Director of Public Health

Health Protection Assurance Report 2023

North Tyneside Council

Health protection

- To prevent or reduce the harm caused by communicable diseases, and to minimise the health impact of environmental hazards such as chemicals and radiation, and extreme weather events.

- Includes the timely provision of information and advice to relevant parties, and on-going surveillance, alerting and tracking of existing and emerging threats:

- National programmes for screening and immunisation.
- Infection prevention and control in health and social care community settings.
- Measures for the prevention, treatment, and control of the management of communicable disease (e.g., blood-borne viruses).
- Management of environmental hazards including those relating to food.
- Planning for emergency situations, such as extreme weather events, outbreaks, etc.

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North Tyneside Health Protection Board

- The Director of Public Health (DPH) has a statutory responsibility for the strategic leadership of health protection.
- North Tyneside has robust systems in place for the management of existing and emerging health protection issues.
- These systems are shared across a range of organisations and services including health, social care, environmental health, and public protection and led the Director of Public Health, with governance through the North Tyneside Health Protection Board.
- This report forms part of those arrangements.

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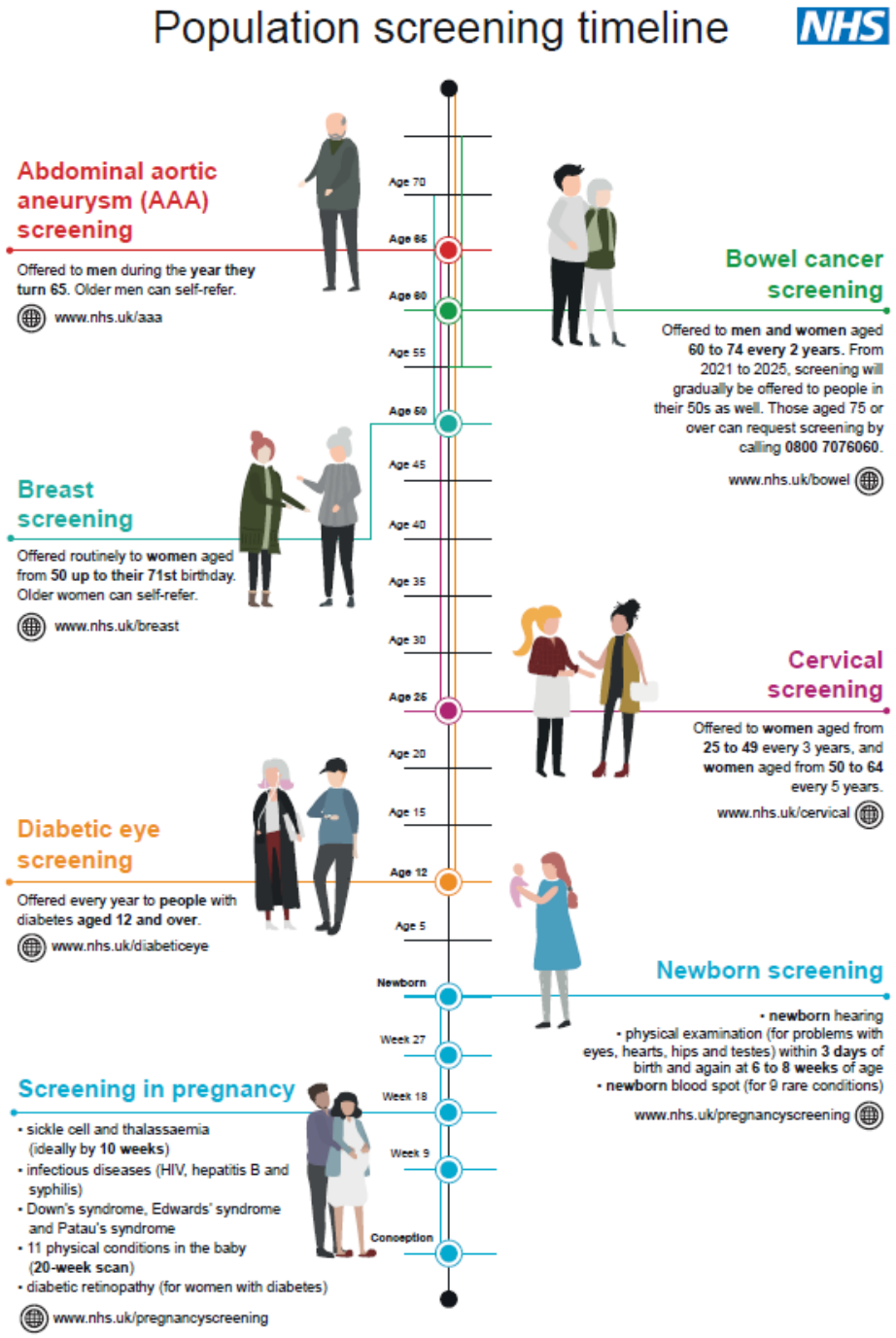

Antenatal and Newborn screening

- Near total coverage across NT

Adult screening programme

- Data available at a more granular level
- Cancer screening programmes - most above national average.
- Breast screening noticeably lower. Ongoing challenges associated with COVID-19 mitigation measures.

<u>Inequalities</u>

- Evident across all programmes – between approx. 11%-17% variation. Correlates with deprivation though all programmes have systemic challenges.

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The Immunisation Schedule

Immunisation prevents disease!

- Uptake infant vaccines – uptake high
- School Aged Immunisation – high but variation starting to become evident
- Older adults – high uptake but variation evident

COVID-19 not yet part of the routine schedule. Uptake differs per dose as cohorts changed.

<u>Inequalities</u>

Uptake generally decreases through the life course (except with Flu).

Strong correlation with deprivation seen in adult programmes.

Inequalities invulnerable groups such as LD.

Babies under 1 year old

Age	Vaccines
8 weeks	6-in-1 vaccine Rotavirus vaccine MenB
12 weeks	6-in-1 vaccine (2nd dose) Pneumococcal (PCV) vaccine Rotavirus vaccine (2nd dose)
16 weeks	6-in-1 vaccine (3rd dose) MenB (2nd dose)

Children aged 1 to 15

Age	Vaccines
1 year	Hib/MenC (1st dose) MMR (1st dose) Pneumococcal (PCV) vaccine (2nd dose) MenB (3rd dose)
2 to 10 years	Flu vaccine (every year)
3 years and 4 months	MMR (2nd dose) 4-in-1 pre-school booster
12 to 13 years	HPV vaccine
14 years	3-in-1 teenage booster MenACWY

Adults

Age	Vaccines
50 years (and every year after)	Flu vaccine
65 years	Pneumococcal (PPV) vaccine
70 years	Shingles vaccine

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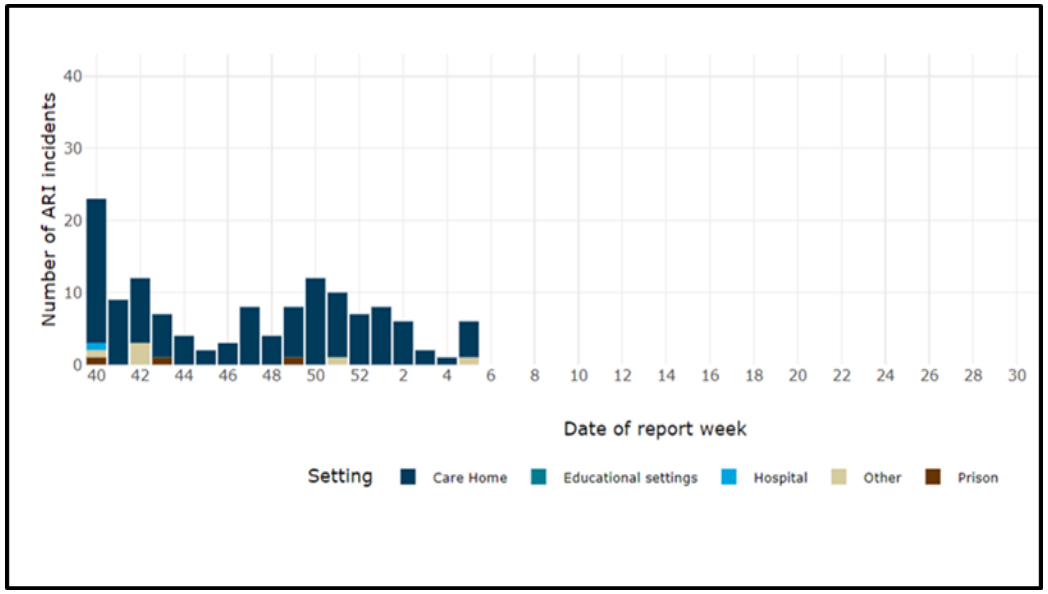
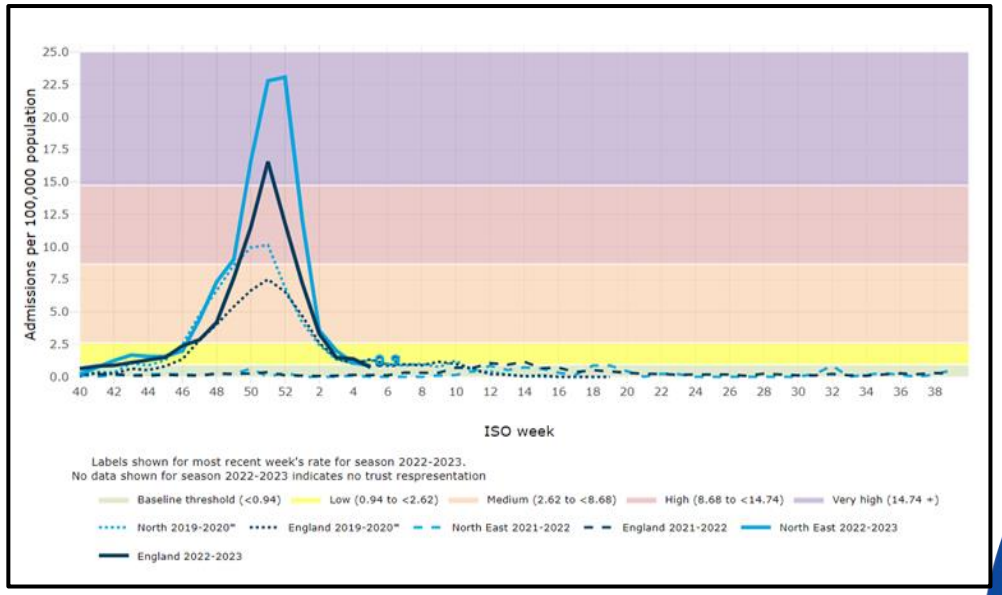
Surveillance and communicable diseases

- Effective surveillance systems ensure the early detection and notification of communicable diseases. This information is closely monitored to make sure that individual cases of disease are effectively treated and prevented from spreading, and that outbreaks of infections are monitored, analysed, and controlled.

- Respiratory illness – COVID-19 & Flu – and more….





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Specific diseases

- Early diagnosis by clinicians, prompt treatment of cases and early reporting by microbiologists and clinicians to the UKHSA Health Protection Team are essential in enabling prompt public health action for diseases. (Trends affected by COVID-19.)
- Measles, mumps, meningococcal disease, and whooping cough
- Hepatitis A, B, C, Legionella, Listeria, TB
- Foodborne and waterborne infectious disease notifications (Salmonella, E-Coli, Campylobacter, Cryptosporidium)
- STIs (Chlamydia, Gonorrhoea, Syphilis)

Control of specific disease

- Respond to our communities for emerging challenges
  - (Mpox, Strep A, Avian Flu)
- Environmental health and food safety
  - 378 notifications
  - 243 food hygiene complaints
  - 503 food inspection
  - 741 samples
- Infection Prevention and Control (HCAIs)
- Port Health
- Emergency Planning and Response

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Recommendations

- Continue the North Tyneside Health Protection Board
- Maintain local co-ordination and stakeholder engagement for prevention and control
- Efforts to address inequalities in screening and vaccination programmes.

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