AGENDA ITEM

REPORT TO HEALTH AND WELLBEING BOARD

REPORT OF DIRECTOR OF PUBLIC HEALTH

HEALTH PROTECTION REPORT 2023

SUMMARY

This annual Health Protection Report to the Health and Wellbeing Board reports on key issues and indicators for Health Protection over the previous year, 2022. Where data for the 2022 year was unavailable, the most recent data has been used.

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. As part of ongoing covid response and recovery work, the local authority public health team has continued to be involved in the direct health protection response including testing, contact tracing, outbreak management and general advice. The local public health team has also provided specific health protection and infection control advice 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 for priority groups since 2021, and was eventually made available to the entire population aged 5 and over.
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 sub-regional vaccination boards are 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 2021 and again in 2022 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 February 2022) can be seen in appendix A.
12. A summary of eligibility for the flu vaccination programme in 2022 is provided in appendix B.

Childhood immunisations

13. Vaccine coverage rates in for children aged 12 months in Stockton were above the national and regional averages in 2021/22. Uptake in the North East for the routine childhood immunisation programme remains amongst the highest in England.

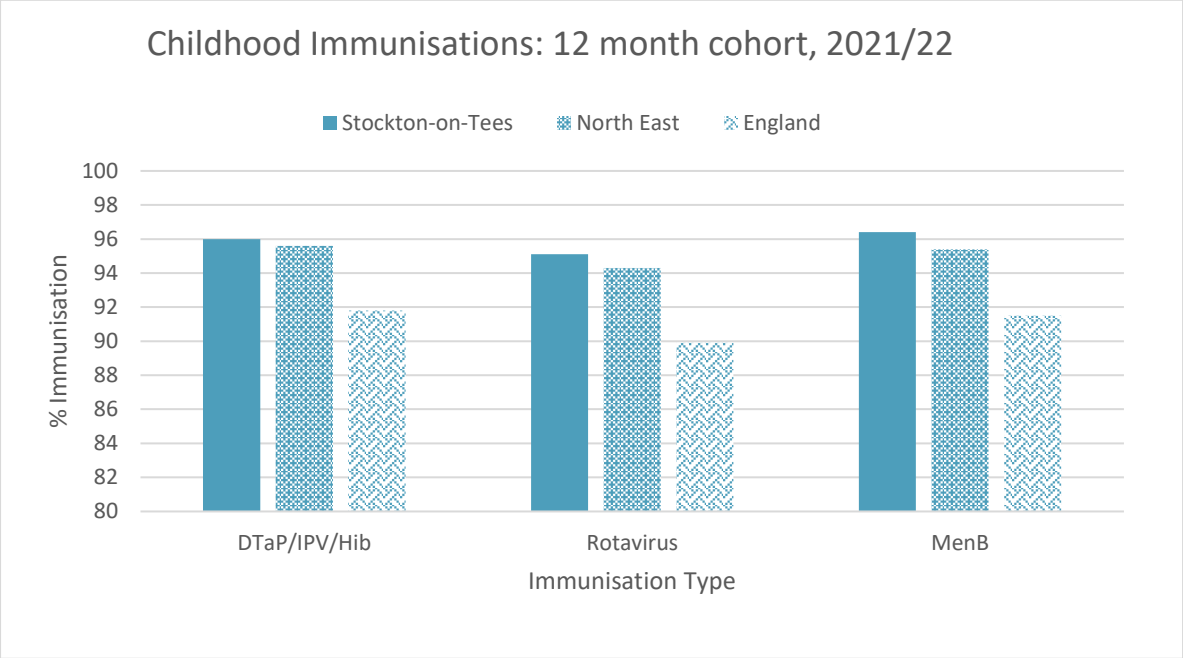

Figure 1 Vaccination coverage rates for children aged 12 months for 2021/22

12-month cohort	Stockton-on-Tees	North East	England
	2021/22	2021/22	2021/22
DTaP/IPV/Hib	96	95.6	91.8
Rotavirus	95.1	94.3	89.9
MenB	96.4	95.4	91.5

Table 1 Vaccination coverage rates (%) for children aged 12 months for 2021/22

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
Td	Tetanus and Diphtheria
MenACWY	4 strains of Meningococcal bacteria A, C, W, and Y
HPV	Human Papilloma Virus
iGAS	Invasive group A streptococcal disease

14. Vaccine coverage rates for children aged 24 months in Stockton-on-Tees were above the national average and above or similar to regional averages for immunisations in 2021/22.

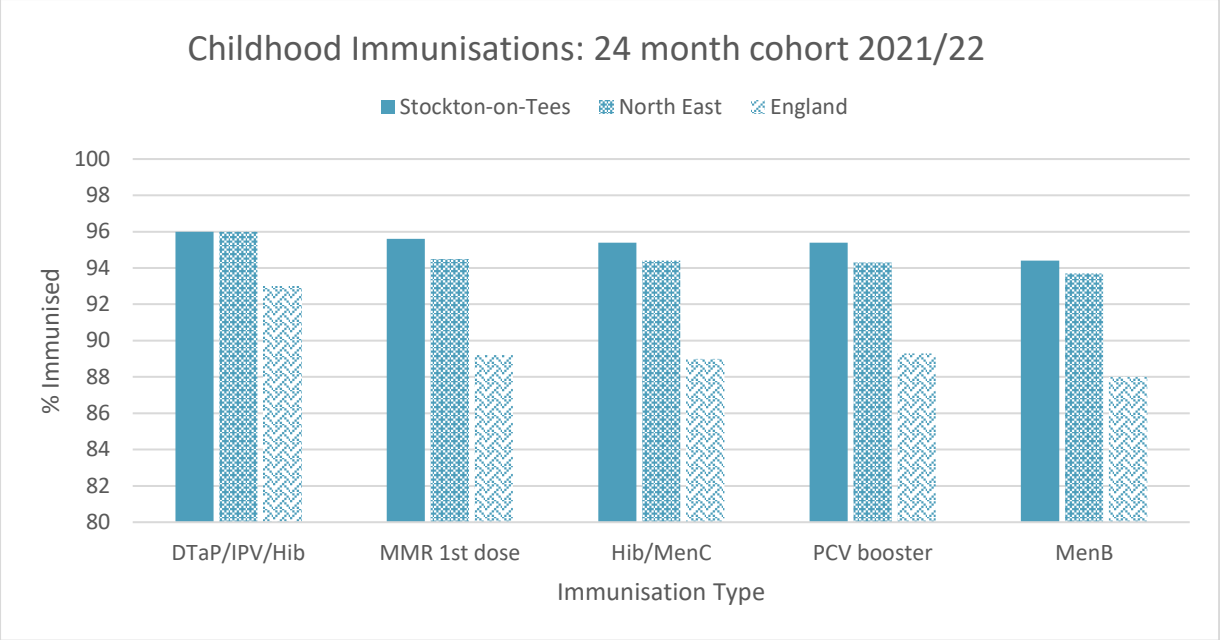

Figure 2 Vaccination coverage rates for children aged 24 months for 2021/22

24 Month Cohort	Stockton-on-Tees	North East	England
	2021/22	2021/22	2021/22
DTaP/IPV/Hib	96	96	93
MMR 1st dose	95.6	94.5	89.2
Hib/MenC	95.4	94.4	89
PCV booster	95.4	94.3	89.3
MenB	94.4	93.7	88

Table 2 Vaccination coverage rates (%) for children aged 24 months for 2021/22

15. Vaccine coverage rates for children aged 5 years in Stockton-on-Tees were above the national and similar to the regional average for 1st dose as well as 1st and 2nd doses of MMR immunisations. Vaccine coverage rates for children aged 5 years in Stockton-on-Tees were above the national average and slightly below the regional average for the DTaP and IPV booster. The coverage rates for the DTaP and IPV booster fall just below 90% in Stockton-on-Tees which is considered important for achieving herd immunity.

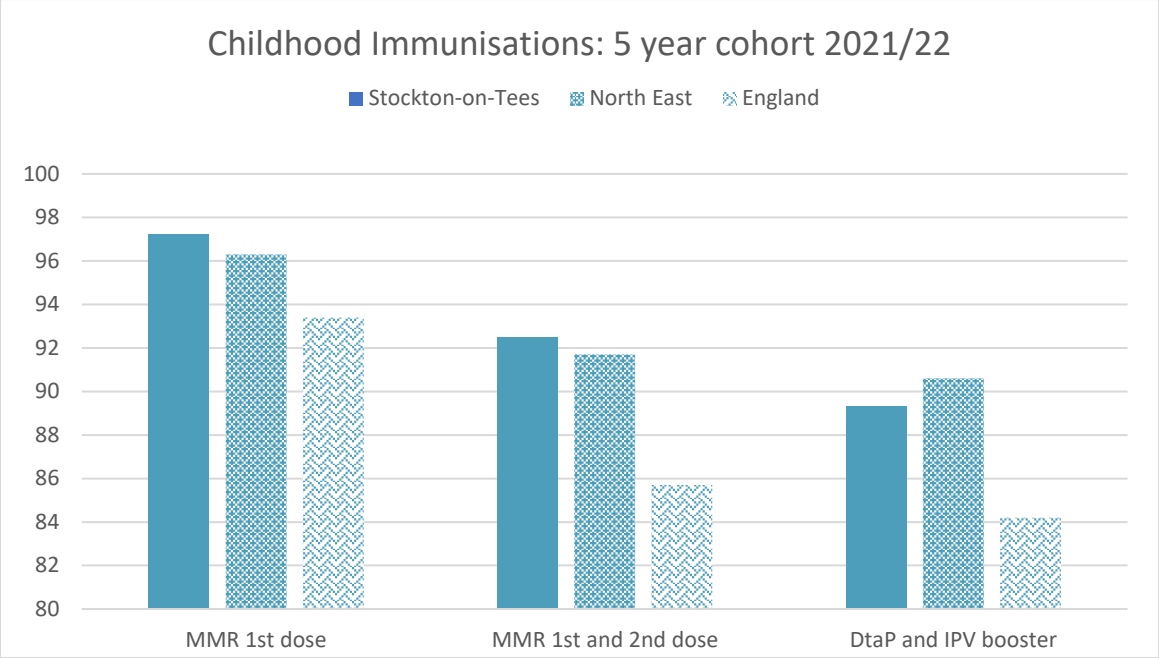

Figure 3 Vaccination coverage rates for children aged 5 years for 2021/22

5 year cohort	Stockton-on-Tees	North East	England
	2021/22	2021/22	2021/22
MMR 1st dose	97.2	96.3	93.4
MMR 1st and 2nd dose	92.5	91.7	85.7
DTaP and IPV booster	89.3	90.6	84.2

Table 3 Vaccination coverage rates (%) for children aged 5 years for 2021/22

16. The flu vaccine is offered to children aged >2 years every year. In Stockton-on-Tees, 51.9% 2-3 year old children were given the flu vaccination in 2021/22, higher than the national average and just below the regional average.

17. In 2021/22 flu vaccination uptake for Primary school children starting from reception to Year 6 (age 4 to 11 years old) was higher in Stockton-on-Tees compared to regional and national averages.

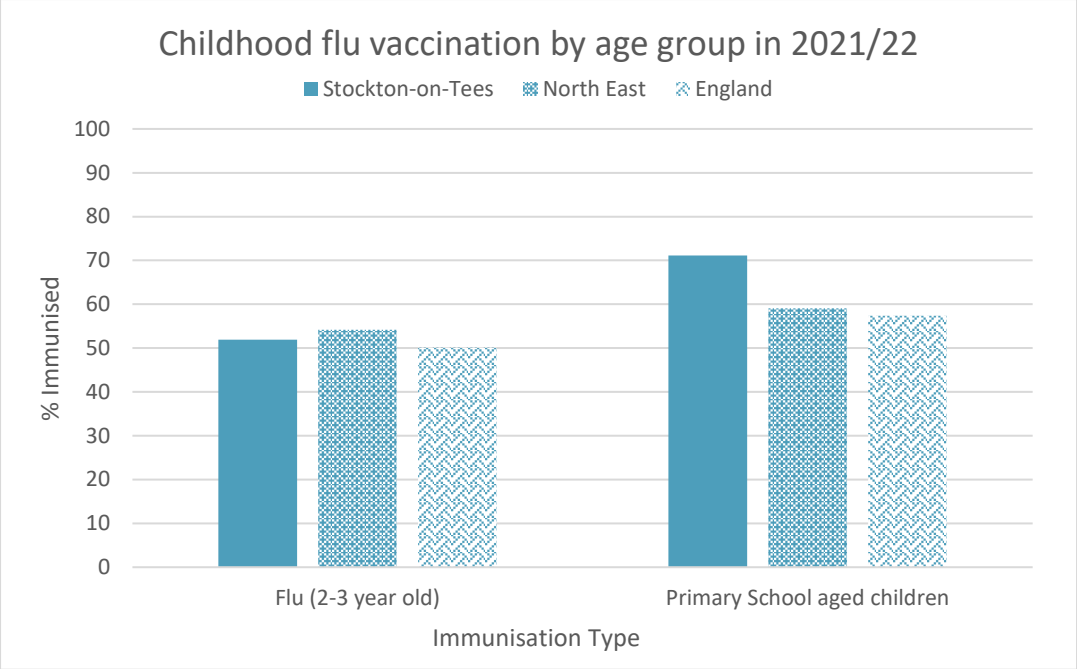

Figure 4 Childhood flu vaccination coverage rates by age group for 2021/22

Childhood Flu vaccinations	Stockton-on-Tees	North East	England
	2021/22	2021/22	2021/22
Flu (2 - 3 years old)	51.9	54.2	50.1
Primary School aged children (4 - 11 years old)	71.1	59.1	57.4

Table 4 Childhood flu vaccination coverage rates (%) by age group for 2021/22

18. The HPV vaccine is routinely offered to girls and boys aged 12 and 13 years. In 2021/22, a lower proportion of this cohort were vaccinated in Stockton-on-Tees than the regional and national averages. For first and second doses of HPV vaccine, there was approximately 8 – 10% greater uptake in females than in males.

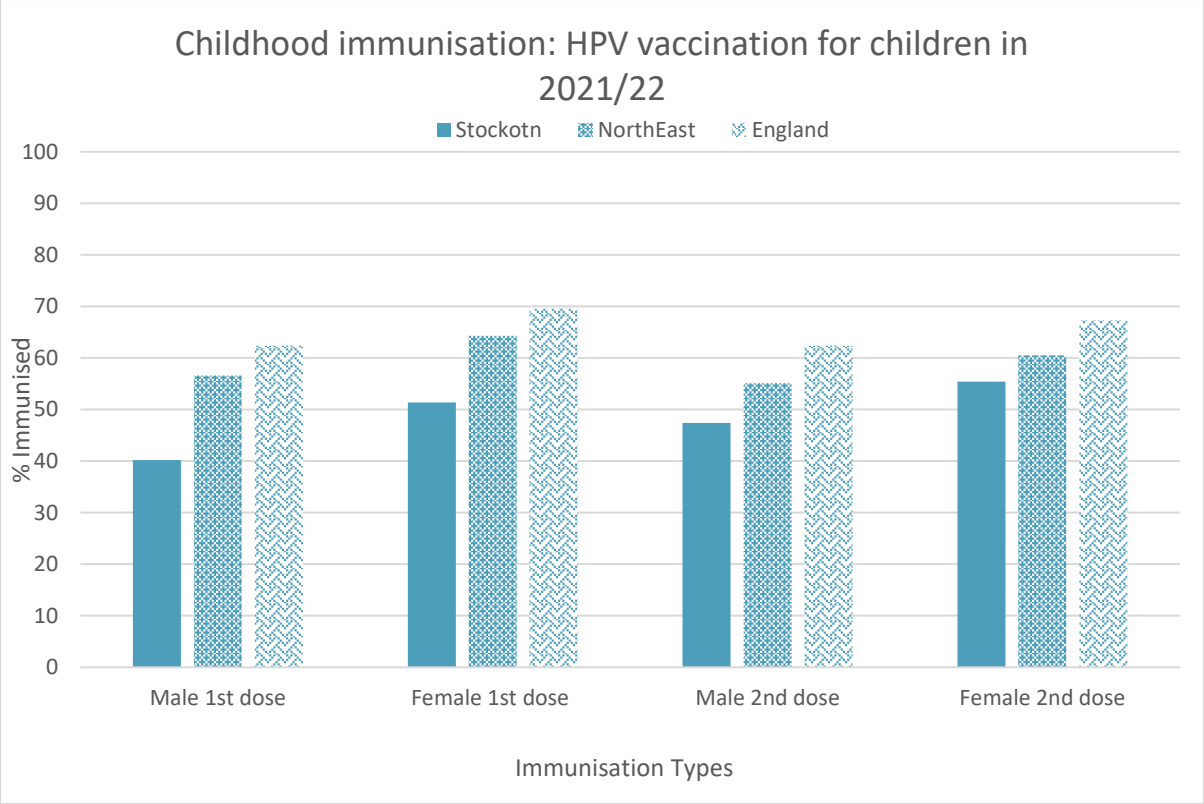

Figure 5 HPV vaccination coverage rates (%) for male and female children dose one (12-13 years old) and dose two (13-14 years old) for 2021/22

HPV vaccinations	**Stockton-on-Tees**	**North East**	**England**
	2021/22	**2021/22**	**2021/22**
Male one dose (12 to 13 years old)	40.2	56.6	62.4
Male two doses (13 to 14 years old)	47.4	55.1	62.4
Female dose one (12 to 13 years old)	51.4	64.3	69.6
Female dose two (13 to 14 years old)	55.4	60.5	67.3

Table 5 HPV vaccination coverage rates (%) for male and female children dose one (12-13 years old) and dose two (13-14 years old) for 2021/22

19. Vaccine coverage rates for children aged 14 - 15 years in Stockton-on-Tees were slightly below the regional and national averages. The coverage rates for the MenACWY and Td/IPV vaccines fall below 90% in Stockton-on-Tees, which is considered important for achieving herd immunity.

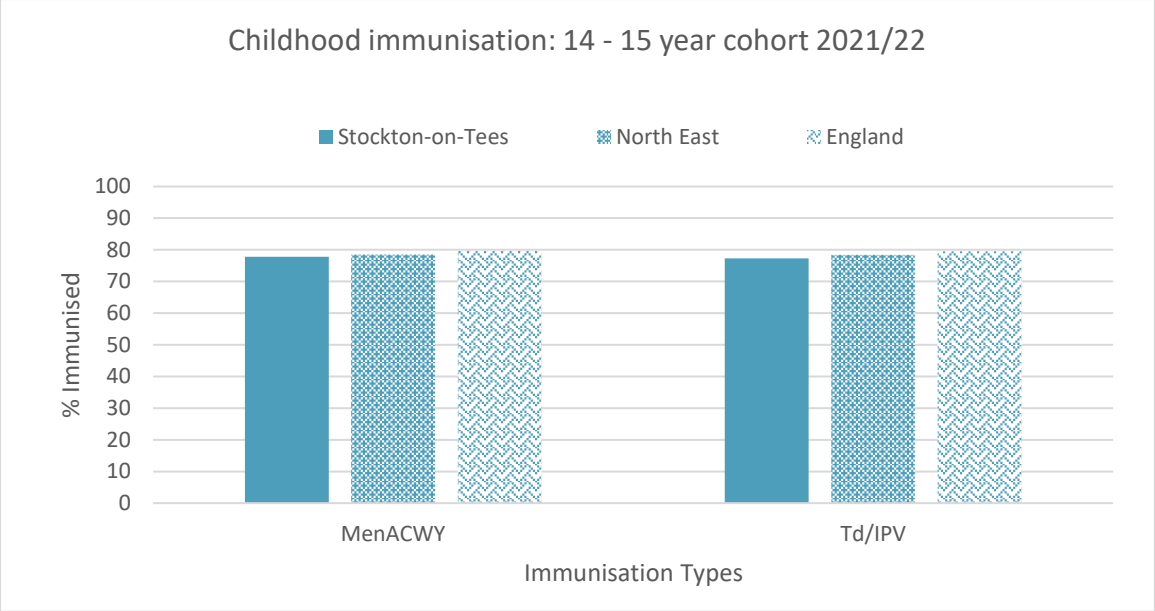

Figure 6 vaccination coverage rates (%) for children aged 14 - 15 years in 2021/22

14 - 15 year cohort	Stockton-on-Tees	North East	England
	2021/22	2021/22	2021/22
MenACWY	77.8	78.5	79.6
Td/IPV	77.3	78.4	79.5

Table 6 vaccination coverage rates (%) for children aged 14 - 15 years in 2021/22

Note: Td/IPV data for figure 6 and table 6 were only available for September 2021 to August 2022 (not the full 2021/22 year).

20. In 2022, everyone aged 5 (on or before 31 August 2022) and over were eligible for a 1st and 2nd dose of the COVID-19 vaccine. Children who turned 5 on or after 1 September 2022 were only eligible for a 1st and 2nd dose of a COVID-19 vaccine if they were either:
    a. at increased risk due to a health condition or because of a weakened immune system
    b. living with someone who has a weakened immune system

21. In 2022, Uptake in the 5 to 11 age group was the lowest of all age groups. Generally, vaccination coverage increases with age, and reflect the prioritisation of older age groups and their higher risk of illness from COVID-19.

22. In 2022, first dose COVID-19 vaccination uptake for all those aged 5 and over was higher in Stockton-on-Tees compared to the regional and national averages, except for the 5 to 11 age group, where the national average was higher than in Stockton-on-Tees. COVID-19 vaccination coverage for second and third doses was lower than or similar to the regional and national averages in 5 to 17 year olds.

COVID-19 Vaccinations	Stockton-on-Tees			North East			England		
Age group	1st Dose	2nd Dose	3rd Dose	1st Dose	2nd Dose	3rd Dose	1st Dose	2nd Dose	3rd Dose
5 to 11	9.3	5.3	0.3	8.3	4.8	0.2	10	6.7	0.2
12 to 15	46.4	32.1	0.9	46	32.8	1.1	44.8	33.9	1.2
16 to 17	65.2	47.6	8.5	64.5	47.8	9.2	61.7	48.3	10.3

Table 7 COVID-19 vaccination coverage for age groups from 5 to 17, cumulative as of May 2023

Adult vaccinations

Flu Vaccination

23. 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 2021/22 for the >65 population in Stockton-on-Tees with 84.6% vaccinated in 2021/22. The coverage was higher in Stockton-on-Tees than the national average but slightly lower than the regional average in 2021/22.

24. Flu vaccination coverage of individuals at risk was higher in Stockton-on-Tees than the England average and lower than the regional average in 2021/22. This coverage decreased in 2019/20 from the previous year but increased to the highest level in over a decade in 2020/21 (53.2%), and increased further in 2021/22 (54.6%). People were urged to get their flu vaccination in the midst of the COVID-19 pandemic amid concerns of the impact of contracting both infections in short sequence and the potential demand on the NHS.

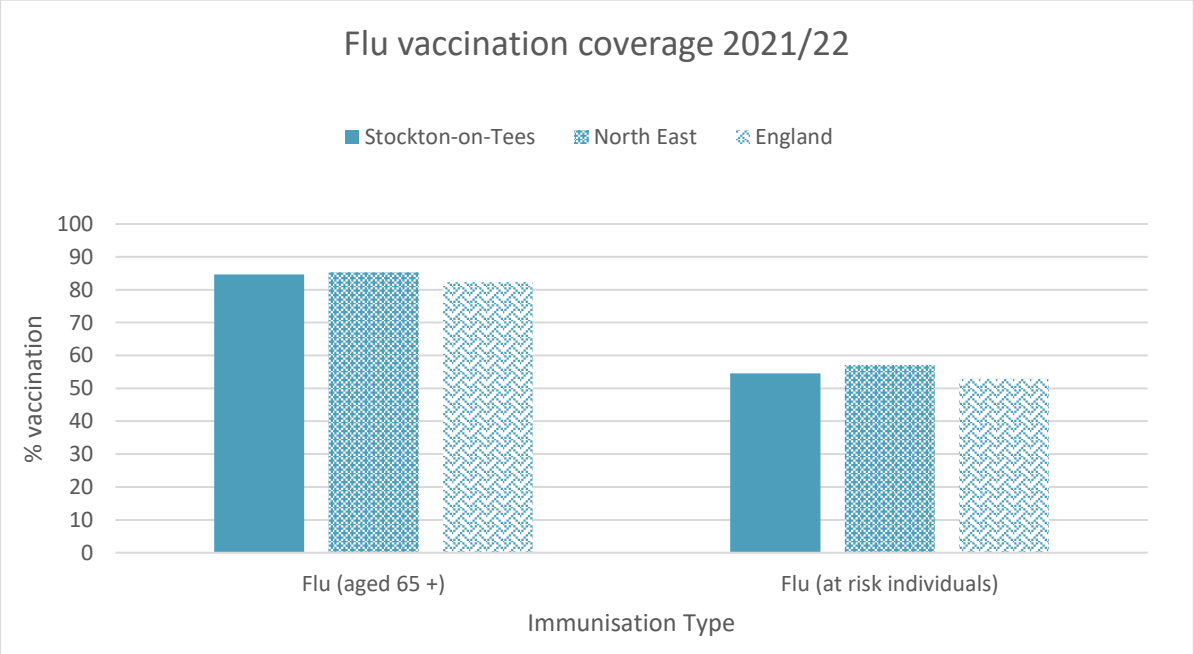

Figure 7 Vaccination coverage (%) for adults aged 65+ and at risk individuals for 2021/22

Flu Vaccinations	Stockton-on-Tees	North East	England
	2021/22	2021/22	2021/22
Flu (aged 65 +)	84.6	85.3	82.3
Flu (at risk individuals)	54.6	57.1	52.9

Table 8 Vaccination coverage (%) for adults aged 65+ and at risk individuals for 2021/22

25. Stockton-on-Tees Borough Council delivered the annual flu vaccination programme for employees across the Council in 2022. 677 staff (21.5%) were vaccinated through this programme between September 2022 and January 2023. 61% of these staff were under 50 years. This is likely due to the national offer for flu vaccination continuing to include 50 to 64 year olds in 2022.

COVID-19 Vaccination

26. 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.

27. At the end of 2022 a higher proportion of Stockton-on-Tees residents have been vaccinated with the 1st and 2nd doses of the vaccine than regional and national averages, except for the 2nd dose in the 18 to 24 age group, where the North East average was higher than in Stockton-on-Tees. Uptake of the 3rd Dose was higher or similar to the regional and national averages for all those over 25 years, however the 18 to 24 age group had a lower uptake in Stockton-on-Tees compared to the regional and national averages.

28. Overall the uptake of subsequent doses after the first fell, with the 3rd dose having the lowest uptake for the age group. Generally, vaccination coverage increases with age for 2nd and 3rd doses, particularly in those over 60 years.

COVID-19 Vaccinations	Stockton-on-Tees			North East			England		
Age group	1st Dose	2nd Dose	3rd Dose	1st Dose	2nd Dose	3rd Dose	1st Dose	2nd Dose	3rd Dose
18 to 24	72.2	63.8	35.4	74.2	66.3	39.5	69.7	62.4	36.2
25 to 29	72.7	67.2	41.9	70.6	65	41.1	66.1	61.2	39.3
30 to 34	75.4	70.7	46.9	72.2	67.6	45.1	67.7	63.6	43
35 to 39	79.7	75.6	56.5	77.1	73.1	53.2	70.8	67.4	48.5
40 to 44	83.9	80.5	64.1	82	78.7	61.6	75.4	72.6	56
45 to 49	87.9	85.5	71.6	85.7	83.4	69.3	80.3	78	63.9
50 to 54	91.6	90	80.6	90.2	88.5	78.2	85.6	83.8	73
55 to 59	93.2	92.3	84.5	92.8	91.6	83.7	88.4	86.9	78.5
60 to 64	94.7	93.9	88.5	94.5	93.6	87.8	90.2	89	82.5
65 to 69	96.2	95.5	92.1	95.7	95	91.4	91.8	90.7	86.3
70 to 74	96.9	96.4	93.9	96.9	96.3	94	93.8	92.9	90.1
75 to 79	97.6	97.1	95.5	97.7	97.3	95.7	95.6	95	93
80 to 84	98.1	97.8	96.4	98	97.7	96.4	95.9	95.3	93.4
85 to 89	98.2	97.8	96.8	98	97.6	96.3	95.9	95.4	93.5
90+	96.7	96.2	95	96.9	96.5	95.2	94.2	93.6	91.8
Total	**89**	**86.7**	**76**	**88.2**	**85.9**	**75.2**	**84.1**	**81.9**	**71.3**

Table 9 COVID-19 vaccination coverage (%) for age groups 18 and over, cumulative as of May 2023

Note: vaccination coverage (%) Total is an approximation calculated by averaging data for all age groups in Table 9.

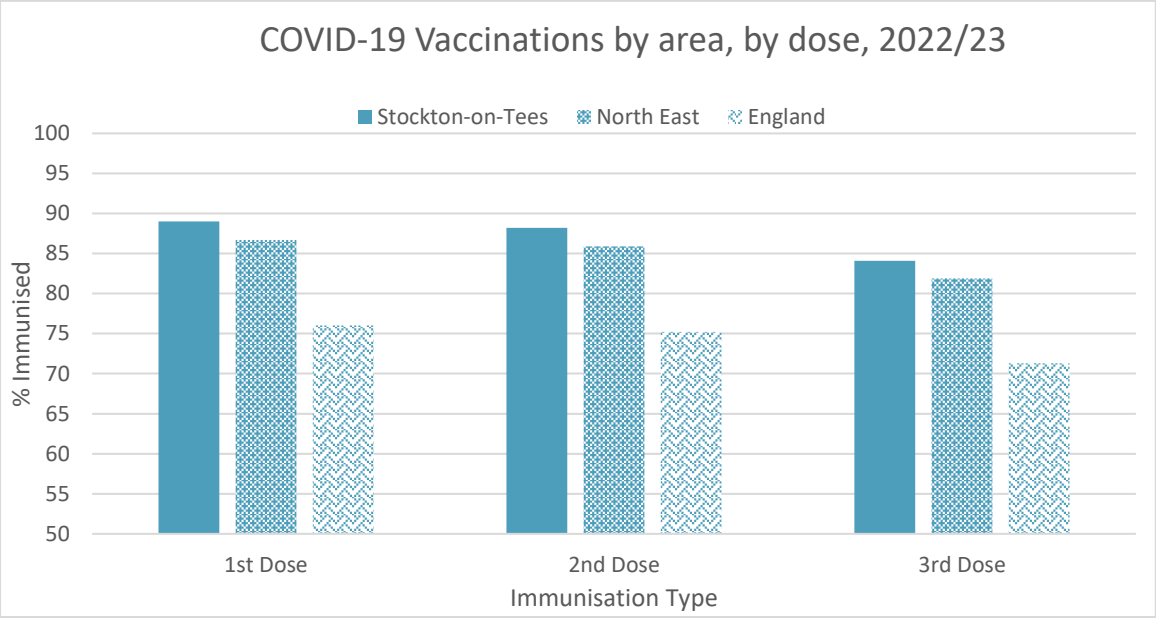

Figure 8 COVID-19 Vaccination coverage (%) for age groups 18 and over, cumulative as of May 2023

Note: vaccination coverage (%) for age groups 18 and over is an approximation calculated by averaging data for all age groups in Table 9.

29. COVID-19 booster vaccination programmes were run for both Spring and Autumn seasons in 2022. Those eligible for the spring COVID-19 booster vaccination in 2022 were: residents of older adult care homes; people aged 75 and over; those who were immunosuppressed aged 12 and over.

30. Those eligible for the autumn COVID-19 booster vaccination in 2022 were: people aged 50 years and older; residents in care homes for older people; those aged 5 years and over in a clinical risk group; health and social care staff.

31. In 2022, Stockton-on-Tees had a similar vaccination coverage to the regional average for both the spring and autumn COVID-19 booster vaccinations.

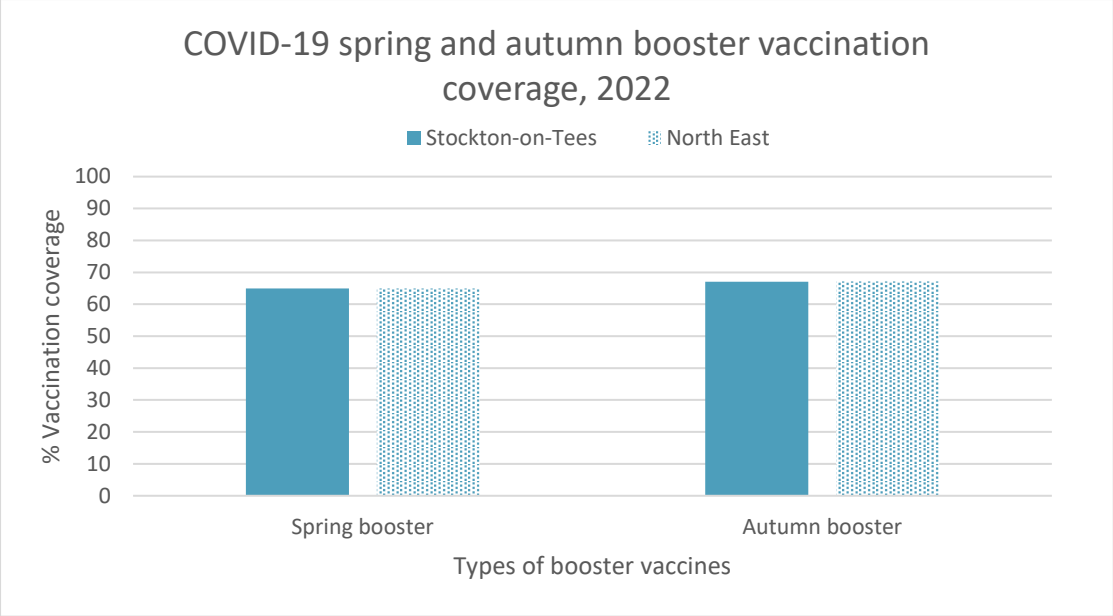

Figure 9 COVID-19 cumulative vaccination coverage (%) for spring and autumn booster vaccination, 2022

Types of Booster vaccinations	Stockton-on-Tees	North East
	2022	2022
Spring	65	64.9
Autumn	67.1	67.2

Table 10 COVID-19 cumulative vaccination coverage (%) for spring and autumn booster vaccination, 2022

Control

Gastroenteric disease

32. Gastroenteric disease cases in Stockton-on-Tees returned to similar recorded levels in 2022 to those in 2019/2020 after significantly lower case numbers in 2020/21 which were likely due to restrictions implemented because of the COVID-19 pandemic. Campylobacter is the most common cause of bacterial food poisoning, typically affecting several hundred individuals per year. In 2022 there were 256 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 Diseases		Stockton-on-Tees 2022	North East 2022
Salmonella Enteritis	No. of cases	7	114

	Rate	3.6	4.3
Salmonella Typhimurium	No. of cases	<5	73
	Rate	<5	2.8
Salmonella other	No. of cases	8	178
	Rate	4.1	6.7
Escherichia Coli 0157	No. of cases	6	69
	Rate	3	2.6
Campylobacter	No. of cases	256	3443
	Rate	130	130.1
Cryptosporidium	No. of cases	12	239
	Rate	6.1	9
Giardia	No. of cases	13	96
	Rate	6.6	3.62
Shigella	No. of cases	<5	28
	Rate	<5	1.1

Table 11 Numbers and incidence (annualised rate per 100,000 population) of selected gastroenteric diseases/organisms for 2022

Note: All rates calculated from mid-2021 population estimates from ONS

Vaccine Preventable Disease/ Exanthema

33. In 2022, there were 9 suspected cases of measles and 32 suspected cases of mumps in Stockton-on-Tees. This confirms the importance of maintaining high MMR vaccination rates.

34. 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. In 2022, there were 2 suspected cases of whooping cough in Stockton-on-Tees.

35. Meningococcal disease can be particularly severe, resulting in serious illness and causes 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. In 2022, there were 2 confirmed cases of meningococcal disease in Stockton-on-Tees.

Vaccine Preventable Diseases			Stockton-on-Tees 2022	North East 2022
Measles	Confirmed	No. of cases	0	0
		Rate	0	0
	Total (confirmed and suspected)	No. of cases	9	70
		Rate	4.5	26.4
Meningococcal Disease	Confirmed	No. of cases	2	17
		Rate	1	0.6
	Total (confirmed and suspected)	No. of cases	2	29
		Rate	1	1.1

Mumps	Confirmed	No. of cases	0	5
		Rate	0	0.2
	Total (confirmed and suspected)	No. of cases	32	467
		Rate	16.3	17.6
Whooping Cough	Confirmed	No. of cases	0	1
		Rate	0	0.03
	Total (confirmed and suspected)	No. of cases	2	44
		Rate	1	1.7

Table 12 Number and incidence (annualised rate per 100,000 population) of cases of common vaccine preventable diseases and other exanthema reported in 2022

Note Data on Rubella is not currently available, All rates calculated from mid-2021 population estimates from ONS

Other selected organisms

36. There were no or very low numbers of hepatitis A,B, legionella and listeria in 2022. In contrast, there were 78 cases of hepatitis C in 2022. The significantly higher cases over the past 3 years (compared to 40 cases in 2018/19), reflect ongoing work around active screening and case finding in high risk groups.

Other Selected Organisms		Stockton-on-Tees 2022	North East 2022
Hepatitis A	No. of cases	0	4
	Rate	0	0.15
Hepatitis B	No. of cases	7	158
	Rate	3.5	5.96
Hepatitis C	No. of cases	78	821
	Rate	39.6	31.01
Legionella	No. of cases	1	10
	Rate	0.5	0.37
Listeria	No. of cases	0	5
	Rate	0	0.18

Table 13 Numbers and incidence (annualised rate per 100,000 population) of other selected diseases/organisms for 2022

Note: All rates calculated from mid-2021 population estimates from ONS

Tuberculosis

37. In 2022, 6 cases of TB were reported in Stockton-on-Tees at a rate of 3.1 per 100,000. This was slightly higher than the North East rate of 2.1 per 100,000 and affects patients from higher risk groups.

Scarlet Fever

38. In 2022, 174 cases of Scarlet Fever were reported in Stockton-on-Tees at a rate of 88.5 per 100,000. This was lower than the North East rate of 125.6 per 100,000. These rates are in keeping with an out of season peak in Scarlet Fever cases in November and December 2022.

39. In 2022, 16 cases of Invasive group A streptococcal (iGAS) disease were reported in Stockton-on-Tees at a rate of 8.2 per 100,000. This was slightly higher than the North East rate of 7.3 per 100,000.

Sexual Health

40. In 2022, STI rates in Stockton-on-Tees were generally below or slightly higher than the North East average, except for syphilis. Chlamydia infections were the most common STI with 534 cases, followed by gonorrhoea with 81 cases and genital warts with 72 cases. The rate of Syphilis infections in Stockton-on-Tees was 37 (73 cases) which was significantly higher than the regional and national rate of Syphilis.

Sexual Health Illnesses	Rate per 100,000 in 2021		
	Stockton-on-Tees	North East	England
Gonorrhoea	41	46	90
Chlamydia	270	261	282
Syphilis	37	9.4	13.3
Genital warts	36.5	40.8	50
Genital herpes	31.9	39.6	38.3

Table 14 Number and incidence per 100,000 population of cases of common sexually transmitted infections reported in 2022

Control - outbreaks

Care home outbreaks

41. Communicable disease outbreaks (other than covid) occur relatively frequently in care home settings but were rarer during the COVID-19 pandemic likely due to the restrictions implemented. Most outbreaks are caused by viral infections with person to person spread in a closed setting.
42. In 2022 there 15 gastrointestinal outbreaks in Stockton-on-Tees and 250 across the North East. This is more than double the number in 2021, where there were 6 gastrointestinal outbreaks in Stockton-on-Tees and 121 across the North East.
43. 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 2022 were confirmed to be linked to food/ bacterial origin.
44. In 2022, there were 79 COVID-19 outbreaks in care homes in Stockton-on-Tees, 1,039 across the North East, and 11,414 across England.

Emergency preparedness, resilience and response (EPRR)

45. Emergency planning aims, where possible, to prevent emergencies occurring and when they do occur good planning should reduce, control or mitigate the effects of the emergency. It is a systematic and ongoing process which should evolve as lessons are learnt and circumstances change.
46. It is the responsibility of the local authority to prepare emergency plans to detail its response to a major incident or emergency.
47. The Major Incident Response Plan has been reviewed and updated for 2021 in accordance with Section 5 of Emergency Preparedness – Guidance on Part 1 of the Civil Contingencies Act (2004), its associated Regulations and non-statutory arrangements. The 2023 plan is to be sent out for consultation by the end of May.
48. The plan aims to allow for flexible management and adaptability to a wide range of circumstances. In addition, it provides a means of coordinating the activities of all council staff and partners engaged in responding to major emergencies such as to provide support to initial responder, maintain essential services and lead on post incident recovery.
49. A Cleveland Incident Recovery Plan details the mechanisms and protocols by the Local Resilience Forum in the event of an incident requiring a restoration phase. Local authorities lead the recovery process. Training and exercises for SBC staff has been facilitated by both the Emergency Planning Unit and Cleveland Local resilience Forum.

50. The council is represented on multiagency planning, tactical and strategic groups within the Cleveland Local Resilience Forum (LRF). The LRF coordinates planning, training and exercising in relation to a range of threats identified in their community risk register.

51. The one Major Incident declared in the SBC area (declared by Cleveland LRF) since 2019 was that of the COVID pandemic .

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Appendix A

Routine childhood immunisations from February 2022

When	Diseases protected against	Vaccine given and trade name		Usual site[1]
Eight weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio, *Haemophilus influenzae* type b (Hib) and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	Meningococcal group B (MenB)	MenB	Bexsero	Left thigh
	Rotavirus gastroenteritis	Rotavirus	Rotarix[2]	By mouth
Twelve weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	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 or Vaxelis	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	MMRvaxPro[3] or Priorix	Upper arm/thigh
	MenB	MenB booster	Bexsero	Left thigh
Eligible paediatric age group[4]	Influenza (each year from September)	Live attenuated influenza vaccine LAIV	Fluenz Tetra[3,5]	Both nostrils
Three years four months old or soon after	Diphtheria, tetanus, pertussis and polio	dTaP/IPV	Boostrix-IPV	Upper arm
	Measles, mumps and rubella	MMR (check first dose given)	MMRvaxPro[3] or Priorix	Upper arm
Boys and girls aged twelve to thirteen years	Cancers and genital warts caused by specific human papillomavirus (HPV) types	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	MenACWY	Nimenrix	Upper arm

1. Intramuscular injection into deltoid muscle in upper arm or anterolateral aspect of the thigh.
2. Rotavirus vaccine should only be given after checking for SCID screening result.
3. Contains porcine gelatine.
4. See annual flu letter at: www.gov.uk/government/collections/annual-flu-programme
5. If LAIV (live attenuated influenza vaccine) is contraindicated or otherwiseunsuitable use inactivated flu vaccine (check Green Book Chapter 19 for details).

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 >= 40/100,000	Around 28 days old[4]	Tuberculosis	BCG
Infants with a parent or grandparent born in a high incidence country[3]	Around 28 days old[4]	Tuberculosis	BCG
Children in a clinical risk group	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	At any stage of pregnancy during flu season	Influenza	Inactivated flu vaccine
	From 16 weeks gestation	Pertussis	dTaP/IPV (Boostrix-IPV)

1. Take blood for HBsAg at 12 months to exclude infection.
2. In addition hexavalent vaccine (Infanrix hexa or Vaxelis) is given at 8, 12 and 16 weeks.
3. Where the annual incidence of TB is >= 40/100,000 – see www.gov.uk/government/publications/tuberculosis-tb-by-country-rates-per-100000-people
4. Check SCID screening outcome before giving BCG.

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.

immunisation | The safest way to protect children and adults

NHS

Appendix B

Flu vaccination programme 2022

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 2022 to 2023 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 3 years on 31 August 2022
- all primary school aged children (from reception to Year 6)
- Some secondary school children in Years 7 to 11
- those aged 6 months to under 65 years in clinical risk groups
- pregnant women
- those aged 50 to 64 years
- those aged 65 years and over
- those in long-stay residential care homes
- carers
- close contacts of immunocompromised individuals
- frontline staff employed by the following types of social care providers without employer led occupational health schemes:
    i. a registered residential care or nursing home
    ii. registered domiciliary care provider
    iii. a voluntary managed hospice provider
    iv. Direct Payment (personal budgets) or Personal Health Budgets, such as Personal Assistants