment of sexual relations without exploitation, oppression or abuse
- Safe pregnancy and childbirth and avoidance of unintended pregnancies
- Absence and avoidance of sexually transmitted infections, including HIV

To ensure this can be achieved a comprehensive sexual health service is required, including health promotion campaigns and educational opportunities particularly for young people. In addition good surveillance of trends in key measures of sexual health such as sexually transmitted infections should be used to measure this. Within the Public Health Outcomes Framework the main areas of focus for sexual health are HIV and Chlamydia.

HIV

HIV is a virus that attacks the immune system, and weakens your ability to fight infections and disease. It's most commonly caught by having sex without a condom.

It can also be passed on by sharing infected needles and other injecting equipment, and from an HIV-positive mother to her child during pregnancy, birth and breastfeeding.

HIV stands for human immunodeficiency virus. The virus attacks the immune system, and weakens your ability to fight infections and disease.

There is no cure for HIV, but there are treatments to enable most people with the virus to live a long and healthy life, and to reduce the possibility of them passing on the virus to others.

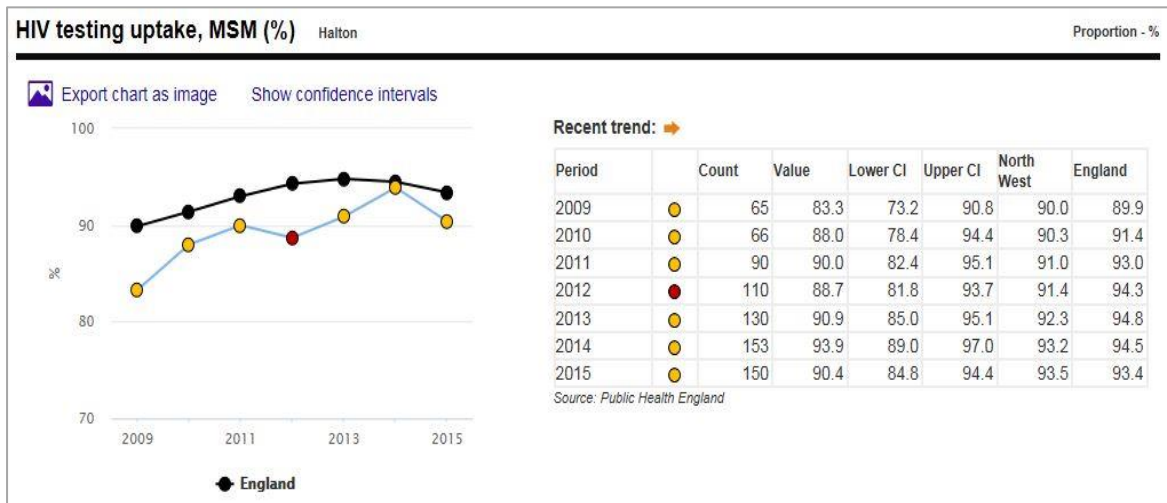
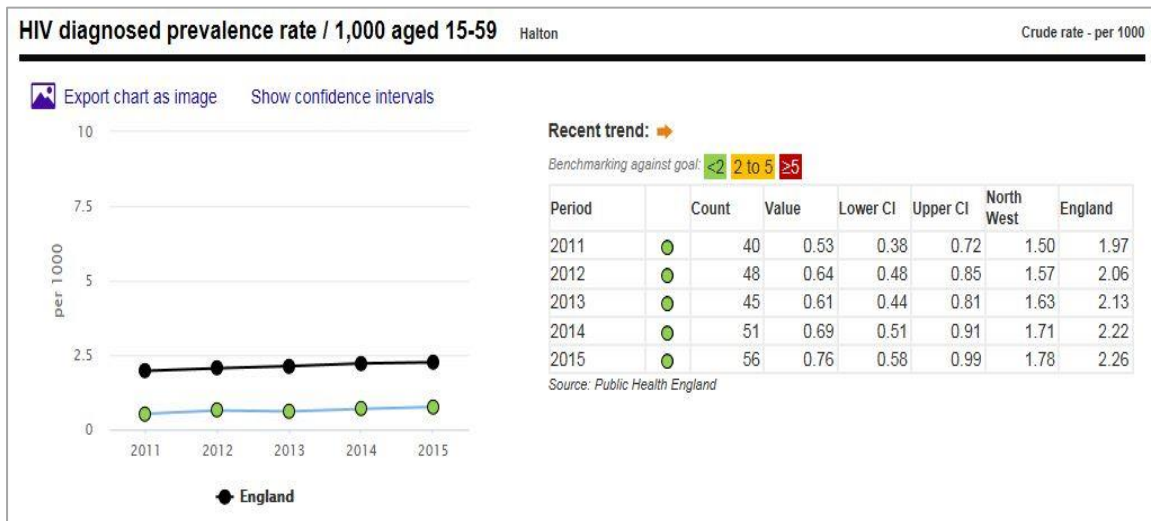
AIDS is the final stage of HIV infection, when your body can no longer fight life-threatening infections. With early diagnosis and effective treatment, most people with HIV will not go on to develop AIDS (NHS Choices, 2017).

Current Situation

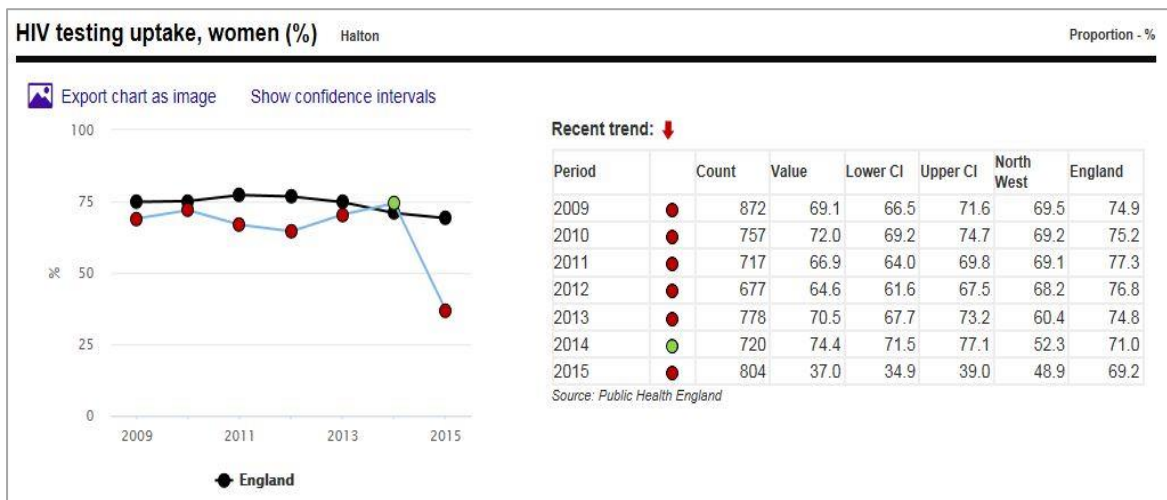
The following tables illustrate HIV diagnosed prevalence rates, testing uptake and late diagnosis.

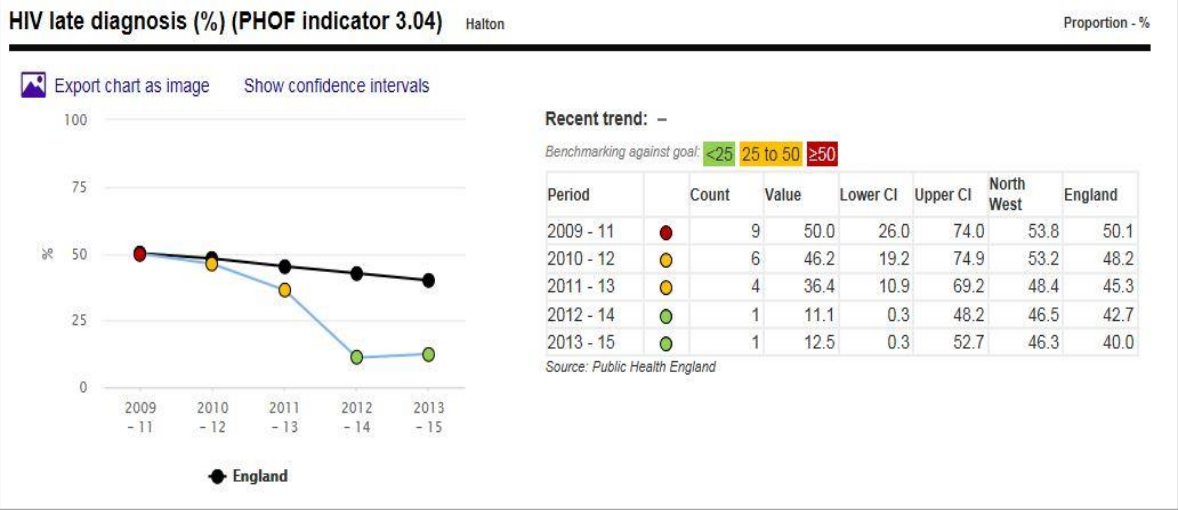
The data shows that Halton's diagnosed prevalence rate is low in comparison to national and regional trends. HIV testing uptake however, is low particularly for women, where the rate dropped from 74.4% in 2014 to 37% in 2015.

Late diagnosis rates remain low in Halton at 12.5% for 2013-15 compared to 46.3% for the region as a whole and 40% for England.



(MSM – Men who have sex with Men)





Chlamydia

Chlamydia is one of the most common sexually transmitted infections (STIs) in the UK.

It's passed on from one person to another through unprotected sex (sex without a condom) and is particularly common in sexually active teenagers and young adults.

In 2013, more than 200,000 people tested positive for chlamydia in England. Almost 7 in every 10 people diagnosed with the condition were under 25 years old.

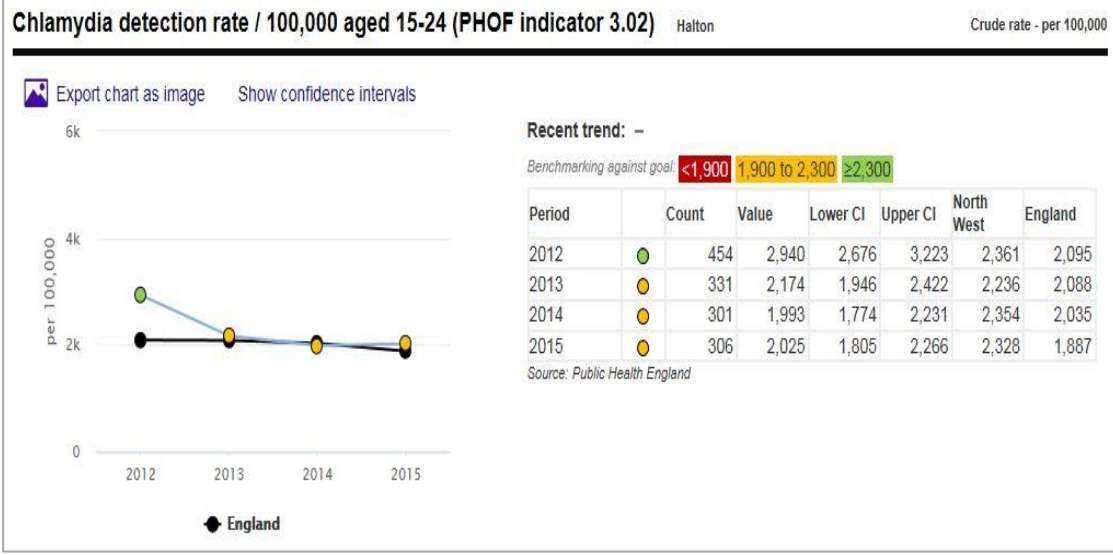
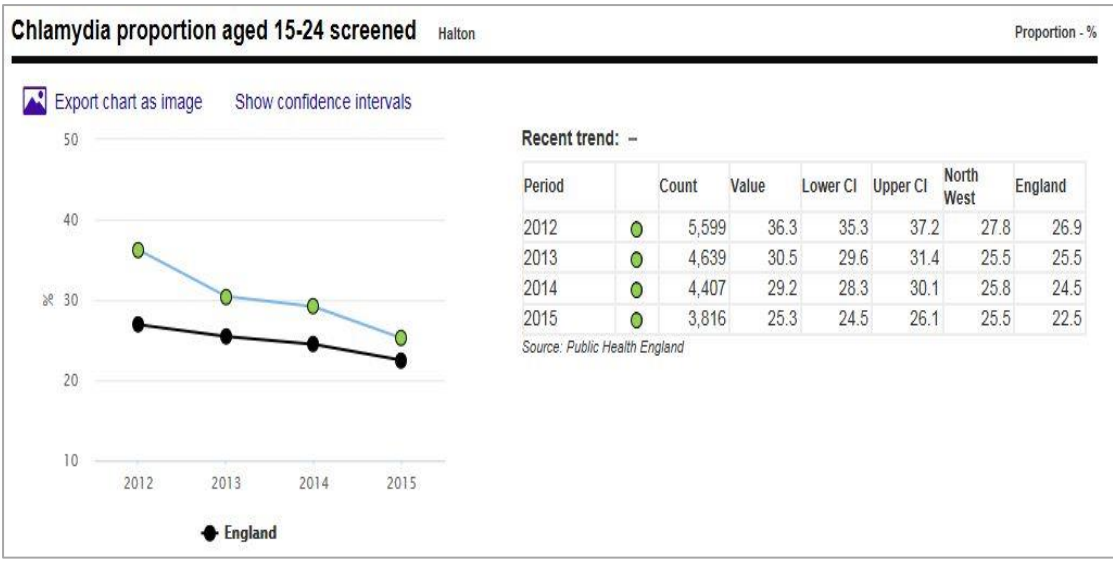
Although chlamydia doesn't usually cause any symptoms and can normally be treated with a short course of antibiotics, it can be serious if it's not treated early on.

If left untreated, the infection can spread to other parts of the body and lead to long-term health problems, such as pelvic inflammatory disease (PID), epididymo-orchitis (inflammation of the testicles) and infertility. It can also sometimes cause reactive arthritis.

Current Situation

Since 2012, there has been a year on year decrease in the number of 15-24 year olds being screened for chlamydia. Although this is disappointing it is a reduction that has also been observed across the North West and England. In spite of this reduction in screening rates, Halton's rate still remains higher than England.

The data also shows that chlamydia detection rates in Halton for 15-24 year olds, reduced significantly between 2012 and 2014, although there was a slight increase during 2015.

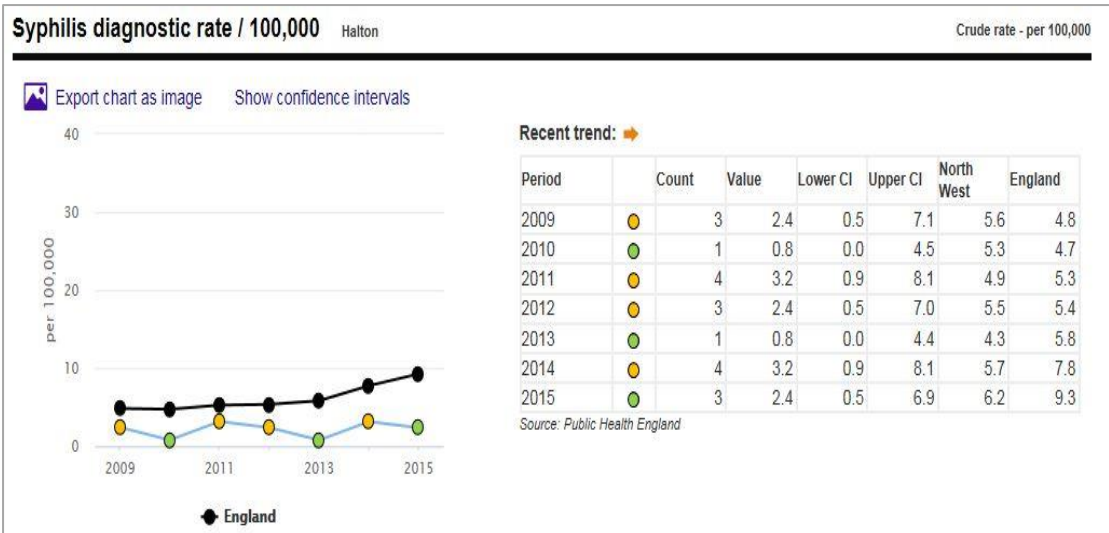


Syphilis

Syphilis is a bacterial infection that's usually caught by having sex with someone who's infected. Those who think they may have syphilis should be tested and treated as soon as possible as it can lead to serious problems if it left untreated.

Current Situation

Cases of Syphilis in Halton are low with just 3 diagnosed cases in 2015. This is well below both the England and North West.



Gonorrhoea

Gonorrhoea is a sexually transmitted infection caused by bacteria called *Neisseria gonorrhoeae* or gonococcus. It is easily passed between people through vaginal, oral or anal sex.

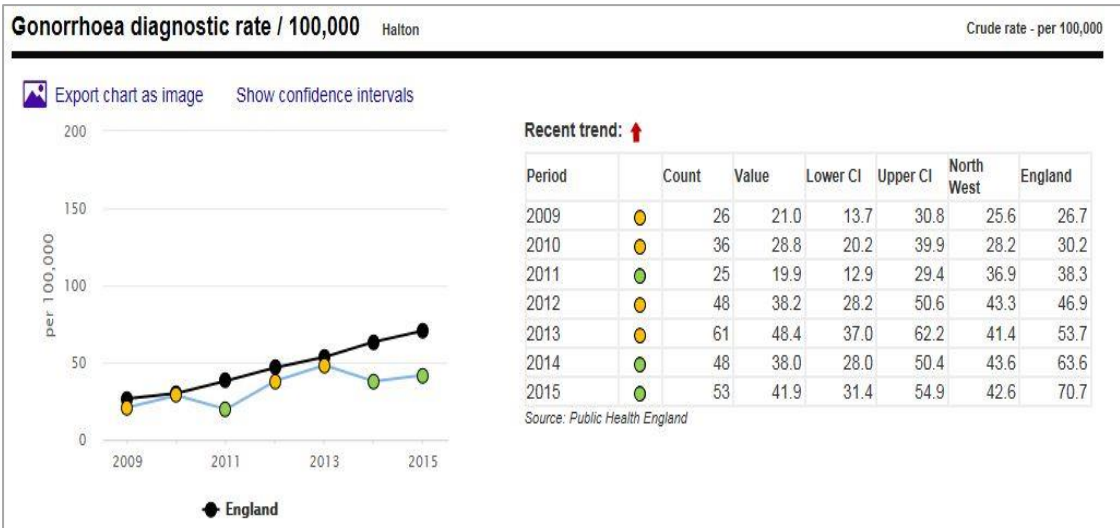
The bacteria can infect the cervix (entrance to the womb), the urethra (tube through which urine passes out of the body), the rectum, and less commonly the throat or eyes.

Gonorrhoea can be easily diagnosed by testing a sample of discharge picked up using a swab. Testing a sample of urine can also be used to diagnose the condition in men.

It's important to get tested as soon as possible, because gonorrhoea can lead to more serious long-term health problems if it's not treated, including pelvic inflammatory disease in women, or infertility.

Current Situation

Nationally, there has been a steady increase in the rate of diagnosed Gonorrhoea cases, peaking at 70.7 per 100,000 in 2015. At a regional and local level rates have remained significantly lower with Halton's rate being 41.9 per 100,000 for 2015. Although this figure represents an increase on the previous year it is still on target.



Genital Warts

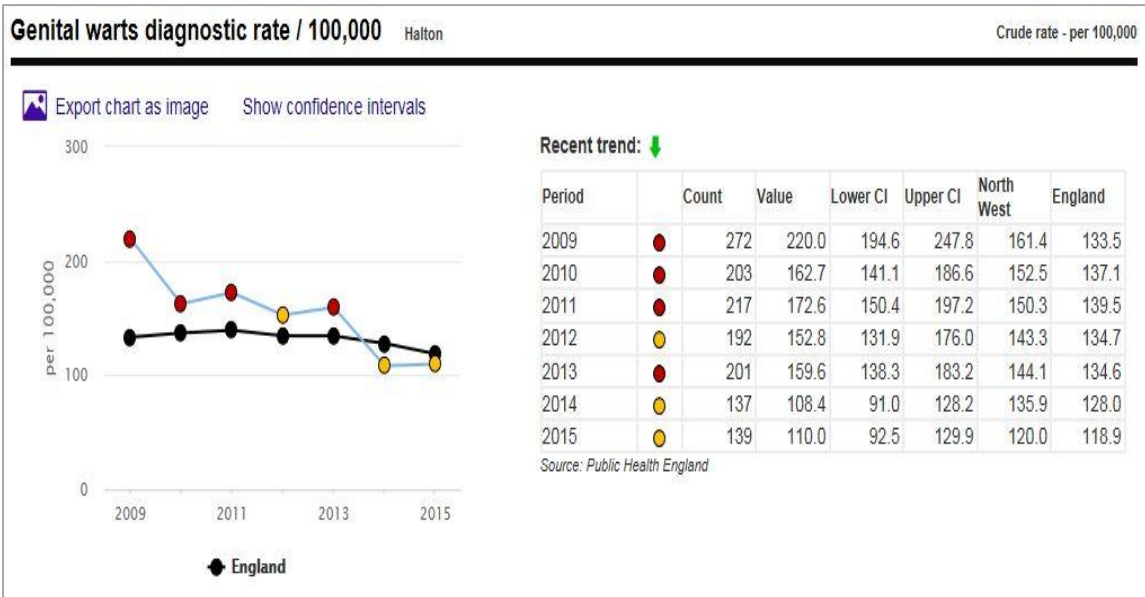
Genital warts are small fleshy growths, bumps or skin changes that appear on or around the genital or anal area.

Genital warts are very common. In England, they are the second most common type of sexually transmitted infection after chlamydia.

Genital warts are the result of a viral skin infection caused by the human papilloma virus (HPV). They are usually painless and do not pose a serious threat to health.

Current Situation

The diagnostic rate for genital warts in Halton is below both the England and North West rates. In spite of this difference rates have improved significantly since 2009 with the number of cases dropping by almost half. This data should however, be treated with caution as it only relates to diagnosed cases and therefore only represents those who have presented with the condition.



Genital Herpes

Genital herpes is a common infection caused by the herpes simplex virus (HSV). It causes painful blisters on the genitals and the surrounding areas.

As genital herpes can be passed to others through intimate sexual contact, it's often referred to as a sexually transmitted infection.

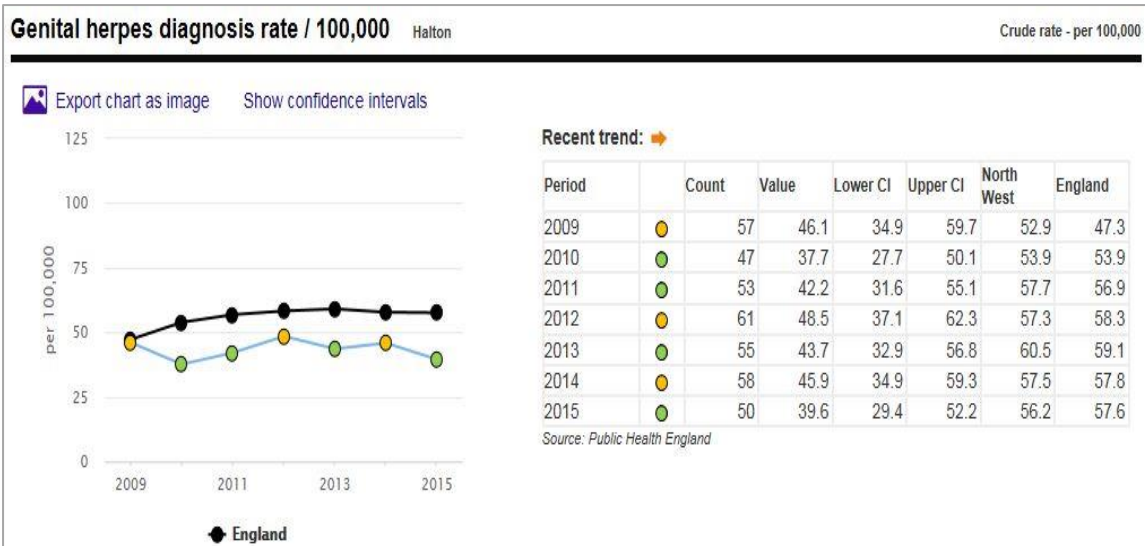
HSV can affect any mucous membrane (moist lining), such as those found in the mouth (cold sores).

Genital herpes is a chronic (long-term) condition. The virus remains in your body and can become active again. The average rate of recurrence is four to five times in the first two years after being infected. However, over time, it tends to become active less frequently and each outbreak becomes less severe.

Although there's no cure for genital herpes, the symptoms can usually be controlled using antiviral medicines.

Current Situation

Diagnosed cases of genital herpes have remained relatively low in Halton for a number of years and are significantly below rates for the North West and England. Since 2012, numbers have decreased year on year.



Recommendations

- To continue to monitor STI levels and identify and take action following confirmation of confirmed outbreaks
- Continue to invest in preventative services which support keeping the levels of STIs down
- Look at ways of improving HIV testing uptake especially for women
- Continue to address low Chlamydia screening rates for 15-24 year olds

Healthcare Associated Infections (HCAIs)

Healthcare associated infections (HCAI) are infections that are acquired in hospital or as a result of healthcare interventions. They occur in hospitals and in the community and affect both patients and healthcare workers. It is estimated that 9% of all inpatients have an infection associated with their care in hospital.

Public Health England monitors the numbers of certain infections that occur in healthcare settings through routine surveillance programmes and advises how to prevent and control infection in establishments such as hospitals, care homes and schools. PHE also monitors the spread of antibiotic resistant infections and advises healthcare professionals about controlling antimicrobial resistance.

Two of the most common HCAI are Clostridium Difficile (C. Difficile) and Methicillin-resistant Staphylococcus Aureus (MRSA).

Current Situation

The Infection Control team for Halton during 2016/17 was hosted by Bridgewater Community NHS Trust and covers the three boroughs of Halton, Warrington and St. Helen’s.

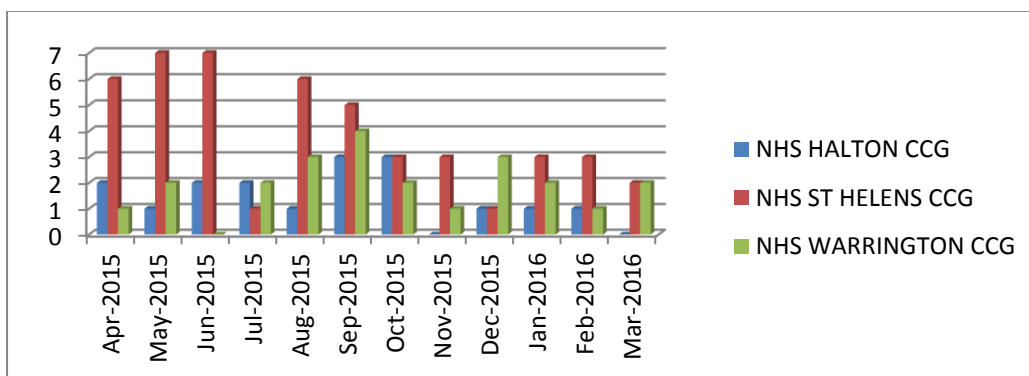
The Nurses continue to work hard to reduce the incidence of health care associated infections by promoting infection control principles across GP surgeries and care homes in the three boroughs. The nurses are involved in a variety of ways by training, audits, prudent prescribing of antibiotics and working closely with colleagues across the whole health economy.

The following graphs show the number of cases of C Difficile for 2015/16 and 2016/17.

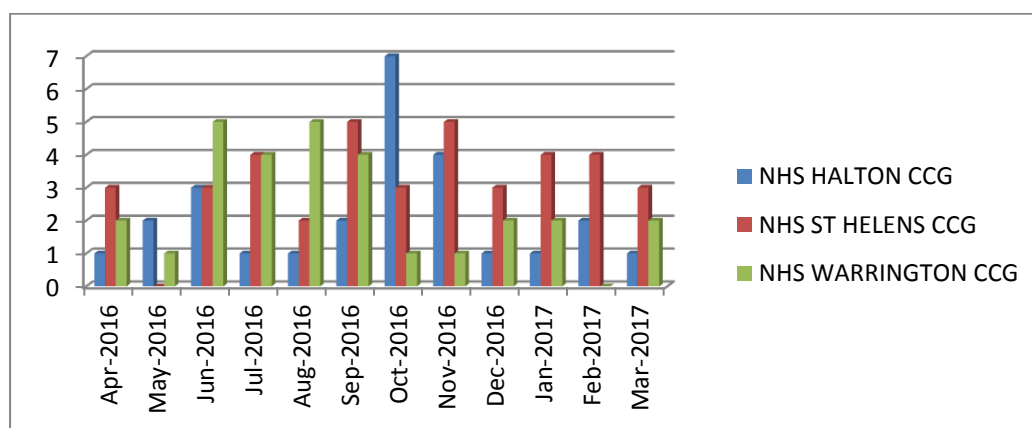
Clostridium difficile

Unfortunately, the Halton data indicates that the Department of Health, Clostridium difficile infection objectives for the year 2016-17 were fourteen cases over trajectory for this period. Root cause analysis of these cases show that many had pre-disposing factors, for example, were immuno- suppressed, had co-morbidities etc.

Clostridium Difficile 2015-2016



Clostridium Difficile 2016-2017



MRSA (Methicillin Resistant Staphylococcus Aureus)

Current Situation

The latest data for MRSA shows that in 2015/16 there was 1 case of bacteraemia (bacterial infection in the blood) in Halton. This case although community assigned, there had been hospital treatment before the patient was diagnosed and was readmitted following diagnosis. A route cause analysis is undertaken for every case of MRSA and in this instance, the Post Infection Review (PIR) identified some key recommendations for action.

- Discharge summary from the hospital to the care home should include details of -
- MRSA status indicating if patient is infected or colonised.
- Details of any suppression therapy that been given.
- Details of any antibiotics given and ongoing antibiotics.
- Details of any blood monitoring that is required as a result of antibiotics, including date of last blood test.

Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia

Rate per 100,000 CCG population

		2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
Halton CCG	Number	6	5	7	2	0	0	1
	Rate per 100,000	4.8	4.0	5.6	1.6	0.0	0.0	0.8
England	Rate per 100,000	3.6	2.8	2.1	1.7	1.6	1.5	1.5

Source: Public Health England

Recommendations

- Continue to work closely with Three Boroughs Public Health Infection Control Team to support them to prevent, identify and treat HCAs quickly and effectively.

Summary and Assurance

Overall, Halton has a robust health protection system which effectively monitors, controls and prevents population health issues. Health Protection is overseen through a multi-agency Health Protection Committee which meets quarterly and incorporates membership of all agencies involved with every aspect of health protection. Each member is accountable to the committee for and provides assurance to the committee regarding its area of responsibility.

Halton experiences many of the same challenges as its regional neighbours. For many indicators Halton outperforms England and the North West data, although there are a number of challenges that are faces with regards to the on-going protection of the health of the local population.

The health Protection committee has identified immunisation and screening programmes as a source of focus for the next year and will aim to reverse trends in reduction of uptake of childhood immunisations and aim to improve the uptake of cancer screening programmes.

The borough must continue to invest in and improve its health protection system in order to continue to address the recommendations set out within this report. The Council should also continue to work alongside local and regional partners to facilitate this work, monitor trends across the wider footprint, share learning and act collaboratively where required.