



Public Health
England

Appendix 1

Annual Health Protection Profile for Barking and Dagenham, 2014

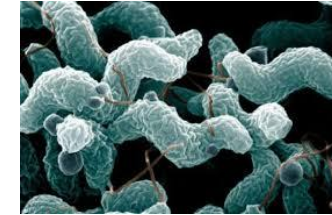
Vivien Cleary, Consultant in Health Protection,
Acknowledgement Dr Tania Misra
NE & NC London Health Protection Team



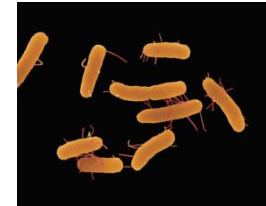
Infectious Diseases in B&D

- Highest rates of notifications from LBDD in 2014 include

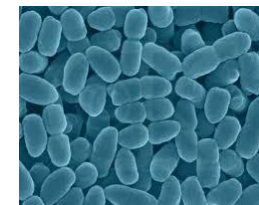
- Campylobacter



- Mumps



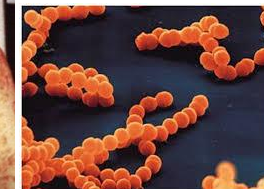
- Salmonella



- Streptococcal Group A infections

- **Lower rates of notification from LBDD in 2014 include**

- Measles

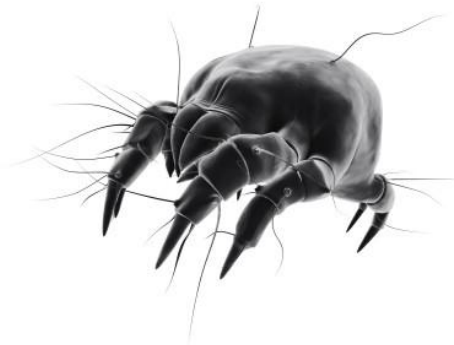


- Pertussis (Whooping Cough)



Infectious Diseases in B&D

- There were more outbreaks in 2014 with 30 reported from LBBD (compared with 11 in 2013) –
- Mainly related to gastroenteritis outbreaks from suspected Norovirus in care homes and schools, two TB workplace incidents, Hepatitis A incident in a school.



- Scabies was reported by one care home.

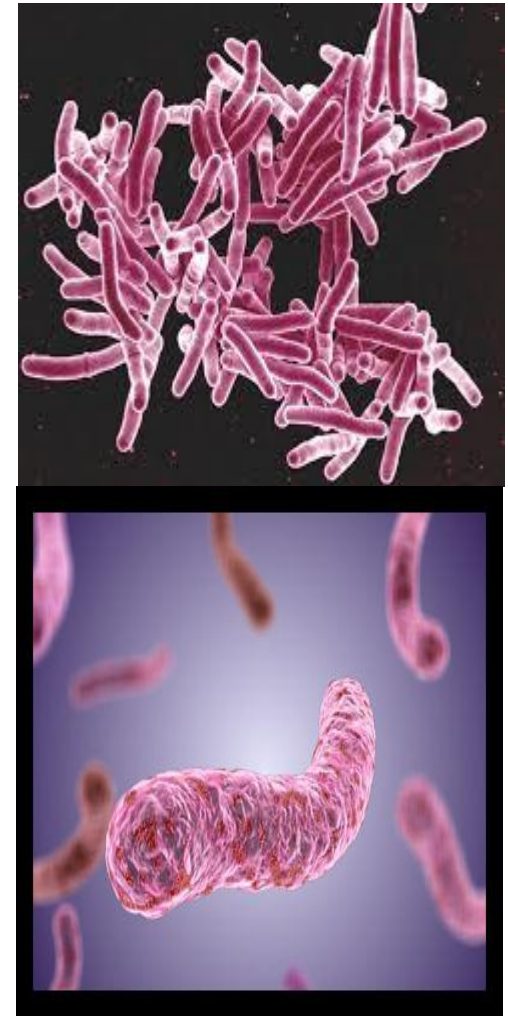


Tuberculosis

Following major declines in the incidence of TB during most of the 20th century, the incidence of TB in England increased steadily from the late 1980s to 2005, and has remained at relatively high levels ever since.

TB is concentrated in large urban centres, with rates in London, Leicester, Birmingham, Luton, Manchester and Coventry more than three times the national average.

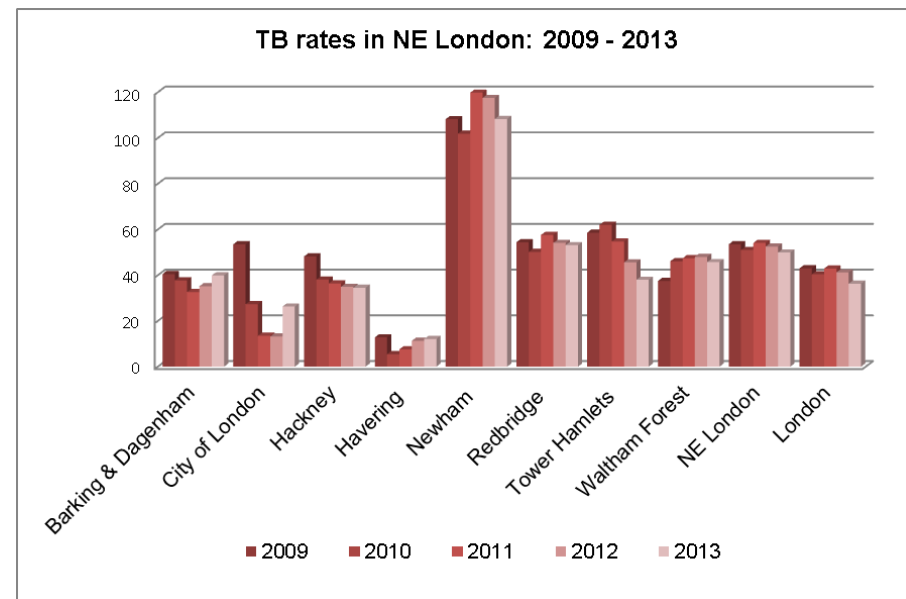
There is a strong association between TB and social deprivation social risk factors (a history of alcohol or drug misuse, homelessness or imprisonment).





Tuberculosis in B&D, 2014

- 67 TB cases reported in 2014 (provisional figures from LTBR)
- Based on final figures 2013 rate = 38.6/100,000 population
- DPH introduced universal BCG vaccination policy in 2009*
- 45% of cases had pulmonary involvement
- A small number of TB cases in B&D were infectious
- Two contact tracing exercises were undertaken in order to offer screening to those who were exposed





Tuberculosis in B & D

Figure 1: Annual TB incidence rate, 2002-2013

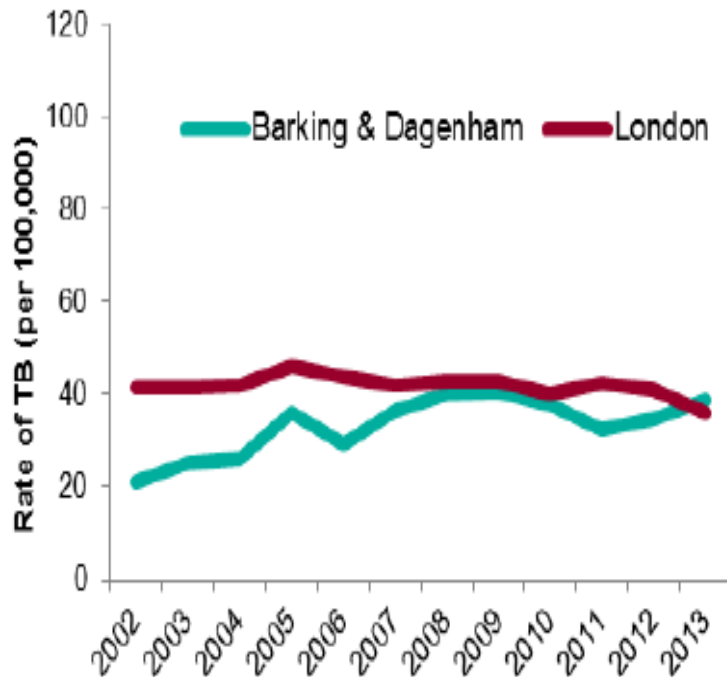
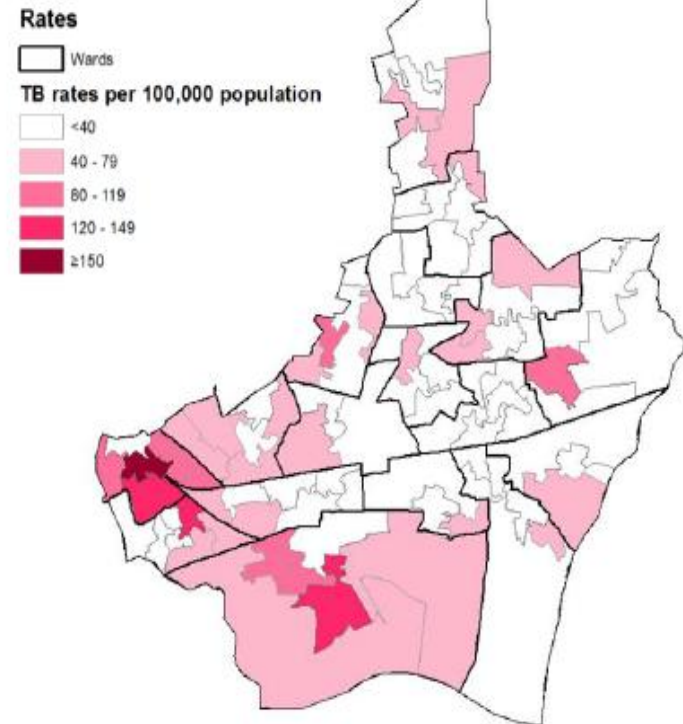


Figure 2: 3-year average TB incidence rate by Lower Super Output Area, 2011-2013 (LSOAs are areas with between 1000-3000 population)





Public Health Grant and its use for Health Protection issues

- In 2013/14, the Director of Public Health allocated a budget of £50,000 for responding to large outbreaks or an incident with wider public health impact
- This budget was utilised effectively in 2014:
 - To secure a place for specialist treatment in another borough for a patient who was sputum smear positive, and had complex social issues like alcohol dependence and homelessness.



Tuberculosis

The majority of cases are due to reactivation of latent infection acquired some years before, transmission of TB continues to occur, leading to spread of infection and outbreaks.

Barking and Dagenham are working on a new initiative with a focus on primary care based latent TB testing, case finding, early diagnosis and treatment of latent TB for those in high risk groups..

LATENT TB INFECTION

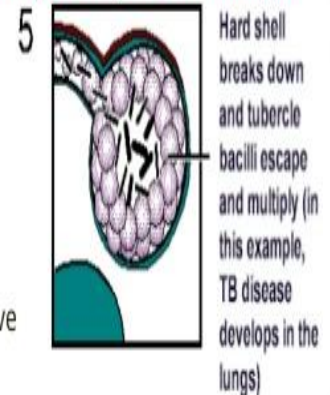
- If the body's immune system is unable to fight TB or if the bacteria breaks through the scar tissue, the disease returns to an active state with pneumonia and damage to kidneys, bones, and the meninges that line the spinal cord and brain.

Person:

- Not ill
- Not contagious
- Normal chest x-ray
- Usually the tuberculin skin test is +ve

Germ:

- Sleeping but still alive
- Surrounded (walled off) by body's immune system

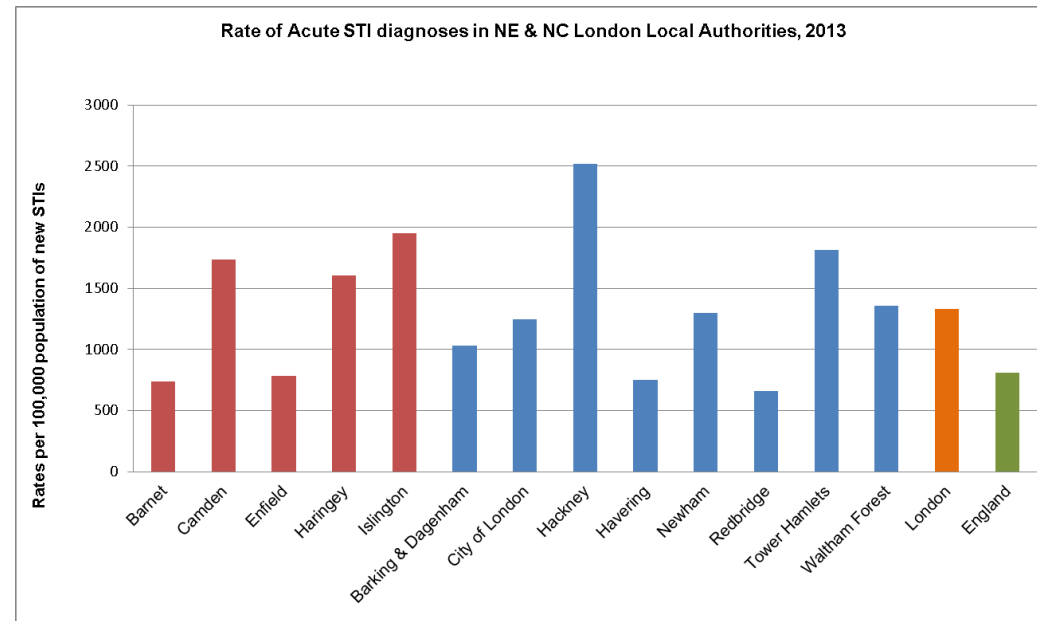




Sexually Transmitted Infections in B & D, 2013

Rates of STI diagnoses in NENCL, 2013

- 1959 new Sexually Transmitted Infections (STIs) were diagnosed in residents in 2013
- Rate of 1028/100,000
- Reproductive health is the highest rate in London with rates of conception in under 18s being 40/1000 (aged 15 to 17).

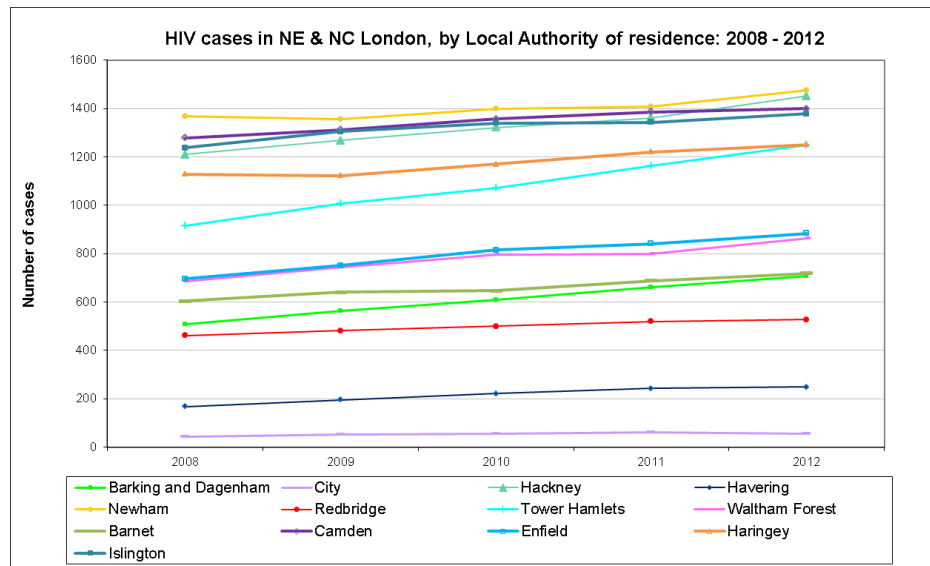


Chlamydia detection rates in young adults aged 15-24 in B & D are higher than the England average (2087 compared with 2016) and one of the lowest in NENCL



STIs and HIV

- Similar to all boroughs in North East London, LBBD has seen a rise in the number of people living with HIV over the last five years
- The number of people living with HIV and known to NHS and Social Care services has increased from 508 in 2008 to 720 in 2013.
- HIV testing was 84.6 % for men, 80.9% for women, MSM 95.3%.



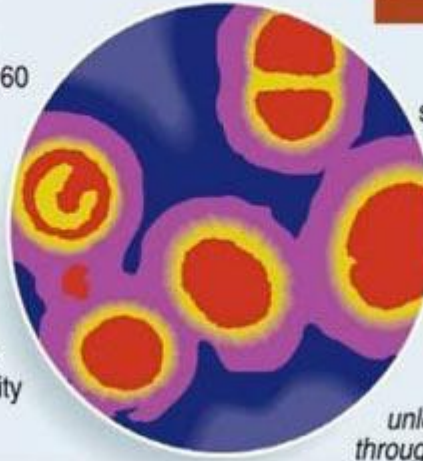


Health Care Associated Infections

- MRSA bacteraemia in the community 1.57/100,000 higher than the national average of 1.31/100,000
- Clostridium difficile 22.57/100,000 below the England average (26.59) but one of the higher rates in North East London.

MRSA ■ Methicillin-resistant Staphylococcus aureus ■ Caused by Staphylococcus aureus bacteria (*staph*)

| Origins | The problem |
|--|---|
| <ul style="list-style-type: none">▶ Recognised first in hospitals around 1960▶ Entered wider community in 1990s, where it came to be known as community-associated MRSA or CA-MRSA▶ Dramatic rise of the disease in community reported in recent years | <p>Bacteria has evolved to survive common antibiotics</p> <p>e.g. penicillin, oxacillin, methicillin, amoxicillin</p> <p>Generally harmless to healthy adults unless enters body through cut or wound</p> |





Immunisation Coverage in B & D

Table 1. Immunisation coverage in B & D 12 m, Q4 2014

| | 12m DTaP/ IPV/ Hib% | 12m MenC% | 12m PCV% |
|---------|------------------------------------|----------------------|---------------------|
| B & D | <u>91.8</u> | <u>93.8</u> | <u>91</u> |
| London | 90.3 | 92.7* | 90.2 |
| England | 94.1 | 95.5* | 93.9 |

*Q 1 data available only for London and England for 12 m Men C



Immunisation Coverage in B & D

Table 2. Immunisation coverage in B & D at 24 m, Q4 2014

| | 24m_ DTaP/IPV / Hib% | 24m_ PCV B% | 24m_ Hib MenC% | 24m_ MMR 1% |
|---------|-------------------------------------|------------------------|-------------------------------|------------------------|
| B & D | <u>90.8</u> | <u>88.0</u> | <u>88.3</u> | <u>87.6</u> |
| London | 92.6 | 85.7 | 86.3 | 86.5 |
| England | 95.6 | 92.1 | 92.1 | 92.0 |



Immunisation Coverage in B & D

Table 3. Immunisation coverage in B & D at 5 y, Q4 2014

| | 5y_ DTaP/ Pol% | 5y_ MMR1% | 5y_ MMR2% | 5y_ DTaP/ IPV B% | 5y_Hib MenC B |
|---------|----------------------|--------------|--------------|------------------------|------------------|
| B & D | <u>91.6</u> | <u>93.7</u> | <u>83.4</u> | <u>86.2</u> | <u>89.2</u> |
| London | 92.3 | 90.5 | 80.1 | 77.0 | 87.5 |
| England | 95.7 | 94.5 | 88.6 | 88.4 | 92.8 |



Immunisation Coverage in B & D

Table 4. Immunisation coverage in B & D Q4 2014

| | 12m Hep B% | 24m Hep B% |
|---------|-----------------------|-----------------------|
| B & D | <u>82.0</u> | <u>91.0</u> |
| London | 83.0 | 79.0 |
| England | 84.0 | 72.0 |



Immunisation coverage in B&D

Seasonal influenza immunisations in over 65s:

LBBDD performed slightly better than the London average between September 2013 and January 2014; with **70.53%** coverage compared to 69.2%

However, this was slightly below the national average (**72.8%**).

The coverage in at-risk groups (6 m to 65 yrs) was **57%** higher than the London average of **49.8%** and national average of **50.3%**

The coverage in pregnant women was **43.2%**, compared to a London average of **39.9%** and an England average of **44.1%**

Human Papilloma Virus (HPV) uptake - LBBDD had a lower coverage than the London, **79%** compared with **80%** and lower than the England average (**86.7%**).

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