

Wiltshire Health Protection Report

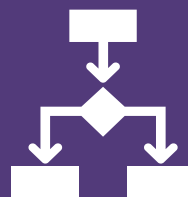
2023

Acknowledgments

This report has been compiled by Wiltshire Council Public Health Team. The team would like to thank all those involved in the production of this report for their valuable contributions, support and expertise.

For information about public health services in Wiltshire please visit: www.wiltshire.gov.uk/public-health

Further information and data about Wiltshire Public Health can be accessed on the Wiltshire Intelligence Network website at: wiltshireintelligence.org.uk



- 1) Forword
- 2) Background, purpose and scope
- 3) National context
- 4) The local picture
- 5) Infection Prevention and Management
- 6) Healthcare Associated Infections and AMR
- 7) Immunisations
- 8) Screening
- 9) Communicable Diseases
- 10) Health Emergency Planning
- 11) Environmental Hazards
- 12) Summary of Recommendations

Appendix 1 – Routine vaccination schedule in England

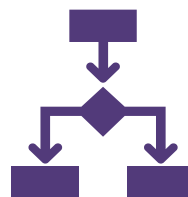
Appendix 2 – Vaccines available for pregnant women

Appendix 3 - Influenza Vaccine Cohorts

Appendix 4 – COVID-19 vaccine cohorts

Appendix 5 - Eligibility for screening programmes

Appendix 6 – Gastrointestinal illness in Wiltshire



Forward

This annual Health Protection Report aims to provide assurance to the Health and Wellbeing Board regarding the robust systems and measures in place to safeguard public health within Wiltshire from various threats and hazards. It comprehensively outlines the key challenges encountered and the concerted efforts undertaken by an array of local, system, and national partners who actively contribute to the strength of the Wiltshire health protection system.

While 2023 witnessed significant progress since the COVID-19 pandemic, with the health and social care system operating free from restrictions, the global and national context continues to present challenges for the Wiltshire population. The ongoing cost-of-living crisis, coupled with the resurgence of certain infections such as pertussis, underscores the critical importance of collaborative action within the health protection system to effectively predict, plan for, and respond to emerging health threats.

This report highlights several key areas requiring sustained focus. The resurgence of infections like measles, pertussis, and MPOX in 2023 necessitated collaborative efforts to address. Increasing rates of chlamydia necessitate improved access to diagnosis and testing within sexual health services to effectively combat sexually transmitted infections, particularly as testing rates are still recovering from the disruptions experienced during the pandemic.

Immunisation remains a cornerstone of effective public health interventions. The successful integration of COVID-19 vaccination into the seasonal immunisation schedule serves as a poignant reminder of the importance of maintaining high vaccination uptake rates. Particularly where vaccination is targeted at vulnerable groups such as pregnant women and children, where uptake for some key vaccinations are below levels that we would hope to see this year.

This report underscores the invaluable contributions of collaborative partnerships across Wiltshire. The commitment to information sharing, expertise exchange, and collaborative action demonstrated by partners within the Integrated Care Board, Salisbury Hospital, Public Protection, Public Health, Adult Social Care, Emergency Planning, NHS England and the UK Health Security Agency, among others, has been instrumental in safeguarding the health of Wiltshire residents.

This report demonstrates the continued resilience and adaptability of the Wiltshire health protection system in navigating ongoing challenges. The recommendations outlined will inform the ongoing development and enhancement of the Wiltshire health protection system, ensuring its continued robustness and suitability for the evolving needs of our population

Professor Kate Blackburn
Director of Public Health

Background, purpose and scope

The Director of Public Health has examined arrangements for health protection in Wiltshire and will provide the Health Protection Assurance Report 2023 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 current Wiltshire Health Protection Strategy (2022-2026) has the following key priorities agreed:



Infection Prevention and Management

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



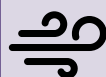
Infectious diseases

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.



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.



Environmental Hazards to Health, Safety and Pollution Control

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

Migration and Global Events

Throughout 2023 there were a number of conflicts across the world affecting migration and economies. The conflict in Ukraine continued, civil war in Sudan displaced over 5 million people and Hamas attacked Israel leading to prolonged fighting.



In 2023, 102,283 people were offered a safe and legal (humanitarian) route to come to or remain in the UK (almost half of these were on Ukraine schemes), this was 66% less than 2022. There were 67,337 asylum applications in the UK in 2023, 17% lower than 2022, however at the end of 2023 there were 95,252 cases awaiting an initial decision ([Immigration system statistics, year ending December 2023 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/immigration-system-statistics-year-ending-december-2023))

Economy

The UK economy grew by just 0.1%, confirming the UK ended 2023 in recession. Private rental prices continued to grow at a record high rate in the UK, around a third of adults in Great Britain who were paying rent or a mortgage said they were finding payments very or somewhat difficult to afford ([Cost of living latest insights - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/economy/costofliving)). The cost of living crisis in the UK poses threats to health primarily due to greater food and energy insecurity, higher stress levels and reduced provision of health and social care ([How is the cost of living crisis affecting public health? - Economics Observatory](https://www.economics.ox.ac.uk/publications/how-is-the-cost-of-living-crisis-affecting-public-health))



Climate Change

2023 has been confirmed as the warmest year on record globally and the second warmest for England, with the UK also experiencing a relatively wet 2023. The UK Health Security Agency (UKHSA) published the 2023 report '[Health Effects of Climate Change in the UK](https://www.ukhsa.gov.uk/health-effects-of-climate-change-in-the-uk)' outlining the direct and indirect affects including heatwaves, flooding, climate sensitive infectious diseases, air quality and food security. At the end of 2023, almost 23% of displaced people were living in countries with high to extreme exposure of climate change.



Infectious Diseases

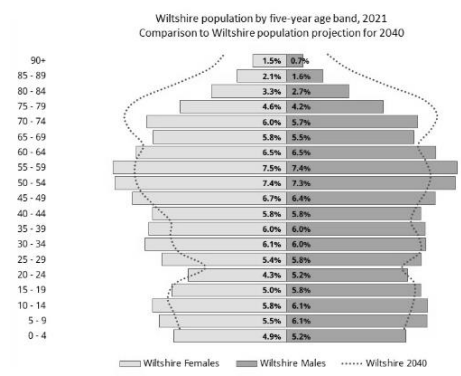
Although the COVID-19 pandemic is not over, The [World Health Organisation \(WHO\)](https://www.who.int/emergencies/diseases/novel-coronavirus-2019) ended the public health emergency of international concern (PHEIC) on 5th May 2023.

An increase internationally of several infectious diseases was seen including polio, cholera, measles, dengue and mpox. The UK saw the largest annual numbers of cases of gonorrhoea since records began and syphilis since 1948, following an increasing trend over the last decade.

A fall in vaccination uptake, international travel, increased mixing (and reduced natural immunity) following pandemic restrictions and a changing climate has contributed to these increases.



Wiltshire has a population of **510,400**,
51% are female and 49% male.



Wiltshire has an increasing population and has a higher population growth of 8.4% compared to England (6.6%) from 2011-2021. The population is generally increasing in the 65+ age group, currently representing a fifth of Wiltshire's population but by 2040 this age group will make up nearly a third of the total population.



The Wiltshire Council area includes 202 primary schools, 29 secondary schools and 4 special schools. Wiltshire is also host to a number of independent schools, including boarding schools. There are 2 colleges and one 6th form college in Wiltshire. Wiltshire College University Centre has 4 campuses across the county.



There are 71 GP practices (main and branch practices) and one acute hospital in Wiltshire.



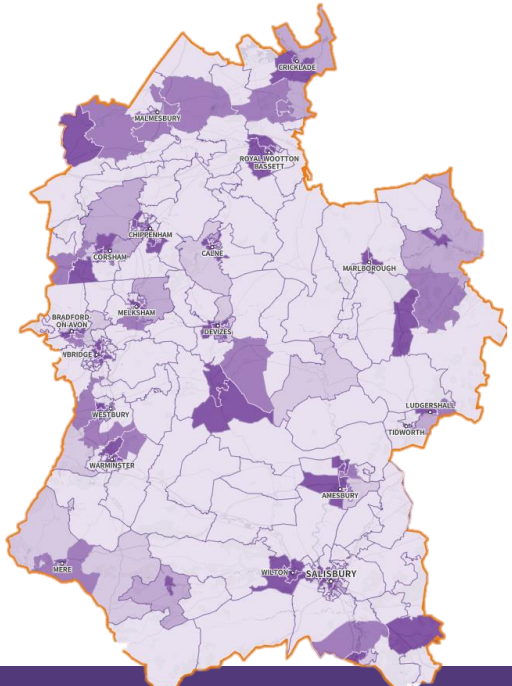
There are over 200 adult care homes within Wiltshire with a large workforce.



Erlestoke prison is a men's prison located within Wiltshire, operated by His Majesty's Prison Service.



The Wiltshire Council area is home to around a fifth of the British Army, There are currently 19,000 serving personnel across all branches of the Armed Forces, 19,000 dependents and approximately 53, 600 veterans in Wiltshire.



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.

The local picture – inequalities

There are **285** Lower Layer Super Output Areas (LSOAs) or small areas of geography, in Wiltshire


Of which **8** are in the 20% most deprived nationally.

These 8 LSOAs are all classified as 'Urban city and town' and are located in the following towns in Wiltshire

- Trowbridge (2)
- Chippenham (1)
- Salisbury (3)
- Melksham (2)


13,924 people live in these **8 LSOAs**, which is **3% of Wiltshire's population**. Compared to the overall Wiltshire population, there is a **higher proportion of younger people aged 0-19** living in these LSOAs and a **lower proportion of those aged 65+**.

The **average life expectancy** in Wiltshire 2018-2020



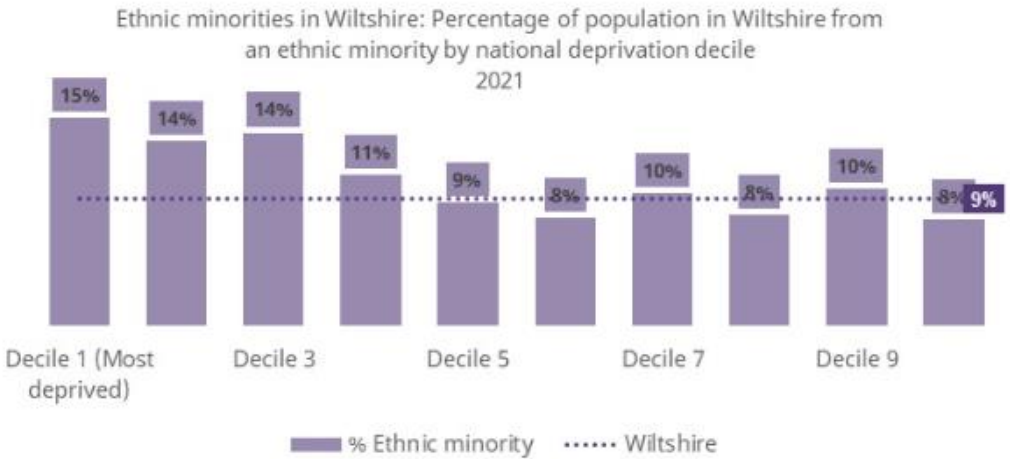
84.5 years **80.9 years**

Life expectancy in the **most deprived 10%** of areas of Wiltshire is:



5.5 years lower **7.2 years lower**
than in the **10% least deprived** areas.

For both males and females living in Wiltshire, those living in more deprived areas (as denoted by the [Indices of Deprivation 2019](#)) have a shorter life expectancy than those living in other parts of the county. This is a pattern that is seen nationally although the gap in Wiltshire is considerably lower than the England average.



According to the 2021 Census, in Wiltshire, 90% of the population are White British or White Irish, this is slightly higher than the average of our statistical neighbours and higher than the average for England. 9% of the population in Wiltshire are from ethnic minority groups, much lower than the England average of 26%. In the most deprived areas of Wiltshire 15% of the population are from an ethnic minority.

<https://www.wiltshireintelligence.org.uk/jsna/>

The local picture – priority groups

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 - Gypsy, Roma, Traveller and Boater communities describes a range of people from different ethnic and minority groups. All these communities experience some of the worst health outcomes of any minority group in the UK, and there is significant health inequality experienced compared to the general population. A [Boater's Survey](#) was carried out by the Public Health team in 2023 and offers further insights into this population.



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.



Wiltshire Public Health Priorities 2022-2032

Public health are committed to reducing inequalities in all we do, through prevention and early intervention. Our public health across boundaries (PHABS) themes are areas of work that should be cross cutting and these will be highlighted throughout this report.



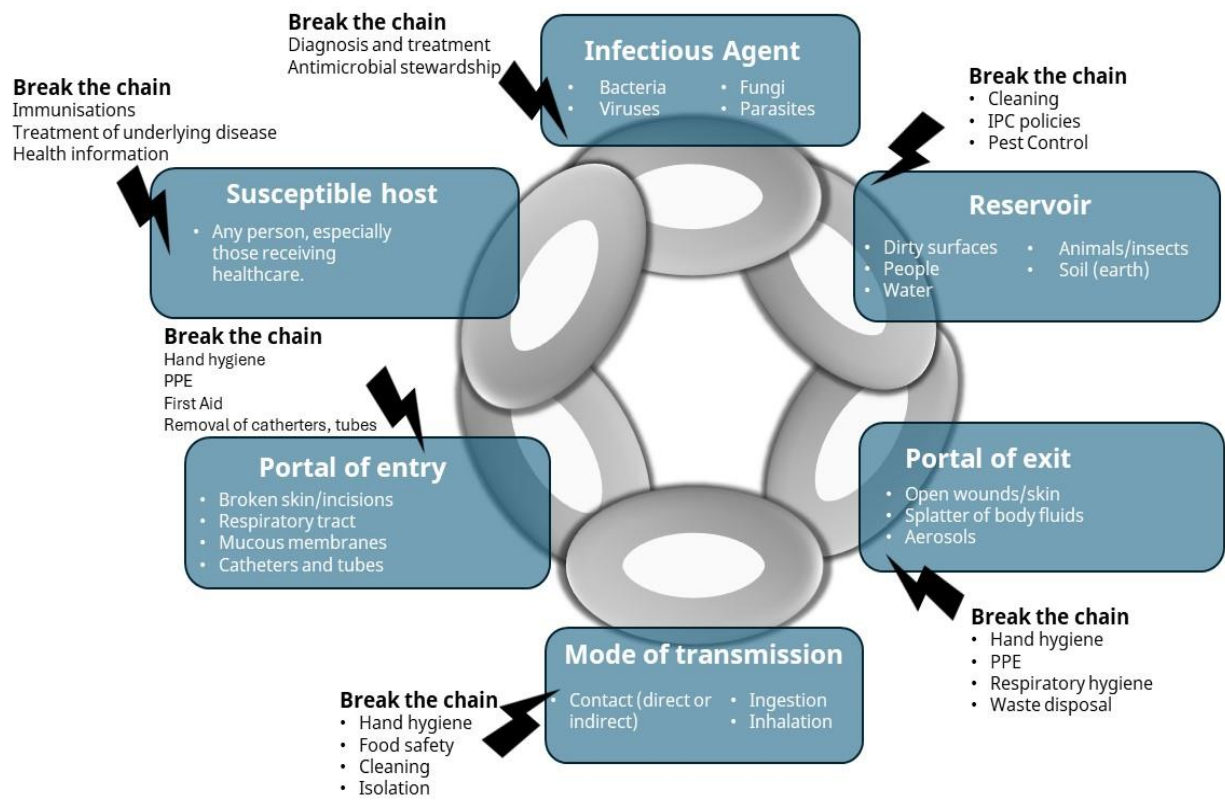
Spotlight on Migrant Health



As highlighted in the [2022 Wiltshire Health Protection Report](#), migrant health also continues to be an area of focus. This report will highlight work with these populations and detail efforts to reduce inequalities and build evidence to inform the local health protection and wider public health system.

Infection Prevention and Control (IPC)

Preventing and reducing the transmission of infectious diseases is essential to ensuring people stay healthy. Understanding how infection is spread is crucial for effective IPC. The chain of infections contains 6 links (see the image below).



There are opportunities to break the chain at any link as indicated above and the more links that are broken the greater the protection.



All areas of public health contribute to the ability to break these chains, with interventions and services from wider determinants of health, building resilience and health improvement contributing to a less susceptible host alongside the objectives of the health protection strategy and the wider system contributing to health education, facilitating vaccinations and encouraging antimicrobial stewardship.

2022 Health Protection Report Recommendation

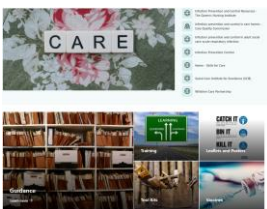
Continue to support vulnerable settings, particularly care and education settings with infection prevention and control to reduce the burden and transmission of infectious diseases, particularly gastrointestinal and acute respiratory infections

Infection Prevention and Control (IPC)

With pandemic restrictions eased and a return to normality, much of our focus this year has been about 'getting back to basics'. This has involved outreach and signposting to resources and information to help providers, settings and residents to be able to use IPC knowledge to protect their health.



Workplace wellbeing



Throughout 2023 the health protection team alongside teams in adult social care and UKHSA continued to support care providers with proactive and reactive advice. Our **care provider SharePoint** went live allowing us to quickly and easily share information directly with staff in care homes. This also included a short informative **training video** to act as an accessible resource for those unable to attend our **in person winter preparedness hub sessions**.

Care workers and unpaid carers fall within Wiltshire's **routine and manual worker** priority group, often working in settings and with residents that are particularly vulnerable to infectious diseases.

Five care worker events were held in the run up to the winter period, with a focus on infection prevention and management, infectious disease outbreak response and staff wellbeing.

These were a series of collaborative events with representatives from a range of teams including health protection, sexual health and wider determinants public health colleagues and the BSW ICB Infection Prevention Control and vaccination hub teams.



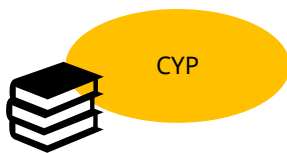
The events were held in areas of higher deprivation, as we know people experiencing inequalities including deprivation have always faced poorer health which the COVID-19 pandemic starkly exposed. Care workers themselves faced among the [highest mortality rates by occupation in the early pandemic](#). The aim was to go back to basics, particularly regarding management of non-COVID infections, and we were also able to offer seasonal vaccinations.

- **5** events at **3** central locations in Wiltshire
- **Over 100 attendees** from a range of care settings
- **Over 100 conversations** on a range of health topics including IPC, outbreak management, screening, sexual health, workplace health.
- **76** seasonal vaccines administered
- Positive feedback from attendees



'...the staff feel so valued and the things they learned was really empowering. I cannot stress enough the positive impact this has had on our services as a whole'

Recommendation: Build on an in-person offer to engage with social care staff on IPC messaging, especially in the lead up to winter season. Ensure events are a collaborative offer with a wide Public Health offer.



Through 2023 we have worked to widen our health protection messages to schools, attending headteacher and governor briefings as well as regularly posting on [Right Choice](#) and in the Wiltshire Council Education Newsletter.

21 articles were posted on Right Choice ranging from reactive advice about Strep A, advertisement of vaccine clinics, resources for encouraging immunisation and heat and cold health alerts.

Public Health also attend UKHSA led regional groups focussing on health protection in education settings, ensuring we are linked in with trends in outbreaks and reports, changes in guidance and proactive work across the region.

AMR awareness week 18-24 November 2023

Leaflets were shared to provide practical advice to parents on managing their child's cough and when to consult a doctor. Settings are also encouraged to share vaccine messaging and Public Health offer support with this if needed.



For **AMR awareness week in 2024** we aim to launch a poster competition for primary schools highlighting the [e-Bug](#) lesson resources produced by UKHSA.



Spotlight on: Fresher's Fayres

(Wiltshire College – Salisbury, Trowbridge, Chippenham and Lackham)

CORE20

Target Audience: Young people 16+

Key messaging: No Worries, sexual health, meningitis awareness, vaccinations (HPV & MenACWY), IP&M (staying home if unwell)

Other teams: Health improvement hub (smoking cessation, healthy weight)

Outcomes: Conversations around meningitis awareness and checking vaccine records well received – engaged with 100s
Around 1,000 condoms distributed, links made with college tutors for No Worries information, CO readings popular.





Spotlight on: The Medley Centre Project

Background

This project focussed on working with settings that support customers with learning disabilities/autism and commenced in November 2023, initially as a pilot in the Medley Centre based in County Hall, Trowbridge. This was in response to the release of the [LeDeR report](#) (Learning from Lives and Deaths - people with a learning disability and autistic people) which support staff and Public Health had received. The report had highlighted the life expectancy of those with LD was a lot lower than those without and Public health were approached by the Medley centre senior staff asking if we could help improve this for their customers. This was the first time this kind of project was undertaken, where public health and LD services were working together .



62.9 years

Average median age at death with a learning disability.

This decreases to **55 years for autistic adults with a learning disability**

42% of deaths were deemed 'avoidable' for people with a learning disability compared to **22%** for the general population

Project Aim

To try and improve the life expectancy and health outcomes of those with learning disabilities and or Autism.

- Make health checks less daunting
- Give information to customers and to staff to facilitate better attendance at and understanding of screening programmes.
- Enabling people to make more informed choices regarding their health and wellbeing

Delivery



The plan is for this to be carried out by public health colleagues (but not exclusively) raising awareness of screening programmes, giving of information on health conditions and delivering training sessions.

The sessions started in November 2023 and have so far included hand washing and hydration.

Next Steps

Looking forward into 2024, the sessions will include:

- diarrhoea and vomiting
- Cancer screening programmes
- Non-cancer screening programmes
- Other cancer awareness that is not a screening programme
- Oral health



Healthcare Associated Infections (HCAI) and Anti-Microbial Resistance (AMR)

Healthcare-associated infections (HCAIs) 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. HCAIs 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 (COCA) or in patients recently hospitalised, received specialised medical services at home, attended a hospital based clinic or have been nursing home residents (COHA). Indeterminate association (COIA) 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



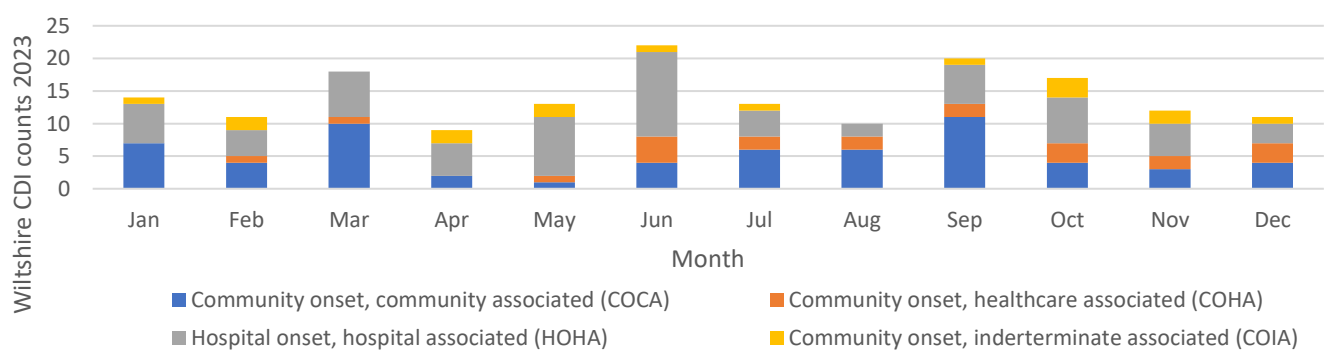
Hospital or health care acquired infections are defined as those that have onset after admission or are associated with acquisition within a hospital environment (HOHA)



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

Clostridioides difficile (CDI)

Nationally, regionally and within our local system there has been a steady year on year rise of CDI cases. By the end of quarter 3 23/24 there were 22 more cases across BSW compared to the same period in 22/23. In Wiltshire there were **170** total cases in 2023 and in contrast to previous years, the majority (42%) were Hospital Onset, Healthcare Associated.

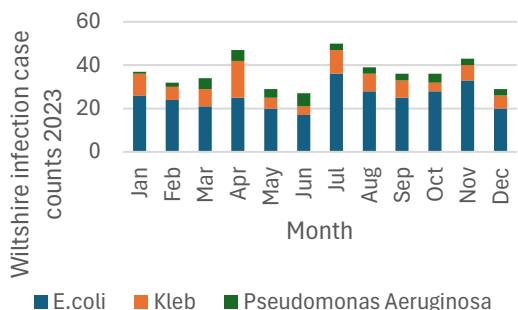


Locally, hospital cases reduced towards the end of the year, acute trusts were seeing notable drops and community infections were also beginning to slow. Across 23/24 it is likely BSW ICS will breach the thresholds set by NHSE however, BSW ICS perform the second best in the South West region for CDI cases. Work continues to ensure this downward trajectory remains for the system through the continuation of post infection reviews. Learning has shown that skin and soft tissue, community acquired pneumonia antibiotic prescribing within primary care and use of proton pump inhibitors are contributory factors. As well as evidence of high prevalence of comorbidities of obesity and diabetes in cases reviewed (BSW ICB IP&M Annual Report 23/24).

Healthcare Associated Infections (HCAI) and Anti-Microbial Resistance (AMR)

Gram negative blood stream infections (GNBSI)

In 2017, NHS England introduced an ambition to halve the numbers of gram negative blood stream infections (GNBSI) by 2021, this included *E. coli*, *Klebsiella spp* and *Pseudomonas aeruginosa*. These three organisms account for 72% of the total volume of GNBSI nationally. The target has been extended into 2024 due to the COVID-19 pandemic.



E. coli is the most prevalent GNBSI both nationally and locally however, BSW has generally seen a falling *E. coli* trend. Majority (65%) of Wiltshire's *E. coli* BSI cases continue to be community associated (COCA) and the most significant primary cause (over 50%) are associated with the urinary tract. A deep dive into Wiltshire's *E. coli* BSI community cases including mapping would be beneficial to enable effective project work to reduce the burden in our communities.

Incidence of *P. aeruginosa* remains high and BSW ICS at the end of 2023 (Q3) remained at risk of breaching threshold, most cases were hospital associated and work has been undertaken by UKHSA, NHSE and BSW ICB to identify causes and support improvement work. *Klebsiella* cases are also high compared to the same time period in 22/23 and the reasons for this are unclear. Partnership working across the ICS including a system task and finish group have been initiated to address this.

Methicillin-sensitive *Staphylococcus aureus* (MSSA) cases nationally, regionally and locally within the ICS have steadily been rising year on year and are the third highest number of infections across BSW ICS following *E.coli* and CDI. A review undertaken within BSW found skin and soft tissue trauma as a major root cause. Work is planned to liaise with primary care and tissue viability teams to tackle this.



Spotlight on: BSW Hydration Project

Aim: Raise awareness of the importance of hydration amongst adults aged >65yrs



Rationale: Evidence of an increase in urinary tract infections (UTIs) in this cohort and UTIs being the primary source of *E. coli* BSIs.

Method: Evidence gathering through a survey and development of resources

- 54 survey responses, of which **45% were Wiltshire residents.**
- Reusable water bottles and other materials distributed at community events to raise awareness and gather information on drinking habits.
- Example feedback from engagement staff (right):

Impact: 5% reduction in *E. coli* BSIs in BSW during 23/24 compared to 22/23 and reduction in BSI cases where UTIs were identified as the primary source.

'Of 6 surveys completed with the men, none were aware that the colour of the urine was one of the first signs of dehydration.'

'One lady with learning difficulties had been experiencing lots of UTIs, no one told her to increase the amount she was drinking – she took a water bottle and a urine colour chart. She told me that her urine was always dark brown and thought that was normal. She commented that she will find the chart useful with the colours as her reading was very limited.'

Healthcare Associated Infections (HCAI) and Anti-Microbial Resistance (AMR)

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.

Infection Prevention and Control



What is infection prevention and control? (IPC) and Why is it important?

What: Infection prevention and control (IPC) is a practical, evidence-based approach preventing patients and health workers from being harmed by avoidable infections.

Why:

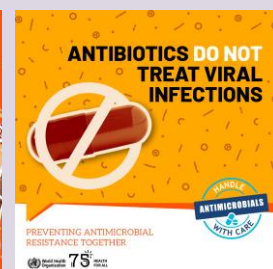
- Prevents disease - Effective IPC prevent up to 70% Healthcare associated infections
- Keeps people healthy – reduce risk of morbidity and mortality amongst both staff and service users
- Reduces risk of antimicrobial resistance – resistant bugs caused estimated 1.27 million deaths in 2019
- Part of the Health and Social Care Act 2008: code of practice on the prevention and control of infections

Reablement - IPC training

Annual IPC training is provided to internal reablement teams. During 2023 the training resource was delivered by a Health Protection team member and recorded to be distributed to all staff, including new starters to ensure their practice is up to date and effective.

World AMR week – Communications campaign

The World Health Organization run an annual World AMR week campaign during November. Wiltshire Health Protection marked this by sharing images and key messages around AMR on social media accounts throughout the week. Targeted information was also shared with schools and social care settings.



Immunisations

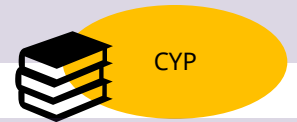
The World Health Organisation (WHO) says:

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

Vaccines reduce risks of getting a disease by working with your body’s natural defences to build protection. We now have vaccines to prevent more than 20 life-threatening diseases, helping people of all ages live longer, healthier lives. Immunization currently prevents 3.5 million to 5 million deaths every year from diseases like diphtheria, tetanus, pertussis, influenza and measles ([Vaccines and immunization \(who.int\)](https://www.who.int)). The COVID-19 pandemic, associated disruptions and vaccination efforts strained health systems in 2020 and 2021, resulting in set backs globally

Whilst recent data is fairly stable, there has been a consistent decline in uptake of the childhood vaccination programme over the last decade. [Latest childhood vaccination uptake statistics published - GOV.UK](#)

The current NHS vaccination schedule can be found in [Appendix 1](#)



Wiltshire immunisation uptake by 12 months of age (Dec 2023)

DTAP IPV primary	96%
MenB	95.40%
PCV1	96.20%
Rota	94.70%

By **12 months of age**, the uptake of infant vaccinations in Wiltshire is above the optimal target (95%) for all vaccinations apart from rotavirus (94.7%), however this uptake has

improved from last year (92.4%). When discussed with NHSE it was thought that the lower uptake of rotavirus may be due to the first dose of this vaccine being required to be given before 15 weeks of age. If scheduling for immunisations is disrupted this may result in rotavirus vaccine not being administered, particularly if parents/carers and health professionals are not aware of the time dependent nature when scheduling or rearranging appointments

Wiltshire immunisation uptake by 5 years of age (Dec 2023)

DTAP IPV primary	96.70%
MMR1	96.40%
Hib MenC	95.80%
MMR2	92.60%
DTaP/IPV	91.50%

By **5 years of age**, compared to the same time period in 2022, uptake of the second dose of MMR (MMR2) stayed very similar (92.4%), whereas uptake of the DTaP/IPV (pre-school booster) (91.5%) has fallen (92.3%).

Both MMR2 and the pre-school booster uptake are below the optimum performance standard of 95% but above national averages (MMR2 85%, pre-school booster 84.1%).

Recommendations:



Plan a survey to gather data on vaccine confidence within Wiltshire, focussing on childhood immunisations and vaccines given in pregnancy.

Highlight to NHSE that information specifying rotavirus vaccinations being time dependent is not included in immunisation letters or NHS websites.

The [schedule of Immunisations](#) given to children from 12 years are generally delivered through the [school aged immunisation service](#).

Human Papillomavirus Virus (HPV)

The data shown in the below table is for September 2022 – August 2023 uptake in England and Wiltshire [Human papillomavirus \(HPV\) vaccine coverage estimates in England: 2022 to 2023 - GOV.UK](#).

HPV	England	Wiltshire
Academic year	Sept 2022-Aug 2023	Sept 2022-Aug 2023
Year 8 –1 dose female	71.3%	81.5%
Year 8 – 1 dose male	65.2%	76.2%
Year 9 – 2 dose female	62.9%	69%
Year 9 – 2 dose male	56.1%	69.7%

Compared to the previous academic year (2021 to 2022) nationally, dose 1 coverage increased by 1.7% in year 8 females but remained 16.7% lower than pre-pandemic coverage in 2018 to 2019.

Dose 1 coverage in year 8 males was 65.2%, an increase of 2.8% compared to 62.4% in 2021 to 2022.

Coverage both locally and nationally is lower in males than females for both doses of HPV. Wiltshire uptake across all HPV cohorts is higher than the national average.

From **September 2023**, the programme changed to a **one dose only** [schedule](#). This is because the [JCVI advised](#) that a one dose HPV vaccine schedule was shown to be just as effective as 2 doses at providing protection from HPV infection.



Spotlight on: Outreach engagement sessions

Where:- Active Trowbridge, Uniform services day, Trowbridge, Lackham, Salisbury and Chippenham Colleges

Target Audience :- Students, Families

Key Messages :- School Immunisations, MenACWY, MMR, HPV vaccines

Outcomes:- Conversations around meningitis awareness and checking vaccine records well received – engaged with 100s links made with college tutors for further HP messaging



Td/IPV (3-in-1 teenage booster)		
	England	Wiltshire
Academic year	2022-2023	2022-2023
Year 9 uptake	68.3%	75.6%

MenACWY		
	England	Wiltshire
Academic year	2022- 2023	2022- 2023
Year 9 uptake	68.6%	76.2%

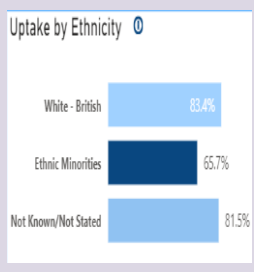
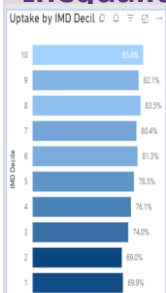
In Wiltshire, school aged immunisations (Td/IPV, MenACWY and HPV) uptake is above the national average and coverage has risen from last academic year. Data is monitored in the Wiltshire Immunisation group for assurance on coverage and opportunities for partners to collaborate to address inequalities and increase uptake.

MenACWY protects against 4 types of bacteria linked to meningitis and is given in school year 9, from 13 years of age. Compared to the previous academic year (2021 to 2022) uptake has increased from 66.3% to 76.2% in Wiltshire.

Td/IPV (3-in-1 pre-school booster T: Tetanus, d: Diphtheria, IPV:Polio)
Dose 5 of this vaccine is given in school, in year 9 when young people are aged between 13-14 years. Compared to the previous academic year (2021 to 2022) uptake has increased from 65.8% to 75.6% in Wiltshire.

CORE20

Inequalities



The area of Wiltshire with the lowest uptake of school aged immunisations is classed as IMD 2. The area with the highest uptake is classed as IMD 9. When looking at uptake by IMD decile there is a correlation with the highest uptake being in the least deprived areas. There is also a correlation with uptake being lower in those from an ethnic minority.

Recommendations:

Engage with school aged immunisation provider to support with increasing uptake of school aged immunisations in low uptake areas.



Support work addressing inequalities in immunisation uptake in areas of deprivation and within ethnic minority populations.

Utilise engagement opportunities to highlight eligibility and effectiveness of vaccinations for young people.

Gain assurance information on immunisations is available in an accessible format for all populations e.g. easy read, different languages.

Adult immunisations

Immunisations given to adults are listed in [Appendix 1](#). Vaccines given in pregnancy are listed in [Appendix 2](#). Seasonal vaccines such as influenza and COVID-19 are covered in [Appendices 3 and 4](#)

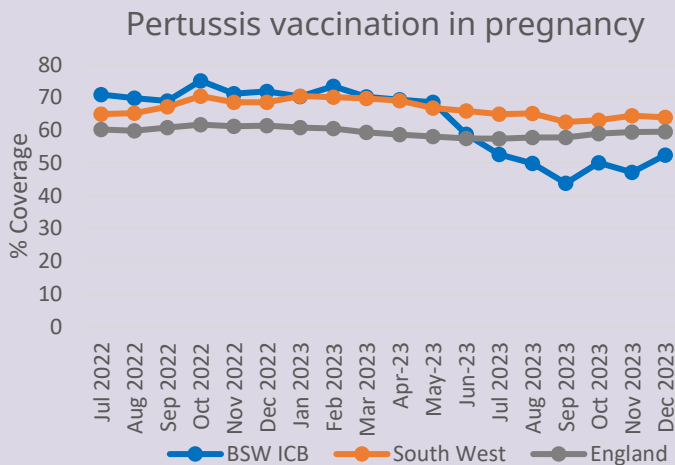
Maternal pertussis

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.

Maternal vaccination is very effective against pertussis disease and hospitalisation ([Pertussis \(whooping cough\) vaccination programme for pregnant women: information for healthcare practitioners - GOV.UK](#)) but vaccine uptake levels in pregnant women, babies and young children have fallen in recent years across England. Nationally, the annual coverage for 2023 to 2024 was 58.6%, 2.1 percentage points lower than the 2022 to 2023 financial year and 6.1 percentage points lower than the 2021 to 2020 financial year.



In December 2023, [coverage in BSW ICB had fallen to 52.4%](#) from 71.8% in December 2022. This can be partly explained by expanded roll out of the programme into maternity units and records of these vaccinations not appearing on GP records at some sites. It may be that GP surgeries are relying on maternity services to deliver pertussis vaccination therefore not offering the vaccine. [It was noted by UKHSA](#) that if coverage, and ultimately the impact of the programme itself, is to be accurately monitored, it is essential that GPs and practice nurses continue to ensure that vaccination and date of delivery are recorded in the patient's GP record.



Following on from the recommendation in the [2022 health protection report](#) to clarify the delivery of maternal pertussis vaccination in Wiltshire, there has been confirmation that 2 out of 3 maternity trusts were delivering this in 2023. NHSE and BSW ICB are working across the system to ensure availability and support trusts to deliver vaccinations in maternity services.



Recommendation: Continue to seek assurance of availability and data recording of maternal vaccinations to all Wiltshire residents.

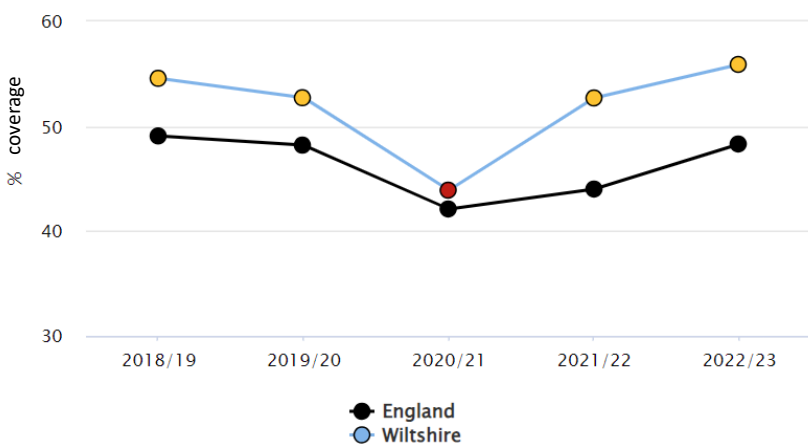


Explore the availability of locality data for maternal vaccinations including inequalities data to inform targeted communications and engagement

Adult vaccinations

Immunisations given to adults are listed in [Appendix 1](#). Seasonal vaccines such as influenza and COVID-19 are covered in [Appendices 3](#) and [4](#).

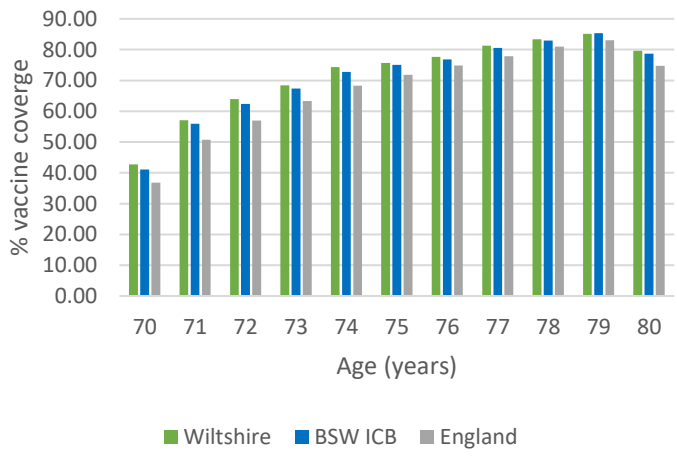
Shingles




Shingles vaccination coverage has been increasing slowly since 2018/19, apart from a decline in coverage during the COVID-19 pandemic. Coverage seems to have recovered and Wiltshire's uptake has been consistently higher than national figures. [Fingertips data](#) shows coverage at 71 years.

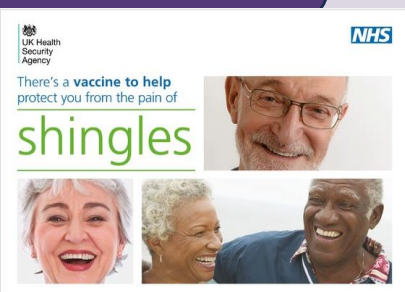
When data up until the age of 80 is considered coverage increases with age as more people come forward or are offered the vaccine opportunistically. [Results assessing the impact of shingles vaccination](#) in the 5 years after the introduction of the programme in England showed large reductions in both GP consultations and hospitalisations for herpes zoster and post-herpetic neuralgia. It is important these vaccines are both continued to be offered and also eligibility communicated, including to those experiencing health inequalities.

Shingles vaccine coverage by age



 The shingles vaccines can also be co-administered with flu, COVID-19 and pneumococcal vaccines.

From 1 September 2023, the routine age for the shingles programme is changing to routinely offering vaccination at 60 years. This change will be undertaken in a phased approach over 2 stages during a 10 year implementation period.

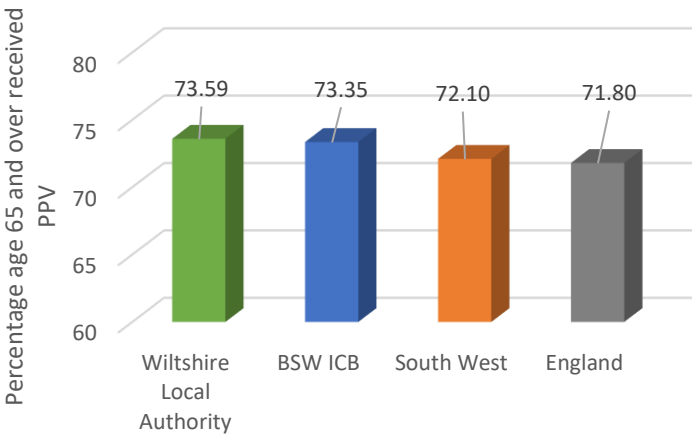


Adult vaccinations

PPV (Pneumococcal polysaccharide vaccine)

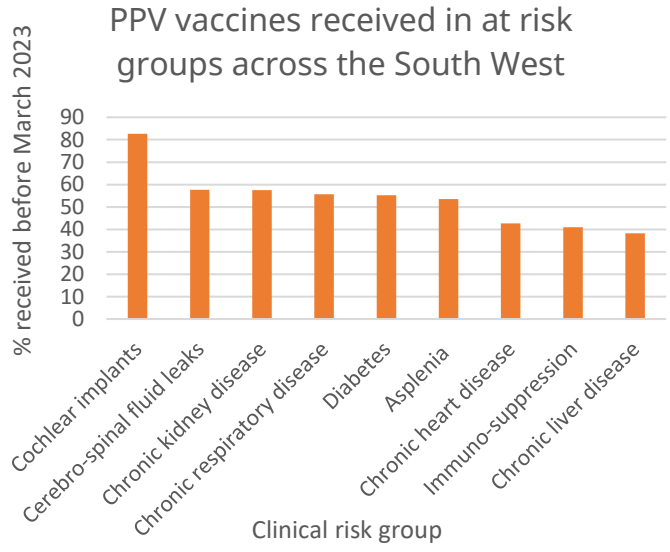
The pneumococcal vaccine protects against serious and potentially fatal pneumococcal infection that may lead to pneumonia, sepsis and meningitis. Adults aged over 65 are recommended to have this vaccine, it is a single dose and not given annually.

PPV immunisation programme



Compared to 2021/2022, coverage in 2022/2023 (most recent available data) has increased. Wiltshire benchmarks well against system, regional and national figures. Coverage increases with age with 83.9% of people aged 75 or over having received a vaccine nationally. Nationally PPV coverage in all age groups was higher in 2022/2023 than in any other year since 2005/06.

Clinical at risk groups are also eligible - The differences in coverage among individuals in clinical risk groups could suggest that vaccine offers or awareness of eligibility and importance of PPV among individuals and clinicians vary substantially according to clinical risk. The low uptake in those with chronic liver disease also mirrors patterns of uptake in clinical risk groups for covid [and influenza vaccinations](#). The differences in coverage among individuals in clinical risk groups could suggest that vaccine offers or awareness of eligibility varies among individuals and clinicians according to clinical risk.



Recommendation: Continue to promote vaccinations given in adulthood ensuring appropriate communication channels are used, taking into account the demographics of the audience.

Continue to work across the system to highlight the need for development of PPV communication materials for those adults eligible.

Seasonal vaccinations

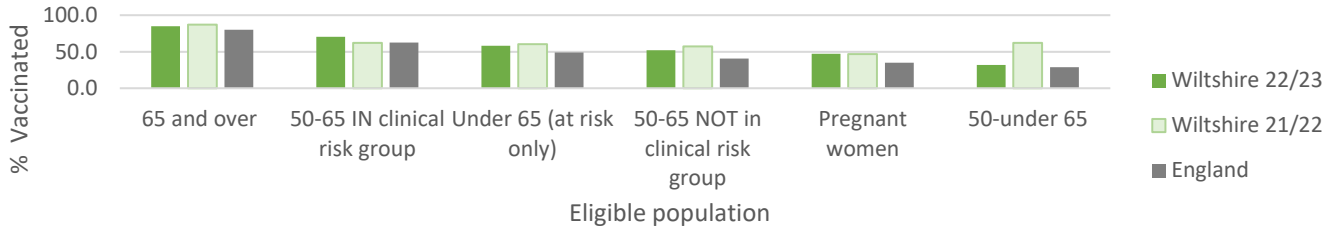
Influenza and COVID-19

The seasonal influenza (flu) 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 22/23 and 23/24 annual flu programme and the autumn and spring COVID-19 campaigns can be seen in [appendices 3](#) and [4](#).

Data is presented for the completed flu programme for 22/23, the completed 23/24 flu programme data will be presented in the 2024 health protection report.

Influenza vaccination in GP patients

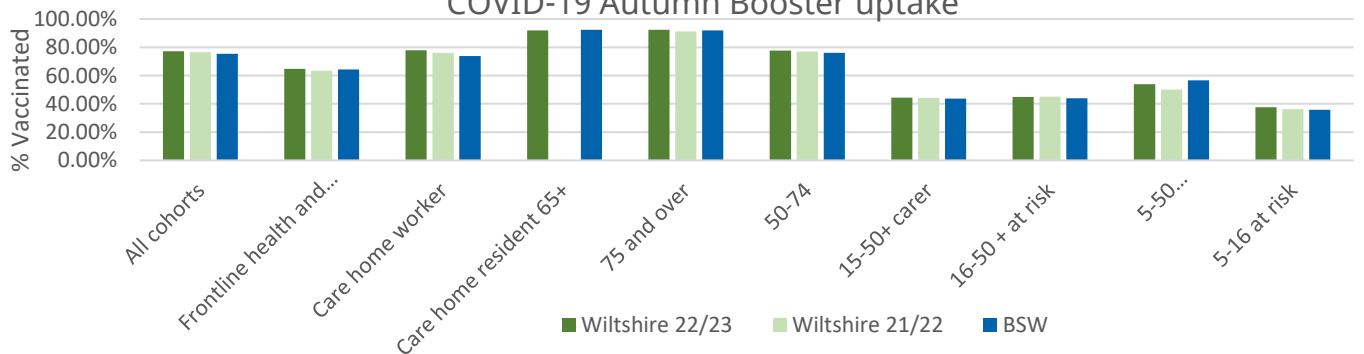


Nationally, no group achieved the national vaccine uptake ambitions of equivalent or higher [uptake in the 2022 to 2023 season](#) than in 2021 to 2022 season, with vaccine uptake decreasing in all groups compared with the 2021 to 2022 season. In **pregnant women, vaccine uptake is the lowest on record since the 2011 to 2012 season** and for those aged 2 and 3 years old vaccine uptake decreased for a second consecutive season.

Wiltshire data shows a similar trend, apart from a slight increase in uptake in 50-65 year olds in a clinical risk group, where there was an increase of 8.1%

Despite the decreasing trends, for a third consecutive season, nationally, in those aged 65 years and over, vaccine uptake continued to exceed the World Health Organization (WHO) vaccine uptake target of 75% which is also true of the Wiltshire data (84.7%)

COVID-19 Autumn Booster uptake



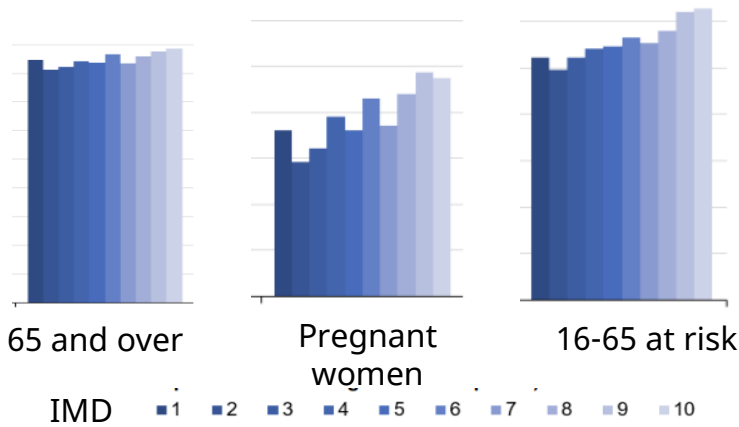
Uptake of the autumn booster by eligible cohorts in Wiltshire has increased slightly in 22/23 compared to 21/22 in all cohorts apart from those aged 16-50 in a clinical risk group (0.2% decrease). Uptake in Wiltshire residents was higher than the BSW average. [National data](#) shows 65.7% of all people vaccinated with an autumn booster dose since 01 September 2022, with uptake of those aged over 80 being 83.8%. Local data is taken from BSW ICB reports.



Recommendation: Use the planned survey on vaccine confidence to understand the drivers of low uptake in pregnant women or both seasonal vaccines and maternal pertussis.



% Influenza Vaccine Uptake by Indices of Multiple Deprivation South West Commissioning Region



Deprivation

Influenza vaccinations in these cohorts nationally all show the same trend where vaccine uptake is highest in the least deprived areas and the lowest uptake in the most deprived areas. The postcode of the GP surgery has been taken as a proxy for patient postcode so some caution is needed when interpreting data. For cohorts 65 years and over and pregnant women, the South West region

shows the least variation between the least and most deprived groups. For COVID-19 autumn booster vaccinations this correlation is also seen, with the highest number of unvaccinated people aged 50 and over residing in IMD 1 and 2 and the lowest number of unvaccinated people in IMD 10.

Ethnicity

For both COVID-19 and influenza vaccination uptake nationally is highest in those people from a White British background, the uptake being lowest in those from a Black or Black British Caribbean background with the south west region following the same trends.

Taking vaccinations into communities to tackle inequalities in access

61 Outreach clinics from January 2023 – March 2023

- **434 primary doses** and **819 booster doses** of COVID-19 vaccines

- **14 targeted inequalities clinics** Rough sleepers, homeless, care workers, women's refuges and asylum hotels.

- **15 1st Adult COVID-19 Vaccines** were given out, **79 flu vaccines** administered

- **384 MECC conversations** with information given out on topics including:

- cancer screening
- weight management
- smoking cessation
- Warm and safe
- MECC link
- Vaccine confidence talks / awareness including shingles and PPV



CORE20 PLUS



Workplace wellbeing



Smokefree Wiltshire

Public Health role:

- Identifying locations of low uptake and areas of inequalities
- Finding locations and arranging venues
- Communications and linking with other partners to promote events
- Attending clinics – MECC, vaccine confidence



Spotlight on inequalities: Boater vaccination & health/wellbeing event



Target Audience

- Boater community in Wiltshire

Location

- Caen Hill Marina

Seasonal Vaccinations

- 15 COVID-19 Autumn Boosters delivered
- 14 flu vaccines delivered

Partners

- Wiltshire Council Health Coaches
- Devizes Foodbank
- Cancer nurses
- Canal ministries
- Julian House



Key Messages/Health & Wellbeing Information

- Cancer Screening Awareness (Breast, Bowel, Male-Specific Cancers)
- Hand Hygiene & Winter Preparedness
- Hydration & Physical Activity
- Health Coaches: Weight, Smoking, Blood Pressure, Carbon Monoxide Monitoring

Key Feedback & Insights



- **Community Gratitude** for bringing vaccinations onsite
- Several boaters were already linked with GP/other health services
- Some boaters recognised the offer from previous years
- Interest in **Health Coach** info about **weight, blood pressure, etc.**
- **Marina Office** support: Information table and frequent footfall



Learning & Themes

- Marina busier than other location piloted in Bradford on Avon there was also a higher proportion of eligible (65+/vulnerable) boaters
- **Captive Audience:** Effective targeting in a close-knit community
- **Fire Safety Packs** can be arranged to be picked up available via the marina office.



A survey conducted by Public Health Wiltshire in late 2022 showed evidence of staff hesitancy, misinformation, apathy, difficult accessing vaccinations and a request for vaccines to be available within the workplace. GP data on vaccine uptake is thought to only **account for around 2% of social care workers nationally** (although response rates from GP practices in the South West was high). **This data indicated 47.6% were vaccinated compared with 61% last season.** Despite codes for social care occupations being added in 2018, this is still poorly recorded in the GP records and is not likely to be kept up to date on such a fluid workforce with **very little available occupational health support**

To learn more and remove barriers, working with the BSW ICB Vaccine Inequalities team, Public Health Wiltshire piloted making vaccines more accessible and took a holistic approach. Locations for the pilots were chosen where uptake was low in previous seasons, settings had experienced outbreaks and in LSOAs in the 20% most deprived, recognising many care workers work close to home. It is important for care workers to be vaccinated to protect themselves but also the vulnerable individuals they care for.



Model 1

Visiting a care home, holding a public health information session and signposting to local vaccine sites



"I haven't found time to get vaccinated around shifts and life responsibilities"

"I wouldn't have gone out of my way to get vaccinated"

"I don't want any vaccines, I'd only get them if I felt my health got worse"



Model 2

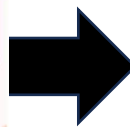
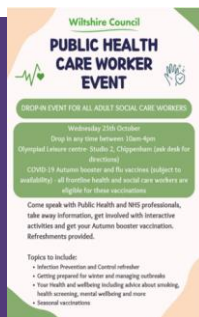
Visiting home, holding a public health information session and offering flu and COVID-19 vaccines on site.



4 x Care Homes visited
39 x Covid Boosters
42 x flu vaccines

Model 3

Holding walk in clinics in community locations for care workers (particularly for home care and unpaid carers) to offer flu and COVID-19 vaccines and public health information



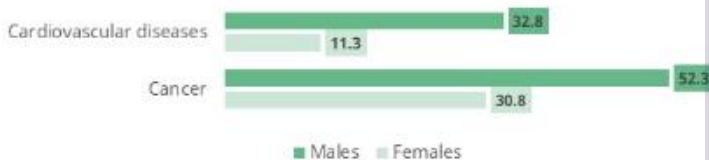
78 COVID and flu vaccinations
122 MECC conversations

- Cancer screening
- Smoking Cessation
- Mental Health and Wellbeing

Screening - Cancer

Cancer screening programmes can help to diagnose cancer or the risk of cancer earlier, detect a problem early before symptoms and improve the likelihood of successful treatment. Further information on screening programmes in England can be found in the [2022 Health Protection Report](#) and in [Population screening explained - GOV.UK](#)

Under 75 preventable mortality due to CVD and cancer in Wiltshire:
Rate per 100,000 population
Gender comparison 2020



Between 2020 and 2022 there were [614 premature deaths from cancer in Wiltshire that were considered preventable](#) and [data from 2020](#) showed the rate of premature death from cancer was 1.7 times higher in males compared to females.

CORE20

These rates in Wiltshire have consistently been below the England rate and were declining until the most recent data, potentially showing an impact from the COVID-19 pandemic. Preventable deaths overall show a correlation with deprivation, with the highest rates in the most deprived areas and lowest in the least deprived.

There are three national cancer screening programmes in England:

- Cervical screening
- Breast screening
- Bowel screening

Eligibility for each programme can be found in [Appendix 5](#).

Wiltshire Council Public Health attend the operational screening boards for each of these programmes where assurance is sought that these programmes are being run effectively and are fit for our residents, including recognition of inequalities. This assurance is also sought through the Health Protection Assurance Group (HPAG) via NHS England as commissioners.

To reflect the complex nature of these screening programmes the recommendation from the 2022 report to understand inequalities in cancer screening programmes in Wiltshire and where barriers exist will be extended beyond a calendar year and will be reported on via the HPAG, future reports and in the evidence for a refreshed health protection strategy in 2026.

2022 Health Protection Report Recommendation



Continue to gain assurance from the screening boards that the screening of the Wiltshire population are meeting the national standards and where this is not happening that an action plan is in place to mitigate this.

Ongoing recommendation

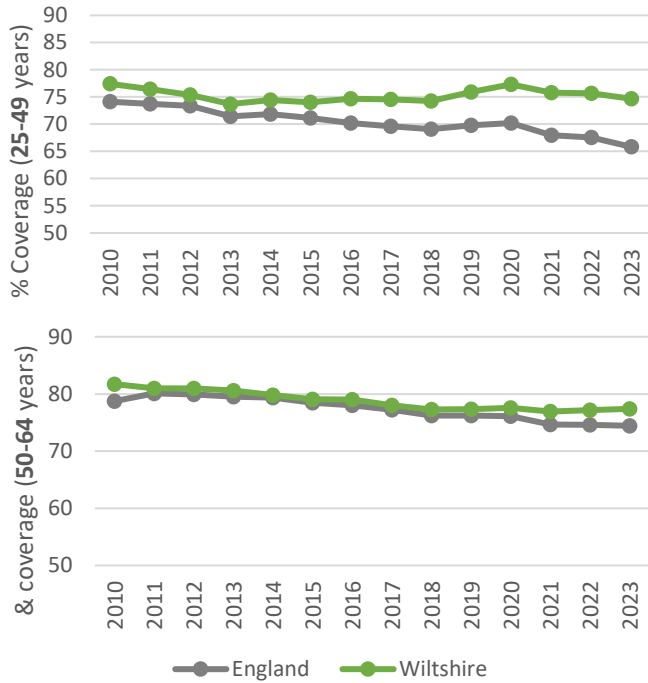
Screening - Cancer

Cervical screening

In the UK, the cervical screening program aims to reduce cervical cancer rates through early detection and treatment. Some targets include:

- **Achieving 80% screening coverage** for eligible women (ages 25 to 64).
- **Increase awareness of cervical screening** and address barriers to screening uptake, particularly among underrepresented groups.

These targets align with global health goals and focus on reducing the incidence and mortality of cervical cancer in the coming decades



In [2023, cervical screening coverage](#) for those aged 25-49 years in Wiltshire was 74.7%, higher than the national average (65.8%).

As can be seen on the left, the trend nationally has been a decline in coverage (74.1% in 2010) which is also replicated in Wiltshire data (77.4% in 2010) although the difference is less significant.

[Data showing coverage for those aged 50-64 years](#) (bottom left) shows a decline associated with the pandemic but some recovery and overall higher rates than in the younger cohort. Wiltshire and national figures are more similar in this older cohort but still significantly better. Wiltshire coverage has not met the acceptable performance threshold (80%) since 2013.

Cervical Screening Health Promotion

Aim

To raise awareness and encourage participation in cervical screening during Cervical Screening Awareness Week (19th – 24th June) by creating a visible presence in Trowbridge aligned with the #LetsTalkScreening campaign.

Objectives:

1. To provide information on cervical screening and encourage participation.
2. To distribute educational materials, including posters, leaflets, and resources
3. To engage people in conversations about cervical screening and how to access services via the NHS app.

Outcomes:

- 44** people **confirmed they were up to date** with their screening.
- 25** women **discussed signs to watch for** in relation to cervical screening.
- 36** women **learned how to book appointments via the NHS app**, highlighting its potential as a future tool for increasing engagement in screening.

CORE20

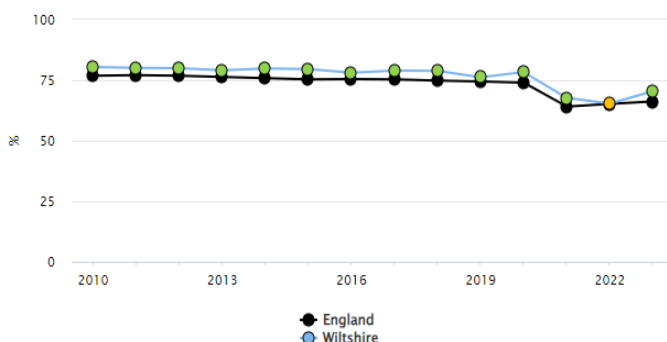


Recommendation: Complete the cervical screening equity audit for Wiltshire commenced in 2023 on the recommendation of the 2022 health protection report.

Screening - Cancer

Breast screening

Breast screening supports early detection of cancer and is estimated to save 1,400 lives in England each year. Improvements in coverage would mean more breast cancers are detected at earlier, more treatable stages.



In Wiltshire, in 2023, 45,760 eligible women (aged 53 to 70 registered with a GP) had a screening test result recorded in the past 36 months, this equates to [70.5% of the eligible population](#). This coverage is higher than the England average (66.2%). Coverage in Wiltshire has improved since 2022 (65.4%) with an additional 4188 women with a screening test result in 2023

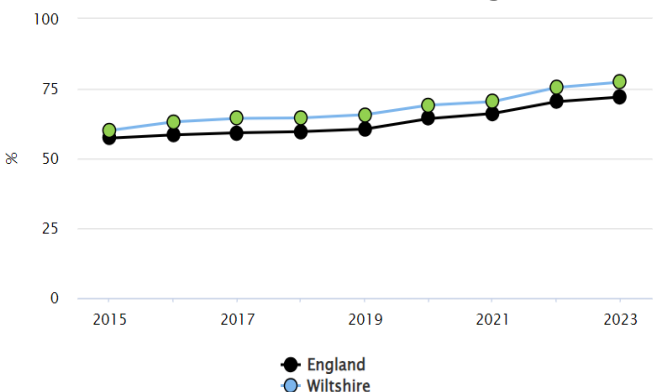
The reversal in the downward trend highlighted in last year's report gives further assurance that delays to women being invited to breast screening programmes are improving. Wiltshire Public Health will continue to seek assurance that services are working towards improvement and away from recovery and on work being led by NHSE with providers to identify ways to address inequalities.

At one of our boater outreach events, discussions around breast screening led to one attendee booking their overdue appointment, highlighting the value of these targeted efforts



Bowel screening

Bowel cancer screening supports early detection of cancer and polyps which are not cancers but may develop into cancers overtime. About one in 20 people in the UK will develop bowel cancer during their lifetime. Improvements in coverage would mean more bowel cancers are detected at earlier, more treatable stages, and more polyps are detected and removed, reducing the risk of bowel cancer developing



In 2023, [73,215 eligible men and women in Wiltshire](#) had an adequate faecal occult blood test screening result in the previous 30 months. This is 77.4% of those aged 60-74 years resident in Wiltshire eligible for bowel cancer screening. This is an improvement on 2022 (75.4%) and higher than the England average (72%).

In August 2018, ministers agreed that future bowel cancer screening in England

will start at the age of 50. The NHS started to reduce the age range in April 2021.



Recommendation: Continue to seek assurance that the bowel cancer screening programme for Wiltshire residents is expanding to reflect the lower age cohorts in line with national targets

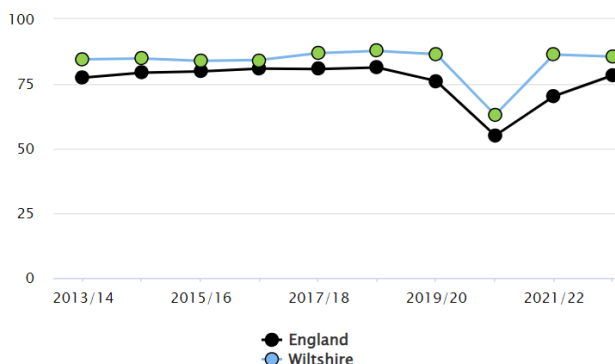
Screening – Non Cancer

Eligibility for these screening programmes can be found in [appendix 5](#)

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, 2713 men in Wiltshire, eligible for the initial screen had a conclusive scan result within 2022/2023. This was 85.6 % of eligible men in their 65th year to whom the screening programme propose a screening encounter should be offered. This is higher than the England average (78.3%) and is showing recovery since the pandemic.

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. Data show [newborn hearing screening coverage](#) (99.8%) and [newborn and infant physical examination screening coverage](#) (97.7%) to both be above the England average in 2022/2023 (98.5% and 96.2% respectively)



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. Further performance data and KPIs can be found at: [Antenatal and newborn screening KPI data: Q3 summary factsheets \(1 October to 31 December 2023\) - GOV.UK](#)

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 programme across the South West](#) was 82.7% in 2022/2023 compared to the England average of 79.1%.

Spotlight on inequalities



A promotional video outlining what screening involves has been produced and providers have 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.

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, and partners within adult social care, education and the voluntary and community sectors.

Respiratory illnesses

Acute Respiratory infections (ARIs) include infections such as COVID-19, Influenza (flu) and Respiratory Syncytial virus (RSV). Flu activity in the 2022/2023 (22/23) season peaked during weeks 48 2022 to week 3 2023, then falling dramatically returning to low levels for the rest of the season. The 2023/24 season has shown more prolonged flu activity however, cumulative rates suggest lower overall activity than 22/23. RSV activity has been consistent with the 22/23 season and recent pre-pandemic seasons.



Spotlight - Care OBRA tool

Think Flu and COVID-19 in adult social care
Do 2 or more service users & staff have the following symptoms within 5 days?

- Fever of 37.8°C or above**
- New onset or acute worsening of one or more of these symptoms:**
 - cough
 - hoarseness
 - runny nose or congestion
 - shortness of breath
 - sore throat
 - wheezing
 - sneezing
 - chest pain
 - loss or change of taste/smell
- Sudden decline in physical or mental ability**

If so, you might have an outbreak of COVID-19, flu, or other acute respiratory infection.

- Isolate residents with symptoms, send staff with symptoms home
- Test all symptomatic service users who are eligible for COVID-19 treatments by COVID-19 LFD. Eligible symptomatic staff should test themselves
- Fill out the web-based Care OBRA Tool (copy the link or scan QR code below).

Report your outbreak straight away:
Complete the web-based Care OBRA Tool via <https://forms.ukhsa.gov.uk/ReportAnOutbreak>
OR use the QR CODE

The team will advise you on testing for flu, COVID-19, and other viruses. They will advise you on flu antivirals. Antivirals are most effective when started early.

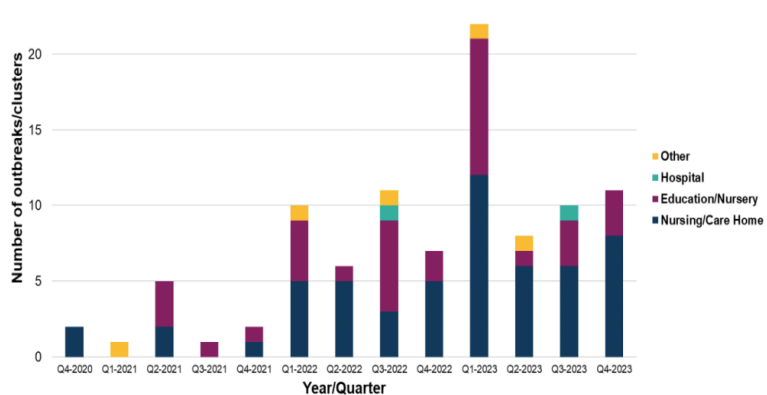
The Care Outbreak Risk Assessment (OBRA) tool has been in use in the South West since January 2022. The tool enables Adult Social Care (ASC) settings to report outbreaks of ARIs including COVID-19, Influenza and unidentified ARI (e.g., chest infections) to the HPT via an online tool. The OBRA tool was further developed in August 2023 and adopted nationally. Outbreaks reported through OBRA are reviewed by HPT staff, risk assessed and timely guidance provided. Notifications are also shared with local authority public health, commissioning and NHS staff to ensure the outbreak is effectively managed by all partners. Briefings on use of the tool were provided to Wiltshire care providers by Wiltshire public health through various meetings, newsletters and training sessions.

Gastrointestinal infections

Gastrointestinal infections are a common global health problem mainly caused by viruses and bacteria. Most gastrointestinal infections are not serious and resolve without treatment after a few days.

Amongst gastrointestinal cases in Wiltshire tested for bacterial cause ([Appendix 6](#)), campylobacter cases remain highest, with a peak in the summer months likely due to an increase in BBQs and associated with raw or undercooked poultry, Wiltshire's rates follow a pattern similar to the South West average.

The majority of gastrointestinal infection outbreaks reported to UKHSA HPT from Wiltshire were within care homes, followed by education and nursery settings. A significant peak of outbreaks was noted in quarter 1 2023, likely as a result of a rise in norovirus, also known as the winter vomiting bug, which peaked in early 2023.



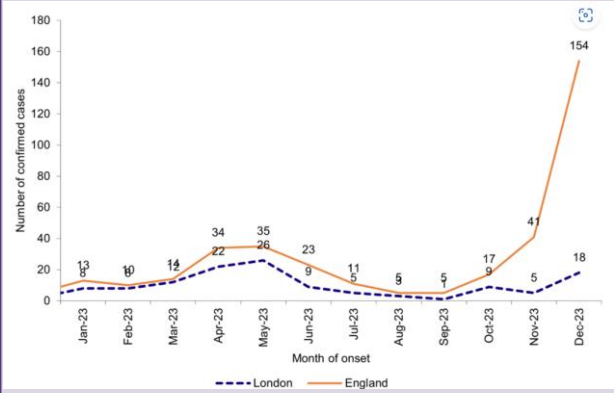
Communicable diseases

Measles

A report published by UKHSA in July 2023 outlined the risk of measles resurgence in the UK due to the fall in MMR coverage and London was identified at highest risk. The risk was deemed lower outside of London however a potential was identified for outbreaks in specific populations.



- Measles in 2023 - England**
- 368 confirmed cases (significant rise from 47 in 2022).
- An initial rise in April and May, mainly driven by activity in London.
- From October, there was a sustained rapid increase (graph right).
- Disproportionately high rates in the West Midlands due to outbreak in the region.
- 43% of total cases in 2023 associated with West Midlands.

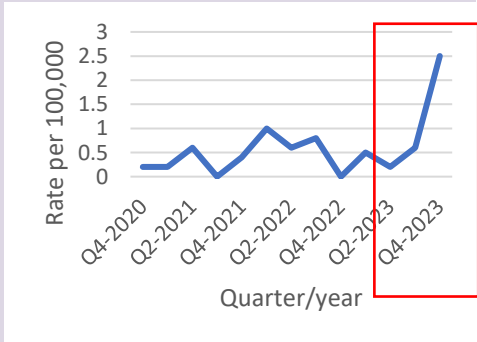


The majority of cases in the West Midlands outbreak were teenagers and young people and a large proportion of outbreaks were associated with education and early years settings. Low community MMR vaccine uptake and pandemic impacts such as reduced immunity and missing routine health appointments were also major drivers for the outbreak. Circulating misinformation and lack of trust regarding the safety of MMR vaccine is also a factor.


In the South West measles numbers remained low with a total of 11 cases during 2023. Communications and messaging has been shared within Wiltshire in response to this rise, particularly focussed on school and early years settings and within the community where cases were identified. Due to the significant increase and infectivity rate of measles, MMR promotion and identification of pockets of low uptake of MMR will be a key focus for Wiltshire during 2024.

Pertussis

Pertussis, also known as whooping cough, is a highly contagious respiratory infection that can be serious especially for babies under 12 months. Pertussis is a cyclical disease that peaks every 3 to 5 years. In late 2023 cases rose in England and there were a total of 856 cases during the year compared with 68 cases in 2022. This rising pattern is also reflected in Wiltshire, the rate notably increasing between quarter 2 and quarter 4 (right). This rise should continue to be monitored and assurance on vaccine delivery for eligible populations a priority in 2024.



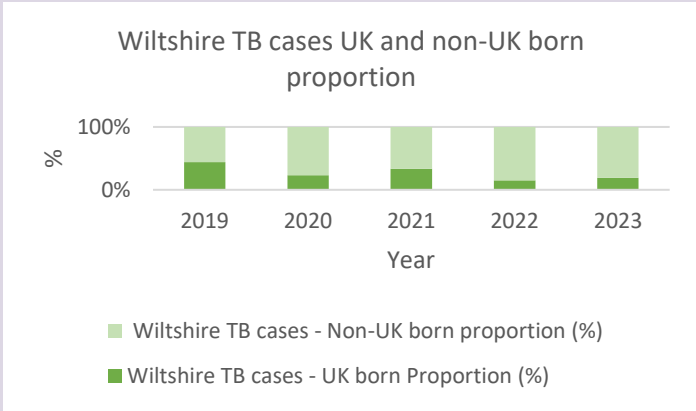
Recommendation:



- Continue collaborative working across the health protection system to be assured of pathways for early identification of increases in communicable disease incidence.
- Continue to support the health protection system response and prevention work to communicable disease incidents

Communicable diseases

Tuberculosis (TB)



Wiltshire’s TB rate in 2022 was 1.5 per 100,000, remaining below the South West and England average. Wiltshire’s three-year average rate falls within the ‘low incidence area’ category. The majority of Wiltshire’s TB cases are non-UK born individuals, with this proportion noted to have increased since the pre-pandemic period.

[TB rates continue to remain stubbornly high](#) in areas of deprivation across England and almost 15% of people with TB in England have at least one social risk factor (SRF) such as drug and alcohol dependence, homelessness, or contact with the Criminal Justice System (CJS). TB prevalence is increased in individuals who experience social exclusion and are subject to severe and multiple disadvantages, referred to as ‘inclusion health’ groups ([Tackling TB in inclusion health groups: a toolkit for a multi-agency approach - GOV.UK](#))

Spotlight – TB outreach

There has been a rise in migrant populations welcomed nationally and locally through schemes such as Afghan resettlement, Homes for Ukraine and health and social care visas. A significant proportion of this population are from ‘high incidence’ TB countries (40+ cases per 100,000 population). Additionally, other factors such as lack of immunisations, living conditions and transitioning through high-risk areas increase the risk of TB. Within Wiltshire, migrants have been supported including within transitional hotels. Recognising the potential risk and following guidance from the migrant health guide, TB screening and BCG vaccines were organised by Wiltshire Health Protection to be delivered within our local hotels. An example of this outreach is to the Afghan Relocations and Assistance policy (ARAP) hotels:



Health protection staff visited hotels, provided guests translated written video and one-on-one conversations to answer questions about upcoming visit.

Outreach offer delivered by Swindon’s TB service
 Latent TB (LTBI) screening
 Blood borne virus screening
 Mantoux test
 BCG vaccination

Outcomes
 100% uptake of screening
 3 LTBI cases identified
 3 referrals for follow up
 18 BCG vaccines given

Recommendation: Work collaboratively across the BSW system to ensure Wiltshire residents have adequate access to TB services and provide evidence to inform local TB service reviews.

Communicable diseases

Sexually transmitted infections (STIs)

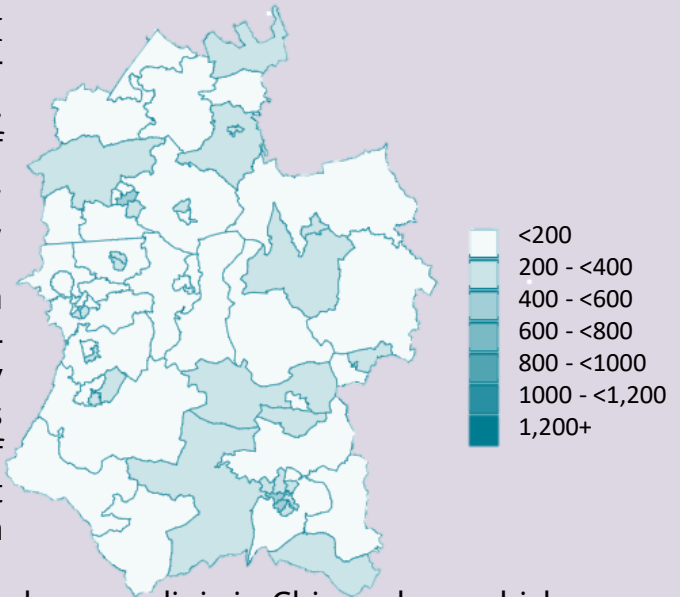


Local authorities commission comprehensive open access sexual health services (including free STI testing and treatment, notification of sexual partners of infected persons and free provision of contraception). Wiltshire Council awarded the contract for open access Sexual Health services to [WiSe, Wiltshire Sexual Health Service](#), Salisbury Foundation Trust in April 2022.

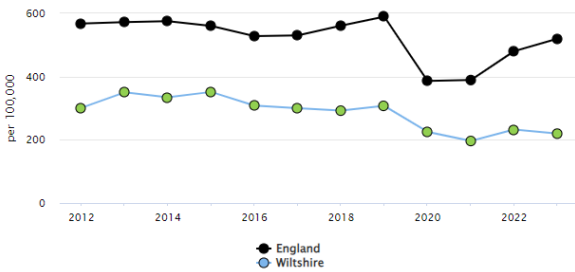
A total of 1,602 new STIs were diagnosed in residents of Wiltshire in 2023. This was a reduction by 208 diagnoses compared to 2022 (1810) ([SPLASH Wiltshire](#)).

The map to the right shows that new STI diagnoses (excluding Chlamydia in under 25s) mapped by middle super output area. We can see higher rates in the areas of Salisbury, Amesbury, Warminster, Westbury, Trowbridge, Melksham, Chippenham, Calne, Royal Wooten Bassett and Cricklade.

These locations may represent areas with a higher proportion young people aged 15-24 who continue to be disproportionately impacted by STIs. Some of these areas reflect our denser populations in some of the larger towns and Salisbury being a city. It is also important to note that WiSe run community clinics in Trowbridge, Melksham, Calne and Devizes and Great Western Hospitals run a clinic in Chippenham which may contribute to easier access to testing but also symptomatic diagnosis and promotion of STI testing



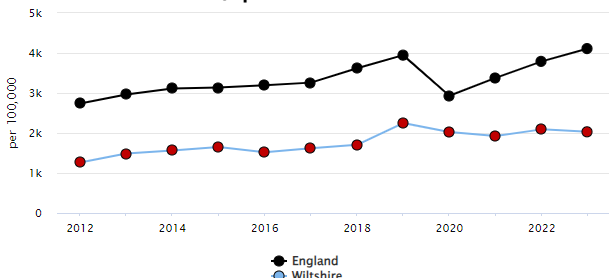
New STI diagnoses (excl. Chlamydia aged under 25) per 100,000



The [diagnosis rate for STIs](#) seen in the graphs to the left show rates of STIs are lower in Wiltshire (219/100,000) than the England average (520/100,000). This needs to be interpreted with caution however as the [overall STI testing rate](#) (2,029.7/100,000) is lower than national and regional averages (and decreased 3% since 2022).

Rates of [gonorrhoea](#) and [syphilis](#) have followed national trends of increases in diagnoses, although Wiltshire have not seen the [same sharp rise in cases as England](#). Fifteen years since the start of the HPV vaccination programme in the UK there have been a big decline in HPV infections and in the number of young people with [genital warts](#).

STI testing rate (excl. Chlamydia aged under 25) per 100,000



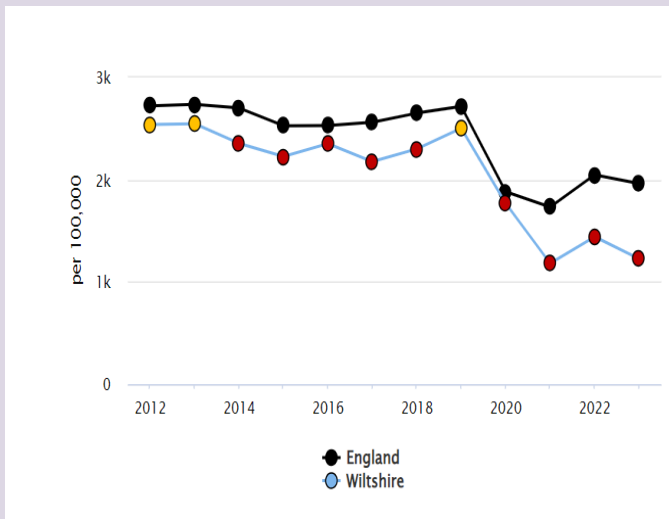


Spotlight On: National Chlamydia Screening Programme

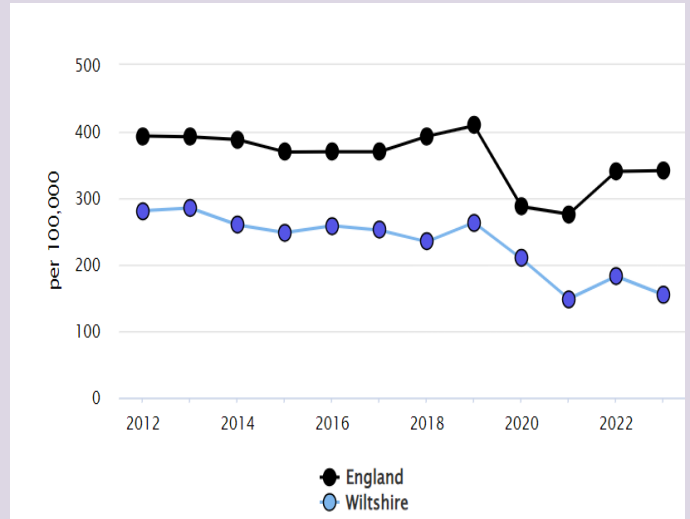
The aim of the National Chlamydia Screening Programme (NCSP) is to focus on reducing the harms from untreated chlamydia infection. In 2021 the NCSP was changed to focus on reducing reproductive harm of untreated infection in young women.

In practice this means that chlamydia screening in community settings, such as GPs and pharmacies, will only be proactively offered to young women. Everyone can still get tested if they need, but men will not be proactively offered a test unless an indication has been identified, such as being a partner of someone with chlamydia or having symptoms.

Chlamydia detection rate per 100,000 aged 15-24 (Female)



Chlamydia diagnostic rate per 100,000



The [chlamydia detection rate among under 25 year olds](#) is a measure of chlamydia control activity, aimed at reducing the incidence of chlamydia infection and interrupting transmission. An increased detection rate is indicative of increased control activity; the detection rate is not a measure of morbidity. The Wiltshire detection rate has dropped further since 2022 meaning [Chlamydia diagnostic rates](#) should be interpreted with caution as they may not be representing the true burden of disease. This is further evidenced by the diagnostic rate overall dropping in contrast to the national trend.

Recommendations

- Obtain more detailed data on home testing and opportunistic testing to look target testing, with particular focus on those [disproportionately affected by STIs](#).
- Compile a report using STI and HIV data in Wiltshire to inform a refreshed sexual health action plan and strategy.
- Utilise health promotion as a way of increasing testing rates
- Liaise with [No Worries providers](#) to ensure they are aware of the NCSP and are have the resources to facilitate opportunistic testing of eligible populations

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.

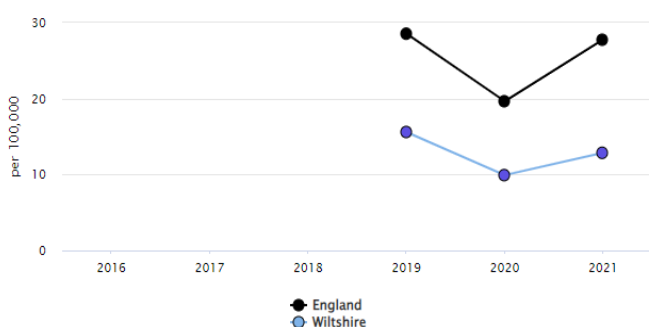
There are five main strains of the hepatitis virus, referred to as types A, B, C, D and E. While they all cause liver disease, they differ in important ways including modes of transmission, severity of the illness, geographical distribution and prevention methods. Hepatitis B (HBV) is 50-100 x more infectious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

The UK government has adopted the WHO's updated Global Health Sector Strategies that support its ambition to eliminate viral hepatitis by 2030.

From **2015 to 2022, the number of people living with chronic HCV infection in England has [fallen dramatically in the general adult population by 51.6%](#)** and is now estimated at 62,600.


People who inject drugs (PWID) are the main risk group for HCV infection and considerable progress has been made to reduce chronic prevalence within this group which is now at 11.8%.

Hepatitis C detection rate/100,000



[The Hepatitis C detection rate for Wiltshire in 2021](#) (latest data) was 12.9/100,000. This is lower than the England average but differences in detection rate can be due to variations in local testing activity for a given population as well as the underlying population (e.g. larger proportion of risk groups, such as people who inject drugs).

In England, people are able to order a free, confidential hepatitis C finger-prick test [online from the NHS](#). Modern hepatitis C treatment is simple to take and usually has very few side effects. Testing is also available from GPs, sexual health clinics, substance use services, most needle exchange services, antenatal clinics and some pharmacies.

 Get tested for hepatitis C

 connect
Wiltshire Substance Use Service

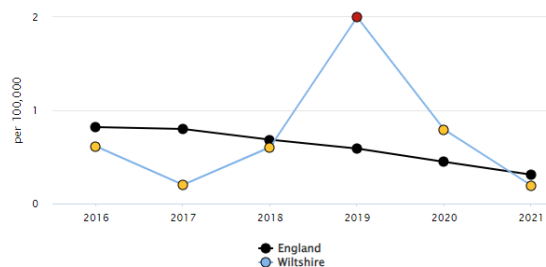
 WiSe
Wiltshire Sexual Health

Hepatitis B

The graph to the left shows [newly diagnosed cases of laboratory confirmed acute hepatitis B](#) (IgM positive).

In Wiltshire in 2021 (latest data) there was only 1 case, there was a peak in 2019 of 10 cases. Local incidence is following the same overall downward trend as nationally,

Hepatitis B is a vaccination given to babies as part of the 6-in-1 vaccine and babies born to mothers with hepatitis B are given additional vaccinations. Adults only need to get the hepatitis B vaccine if they're at high risk, which includes healthcare and prison workers. It may also be recommended for certain travel.

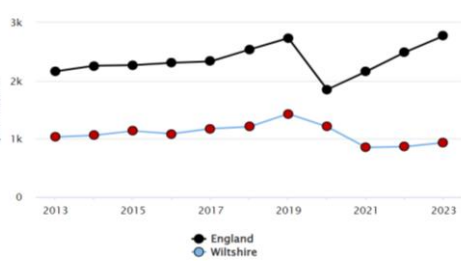


Communicable diseases

HIV

England has set an ambition to end HIV transmission, AIDS and HIV-related deaths by 2030. [The England HIV Action Plan 2022-2025](#) set out intermediate commitments for the next 4 years to achieve the 2030 ambition, including how HIV transmission will be reduced by 80% by 2025.¹⁹ The [monitoring and evaluation framework](#) published in December 2022 sets out the indicators that will be used to monitor the progress towards this goal.

HIV Testing

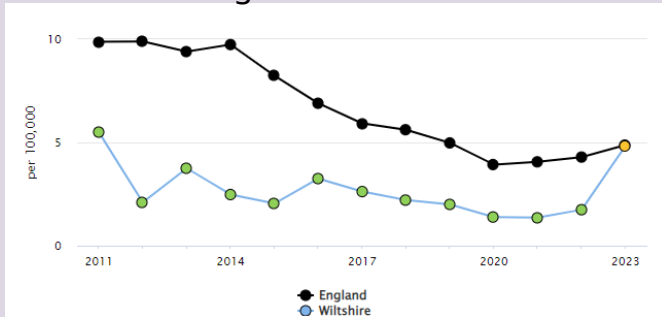


HIV testing is integral to the treatment and management of HIV. Knowledge of HIV status increases survival rates and reduces the risk of onward transmission through aiding early diagnoses and treatment.

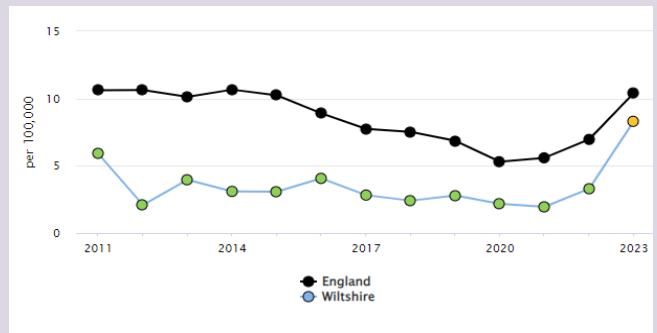
[The HIV testing rate \(per 1000,000\) in Wiltshire](#) in 2023 (934.9) is below the England average (2770.7). HIV testing is commissioned by Wiltshire Council Public Health.

HIV Diagnoses

New HIV diagnoses among persons first diagnosed in the UK



New HIV diagnosis rate

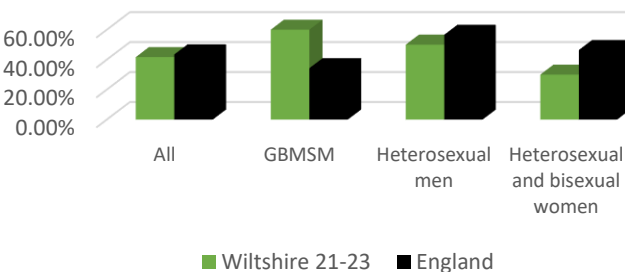


Diagnoses where the first HIV positive test occurred in the UK are a more accurate measure of **HIV transmission** than all reports of new HIV diagnoses, regardless of county of first HIV positive test.

In 2023, the [number of Wiltshire residents aged 15 years and older who were newly diagnosed with HIV in the UK](#) was 25, in 2022 this figure was 9. The overall [new HIV diagnoses](#) in Wiltshire residents was 43, increasing from 17 in 2022, both these increases are represented in the diagnosis rate graphs above. This indicates that there is more transmission in Wiltshire previously (UK diagnoses) but also a significant number of people with already diagnosed HIV moving into the area. This results in additional case load on the sexual health service.

Late Diagnosis

Late diagnosis is the most important predictor of HIV morbidity and short term mortality, monitoring is essential to evaluate the success of local HIV testing efforts.



In Wiltshire the percentage of HIV diagnoses made at a late stage of infection between 2021-2023 was 41.7%, slightly lower than England (43.5%).

There was a higher percentage of late diagnosis in men who have sex with men (60%) and heterosexual men (50%). The numbers in each category however are low (<5).

Health Emergency Planning

2023 saw two major exercises involving health partners, including Public Health.

Exercise Mighty Oak



Between 29th and 30th March 2023, a major national exercise in relation to power outages was carried out by all major public service providers including councils and NHS trusts. The purpose of this exercise was to determine the UK's preparedness in the event of a major power outage. loss of power due to adverse weather conditions.

The Wiltshire and Swindon Local Resilience Forum (WSLRF) took part in exercise Mighty Oak with a large scale county wide exercise, with the scenario being a national exercise in WSLRF consisted of bringing together all [partner organisations](#), which resulted in just under 200 people taking part.



The Government Communication tool was used effectively to communicate and receive regular updates alongside using this to also speak to neighbouring Strategic sites in Local Resilience Forums (LRFs) and maintain contact.



With support of a local community an [Emergency Contact Hub](#) was established which ran proficiently and effectively for a 2 day period. Wiltshire and Swindon will be able to take this model and role it out to other communities and parishes as a model of what "good may look like"

Wiltshire Council took away the learning from this exercise as well as feeding into the wider LRF. Emergency Planning within the Council led the debrief and identified actions. It was felt overall, the exercise scenario helped the LRF to prepare as a partnership of responders, plan for the future and protect communities. Much of the planning for and learning from wide scale loss of power can be translated into local power outages also. Failure of the National Electricity Transmission System (NETS) and regional failure of the electricity network are both risks reflected on the [National Risk Register](#).

Exercise Inundation

This was a regional multi LRF exercise to test response to a widespread flooding event and to test evacuation and shelter response.

The scenario involved multiple issues including road closures, evacuated homes, flooded properties and the inability of residents and staff to travel.

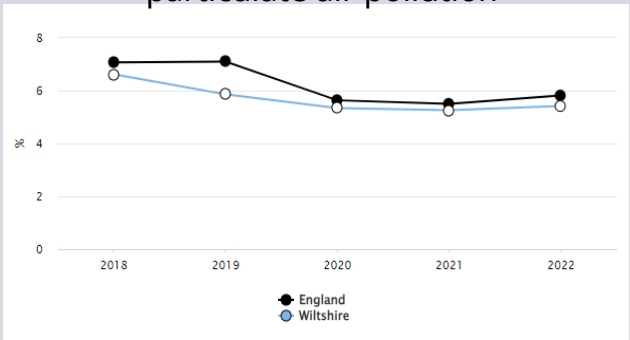


Public Health participated in cells that considered the impact on health and social care and also a vulnerable people's plan. The formation of a vulnerable people's cell took into account the importance of an organisation being aware of which individuals might require more support in relation to emergencies and crises, a group which may change depending on the emergency, It is also important to consider that emergencies and crises may result in unequal impacts for individuals but also communities.

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

Air pollution in the UK has declined significantly over recent decades through measures to reduce pollution from transport, industrial and domestic sources. However, the rate of reduction is now levelling off for some key pollutants such as oxides of nitrogen.

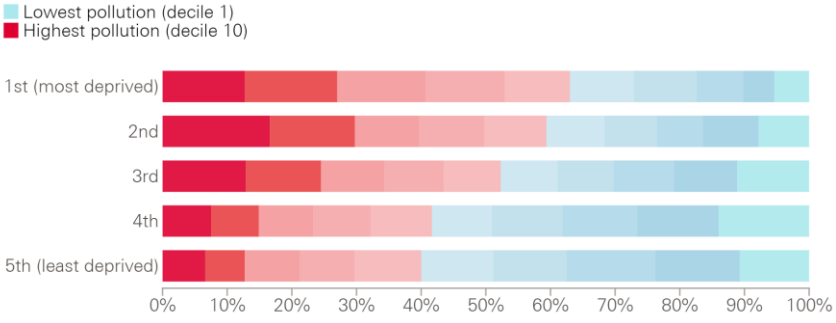
Fraction of mortality attributable to particulate air pollution



The calculation for [mortality attributable to particulate air pollution](#) uses the air pollution levels to calculate relative risk. It can be difficult to interpret this data as concentrations of PM_{2.5} vary from year to year due to the weather. However, nitrogen dioxide emission reduction initiatives implemented to target road transport emissions may simultaneously aid in addressing emissions of PM_{2.5}.

Spotlight on inequalities

Lower income areas have persistently higher levels of air pollution than richer areas. In 2023, individuals in the top 20% most deprived areas experienced 8% higher average PM_{2.5} concentrations than those in the bottom 20% ([Air pollution in England reaches 20-year low but inequalities persist | Institute for Fiscal Studies](#)). People from minority ethnic groups and younger people are also more likely to live in neighbourhoods with higher levels of pollution ([Inequalities in likelihood of living in polluted neighbourhoods | The Health Foundation](#)). Addressing the impacts and causes of poor air quality requires community and population action rather than through individual action.



Recommendation:



Support the Wiltshire [air quality strategy and action plan](#) with Public Health intelligence and engagement opportunities to raise awareness within communities of poor air quality, with particular focus on those disproportionately impacted.

Summary of recommendations

The following table summarises the recommendations made throughout this report. These will be taken forward and owned by the health protection assurance group and will be incorporated into the implementation plan linked to the health protection strategy.

Recommendation	Strategy link	Priority
Build on the current in person offers focussed on IPC messaging engaging with social care staff, ensuring events are collaborative with a wider public health offer.	Infection Prevention & Control	Medium (ongoing)
Continue delivery of health sessions in the Medley Centre and evaluate this pilot, sharing learning with system partners.	Infection Prevention & Control	Medium (ongoing)
Plan a survey to gather data on vaccine confidence within Wiltshire.	Immunisations	High (Short term)
Highlight to NHSE that information specifying rotavirus vaccinations being time dependent is not included in immunisation letters or NHS websites.	Immunisations	High (Short term)
Engage with school aged immunisation provider to support with increasing uptake of school aged immunisations in low uptake areas.	Immunisation	Medium (ongoing)
Support work addressing inequalities in immunisation uptake in areas of deprivation and within ethnic minority populations.	Immunisation	Medium (ongoing)
Utilise engagement opportunities to highlight eligibility and effectiveness of vaccinations for young people.	Immunisation	Medium (ongoing)
Gain assurance information on immunisations is available in an accessible format for all populations e.g. easy read, different languages.	Immunisation	Medium (medium term)
Continue to seek assurance of availability and data recording of maternal vaccinations to all Wiltshire residents .	Immunisation	High (ongoing)

Summary of recommendations

The following table summarises the recommendations made throughout this report. These will be taken forward and owned by the health protection assurance group and will be incorporated in to the implementation plan linked to the health protection strategy.

Recommendation	Strategy link	Priority (Term)
Obtain more detailed data on home testing and opportunistic testing to look where to target testing taking into account those disproportionately affected by STIs .	Communicable diseases	Medium (Short term)
Explore the availability of locality data for maternal vaccinations including inequalities data to inform targeted communications and engagement	Immunisations	Medium (ongoing)
Continue to promote vaccinations given in adulthood ensuring appropriate communication channels are used, taking into account the demographics of the audience	Immunisations	Medium (ongoing)
Continue to work across the system to highlight the need for development of PPV communication materials for those adults eligible.	Immunisations	Medium (short term)
Use the planned survey on vaccine confidence to understand the drivers of low uptake in pregnant women of both seasonal vaccines and maternal pertussis.	Immunisations	High (medium term)
Continue to gain assurance from the screening boards that the screening of the Wiltshire population are meeting the national standards and where this is not happening that an action plan is in place to mitigate this.	Screening	Medium (ongoing)
Complete the cervical screening equity audit for Wiltshire commended in 2023 on the recommendation of the 2022 health protection report.	Screening	Medium (short term)
Continue to seek assurance that the bowel cancer screening programme for Wiltshire residents is expanding to reflect the lower age cohorts in line with national targets	Screening	Medium (ongoing)
Continue collaborative working across the health protection system to be assured of pathways for early identification of increases in communicable disease incidence.	Communicable diseases	High (ongoing)
Continue to support the health protection system response and prevention work to communicable disease incidents	Communicable diseases	High (ongoing)

Summary of recommendations

The following table summarises the recommendations made throughout this report. These will be taken forward and owned by the health protection assurance group and will be incorporated in to the implementation plan linked to the health protection strategy.

Recommendation	Strategy link	Priority (Term)
Work collaboratively across the BSW system to ensure Wiltshire residents have adequate access to TB services and provide evidence to inform local TB service reviews.	Communicable diseases	Medium (medium term)
Compile a report using STI and HIV data in Wiltshire to inform a refreshed sexual health action plan and strategy.	Communicable diseases	Medium (short term)
Utilise health promotion as a way of increasing testing rates.	Communicable diseases	Medium (ongoing)
Liaise with No Worries providers to ensure they are aware of the NCSP and have the resources to facilitate opportunistic testing of eligible populations.	Communicable diseases	High (short term)
Support the public protection air quality action plan with Public Health intelligence and engagement opportunities to raise awareness within communities of poor air quality, with particular focus on those disproportionately impacted.	Air Quality	Medium (medium term)

Appendix 1: Routine Vaccination Schedules in England



Vaccines for babies under 1 Year old	
Age	Vaccines
8 weeks	6-in-1 vaccine Rotavirus vaccine MenB Vaccine
12 weeks	6-in1 vaccine (2nd dose) Pneumococcal Vaccine Rotavirus vaccine (2nd dose)
16 weeks	6-in1 Vaccine (3rd dose) MenB Vaccine (2nd dose)



Vaccines for children aged 1 to 15	
Age	Vaccines
1 year	MenB vaccine (3rd dose) Hib/MenC vaccine (1st dose) MMR vaccine (1st dose) Pneumococcal vaccine (2nd dose)
2 to 10/11 years	Children's flu vaccine
3 years and 4 months	MMR vaccine (2nd dose) 4-in 1 Pre-school booster vaccine
12 to 13 years	HPV Vaccine
14 years	3-in 1 teenage booster vaccine MenACWY vaccine



Vaccines for people aged 65 and over	
Age	Vaccines
65 Years (and every year after)	Flu vaccine COVID-19 vaccine
65 years	pneumococcal vaccine
70-79 years	Singles vaccines COVID-19 Spring Booster (over 75 years, every year)

Appendix 2: Vaccines available for Pregnant women



Vaccines for pregnant persons	
When they are offered	Vaccines
During flu season	flu vaccine Covid -19
From 16 weeks pregnant	Whooping cough (pertussis) vaccine



Influenza 2023/2024

Cohort

All children aged 2 to 15 on 31st August 2023



Influenza 2023/2024

Cohort

All pregnant women



Influenza 2023/2024

Cohort

People aged 65 years and over

Individuals under 65 with certain medical conditions, including children and babies over 6 months of age

Care home residents



Influenza 2023/2024

Cohort

Frontline health and social care workers

Certain carers

Those living with people who are immunocompromised

National flu immunisation programme plan 2023 to 2024 - GOV.UK (www.gov.uk)



Eligibility for COVID -19 Spring Booster April – June 2023

Adults aged 75 years and over – This includes those who turn 75 years old by 30th June 2024.
Residents in care homes for older people.

Those aged 6 months and over with a weakened immune system [Green book](#)



Eligibility for COVID -19 Autumn Booster September 2023 March 2024

Cohort

All pregnant women



Eligibility Autumn COVID-19 September 2023- March 2024

Cohort

People aged 65 years and over (by 31 March 2024)

Individuals under 65 with certain medical conditions, including children and babies over 6 months of age

Care home residents



Eligibility Autumn COVID-19 September 2023 – March 2024

Cohort

Frontline health and social care workers

Certain carers

Those living with people who are immunocompromised

Appendix 5 Eligibility for screening programmes



Screening	Cohort	Frequency	Delivery
Cancer Screening			
Bowel	54-74 years – The programme is gradually expanding to make it available to eligible people 50 years and over	Every 2 years	Home testing
Breast	Registered with a GP as female and aged between 50 and 71 Years	Every 3 years	Breast screening clinic within a hospital or mobile breast screening unit
Cervical	Women and people with a cervix aged 25-64 years	Aged 25-49 every 3 years* Aged 50-64 –every 5 years* 8Frequency can increase dependent on results	Delivered through GP surgeries and or sexual health clinics
Non- Cancer Screening			
Abdominal Aortic aneurysm	Men during the year they turn 65	One off but can be repeated based on the result	Delivered at locations throughout Wiltshire including GP surgeries and Hospitals
Newborn	Various points from birth to 6-8 weeks of age	N/A	Maternity services including RUH, GWH and SFT
Diabetic Eye	Aged 12 and over with diabetes	Annually	Delivered at locations throughout Wiltshire including GP's and hospitals

Appendix 6: Gastrointestinal illness in Wiltshire

The table below shows rates of illness (per 100,000 population) for Wiltshire (darker purple) and the South West region (lighter purple). 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	2021-Q3	2021-Q4	2022-Q1	2022-Q2	2022-Q3	2022-Q4	2023-Q1	2023-Q2	2023-Q3	2023-Q4
Campylobacter	37.8	27.5	21.2	34.7	33.7	27.5	19.5	36.2	34.9	29.4
Campylobacter SW	36.4	28.0	24.0	33.1	31.6	27.2	20.6	35.1	37.7	30.7
Cryptosporidium	2.1	2.3	1	0.8	1.9	1.2	1.0	1.4	5.3	3.7
Cryptosporidium SW	2.5	2.9	1.6	1.6	2.6	2.6	1.2	3.1	4.7	5.1
E.Coli STEC	0.8	0	0	0.2	0.8	0.8	0.2	0.0	0.4	0.2
E.Coli STEC SW	0.1	0	0	0.1	0	0	0	0	0	0
Giardia	1.8	1.8	1.2	0.8	2.7	1.0	1.2	0.4	2.7	1.4
Giardia SW	2.1	2.3	2.2	1.7	2.7	2.4	2.2	2.5	3.3	2.5
Salmonella Enteriditis	0.8	0.6	0	0.2	1.6	0.6	0.2	0.6	1.9	1.6
Salmonella Enteriditis SW	0.4	0.3	0.3	0.8	1.2	0.8	0.3	1.5	1.7	1.0
Salmonella Typhimurium	1.8	0	0.2	0.8	1.4	0.4	0.6	1.4	1.0	0.8
Salmonella Typhimurium SW	1.1	0.5	0.5	0.6	1.5	0.4	0.3	0.6	1.1	0.6
Shigella	0	0.6	0	0	0.2	0.8	0.6	0.2	0.4	1.0
Shigella SW	0	0.4	0.3	0.4	0.4	0.9	0.5	0.5	0.4	0.5