Annual Public Health Report 2016

Health Protection
In 2016 there were real challenges both nationally and in Southend in meeting set targets for flu vaccination rates. We have, however, seen year on year improvements in uptake. Seasonal flu can have a significant impact on population health and mortality and provides major pressures for health and social care services in the winter months.

Southend achieved childhood immunisation rates that were above the national average across the full range of vaccinations. However, rates in Southend-on-Sea were slightly below targets for herd immunity. We need to work with NHS England to further publicise the benefits of the shingles vaccination for the eligible local population.

In 2015, more than 50% of our gastroenteritis outbreaks were in care homes. Such outbreaks can have a major impact on the health of a vulnerable section of our community and can create significant pressures on our social care and secondary care health services.

The incidence of tuberculosis in Southend-on-Sea has continued to reduce with the work of regional Public Health England teams in conjunction with local services. In addition, rates of hospital acquired infection (C. difficile and MRSA) continue to fall thanks to hand hygiene campaigns among other interventions.

While rates for the majority of sexually transmitted infections are lower than the national average, the HIV rate is higher. Importantly, late diagnosis of HIV is improving. Early diagnosis is a key factor in positive prognoses in HIV.
Annual Public Health Report 2016
Summary (1 of 4)

**Immunisation**

**1 year old**
- 93.8% received Diptheria, Tetanus, Polio, Pertussis, Hib in 2015/16
  - Lower than target (95%), higher than England (93.6%)
  - Coverage decreased to 93.5% in 2016/17

**5 years old**
- 95.4% received Dtap/IPV/Hib in 2015/16
  - Higher than target (95%), higher than England (95.2%)
  - Coverage increased to 96.1% in 2016/17

- 93.0% received MMR in 2015/16
  - Lower than target, higher than England (91.9%)
  - Coverage increased to 93.7% in 2016/17

**70 years old**
- 46.6% of 70 year olds received Shingles vaccine in 2014/15, lower than target (60%), lower than England (59%)

**Coverage decreased to 27.6% in 2016/17**

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## Seasonal Influenza

<table>
<thead>
<tr>
<th>Age Group</th>
<th>National Ambition 2016/17</th>
<th>2015/16</th>
<th>2017/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aged 2 years</td>
<td>65%</td>
<td>35.40%</td>
<td>18.80%</td>
</tr>
<tr>
<td>Aged 3 years</td>
<td>65%</td>
<td>37.70%</td>
<td>22.10%</td>
</tr>
<tr>
<td>Aged 4 years</td>
<td>65%</td>
<td>30.00%</td>
<td>15.70%</td>
</tr>
<tr>
<td>Age 5 (School year 1)</td>
<td>N/A</td>
<td>N/A</td>
<td>54.4% (local pilot)</td>
</tr>
<tr>
<td>Age 6 (School year 2)</td>
<td>N/A</td>
<td>N/A</td>
<td>52.9% (local pilot)</td>
</tr>
<tr>
<td>Age 7 (School year 3)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Age 8 (School year 4)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>All Pregnant Women (range 40 to 65% as per at risk groups)</td>
<td>42.30% * (Range 26.7% - 60.6%)</td>
<td>55% to 75%</td>
<td>47%</td>
</tr>
<tr>
<td>Under 65 - at risk</td>
<td>55%</td>
<td>45.10%</td>
<td>38.0% * (Range 23.2% - 63.3%)</td>
</tr>
<tr>
<td>65 and over</td>
<td>75%</td>
<td>71%</td>
<td>64.1% * (Range 50.3% - 80.3%)</td>
</tr>
<tr>
<td>Health Care Workers</td>
<td>75%</td>
<td>54.60% SUHFT-59.3% SEPT-30.1% NELFT-24.7%</td>
<td>75% (NHS England CQUIN for staff vaccination)</td>
</tr>
<tr>
<td>Social Care Workers</td>
<td>75%</td>
<td>Data not available</td>
<td>Data not available</td>
</tr>
</tbody>
</table>

*Intranasal influenza vaccine has been offered at school years 1, 2 and 3 since 2016/17*

National scheme was introduced in 2015/16 enabling community pharmacists to offer flu vaccinations to eligible adults.
Screening

67.9% Breast Screening coverage in 2015
Lower than target (80%)
Lower than England (75.4%)
Decreased to 67.6% in 2017

72.6% Cervical Screening coverage in 2015
Lower than England (73.5%)
Decreased to 71.3% in 2017

53.7% Bowel Screening coverage in 2015
Lower than England (57.1%)
Increased to 54.3% in 2017

South Essex Bowel Cancer Screening Programme
commenced Dec 2016, for full implementation by 2018

Emergency Preparedness

Director of Public Health, and Emergency Planning Lead Officer, are members of the Essex Local Resilience Forum

NHS Southend Clinical Commissioning Group was assessed as being “fully compliant” across all applicable core EPRR standards and sufficiently ready to respond to an emergency

Communicable Diseases and Outbreaks

1788 food premises in Southend, 964 required food hygiene intervention in 2016/17
9 are inspected annually

377 notifiable diseases reported to PHE in 2015, 271 for Gastrointestinal
25 outbreaks reported to PHE in 2015, up from 17 in 2014

More than 60% of reported outbreaks in 2015 were Gastroenteritis

More than 50% of outbreaks in 2015 were Gastroenteritis in Care Homes
Healthcare Associated Infections (HCAI)

Trust apportioned C. Difficile rates were falling & below expected case maximum in 2015/16. The rate fell further in 2016/17.

MRSA rates were falling in 2015/16.

E. Coli rates increased between 2014/15 and 2015/16, but remained below national average.

Clean Your Hands, and Saving Lives, campaigns have successfully tackled HCAIs.

Sexual Health and Blood Borne Viruses

SHORE (Sexual Health, Outreach, Reproduction and Education) commissioned to deliver an integrated Sexual Health Service

In 2015, the Rate of new STI diagnoses (excluding chlamydia aged <25) was better than England average. Southend had 696 diagnoses per 100,000, compared to England’s 841 / 100,000. Southend’s rate decreased to 666 / 100,000 in 2017.

24.7% of 15-24 year olds were screened for Chlamydia in 2015, better than England average (22.7%). This decreased to 21.6% in 2017.

Chlamydia detection rate in 2015 was 2137 /100,000, better than England (1913 / 100,000), but lower than the recommended level (2300 / 100,000).

Southend’s rate increased to 2269 / 100,000 in 2017.

Gonorrrhoea rate in 2015 was 3.46%, better than England (73%). Southend’s rate increased to 4.65% in 2017.

Southend’s Syphilis rate in 2015 (2.8%) was better than England (9.4%). Southend’s rate increased to 6.6% in 2017.

HIV rate was worse than England average in 2015, at 2.8% compared to 2.3%. Southend’s rate increased to 2.9% in 2016.

Late diagnosis of HIV has improved.

Tuberculosis

Tuberculosis peaked in 2004-06, and was better than England in 2013/15, at 7.1 new cases /100,000.

TB incidence decreased further, to 6% in 2014/16.
The Public Health Team have developed strong liaison links with primary care and schools to improve uptake of immunisation and alert and advise in relation to outbreak management, in conjunction with Public Health England. This has proved particularly important, for example, to mitigate the risks of a Europe-wide increase in measles cases.

Immunisation rates for seasonal flu have increased significantly across all age ranges and risk groups from 2015/16 to 2017/18. Mythbuster information is tailored to key population groups and provided as part of a communications campaign and new strategies for delivery are being explored to link flu vaccination with other key public health services such as health checks.

In 2016/17, there was an increase in the number of childhood immunisation vaccination targets met within Southend-on-Sea but while we remain above the national average rate for almost all types of childhood vaccination, there is still work to do to meet several targets and achieve the estimated threshold for herd immunity.

The Local Authority has set out a clear ambition to commission high-quality integrated sexual health services including access to sexually transmitted infections testing and treatment services. The offer will include clinic based, self-managed care and online home based testing which will increase sexual health screening opportunities for Southend residents.

Cancer screening remains a challenge in Southend-on-Sea. Rates for breast, cervical, and bowel cancer screening all remain lower than the national average and have remained at a similar level since 2015.

For breast cancer screening, there is a private provider in Southend-on-Sea whom a proportion of our eligible population visit in preference to the NHS screening service. We are not able to include these people in our overall breast cancer screening numbers.

An NHS England pilot scheme is being introduced in Southend where cervical screening can be accessed through sexual health services in addition to the service provided through GP practices. NHS England also ran a major social media campaign in 2017 aiming to improve cervical screening uptake.

A new screening test for bowel cancer will be introduced imminently. There is good evidence that the new FIT test is both more effective and brings increased uptake of screening for the eligible population.