

A scenic view of a coastline featuring white cliffs and green grass under a cloudy sky. The text is overlaid on the left side of the image.

East Riding of Yorkshire Health Protection Annual Report

2023 - 24

Foreword from the Director of Public Health, East Riding of Yorkshire

The health protection team provides vital support to the residents and providers of care throughout East Riding of Yorkshire. The team works proactively and reactively to protect the health and wellbeing of all residents. The response to local outbreaks of infectious diseases is rapid and effective, whilst the daily protective resilience remains ever-important.

Our health protection team operates throughout the health, education and care systems with collaboration and cooperation at the forefront of practice. Outcomes are resident-focused and mindful of national and international health protection issues that impact the East Riding now and in the future.

This report presents the current situation of infections, both nationally and regionally, with a particular focus on East Riding of Yorkshire. It is an overview of the main aspects and key achievements over the past year, including the work that we currently commission with providers.

Andy Kingdom



Introduction

- Priorities | UK Health Security Agency's strategic plan

Acute respiratory infections

- Influenza | COVID-19 | Respiratory syncytial virus

Gastrointestinal infections

- Diarrhoea and vomiting | Norovirus | Rotavirus | Cryptosporidium

Notifiable and Infectious Diseases

- Measles | Whooping cough | Group A streptococcus | Tuberculosis

Screening

- Abdominal aortic aneurysm | Cancer (breast, cervical, bowel) | Antenatal | Newborn

Immunisations and vaccinations

- Measles, mumps and rubella (MMR) | Human papillomavirus (HPV) | Seasonal flu | COVID-19

Integrated sexual health

- Sexual health clinics and services | Sexually transmitted infections | Gonorrhoea and syphilis | Human immunodeficiency virus | Teenage pregnancy

Children and young people

- Integrated specialist public health nursing service | Breastfeeding | Healthy schools award pilot | Infectious disease surveillance in education settings

Conclusions

- Looking forwards | Reflections and recommendations | Appendices | References | Abbreviations

Key



Having a positive impact



Improved situation



Having a negative impact



Situation has declined



Situation has remained the same



Priorities

The priorities for the local health protection system align with the priorities of the national UK Health Security Agency. These are:

- Be ready to respond to all hazards to health, including pandemics
- Improve health outcomes through vaccines and reduce vaccination inequalities
- Reduce the impact of infectious diseases and antimicrobial resistance
- Protect health from threats in the environment
- Improve action on health security through data and insight
- Continue to develop the health protection team as a high-performing service to collaborate closely with UKHSA and whole-system partners



UK Health
Security
Agency

UKHSA strategic plan 2023 to 2026

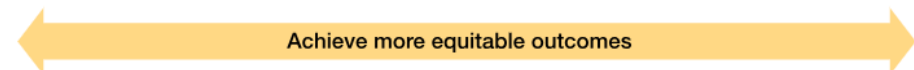
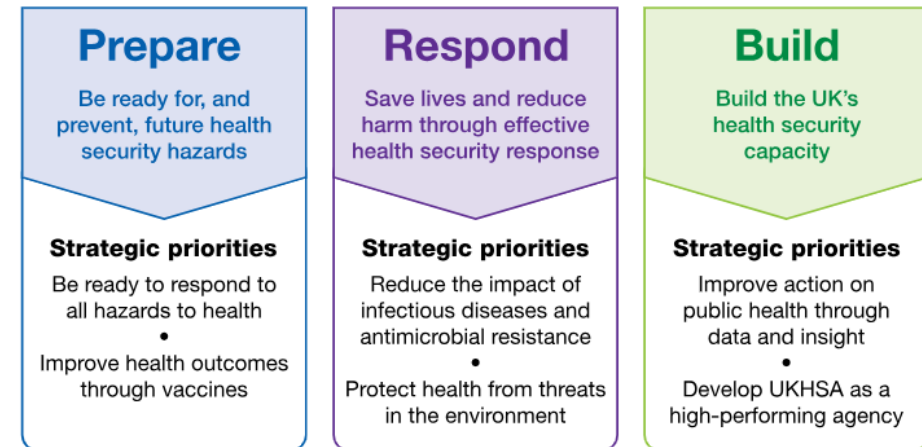
Our mission

To prepare for, prevent and respond to health threats, save lives and protect livelihoods

Our vision

Through our scientific and operational expertise, we aim to protect every person, community, business and public service from infectious diseases and environmental hazards, helping to create a safe and prosperous society

Our goals



[UKHSA strategic plan 2023 – 2026: executive summary](#)



Influenza (flu)

Influenza (commonly known as flu) is an acute viral infection of the respiratory tract. It is highly infectious and spreads rapidly in communities because even people with mild or no symptoms can infect others. Morbidity and mortality attributed to flu is a key factor in NHS winter pressures and a major cause of harm to individuals – especially vulnerable people such as the elderly or very young.

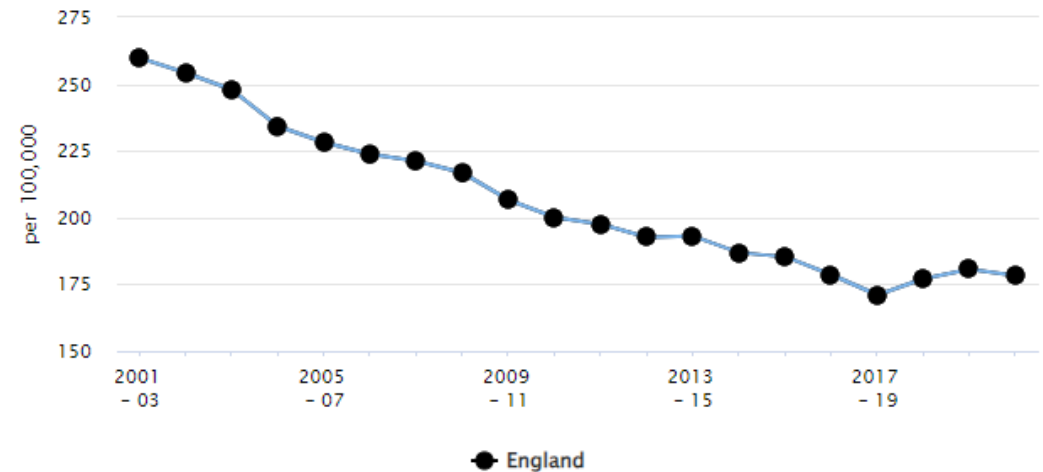
The seasonal flu vaccination is the best form of protection and is encouraged for all vulnerable people. The NHS provides this free vaccination each year to stipulated groups. Once the flu season has been officially declared, flu antivirals can be prescribed for the treatment and prevention of flu.

This year, possibly due to lessons-learned from the Australian flu season, the NHS vaccine offer was extended to include all children aged from 2 – 18.

The ERYC staff voucher continued this year and was equitably offered to all staff who were not eligible for the NHS vaccine. The scheme successfully provided vaccination vouchers to 2245 staff throughout all directorates and schools within the council.

[National flu immunisation programme plan 2023 to 2024](#)

Mortality rates for deaths involving influenza and pneumonia in England, all ages (persons, 3-year range)



Respiratory syncytial virus (RSV)

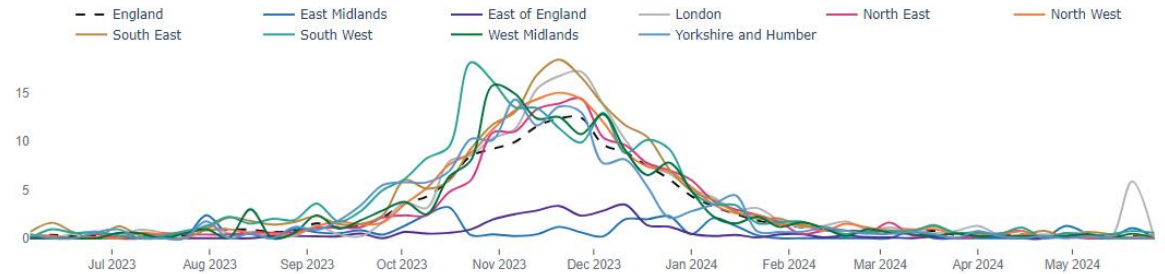
Respiratory syncytial virus (RSV) is an enveloped RNA virus, in the same family as the human parainfluenza viruses and mumps and measles viruses. RSV is one of the common viruses that cause coughs and colds in winter. In temperate climates such as East Riding of Yorkshire, RSV occurs regularly each year. There can be sharp winter peaks of the virus circulating.

RSV is transmitted by large droplets and be secretions from contact with an infected person. The virus can survive on surfaces for about 4 to 7 hours. The incubation period is short at about 3 to 5 days.

National data shows that RSV can be serious for some infants, older adults and people with chronic medical conditions. The hospitalisation rates reflect this.

The percentage of people who had a PCR test and had at least one positive PCR test result for RSV in the same 7 days. Data is shown for England by specimen date and UKHSA region.

Y&H remained in lower 50% of regions in the last 12 months



[UKHSA guidance: Respiratory syncytial virus symptoms, transmission, prevention, treatment](#)

Other respiratory viruses comparison this year and last

The number of incidents in England by institution and virus type between week 40 2022 and week 15 2023

Setting	Influenza	SARS-CoV-2	RSV	Other respiratory viruses	No organism reported
Care home	413	2,525	28	24	2,016
Hospital	22	132	3	0	320
Educational settings	3	15	1	0	147
Prison	6	48	0	0	39
Workplace settings	0	1	0	0	2
Other	10	107	0	0	187
Total	454	2,828	32	24	2,711

The number of incidents in England by institution and virus type between week 40 2023 and week 14 2024

Institution type	SARS-CoV-2	Influenza	RSV	Other respiratory viruses and mixed infections	Not available or not tested
Care home	519	383	51	63	645
Educational setting	27	18	9	2	48
Hospital	124	61	5	7	18
Prison	8	8	0	4	1
Other settings	30	2	3	4	11
Total	708	472	68	80	723



Increase this year in all respiratory viruses (except COVID-19)



Diarrhoea and vomiting

Diarrhoea and vomiting are common in adults, children and babies. They are often caused by a stomach bug but there could be a variety of causes of the diarrhoea and vomiting symptoms, including the following gastrointestinal conditions:

- A stomach bug
- Food poisoning
- Norovirus
- Rotavirus
- Irritable bowel syndrome

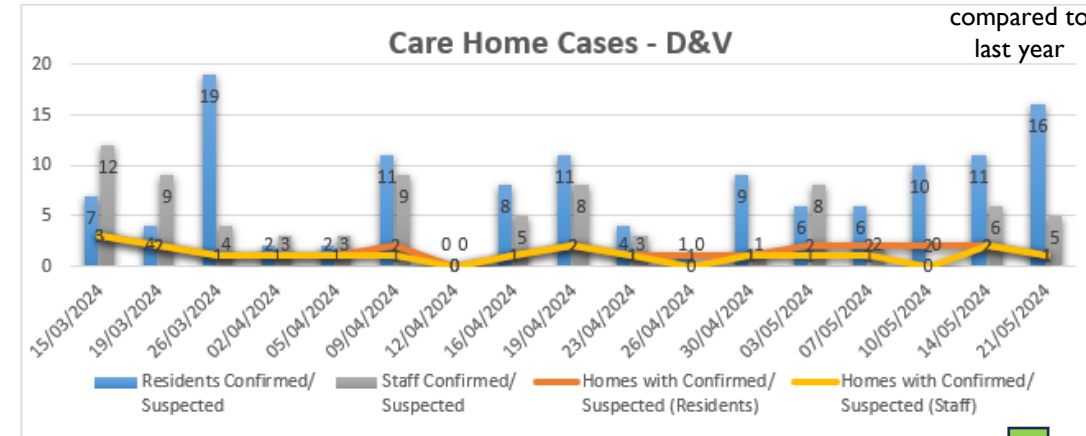
For residents in care homes who might be considered a vulnerable population, it is important to monitor diarrhoea and vomiting cases. The symptoms could be caused by norovirus, but the cause is often not confirmed.

A snapshot of cases in care homes (see opposite) shows a fluctuating picture of cases. Infection, prevention and control measures are implemented when an outbreak of two or more linked cases are known. Fortunately, there have not been any residents admitted to hospital in the last few months because of diarrhoea and vomiting symptoms.

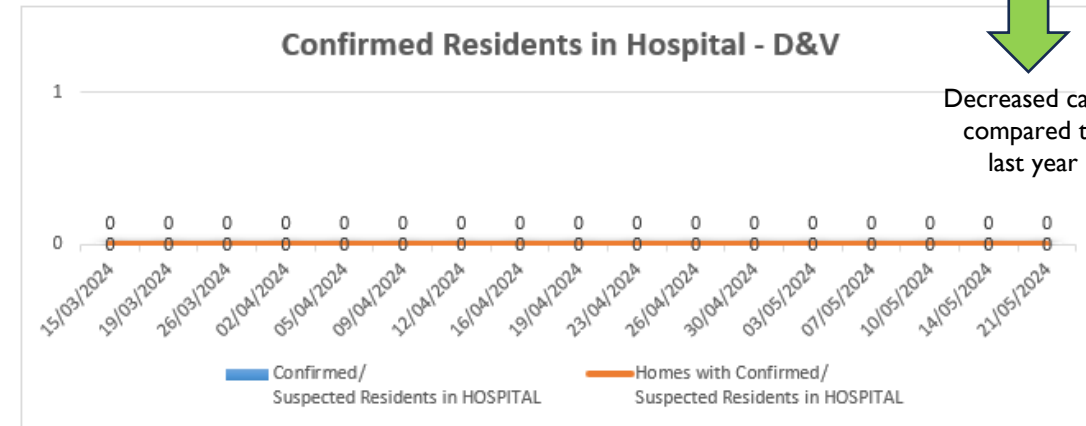
East Riding of Yorkshire care home cases of diarrhoea and vomiting



Increased cases compared to last year



Decreased cases compared to last year



Source: ERYC ASC sector outbreak report 21 05 2024



Norovirus

Norovirus, also known as winter vomiting disease, causes gastroenteritis and is highly infectious. Outbreaks are common in semi-enclosed environments such as hospitals, nursing homes, schools and cruise ships and can also occur in restaurants and hotels.

The UK Health Security Agency (UKHSA) routinely undertakes norovirus characterisation as part of national surveillance to monitor the diversity of circulating strains. Norovirus activity varies from season to season and therefore differences will be observed between every season.

UK Health Security Agency

Diarrhoea and vomiting?

There is no specific cure for stomach bugs such as Norovirus
Visit: nhs.uk/norovirus for advice

- Stay hydrated**: Image of a water bottle.
- Take paracetamol when needed**: Image of a blister pack of paracetamol tablets.
- Prevent the spread**: Image of hands being washed with soap and water.
- Stay at home for two days after symptoms clear**: Image of a house with a clock icon and '48hrs' written inside.

Source: [GOV.UK Blog UK Health Security Agency, Norovirus: What to do if you catch it and helping to stop the spread, November 2022](#)

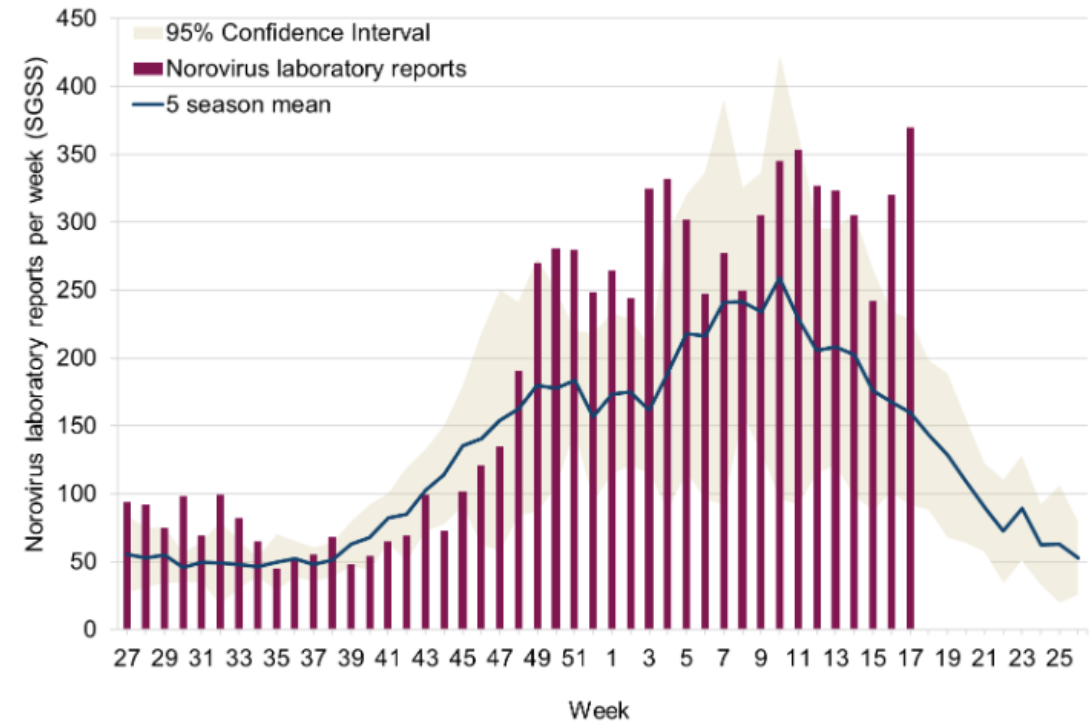
Norovirus data

Norovirus activity has remained high throughout the season and has increased further. The total number of norovirus laboratory reports was 75% higher than the 5-season average for the same 4-week period.



Increased activity

Norovirus laboratory reports in England by week during the 2023/2024 season, compared with 5-season average



Source: [GOV.UK National norovirus and rotavirus surveillance reports: 2023 to 2024 season](#)



Rotavirus

Rotavirus is a highly infectious stomach bug that typically affects babies and young children, causing diarrhoea and vomiting, tummy ache and a high temperature. Rotavirus is the most common cause of gastroenteritis among children and results in a significant number of young children being admitted to hospital each year. The rotavirus vaccine was introduced into the childhood immunisation schedule in July 2013. Since the introduction of the vaccine hospitalisation, emergency department visits for acute gastroenteritis in both adults and children have reduced (Thomas et al, 2017).

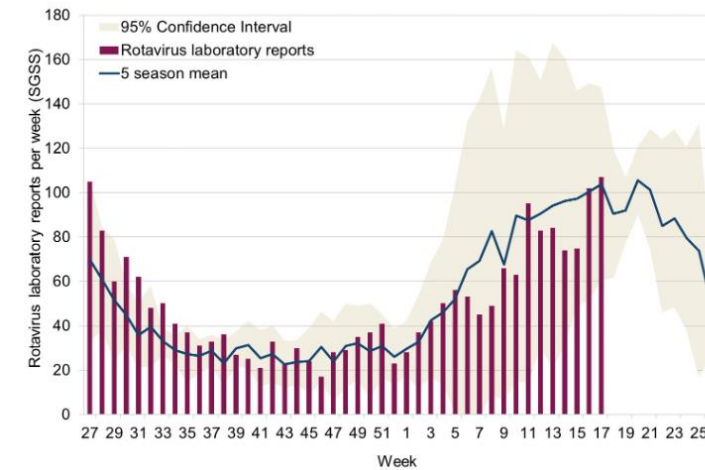
Rotavirus is the leading cause of gastroenteritis in infants and young children. Due to an infant's small body mass, dehydration can be life threatening. Specific rotavirus diagnosis remains commensurately low because laboratory testing is the only way to confirm a rotavirus diagnosis. This is because rotavirus shares similar clinical features as other diarrheal diseases. (Akers, 2023)

Rotavirus has increased in recent weeks but activity during weeks 14 to 17 of 2024 remained 10% lower than the 5-season average for the same 4-week period.

[Medical News Today, Akers A, 2023](#)

[Impact of the national rotavirus vaccination programme. Thomas et al, 2017](#)

Rotavirus laboratory reports in England by week during the 2023/24 seasons, compared with 5-season average

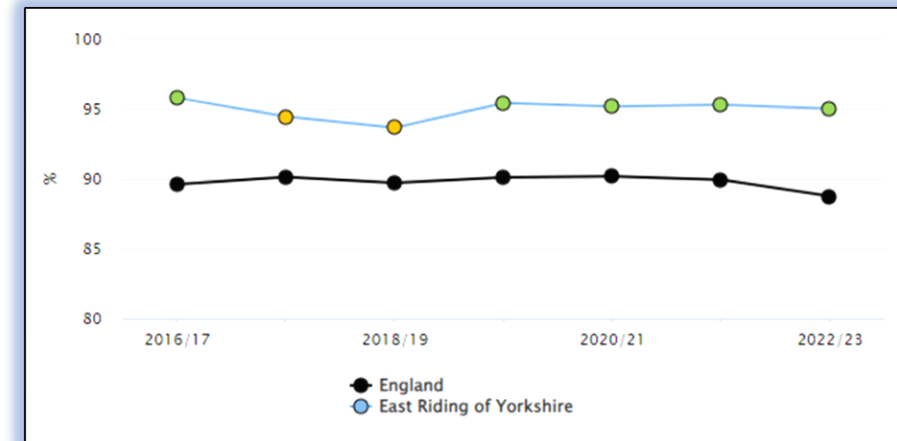


Source: [GOV.UK National norovirus and rotavirus surveillance reports: 2023 to 2024 season](#)



Cases remain lower than average

Population vaccination coverage: Rotavirus (1 year)



Source: [OHID Fingertips Public health data](#)



Rates higher than England average



Cryptosporidium

Cryptosporidiosis is a disease usually caused by the parasites *Cryptosporidium hominis* and *C. parvum*. It is most common in children aged between 1 and 5 years. People with weak immune systems are likely to be more seriously affected. The most common symptom is mild to severe watery diarrhoea.

The parasites are resistant to chlorine. Outbreaks of cryptosporidiosis have been linked to drinking or swimming in contaminated water and contact with infected lambs and calves during visits to open farms.

The UK Health Security Agency (UKHSA) provides advice on controlling outbreaks of cryptosporidiosis and monitors any outbreak to find the source of the infection.

During April 2024, cases of cryptosporidium increased significantly in East Riding due to residents visiting petting farms, with the majority reporting handling lambs.

The ERYC health protection team worked closely with the ERYC public protection team to monitor reported cases and support premises where cases had been associated with handling animals.

Source: [Cryptosporidiosis: guidance, data and analysis - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/cryptosporidiosis-guidance-data-and-analysis)

Cryptosporidium data: number of laboratory isolates by specimen week* and Integrated Care Board (ICB) area compared to 3-year average (‡ broken line)



Cases increased and spiked in week 15



Source: SGSS. UKHSA Yorkshire and Humber Weekly IID Report and Gastrointestinal Infection (GI) Supplement for week 16



Measles

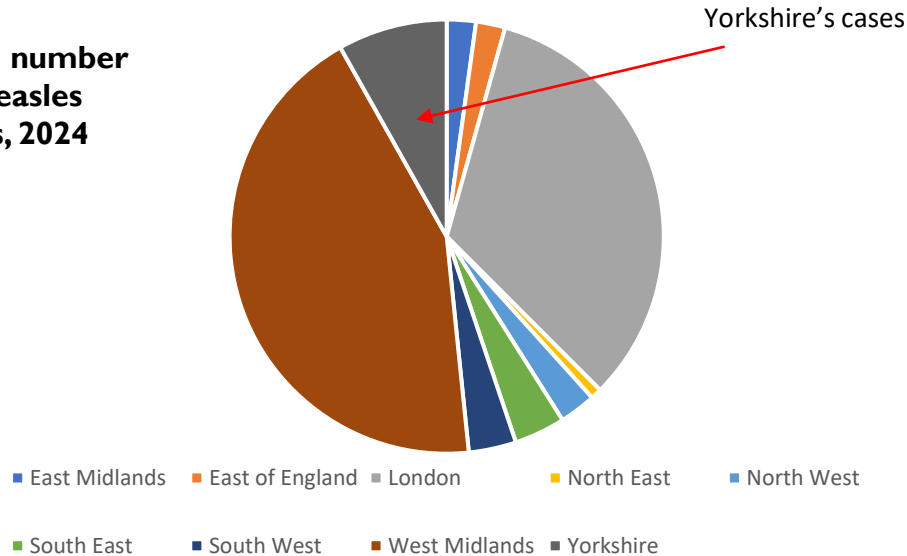
In 2023 there has been a resurgence of measles in England. From 1 January to 31 December 2023 there were 368 laboratory confirmed measles cases, 160 (44%) in the West Midlands and 122 (33%) in London, however all regions have reported cases.

The initial rise in cases seen in April and May was mainly driven by activity in London which went back to very low levels over the summer period. However, since October 2023 there has been a rapid escalation in the West Midlands.

In Yorkshire, there were 30 confirmed cases, 18 of which were in children under 10 years old.

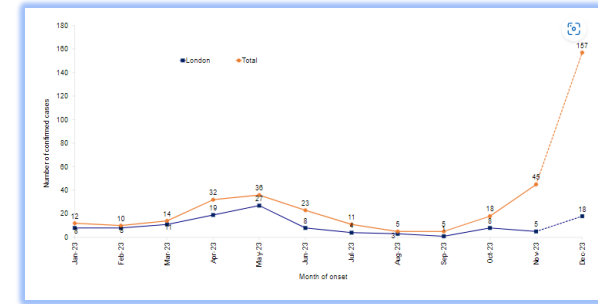
Source: [UKHSA](#)

Total number of measles cases, 2024



Measles, Mumps and rubella (MMR) vaccination rates in East Riding remain higher than the national average. See slide 23 for details.

Laboratory confirmed cases of measles by month of onset of rash or symptoms reported London and England: January 2023 to December 2023



Increased activity



ERYC lower than national average

Case study: Construction site measles outbreak

In February 2024, there was a measles outbreak linked to a construction site in the East Riding. The index case worked on the construction site and accessed accident and emergency services where further transmission took place.

An incident management team (IMT) was convened which was chaired by UKHSA and attended by East Riding health protection team, construction site management, NHS Hull University Teaching Hospitals colleagues and other system-partners as appropriate.

Through investigations, it was identified that 3 confirmed cases and 6 probable cases were potentially linked to the index case. All the confirmed cases worked on the same site and wider investigations were conducted in other authorities due to some subcontractors sharing transport to travel from further afield.



The IMT recommended offering the measles, mumps and rubella (MMR) vaccine on-site for the construction staff. This took place over one week and several staff took up the offer of the MMR vaccine.

No further linked cases of measles were identified in this situation and the outbreak was considered over by May 2024.



Whooping cough (Pertussis)

Whooping cough is characterized by episodes of coughing with a distinctive 'whooping' sound when breathing in. It is also known as the '100-day cough' but is known clinically as 'pertussis.' UKHSA monthly data, published on 9 May, shows [cases of whooping cough continue to increase](#) with 1,319 cases confirmed in March.

Young infants are at highest risk of severe complications and death from whooping cough. Sadly, in the first quarter of 2024 (January - March), there have been five infant deaths. Our thoughts and condolences are with those families who have so tragically lost their baby.

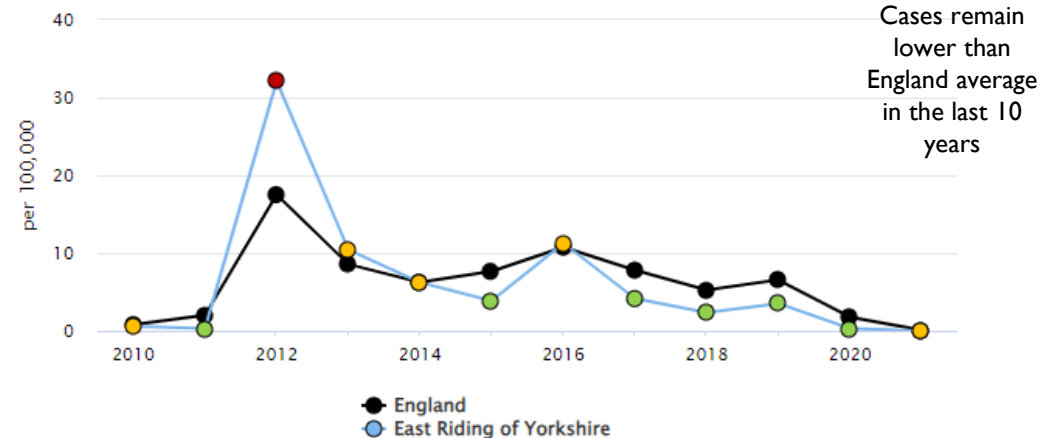
Vaccination remains the best defence against whooping cough and estimates of vaccine effectiveness in pregnancy shows high levels of protection (92%) against infant death.



'Vaccination remains the best defence against whooping cough, and it is vital that pregnant women and young infants receive their vaccines at the right time.'

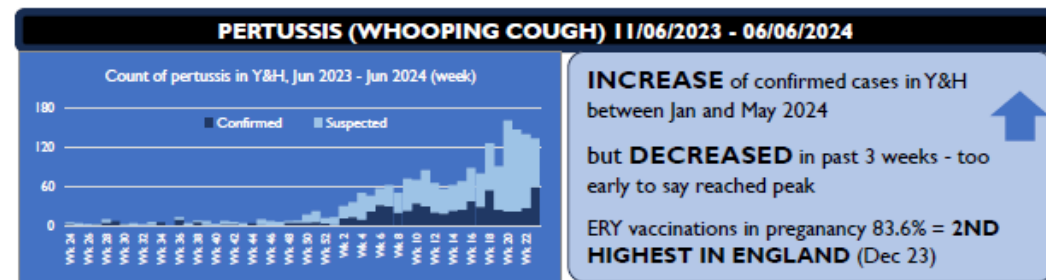
Dr Gayatri Amirthalingam
Consultant Epidemiologist UKHSA

Pertussis incidence rate/100,000 in East Riding of Yorkshire compared to England



Source: [Office for Health Improvement and Disparities Fingertips Public health data](#)

Headline: ERY vaccinations in pregnancy are the 2nd highest in England



Source: East Riding Outbreak management group ERYC public health intelligence summary



Whooping cough

The Pharmaceutical Journal warned, in March 2024, of a 15-year high in whooping cough cases due to falling rates in vaccination. The *Bordetella pertussis* (*B. pertussis*) bacteria was causing a '100-day cough' characterised by violent coughing fits with a whoop-like gasp for breath.

UKHSA published a press release in March 2024 which highlighted the concerning high numbers of cases (553 confirmed in England in January, compared with 858 cases for the whole year in 2023). Previously low numbers had been attributed to the reduced social mixing patterns during the COVID-19 pandemic and high vaccine rates.

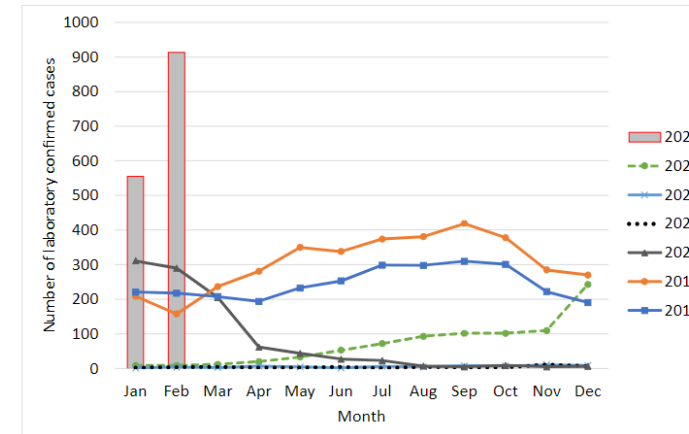
The steady decline in vaccine rates in pregnant women and in children was a particular concern. The UKHSA reminded mums-to-be to get protected against whooping cough so that their young baby has protection from birth against the serious disease. UKHSA urged parents to check that their children are vaccinated against whooping cough, which is offered to all infants at 8, 12 and 16 weeks of age (as part of the 6-in-1 combination vaccine) with an additional dose included in the pre-school booster vaccine.

Data for January 2024 showed that there were 22 infants aged under 3 months diagnosed with whooping cough. These infants, who are too young to be fully vaccinated, are at greater risk of severe disease, including death. UKHSA strongly encouraged expectant mothers to take up the maternal vaccine. Vaccination of pregnant women is 97% effective at preventing death in young infants from whooping cough.

Source: [The Royal Pharmaceutical Society's Journal, 28 March 2024](#)

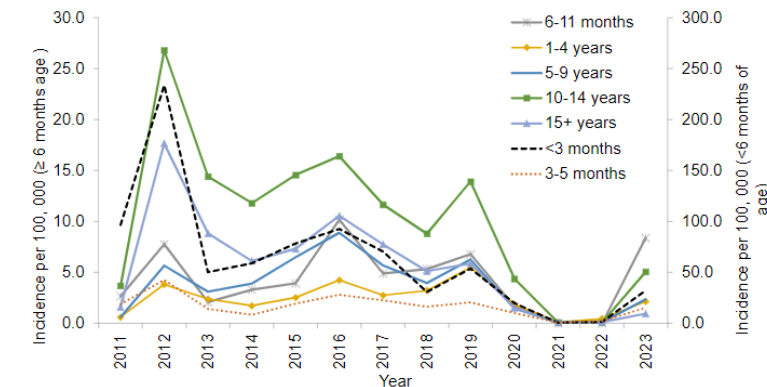
Source: [UKHSA Press Release, 7 March 2024. Whooping cough infections rise](#)

Laboratory confirmed cases of pertussis by month in England: 2018 to February 2024



↑
Spiked in 2024

Annual incidence by age group of laboratory confirmed cases of pertussis in England: 2011 to 2023



↑
Age 10-14 years group remains highest

Source: [UKHSA. Confirmed cases of pertussis in England by month. April 2024](#)



Group A streptococcus

National [guidance](#) on the management of scarlet fever outbreaks highlights essential tools to limit spread, namely:

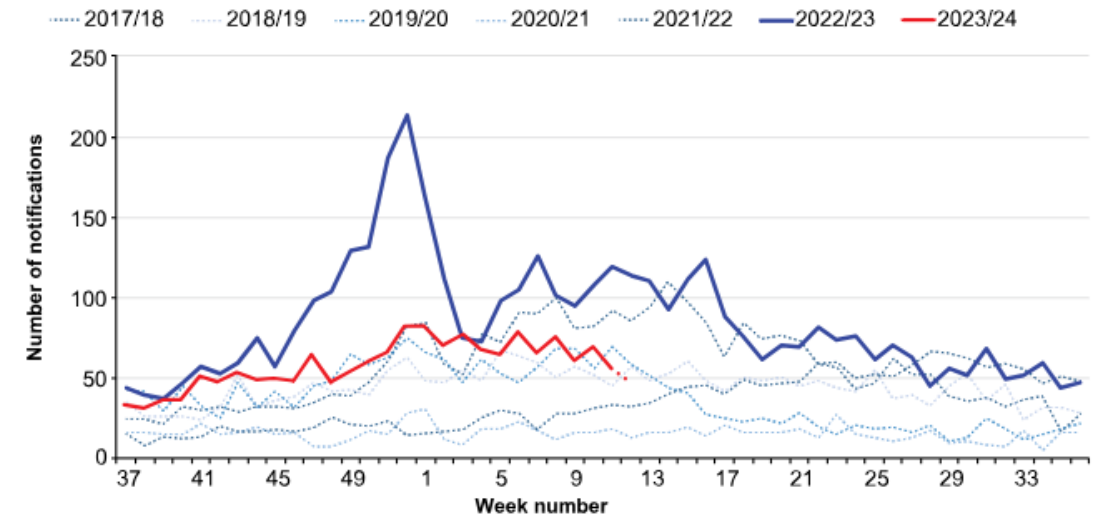
- prompt notification of scarlet fever cases and outbreaks to UK Health Security Agency (UKHSA) health protection teams (HPTs)
- collection of throat swabs (prior to commencing antibiotics) when there is uncertainty about the diagnosis
- exclusion of cases from school and work until 24 hours of antibiotic treatment has been received

Given the potential for severe presentations, scarlet fever cases should be treated promptly with antibiotics to limit further spread and reduce risk of potential complications in cases and their close contacts. Clinicians should continue to be alert to complications of GAS infections and maintain a high degree of clinical suspicion when assessing patients, particularly those with preceding viral infection (including chickenpox), or their close contacts.

In the first 22 weeks of the 2023/24 season, scarlet fever notifications followed a typical seasonal pattern, although numbers of notification were at the higher end of what is normally expected. Notifications showed a moderate December peak followed by a decline after week 51, with a typical seasonal rise to week 6. Scarlet fever notifications have fluctuated in recent weeks and are at a similar level at this point last season.

[Scarlet fever: managing outbreaks in schools and nurseries - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/scarlet-fever-managing-outbreaks-in-schools-and-nurseries)

Weekly laboratory notifications of iGAS, England, by season, 2017 to 2018 onwards



Source: [UKHSA group A streptococcal infections: seasonal activity in England, 2023 to 2024](#)



Group A streptococcus: case study

A nursery school in East Riding was alerted to having two linked cases of invasive group A streptococcus (iGAS). Both cases had been treated at Hull Royal Infirmary within a month of each other and linked to the same classroom at the nursery setting.

UK Health Security Agency picked up the link to the same educational setting and called an incident management team meeting to bring system-partners together.

On closer investigation by the infection, prevention and control team, it was found that within the same class group, there were also several chickenpox cases circulating.

Firstly, all children in the same class were offered prophylaxis treatment of antibiotics to protect themselves from illness due to potential exposure to group A streptococcus infection.

Secondly, as chickenpox continued to circulate throughout the setting, all children in the same class were offered a chickenpox vaccine as additional protection.

Outcomes

- No new cases of iGAS were reported linked to the setting
- No children became seriously unwell due to being infected with chickenpox



Chickenpox in children is common with mild symptoms of itchy, topical spots. In otherwise healthy children, the most common complication of chickenpox is secondary bacterial skin infection, typically caused by scratching lesions.

Whilst most of these are mild impetigo or localised cellulitis, the increased incidence of group A streptococcal (GAS) colonisation in children (around 10% are asymptomatic carriers in the throat or on skin) makes invasive GAS infection a real concern.

Dr J Thomson
Paediatrician

Source: [Thomson, J. Paediatric Pearls, Invasive Group A Strep and chickenpox \(2016\)](#)



Tuberculosis

Tuberculosis (TB) is an infection that usually affects the lungs. It can be treated with antibiotics but can be serious if not treated. There is a vaccine that helps protect some people who are at risk from TB.

Case study Extensively drug-resistant tuberculosis (XDR TB)

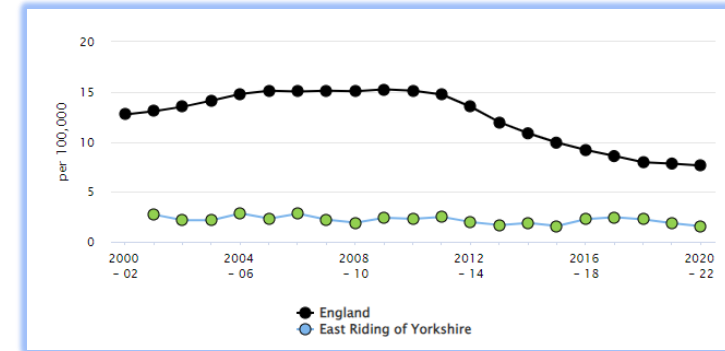
During 2023, a patient was re-located into the UK and admitted to Castle Hill Hospital (CHH) with XDR TB. Not only did the condition present a formidable challenge for treatment but the patient presented a legal challenge too as they did not want to be admitted to hospital. This patient was in relatively advanced stages of the condition and, at the point of admission to CHH, had been receiving intermittent treatment since 2019 - including treatment at a sanatorium overseas. Even though tuberculosis is a treatable infectious disease, XDR TB is practically incurable by standard first-line treatment. A part 2A order was obtained by ERYC public protection team to allow for necessary treatment for the patient.

An incident management team (IMT) was convened by UKHSA which included wider system-partners, most notably ERYC health protection, ERYC public protection and Hull University Teaching Hospitals Trust.

The patient was successfully and safely admitted, detained (in accordance with the part 2A order) and treated over a period of several months. As antibiotic treatment continued to be unsuccessful, surgery was recommended by a national expert panel. The surgery has proved successful to date. When the patient was well enough, they were discharged into the community with additional support in place. The patient is reported to be still doing well and giving negative sputum samples at outpatient appointments.

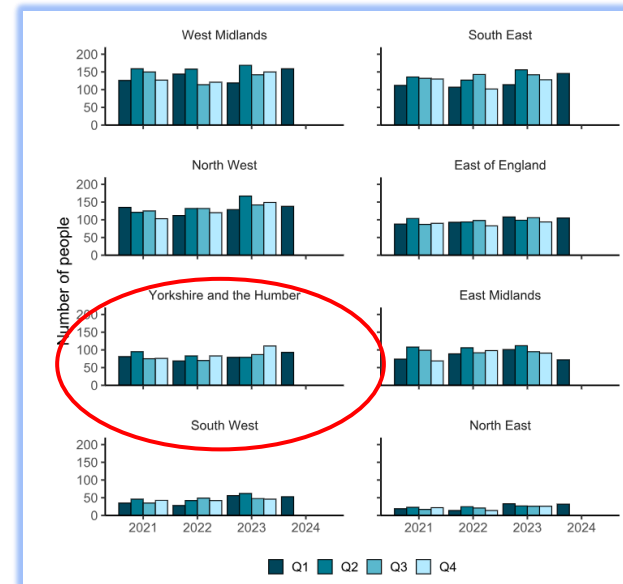
In May 2024, the IMT members reconvened to discuss the lessons learned from this extremely rare case. These lessons will be used to shape and inform future practice within the public health and health care systems.

Tuberculosis incidence rate per 100,000 since 2000 in East Riding of Yorkshire compared with England



↓
Incidence in ERYC remains lower than the national average

Tuberculosis notifications in UKHSA regions, England, quarter I (January to March) 2021 to quarter I, 2024



↓
Incidence in Y&H remains lower than the national average

Source: [UKHSA Tuberculosis in England: national quarterly reports](#)



Introduction to screening

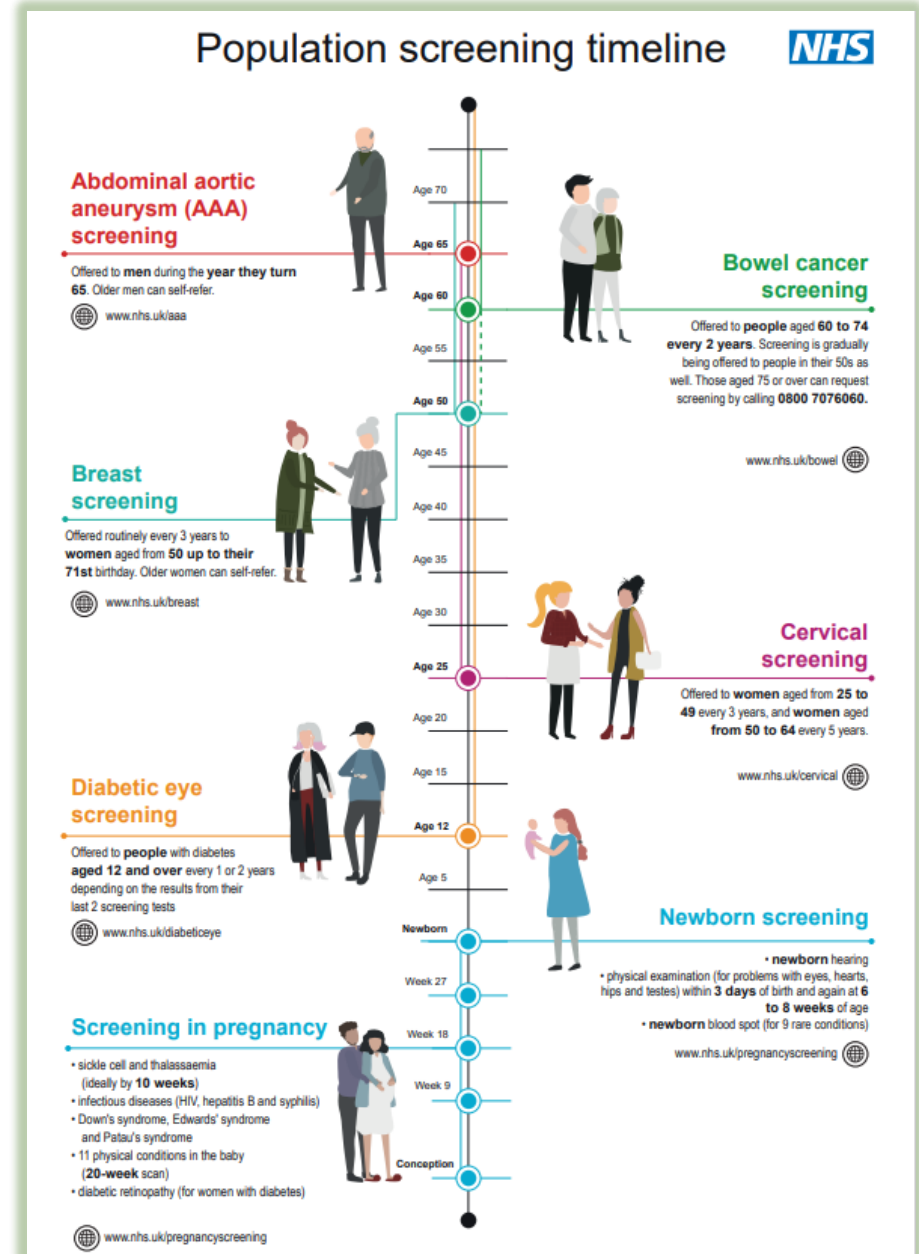
Screening is the process of identifying apparently healthy people who may have an increased chance of a disease or condition. The screening provider then offers further tests and/or treatment. This is to enable choices and reduce associated problems or complications. Screening should always be a personal choice. Accurate, balanced information should be provided at each step.

Screening is underpinned by the United Kingdom national screening committee (UK NSC) which is responsible for ensuring the reasons for screening are beneficial. According to UK NSC, undertaking screening can allow future health to be better, treatment (if required) to be more effective, provide reassurance, and enhance the informed decision process. It is noted that screening is a worthwhile use of resources owing to the listed benefits.

The local integrated care board (ICB) are responsible for the commissioning and monitoring of screening services at East Riding place level. Most screening services are delivered through primary care trust or secondary care.

The health protection team's role is to support the current delivery pathway to ensure national targets are met and, where possible, exceeded. The health protection team achieve this through collaborative communication campaigns with neighbouring local authorities and the ICB. Advice and support are provided where needed and networking opportunities are sought where beneficial to the successful delivery of screening services.

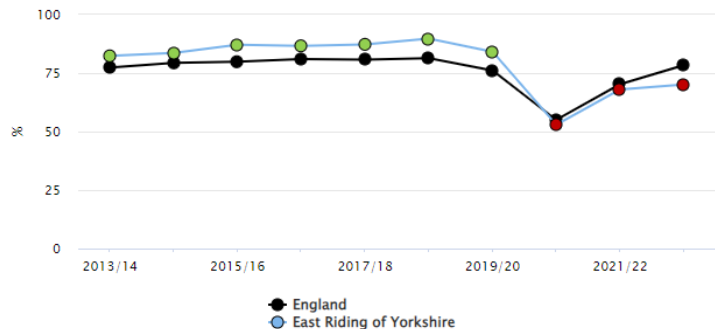
[UK National Screening Committee: population screening information](https://www.nhs.uk/healthscreening)



Screening (AAA and cancer)

Abdominal aortic aneurysm (AAA) screening

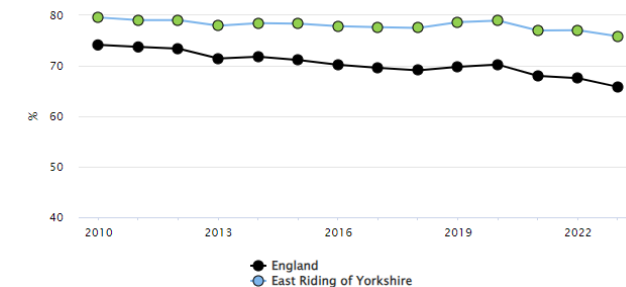
This is offered to men during the year they turn 65. Men aged 65 or over are most at risk of getting AAAs. Screening can help spot a swelling in the aorta before life threatening consequences. This screening allows treatment to take place on a potentially deadly illness. Older men can self-refer.



Recent trend: decreasing and getting worse

Cervical cancer screening

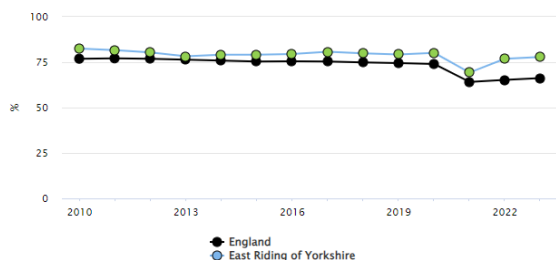
Women between the ages of 25 and 64 years are invited for regular cervical screening under the NHS cervical screening programme. Cervical screening checks a sample of cells from your cervix for certain types of human papillomavirus (HPV). These types of HPV can cause abnormal changes to the cells in your cervix and are called "high risk" types of HPV.



Recent trend: decreasing and getting worse

Breast cancer screening

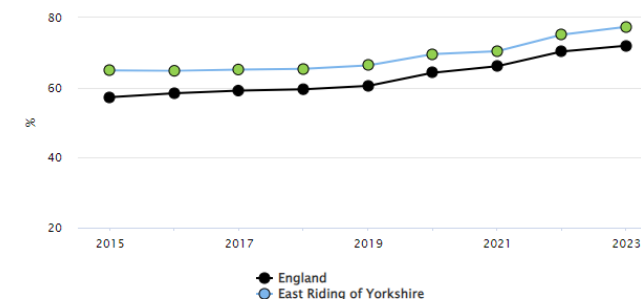
In the UK, breast cancer is the most common type of cancer among women. It usually affects women over 50 years of age who have already reached menopause. In 2021, Sir Michael Marmot concluded that breast screening has significant benefit and should continue.



Recent trend: decreasing and getting worse

Bowel cancer screening

Bowel cancer is one of the most common types of cancer diagnosed in the UK. Most people diagnosed with it are over the age of 60. Screening for bowel cancer should be offered every 2 years to men and women between the ages of 50 and 74 in the UK using the faecal-immunochemical test (FIT).



Recent trend: increasing and getting better



Screening (Antenatal)

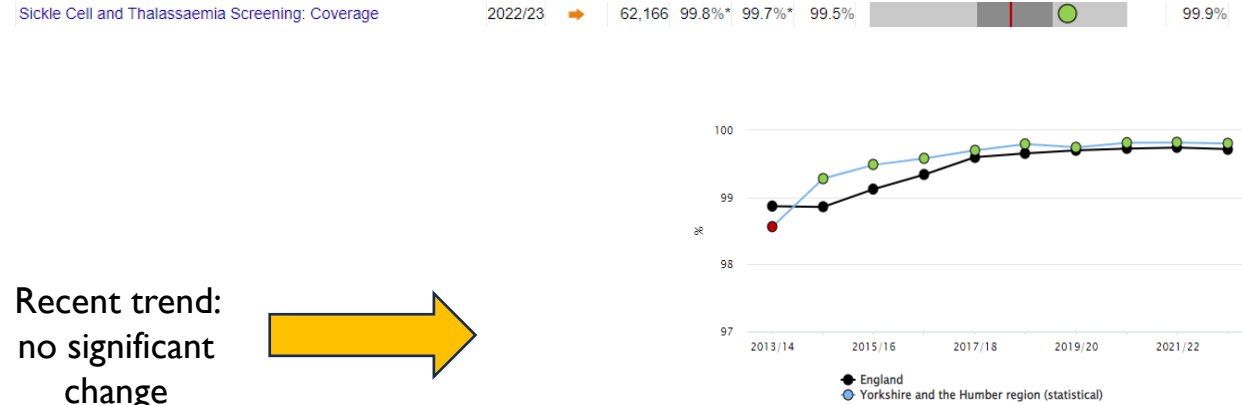
Discussion

The Yorkshire and the Humber performance summary:

1. Performed well for antenatal compared to other regions
2. Year-on-year performance for the last three years has remained statistically the same
3. Improvements in the screening uptake rates for hepatitis B since 2020/22
4. Improvements in the screening uptake rates for syphilis since 2020/22
5. In the last 3 years, in-line with England average or above it

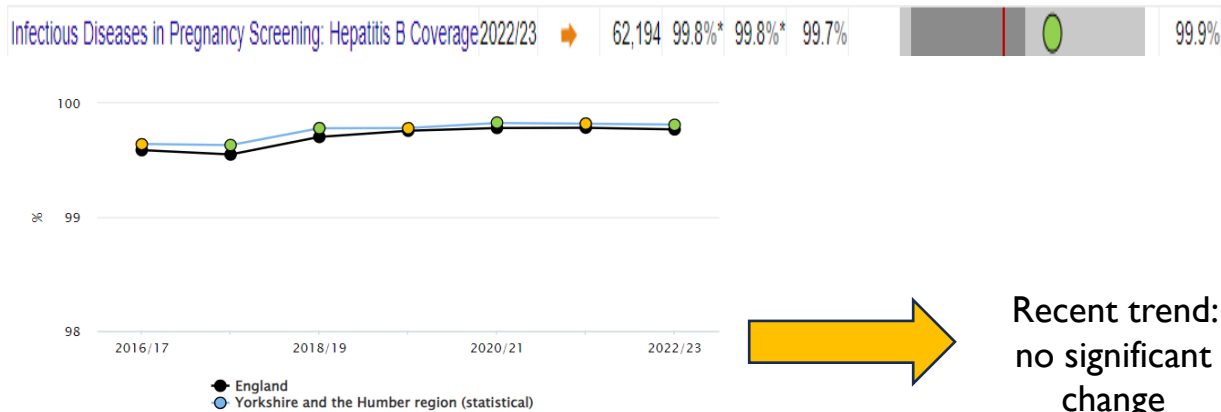
Antenatal screening – sickle cell and thalassaemia

Sickle cell and thalassaemia screening is offered to all eligible women during pregnancy. Antenatal screening is usually a combination of ultrasounds and blood samples - with further testing recommended if anything is notified.



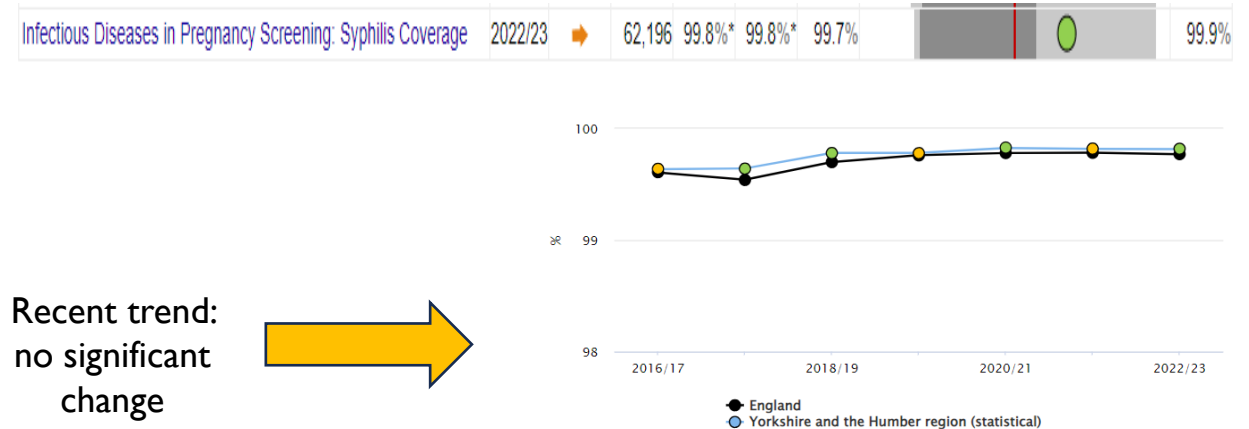
Antenatal screening – hepatitis B

Infectious diseases in pregnancy screening is offer to all women during pregnancy. This section highlights hepatitis B screening uptake.



Antenatal screening - syphilis

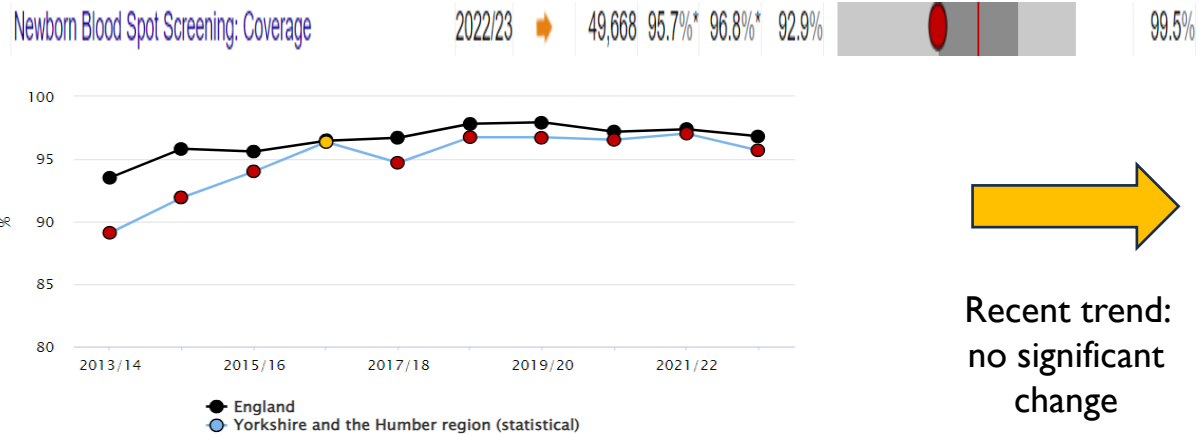
Infectious diseases in pregnancy screening is offer to all women during pregnancy. This section highlights syphilis screening uptake.



Screening (Newborn)

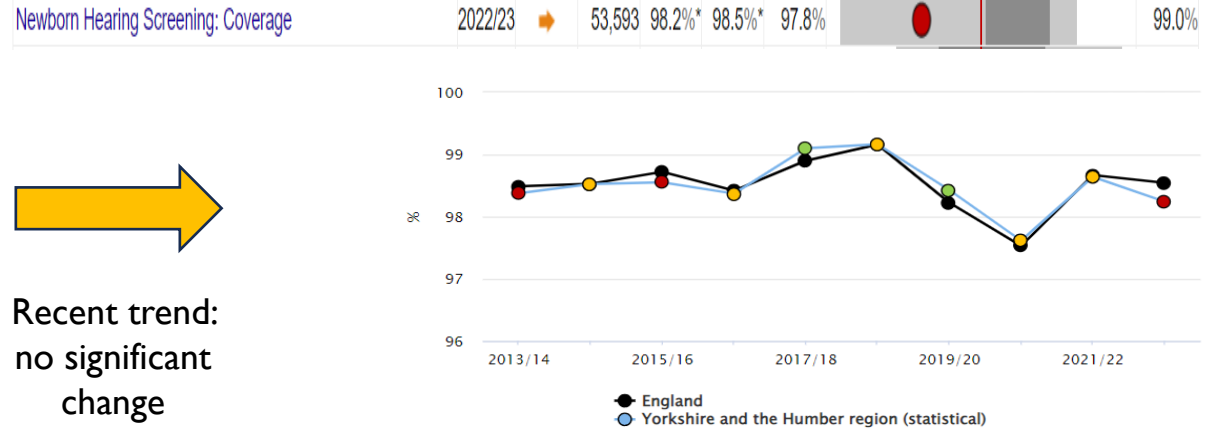
Newborn blood spot screening

Newborn blood spot screening is offered to parents of all eligible babies. The screening tests for phenylketonuria (PKU) and is recorded on the child health information system (CHIS) at less than or equal to 17 days of age.



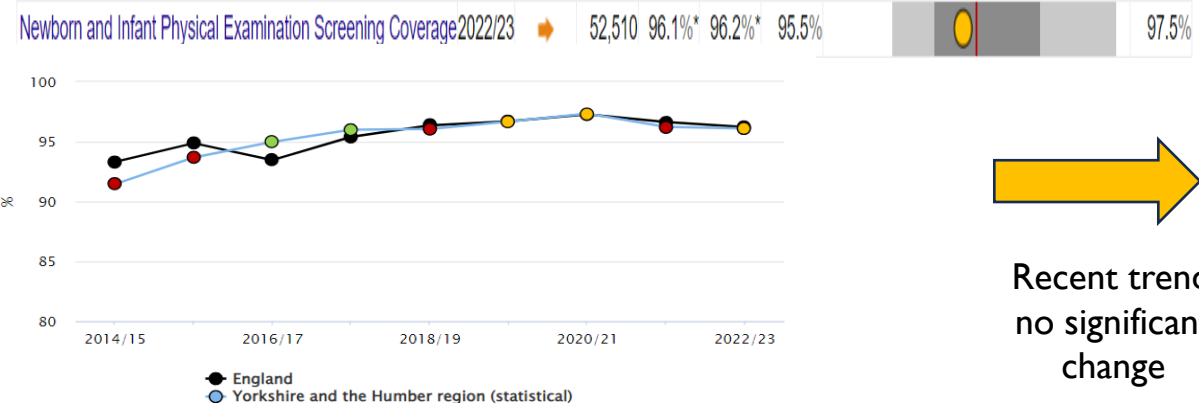
Newborn hearing screening

Newborn hearing tests can be completed prior to discharge following birth or any other healthcare professional if the screen is not complete prior to discharge. Ideally the test is done in the first 4 to 5 week, but it can be done up to 3 months of age.



Newborn physical examination screening

The newborn physical examination is offered to all parents within 72 hours of giving birth. The examination includes screening tests to identify any issues with eyes, heart, hips and testes (males only.) This examination normally takes place prior to discharge from hospital.



Discussion

The Yorkshire and the Humber performance summary:

1. Performance was poor in all newborn indicators.
2. Blood spot and hearing data is below the England average.
3. Newborn blood spot screening has been performing poorly since 2017/2018.
4. Newborn hearing screenings performance dipped during COVID with an expected increase in performance following the end of the pandemic. However, this has not happened, and performance is the worst it has been since 2013/2014.
5. The most recent data highlights and improvement in physical examination screening.

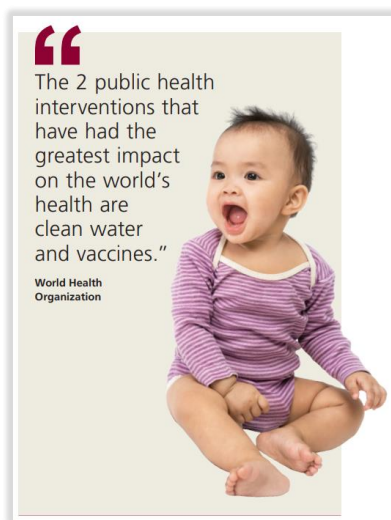


Life course immunisations and vaccinations

Vaccination is one of the most important things we can do to protect ourselves and our children against ill health. They prevent up to 3 million deaths worldwide every year.

Immunisation is a way of protecting against serious infectious diseases. Once a person has been immunised, their bodies are better able to fight those diseases that they come into contact with.

There are some diseases that can kill children or cause lasting damage to their health. Immunisations are given to prepare the child's immune system to fight off those disease if they come into contact with them.



Source: [NHS. A guide to immunisation for babies up to 13 months of age](#)

Routine childhood immunisations: England routines

Age due	Diseases protected against
Eight weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib) and hepatitis B
	Meningococcal group B (MenB)
	Rotavirus gastroenteritis
Twelve weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B
	Pneumococcal (13 serotypes)
	Rotavirus
Sixteen weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B
	MenB
One year old (on or after the child's first birthday)	Hib and MenC
	Pneumococcal
	Measles, mumps and rubella (German measles)
Eligible paediatric age group*	MenB
	Influenza (each year from September)
Three years four months old or soon after	Diphtheria, tetanus, pertussis and polio
	Measles, mumps and rubella
Boys and girls aged twelve to thirteen years	Cancers and genital warts caused by specific human papillomavirus (HPV) types
	Tetanus, diphtheria and polio
Fourteen years old (school Year 9)	Tetanus, diphtheria and polio
	Meningococcal groups A, C, W and Y

UKHSA routine childhood immunisations

East Riding's performance indicators for routine childhood immunisations, 2022/23

Recent trend: majority remained the same as previous years



Indicator	Period	East Riding		
		Recent Trend	Count	Value
Children in care immunisations	2023	→	205	90.0%
Population vaccination coverage: Dtap IPV Hib HepB (1 year old)	2022/23	→	2,547	97.3%
Population vaccination coverage: PCV	2022/23	↑	2,569	98.2%
Population vaccination coverage: Hib and MenC booster (2 years old)	2022/23	→	2,498	95.1%
Population vaccination coverage: PCV booster	2022/23	→	2,507	95.5%
Population vaccination coverage: MMR for one dose (2 years old)	2022/23	→	2,501	95.2%
Population vaccination coverage: MMR for one dose (5 years old)	2022/23	→	2,930	96.8%
Population vaccination coverage: MMR for two doses (5 years old)	2022/23	↑	2,858	94.4%
Population vaccination coverage - Hib / Men C booster (5 years old)	2017/18	→	2,982	93.5%
Population vaccination coverage BCG: areas offering universal BCG only	2021/22	-	84	*
Population vaccination coverage: MenB booster (2 years)	2022/23	→	2,505	95.4%
Population vaccination coverage: MenB (1 year)	2022/23	→	2,557	97.7%
Population vaccination coverage: DTaP and IPV booster (5 years)	2022/23	↑	2,852	94.2%
Population vaccination coverage: Rotavirus (Rota) (1 year)	2022/23	→	2,487	95.0%
Population vaccination coverage: Flu (primary school aged children)	2022	-	16,948	67.5%

Source: [OHID Fingertips Public Health data](#)



Measles, mumps and rubella (MMR)

The UK Health Security Agency's (UKHSA) Chief Executive warned in January 2024 that further outbreaks of measles will spread unless urgent action is taken to increase Measles, Mumps and Rubella (MMR) vaccination uptake in areas at greatest risk. Professor Dame Jenny Harries was visiting Birmingham amid a rapid rise in cases in parts of the region since October 2023.

The MMR vaccine has been a focus for communication resources throughout the year which have particularly targeted nurseries and schools to remind parents that both doses of the vaccine are vital to protect your child.

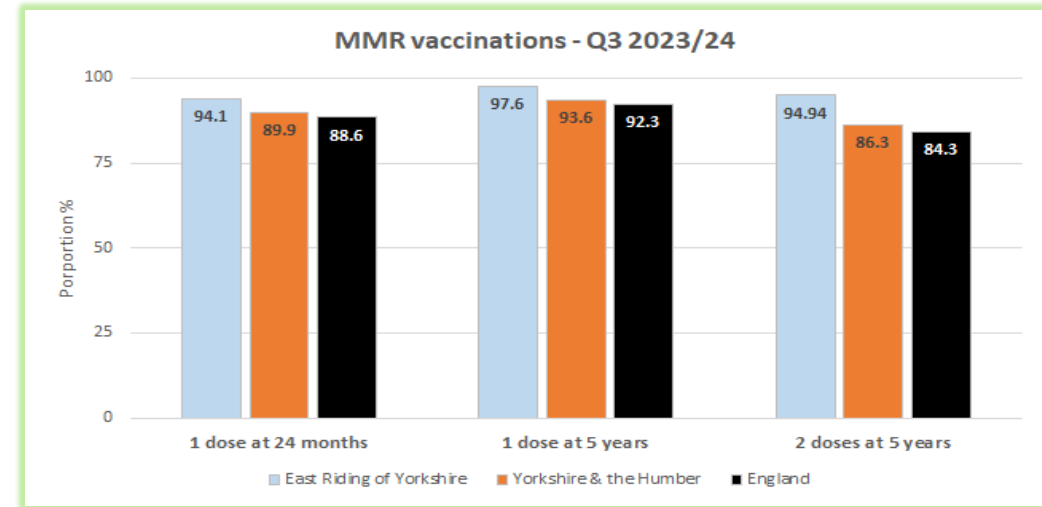
MMR is part of the NHS routine childhood immunisation programme – with one dose offered at one year and another second dose at 3 years and 4 months. Over 99% of those who have 2 doses of the MMR vaccine will be protected against measles and rubella. The vaccine also provides protection against mumps, and, although protection is slightly lower, cases in vaccinated people are much less severe, highlighting the importance of the MMR vaccination.



[UKHSA Measles outbreak press release 19 January 2024](#)

[UKHSA MMR programme publications August 2023](#)

MMR Vaccination quarterly data for East Riding and Yorkshire & Humber compared to England: Quarterly 3 2023/4



↑
Better than regional and national

Population vaccination coverage for all UKHSA regions (top ten performers): MMR for two doses (5 years old) 2022/23

Area	Recent Trend	Count	Value
England	↓	575,515	84.5
East Riding of Yorkshire	↑	2,858	94.4
County Durham	↓	5,003	94.0
Bath and North East Somerset	→	1,893	93.3
Derbyshire	↑	7,315	93.1
West Berkshire	→	1,523	93.0
North Tyneside	→	2,135	92.8
South Tyneside	→	1,624	92.7
Northumberland	↑	2,870	92.6
Wiltshire	→	5,079	92.4
Sunderland	→	2,808	92.4

↑
Best rates in England

Sources: [OHID Public Health data Fingertips](#) and [UKHSA Quarterly vaccination coverage statistics](#)



Human papillomavirus (HPV)

The human papillomavirus (HPV) is a very common virus. It usually doesn't cause any problems. For most people, HPV will be cleared from the body, and they will never know they've had it.

But some types of HPV can cause problems such as genital warts, and 'high-risk' types of HPV increase the risk of some cancers. High-risk HPV can cause changes to the DNA on our cells and make them more likely to turn cancerous.

HPV vaccination helps to prevent cancer by protecting against HPV. HPV increases the risk of some types of cancer and causes all cases of cervical cancer.

The HPV vaccine is offered to all children between the ages of 11 – 13 in the UK. It is also available to people up to the age of 25 who missed their vaccination when offered it, men who have sex with men, and some transgender people.

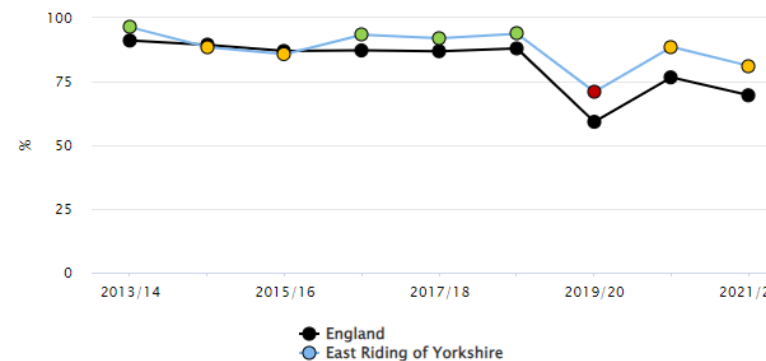
The HPV vaccine has been offered to all girls in school year 8 since September 2008. From September 2019, the vaccine has also been offered to year 8 boys. This is because the evidence is clear that the HPV vaccine helps protect both boys and girls from HPV-related cancers.

A 2021 study found that cervical cancer rates were reduced by almost 90% in women in their 20s in England, who were offered the vaccine aged 12-13.

Sources: [UKHSA Information on the HPV vaccination from September 2023](#) and [Cancer Research UK](#)

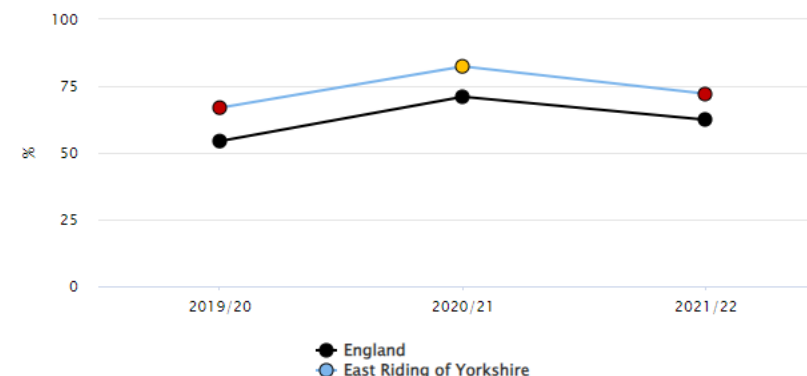
HPV vaccination coverage

HPV one dose (12 to 13 years old – female)



Recent trend: decreasing and getting worse

HPV one dose (12 to 13 years old – male)



Recent trend: decreasing and getting worse

[OHID Fingertips Public health data](#)



Seasonal vaccinations: influenza

Each year the NHS prepares for the unpredictability of flu. For most healthy people, flu is an unpleasant but usually self-limiting disease with recovery generally within a week.

However, there is a particular risk of severe illness from catching flu for:

- older people
- the very young
- pregnant women
- those with underlying disease, such as chronic respiratory or cardiac disease
- those who are immunosuppressed

The [national flu immunisation programme plan 2023 to 2024](#) set out the specific details of the immunisation offer which included all children aged from 2 years to less than 18 years of age. In the ERYC, the schools' vaccinations provider, Vaccination UK, delivered the vaccine within schools.

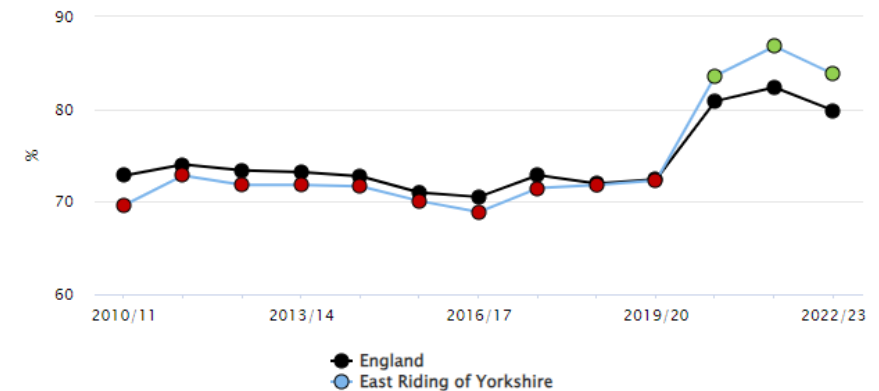
GPs provided the free vaccine to patients who were deemed eligible according to the NHS eligibility criteria.

In addition, the ERY council staff were offered the opportunity of a voucher for a vaccine at a local participating pharmacy. It is hoped that this can be offered again in the forthcoming flu season to protect the workforce, their families and the local community.

Source: [UKHSA Annual flu programme](#)

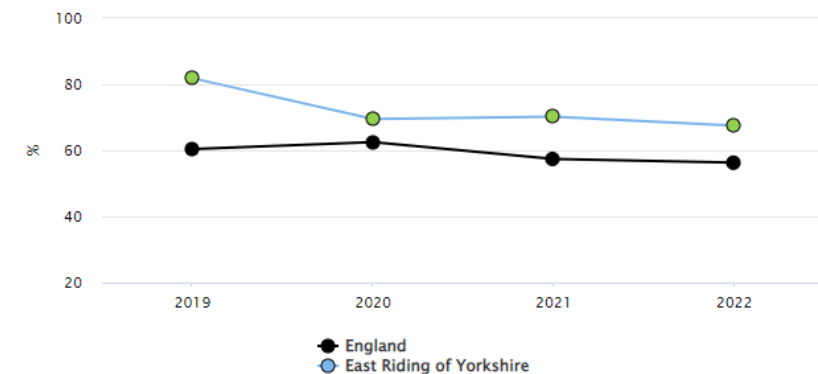
Seasonal influenza vaccination coverage

Population vaccination coverage: Flu (aged 65 and over)



Better than England average

Population vaccination coverage: Flu (primary school aged children)



Better than England average

Source: [OHID Fingertips Public health data](#)



COVID-19: Autumn 2023 booster vaccination

Rigorous clinical trials have been undertaken to understand the immune response, safety profile, and efficacy of all coronavirus (COVID-19) vaccines approved for use in the UK as part of the regulatory process. Ongoing monitoring of the vaccines as they are rolled out in the population is important to continually ensure that clinical and public health guidance on the vaccination programme is built upon the best available evidence.

An autumn booster programme was recommended by the Joint Committee on Vaccination and Immunisation (JCVI) for adults aged 65 years and older, as well as those in a clinical risk group, care home staff and residents, frontline health and social care workers, carers and household contacts of people with immunosuppression.

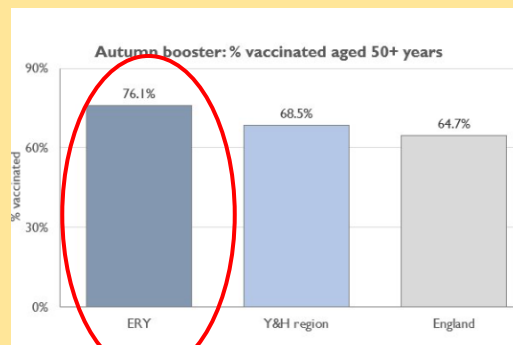
Vaccinations began 11 September 2023, with the most at risk (adult care home residents and people who are immunosuppressed) prioritised for vaccination. Incremental effectiveness against hospitalisation for both booster vaccines peaked at about 50%.

Source: UKHSA [COVID-19 vaccine surveillance report week 17](#)

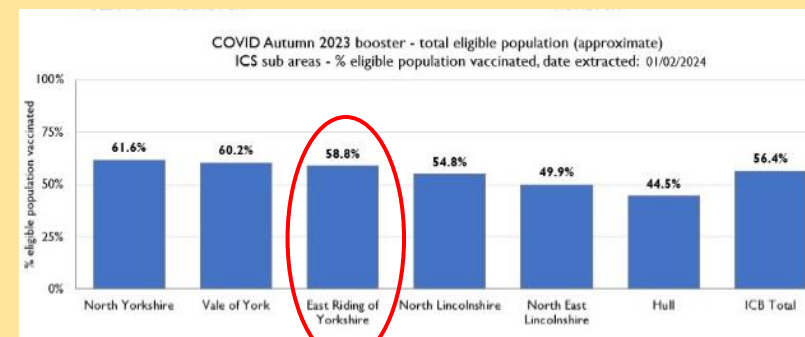
COVID booster data: all eligible population



Autumn 2022 data



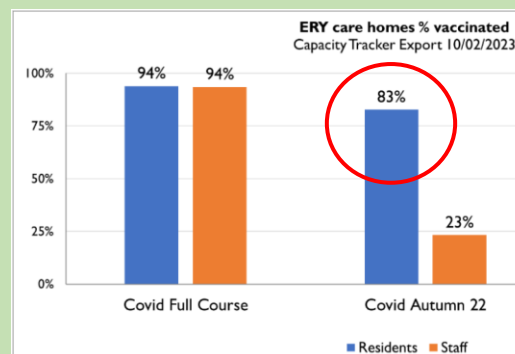
Autumn 2023 data



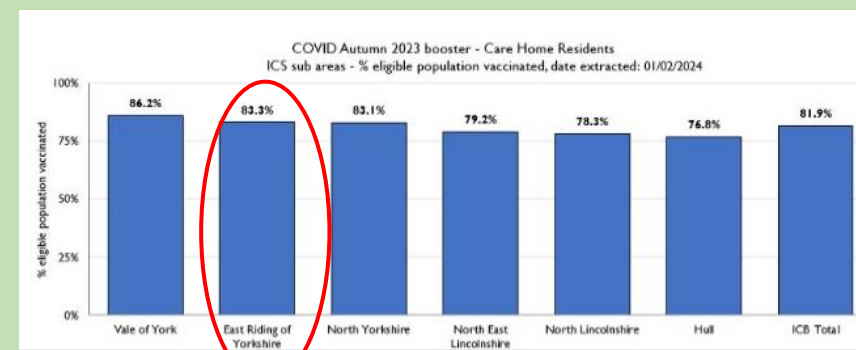
COVID booster data: care home vaccination rates



Autumn 2022 data



Autumn 2023 data



Sexual and reproductive health introduction

Good sexual health and the reduction of sexual ill-health is vital for the East Riding residents. The health protection team commission a range of integrated sexual health (ISH) services to provide screening and treatment for sexually transmitted infections (STIs), including advice on prevention. Some contraceptive and reproductive health services are also commissioned in line with the Health and Social Care Act, 2012.

Sexual health and wellbeing is strongly linked to deprivation and health inequality. It presents a significant cost to the public finances as well as to the individual, with consequences including episodes of discomfort, long-term disability, long term damage to reproductive health, feelings of regret and possible discrimination.

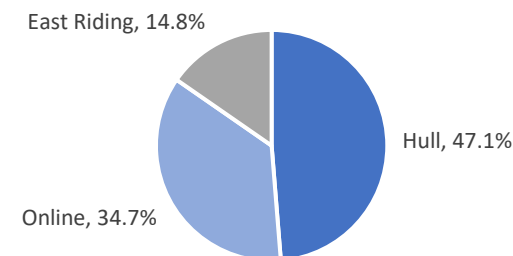
The council's priorities which are covered through the sexual health services include:

- Empowering and supporting communities
- Protecting the vulnerable
- Helping children and young people achieve

[UKHSA: Spotlight on sexually transmitted infections in Yorkshire and Humber: 2022 data \(updated March 2024\)](#)

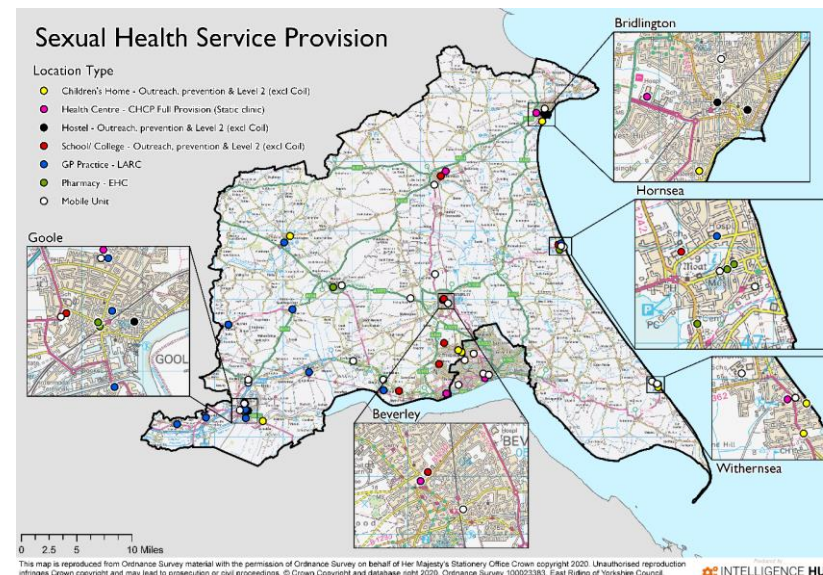
Sexual health clinics - attendance data

Patient Attendance Flow - East Riding resident attendances to GUM and Non GUM services by location of service Apr22 to Mar 23



Low rates of attendance for ER compared to Hull and online

Map to show sexual health service provision in the East Riding and Hull area

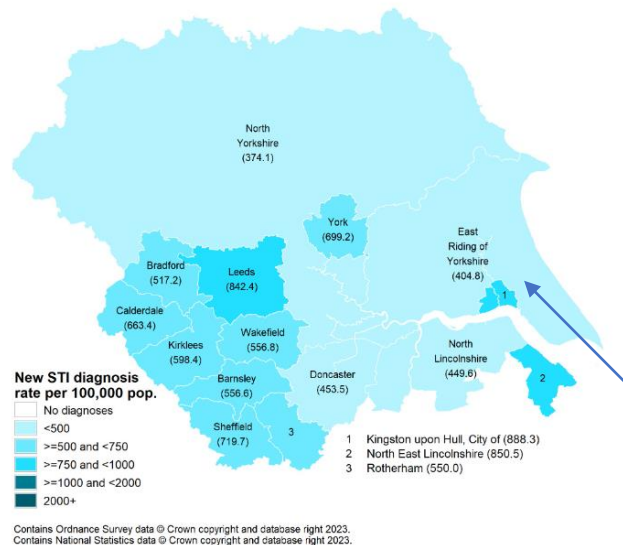


Screening and sexually transmitted infections (STIs)

Rates of syphilis and gonorrhoea in East Riding are lower than average. In 2022, infectious syphilis diagnoses increased by 15.2% compared with 2021 and gonorrhoea diagnoses increased by 50.3% compared to 2021. While the increase of both these STIs will be in part due to increase in testing, the scale of the increase in diagnosis strongly suggests that there is more transmission of STIs within the population.

Chlamydia is the most commonly diagnosed bacterial STI in England with the highest rates detected within young adults. For this reason, key national indicators have been aimed at 15 – 24-year-olds. If left untreated, it can cause infections and complications such as pelvic inflammatory disease (PID), ectopic pregnancy and tubal-factor infertility. Local chlamydia testing and detection rates in East Riding remain similar to the average for England.

The national chlamydia screening programme seeks to offer opportunistic testing to all asymptomatic young people. Other strategies include raising the awareness of STIs alongside contraception in outreach and prevention services and targeting both women attending for emergency hormonal contraception (EHC), and young men accessing services for contraception, as potential opportunities to increase testing and detection.



Data sources: GUMCAD, CTAD

East Riding of Yorkshire Sexual Health area profile 2021/22



Low detection rates unclear if reflective of infectious rates

Sexual and Reproductive Health Profiles

Data view: Area profiles | Geography: East Riding of Yorkshire (Counties & UAs in Yorkshire and the Humber region)

Indicator	Period	East Riding	
		Recent Trend	Count Value
Syphilis diagnostic rate per 100,000	2022	→	10 2.9
Gonorrhoea diagnostic rate per 100,000	2022	→	225 66
Chlamydia detection rate per 100,000 aged 15 to 24 (Female)	2022	→	312 2,045
Chlamydia proportion in females aged 15 to 24 screened	2022	→	2,796 18.3%
New STI diagnoses (excluding chlamydia aged under 25) per 100,000	2022	→	895 261
HIV testing coverage, total	2022	↓	1,025 20.4%
HIV late diagnosis in people first diagnosed with HIV in the UK	2020 - 22	→	6 85.7%
New HIV diagnosis rate per 100,000	2022	→	7 2.0
HIV diagnosed prevalence rate per 1,000 aged 15 to 59	2022	→	117 0.66
Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old)	2021/22	↓	1,571 81.2%
Under 25s repeat abortions (%)	2021	→	53 19.0%
Abortions under 10 weeks (%)	2021	↑	638 84.5%
Total prescribed LARC excluding injections rate / 1,000	2022	→	6,470 62.0
Under 18s conception rate / 1,000	2021	→	60 11.1
Under 18s conceptions leading to abortion (%)	2021	→	31 51.7%
Violent crime - sexual offences per 1,000 population	2021/22	↓	660 1.9

Map of new STI rates per 100,000 residents by upper-tier authority in Yorkshire and Humber, 2022.

Geographically, East Riding of Yorkshire, is closest to the authority with the highest rates, Kingston-Upon-Hull.

Source: OHID Fingertips public health data



Sexual health services



Commissioners and providers of sexual health services in the East Riding have an important role in communicating messages about safer sexual behaviours and how to access services.

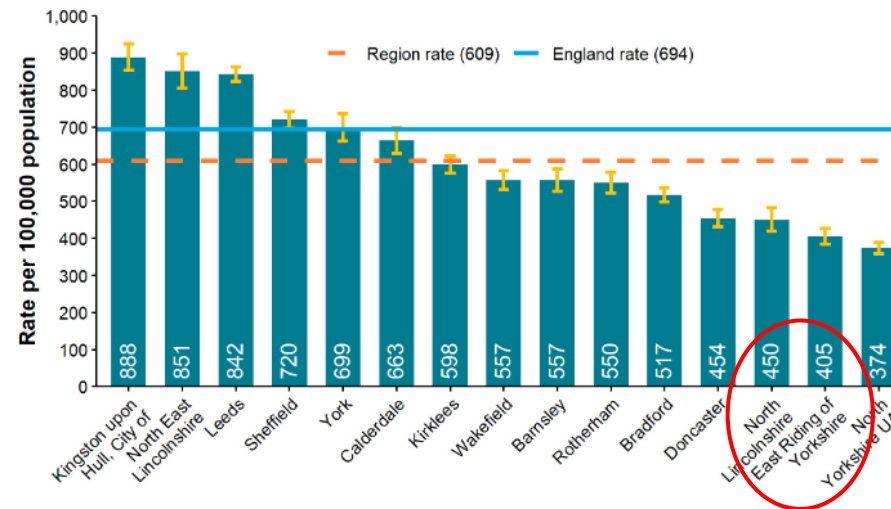
The main preventative messages include:

- using condoms consistently and correctly protects against HIV and other STIs such as chlamydia, gonorrhoea, and syphilis. Condoms can also be used to prevent unplanned pregnancy.
- regular screening for STIs and HIV is essential to maintain good sexual health. Everyone should have an STI screen, including an HIV test, on at least an annual basis if having condomless sex with new or casual partners.
- women, and other people with a womb and ovaries, aged under 25 years who are sexually active should have a chlamydia test annually and on change of sexual partner.
- gay, bisexual and other men who have sex with men (GBMSM) should have tests for HIV and STIs annually or every 3 months if having condomless sex with new or casual partners

Source: [Conifer Sexual Health clinics](#)

Sexually transmitted infections diagnoses rates

Rate of new STI diagnoses per 100,000 population by upper-tier local authority of residence, Yorkshire and Humber, 2022



Data sources: GUMCAD, CTAD

Source: [UKHSA spotlight on sexually transmitted infections in Yorkshire and Humber: 2022 data](#)



2nd lowest rate in Yorkshire and Humber



Gonorrhoea and syphilis

Though sexually transmitted infections (STIs) such as gonorrhoea and syphilis are usually treated with antibiotics, many can cause serious health issues if left untreated. Chlamydia and gonorrhoea can cause infertility and pelvic inflammatory disease, while syphilis can cause serious, irreversible and potentially life-threatening problems with your brain, heart or nerves.

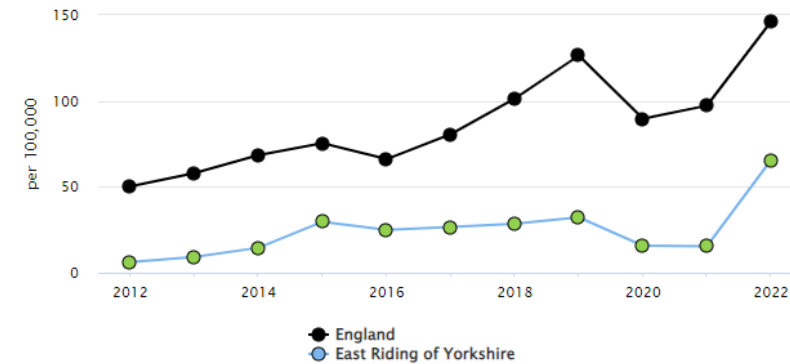
UKHSA released a press statement last year to warn the public of the potential risk of STIs and highlighted the cases of gonorrhoea and syphilis as the highest on record.

Facts:

- Gonorrhoea diagnoses increased 50.3% in 2022 compared to 2021
- Infectious syphilis diagnoses increased by 15.2% in 2022 compared to 2021 – this is the largest annual number since 1948
- People aged 15 to 24 years remain the most likely to be diagnosed with sexually transmitted infections
- In 2022, there were over 400 diagnoses of STIs made each day among young people

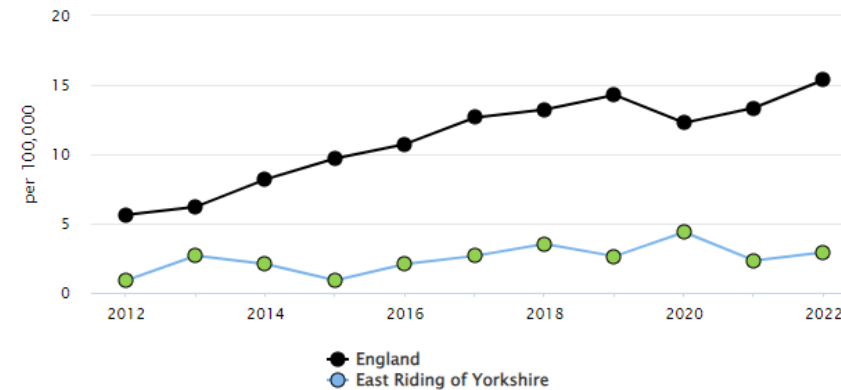
“STIs are not just an inconvenience – they can have a major impact on your health and that of your sexual partners.”
 Dr Hamish Mohammad
 Consultant Epidemiologist at UKHSA

Gonorrhoea diagnostic rate per 100,000 in East Riding of Yorkshire compared with England



Lower than national average

Syphilis diagnostic rate per 100,000 in East Riding of Yorkshire compared with England



Lower than national average

Source: [UKHSA press release, June 2023: Gonorrhoea and syphilis at record levels in 2022](#)




Human immunodeficiency virus (HIV)

HIV remains an important public health problem in Yorkshire and Humber. The region has the second highest rate outside of London (4.3 new HIV diagnoses per 100,000 population in 2021). Within Yorkshire and Humber, there is substantial variation across local authorities with Leeds reporting the highest rate of new HIV diagnoses (9 new diagnoses per 100,000 population). Three other local authorities reported rates above the regional average (Sheffield, City of Kingston upon Hull and Bradford, respectively), with considerable variation reported across all local authorities in Yorkshire and Humber.

HIV pre-exposure prophylaxis (PrEP) is available for free from specialist sexual health services (SHS) and can be used to reduce an individual's risk of acquiring HIV.

HIV post-exposure prophylaxis (PEP) can be used to reduce the risk of acquiring HIV following some sexual exposures – PEP is available for free from most specialist SHS and most emergency departments.

Professor Susan Hopkins, UKHSA's Chief Medical Adviser, is calling for more awareness on International Women's Day 2024

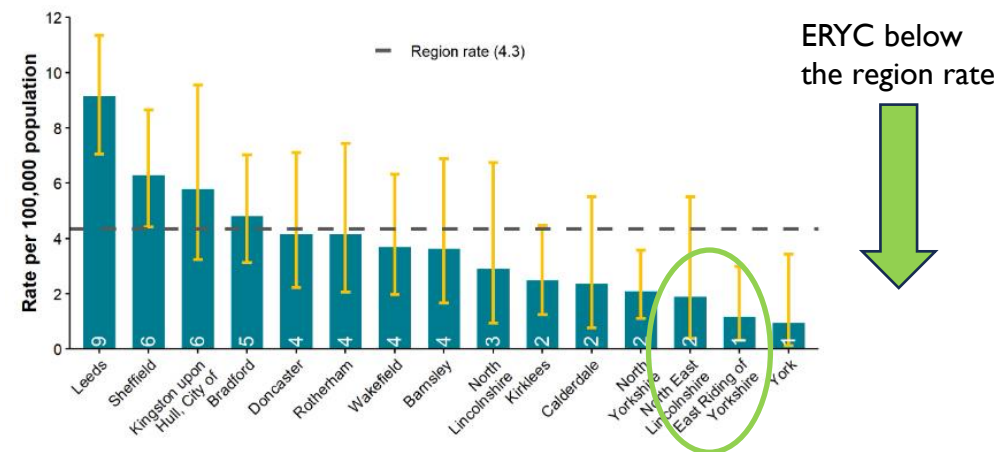


Since 2021, progress has slowed in reducing HIV transmission among heterosexual women, with cases rising by 26% from 447 to 564 in 2022.

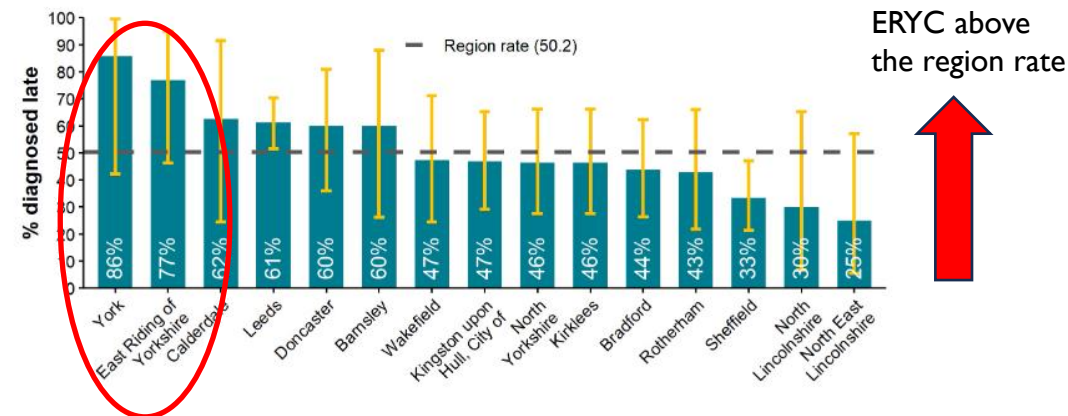
Source: [UKHSA Professor Hopkins, March 2024](#)

Data

New HIV diagnoses per 100,000 populations (all ages) by upper tier local authority of residence, Yorkshire and Humber residents, 2021



Percentage of new HIV diagnoses by upper tier local authority of residence that were diagnosed late, Yorkshire and Humber residents, aged 15 years and over, 2019 to 2021



Data source: UKHSA, HIV and AIDS New Diagnosis Database/System, HIV and AIDS Reporting System (HARS).



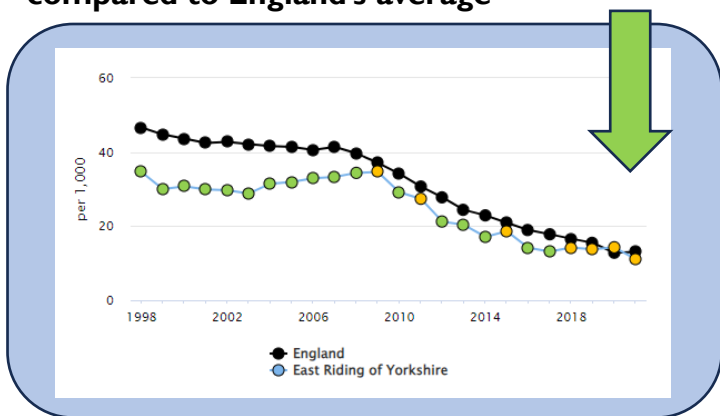
Teenage pregnancy

Teenage pregnancy is associated with poor outcomes for young women and their children, according to the Royal College of Paediatrics and Child Health. In the East Riding, the rates of teenage conception are declining in line with the national trend.

Reducing teenage pregnancy requires comprehensive relationships and sex education and access to effective contraception in youth friendly services. Dedicated coordinated support for young parents helps improve outcomes for them and their children.



Under 18s conception rate / 1,000 in East Riding, compared to England's average



[Quarterly conceptions to women aged under 18 years, England and Wales - Office for National Statistics](#)

East Riding Joint Health and Wellbeing Strategy 2023 - 2028

PRIORITY OUTCOME 1

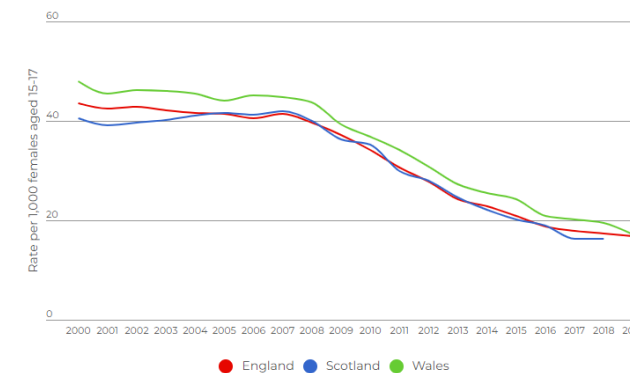


Source: Eastriding.org.uk JSNA



Royal College of Paediatrics and Child Health

Under-18 conception rate, per 1,000 females aged 15-17 years, England, Scotland and Wales, 2000-2019



The last ten years have seen a sustained decline in conception rates for 15 – 17 year old females across England, Scotland and Wales.

Under-18 conception rates remain considerably higher amongst young women living in the most deprived areas, although there have been reductions across all deprivation subgroups.

Source: [RSPCH conception rates UK](#)



Integrated Specialist Public Health Nursing Service (ISPHNS)

The ISPHNS teams deliver a variety of services across the East Riding to support children and young people 0 - 19

The East Riding health protection team commission this vital service and work closely with the service leaders to ensure the very best service is delivered to our residents.

From the start of pregnancy through to the child leaving the education system at 19 years old, the ISPHNS team offer all families support and advice. The ISPHNS service empowers families to make informed and positive decisions about health. The service is delivered by six professional teams across the East Riding. These teams comprise of specialist nurses in these roles:

- Specialist community public nurses
- Family nurse practitioners
- Breast-feeding specialists
- Public health nurses
- Nursery nurses
- Health care assistants



The specialist teams work closely with early years settings, schools, higher education settings, GPs, children's centres and community midwives to ensure every child and their families get the service and care they need.

Source: [Humber NHS](#)



Chat Health



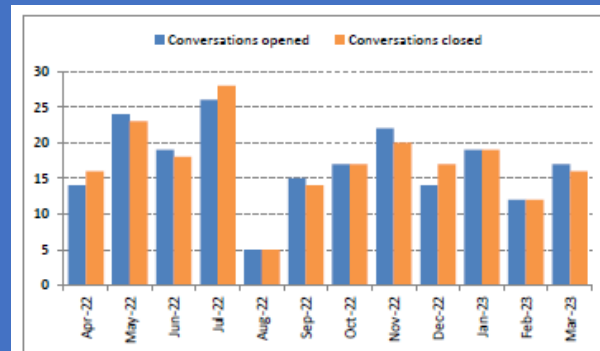
Slight decline in overall usage compared to last year

Chat Health is a text service enabling young people at secondary school to reach out to our school nurse team to ask for help about a range of issues or make an appointment with one of our nurses confidentially.

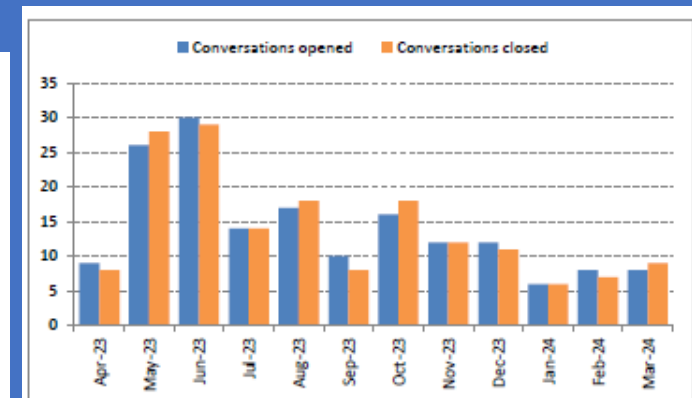
The service is for anyone aged 11 – 19 at secondary school looking for confidential advice on a wide range of issues such as bullying, emotional health and wellbeing, sexual health as well as illnesses. The service is available across the East Riding and is confidential, quick and easy to use.

Chat Health conversations data comparison

Data 2022 - 23



Data 2023 - 24



Source: ERYC Public Health ISPHNS Quarterly report to 31st March 2024



Breastfeeding

Breastfeeding is among the most effective ways to protect maternal and child health and promote healthy growth and optimal development in early childhood. Breastfeeding improves child survival and protects against life-threatening and chronic illnesses. Breastfeeding is good for mothers as well, it has been shown to protect against post-partum haemorrhage, postpartum depression, ovarian and breast cancer, heart disease and type 2 diabetes

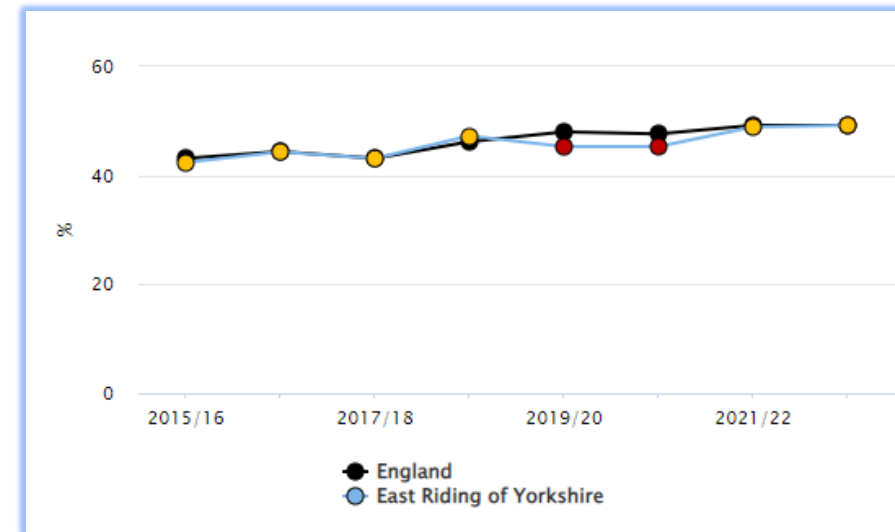


World Health Organisation recommends:

- Initiation of breastfeeding within the first hour of life.
- Exclusive breastfeeding, without any additional food or fluids, not even water, for the first six months.
- Thereafter children should receive complementary foods with continued breastfeeding up to 2 years of age or beyond.
- Breastfeeding on demand – that is as often as the child wants, day and night.



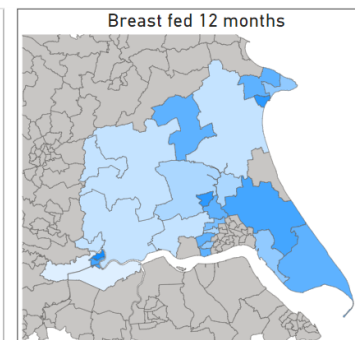
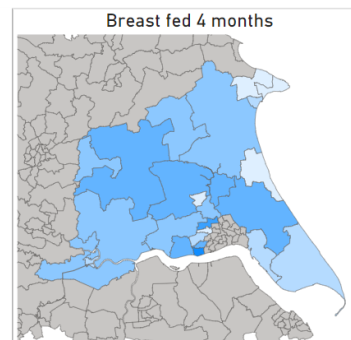
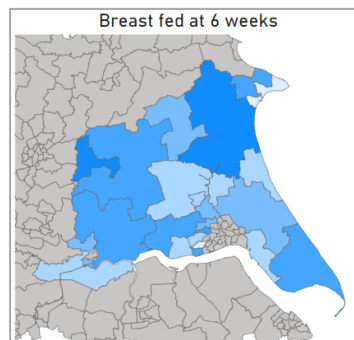
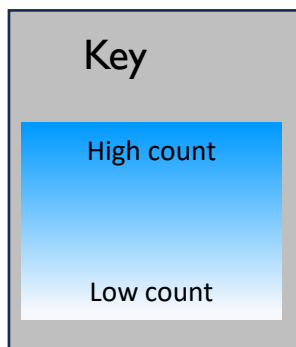
Breastfeeding prevalence at 6 to 8 weeks in East Riding, compared to England average



Remained the same and in line with England average rates



Source: [OHID Fingertips Public health data](#)



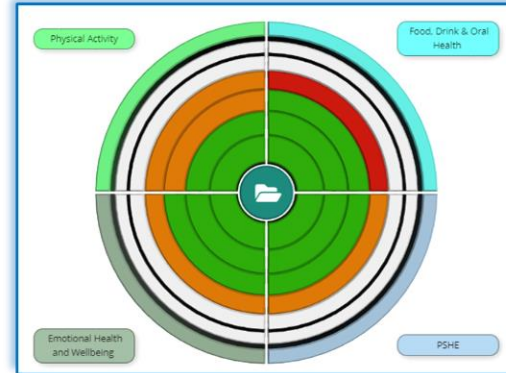
In East Yorkshire 74% of mothers put their babies to the breast at birth...
...with 50% still breastfeeding at 6 weeks and 40% at 3-4 months.



Healthy school award pilot

In the East Riding, we recognise that good, healthy habits need to be nurtured from an early age. That is why, this year we launched the **Health School Award pilot**. Due to its success, we hope to roll it out to more schools next year. Here is what it is all about:

- The healthy school award is a self-accreditation project that enables primary schools to audit themselves against 4 set themes, PSHE, physical activity, food drink & oral health, emotional health & wellbeing.
- There are 5 criteria in each theme: policy, setting environment, teaching & learning, staff CPD, engagement with parents and other organisations.
- The tool enables schools to baseline where they are at the start of the project and see where improvements are needed within these themes. They can track their progress and complete at their own pace, breaking down the competitive barriers some schools face.
- The pilot has been running this year with 10 schools. The tool contains several resources and examples to support schools to be able to achieve completion of all criteria. It is hoped that by completing the healthy school award, schools will feel more confident in these themes, improving health and wellbeing across the entire school setting.



30% of schools who piloted the award this year are very near to completion – congratulations!

Case Study: Keldmarsh Primary School

East Riding of Yorkshire Council's Healthy School Award scheme has allowed us to demonstrate our commitment to healthy lifestyles. The self-assessment criteria cover healthy activities, healthy eating, emotional health and personal, social and health education.

In school, we promote healthy eating and increase physical activity through activities such as:

- Change for life club
- Healthy options for hot dinners
- Encouraging healthy packed lunches
- Step trackers used as personal challenge within classes and in PE lessons
- Daily mile challenge
- All children encouraged to choose the right food to develop an understanding of what their bodies' need as fuel, muscle repair and growth.

https://www.keldmarshprimaryschool.org.uk/sport/healthy_schools/healthy_schools.html



Cases for ERY education settings by ward of child residence: September 2023 to April 2024

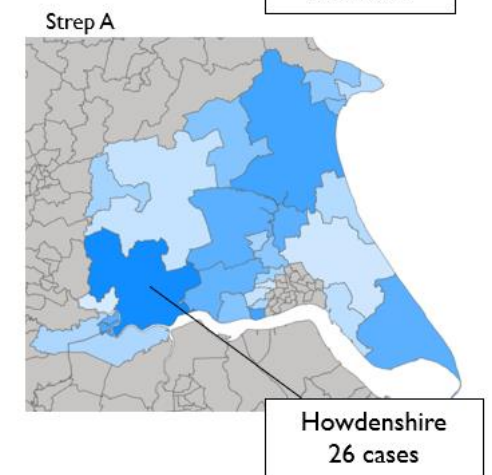
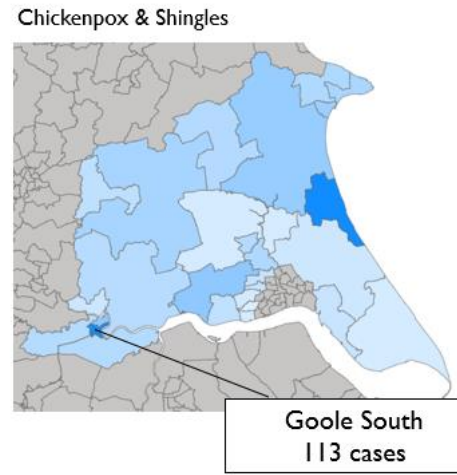
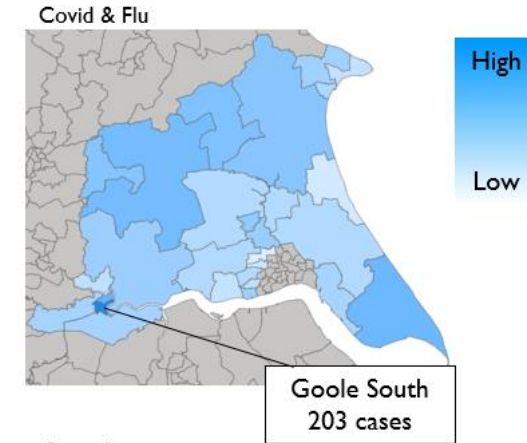
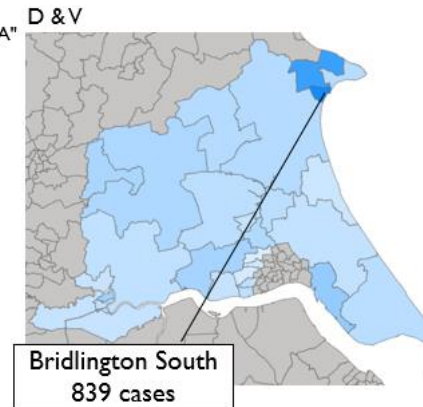
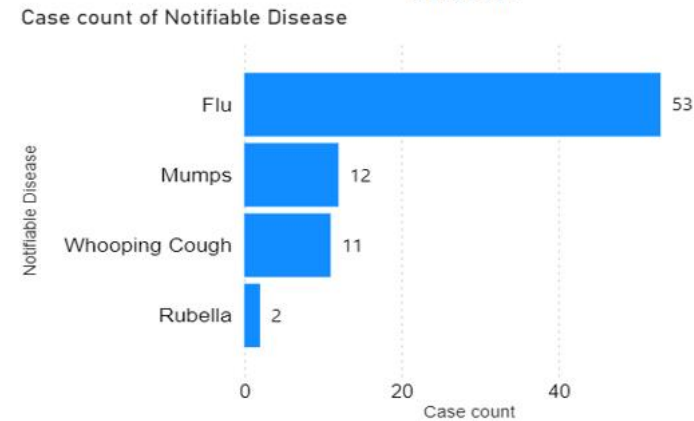
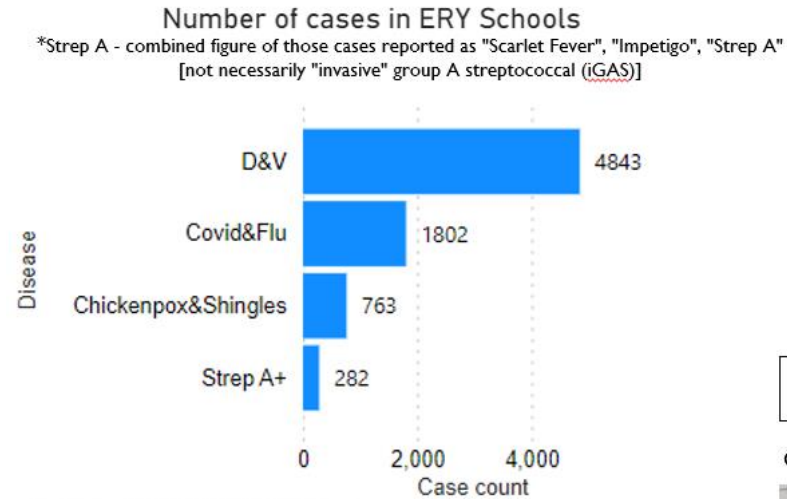
Educational settings

Educational settings are encouraged to report notifiable diseases directly to the ERYC public health team via a bespoke online system. This enables the public health team to provide support directly to settings should they need it.

As with most infections, there are seasonal peaks and trends but alongside this, there are particular geographical clusters of cases.

The surveillance data relies on the settings reporting regularly and accurately. We are grateful to the education settings for working closely with us and providing the information daily or when cases occur that are linked to their setting.

Settings are encouraged to contact the health protection team if they need support for outbreaks of infectious disease in their settings at the earliest signs of transmission. This enables infection, prevention and control measures to be implemented without delay.



ERYC schools and years infections monitoring system
B:\PH_Restricted_Data\Schools Infections\School Notification Maps v2



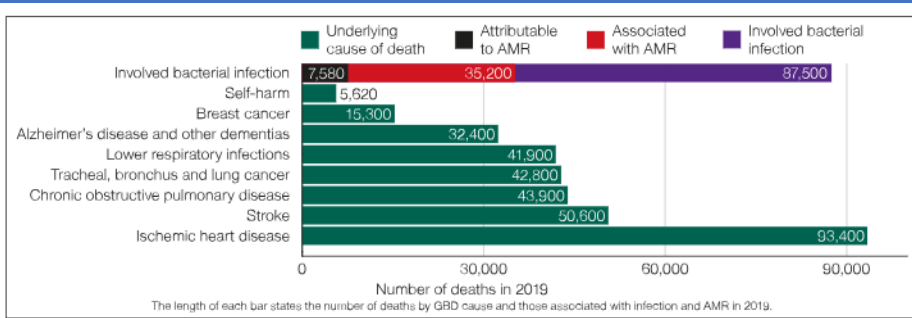
The new five-year National Action Plan to combat antimicrobial resistance (AMR)

UKHSA warn of the future threat of antimicrobial resistance. The recent launch of the national action plan signifies the real need to act sooner rather than later.

Antimicrobials are used in the treatment of minor and potentially life-threatening infections in humans and animals. Organisms that become resistant to antimicrobials mean that treatments are less effective, causing harm to humans and animals. Resistant organisms spread through people, animals, food and the environment, creating a major public health threat.

GOV.UK: [UK 5-year action plan for antimicrobial resistance 2024 to 2029](#)

Impact of infection and AMR in the UK. People in the UK are directly affected by drug resistance every single day. AMR is already causing people to suffer longer infections which are difficult to treat.



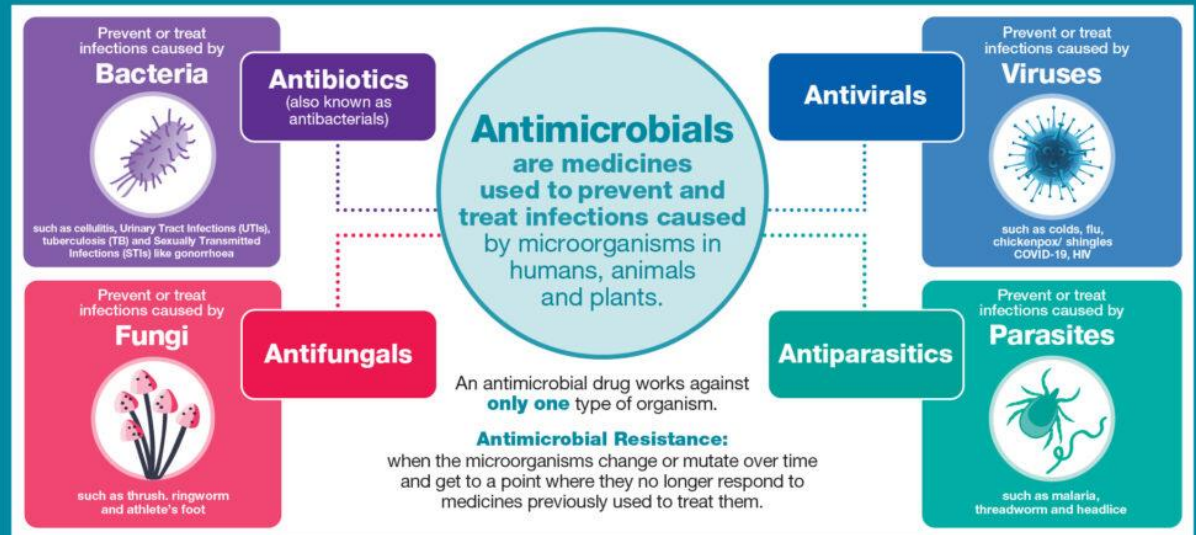
Source [IHME Global Burden Disease Study 2019](#)

Contained and controlled

The UK's 20-year vision for antimicrobial resistance

Published 24 January 2019

Antimicrobials: a simple overview



Reflections and recommendations

Reflections

- **Vaccination uptake overall in the ER is very positive. This is likely to impact rates of communicable and infectious disease.**
- **Responses to complex and risky incidents are dynamic, collaborative and responsive. All case studies highlighted the well-versed partnerships built during COVID-19 and maintained over the past year.**
- **COVID-19 pandemic likely led to undetected infections from 2020 to 2023 which has potentially skewed the current data, showing higher than expected rates of certain infections.**
- **Health protection cannot exist in isolation. It is important we continue to influence and build our partnership-working across the system to maintain the positive outcomes seen in this report.**
- **Due to a significant peak in norovirus activity this winter, early messaging and preparation must be considered as we work towards the next winter season.**
- **Screening rates for AAA, breast and cervical cancer require improvement. More influence is required with NHS England.**
- **Newborn screening data requires improvement. Liaison with system-wide partners is needed to understand the reasons.**
- **Generally, vaccine uptake is good, but more work is required on school-aged immunisations - especially HPV.**
- **STI rates appear good on the surface but when combined with attendance, are potentially in need of improvement.**

Recommendations

- **Establish an action plan to increase uptake of school-aged immunisations.**
- **Build relationships with screening leaders to increase uptake locally.**
- **Develop a health protection communication strategy that shares information proactively about expected seasonal illnesses.**
- **Adoption of HNY Infant Feeding Strategy.**
- **Develop an East Riding infant feeding action plan.**
- **Develop the role of a healthy-child programme steering group.**



References

Slide	References and sources
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5	National flu immunisation programme plan 2023 to 2024 https://www.gov.uk/government/collections/vaccine-uptake
6	GOV.UK COVID-19 Response: Living with COVID-19 Latest national guidance https://coronavirus.data.gov.uk/details/healthcare?areaType=overview&areaName=United%20Kingdom
7	UKHSA guidance: Respiratory syncytial virus symptoms, transmission, prevention, treatment UKHSA data dashboard UKHSA surveillance
8	Links to national guidance for preventing and controlling infections ERYC ASC sector outbreak report 21 05 2024
9	GOV.UK Blog UK Health Security Agency, Norovirus: What to do if you catch it and helping to stop the spread, November 2022 GOV.UK National norovirus and rotavirus surveillance reports: 2023 to 2024 season
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11	Cryptosporidiosis: guidance, data and analysis - GOV.UK (www.gov.uk) SGSS. UKHSA Yorkshire and Humber Weekly IID Report and Gastrointestinal Infection (GI) Supplement for week 16
12	Confirmed cases of measles in England by month, age and region: 2023 UKHSA

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13	UKHSA Whooping cough cases continue to rise Office for Health Improvement and Disparities Fingertips Public health data East Riding Outbreak management group ERYC public health intelligence summary
14	The Royal Pharmaceutical Society's Journal, 28 March 2024 UKHSA Press Release, 7 March 2024. Whooping cough infections rise UKHSA. Confirmed cases of pertussis in England by month. April 2024
15	Scarlet fever: managing outbreaks in schools and nurseries - GOV.UK (www.gov.uk) Notifications of infectious diseases UKHSA group A streptococcal infections: seasonal activity in England, 2023 to 2024
16	Thomson, J. Paediatric Pearls, Invasive Group A Strep and chickenpox (2016)
17	National Library of Medicine UKHSA Tuberculosis in England: national quarterly reports OHID Fingertips Public health data
18	UK National Screening Committee: population screening information NHS: Population screening timeline
19	OHID Fingertips Public health data UK National Screening Committee: population screening information NHS: abdominal aortic aneurysm screening
20	OHID Fingertips Public health data UK National Screening Committee: population screening information
21	OHID Fingertips Public health data UK National Screening Committee: population screening information
22	NHS. A guide to immunisation for babies up to 13 months of age UKHSA routine childhood immunisations OHID Fingertips Public Health data
23	UKHSA Measles outbreak press release 19 January 2024 UKHSA MMR programme publications August 2023 OHID Public Health data Fingertips and UKHSA Quarterly vaccination coverage statistics
24	UKHSA Information on the HPV vaccination from September 2023 Cancer Research UK OHID Fingertips Public health data

Slide	References and sources
25	UKHSA Annual flu programme Source: OHID Fingertips Public health data national flu immunisation programme plan 2023 to 2024
26	Latest national guidance UKHSA COVID-19 vaccine surveillance report week 17 Future NHS
27	UKHSA: Spotlight on sexually transmitted infections in Yorkshire and Humber: 2022 data (updated March 2024)
28	Date source: GUMCAD, CTAD OHID Fingertips public health data
29	UKHSA spotlight on sexually transmitted infections in Yorkshire and Humber: 2022 data https://conifersexhealth.co.uk/east-riding/locations
30	UKHSA press release, June 2023: Gonorrhoea and syphilis at record levels in 2022 OHID Fingertips public health data
31	UKHSA HIV: Yorkshire and Humber annual data spotlight (August 2023) UKHSA Professor Hopkins, March 2024 <small>Data source: UKHSA, HIV and AIDS New Diagnosis Database/System, HIV and AIDS Reporting System (HARS).</small>
32	Quarterly conceptions to women aged under 18 years, England and Wales - Office for National Statistics Eastriding.org.uk JSNA RSPCH conception rates UK
33	Humber NHS ERYC Public Health ISPHNS Quarterly report to 31 st March 2024
34	UNICEF breastfeeding. A mother's gift for every child and World Health Organisation ERYC Public Health Data April '24 OHID Fingertips Public health data
35	https://www.keldmarshprimaryschool.org.uk/sport/healthy_schools/healthy_schools.html
36	ERYC schools and years infections monitoring system B:\PH_Restricted_Data\Schools Infections\School Notification Maps v2
37	IHME Global Burden Disease Study 2019 UK 5-year action plan for antimicrobial resistance 2024 to 2029



Abbreviations

Abbreviation	Meaning
AAA	Abdominal aortic aneurysm (screening)
AMR	Antimicrobial resistance
ARI	Acute respiratory infection
ASC	Adult social care
CHIS	Child health information system
D&V	Diarrhoea and vomiting
ERY	East Riding of Yorkshire
ERYC	East Riding of Yorkshire Council
FIT	Faecal-immunochemical test
GAS / iGAS	Group A streptococcus / invasive group A streptococcus
GBMSM	Gay, bisexual men and other men who have sex with men
GI	Gastrointestinal
GP	General practitioner
HDU	High dependency unit
HIV	Human immunodeficiency virus
hMPV	Human metapneumovirus
HNY	Humber and North Yorkshire
HPT	Health protection team
HPV	Human papillomavirus infection
HUTH	Hull University Teaching Hospitals (Trust)
ICB	Integrated care board
ICS	Integrated care system
ICU	Intensive care units
IID	Infectious intestinal disease

IMT	Incident management team
IPC	Infection, prevention, and control
ISH	Integrated sexual health
ISPHNS	Integrated specialist public health nursing service
JCVI	Joint Committee on Vaccination and Immunisation
MMR	Measles, mumps, and rubella (vaccine)
NEL	North East Lincolnshire
NHS	National health service
NL	North Lincolnshire
NOIDs	Notifiable and infectious diseases
OHID	Office for health improvement and disparities
PCR	Polymerase chain reaction (test)
PEP	Post-exposure prophylaxis
PKU	Phenylketonuria
PrEP	Pre-exposure prophylaxis
RSV	Respiratory syncytial virus
SHS	Sexual health services
STI	Sexually transmitted infection
TB	Tuberculosis
UKHSA	United Kingdom health security agency
UK NSC	United Kingdom national screening committee
WHO	World health organisation
XDR	Extensively drug-resistant





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