

AGENDA ITEM

REPORT TO HEALTH AND WELLBEING BOARD

REPORT OF DIRECTOR OF PUBLIC HEALTH

HEALTH PROTECTION REPORT 2020-21

SUMMARY

This annual Health Protection Report to the Health and Wellbeing Board reports on key issues and indicators for Health Protection for 2020-21 and provides an overview on key issues in 2019-20. An annual report for 2019-20 was not compiled as a result of the covid pandemic.

RECOMMENDATIONS

1. The Stockton-On-Tees Health and Wellbeing Board are asked to note the annual Health Protection report and to consider any implications on the health and wellbeing of the population and health inequalities.
2. It is recommended that this report is circulated to the Adults' Health and Wellbeing Partnership and Children and Young People's Partnership for consideration.

DETAIL

1. Health protection seeks to prevent or reduce the harm caused by communicable diseases and minimise the health impact from environmental hazards such as chemicals and radiation. As well as major programmes such as the national immunisation programmes and the provision of health services to diagnose and treat infectious diseases, health protection involves planning, surveillance and response to incidents and outbreaks.

Health protection system

2. Local authorities have a critical role in protecting the health of their population, both in terms of planning to prevent threats arising and in ensuring appropriate responses when things do go wrong. The Director of Public Health (DPH) is responsible for the local authority's contribution to health protection matters, including planning for and response to incidents that present a threat to the public's health. To carry this out, they liaise closely with the specialist health protection expertise available through the UK Health Security Agency (UKHSA) which replaced Public Health England (PHE) in 2021.
3. UKHSA has a responsibility to deliver the specialist health protection response, including the response to incidents and outbreaks, which is carried out through the Health Protection Team in the North East UKHSA Centre. The local Director of

Public Health and UKHSA discuss and agree the nature of response required and who does what in any individual situation.

4. Due to the magnitude of the covid response required, local authority public health has been much more involved in the direct health protection response including testing, contact tracing, outbreak management and general advise. The local public health team has also provided specific health protection and infection control advise to settings such as schools, care homes and other social care settings, children's homes and workplaces.

Health protection in practice

5. There are four key components to the work of protecting the health of the population: prevention; surveillance; control; communication. All agencies have major roles in each of these components.

Prevention in communicable disease control is exemplified by immunisation and infection control but includes a wide range of activities such as promoting safe sex to prevent sexually transmitted diseases and needle exchange programmes to prevent transmission of hepatitis B and C in people who inject drugs. There is also a key role for Environmental Health teams within the local authority in several areas, including for example, food safety. For other hazards such as chemical incidents, prevention is about planning for incidents and emergencies and co-ordinating exercising and training.

Surveillance is dependent both on the system of disease notification from registered medical practitioners and on organism reporting from hospital laboratories plus a number of other information flows. Effective surveillance systems are essential in identifying trends and outbreaks and monitoring the outcome of control actions. Surveillance systems for covid are based on testing, case and contact tracing as well as healthcare information.

Control relates to the management of individual cases of certain diseases to minimise the risk of spread and the specific actions taken to control an outbreak of infectious disease. For other hazards or threats, advice can be provided to agencies co-ordinating the response, in particular on public health risk assessment and actions to protect the public.

Communication underpins prevention and control and includes the production of routine and ad hoc reports; the networks and groups to which all those involved in health protection contribute; proactive and reactive communications to the media and the communications response in urgent and emergency situations.

Prevention

immunisation and vaccine preventable disease

6. Immunisation remains one of the most effective public health interventions for protecting individuals and the community from serious diseases. The national routine childhood immunisation programme currently offers protection against a wide range of vaccine preventable infections. In addition to the routine childhood programme, selective vaccination is offered to individuals reaching a certain age or with underlying medical conditions or lifestyle risk factors. The covid vaccination programme has been implemented in 2021 by priority groups.
7. NHS England is responsible for commissioning local immunisation programmes. Screening and Immunisation Teams (SITs) provide local leadership and support to providers in delivering improvements in quality and changes in the programmes. The SITs are also responsible for ensuring that accurate and timely data is available for monitoring vaccine uptake and coverage.
8. The regional covid vaccination centre (SVOC) is leading and coordinating the covid vaccination programme at regional level.
9. DPH are responsible for providing independent scrutiny and challenge of local vaccination provision and uptake.
10. The Joint Committee on Vaccination and Immunisation (JCVI) recommended an extended influenza vaccination schedule in 2020 and again in 2021 and frequently updated covid vaccination guidance to guide the role out of the covid vaccination and booster programme.
11. A summary of the current childhood vaccination programmes in England (published in June 2020) can be seen in appendix A.
12. A summary of eligibility for the flu vaccination programme in 2021 is provided in appendix B.

Childhood immunisations

13. Vaccine coverage rates in for children aged 12 months in Stockton were above the national and similar to the regional average in 2019/20 and 2020/21. Each immunisation uptake was slightly lower in 2020/21 than 2019/20 for both Stockton-on-Tees and the North East.

N.B. Figures for PCV are not currently available for 2020/21

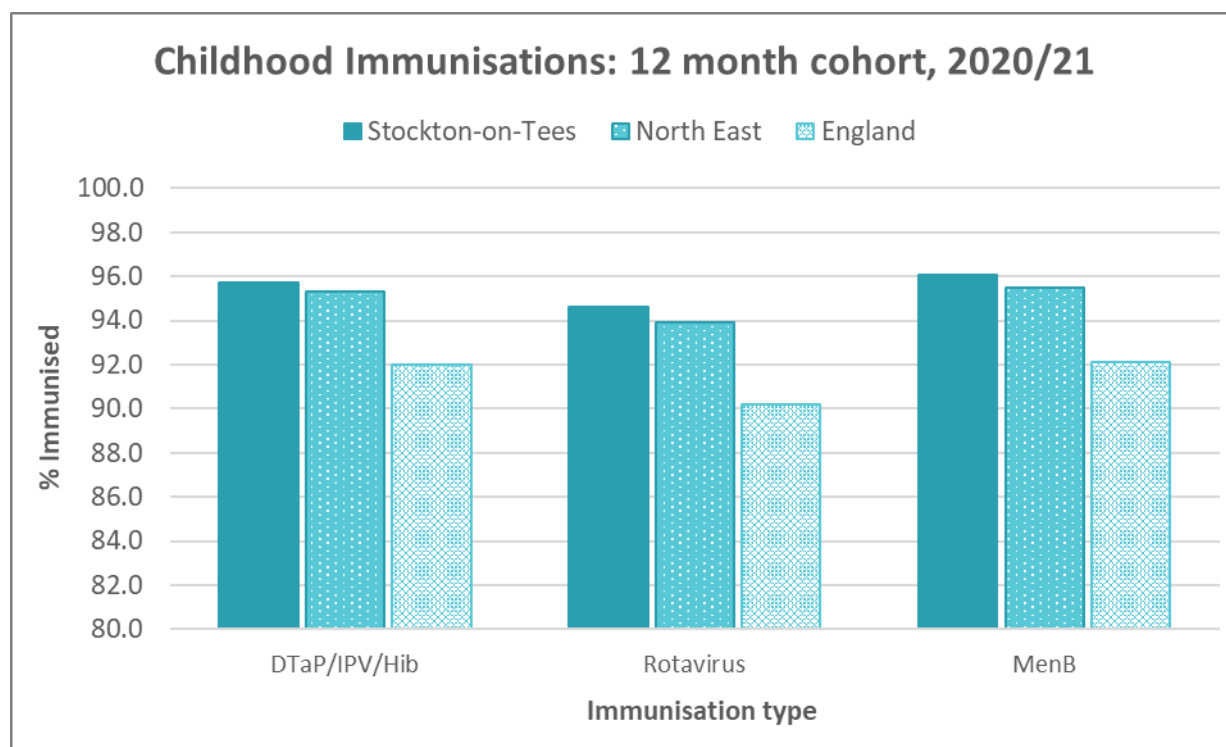


Figure 1 Vaccination coverage rates for children aged 12 months for 2020/21

| 12 month cohort | Stockton-on-Tees | | North East | | England | |
|---------------------|------------------|---------|------------|---------|---------|---------|
| | 2019/20 | 2020/21 | 2019/20 | 2020/21 | 2019/20 | 2020/21 |
| DTaP/IPV/Hib | 96.0 | 95.7 | 95.8 | 95.3 | 92.6 | 92 |
| PCV | 96.5 | - | 96.2 | - | 93.2 | - |
| Rotavirus | 94.7 | 94.6 | 94.3 | 93.9 | 90.1 | 90.2 |
| MenB | 96.3 | 96.1 | 95.9 | 95.5 | 92.5 | 92.1 |

Table 1 Vaccination coverage rates (%) for children aged 12 months for 2019/20 and 2020/21

| | |
|------|---|
| DTaP | Diphtheria, tetanus and acellular pertussis |
| IPV | Inactivated polio vaccine |
| Hib | Haemophilus influenzae type b |
| MenC | Meningitis C |
| PCV | Pneumococcal conjugate vaccine |
| MMR | Measles, mumps and rubella |
| MenB | Meningococcal Group B |

14. Vaccine coverage rates in for children aged 24 months in Stockton were above the national average and similar to regional averages for most immunisations. Uptake was higher for all immunisations except for Men B Booster in 2020/21 than 2019/20 in Stockton-on-Tees. The largest increase was for DTaP/IPV/Hib with 100% coverage rate in 2020/21.

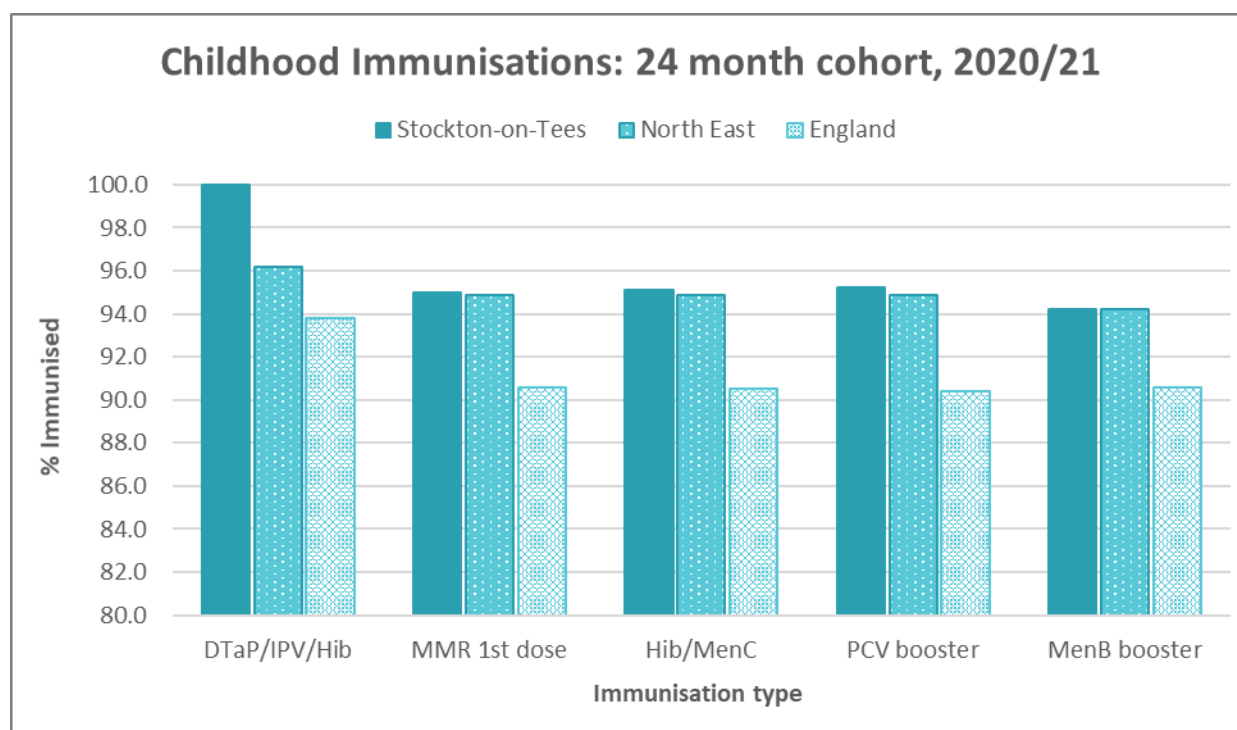


Figure 2 Vaccination coverage rates for children aged 24 months for 2020/21

| 24 month cohort | Stockton-on-Tees | | North East | | England | |
|---------------------|------------------|---------|------------|---------|---------|---------|
| | 2019/20 | 2020/21 | 2019/20 | 2020/21 | 2019/20 | 2020/21 |
| DTaP/IPV/Hib | 95.8 | 100 | 96.4 | 96.2 | 93.8 | - |
| MMR 1st dose | 94.7 | 95 | 94.7 | 94.9 | 90.6 | 90.3 |
| Hib/MenC | 94.7 | 95.1 | 94.8 | 94.9 | 90.5 | 89.8 |
| PCV booster | 94.9 | 95.2 | 94.9 | 94.9 | 90.4 | 90.1 |
| MenB booster | 94.7 | 94.2 | 94.7 | 94.22 | 90.6 | 89.0 |

Table 2 Vaccination coverage rates (%) for children aged 24 months for 2019/20 and 2020/21

15. Vaccine coverage rates in for children aged 5 years in Stockton were above the national and similar to the regional average for MMR immunisations. For both 1st dose and 1st and 2nd doses, vaccination coverage was higher in 2020/21 than 2019/20.

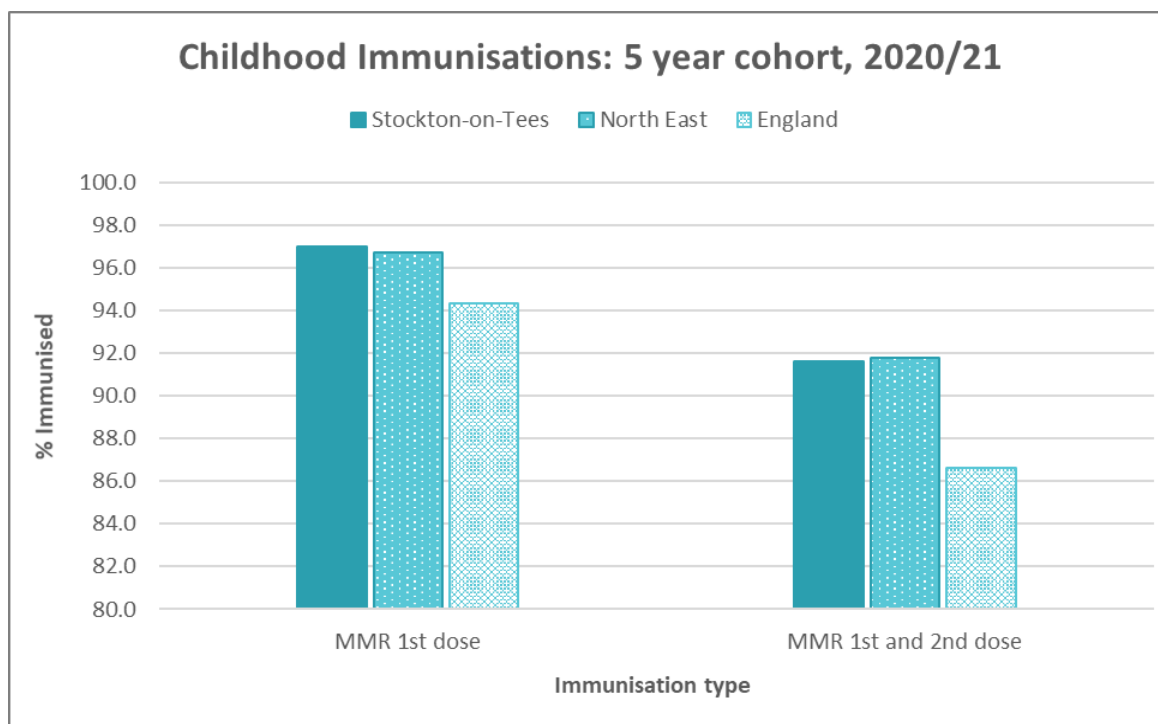


Figure 3 Vaccination coverage rates for children aged 5 years for 2020/21

| 5 year cohort | Stockton-on-Tees | | North East | | England | |
|----------------------|------------------|---------|------------|---------|---------|---------|
| | 2019/20 | 2020/21 | 2019/20 | 2020/21 | 2019/20 | 2020/21 |
| MMR 1st dose | 96.8 | 97 | 96.6 | 96.7 | 94.5 | 94.3 |
| MMR 1st and 2nd dose | 91.3 | 91.6 | 92.07 | 91.8 | 86.8 | 86.6 |

Table 3 Vaccination coverage rates for children aged 5 years for 2019/20 and 2020/21

16. The HPV vaccine is routinely offered to girls and boys aged 12 and 13 years. In 2019/20, a higher proportion of this cohort were vaccinated in Stockton-on-Tees than regional and national averages (79.9% vs 78.4% and 59.2%). The figures for 2020/21 have not yet been released, therefore the chart below illustrates figures for 2019/20.

17. The flu vaccine is offered to children aged >2 years every year. In Stockton-on-Tees, 58.5% 2-3 year old children were given the flu vaccination in 2020/21, higher than the national and just below the regional average. Local, regional and national flu vaccination coverage for 2-3 year olds were higher in 2020/21 than 2019/20.

18. In 2020/21 flu vaccination uptake for school children starting from reception was higher in Stockton compared to regional and nation average for all year groups from reception to year 6 but lower for year 7.

| Flu vaccinations | Stockton-on-Tees | North East | England |
|------------------------------------|------------------|-------------|-------------|
| Age group | 2020/21 | 2020/21 | 2020/21 |
| Flu (2-3 year olds) | 58.5 | 58.9 | 56.7 |
| Reception (4-5 years) | 66.5 | 64.9 | 63.5 |
| Year 1 (5-6 years) | 66.5 | 66.0 | 63.9 |
| Year 2 (6-7 years) | 69.5 | 65.0 | 63.2 |
| Year 3 (7-8 years) | 68.8 | 63.7 | 62.6 |
| Year 4 (8-9 years) | 64.8 | 62.3 | 61.2 |
| Year 5 (9-10 years) | 65.7 | 62.2 | 60.5 |
| Year 6 (10-11 years) | 63.6 | 60.8 | 58.5 |
| Year 7 (11-12 years) | 54.7 | 57.4 | 55.5 |
| Total children (4-12 years) | 64.9 | 62.7 | 61.1 |

Table 4 Childhood flu vaccinations by age group, September 2020 to January 2021

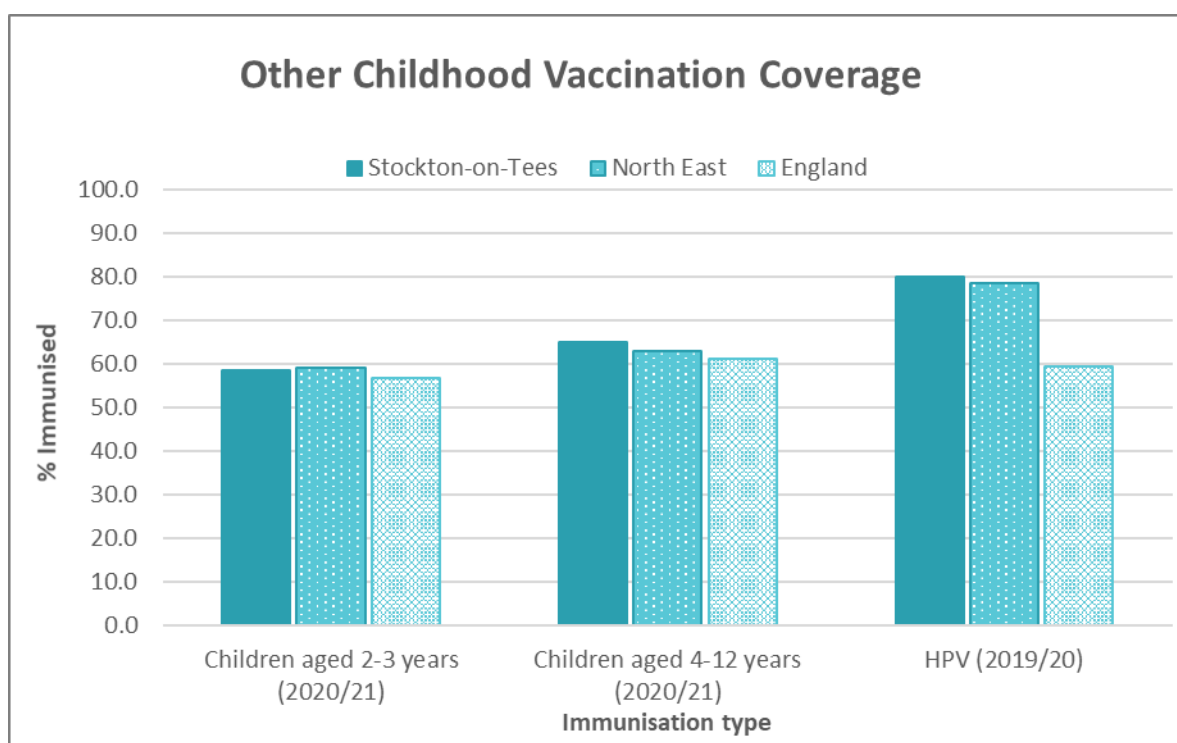


Figure 4 Other childhood vaccinations

19. Young people aged 16-17 became eligible for covid vaccinations in August 2021, 12-15 year olds in September 2021. Stockton-on-Tees has a higher vaccination coverage for both 12-15 year olds and 16-17 year olds than both the regional and national average (52.5% an 68.1% respectably) for the first dose. Vaccination coverage of the second dose for all under 18s is lower in Stockton-on-Tees than regional and national averages (25%).

| COVID -19 vaccinations | Stockton-on-Tees | North East | England |
|-----------------------------|------------------|------------|-----------|
| | 12-15 yrs | 12-15 yrs | 12-15 yrs |
| 1st dose (12-15 yrs) | 52.5 | 50.7 | 49 |
| 1st dose (16-17 yrs) | 68.1 | 67.1 | 64.3 |
| 2nd dose (under 18s) | 25 | 28.4 | 28.5 |

Table 5 COVID-19 vaccination coverage in under 18s, cumulative at year end 2021

Note. The figures contained within Table 5 use National Immunisation Management Service (NIMS) denominators for local and national comparisons.

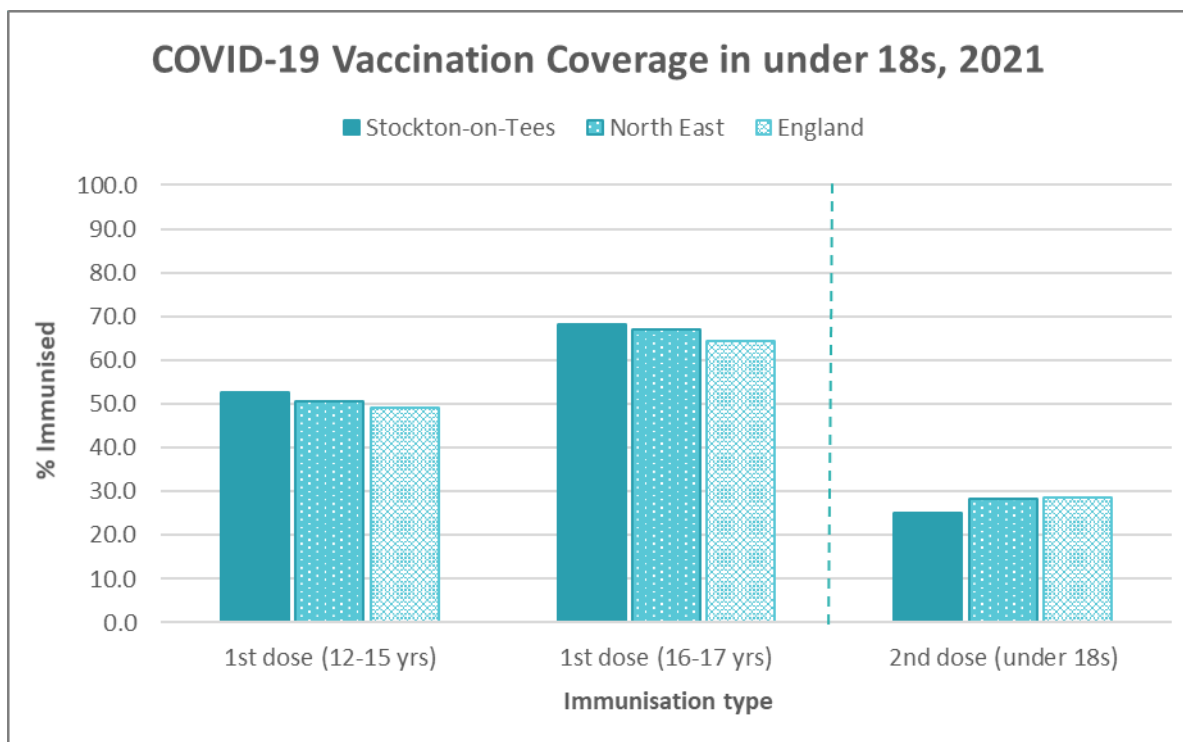


Figure 5 COVID-19 vaccination coverage in under 18s, cumulative at yearend 2021

Adult vaccinations

Flu Vaccination

20. The flu vaccine is offered every year to people aged 65 and over and those considered at enhanced risk. The age requirement for the flu vaccine was reduced to include 50 to 64 year olds at the end of 2020, but in order to compare coverage across years the figures below refer to the 65 and over population and at risk individuals only. Flu vaccination coverage increased each year between 2018/19 and 2020/21 for the >65 population in Stockton-on-Tees with 83.1% vaccinated in 2020/21. The coverage is higher in Stockton-on-Tees than national and regional averages in 2019/20 and higher than national average in 2020/21.

21. Flu vaccination coverage of individuals at risk is lower in Stockton-on-Tees than the North East and England for 2019/20 and similar to the national average in 2020/21. This coverage decreased in 2019/20 from the previous year but increased to the highest level in over a decade in 2020/21. People were urged to get their flu vaccination in the midst of the COVID-19 pandemic amid concerns of the impact of contract both infections in short sequence and the potential demand on the NHS.

| Other Selected Organisms | Stockton-on-Tees | | North East | | England | |
|---------------------------|------------------|---------|------------|---------|---------|---------|
| | 2019/20 | 2020/21 | 2019/20 | 2020/21 | 2019/20 | 2020/21 |
| Flu (aged 65+) | 75.3 | 83.1 | 73.9 | 83.3 | 72.4 | 80.9 |
| Flu (at risk individuals) | 43.3 | 53.2 | 47.2 | 56.1 | 44.9 | 53 |

Table 6 Vaccination coverage (%) for adults aged 65+ and at risk individuals for 2019/20 and 2020/21

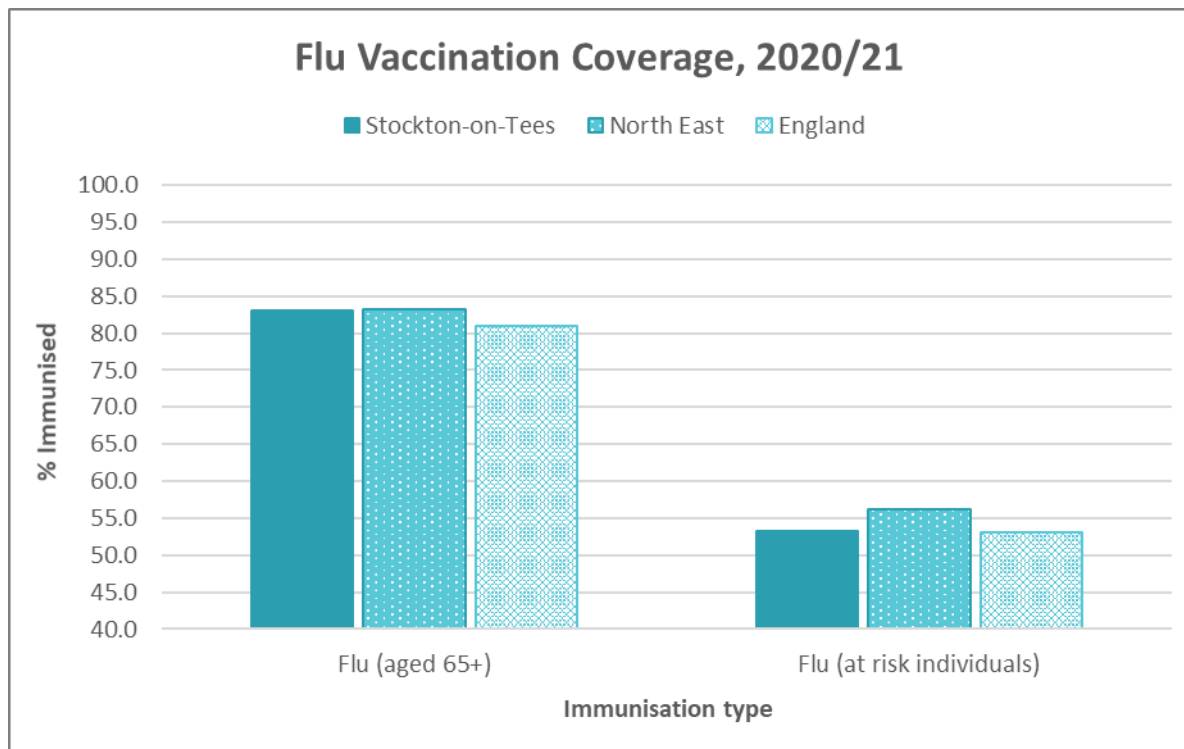


Figure 6 Vaccination coverage (%) for adults aged 65+ and at risk individuals for 2020/21

COVID-19 Vaccination

22. Vaccination figures in the table below represent the proportion of the population aged 18 and over that have been given a COVID-19 vaccination. Generally, vaccination coverage increases with age, and reflect the prioritisation of older age groups and their higher risk of illness from COVID-19. At the end of 2021 a higher proportion of Stockton-on-Tees residents have been vaccinated with 1st, 2nd and booster doses of the vaccine than regional and national averages, 86.7% having the first dose, 83.3% the second dose and 65.3% the booster (total refers to the 12+ population).

23. A third, booster dose of the COVID-19 vaccination was rolled out since September 2021. As of first week in 2022, Stockton-on-Tees had a higher vaccination coverage than the regional and national average (65.3% compared with 63.3% and 59.4% respectively). Alike to first and second doses, vaccination coverage is highest in older age groups.

| COVID-19 vaccinations | Stockton-on-Tees | | | North East | | | England | | |
|-----------------------|------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| | 1st dose | 2nd dose | Booster | 1st dose | 2nd dose | Booster | 1st dose | 2nd dose | Booster |
| Age group | | | | | | | | | |
| 18-24 | 71.3% | 62.6% | 26.4% | 72.9% | 64.5% | 28.2% | 69.8% | 61.5% | 28.2% |
| 25-29 | 72.8% | 65.5% | 32.5% | 69.5% | 62.5% | 30.4% | 67.1% | 60.8% | 30.7% |
| 30-34 | 75.3% | 69.0% | 39.2% | 72.4% | 66.5% | 36.7% | 69.0% | 63.7% | 36.2% |
| 35-39 | 80.6% | 75.7% | 49.7% | 78.0% | 73.2% | 46.1% | 72.5% | 68.3% | 43.1% |
| 40-44 | 85.1% | 81.0% | 58.2% | 82.5% | 78.6% | 55.3% | 77.4% | 74.0% | 52.1% |
| 45-49 | 88.9% | 86.1% | 67.2% | 86.5% | 83.7% | 64.0% | 82.5% | 79.8% | 61.1% |
| 50-54 | 92.1% | 90.4% | 77.3% | 90.5% | 88.6% | 74.1% | 86.9% | 84.8% | 70.8% |
| 55-59 | 93.5% | 92.3% | 81.5% | 92.9% | 91.5% | 79.9% | 89.2% | 87.5% | 76.1% |
| 60-64 | 95.1% | 94.2% | 86.6% | 94.6% | 93.5% | 84.9% | 90.9% | 89.5% | 80.7% |
| 65-69 | 96.1% | 95.4% | 90.7% | 95.8% | 95.0% | 89.7% | 92.6% | 92.6% | 85.7% |
| 70-74 | 96.9% | 96.3% | 92.7% | 96.9% | 96.4% | 92.6% | 94.7% | 94.7% | 89.8% |
| 75-79 | 97.7% | 97.3% | 94.2% | 97.7% | 97.2% | 93.8% | 95.8% | 95.8% | 91.4% |
| 80+ | 97.6% | 97.1% | 93.1% | 97.5% | 97.0% | 92.4% | 95.6% | 95.6% | 90.0% |
| Total | 86.7% | 83.3% | 65.3% | 85.3% | 81.9% | 63.3% | 81.2% | 77.9% | 59.4% |

Table 7 COVID-19 cumulative vaccination coverage (%) for the 18+ population

Note The figures contained within Table 7 use National Immunisation Management Service (NIMS) denominators for local and national comparisons.

Control

Gastroenteric disease

24. Gastroenteric disease cases were significantly lower 2020/21 compared to 2019/20. Campylobacter is most common cause of bacterial food poisoning, typically affecting several hundred individuals per year. In 2019/20 there were 271 cases and in 2020/21 there were 179 cases in Stockton-on-Tees. Other bacterial causes of gastroenteric disease are less common and trends are difficult to comment on at local level due to the relatively low numbers and hence often significant fluctuation in rates (for small amounts of cases) from year to year.

| Gastroenteric Disease | | 2019/20 | | 2020/21 | |
|------------------------|-------|------------------|------------|------------------|------------|
| | | Stockton-on-Tees | North East | Stockton-on-Tees | North East |
| Salmonella enteritidis | No: | 8 | 118 | <5 | 58 |
| | Rate: | 4.1 | 4.4 | <5 | 2.2 |
| Salmonella typhimurium | No: | 5 | 49 | <5 | 21 |
| | Rate: | 2.5 | 1.8 | <5 | 0.8 |
| Salmonella other | No: | 13 | 179 | <5 | 56 |
| | Rate: | 6.6 | 6.7 | <5 | 2.1 |
| Escherichia coli o157 | No: | <5 | 29 | 0 | 29 |
| | Rate: | <5 | 1.1 | 0 | 1.1 |
| Campylobacter | No: | 271 | 3344 | 179 | 2744 |
| | Rate: | 137.3 | 125.2 | 90.7 | 102.4 |
| Cryptosporidium | No: | 14 | 233 | 5 | 124 |
| | Rate: | 7.1 | 8.7 | 2.5 | 4.6 |
| Giardia | No: | 21 | 264 | <5 | 97 |
| | Rate: | 10.6 | 9.9 | <5 | 3.6 |
| Shigella | No: | 4 | 58 | 0 | 6 |
| | Rate: | 2.0 | 2.2 | 0 | 0.2 |

Table 8 Numbers and incidence (annualised rate per 100,000 population) of selected gastroenteric diseases/organisms for 2019/20 and 2020/21

Note: All rates calculated from mid-2019 and mid-2020 population estimates from ONS

Vaccine Preventable Disease/ Exanthema

25. In 2019/20, there were 22 cases of mumps and no confirmed cases of measles in Stockton-on-Tees; while in 2020/21, there were less than 5 confirmed cases of mumps and again no confirmed cases of measles in Stockton-on-Tees. This confirms the importance of maintain high MMR vaccination rates.

26. Whooping cough (pertussis) can be particularly dangerous in small infants and this is why a programme of vaccination for pregnant women exists in order to protect new-born babies by passing on immunity from the mother through the placenta. Babies are vaccinated against pertussis when they are 8 weeks old. There were 6 confirmed cases of whooping cough in 2019/20 and no confirmed cases in 2020/21 in Stockton-on-Tees.

27. Meningococcal disease can be particularly severe resulting in serious illness and causes much anxiety amongst parents. Rates have been falling in recent years and vaccination now includes serogroups B and C for infants and A, C, W and Y for young people. There were fewer than 5 confirmed case of meningococcal disease in 2019/20 and no confirmed cases in 2020/21 in Stockton-on-Tees.

| Vaccine Preventable Disease | | | 2019/20 | | 2020/21 | |
|-----------------------------|---------------------------------|-------|------------------|------------|------------------|------------|
| | | | Stockton-on-Tees | North East | Stockton-on-Tees | North East |
| Measles | Confirmed | No: | 0 | <5 | 0 | <5 |
| | | Rate: | 0 | n/a | 0 | n/a |
| | Total (confirmed and suspected) | No: | 8 | 122 | 0 | 14 |
| | | Rate: | 4.1 | 4.6 | 0 | 0.5 |
| Meningococcal Disease | Confirmed | No: | <5 | 44 | 0 | <5 |
| | | Rate: | n/a | 1.6 | 0 | n/a |
| | Total (confirmed and suspected) | No: | <5 | 65 | 0 | 6 |
| | | Rate: | n/a | 2.4 | 0 | 0.2 |
| Mumps | Confirmed | No: | 22 | 1097 | <5 | 56 |
| | | Rate: | 11.1 | 41.1 | n/a | 2.1 |
| | Total (confirmed and suspected) | No: | 100 | 3516 | 19 | 439 |
| | | Rate: | 50.7 | 131.7 | 9.6 | 16.4 |
| Whooping Cough | Confirmed | No: | 6 | 189 | 0 | 7 |
| | | Rate: | 3.0 | 7.1 | 0 | 0.3 |
| | Total (confirmed and suspected) | No: | 12 | 337 | <5 | 27 |
| | | Rate: | 6.1 | 12.6 | n/a | 1.0 |

Table 9 Number and incidence (annualised rate per 100,000 population) of cases of common vaccine preventable diseases and other exanthema reported in 2019/20 and 2020/21

Note Data on Rubella is not currently available, All rates calculated from mid-2019 and mid-2020 population estimates from ONS

Other selected organisms

28. There were no or very low numbers of hepatitis A,B, legionella and listeria in either 2019/20 or 2020/21. In contrast, there were 113 cases of hepatitis C in 2019/20 and 63 cases in 2020/21 in Stockton-on-Tees. This was significantly higher than 40 cases in 2018/19 and reflects active screening and case finding in high risk groups.

| Other Selected Organisms | | 2019/20 | | 2020/21 | |
|--------------------------|-------|------------------|------------|------------------|------------|
| | | Stockton-on-Tees | North East | Stockton-on-Tees | North East |
| Hepatitis A | No: | 0 | 6 | 0 | 9 |
| | Rate: | 0.0 | 0.2 | 0 | 0.3 |
| Hepatitis B | No: | 7 | 177 | <5 | 96 |
| | Rate: | 3.5 | 6.6 | n/a | 3.6 |
| Hepatitis C | No: | 113 | 1174 | 63 | 524 |
| | Rate: | 57.3 | 44.0 | 31.9 | 19.5 |
| Legionella | No: | <5 | 12 | 0 | 9 |
| | Rate: | n/a | 0.4 | 0 | 0.3 |
| Listeria | No: | 0 | <5 | <5 | 7 |
| | Rate: | 0.0 | n/a | n/a | 0.3 |

Table 10 Numbers and incidence (annualised rate per 100,000 population) of other selected diseases/organisms for 2019/20 and 2020/21

Note: All rates calculated from mid-2019 and mid-2020 population estimates from ONS

Tuberculosis

29. Between 2019-21, 7 cases of TB were reported in Stockton-on-Tees at a rate of 3.5 per 100,000. This was similar to the North East rate of 4.4 per 100,000 and affects patients from higher risk groups.

Sexual Health

30. In 2019, STI rates in Stockton-on-Tees were generally below than the North East average, except for syphilis. Chlamydia infections were the most common STI with 534 cases, followed by gonorrhoea with 130 cases and genital warts with 126 cases. There were 61 cases of syphilis.

31. In 2020, all STI rates were lower than the previous year except for syphilis which increased to 80 cases. STI rates in Stockton-on-Tees were higher than the North East average for chlamydia, syphilis and genital herpes but lower for gonorrhoea and genital warts. Chlamydia infections were the most common STI with 564 cases, followed by gonorrhoea with 103 cases and genital herpes with 87 cases.

| Sexual Health | | 2019 | | 2020 | |
|--------------------------------|-------|------------------|------------|------------------|------------|
| | | Stockton-on-Tees | North East | Stockton-on-Tees | North East |
| Gonorrhoea | No. | 130 | 1960 | 103 | 1576 |
| | Rate: | 65.9 | 73.4 | 52.2 | 58.8 |
| Chlamydia | No. | 534 | 8974 | 564 | 7211 |
| | Rate: | 270.6 | 336.1 | 285.7 | 269.0 |
| Syphilis | No. | 61 | 277 | 80 | 229 |
| | Rate: | 30.9 | 10.4 | 40.5 | 8.5 |
| Genital Warts (first episode) | No. | 126 | 2208 | 51 | 1177 |
| | Rate: | 63.8 | 82.7 | 25.8 | 43.9 |
| Genital Herpes (first episode) | No. | 95 | 1569 | 87 | 1058 |
| | Rate: | 48.1 | 58.8 | 44.1 | 39.5 |

Table 11 Number and incidence per 100,000 population of cases of common sexually transmitted infections reported in 2019 and 2020 (Jan-Dec)

Control - outbreaks

Care home outbreaks

32. Communicable disease outbreaks (other than covid) occur relatively frequently in care home settings but have become much rarer events since the start of the pandemic. Most outbreaks are caused by viral infections with person to person spread in a closed setting.
33. In 2020 there 4 gastrointestinal outbreaks in Stockton and 86 across the North East. In 2021 there were 6 gastrointestinal outbreaks in Stockton and 121 across the North East.
34. The causative organism in gastrointestinal care home outbreaks is most commonly norovirus, though other viral causes such as rotavirus, astrovirus and sapovirus can be seen. However, in many cases an organism cannot be identified. Occasionally outbreaks are linked to food production such as from Clostridium perfringens or Salmonella. None of the outbreaks in 2020 and 2020 were confirmed to be linked to food/ bacterial origin.

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Appendix A

| Routine childhood immunisations | | | from June 2020 | |
|---|--|---|------------------------------------|-----------------|
| When | Diseases protected against | Vaccine given and trade name | | Usual site |
| Eight weeks old | Diphtheria, tetanus, pertussis (whooping cough), polio, <i>Haemophilus influenzae</i> type b (Hib) and hepatitis B | DTaP/IPV/Hib/HepB | Infanrix hexa | Thigh |
| | Meningococcal group B (MenB) | MenB | Bexsero | Left thigh |
| | Rotavirus gastroenteritis | Rotavirus | Rotarix | By mouth |
| Twelve weeks old | Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B | DTaP/IPV/Hib/HepB | Infanrix hexa | Thigh |
| | Pneumococcal (13 serotypes) | PCV | Prevenar 13 | Thigh |
| | Rotavirus | Rotavirus | Rotarix | By mouth |
| Sixteen weeks old | Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B | DTaP/IPV/Hib/HepB | Infanrix hexa | Thigh |
| | MenB | MenB | Bexsero | Left thigh |
| One year old (on or after the child's first birthday) | Hib and MenC | Hib/MenC | Menitorix | Upper arm/thigh |
| | Pneumococcal | PCV booster | Prevenar 13 | Upper arm/thigh |
| | Measles, mumps and rubella (German measles) | MMR | MMR VaxPRO ² or Priorix | Upper arm/thigh |
| | MenB | MenB booster | Bexsero | Left thigh |
| Eligible paediatric age group ¹ | Influenza (each year from September) | Live attenuated influenza vaccine LAIV ^{2,3} | Fluenz Tetra ^{2,3} | Both nostrils |
| Three years four months old or soon after | Diphtheria, tetanus, pertussis and polio | dTaP/IPV | Repevax or Boostrix-IPV | Upper arm |
| | Measles, mumps and rubella | MMR (check first dose given) | MMR VaxPRO ² or Priorix | Upper arm |
| Boys and girls aged twelve to thirteen years | Cancers caused by human papillomavirus (HPV) types 16 and 18 (and genital warts caused by types 6 and 11) | HPV (two doses 6-24 months apart) | Gardasil | Upper arm |
| Fourteen years old (school year 9) | Tetanus, diphtheria and polio | Td/IPV (check MMR status) | Revaxis | Upper arm |
| | Meningococcal groups A, C, W and Y disease | MenACWY | Nimenrix or Menveo | Upper arm |

1. See Green book chapter 19 or visit www.gov.uk/government/publications/influenza-the-green-book-chapter-19 or www.nhs.uk/conditions/vaccinations/child-flu-vaccine/
2. Contains porcine gelatine.
3. If LAIV (live attenuated influenza vaccine) is contraindicated and the child is in a clinical risk group, use inactivated flu vaccine.

| Selective childhood immunisation programmes | | | |
|--|---|--------------|--|
| Target group | Age and schedule | Disease | Vaccines required |
| Babies born to hepatitis B infected mothers | At birth, four weeks and 12 months old ^{1,2} | Hepatitis B | Hepatitis B (Engerix B/HBvaxPRO) |
| Infants in areas of the country with TB incidence $\geq 40/100,000$ | At birth | Tuberculosis | BCG |
| Infants with a parent or grandparent born in a high incidence country ³ | At birth | Tuberculosis | BCG |
| At risk children | From 6 months to 17 years of age | Influenza | LAIV or inactivated flu vaccine if contraindicated to LAIV or under 2 years of age |
| Pregnant women | During flu season At any stage of pregnancy | Influenza | Inactivated flu vaccine |
| Pregnant women | From 16 weeks gestation | Pertussis | dTaP/IPV (Boostrix-IPV or Repevax) |

1. Take blood for HBsAg at 12 months to exclude infection.
2. In addition hexavalent vaccine (Infanrix hexa) is given at 8, 12 and 16 weeks.
3. Where the annual incidence of TB is $\geq 40/100,000$ – see www.gov.uk/government/publications/tuberculosis-tb-by-country-rates-per-100000-people

For vaccine supply information for the childhood programme please visit www.immform.dh.gov.uk and check vaccine update for all other vaccine supply information.



The safest way to protect children and adults



Appendix B

Flu vaccination programme 2021

Vaccine eligibility

Detailed descriptions of those eligible to receive the NHS-funded flu vaccine can be found in Chapter 19 of the Green Book, Appendix A of the Annual flu letter for 2021 to 2022 and within the inclusion criteria for the appropriate vaccine Patient group direction (PGD).

Summary of eligible groups

A summary of eligible groups include:

- all children aged 2 to 15 (but not 16 years or older) on 31 August 2021
- those aged 6 months to under 50 years in clinical risk groups
- pregnant women
- those aged 50 years and over
- those in long-stay residential care homes
- carers
- close contacts of immunocompromised individuals
- frontline health and social care workers (HSCWs) should receive a vaccination provided by their employer – HSCWs include those employed by a registered residential or care home, a registered domiciliary care provider, a voluntary managed hospice provider or by those receiving direct payment (personal budgets) and/or personal health budgets such as personal assistants.