



## Health and Wellbeing Board

### **Report title: Health Protection updates for infectious diseases and outbreak preparedness planning**

**Date:** 14th December 2022

**Key decision:** No

**Class:** Part 1

**Ward(s) affected:** All

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### **Outline and recommendations**

The purpose of this report is to provide an update to the Lewisham Health and Wellbeing Board on local and relevant health protection concerns.

The Health and Wellbeing Board are recommended to:

- Note the contents of the report
- Agree to revert the role of the Board from being the Local Outbreak Engagement Board to one of assurance that good health protection plans and structures are in place, led by the Director of Public Health.

## **1. Recommendations**

- 1.1. The purpose of this report is to provide an update to the Lewisham Health and Wellbeing Board and to suggest that the role of the Board revert to assurance that good health protection plans and structures are in place, led by the Director of Public Health.
- 1.2. The Health and Wellbeing Board are recommended to note the contents of the report and agree their role will revert to one of assurance.

## **2. Background**

- 2.1. At the September 2020 meeting of the Lewisham Health and Wellbeing Board, it was agreed that the Board will act as the Local Outbreak Engagement Board as part of the governance of the COVID-19 Local Outbreak Management Plan.
- 2.2. The role of the Director of Public Health at local authority includes accountability for the authority's public health duties. The DPH is a statutory chief officer of the authority with a frontline leadership role on health related matters, which includes health protection.

- 2.3. This report updates the Board on emerging and existing health protection issues affecting all those living and working in the borough of Lewisham and seeks agreement that their role should revert to assurance.
- 2.4. The issues are presented in reverse chronological order – the most recent first.

### **3. Diphtheria in asylum seekers and refugees**

- 3.1. An increase in cases of diphtheria is being reported amongst asylum seekers in England.
- 3.2. The most recent cases are being identified in new arrivals into two large initial reception centres for asylum seekers (AS) in Kent:
  - the Manston Reception facility for adults and families;
  - and Kent Intake Unit for Unaccompanied Asylum-seeking children.
- 3.3. Cases are also being diagnosed further along the asylum seeker pathway as individuals are re-located into hotel accommodation settings across England.
- 3.4. No cases have been confirmed in staff at these settings.
- 3.5. The UK Health Security Agency (UKHSA) has recommended mass antibiotics and a single dose of diphtheria containing vaccine for specific groups of asylum seekers who have been through the initial reception centres named above over particular time periods.
- 3.6. Action across South East London has been initiated to plan and implement the recommended UKHSA actions. Local partnerships within Lewisham are established and a local action plan has been signed off by the Director of Public Health and is ready for use.

### **4. COVID-19**

#### **4.1. Cases**

We continue to see community and healthcare associated transmission of COVID-19.

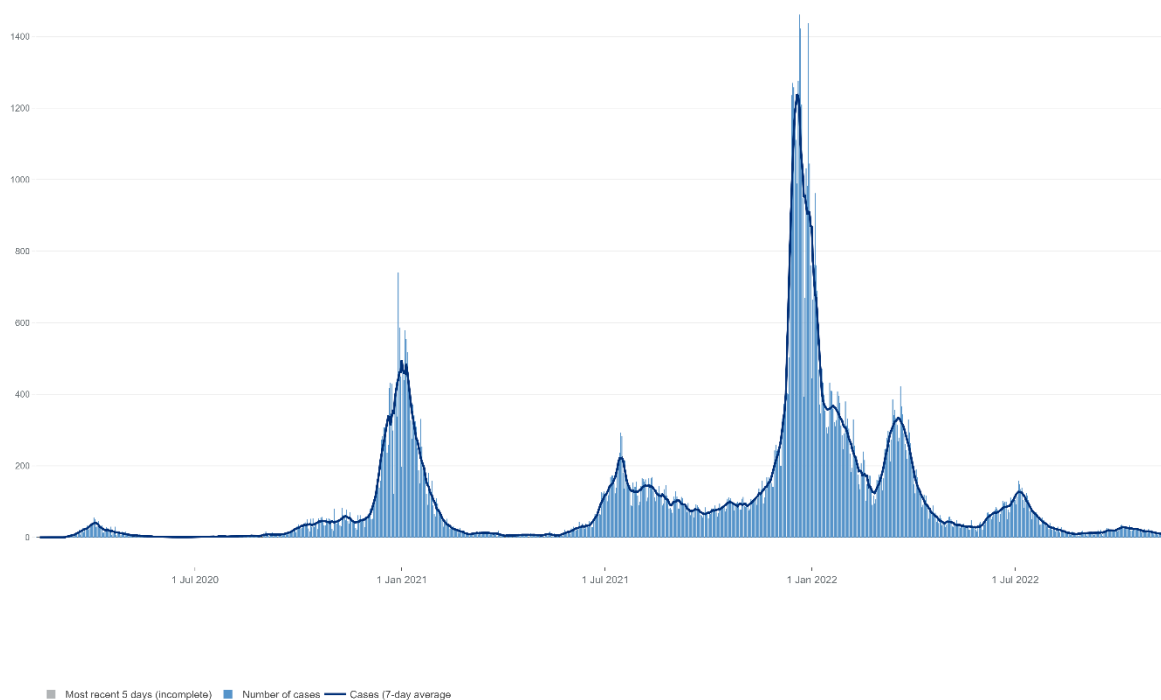
- 4.2. As of 21<sup>st</sup> November 2022, there have been a total of 103,042 confirmed cases of COVID-19 in Lewisham, 73 of those in the previous 7 days.
- 4.3. Figure 1 shows the number of cases, by specimen date in Lewisham since 2020.
- 4.4. Since the last Health and Wellbeing Board update in September 2022, there have been a number of outbreaks in University Hospital Lewisham. After careful management by the infection prevention team at the hospital, these have all now ended and there have been no new cases in the last two weeks (as of 21/11/22).
- 4.5. During October and November 2022, there have been a small number of outbreaks in older adult care homes in the community. They were all managed and resolved with input from UKHSA South London health protection team, the Lewisham public health and commissioning teams.

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**Figure 1. Daily number of new lab confirmed cases in Lewisham until 21 November 2022**



Source: <https://coronavirus.data.gov.uk/cases>

#### 4.6. **Lewisham Acute Respiratory Infection (ARI) Plan 2022**

Recent analysis of respiratory communicable diseases has set out the increased risk of influenza this year. Alongside the continued transmission of COVID-19, a Lewisham Acute Respiratory Illness plan has now replaced Lewisham's Local COVID-19 Outbreak Management Plan (LOMP) from October 2022. This plan is attached at appendix 1. The plan will remain interim until updated national and regional guidance from the NHS and UKHSA on pandemic planning have been published.

4.7. The Lewisham ARI plan will be informed by the Council's winter preparedness plan, and the ICS winter pressure planning.

#### 4.8. **COVID-19 autumn booster**

People aged 50 years and older, residents in care homes for older people, those aged 5 years and over in a clinical risk group and health and social care staff have been offered a booster of coronavirus (COVID-19) vaccine this autumn. The autumn booster is being offered to those at high risk of the complications of COVID-19 infection, who may have not been boosted for a few months. This winter it is expected that many respiratory infections, including COVID-19 and flu may be circulating at high levels – this may put increasing pressure on hospitals and other health care services.

4.9. The most recent data suggest that nearly 45,000 people in the borough have taken up the offer of a COVID-19 autumn booster. The majority of whom are over 65 years old.

4.10. Those eligible have been offered an appointment between September and December 2022, with those at highest risk being called in first. Those eligible should have their booster at least 3 months after their last dose of vaccine.

4.11. For more information about the autumn booster please see: <https://www.gov.uk/government/publications/covid-19-vaccination-autumn-booster->

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## 5. Influenza

- 5.1. Seasonal influenza vaccinations are being offered to children up to Year 9, adults over 50, those who are pregnant, who have certain health conditions, are in long-stay residential care, receive a carer's allowance or who live with someone who has a compromised immune system.

Further information on eligibility can be found here [Flu vaccine - NHS \(www.nhs.uk\)](#)

- 5.2. Vaccinations are available from local GP surgeries, some pharmacies and some maternity services (for those who are pregnant).

You can book a flu vaccination here [Flu vaccine - NHS \(www.nhs.uk\)](#).

- 5.3. Children in primary school and secondary school years 7, 8 and 9 will be offered a flu vaccination by the school nursing team.

## 6. Other communicable disease concerns

### 6.1. Monkeypox

- 6.2. In Lewisham, we are continuing to work with colleagues in UKHSA and South East London Integrated Care System (ICS) to ensure that those eligible for vaccination for monkeypox have access to local vaccination sites.

- 6.3. The delivery of the Monkey Pox (MPV) vaccine is taking many several forms:

- The delivery of the vaccine in routine sexual and reproductive health appointments within SRH clinics and services.
- Clinic based timed appointments for vaccination only.
- Open access walk-in services.
- Mass vaccination sessions with invited timed appointments.
- A series of 'under-the-radar' (UTR) events where the vaccine is taken to specific cohorts (such as Trans, Asian, homeless and other population groups). These events are specifically designed to address vaccine equity after the first rollout of the vaccine identified limited access to the vaccine by certain groups.

### 6.4. Polio

- 6.5. Polio is an infection caused by a virus that attacks the nervous system – it can cause permanent paralysis of muscles. Before the polio vaccine was introduced, there were as many as 8,000 cases of polio in the UK in epidemic years. Because of the success of the polio vaccination programme, there have been no cases of natural polio infection in the UK for over 30 years (the last case was in 1984) and polio was eradicated from the whole of Europe in 2003.

- 6.6. The Joint Committee on Vaccination and Immunisation (JCVI) has advised that children aged 1 to 9 years old in London be offered a dose of polio vaccine, following the discovery of type 2 poliovirus in sewage in north and east London. The number of children vaccinated in London is lower than it should be, so boosting immunity in children should help protect them and reduce the risk of the virus continuing to spread.

- 6.7. For some children this may be an extra dose on top of their routine vaccinations. In other children it may bring them up to date with their routine vaccinations. This will ensure a high level of protection from any risk of paralysis, though the risks to the general

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population are still assessed as low due to high vaccine coverage rates overall.

- 6.8. For further details please see: <https://www.gov.uk/government/publications/polio-booster-campaign-resources/have-your-polio-vaccine-now-information-for-parents>
- 6.9. In Lewisham, there are approximately 2,000 children who are unvaccinated against polio between the ages of 1 and 9 years. We are working with GPs (who already deliver routine childhood vaccinations including polio vaccination), the hospital and some local pharmacies to support local delivery of the polio booster vaccination programme. Families with eligible children will have received a letter and text message to let them know about the programme.
- 6.10. Whilst the programme to give polio booster vaccinations to children aged 1-9 years in London ends on the 23<sup>rd</sup> December 2022, in Lewisham we will continue to encourage parents and their children to get up to date with their routine immunisations.
- 6.11. **Group A Streptococcus (GAS)<sup>1</sup>**
- 6.12. Group A streptococcus (GAS) is a common bacteria. Lots of us carry it in our throats and on our skin and it doesn't always result in illness. However, GAS does cause a number of infections (such as tonsillitis, pharyngitis, scarlet fever, impetigo and cellulitis) some mild and some more serious.
- 6.13. The most serious infections linked to GAS come from invasive group A strep, known as iGAS.
- 6.14. These infections are caused by the bacteria getting into parts of the body where it is not normally found, such as the lungs or bloodstream. In rare cases an iGAS infection can be fatal. Whilst iGAS infections are still uncommon, there has been an increase in cases this year.
- 6.15. Investigations are underway following reports of an increase in lower respiratory tract Group A Strep infections in children over the past few weeks, which have caused severe illness.
- 6.16. Currently, there is no evidence that a new strain is circulating. The increase is most likely related to high amounts of circulating bacteria.
- 6.17. It isn't possible to say for certain what is causing higher than usual rates of these infections. There is likely a combination of factors, including increased social mixing compared to the previous years as well as increases in other respiratory viruses.
- 6.18. The numbers of cases in South London are being closely monitored by the South London Health Protection Team, which is part of the UK Health Security Agency (UKHSA). Any school outbreaks in Lewisham are managed and monitored by the South London Health Protection Team with updates to the Director of Public Health.
- 6.19. Information for parents can be found at the following blog from the UKHSA: <https://ukhsa.blog.gov.uk/2022/12/05/group-a-strep-what-you-need-to-know/>

## 7. Financial implications

- 7.1. Resourcing of the ongoing local response to COVID-19 and other communicable diseases will be met from existing public health and Lewisham Local Care Partnership budgets.

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<sup>1</sup> <https://ukhsa.blog.gov.uk/2022/12/05/group-a-strep-what-you-need-to-know/>

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## **8. Legal implications**

8.1. There are no legal implications arising for Lewisham Council from this update report.

## **9. Equalities implications**

9.1. COVID-19 has had a disproportionate impact on specific groups including older adults, and those from Black, Asian and Minority Ethnic groups. Health and Wellbeing Board Members' attention should be drawn to the following reports regarding these inequalities:

- Disparities in the risks and outcomes of COVID-19, PHE, 2020 ([https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/892085/disparities\\_review.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892085/disparities_review.pdf))
- Beyond the data: understanding the impact of COVID-19 on BAME groups, PHE, 2020 ([https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/892376/COVID\\_stakeholder\\_engagement\\_synthesis\\_beyond\\_the\\_data.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf))

## **10. Climate change and environmental implications**

10.1. There are no significant climate change and environmental implications of this report.

## **11. Crime and disorder implications**

11.1. There are no significant crime and disorder implications of this report.

## **12. Health and wellbeing implications**

12.1. The health and wellbeing implications for this report are outlined in the main body of text.

## **13. Report author and contact**

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