

# Wiltshire Health Protection Report 2022



Bath and North East Somerset,  
Swindon and Wiltshire  
Integrated Care Board



UK Health  
Security  
Agency

**Wiltshire Council**

## Foreword

The annual Health Protection report seeks to provide assurance to the Health and Wellbeing Board of the systems and measures in place to protect the public's health from threats and hazards. It also captures the key issues identified and activities undertaken by a range of local, regional and national partners involved in supporting the Wiltshire health protection system.

2022 could be considered a transitional year in health protection. Most COVID-19 measures and large-scale testing programmes were reduced or stopped, and the guidance and management of COVID-19 was incorporated with other acute respiratory infections. Health protection teams and systems that had developed and evolved to respond to the pandemic now needed to tackle many other threats to public health, both new and old. The re-emergence of familiar infectious diseases which had abated during lockdowns and social distancing was expected, but some were also atypical in terms of seasonality and significance, for examples scarlet fever and invasive Group A Streptococcus. New issues such as mpox emerged, and key health protection measures such as screening and immunisation uptake had to recover from the impacts of the pandemic.

This report demonstrates that the Wiltshire health protection system continues to be robust and adaptable in the face of such ongoing challenges. Inter-agency relationships and structures formed during the pandemic response have continued to evolve. The recommendations from this report will help guide the ongoing development of the Wiltshire health protection system, to ensure it is resilient and appropriate for the needs of our population.

Professor Kate Blackburn  
Director of Public Health

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## Summary

The Director of Public Health has examined arrangements for health protection in Wiltshire and will provide the Health Protection Assurance Report 2022 to the Health and Wellbeing Board in line with their statutory responsibility to ensure that adequate arrangements are in place for the surveillance, prevention, planning, and response required to protect the public's health.

### The key priorities that have been agreed for 2022 – 2024 are:



#### Infection Prevention and Control

Concentrating on educational and care providers and medium-term focus will be on antimicrobial resistance (AMR) and healthcare associated infections (HCAI)



#### Immunisation

Initial focus will be understanding rates of MMR uptake in pre school children and implementing an action plan to improve this. Medium term focus is school provided immunisations, pertussis vaccinations for pregnant women and shingles for 70s and over.



#### Screening

Short term focus will be on increasing uptake to breast, cervical and bowel screening programmes, with a particular focus on inequities in access to cervical screening. This will then lead on to work looking at non cancer screening programmes such as abdominal aortic aneurysm, diabetic eye and antenatal screening



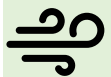
#### Infectious diseases

The short term focus will be on raising awareness of certain infectious diseases in specific groups .e.g., drugs and alcohol services, and rough sleepers. A medium term focus will be to work on a latent TB screening service for eligible Wiltshire residents.



#### Migrant Health Protection

Short term focus of ensuring refugees and asylum seekers, particularly those in hotel accommodation have received immunisations and screening as required. Medium term focus of assurance that health services are accessible and exploring inequalities.



#### Air Quality

A continuing focus with public protection on improving local air quality and raising awareness of the health effects of poor air quality.



#### EPRR

Working with health partners and the Wiltshire and Swindon LHRP to continue to update the BSW communicable disease plan, exercising this and having a plan to ensure local teams are aware of the content.

## Inequalities

Health inequalities are understood to be avoidable, unfair and systematic difference in health between different groups of people. There are many groups experiencing health inequalities including those from ethnic minority communities, those experiencing homelessness, people with a learning disability and those living in rural areas

Further information can be found from [The King's Fund](#)

Wiltshire specific information can be found in the [2022 Wiltshire Strategic Needs Assessment \(JSNA\) \(population and deprivation\)](#).

## CORE20 PLUS 5

[Core20PLUS5](#) is a national NHS England (NHSE) and NHS Improvement (NHSI) approach to support the reduction of health inequalities at both the National and System level. The approach defines a target population cohort - the 'Core20PLUS' - and identifies '5' focus clinical areas requiring accelerated improvement.

**The 'Core20' Populations** Those living in the most deprived 20% of the national population as identified by the national Index of Multiple Deprivation (IMD). Core20PLUS5 focuses on deprivation across the country so as not to exacerbate inequality nationally. Wiltshire has 8 LSOAs in the 20% most deprived according to IMD (2019)

**The 'PLUS' populations** are population groups experiencing poorer than average health access, experience and/or outcomes that are not captured in the 'Core20' alone. For Wiltshire these have been defined as:



**Gypsy, Roma, Traveller and Boater (GRTB) Communities** – these are a range of ethnic groups, those with nomadic ways of life but not from a specific ethnicity



**Routine and Manual Workers** – describes those between 18-64 years in the routine and manual group from the Annual Population Survey (93,200 people in Wiltshire as reported in the [Labour Market Profile for Wiltshire](#)) with a specific focus on those in minority groups.



**20% most deprived communities and rurality** - 20,800 (4%) of Wiltshire live in the nationally most deprived quintile of areas . Rurality drives inequalities through a range of means, including infrastructure sparsity, digital exclusion, access to services, community support/isolation/social exclusion, housing and fuel poverty, and reduced access to employment.

# Wiltshire Population and inequalities

## Current Population and Projections

**Wiltshire's current population: 510,400**



51% Female



49% Male

Our 65+ population currently represents just over a fifth of Wiltshire's population, but by 2040 this age group will make up nearly a third of the total population.



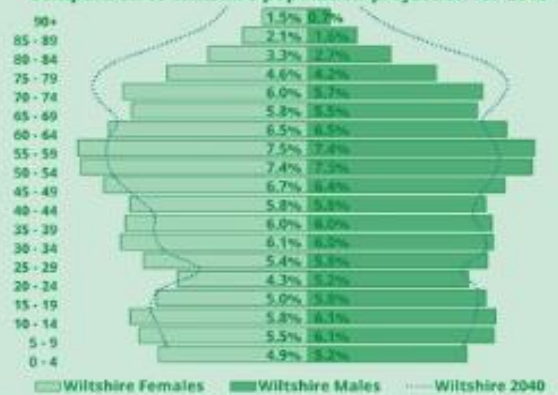
### By 2040 in Wiltshire...

65+ population expected to have increased by **43%**

Under 65+ population expected to have decreased by **3%**

85+ population expected to have increased by **87%**

## Wiltshire population by five-year age band, 2021 Comparison to Wiltshire population projection for 2040



## Wiltshire population aged 85 years and above: 2021 census data and 2040 projections



Further information available from: [JSNA Wiltshire Intelligence](#)

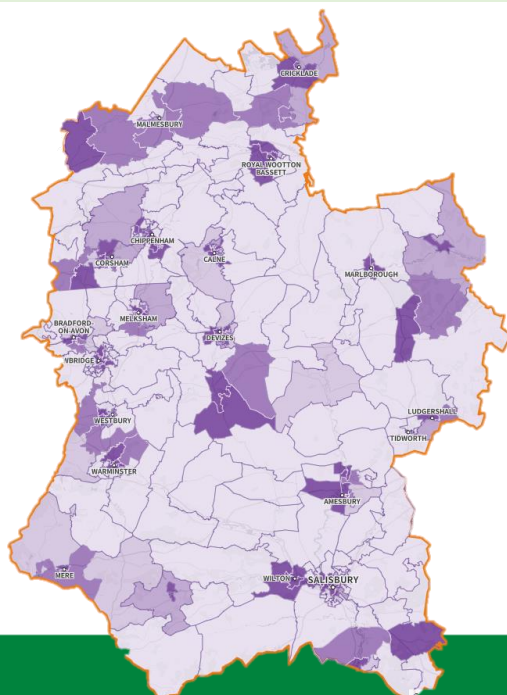
There are 8 LSOAs in Wiltshire in national quintile 1 (20% most deprived) of the main IMD (home to over 15,000 residents). Many factors make up the national IMD measure and if broken down by individual 'domain' indices it gives a more localised picture. This shows that the biggest inequalities in Wiltshire appear to be barriers to housing and services and education, skills and training deprivation.

The total population living in these 8 LSOAs is

**13,924**

0-19 year olds: 27%  
20-64 year olds: 56%  
65+ year olds: 17%

which is 3% of Wiltshire's total population

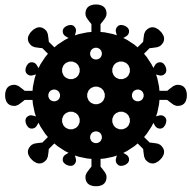


## Rurality

Wiltshire is classified as a predominantly rural local authority by DEFRA's rural-urban classifications (DEFRA). Rurality drives health inequalities through mechanisms such as reduced access to services, digital exclusion, isolation, lack of infrastructure, fuel poverty, and reduced access to employment.

The map to the left shows the percentage of households with access to a GP within 15 mins by public transport or walking. The darker the colour the higher the percentage of households with access within 15 minutes.

The England mean percentage of households is 69.95% Wiltshire's percentage of households is 44.86% reflecting the rural nature of the county and highlighting reduced access to services.



### COVID-19 pandemic

The COVID-19 pandemic still continued in 2022 but the World Health Organisation (WHO) declared the end of the pandemic was 'in sight' in September 2022, with the introduction of new bivalent vaccines to help tackle the Omicron variant which had driven most of the previous surges in cases. A timeline of the key events and policy changes through 2022 relating to the COVID-19 pandemic can be found in [Appendix 1](#)



### Health and Social Care Act 2022

[The Act](#) advances on the collaborative working seen throughout the pandemic, to shape a system which is best placed to serve the needs of the population. NHS England established 42 statutory integrated care boards (ICBs) on 1 July 2022 in line with its duty in the Health and Care Act 2022. This was as part of the Act's provisions for creating integrated care systems (ICSs).



### Migration and Global Events

In March 2022 the UK Government set up the Homes 4 Ukraine scheme allowing households to provide accommodation for Ukrainian refugees created by the Russian invasion in Ukraine the previous month. In November 2022, there were 879 refugees accommodated in 377 Wiltshire households.

In December 2022 a contingency spot-booking hotel was opened near Royal Wootton Bassett, housing asylum seekers from multiple countries of origin.

The humanitarian situations in countries like Syria, Afghanistan, South Sudan and Yemen and other across the world is leading to an increase in the refugee crisis. In 2022 the number of asylum applications to the UK rose to 74,751, the highest level since 2002.



### Economy

The UK saw inflation and interest rates rise, putting cost of living at the forefront of many people's minds.

The Consumer Prices Index rose by 10.5% in the 12 months to December 2022. The rising costs of living threatens to exacerbate health inequalities and worsen health and wellbeing.



## Immunisations

“The two public health interventions that have had the greatest impact on the world’s health are clean water and vaccines.”

World Health Organisation (WHO)

There are a number of immunisations that are offered to the residents of Wiltshire as part of the UK national schedule ([appendix 2](#)). The overall aim of the routine immunisation schedule is to provide protection against vaccine-preventable infections.

High coverage is required to ensure that the local population is protected and does not become susceptible to outbreaks of these diseases.

Alongside the routine immunisation schedule there are also vaccines available for pregnant women ([appendix 3](#)) and those people identified as ‘at risk’, groups of people who need extra protection.

The Influenza vaccination is available annually to those who are deemed most at risk from infection, the cohorts for 2021/2022 and 2022/2023 are included in [appendix 4](#) and [5](#) respectively.

COVID-19 vaccinations were offered as part of a national programme during the ongoing pandemic to those eligible. This included a continuation of primary doses, the autumn 2021/2022 booster (eligibility in [appendix 6](#)), the 2022 spring booster (eligibility in [appendix 7](#)) and the autumn 2022/2023 booster (eligibility in [appendix 8](#)).

### Vaccine sentiment

[Research has shown](#) that despite the success of the COVID-19 vaccination campaigns, vaccine confidence has significantly declined since the onset of the pandemic. It is essential that vaccine uptake remains high to prevent outbreaks of vaccine preventable disease such as measles.



The COVID-19 vaccine also led to widespread negative sentiment, particularly on social media. In the UK, the [main driver of negative sentiment](#) was the fear of making the vaccine mandatory. When COVID-19 vaccination was made mandatory for those working in care homes in the UK, [research](#) found that only one in six healthcare workers favoured mandatory vaccination.



The conclusion recommended that building trust, educating and supporting people who are hesitant about vaccination may be more acceptable, effective and equitable, something that in public health we can support across all vaccinations. The data over the next few years should be interpreted with the context of the pandemic in mind.

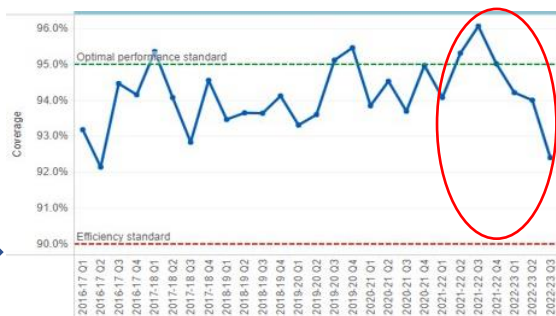
## Childhood Immunisations

Uptake of routine childhood immunisations among the Wiltshire population is above both the national and regional averages for all vaccinations.

There is an expectation that UK coverage for all routine childhood immunisations evaluated up to five years of age achieve 95% coverage in line with the WHO target stipulated for MMR.

### Wiltshire Immunisation uptake by 12 months of age

| 12m         |  |       |
|-------------|--|-------|
| DTaPIPvHib3 |  | 95.7% |
| MenB        |  | 95.6% |
| PCV         |  | 95.3% |
| Rota        |  | 92.4% |



By 12 months of age, the uptake of infant vaccinations in Wiltshire is above the optimal target (95%) for all vaccinations apart from rotavirus (92.4%). This data represents data as of December 2022.

In contrast to other vaccinations and Bath and North East Somerset and Swindon, the trend has been a sustained decline in rotavirus uptake since the end of 2021 although uptake remains above the efficiency standard (90%).

### Wiltshire Immunisation uptake by 5 years of age

|                     |  |       |
|---------------------|--|-------|
| MMR1                |  | 96.6% |
| DTaPIPvHib3_Primary |  | 96.6% |
| HibMenC_Booster     |  | 95.5% |
| MMR2_Booster        |  | 92.4% |
| DTaPIPv_Booster     |  | 92.3% |



Immunisations given at 3 years and 4 months of age (protecting against diphtheria, whooping cough, tetanus, polio and the second MMR dose) are below the optimal standard of 95%, which is the same trend regionally and nationally. This data fluctuates by quarter but has remained at around 92% uptake through 2022.

Data is taken from [COVER](#) and represents Q3 22/23 data extracted by the SW Vaccination and Screening Team

# Childhood Immunisations

## School aged immunisations

The schedule of immunisations given to children found in [Appendix 1](#) - these are generally delivered through the school aged immunisation service once a child reaches school age. During the COVID-19 pandemic all educational settings closed or partially closed from 23<sup>rd</sup> March 2020 with most children not returning until early September 2020. There was a further period of closure in January 2021. This affected the delivery of school aged immunisations and therefore there are two recovery cohorts for years 20/21 and 21/22. A cohort is considered as recovered once uptake is within 6% (or exceeds) pre COVID levels (18/19 academic year group). HPV vaccination for boys started in September 2019.

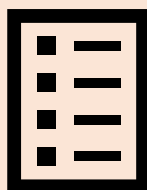
| BSW                   | HPV1  |       | HPV2  |       | MenACWY | TD/IPV |
|-----------------------|-------|-------|-------|-------|---------|--------|
|                       | Girls | Boys  | Girls | Boys  |         |        |
| 20/21 Recovery cohort | 82.1% | 79.2% | 75.1% | 70.0% | 80.4%   | 80.5%  |
| 21/22 cohort          | 72.2% | 64.8% | 72.1% | 67.8% | 66.3%   | 65.8%  |
| 18/19 uptake          | 91.3% |       | 83.8% |       |         |        |

The data shown in the table above shows November 2022 uptake data for B&NES, Swindon and Wiltshire (BSW) there is one provider that delivers school aged immunisations across BSW.

There are still gaps in HPV delivery for 2021/22 cohort. This is mainly due to the 6 month gap required between doses. HPV, MenACWY and Td/IPV vaccinations not completed in 2021 are continuing to be picked up in 2022/23.

There has been feedback from providers that some parents are choosing not to consent for vaccination due to vaccine fatigue and that attendance at clinics in schools has reduced due to pupil absence/sickness. Community clinics and school offers for children who miss their vaccinations in 2021/2022 do increase uptake figures however they have recently seen an increased number of cancellations and non attendances.

### Recommendation:

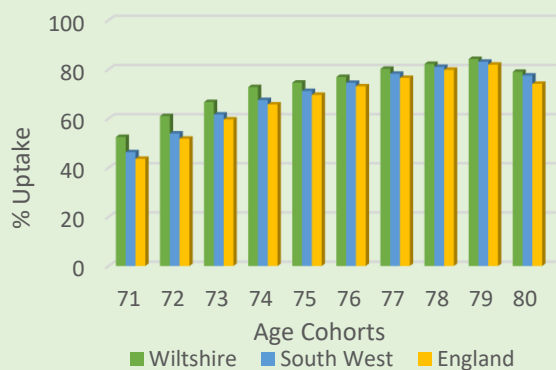


Continue to engage with the school aged immunisation provider and NHSE to understand areas in Wiltshire where uptake is lower and explore engagement opportunities.

At the end and start of school years continue to distribute information and engage with key school years around catch up vaccinations, including Fresher's events.

## Adult Immunisations

Immunisations given to adults are listed in [Appendix 2](#). Seasonal vaccines such as influenza and COVID-19 are covered in [Appendices 4-8](#).



### Shingles Vaccine

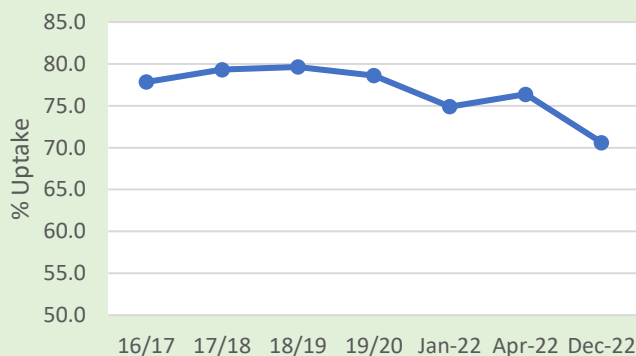
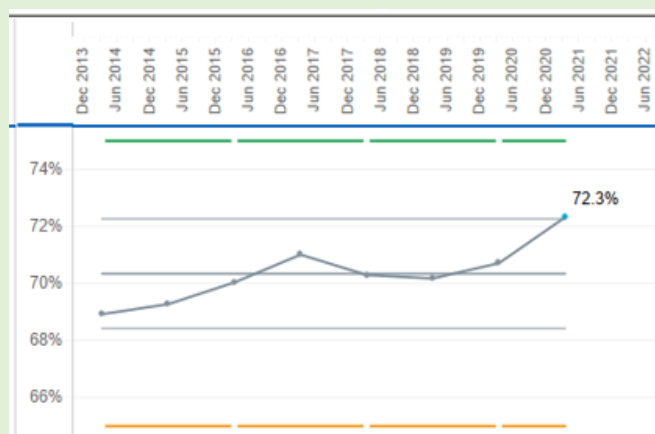
This is a vaccine to prevent shingles, a common, painful skin disease that results from the reactivation of the varicella-zoster virus in people who have previously had chickenpox.

Cumulative uptake in Wiltshire is higher than regional and national rates with 84.2% of residents vaccinated in the year they turn 80.

### Pneumococcal Vaccine

The pneumococcal vaccine protects against serious and potentially fatal pneumococcal infection that may lead to pneumonia, sepsis and meningitis. Adults aged over 65 are recommended to have this vaccine, it is a single dose and not given annually.

The graph to the left shows there has been a sustained slight increase in uptake of the Pneumococcal vaccine since December 2018. The latest data available (Q2 21/22) shows an increase in uptake from 19/20 data. This data is at BSW level.



### Maternal Pertussis

The whooping cough (pertussis) vaccine is given to pregnant women to help protect their babies against whooping cough from birth until they are old enough to be [routinely vaccinated](#).

[Data for 2022](#) shows the average vaccine uptake across England has dropped to 61.5%, the lowest since 2016.

Wiltshire data to the left, is showing a similar downward trend in uptake although remains above the optimal standard (60%) and the England average. None of the acute settings in BSW in 2022 were commissioned to deliver pertussis vaccination in maternity settings which resulted in less choice for Wiltshire residents when compared to the region. Women in Wiltshire get the vaccine through their GP.

The data presented has been extracted directly from immform in order to present the most recent data at Wiltshire level. This means it has not been processed by UKHSA like other vaccine update data.

**Recommendation:** Explore method of delivery of pertussis vaccination in Wiltshire (GP vs antenatal) with the aim of understanding any inequalities or areas of low uptake

# Seasonal Immunisations

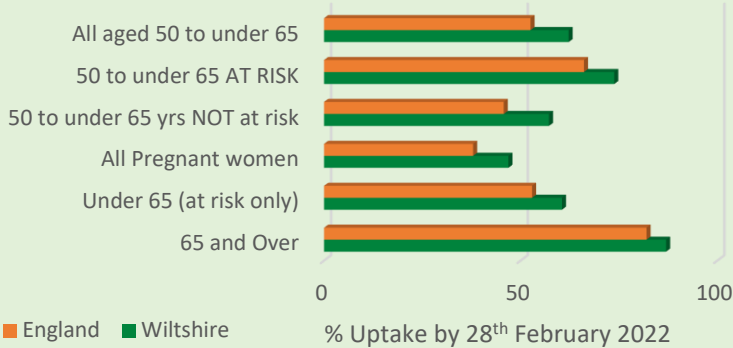
## Influenza

The seasonal influenza programme is a long established and successful vaccination programme.

The vaccine is offered to people who are particularly susceptible to the flu. The cohorts for the 21/22 and 22/23 annual flu programme can be seen in [appendix 1b](#).

Data is presented for the completed flu programme for 21/22, the completed 22/23 flu programme data will be presented in the 2023 health protection report.

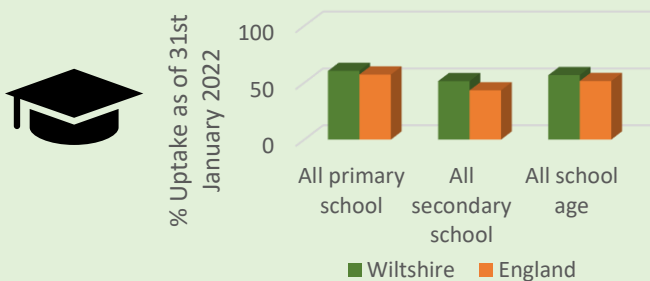
### Adult influenza vaccinations



Wiltshire uptake is higher than the England average for all adult cohorts offered influenza vaccination. The uptake amongst pregnant women has increased from previous years when it was below the England average although uptake in this cohort still needs improvement.

### Childhood influenza vaccinations

Vaccinating children reduces transmission of influenza. Uptake of the influenza vaccine delivered by GP surgeries for children aged 2 (60.6%) and 3 (63.4%) were above the England averages (48.7% and 51.4% respectively)



Uptake of the influenza vaccine in schools is above the England average with the highest uptake in primary school aged children. In 2021/2022 the eligibility for flu vaccination was extended to children up to 15 years old, with the JCVI recommending this being cost effective, particularly with COVID-19 still circulating.

### Health and social care workers

Healthcare workers that work at NHS trusts in BSW had uptake ranging from 62% to 74%, the uptake for flu vaccines was lower than the uptake for the COVID-19 vaccination. These figures are higher than both the England (60.5%) and South West (61.1%) averages. The flu vaccination rates in health care workers have improved over the last 20 years however, the trend is now a decline in uptake since 2020/2021 season.

Flu uptake in social care workers is difficult to quantify but we have learnt that offering flu vaccinations within workplaces, such as care homes does increase uptake.

**Recommendation:** Work to encourage pregnant women to take up the offer of a flu vaccination. Understand routes of communication to under 65s 'at risk' and promote the benefits of flu vaccination to this cohort.  
Investigate data streams for social care flu vaccine uptake.

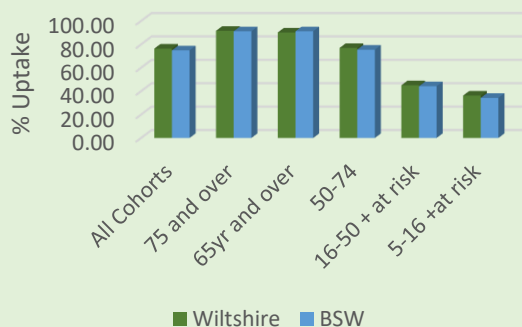
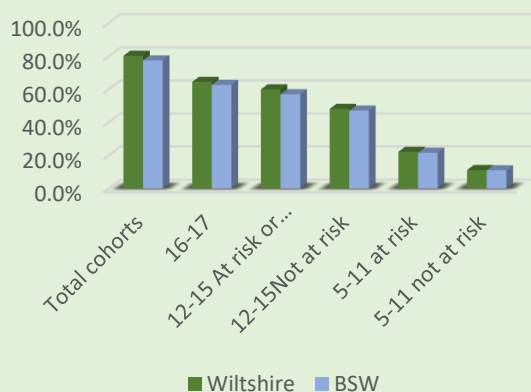
# Seasonal Immunisations

## COVID-19

During 2022, the 'evergreen' offer of primary doses continued. Alongside this, the 2021 autumn booster programme offering eligible cohorts a booster dose was continuing. In March the Spring booster programme began mainly for those aged 75 and over. In April, the vaccination of 5 to 11 year olds commenced, these vaccinations were not delivered through schools.

In September, the 2022 autumn booster programme began inviting eligible people with priority groups eligible early in the programme. Vaccinations were given at GP-led local sites, vaccination centres, pharmacy sites and community locations.

Full eligibility for COVID-19 vaccination programmes can be found in [Appendices 6-8](#)



### Primary doses

Uptake in Wiltshire as at the end of 2022 was slightly higher than the BSW average. Uptake tends to increase with age cohort which reflects [national data](#). High levels of COVID-19 infection in school aged children from September meant that many children were delayed getting their first or second doses due to the recommendation that 5-11 year olds should wait 12 weeks between a positive COVID-19 test and vaccination.

### Autumn booster 21/22


Uptake decreases as the age cohort becomes younger. Wiltshire uptake reflects BSW data showing those eligible due to being 'at risk' have the lowest uptake. Wiltshire uptake for all cohorts was 76.4%.

By the end of August 2022, around [70% of people in England](#) had received three or more doses of a Covid vaccine. 2022 autumn booster uptake will be presented in the 2023 report

### Health and social care workers

Following the lifting of mandatory COVID-19 vaccinations for social care staff, COVID-19 uptake for older adult care home staff in Wiltshire fell from 95.5% for primary doses to 61.7% having received the booster. Although this was higher than the national average at 53.2%, it was important to understand uptake and the barriers or hesitations surrounding seasonal vaccinations in this cohort. A survey of care providers in Wiltshire was undertaken in November 2022, with 80 respondents from settings including nursing homes, residential homes and domiciliary care. Key themes for lower uptake amongst staff included:

- **24% concerns around side effects (short and long term)** e.g 'Worried about feeling ill after'
- **15% perceived immunity** e.g 'Feel are immune as had COVID previously'
- **16% anti-vaccination sentiments** e.g 'Doesn't believe in vaccination'
- **14% time and access** e.g 'Time off work', 'Difficulty accessing clinics at appropriate times'

 **Recommendation:** Promote the benefits of COVID-19 vaccination to those defined as 'at risk' and understand any barriers or lack of confidence.

Continue to monitor uptake of covid vaccination, particularly in the 5-11 cohort.

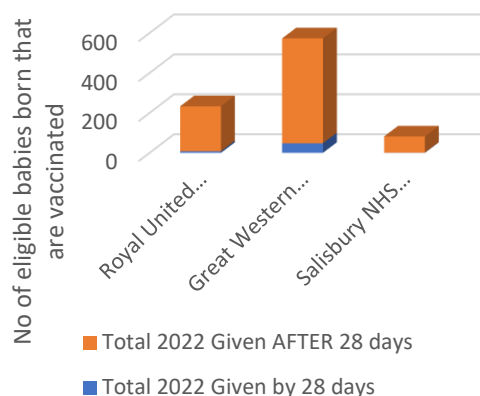
## Targeted immunisations

These are immunisations that are not part of the routine universal programme and are only offered to specific eligible cohorts.

### Newborn Hepatitis B

All babies should be vaccinated to protect them against hepatitis B infection. The 6-in-1 vaccine offered to all babies when they are 8, 12 and 16 weeks of age includes a vaccine against hepatitis B. Babies at risk of developing hepatitis B infection from infected mothers are given extra doses of the hepatitis B vaccine at birth, 4 weeks and 1 year of age.

Data is available on doses given in quarter 2 of 2022/23 for the South West. Numbers are low but all babies are monitored and chased for any missing doses (especially early doses).



### BCG

Infants aged 0-12 months with a parent or grandparent who was born in a country where the annual incidence of TB is 40/100,000 or greater are eligible. Numbers are generally low. The national target is for eligible babies to be offered a BCG vaccination by 28 days. There is an issue nationally as well as the South West with meeting this timeframe, dried blood spot testing results are required before vaccination with BCG to check for immunosuppression.

Providers struggle to get babies booked in to such a tight timeframe as they have limited numbers of clinics running due to low number of eligible patients and if parents can't make a specified date the next available is likely after 28 days of age. This is reflected in the data above which shows babies born in each hospital trust that are eligible for vaccination, recognising that babies resident in Wiltshire will be born at each of these sites.

There is likely to be an increasing number of babies eligible in Wiltshire and BSW due to migrant populations including those seeking asylum housed within the local area.

BCG may also be recommended for older children who have an increased risk of developing TB particularly those with family from a high incidence country and children who have recently arrived from a country with high levels of TB, full eligibility can be found on the [NHS website](#)

Work is ongoing with BSW ICB to develop a pathway for those children eligible who are under 16 to be given the BCG vaccination, particularly in migrant populations including asylum seekers and refugees.

#### Recommendation:



Continue to gain assurance that BCG vaccinations are being given to those babies eligible when born in the UK in a timely manner.

Continue to develop a pathway for children under 16 who are eligible to receive screening for latent TB and a BCG vaccination.

## Spotlight on outreach

It is vitally important that all of Wiltshire's eligible population have the opportunity to access seasonal vaccinations to protect their health. One key success from the COVID-19 pandemic has been the outreach vaccination offer to improve vaccination equity. Therefore, a focus during the seasonal vaccination campaign in 2022 was to ensure evidence-based outreach to communities and locations within Wiltshire.

12 outreach clinics were delivered between October and December 22, in which:

- 1,124 COVID-19 booster vaccines administered
- 167 COVID-19 primary vaccines administered
- 182 influenza vaccines administered

### Boaters clinics

Boater's nomadic lifestyle and a possible lack of transport can result in increased difficulty accessing health services. Evidence also shows lower immunisation rates in travelling communities. Following the success of previous years, vaccination was offered on a canal boat at stops on the Kennet and Avon canal. A total of 188 vaccinations were administered to the boating community.



### Routine and Manual workers clinic

Evidence from previous campaigns has shown barriers to vaccination access for workers due to lack of accessible locations, dates or times as well as lack of drop-in access. An outreach clinic was arranged at a central venue on the West Wiltshire trading estate in Westbury to bring vaccinations to an accessible location for those working in businesses on the estate. The clinic was widely advertised and a total of 55 vaccinations were administered and other health information provided.

### Homeless and Rough sleeper clinic

The health outcomes for those experiencing homelessness is known to be significantly worse than the general population, immunisation rates are also lower amongst these groups. Onsite vaccination at services frequented by this community is important to enable easy access. Vaccinations were taken to the Doorway project in Chippenham, a service which provides support to people experiencing homelessness. The team visited during the popular lunchtime slot and a total of 31 vaccinations were administered and other important health information provided.

### Recommendations:

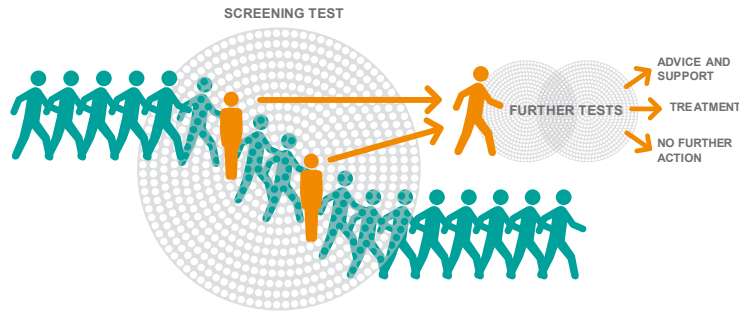
- Continue to develop and build upon the outreach offer, bringing vaccinations to communities and building relationships with a range of community groups and services.

Ensure when arranging clinics these are accessible to working people.



# Screening

Screening is the process of identifying apparently healthy people who may have an increased chance of a disease or condition. The screening provider then offers information, further tests and treatment. This is to reduce associated problems or complications.



The sieve represents the screening test and most people pass through it. This means they have a low chance of having the condition screened for.

The people left in the sieve have a higher chance of having the condition. A further investigation is then offered to them.

Identification through this process can show that they have the condition screened for. The person may need further confirmatory diagnostic tests.

Screening can:

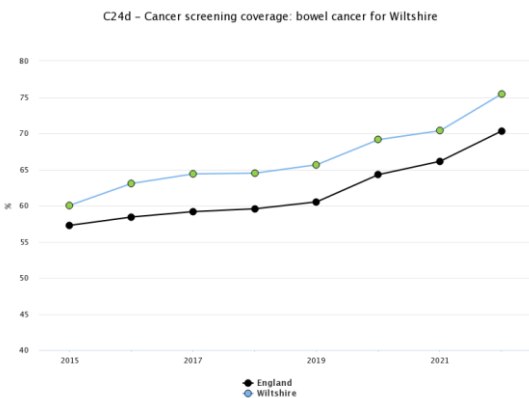
- save lives or improve quality of life through early identification of a condition
- reduce the chance of developing a serious condition or its complications
- give pregnant women informed reproductive choice

Screening does not guarantee protection. Receiving a low chance result does not prevent the person from developing the condition at a later date. Eligibility for screening programmes in England is detailed in [Appendix 9](#)

## Cancer screening Bowel

The Bath, Swindon and Wiltshire Bowel Cancer Screening Programme (BCSP) is provided by Salisbury NHS Foundation Trust based at Salisbury District Hospital. The programme is delivered across 3 sites in associations with 2 additional NHS Trusts, Royal United Hospitals, Bath and Great Western Hospitals, Swindon.

Those eligible are automatically sent a bowel cancer screening kit through the post every 2 years. The kit comes with step-by-step instructions for completing the test at home and sending the samples to a laboratory for processing.



In Wiltshire the proportion of eligible people invited for screening who had an adequate screening result was 75.4% as reported in the 2022 update to the [Public Health Outcomes Framework](#) and shown to the left. This ranks Wiltshire 10<sup>th</sup> out of all English local authorities. An extension of the eligibility to include 54 year olds is being mobilised across BSW into 2023. The postal nature of this programme appears to mean that bowel cancer screening did not see a significant drop in coverage during the pandemic.



**Inequalities Focus** Regional work is underway to identify and flag individuals with a diagnosed learning disability with the aim of them receiving an easy read invitation with the aim of improving uptake in this cohort.

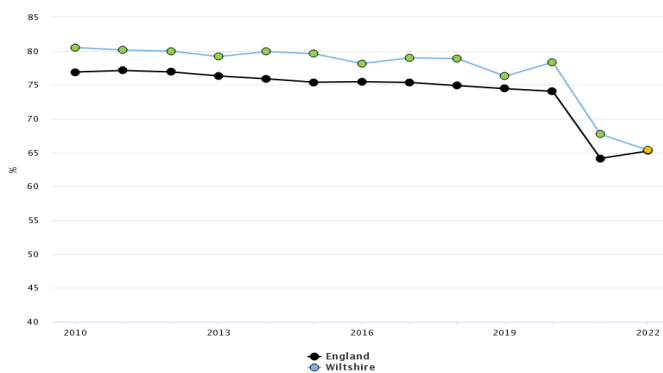
# Cancer screening

## Breast

The UK National Screening Committee (UK NSC) recommends all eligible women aged 50 up to their 71st birthday are invited to breast screening every 3 years. Screening aims to detect breast cancers at the earliest opportunity, maximise the success of treatment and reduce mortality from breast cancer.

The Wiltshire Breast Screening services invite approximately 32,000 women to be screened each year of those approximately 25,000 women per year attend. This is approximately 75% of all those who are invited.

C24a - Cancer screening coverage: breast cancer for Wiltshire



The proportion of women eligible for breast screening who have had a test with a recorded result at least once in the previous 36 months in Wiltshire has started to drop in the most recent years.

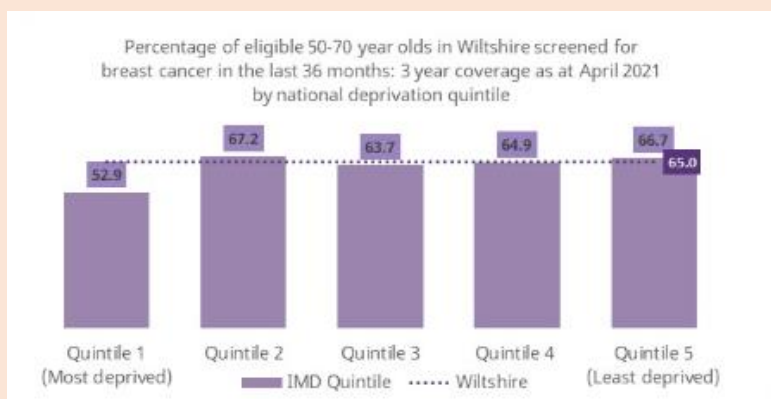
This is likely due to the effect of the COVID-19 pandemic which has caused delays to women being invited for routine screening.

Workforce shortages owing to illness, long COVID and an aging workforce has also affected this service in Wiltshire, like many [NHS services](#). By the end of 2022 the Wiltshire programme had fully recovered. Services to 9 GP practices in Salisbury are provided by Southampton and this service has not seen recovery from the pandemic as quickly but is nearing this target.

Future data will be assessed to be assured there is no ongoing delay to women being invited to breast screening programmes and that screening rates recover to pre-pandemic levels.



## Inequalities Focus



The data using areas in which patients are registered with a GP for the 36 month period to April 2021 shows a significantly lower level of screening among individuals living in areas of Wiltshire ranked in the most deprived 20% of national areas. Inequalities in the screening programme place individuals living in more deprived areas at higher risk of mortality, contributing the [gap in life expectancy seen between the most and least deprived populations](#).

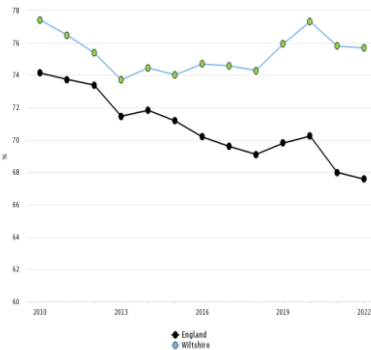
# Cancer screening

## Cervical

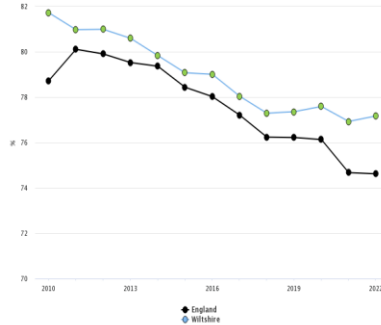
Cervical screening is available to women and people with a cervix aged 25 to 64 in England. The NHS Cervical Screening Programme (CSP) Standard is that 80% of women should have an adequate test within the previous 3.5 years (ages 25-49) or 5.5 years (ages 50-64)

All eligible people who are registered with a GP (as female) automatically receive an invitation by mail. Trans men (assigned female at birth) do not receive invitations if registered as male with their GP but are still entitled to screening if they have a cervix.

Legend: Better 95%, Similar, Worse 95%, Lower, Higher, Not applicable  
C24b - Cancer screening coverage: cervical cancer (aged 25 to 49 years old) for Wiltshire



Legend: Better 95%, Similar, Worse 95%, Lower, Higher, Not applicable  
C24c - Cancer screening coverage: cervical cancer (aged 50 to 64 years old) for Wiltshire



Wiltshire cervical screening coverage in 2022 remains above the England (67.6%, 74.6%) and regional averages (72.4%, 76.3%) but are below the national standard (80%). The most recent rates for those aged 25-49 (75.7%) (far left) are slightly lower than those aged 50-64 years (77.2%)

By November 2022 levels of samples received by labs serving Wiltshire had met or exceeded pre-COVID levels.

The RUH has reported increased numbers of referrals through 2022 which has put pressures on the staff. NHSE has agreed funding to support clearing a backlog to improve the proportion of high and low grade referrals seen within the target time.



### Focus on inequalities:

Work by NHSE South West is ongoing to increase coverage in people with learning disabilities or autism. This includes the development of a pack to help sample takers support people with learning disabilities through screening.

There is evidence as for breast screening that uptake is consistently lower in the most deprived areas of the country



### Recommendations cancer screening programmes:

Understand the inequalities data around cancer screening programmes for Wiltshire and where barriers may exist, particularly for cervical screening which remains below the national standard.

Use data already compiled to focus on uptake in the most deprived areas of the county.

Continue to gain assurance that screening programmes are meeting the needs of the Wiltshire population

## Non-cancer screening programmes

Eligibility for these programmes can be found in [Appendix 9](#)

### Abdominal aortic aneurysm (AAA) screening



In England, screening for AAA is offered to men during the year they turn 65. Men aged 65 or over are most at risk of getting AAAs. Screening can help spot a swelling in the aorta early on when it can usually be treated.

Providers are required to offer all eligible men a single ultrasound screening test during the year they turn 65, the provider covering Wiltshire met this for 99.7% of the eligible population. The cumulative uptake at the end of 2022 was 67.9%.



#### Focus on inequalities

Work is being planned by the provider for 2023 to include targeting of transient populations including work with employers with large workforces alongside linking with GP surgeries with patients in high deprivation areas to support promotion of the service. This links in with the Wiltshire PLUS groups outlined on [page 5](#).

### Antenatal and Newborn screening



Antenatal screening includes, foetal anomaly and infectious diseases in pregnancy screening. Newborn screening includes newborn and infant physical examination, newborn blood spot screening and newborn hearing screening.

Sickle cell screening is offered antenatally depending on prevalence and family background alongside being included in newborn blood spot screening. Screening for thalassaemia is offered to all pregnant women.

### Diabetic Eye Screening



Diabetic eye screening is a test to check for eye problems caused by diabetes, these problems can lead to sight loss if not found early.

Coverage for this screening was 79.6% in BSW which is above the acceptable level (75%).



#### Focus on inequalities

A promotional video outlining what screening involves has been produced and the provider has been doing targeted work with those in higher areas of deprivation. A project to raise awareness in residential and nursing homes has also been planned.



#### Recommendations

Continue to seek assurance that residents of Wiltshire have access to non-cancer screening services.

Gain understanding from providers and NHSE on specific inequalities work in Wiltshire and where there maybe opportunities to support and promote.

## Communicable Diseases

There continues to be a strong working arrangement and relationship in place between the local health protection staff at the UK Health Security Agency (UKHSA), Public Health and Public Protection teams in the council alongside NHS staff.

Through close partnership working, UKHSA South West Health Protection Team (HPT) aims to provide 'assurance that infection prevention and control measures are in place to ensure the protection of those members of the Wiltshire community that may be vulnerable to acquiring an infection both in the general population and whilst in a Health or Social care setting'.

The UKHSA Health Protection Team responds to any Notifications of Infectious Diseases (NOIDs) either from reporting medical practitioners or confirmed samples from the laboratories.

### Measles, mumps, rubella and pertussis

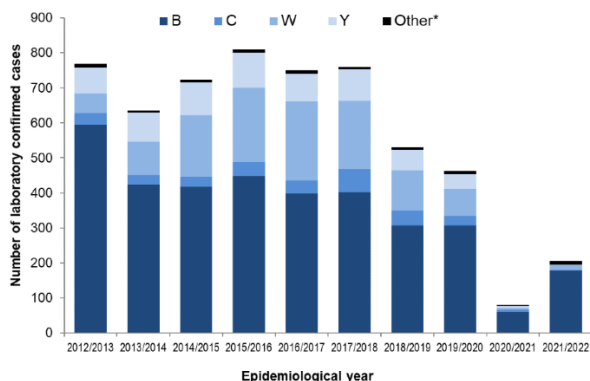
Non-pharmaceutical interventions introduced for COVID-19 control, such as, social distancing, reduced the opportunity for transmission of many infectious diseases. In particular the limitations imposed on international travel drastically reduced the number of measles and rubella importations, providing fewer opportunities for new chains of transmission. Health-seeking behaviour during the pandemic also changed, making it more likely that people with mild symptoms did not present to healthcare services and may not have been seen face to face.

Rates of measles, mumps and pertussis remained very low in Wiltshire and the South West throughout 2022, in [2021](#) there were no confirmed cases of measles in the whole of the South West and 2 in England. Across [2022](#) there were 47 confirmed cases across England, showing a significant increase however still lower than pre-pandemic numbers.

There have been no new laboratory confirmed cases of rubella reported in the UK since 2019. There is growing concern about the potential of outbreaks of measles due to falling vaccination rates as covered in the [immunisations section](#) of this report.

### Meningococcal disease

Meningococcal disease is a life-threatening infection caused by *Neisseria meningitidis*. Men B is the most common strain in the UK, but other strains include MenA, MenC, MenW and MenY. It can occur at any age but babies and young children are most at risk followed by teenagers and young people.



The [most recent data available nationally](#) shows an increase in invasive meningococcal disease in 2021-2022 compared to the previous year, although numbers have not returned to pre-pandemic levels.

There are vaccinations available for MenACWY and MenB, given to teenagers and infants respectively. The MenB vaccination was introduced into the routine vaccination schedule in September 2015 so those currently older than 6 are unlikely to be vaccinated against this strain.

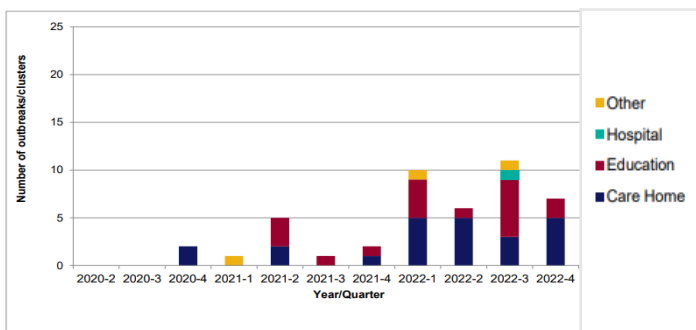
In 2022 rates of meningococcal disease remained low in Wiltshire, however there were 3 unlinked cases in quarter 1 of 2022. Apart from that quarter, rates remain comparable to the South West.

# Communicable Diseases

## Gastrointestinal infections

Gastrointestinal infections are a common global health problem. They most often affect the stomach or intestines and generally result in diarrhoea. Most gastrointestinal infections are not serious and resolve without treatment after a few days. They are most commonly caused by viruses and bacteria.

Of the cases in Wiltshire tested for bacterial cause, campylobacter was the most commonly seen infection. Rates peaked in quarter 2 of 2022, similar to other years and were comparable to South West rates. Campylobacter is often associated with eating raw or undercooked poultry or eating something that touched it. This may be associated with more BBQs being held in warmer weather for example. Rates of other causative agents such as cryptosporidium, E.coli, Giardia, Salmonella and Shigella remained at levels close to the SW average ([Appendix 10](#))



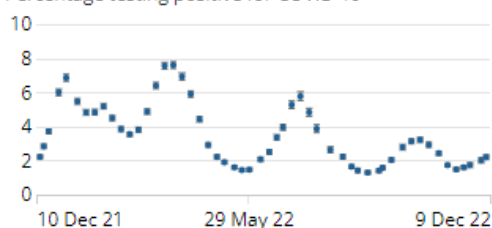
Care homes and education settings were the most frequent sites of GI outbreaks in Wiltshire in 2022 (left). These are outbreaks reported to UKHSA. The increase in numbers of outbreaks could reflect the increased mixing and reduction in restrictions compared to 2020-2021.

## Respiratory infections

The 2021 to 2022 season saw an increase in the number of incidents of influenza and other respiratory viruses compared to the 2020 to 2021 season, however levels remained low compared to pre-pandemic seasons. Later in 2022, in the 22/23 flu season, activity was concentrated in a relatively short period and early in the flu season, from around late November to early January. Activity was higher than levels observed during the 21/22 season.

### England

Percentage testing positive for COVID-19



2022 saw the end to COVID-19 restrictions and the end of universal testing for COVID-19 as detailed in [appendix 1. The Office for National Statistics \(ONS\) COVID-9 infection survey](#) shows the percentage of private households testing positive for COVID-19 through 2022 in England. Wiltshire Council public health supported continued messaging around the importance of infection prevention and control methods and the roll out of the COVID-19 vaccination programme, ensuring the most vulnerable had access to vaccines as detailed on [page 16](#).

A single case of [Legionnaire's disease](#) was identified in Wiltshire during 2022.



## Recommendations

Promote signs and symptoms of meningococcal disease and measles to those most at risk, particularly using fresher's events and the end and start of terms.


Support public protection with messaging about food hygiene as one way to reduce GI infections.

Continue to support care and education settings with infection prevention and control to reduce the burden and transmission of infectious diseases, particularly gastrointestinal and acute respiratory infections

# Communicable Diseases

## Tuberculosis (TB)


Tuberculosis is the 2nd top infectious killer in the world.




Contact your health provider to get a rapid test if you:

- have symptoms like cough, fever and weight loss;
- are a close contact of a TB patient, or
- belong to a high risk group.

TB is curable and preventable.



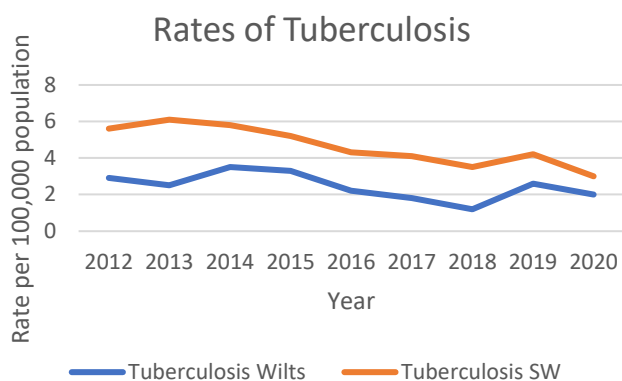
INVEST TO END TB. SAVE LIVES.



World Health Organization

Tuberculosis (TB) is an infectious disease, caused by bacteria of the *Mycobacterium tuberculosis* complex. It is predominantly spread by the respiratory route; people with infection in their lungs breathe out infectious bacteria, which may then be inhaled by others.

Comorbidities with other infections or non-communicable diseases such as diabetes or chronic liver disease may affect TB treatment strategies and outcomes. Untreated HIV infection increases the risk of developing active TB disease and universal HIV testing is conducted within TB programmes.



In 2021: TB incidence in England was 7.8 per 100,000, meeting the World Health Organisation ( WHO ) threshold for a low incidence country (less than or equal to 10 per 100,000 population) TB incidence decreased overall in England since 2011, but the rate of decline is slowing. 76.4% of people with TB in 2021 were born outside the UK and the TB incidence in this group was 37.6 per 100,000.

Wiltshire rates of TB are below the South West and England but saw a slight rise pre-pandemic, leading to a smaller difference in rates compared to the South West.

With the increase in migrant populations from countries where TB incidence is high (40+ cases per 100,000 population) there may be an increase in incidence of tuberculosis.

Pre-entry screening for active pulmonary TB is a requirement for migrants who apply for a visa to the UK, intend to stay for longer than 6 months and who reside in a high TB incidence country. Migrants who arrive by unofficial routes are not covered by the pre-entry screening programme. Such people may be from high incidence countries and/or experience complex risk factors relating to their trajectory of migration, further increasing their risk of TB. [Migration data](#) indicate this group is increasing in number, are experiencing longer stays in the UK and often have shared living arrangements.

The recommendation of the [migrant health guide](#) for latent TB is that screening should be offered to 16 to 35 year-olds who have arrived in England in the last 5 years and who were born or lived for more than 6 months in sub-Saharan Africa or countries where the TB incidence is more than 150 per 100,000 population. There is currently no dedicated community latent TB screening service in Wiltshire, which is usual for a low incidence area.

### Recommendations



Gain assurance that migrants are being screened for active TB on arrival

Gain assurance there is a process in place for migrants who enter the country via unofficial routes to access active TB screening and that health professionals are recognising and referring suspected cases promptly.

As a system, work to investigate a route of latent TB screening and subsequent follow up for those Wiltshire residents eligible, including migrant populations, this links to priority 2 of the [TB action plan for England, 2021 to 2026](#)

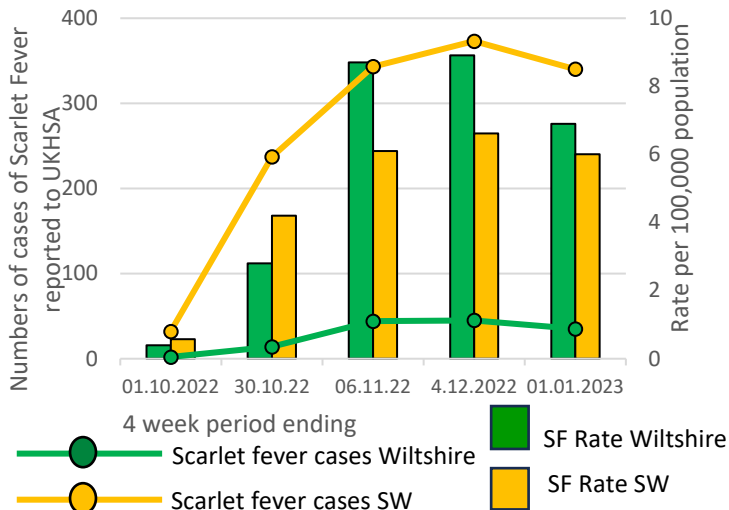
# Communicable diseases

## Spotlight on: Group A Streptococcus (Strep A)

Group A Streptococcus is a common type of bacteria that usually cause mild infections such as sore throats and scarlet fever. Occasionally these can develop into a more serious infection, named invasive group A streptococcus (iGAS)

In December 2022, there was widespread reporting in the media of iGAS cases that unfortunately led to the deaths of primary school aged children.

[UKHSA stated](#) that they were seeing a higher number of cases of group A strep than usual for the time of year (causing high levels of scarlet fever), potentially due to the increased mixing after the previous years of reduced socialisation due to the COVID-19 pandemic.



UKHSA data for Wiltshire and the SW shows that the pattern of notifications was roughly similar. A peak was seen in the week ending 4<sup>th</sup> December. These numbers only capture the cases recorded by UKHSA that were notified to them but provide an insight into trends.

The rate of cases of scarlet fever per 100,000 allows comparison adjusted for population and shows the South West rate was above Wiltshire's until the week ending 6<sup>th</sup> November.

After early November the rate of scarlet fever in Wiltshire's population was higher than the of the South West. iGAS cases in the SW and Wiltshire were continuing to increase in the 4 weeks ending 1<sup>st</sup> January 2023 reflecting a delay from onset of scarlet fever or other group A strep infection to development of iGAS. iGAS is rare, there were a total of 9 cases in Wiltshire between 1<sup>st</sup> October 2022 and 1<sup>st</sup> January 2023. The number of Strep A infections will be underestimated in this data as only a proportion will be reported to UKHSA whereas all iGAS cases will likely be reported due to the involvement of health professionals.




The Wiltshire Council public health inbox received 39 queries between the 5<sup>th</sup> and 13<sup>th</sup> of December 2022, many from schools and early years settings.



The public health messaging that was agreed was to provide advice for confirmed cases of scarlet fever and provide information on when to report cases and who to. Public Health Wiltshire also provided advice on what to do if a child had a sore throat, temperature or was feeling generally unwell. There were significant challenges with this situation. National media reporting of the national increase in iGAS cases generated significant local interest and concern, ahead of national communications and guidance updates.

This work reflected that whilst the local authority public health team's role in risk assessing and managing outbreaks with settings has changed since COVID-19, there is an important role in collaborative working with UKHSA, and the importance of timely, reactive and accurate communications. This work also highlighted the trusted relationships with settings such as schools and early years settings that were built during COVID-19.

 **Recommendations** – Ensure roles and responsibilities of outbreak management and communications are clear amongst partners and the internal team, reflecting changes since the COVID-19 pandemic response



# Communicable Diseases

## Spotlight on: mpox

Mpox is a zoonotic infection, caused by the monkeypox virus, that occurs mostly in West and Central Africa. Previous cases in the UK had been either imported from countries where mpox is endemic or contacts with documented epidemiological links to imported cases, with no documented community transmission in previous outbreaks.

Cases of mpox infection were confirmed in England from 6 May 2022. The outbreak has mainly been in gay, bisexual, and men who have sex with men without documented history of travel to endemic countries. The primary reported route of transmission was through close or sexual contact and there were no confirmed instances of airborne transmission. Limited household transmission was described in the UK. The UKHSA advised that people who have had close contact with a person infected with mpox to self isolate for 21 days but this was not mandatory.

By the end of 2022 there had been 3552 diagnosed cases of mpox in England, 2435 of which were in London and 10 of which were in Wiltshire.

In June 2022 the mpox vaccination programme was introduced in response to the outbreak. As mpox is caused by a similar virus to smallpox, the smallpox (MVA) vaccine should give a good level of protection against mpox. Eligibility can be seen in [Appendix 11](#). Vaccination was offered at sexual health clinics.

In September, a limited global supply of vaccines [led UKHSA to recommend](#) that first doses should be prioritised with the offer of a second dose for those who continued to be at an increased risk of exposure.

Mpox activity significantly affected sexual health services with added pressures resulting from not just vaccination appointments but a range of other activities listed below.



- Time taken to discuss mpox



- Assessing patients with symptoms (both in person and via phone/e-mail)



- Speaking to partner organisations for updates on a changing situation

The vaccination programme continues into 2023. The UKHSA epidemiological overview and accompanying spreadsheet of counts of mpox by region and local authority was published for the last time on 20 December 2022, partially due to low case numbers.

# Communicable Diseases

## Sexual Health

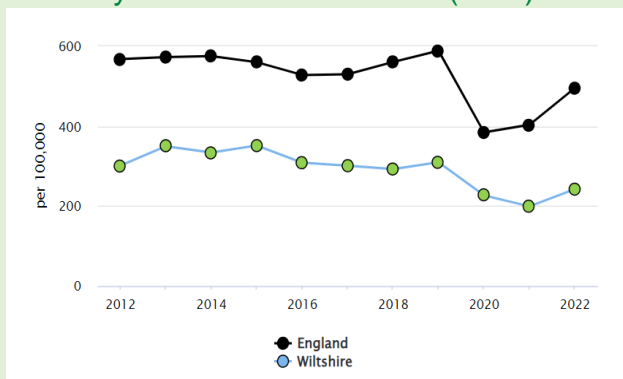
Sexual Health is an important matter to individuals and communities. Access to high quality sexual health services, quick access to treatment and interventions improves health and wellbeing of both individuals and populations.



Wiltshire Council awarded the contract for open access Sexual Health services to [WiSe, Wiltshire Sexual Health Service](#), Salisbury Foundation Trust in April 2022. Both Genito-Urinary Medicine (GUM) and Contraception and Sexual Health (CASH) services are provided.

WiSe also co-ordinate the National Chlamydia Screening Programme (NSCP) and an online Home testing service to test for a range of sexually transmitted infections including HIV.

### Sexually transmitted infections (STIs)

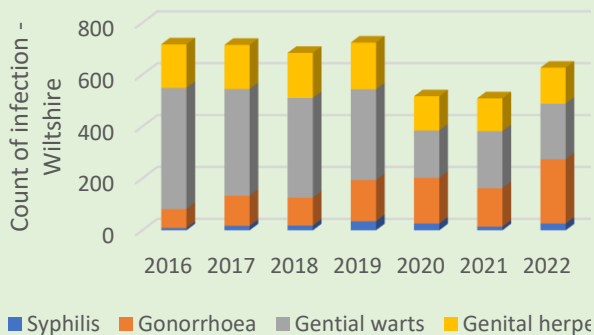


2022 saw diagnoses of new STIs among England residents increase by 23.8% with both gonorrhoea and syphilis returning to the high levels reported in 2019, prior to the COVID-19 pandemic.

Wiltshire rates for 2022 (242 new diagnoses per 100,000) remain below both South West (311) and England (496) rates although they follow the same trends showing a 21.5% increase since 2021. These rates do not include Chlamydia diagnoses in under 25s.

These increases are following a large reduction in new diagnoses in 2020, correlating with the COVID-19 pandemic. 2022 rates are still below pre-pandemic levels (309 per 100,000 in 2019).

It is worth noting that the STI testing rate in Wiltshire is significantly below regional and national averages. Further information can be found in the [SPLASH report for Wiltshire 2022](#)



Cases of gonorrhoea in 2022 have seen a 67.5% increase compared to 2021 reflecting regional and national trends. Overall, larger decreases in diagnoses were observed for STIs that are usually diagnosed clinically at a face-to-face consultation, e.g. genital warts or genital herpes, when compared to those that could be diagnosed using remote self-sampling kits e.g. chlamydia and gonorrhoea. Decreases in genital warts diagnoses (particularly under 25s) are also due to the protective effect of HPV vaccination.



### Focus on inequalities

Sexual ill health is not equally distributed within the population. Strong links exist between deprivation and STIs, teenage conceptions and abortions. The highest burden borne by women, men who have sex with men (MSM), teenagers, young adults and black and minority ethnic groups. Some groups at higher risk of poor sexual health face stigma and discrimination, which can influence their ability to access services.



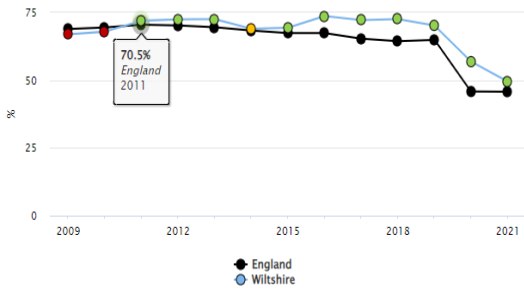
**Recommendation:** Explore sexual health data for Wiltshire to understand inequalities

# Sexual Health

## Blood borne viruses - HIV

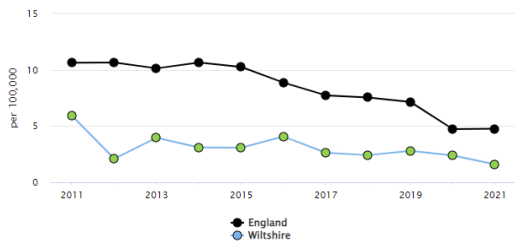
### HIV Testing

HIV testing is integral to the treatment and management of HIV infection. Knowledge of HIV status increases survival rates, improves quality of life and reduces the risk of onward transmission. Acceptance of HIV testing (left) has dropped in Wiltshire and England which may correlate with the COVID-19 pandemic. A low testing rate could lead to diagnoses being missed or becoming a late diagnosis.



### HIV Diagnosis

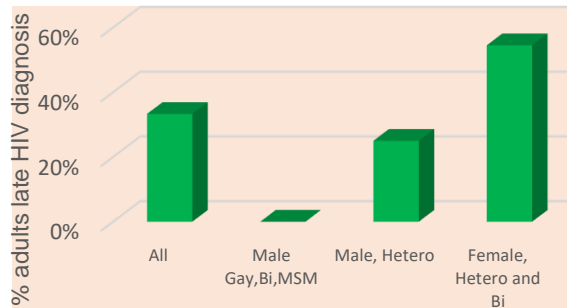
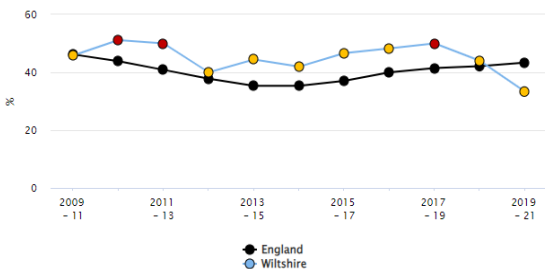
All new HIV diagnoses among people in the UK and Wiltshire, expressed as a rate per 100,000 population (left). New HIV diagnosis is not synonymous with incidence; however, it provides a timely insight into the onward HIV transmission in a country and consequently allows targeting efforts to reduce transmission.



A lower diagnosed HIV prevalence is not necessarily better than a higher HIV prevalence. Rates in Wiltshire are consistently significantly lower than that of England however with a decline in acceptance of testing these rates will need to be interpreted with caution.

### Late HIV diagnosis

Late diagnosis (left) is the most important predictor of morbidity and mortality among those with HIV infection. This indicator focuses it upon those first diagnosed in the UK at a late stage of infection. Wiltshire data shows an improvement since 2017 indicating HIV is being detected at an earlier stage, falling below the England and SW averages. Rates are still higher than the 25% goal. With a drop in testing acceptance there is a risk this improvement will not be maintained.



### Focus on inequalities

The data to the left shows that more late diagnoses of HIV in Wiltshire are in women. Heterosexual men were more likely to have a late HIV diagnosis than men who are gay, bisexual or have sex with men, this cohort had 0 late diagnoses in 2019-2021 ([latest available data](#))

### Recommendations



Monitor acceptance of HIV testing data on reasons for refusal  
 Scope out whether data is available on the demographics of people using HIV services to start to understand inequalities. Consider enhanced engagement with women and heterosexual men about HIV testing.

# Sexual Health

## Blood borne viruses - hepatitis

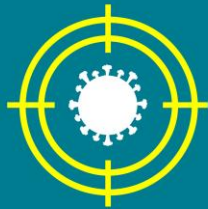
**Hepatitis** is the term used to describe inflammation of the liver. It's usually the result of a viral infection or liver damage caused by drinking alcohol.

There are several different types of hepatitis. 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.

There are five main strains of the hepatitis virus, referred to as types A, B, C, D and E. While they all cause liver disease, they differ in important ways including modes of transmission, severity of the illness, geographical distribution and prevention methods. Hepatitis B (HBV) is 50-100 x more infectious than HIV and HCV is 10 times more infectious than HIV.

UK Health Security Agency

### HCV treatment uptake and response



Further work is required to reach the 2030 WHO target of at least **80% of people with chronic HCV diagnosed, accessing treatment.**

Among those treated and not lost to follow-up, **95%** were cured.

As of 2021, an estimated 206,000 people are living with a chronic hepatitis B infection in England and 92,900 people are living with hepatitis C infection in the UK. (UKSHA). WHO's global hepatitis strategy, endorsed by all WHO Member States, aims to reduce new hepatitis infections by 90% and deaths by 65% between 2016 and 2030.

NHSE has a national programme for the elimination of HCV and since 2015 the number of cases has been reduced by 43% and deaths by 35%

The [latest available data](#) for Wiltshire (2017) shows a detection rate of around 10 per 100,000 population or around 50 cases. The detection rate is around half than seen in England which may reflect differences in the demographics of the population or the approach to testing.



## Focus on inequalities

UK Health Security Agency

### Eliminating hepatitis C virus (HCV) in England



Of the **81,000** people living with chronic HCV in 2020, modelling suggests



**11%** are in those with no history of injecting

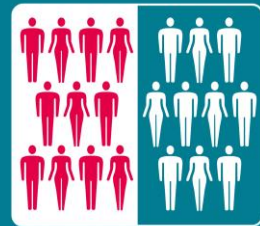
**27%** of these infections are in people with current/recent drug injecting risk

**62%** are in those with a past drug injecting history but who are no longer injecting

UK Health Security Agency

### Awareness of HCV infection

National data and surveys suggest that **more than half of people who inject drugs** may be unaware of their **chronic HCV infection.**



More needs to be done to improve diagnosis overall, including among people with past risk factors for infection.

## Recommendations



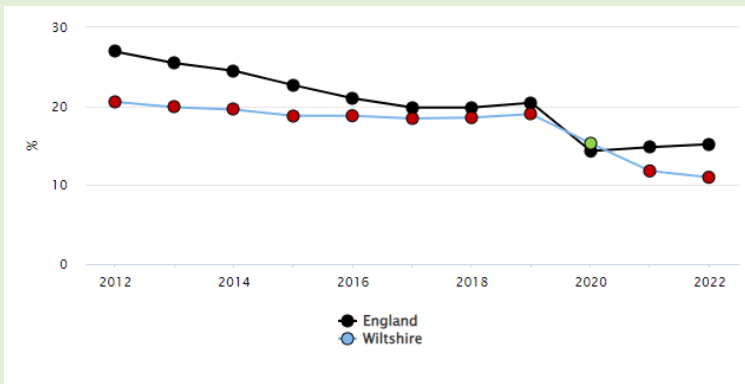
- Continue to gain assurance of Wiltshire resident's access to hepatitis pathways via operational delivery networks (Thames Valley, Wessex and Bristol and Severn)
- Investigate timely Wiltshire or regional specific data for hepatitis testing and treatment
- Continue to work within public health and wider partners, including commissioned drug and alcohol services to improve harm reduction, testing and access to treatment and to reduce inequalities for the most vulnerable populations.

# Sexual health

## Chlamydia screening

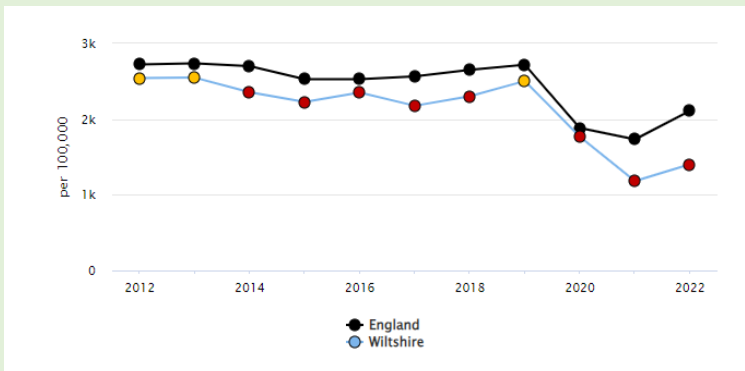
In June 2021, the National Chlamydia Screening Programme (NCSP) [changed](#) to focus on reducing the harms from untreated chlamydia infection. These harms occur predominantly in young women and other people with a womb. Therefore, opportunistic screening will focus on these groups, combined with reducing time to test results and treatment, strengthening partner notification and re-testing after treatment.

In practice this means that chlamydia screening in community settings (e.g. GP and Community Pharmacy) will only be proactively offered to young women and other people with a womb or ovaries. Services provided by sexual health services remain unchanged and everyone can still get tested if needed.



### Chlamydia screening

The proportion of 15-24 year olds screened for chlamydia in Wiltshire in 2022 was 11%, compared to 14.2% regionally and 15.2% nationally. The trend in Wiltshire is showing a sustained decrease in the proportion of young people tested for chlamydia after the COVID-19 pandemic in contrast to national rates which have not recovered but have stabilised.



### Chlamydia detection

The chlamydia detection rate per 100,000 aged 15 to 24 year old (females) in 2022 in Wiltshire was 1,402 per 100,000 population (left) lower than the 3,250 target. This is a measure of chlamydia control activity – an increased rate is indicative of increased control activity. The trend is similar to that of England but the gap has widened since the onset of the COVID-19 pandemic.



### Recommendation

Investigate reasons for a continued decline in the proportion of 15-24 year olds screened for chlamydia

Monitor the chlamydia detection rate in Wiltshire and investigate reasons for a slower recovery than that of England.

Investigate reasons for a slower recovery of STI testing in Wiltshire compared to national figures.

Determine if inequalities data is available for chlamydia screening

## Healthcare Associated Infections (HCAI)

Healthcare-associated infections (HCAs) can develop either as a direct result of healthcare interventions such as medical or surgical treatment or from being in contact with a healthcare setting. HCAs pose a serious risk to patients, staff and visitors. They can incur significant costs for the NHS and cause significant morbidity to those infected. As a result, infection prevention and control is a key priority for the NHS



Community-acquired infections are infections that are contracted outside of a healthcare settings. Indeterminate association is when the patient was discharged from the reporting organisation within 28 days prior to the current specimen date but the case is not hospital onset, healthcare associated

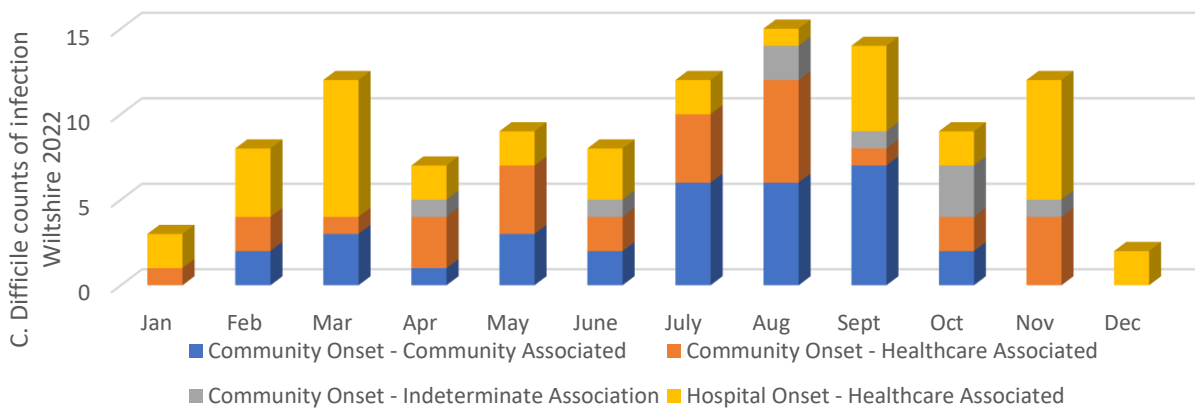


Hospital or health care acquired infections are defined as those that have onset after admission or are associate with acquisition within a hospital environment.



Wiltshire Council work collaboratively in system and regional collaboratives aiming to reduce healthcare associated infections.

### Clostroides Difficile (CDI)



CDI cases have decreased across the last part of 2022. A rise in hospital onset, hospital acquired cases in November fell considerably in December.

In Wiltshire there were 95 CDI cases in 2021 meaning 2022 saw 6 more cases. Work is ongoing with system and regional partners to look at reducing inappropriate antibiotic use in the population, it has been noted that whilst BSW are performing well with reducing overall consumption, there is still some progress to be made on the use of broad spectrum antibiotics.

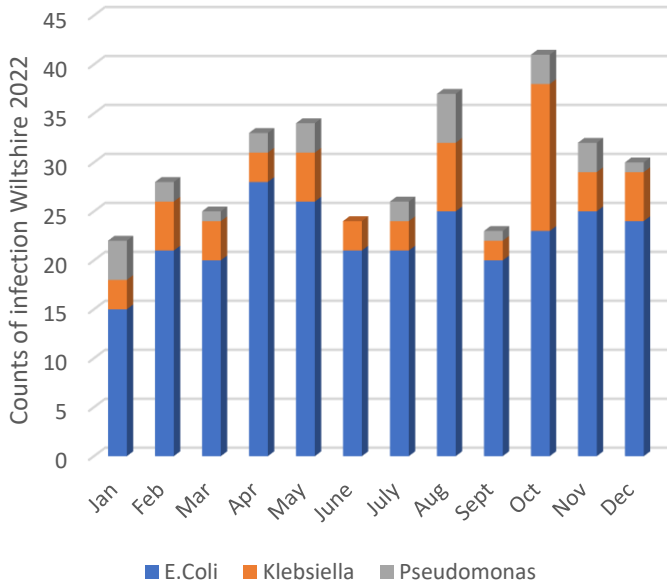
Cases are reviewed along the patient pathway across multiple healthcare providers to understand the journey and contributory factors to the cases. Themes emerging identified a need to focus on the prescribing for skin and soft tissue infections , urinary tract infections (UTI) and community acquired pneumonias.

# Healthcare Associated Infections (HCAI)

## Gram Negative Blood Stream Infections

Gram negative bacteria such as *E. coli*, *Klebsiella* spp. and *Pseudomonas aeruginosa* are the leading causes of healthcare associated bloodstream infections.

In November 2016, the government announced plans to reduce infections across the NHS. This includes plans to reduce the number of healthcare associated Gram-negative bloodstream infections by 50%, by financial year 2020 to 2021. In response to this, UKHSA expanded their collection of Gram-negative blood stream infections from *E. coli* bacteraemia (mandated to be reported in June 2011) to include *Pseudomonas aeruginosa* and *Klebsiella* spp.



The BSW system breached NHS thresholds for *E. coli* in the financial year 2022/2023. An increase in *E. coli* cases was also seen in the 2022 Wiltshire data (left) when compared to 2021 (calendar years)

Approximately three-quarters of *E.coli* blood stream infections occur before people are admitted to hospital and therefore reduction requires a whole health economy approach. The [enhanced sentinel surveillance programme](#) which showed that the most common source of infection is the urogenital tract at 51.2%. [A large study](#) of older adults aged 65+ in England identified that over a 10-year period, 21% had at least 1 clinically diagnosed UTI.

## Focus on UTIs

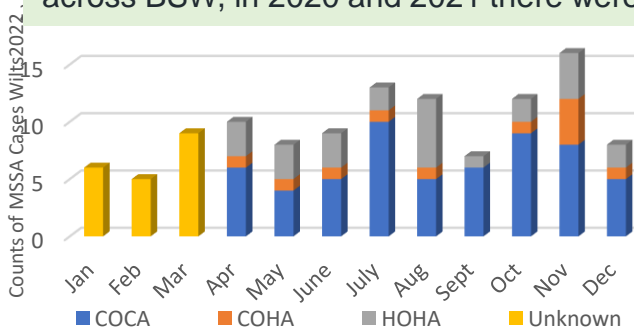


There is a BSW system wide project to reduce urinary tract infections (UTIs) which will have three workstreams running through 2023

1. Correct management and judicious use of antibiotics of lower UTIs
2. Increase hydration within the over 65 population across BSW and increase public awareness for prompt recognition of UTIs
3. Catheter management

## MRSA and MSSA

MRSA and MSSA are a type of bacteria that usually lives harmlessly on the skin. If it gets inside the body, it can cause a serious infection that needs immediate treatment with antibiotics. The difference between MRSA and MSSA is their antibiotic resistance, MRSA being more resistant. In 2022 there were 2 MRSA bacteraemia cases in Wiltshire and 5 across BSW, in 2020 and 2021 there were 8 cases in Wiltshire and 16 across BSW.



There is however a rising local, regional and national trend in MSSA cases (Wiltshire data to the left). Case reviews have identified that invasive line management and standard precautions may be a contributory factor associated with these cases. Further work is to be done to review community cases to understand root causes and contributory factors.

# Antimicrobial Resistance

Antimicrobial resistance (AMR) arises when the organisms that cause infection evolve ways to survive treatments. The term antimicrobial includes, antibiotic, antiprotozoal, antiviral and antifungal medicines. No new classes of antibiotic have been discovered since the 1980s. This, together with the increased and inappropriate use of the drugs we already have, means we are heading rapidly towards a world in which our antibiotics no longer work.

## 1. Reduce need and unintentional exposure



- Lower burden of human infection
- Clean water and sanitation
- Lower burden of animal infection
- Minimal environmental impact
- Better food safety

## 2. Optimise use of antimicrobials



- Optimal use in humans
- Optimal use in animals & agriculture
- Lab capacity & surveillance in humans
- Lab capacity & surveillance in animals

## 3. Invest in innovation, supply and access



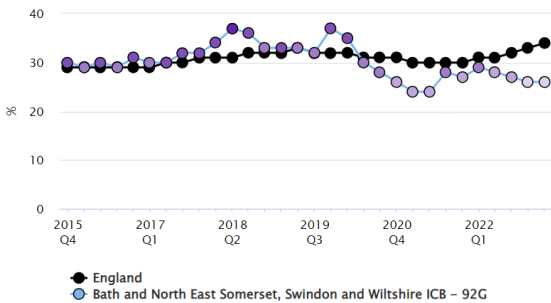
- Basic research
- Development of new therapeutics
- Wider access to therapeutics
- Development of & access to diagnostics
- Development of & access to vaccines
- Better quality assurance

The [UK's five year national action plan for antimicrobial resistance 2019-2024](#) supports the 20

year vision for AMR and the content areas within this are shown to the left.

Workstreams in Wiltshire Council public health that support this action plan include infection prevention and control training and awareness including promotion of vaccination and engaging the public on AMR. We support system projects to reduce UTIs and the need for antibiotics and there are several projects aiming to understand and reduce inequalities in access to diagnostics and vaccines.

Work in public protection involves ensuring Wiltshire residents have access to clean water and sanitation and businesses adhere to food safety regulations.



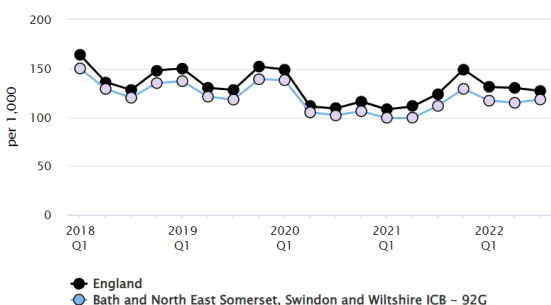
The proportion of E. coli blood specimens resistant to any 1 key antimicrobial in England is showing an increase from early 2022 (left)

This trend is not reflected in the BSW ICB data which shows a sustained decline in resistant E.coli blood specimens from 2020 which has largely been maintained.

Wiltshire residents use all three acute trusts in BSW ICB.

## Antibiotic prescribing

The AMR national action plan has a target to reduce UK antimicrobial use in humans by 15% by 2024, as sub-optimal use of antimicrobials in human medicine is one of the main drivers of AMR.



In England, total antibiotic consumption declined by 15.1% between 2017 and 2021. There were vast reductions in antibiotic consumption in 2020 (left) correlating with the COVID-19 pandemic. Increases in the years post 2020 still remain below pre pandemic levels. Wiltshire prescribing rates are consistently below national rates with general trends following national patterns.



## Health Emergency Planning

Through 2022 the BSW Local Health Resilience Partnership (LHRP) Communicable Disease plan was developed and signed off by all three health protection boards. The plan was developed in collaboration with B&NES, Swindon and Wiltshire public health teams, Swindon environmental health, UKHSA, NHSE and BSW ICB.

Outlines the expected operational response to communicable disease situations.

- Outbreaks
- Complex case management

Provides a pre-determined multi-agency response to communicable diseases incidents/outbreaks that occur across BSW.

- Logistical arrangements and options for accessing and mobilising health protection resources
- Enables implementation of effective control measures

Identifies clear triggers and activation arrangements

- How services are administered and resourced
- Local funding arrangements outside regional and national response arrangements



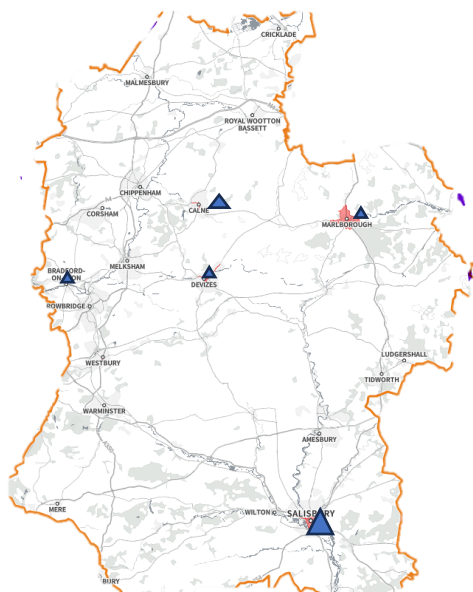
The plan links in with other useful documents such as [the national communicable disease plan](#) and the [NHS emergency preparedness resilience and response framework](#)

## Training and Exercising

UKHSA led a regional preparing for winter workshop to support shared learning, highlighting areas of good practice and lessons learnt. Locally the UKHSA GAAP tool has been filled out and an action plan completed. System partners worked together to identify challenges which will be addressed as part of the action plan

Exercise Arctic Willow was a desktop tabletop exercise held between November and December 2022. The aim was to provide health and social care organisations with an opportunity to explore their response to multiple, concurrent operational and winter pressures as well as review their interdependencies with Local Resilience Forum partners when responding to such pressures. This was exercised at ICB level which allowed participants to exercise the health system structures put in place by the [Health and Care Act 2022](#).

# Environmental Hazards



## Air Quality

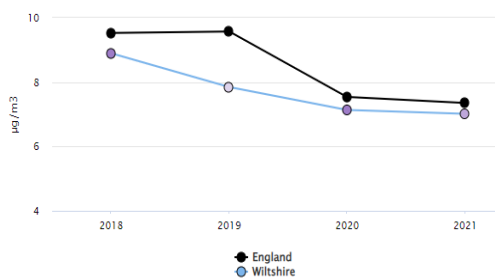
There are an increasing number of studies documenting the impacts of manmade air pollution, including the [Chief Medical Officer's annual report 2022: air pollution](#). The Royal College of Physicians has estimated that air pollution contributed to 40,000 deaths a year and cost the Health Services and Business through treatment, sick days etc is more than £20 billion.

The air quality in Wiltshire is predominantly very good however there are currently eight Air Quality Management Areas (AQMA). These are areas where significant pollution has been identified and plans are put in place to improve the air quality. These are marked on the map to the left.

The specific actions being taken in these towns is detailed in [Wiltshire's Air Quality Action Plan](#). This is currently being reviewed and following public consultation, a new version will be published in late 2023/early 2024.

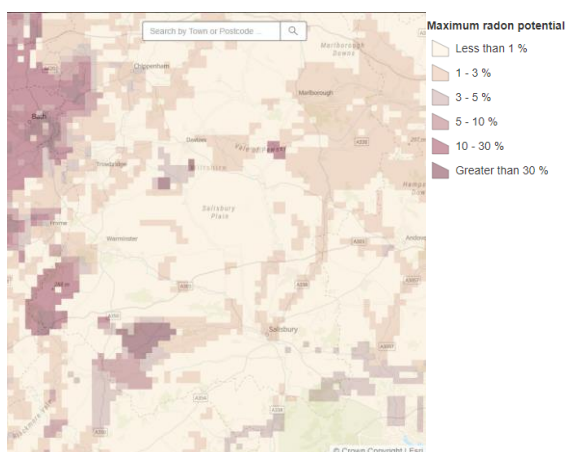
The strategy for Wiltshire Council's approach to improving air quality across the whole area and not just within AQMAs can be found in the [Air Quality Strategy for Wiltshire 2019-2024](#)

Wiltshire's total concentrations of particulate matter where particles are less than 2.5 micrometres in diameter (fine particulate matter) has been dropping over the last 4 years and is close to the England average (left). The environmental targets (fine particulate matter) regulations 2023 set out targets to be achieved by the end of 2040.



## Private water supplies

A private water supply is any supply of water, intended for human consumption, which is not provided by a water company such as Wessex Water, Thames Water or Southern Water. There are around 650 registered private water supplies in Wiltshire. The quality of these water sources is more difficult to control and they are more vulnerable to contamination. The council carries out monitoring and risk assessments of the private water supplies to ensure they are potable and fit for human consumption



## Radon

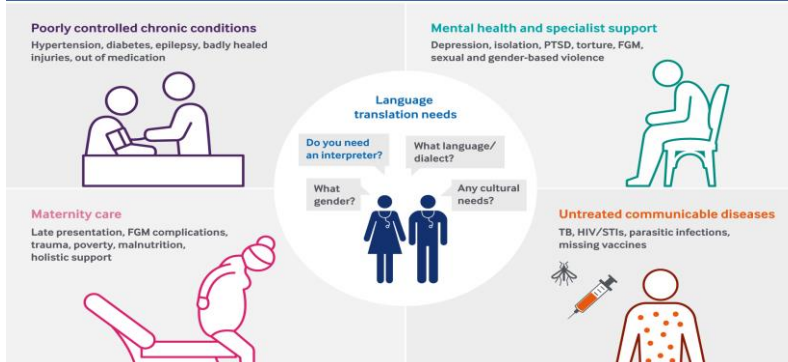
Radon is a colourless, odourless radioactive gas. It is formed by the radioactive decay of the small amounts of uranium that occur naturally in all rocks and soils. Any exposure to this type of radiation is a risk to health and this occurs where the gas can build up in buildings and voids. There are a few minor hotspots for radon in Wiltshire but generally radon levels are low and the risk to health is small. A monitoring kits can be ordered from the UKHSA at this link <https://www.ukradon.org/services/orderdomestic>. The radon potential for Wiltshire is shown to the left.

## Migrant Health

In all four nations of the UK, refugees and asylum seekers with an active application or appeal are fully entitled to free NHS care. The situation for refused asylum seekers is more complicated and is not the same across all nations.

Refugees, asylum seekers and refused asylum seekers can register for and receive primary and secondary care free of charge in the same way as any other patient in any nation of the UK.

### Common health challenges of refugees and asylum seekers



Refugees and asylum seekers may arrive in the UK with poorly controlled chronic conditions such as diabetes and hypertension, usually as a result of long periods without access to regular care. Some patients may have old injuries that have not healed properly. These can cause chronic pain or disability. Untreated dental and eye issues may also cause discomfort or impairment.

Taken from: [Unique health challenges for refugees and asylum seekers - Refugee and asylum seeker patient health toolkit - BMA](#)

Refugees and asylum seekers can be at [increased risk](#), particularly if they have experienced violence and trauma, including exploitation, torture or sexual and gender-based violence. Issues can range from low to moderate levels of anxiety and depression through to more severe mental disorders.

## Health Protection

Ideally refugees and asylum seekers and other migrants should have their vaccination histories recorded and any missing vaccinations should be offered to children and adults based on the latest [UK immunisation schedule](#).

Screening for infectious diseases that are common in the countries where patients have spent time before coming to the UK is also important. For example screening for tuberculosis (TB), hepatitis B and HIV. The UKHSA [Migrant Health Guide](#) includes a section on common communicable diseases and other [health issues by country](#).

### Focus on health inequalities - [why migrants don't access healthcare](#)



Fear of being charged for care



Fear and lack of trust in the health professional NHS and Government



Fear of information being shared with the Home Office



Language barriers

Practical problems reaching healthcare – inaccessibility/cost of public transport

No access to a telephone / Wifi to make appointments



Registering with a GP practice with no fixed abode

## Migrant Health

### Changing migrant population in Wiltshire

A large influx of people with complex health needs can put pressure on the local health system.

Through 2022 there was an increase in the numbers of migrants in Wiltshire, the [Homes for Ukraine scheme](#) launched on 14<sup>th</sup> March 2022 and by early February 2023, 1345 Ukrainian guests had arrived in Wiltshire.

The Hong Kong British National (Overseas) (BN(O)) visa route opened in January 2021 and Wiltshire has an estimated over 300 visa holders as of early 2023.

There are Afghan families living in bridging accommodation in an hotel in Wiltshire as part of the Afghan Citizens Resettlement Scheme (ACRS) and Afghan Relocations and Assistance Policy (ARAP). This hotel remains open at the end of 2022 and health protection has liaised with the migration and resettlement team case workers to have targeted conversations, signposting and help to make appointments on a range of topics including:



- Immunisations – including delivery of COVID-19 and influenza vaccinations
- Screening programmes – particularly cervical screening
- IP&C and advice related to COVID-19
- Sexual health



There was a 33% increase in asylum applications to the UK between March 2022 and March 2023, likely to be due to the continued global increase in the number of people displaced due to war and conflict. It became necessary for the Government to source and use additional temporary accommodation such as hotels to ensure the Home Office can continue to meet statutory obligation to provide support to asylum seekers. In December 2022 a [contingency spot hotel opened in Royal Wootton Bassett](#) opened housing up to 70 single males. These residents are registered with local health services.

### Diphtheria

Over the course of 2022 there was an increase in cases of toxigenic *Corynebacterium diphtheriae* reported among asylum seekers arriving in the UK. Whilst many cases originate from diphtheria endemic countries it is likely that the cases acquired their infection either in their country of origin or on their extended journeys to the UK through Europe. In addition to [the guidance on management of cases of diphtheria in asylum seeker accommodation settings in England](#) mass antibiotic prophylaxis and vaccination was recommended for those resident in, or previously resident in, initial reception centres where significant barriers to individual targeted case and contact management have been identified (such as challenges with contact tracing, testing and prophylaxis). This was completed as part of the initial health screening for this cohort of people resident in the Wiltshire contingency accommodation.

### Recommendation



Continue to provide information, signposting and intervention from health protection in the Afghan bridging hotel and contingency hotel

Gain assurance the health of the population in both hotels is protected

Seek out links into other migrant populations to understand inequalities in accessing health services and information, particularly routine immunisation and screening programmes.










## Summary of recommendations

| Recommended Actions   | Timeline                  |
|---|---------------------------|
| <b>Immunisations</b>  |                           |
| Continue to engage with the school aged immunisation provider and NHSE to understand areas in Wiltshire where uptake is lower and explore engagement opportunities.   | 2023 – 2024               |
| At the end and start of school years continue distribute information and engage with key school years around catch up vaccinations, including Fresher’s events.   | July – October 2023       |
| Explore Wiltshire data and method of delivery of pertussis vaccination in Wiltshire (GP vs antenatal) with the aim of understanding any inequalities or areas of low uptake.  | 2023                      |
| Work to encourage pregnant women to take up the offer of a flu vaccination. Understand routes of communication to under 65s ‘at risk’ and promote the benefits of flu vaccination to this cohort.                             | September – December 2023 |
| Investigate data streams for social care flu vaccine uptake   | 2023-2024                 |
| Promote the benefits of COVID-19 vaccination to those defined as ‘at risk’ and understand any barriers or lack of confidence.   | 2023                      |
| Continue to monitor uptake of covid vaccination, particularly in the 5-11 cohort.   | 2023                      |
| Continue to gain assurance that BCG vaccinations are being given to those babies eligible when born in the UK in a timely manner  | Ongoing                   |
| Continue to develop a pathway for children under 16 who are eligible to receive screening for latent TB and a BCG vaccination   | January – July 2023       |
| <b>Screening</b>  |                           |
| Understand the inequalities data around cancer screening programmes for Wiltshire and where barriers may exist, particularly for cervical screening which remains below the national standard. Consider a health equity audit | 2023-2024                 |
| Use data already compiled to focus on uptake in the most deprived areas of the county   | Ongoing                   |
| Continue to gain assurance that screening programmes are meeting the needs of the Wiltshire population  | Ongoing                   |
| Continue to seek assurance that residents of Wiltshire have access to non-cancer screening services.  | Ongoing                   |
| Gain understanding from providers and NHSE on specific inequalities work in Wiltshire and where there maybe opportunities to support and promote.   | 2023                      |

| Recommended Action   | Timescale    |
|--|--------------|
| <b>Communicable diseases</b>   |              |
| Promote signs and symptoms of meningococcal disease and measles to those most at risk, particularly using fresher's events and the end and start of terms.   | 2023         |
| Support public protection with messaging about food hygiene as one way to reduce GI infections.  | 2023         |
| Continue to support vulnerable settings, particularly care and education settings with infection prevention and control to reduce the burden and transmission of infectious diseases, particularly gastrointestinal and acute respiratory infections     | Ongoing      |
| Gain assurance that migrants are being screened for active TB on arrival   | 2023         |
| Gain assurance there is a process in place for migrants who enter the country via unofficial routes to access active TB screening and that health professionals are recognising and referring suspected cases promptly.                                  | 2023-2024    |
| As a system, work to investigate a route of latent TB screening and subsequent follow up for those Wiltshire residents eligible, including migrant populations, this links to priority 2 of the <a href="#">TB action plan for England, 2021 to 2026</a> | 2023-2024    |
| Ensure roles and responsibilities of outbreak management and communications are clear amongst partners and the internal team, reflecting changes since the COVID-19 pandemic response  | 2023         |
| Explore sexual health data for Wiltshire to understand inequalities, particularly in relation to STIs  | 2023-2024    |
| Monitor acceptance of HIV testing data on reasons for refusal.   | 2023-2024    |
| Scope out whether data is available on the demographics of people using HIV services to start to understand inequalities.  | 2023         |
| Consider enhanced engagement with women and heterosexual men about HV testing.   | 2023-2024    |
| Continue to gain assurance of Wiltshire resident's access to hepatitis pathways via operational delivery networks (Thames Valley, Wessex and Bristol and Severn )  | Ongoing      |
| Investigate timely Wiltshire or regional specific data for hepatitis testing and treatment   | 2023-2024    |
| Continue to work within public health and wider partners, including commissioned drug and alcohol services to improve harm reduction, testing and access to treatment and to reduce inequalities for the most vulnerable populations                     | 2023 onwards |
| Investigate reasons for a continued decline in the proportion of 15-24 year olds screened for chlamydia  | 2023         |









|  |           |
|--|-----------|
| Monitor the chlamydia detection rate in Wiltshire and investigate reasons for a slower recovery than that of England.  | 2023-2024 |
| Investigate reasons for a slower recovery of STI testing in Wiltshire compared to national figures,  | 2023      |
| Determine if inequalities data is available for chlamydia screening  | 2023      |
| <b>Migrant Health</b>  |           |
| Continue to provide information, signposting and intervention from health protection in the Afghan bridging hotel and contingency hotel  | Ongoing   |
| Gain assurance the health of the population in both hotels is protected  | Ongoing   |
| Seek out links into other migrant populations to understand inequalities in accessing health services and information, particularly routine immunisation and screening programmes. | 2023-2024 |

## Appendix 1 - COVID-19 key events in 2022

|  |   |
|--|---|
| <b>January</b>   |   |
| 2nd     | Face masks advised in secondary schools following Christmas holiday   |
| 5th     | <a href="#">Plan B</a> measures extended for a further three weeks due to prevalence of Omicron variant.<br><br>Anyone testing positive for COVID with a lateral flow test but no symptoms, no longer required to do a follow up PCR test but are required to self-isolate for seven days.  |
| 7th     | Travel rule changes: those fully vaccinated no longer required to take a COVID test before travelling abroad.<br><br>Anyone arriving in England who has had both vaccines, not required to self-isolate while waiting for PCR result.   |
| 17th    | Period of self-isolation following a positive COVID test cut to five days   |
| 27th    | Plan B measures lifted and returned to Plan A – bringing an end to mask mandate, COVID passes at venues/events and guidance on working remotely.  |
| 31st  | Plans for introduction of legal requirement for frontline NHS staff to be vaccinated by 1 April scrapped.<br><br>Children aged 5–11 years considered at risk from serious illness with COVID-19, become eligible for their first vaccine.   |
| <b>February</b>  |   |
| 11th  | Double vaccinated people arriving in England no longer required to take COVID tests.  |
| 21st  | Living with COVID-19 document released outlining government’s plan.<br><br>Removal of guidance for staff and students in most education and childcare settings to undertake twice weekly asymptomatic testing.  |
| 24th  | As per living with COVID-19 guidance:<br>Removal of legal requirement to self-isolate following a positive test.<br>Fully vaccinated close contacts and those aged under 18 no longer required to test daily for 7 days and no requirement for not fully vaccinated contacts to self-isolate,<br>Routine contact tracing ended and both national and local Test and trace stepped down.<br>End of self-isolation support payments.<br>Removal of additional local authority powers to tackle local COVID-19 outbreaks (No.3 regulations). |



## Appendix 1 continued - COVID-19 key events in 2022

|   |  |
|---|--|
| <b>March</b>  |  |
| 15th   | Lifting of mandatory COVID-19 vaccination for care home workers in England.  |
| 18th   | The last coronavirus-related legal restrictions in effect in England are revoked   |
| 21st   | NHS England launch Spring Booster Programme, for over 75s, residents in care homes, and clinically vulnerable.   |
| 24th   | Removal of COVID-19 provisions within the Statutory Sick Pay and Employment and Support Allowance regulations.   |
| <b>April</b>  |  |
| 1st    | As per living with COVID-19 guidance:<br>Mass free COVID symptomatic and asymptomatic testing ceased, moving to a targeted offer for at-risk groups.<br>Removal of recommendation for venues to use the NHS COVID Pass<br>Removal of the health and safety requirement for every employer to explicitly consider COVID-19 in their risk assessments.<br>Consolidation of COVID-19 guidance for the public and businesses and Adult Social care COVID supplement guidance introduced. |
| 4th  | Demobilisation of testing sites in Wiltshire.<br>COVID-19 vaccines rolled out for those aged 5-11 years.   |
| <b>September</b>  |  |
| 5th  | Autumn 2022 COVID-19 booster programme begins.   |
| <b>October - December</b>   |  |
|      | Wiltshire's outreach vaccination clinics commence reaching a range of population groups including boaters, manual workers, homeless/ rough sleepers amongst others. 12 clinics between October and December and 1,246 COVID-19 vaccines administered.<br><br>Bath Racecourse mass vaccination site closes in December 2022   |

## Appendix 2 – Routine Vaccination Schedules in England



| Vaccines for babies under 1 year old |   |
|--------------------------------------|---|
| Age                                  | Vaccines  |
| 8 weeks                              | <a href="#">6-in-1 vaccine</a><br><a href="#">Rotavirus vaccine</a><br><a href="#">MenB vaccine</a>                               |
| 12 weeks                             | <a href="#">6-in-1 vaccine</a> (2nd dose)<br><a href="#">Pneumococcal vaccine</a><br><a href="#">Rotavirus vaccine</a> (2nd dose) |
| 16 weeks                             | <a href="#">6-in-1 vaccine</a> (3rd dose)<br><a href="#">MenB vaccine</a> (2nd dose)  |



| Vaccines for children aged 1 to 15 |   |
|------------------------------------|---|
| Age                                | Vaccines  |
| 1 year                             | <a href="#">Hib/MenC vaccine</a> (1st dose)<br><a href="#">MMR vaccine</a> (1st dose)<br><a href="#">Pneumococcal vaccine</a> (2nd dose)<br><a href="#">MenB vaccine</a> (3rd dose) |
| 2 to 10 or 11 years                | <a href="#">Children's flu vaccine</a> (every year until children finish primary school)  |
| 3 years and 4 months               | <a href="#">MMR vaccine</a> (2nd dose)<br><a href="#">4-in-1 pre-school booster vaccine</a>   |
| 12 to 13 years                     | <a href="#">HPV vaccine</a>   |
| 14 years                           | <a href="#">3-in-1 teenage booster vaccine</a><br><a href="#">MenACWY vaccine</a>   |



| Vaccines for adults             |                                      |
|---------------------------------|--------------------------------------|
| Age                             | Vaccines                             |
| 50 years (and every year after) | <a href="#">Flu vaccine</a>          |
| 65 years                        | <a href="#">Pneumococcal vaccine</a> |
| 70 to 79 years                  | <a href="#">Shingles vaccine</a>     |

## Appendix 3 – Vaccines available for pregnant women



| Vaccines for pregnant women |   |
|-----------------------------|---|
| When they are offered       | Vaccines                                  |
| During flu season           | <u>Flu vaccine</u>                        |
| From 16 weeks pregnant      | <u>Whooping cough (pertussis) vaccine</u> |

## Appendix 4 – Autumn/Winter 2021/2022 Influenza vaccine cohorts



### Influenza 21/22

#### Cohort

All children aged 2 to 15 on 31<sup>st</sup> August 2021

people aged 50 years or over (including those becoming age 50 years by 31 March 2022)

those aged 6 months to under 50 years in clinical risk groups

pregnant women

those in long-stay residential care homes

carers

close contacts of immunocompromised individuals

frontline health and social care staff employed by:

- a registered residential care or nursing home
- registered domiciliary care provider
- a voluntary managed hospice provider
- Direct Payment (personal budgets) and/or Personal Health Budgets, such as Personal Assistants.

## Appendix 5 – Autumn/Winter 2022/2023 Influenza vaccine cohorts



65+



50+



### Influenza 22/23

#### Cohort

all children aged 2 or 3 years on 31 August 2022

all primary school aged children (from reception to year 6)

secondary school-aged children (focusing on years 7, 8 and 9 following the primary school vaccination visits with any remaining vaccine being offered to years 10 and 11, subject to vaccine availability later still in the season)

those aged 6 months to under 65 years in clinical risk groups

pregnant women

those aged 65 years and over

later in the season; those aged 50 to 64 years old not in clinical risk groups (including those who turn 50 by 31 March 2023). Providers are asked not to start vaccinating this age group until mid-October 2022 to enable prioritisation of those with clinical risks and in the older age groups

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:

- o a registered residential care or nursing home

- o registered domiciliary care provider

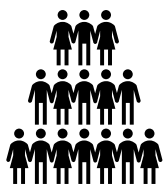
- o a voluntary managed hospice provider

- o Direct Payment (personal budgets) or Personal Health Budgets, such as Personal Assistants

[\[ARCHIVED CONTENT\] National flu immunisation programme 2022 to 2023 letter - GOV.UK \(nationalarchives.gov.uk\)](#)

[\[ARCHIVED CONTENT\] Statement of amendments to annual flu letter – 21 July 2022 - GOV.UK \(nationalarchives.gov.uk\)](#)

## Appendix 6 - Eligibility for COVID-19 autumn booster 2021/22



After initial roll out to priority cohorts it was announced in November 2021 that the NHS has been asked to offer every eligible adult over the age of 18 a booster vaccination by 31 December.

Those aged 16-18 with an underlying health condition that puts them at higher risk of severe COVID-19

## Appendix 7 - Eligibility for COVID-19 spring booster 2022



Adults aged 75 years and over - This includes those who turn 75 years old by 30th June 2023 who will be eligible for a vaccination at any point in the campaign.

residents in a care home for older adults

individuals aged 12 years and over who are immunosuppressed, as defined in the [Green Book](#)

Those who are admitted to an older adult care home or become immunosuppressed by 30 June should be considered eligible as well.

## Appendix 8 - Eligibility for COVID-19 autumn booster 2022/23



residents in a care home for older adults and staff working in care homes for older adults

frontline health and social care workers

all adults aged 50 years and over

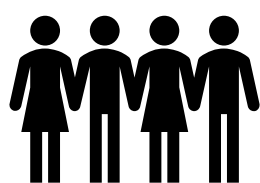
persons aged 5 to 49 years in a clinical risk group, as set out in the Green Book

persons aged 5 to 49 years who are household contacts of people with immunosuppression

persons aged 16 to 49 years who are carers, as set out in the Green Book



## Appendix 9 – Eligibility for screening programmes



| Screening                   | Cohort  | Frequency  | Delivery   |
|-----------------------------|---|--|--|
| <b>Cancer Screening</b>     |   |  |  |
| Bowel                       | 58 years to 74 years<br>Extension to 50, 52 and 54 years old planned in the years ahead | Every 2 years  | Home testing   |
| Breast                      | Registered with a GP as female and aged between 50 and 71.                              | Every 3 years  | Breast screening clinic within a hospital or mobile breast screening unit                |
| Cervical                    | Women and people with a cervix aged 25 - 64   | Aged 25-49* – every 3 years<br><br>Aged 50-64* – Every 5 years<br><br>*Frequency can increase dependent on results | GP Surgery or sexual health clinic in some situations                                    |
| <b>Non-cancer screening</b> |   |  |  |
| Abdominal aortic aneurysm   | Men during the year they turn 65  | One off but can be repeated based on the result  | Delivered through locations throughout Wiltshire including GP surgeries and hospitals    |
| Antenatal                   | Pregnant women  | Each pregnancy   | Maternity services (pregnant women in Wiltshire could attend clinics by RUH, GWH or SFT) |
| Newborn                     | Various points from birth to 6-8 weeks of age   | N/A  | Maternity services and GP practice   |
| Diabetic Eye                | Aged 12 and over with diabetes  | Annually   | Delivered through locations throughout Wiltshire including GP surgeries and hospitals    |

## Appendix 10 – Gastrointestinal illness in Wiltshire

The table below shows rates of illness (per 100,000 population) for Wiltshire (darker green) and the South West region (lighter green). This data is from routine surveillance reports and subject to change and does not represent official UKHSA statistics. It is a way of looking at trends.

| Causative Agent           | 2020-<br>Q2 | 2020-<br>Q3 | 2020-<br>Q4 | 2021-<br>Q1 | 2021-<br>Q2 | 2021-<br>Q3 | 2021-<br>Q4 | 2022-<br>Q1 | 2022-<br>Q2 | 2022-<br>Q3 |
|---------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Campylobacter             | 22          | 30          | 29.8        | 23.8        | 41.7        | 38.5        | 28          | 21.6        | 35.3        | 34.3        |
| Campylobacter SW          | 20.2        | 27.4        | 25          | 20.9        | 40.2        | 36.8        | 28.3        | 24.2        | 33.4        | 31.9        |
| Cryptosporidium           | 1.4         | 2.2         | 3.2         | 2.8         | 1           | 2.2         | 2.4         | 1           | 0.8         | 2           |
| Cryptosporidium SW        | 1.2         | 2.2         | 2.5         | 1.7         | 2           | 2.5         | 2.9         | 1.7         | 1.6         | 2.6         |
| E.Coli STEC               | 0.4         | 1.4         | 0           | 0.2         | 0           | 0.8         | 0           | 0           | 0.2         | 0.8         |
| E.Coli STEC SW            | 0           | 0.1         | 0           | 0           | 0.1         | 0.1         | 0           | 0           | 0.1         | 0           |
| Giardia                   | 1           | 1           | 1.6         | 1.2         | 0.4         | 1.8         | 1.2         | 0.8         | 2.8         | 1           |
| Giardia SW                | 1.7         | 2.2         | 1.6         | 1.3         | 1.6         | 2.2         | 2.3         | 2.2         | 1.7         | 2.7         |
| Salmonella Enteriditis    | 0.6         | 0.8         | 0.4         | 0.2         | 0           | 0.8         | 0.6         | 0           | 0.2         | 1.6         |
| Salmonella Enteriditis SW | 0.4         | 0.6         | 0.3         | 0.3         | 0.1         | 0.4         | 0.3         | 0.3         | 0.8         | 1.2         |
| Salmonella Typhimurium    | 1           | 1           | 1           | 0           | 0.4         | 1.8         | 0           | 0.2         | 0.8         | 1.4         |
| Salmonella Typhimurium SW | 0.5         | 0.8         | 0.5         | 0.1         | 0.8         | 1.1         | 0.5         | 0.5         | 0.7         | 1.5         |
| Shigella                  | 0           | 0           | 0.2         | 0           | 0           | 0           | 0.6         | 0           | 0           | 0.2         |
| Shigella SW               | 0           | 0           | 0           | 0.1         | 0.1         | 0           | 0.4         | 0.3         | 0.4         | 0.4         |



## Appendix 11 - Eligibility for mpox vaccination in England



| Eligible Cohort  | Doses   |
|--|---|
| Healthcare workers caring for patients with confirmed or suspected mpox  | 2 doses   |
| Men who are gay, bisexual or have sex with other men and who have multiple partners, participate in group sex or attend sex on premises venues (staff at these venues are also eligible) | 2 doses<br><br>2 <sup>nd</sup> dose offered from 2 to 3 months after the 1 <sup>st</sup> dose |
| People who have been in close contact with someone who has mpox  | 1 dose within 4 days of contact (ideal)<br>OR<br>1 dose within 14 days                        |