

Annual Health Protection Report

2025/26

East Riding of Yorkshire Council

Health Protection Team
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OF YORKSHIRE COUNCIL

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Abbreviations

Abbreviations	Meaning
ERY	East Riding of Yorkshire
ERYC	East Riding of Yorkshire Council
DPH	Director of Public Health
UKHSA	United Kingdom Health Security Agency
NHS	National Health Service
ERYC	East Riding of Yorkshire Council
HCC	Hull City Council
ICB	Integrated Commissioning Board
IPC	Infection Prevention and Control
HP	Health Protection
LA	Local Authority
Men	Meningococcal
HPV	Human Papillomavirus

Purpose of report

The aim of this report is to document health protection activities across the East Riding of Yorkshire (ERY) for the previous year and set out priorities for the next. Due to the nature of working in health protection this will often require responding to emerging threats and issues therefore it may not always be known what some of these priorities may be.

This report will look at the key areas of health protection, highlight any risks and support management of risk. Ultimately this report aims to provide accountability as a health protection system to elected members and residents in the East Riding.

This report covers the period of 1st April 2025 to March 31st, 2026.



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Background: The Health Protection system

- Health protection is the protection of individuals groups and populations health through undertaking activities such as identifying, preventing and mitigating risks of infectious disease and environmental hazards. Health Protection is one of three arms of public health, alongside health improvement and health promotion. East Riding of Yorkshire Council (ERYC) Director of Public Health (DPH) is responsible for the oversight of public health functions and has the responsibility to assure that the health system is protecting residents' health.
- The health protection team in ERYC takes on the responsibilities on behalf of the DPH, working in partnership with colleagues across the health protection system such as NHS, and UK Health Security Agency (UKHSA).

Health Protection Priorities

The priorities for our 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

UKHSA strategic plan 2023 to 2026

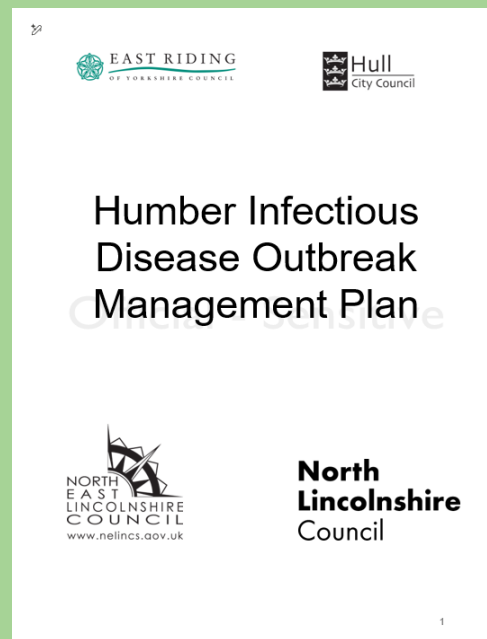


Local Developments

The Humber Outbreak Management Plan (HOMP)

During the 25-26 year the four Humber* local authorities have updated the regional outbreak management plan. Updating it from a previous version heavily focused on COVID-19 management.

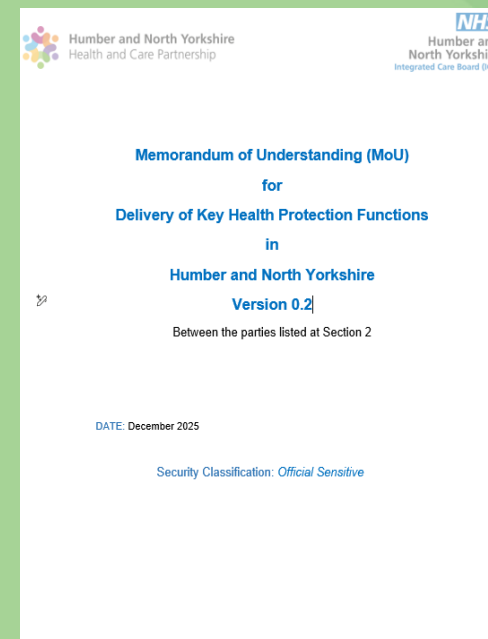
The plan is a strategic oversight document that outlines the roles and responsibilities of organisations responding to health protection incidents across the Humber.



Humber and North Yorkshire Memorandum of Understanding

A regional MOU across the ICB regions is currently in the final phases of development to strengthen the health protection system specifically with reference to infectious disease outbreak.

The MOU is an overarching strategic framework clearly identifying roles and responsibilities as well as response activities that must take place



Infectious Disease Reporting

In Primary and Secondary Schools

Locally ERYC hold an infectious disease reporting SharePoint. On this sheet schools report infectious disease related school absences.

These are triaged by a member of the health protection team and escalated if necessary.

In Early Years Settings and Adult Social Care Settings

Outbreaks that occur in early years settings and adult social care settings are reported using achieve forms. These forms are received by the health protection team and the infection prevention and control team who will support the setting.



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The Infection Prevention and Control Team

Our local infection prevention and control service plays a vital role in managing outbreaks.

This service tackles outbreaks through three key approaches:



Promotion: Actively participating in national and local campaigns to boost awareness of infection prevention and control throughout health and social care sectors, education settings and a range of communities.



Prevention: Focused on stopping emerging risks before they become incidents by enhancing workforce skills and education laying a strong foundation for those we support



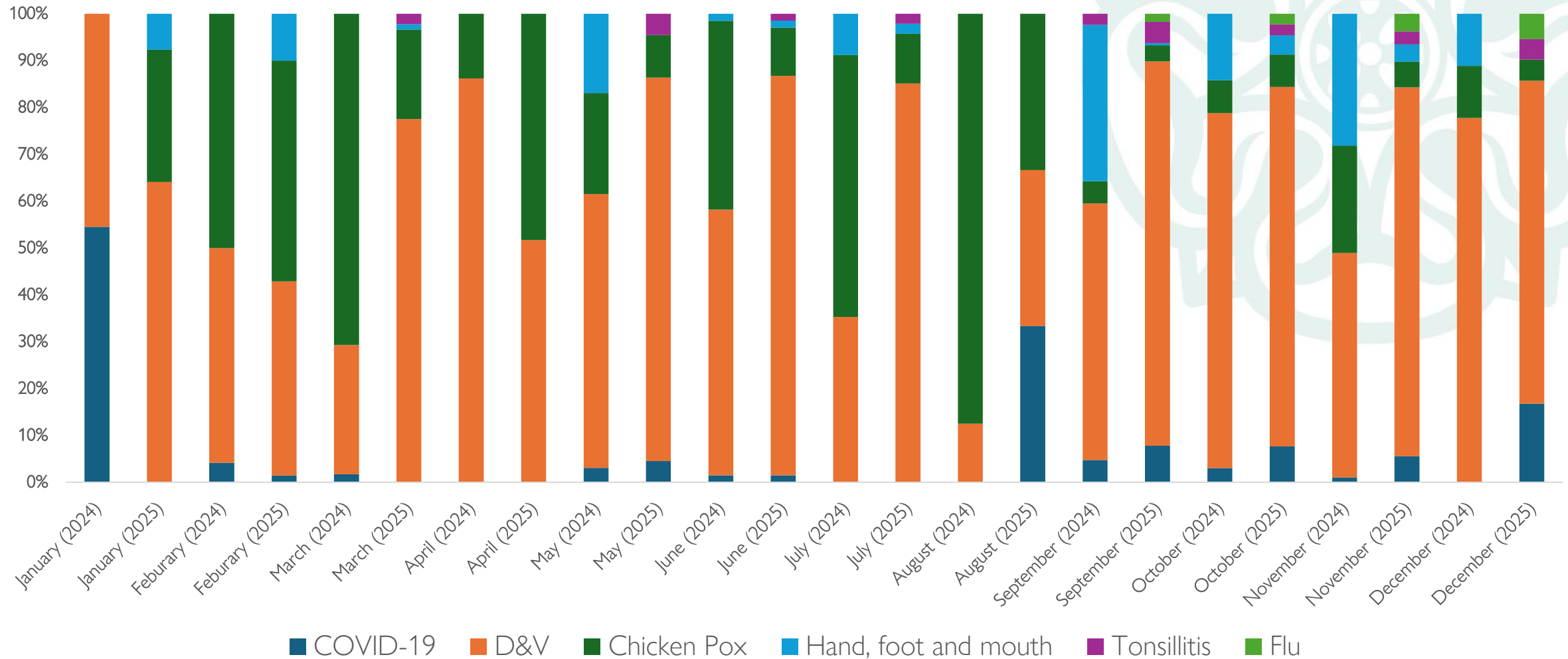
Response: Involves continuous surveillance, monitoring, rapid mobilization, and thorough reflection on any incidents, clusters, or outbreaks occurring within Hull & East Riding boundaries as well as innovation and development to be the best responding agency available.

Schools' infectious disease reporting

Executive Summary

The infection trends observed align closely with the national data. Only a minimal number of high-risk infections were reported and even less were later confirmed. Although there was an increase in respiratory illness cases over the reported period, some anomalies such as cases reported as COVID without testing may have influenced the accuracy of the data. Most school days lost were due to diarrhea and vomiting. Holderness consistently recorded the highest number of reports throughout the terms. Additionally, reporting activity tends to rise in the lead-up to school breaks.

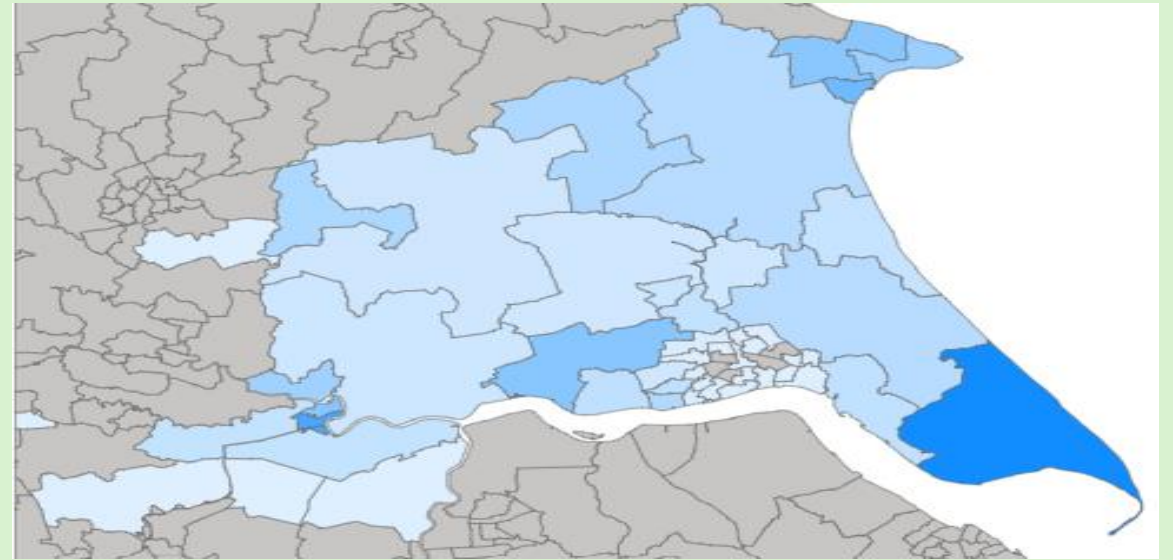
The most common infectious diseases reported by schools between 2024/25



Schools outbreak data (2025)

Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Scarlet Fever	1	7	5	2	0	1	1	5	3	12	18	8
COVID-19	0	1	0	0	1	1	0	1	36	50	59	136
D&V	25	29	69	15	18	58	40	1	379	502	832	559
Mumps	0	0	1	1	0	0	0	0	0	0	0	0
Measles	0	0	3	0	1	2	0	0	0	1	2	0
Whooping Cough	0	0	0	0	0	0	0	0	0	0	0	1
Chickenpox	11	33	17	14	2	7	5	1	16	45	58	37
Impetigo	0	0	1	0	0	0	3	0	10	3	11	5
Rubella	0	0	0	0	0	0	0	0	0	0	0	1
Meningitis (all types)	0	2	0	0	0	2	0	0	1	1	0	0
Strep A	0	0	3	0	0	1	0	0	4	1	1	0
Hand, Foot and Mouth	3	7	1	0	0	1	1	0	2	27	39	0
Scabies	0	0	0	0	0	0	0	0	0	1	1	2
Tonsillitis	0	0	2	0	1	1	1	0	21	15	29	35
ARI	0	0	0	0	0	0	0	0	0	0	10	17
Shingles	1	0	0	1	0	1	0	0	2	4	2	1
Flu	0	0	0	0	0	0	0	0	8	15	40	44
Head Lice	0	0	0	0	0	0	0	0	3	0	2	0
Food Poisoning	0	0	0	0	0	0	0	0	1	2	2	2

Infectious disease broken down by ward
(Jan-Dec 2025)



The data demonstrates a strong seasonal pattern, with low incidence during spring and summer, and significant escalation across gastrointestinal and respiratory infections during the autumn and winter months, particularly following the return to school in September. This aligns with national patterns and reinforces the importance of seasonal preparedness, infection prevention, and surveillance ahead of winter pressures.

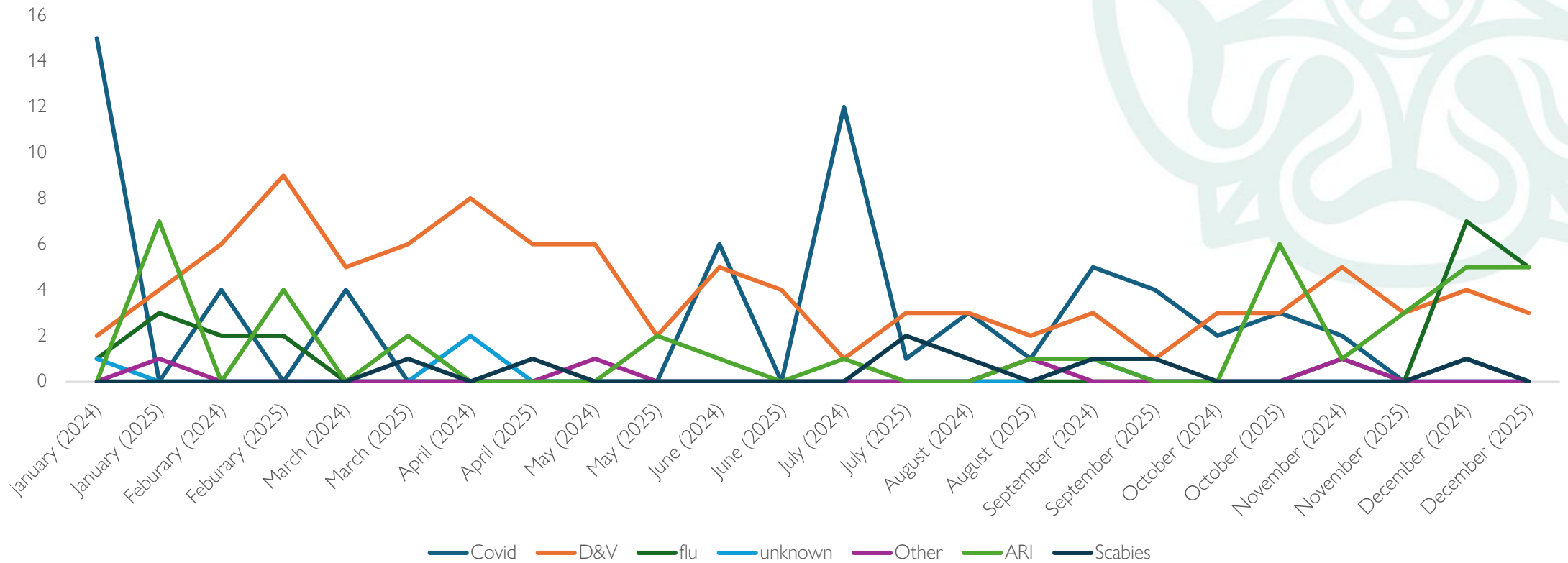
Adult Social Care (ASC)

Executive Summary

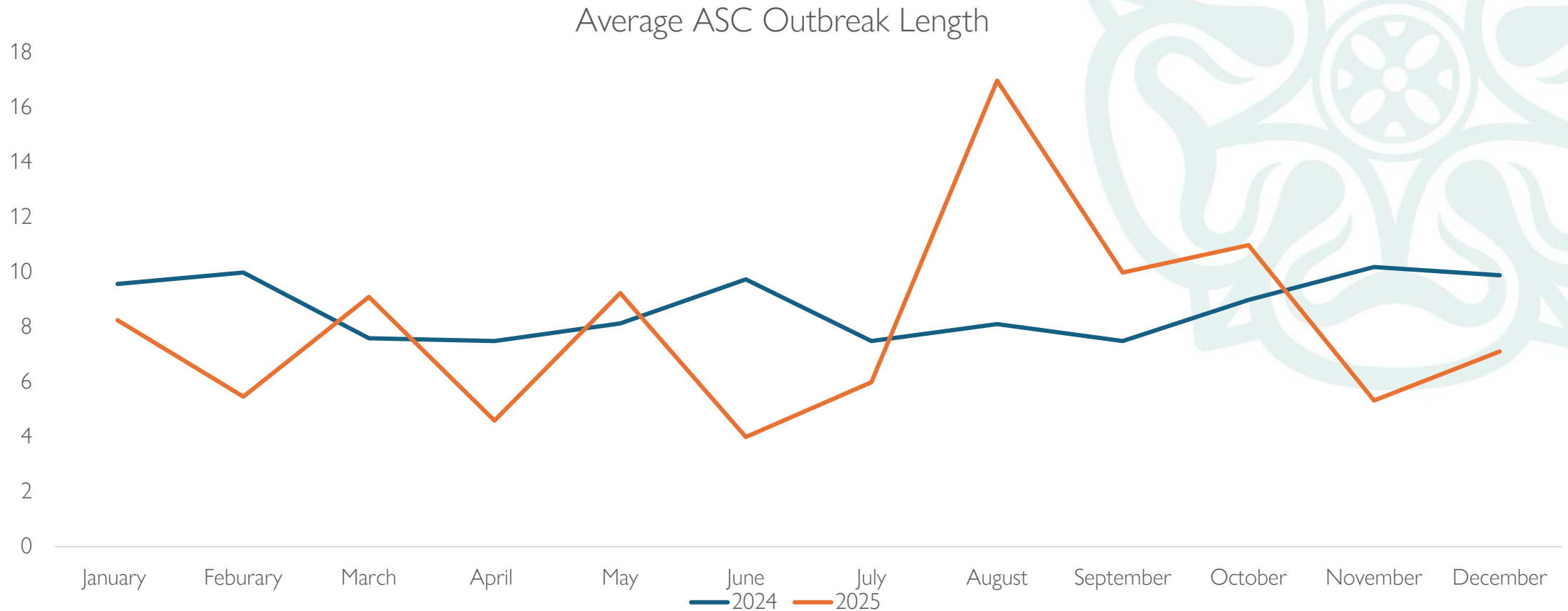
Diarrhea and vomiting (D&V) remains the most frequently reported infection within Adult Social Care, consistent with national patterns. Acute respiratory infections (ARI) continue to follow expected seasonal trends, and overall local data closely aligns with the national context. Scabies has emerged as a more prominent infection this year, reflecting wider national increases. Reporting activity has risen in line with anticipated seasonal pressures, providing assurance that surveillance and reporting systems are functioning effectively. Length of outbreaks have shown a reduction from previous year with some exceptions (where outbreak was complex).

ASC Outbreak by Infectious Disease

ASC Outbreaks broken down by Infectious Disease



ASC outbreak length



*Note: The average 17-day outbreak reported in August is attributed to a complex situation that required an extended monitoring period.

Notifiable disease reports

- All notifiable diseases were followed up by either the local health protection team or by UKHSA (where cases were confirmed)
- All confirmed cases were resolved by the time of this report being written and did not require further action.



Near misses

Incident	Situation	Learning
Measles Comms	A school contacted another council department regarding a suspected measles case. As this occurred outside normal working hours, the Health Protection SPOC was not covered. Consequently, the other department issued measles letters for the school to distribute. Fortunately, the case was later confirmed not to be measles, and the letters were not sent out.	It became clear that some departments were not fully aware of the processes required in the event of a confirmed measles case, including the contact tracing procedures and the role of the Health Protection team in leading the response. To address this, the Health Protection team undertook engagement work with the relevant departments to improve understanding of the procedures for notifiable diseases and to reinforce that Health Protection should lead on such incidents.
Suspected measles in HUTH	A patient was admitted to hospital with respiratory symptoms and a rash and had been moving freely around the ward areas. This raised concern for potential measles, which would have posed a significant exposure risk to vulnerable patients and staff. Fortunately, further assessment confirmed that the patient did not have measles, and the situation required no additional public health action.	Discussions were held on how to prevent any potential spread should a similar situation occur in future, and an additional pathway and supporting guidance were introduced to reduce the likelihood of this happening again

Screening



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Background : Screening

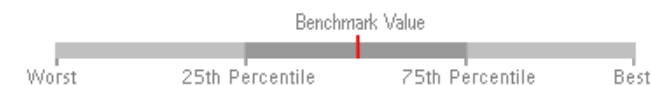
NHS England's (NHSE) Commission screening and immunisation programmes through a section 7a agreement.

The aim of this agreement focuses on achieving positive health outcomes for the population, reducing inequalities in health through preventing avoidable ill health, achieving earlier diagnosis with positive outcomes, and promoting equality.

Screening data overview

● Better 95% ● Similar ● Worse 95% ○ Not applicable

Recent trends: – Could not be calculated → No significant change ↑ Increasing & getting worse ↑ Increasing & getting better ↓ Decreasing & getting worse ↓ Decreasing & getting better



Indicator	Period	East Riding			England			
		Recent Trend	Count	Value	Value	Worst	Range	Best
Cancer screening coverage: breast cancer New data	2025	↑	40,012	81.5%	71.7%*	48.6%		81.5%
School readiness: percentage of children achieving the expected level in the phonics screening check in Year 1 New data	2024/25	–	2,578	80.1%	79.8%	74.1%		88.5%
School readiness: percentage of children with free school meal status achieving the expected level in the phonics screening check in Year 1 New data	2024/25	–	336	65.1%	66.6%	44.8%		78.6%
Chlamydia proportion of females aged 15 to 24 years screened	2024	–	2,441	16.2%	18.0%	10.0%		35.9%
Newborn Hearing Screening: Coverage New data	2024/25	→	2,510	98.9%	98.8%	90.3%		100%
Cancer screening coverage: bowel cancer New data	2025	↑	59,791	78.6%	72.9%*	54.1%		82.8%
Abdominal Aortic Aneurysm Screening Coverage New data	2024/25	↑	2,212	85.0%	82.2%*	58.0%		100%
Newborn and Infant Physical Examination Screening Coverage New data	2024/25	→	2,421	95.5%	96.2%*	85.5%		100%
Cancer screening coverage: cervical cancer (aged 25 to 49 years old)	2024	↓	37,850	77.3%	66.1%*	43.4%		77.3%
Cancer screening coverage: cervical cancer (aged 50 to 64 years old)	2024	→	29,200	78.4%	74.3%*	55.3%		83.1%

*Please be aware that the screening data presented above covers the period from 2024 to 2025. This is the latest information available from Fingertips and authorised for sharing by the NHS.

Screening Data Summary

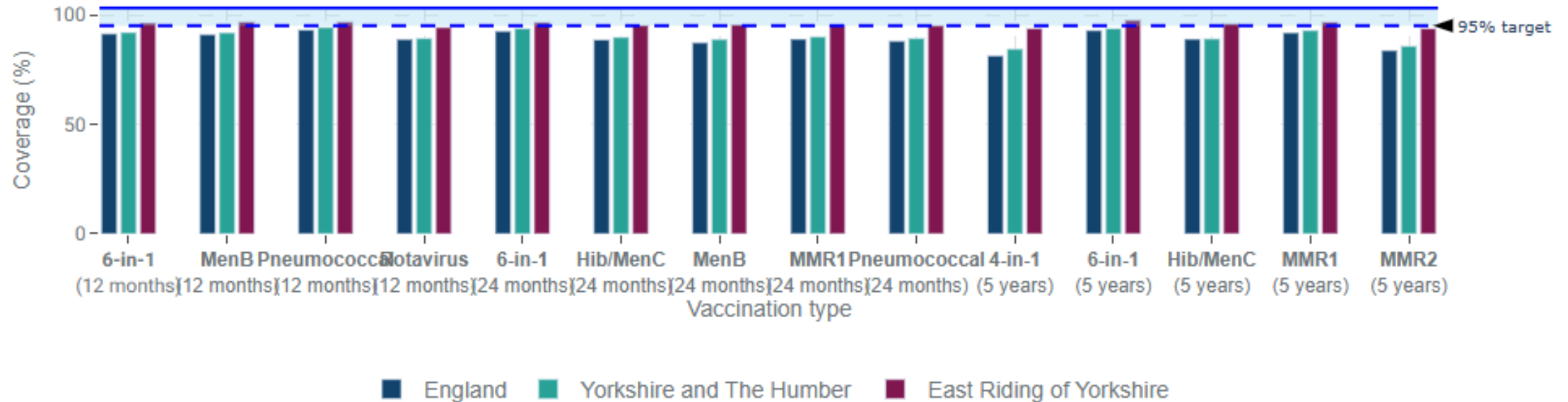
Overall, the local authority area demonstrates a positive trend in most screening measures, showing improvement or stability compared to previous years. For the majority of indicators, ERY performed above the England average. However, two exceptions were noted: 'newborn and infant physical examination screening' and 'chlamydia proportion of females aged 15 to 24 screened', which both fell below the national average.

Vaccinations and Immunisations



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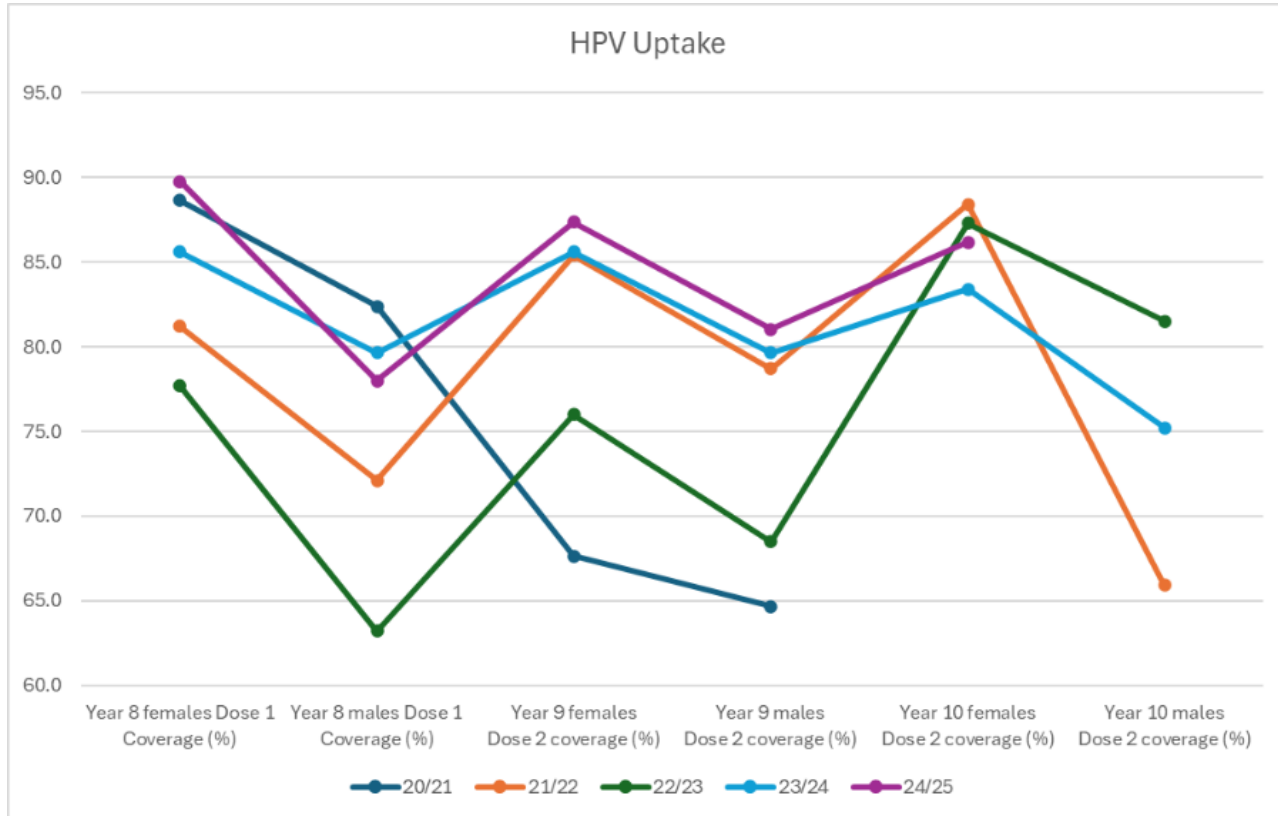
National vaccination and immunisation data (2024/25)



East riding of Yorkshire consistently has higher than Yorkshire and the Humber and England average for childhood vaccinations.

MMRV uptake will be interesting to monitor going forward due to the introduction of the varicella to the vaccine schedule.

HPV



HPV uptake in the East Riding currently stands at 79% for girls and 74% for boys. This represents a decrease from last year's figures of 85% for girls and 83% for boys equating to a drop of 6% among girls and 11% among boys. Across different levels of deprivation, HPV uptake varies between 60% and 90%, with noticeable declines shown in the graph. Girls consistently have higher uptake rates than boys. The downward trend began in 2024 and is expected to persist without intervention

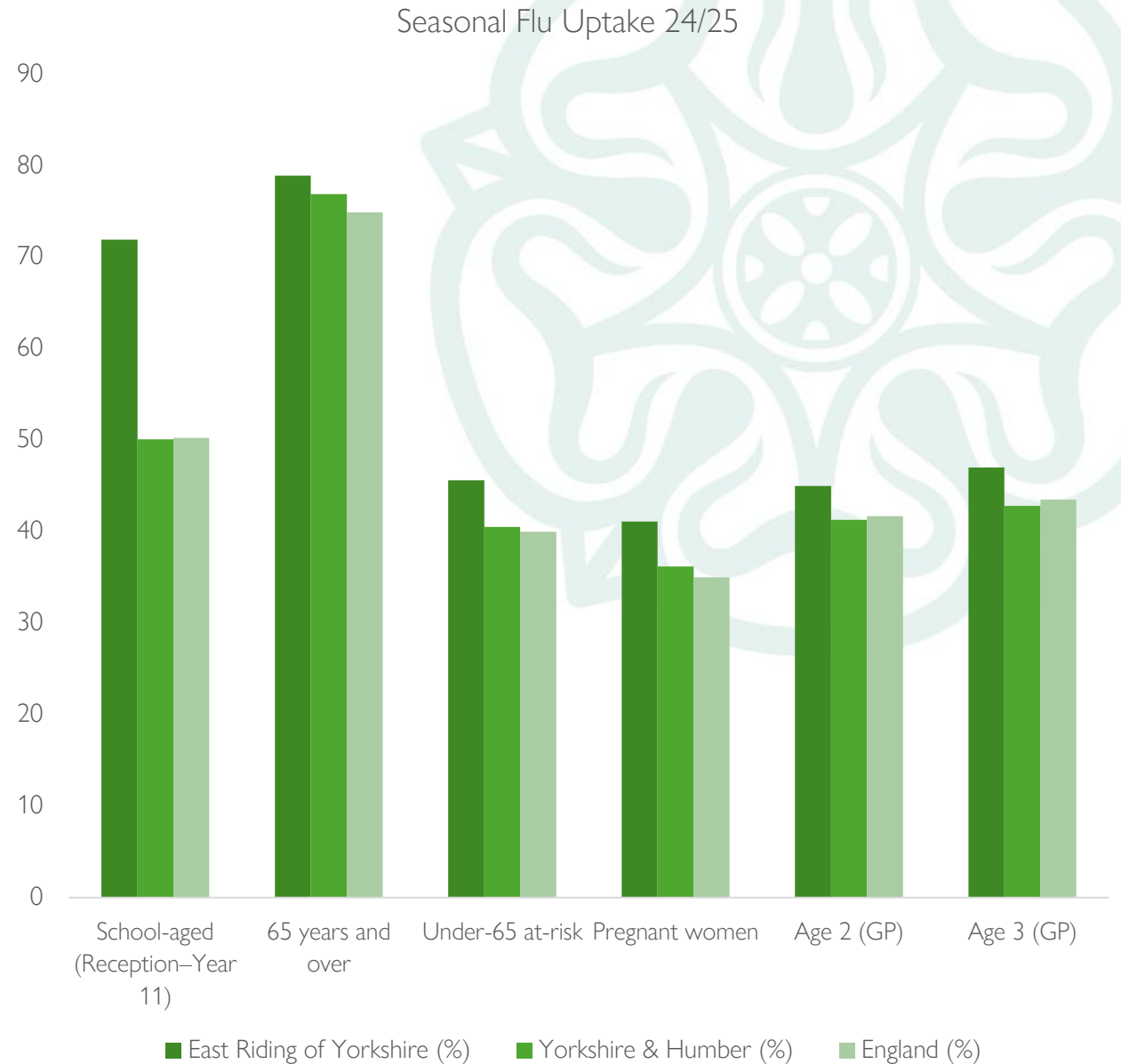
Seasonal Flu

East Riding outperforms regional and national averages across all cohorts, indicating comparatively strong programme delivery.

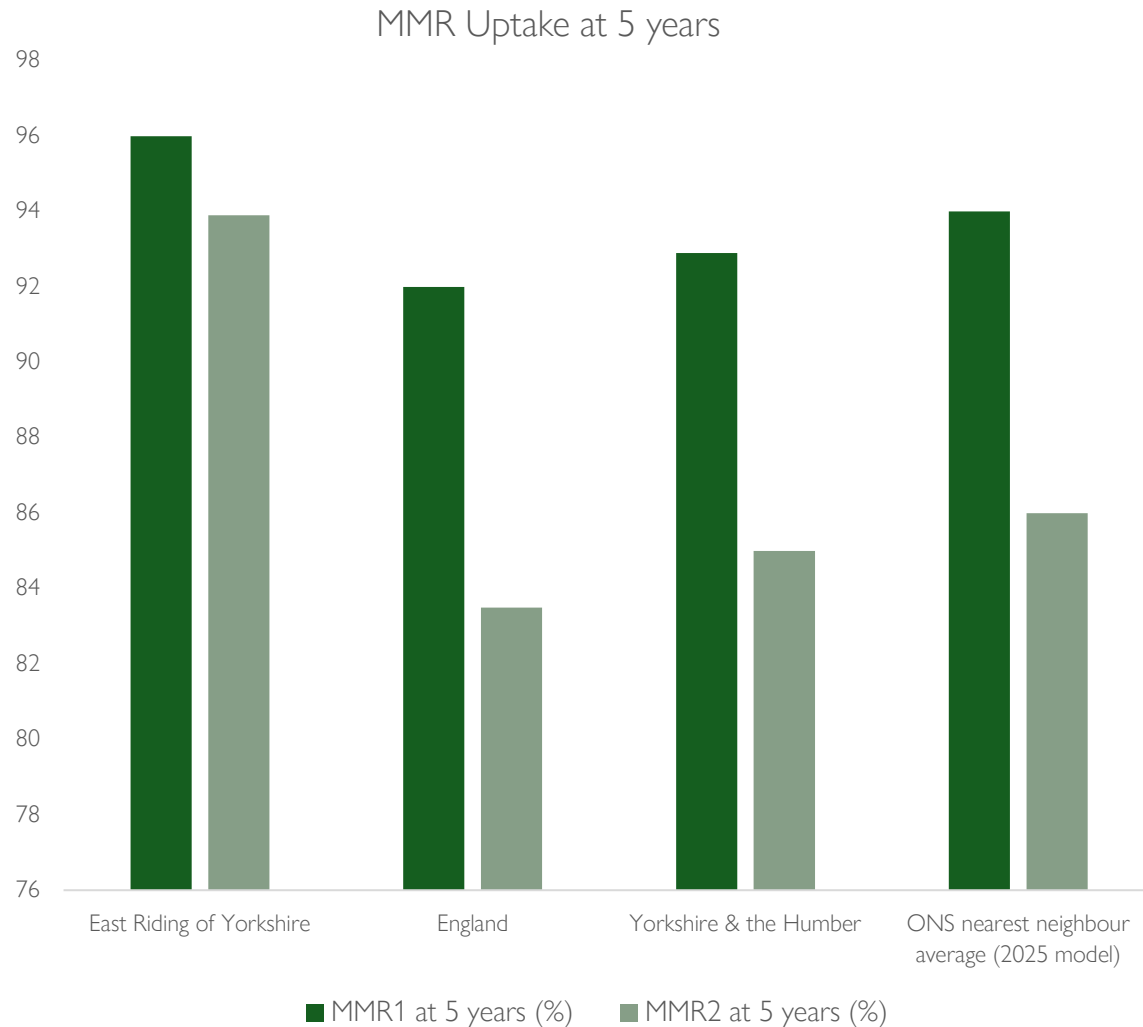
Uptake is highest in older adults (65+) and school-aged children, reflecting effective delivery through established routes (GP and school-based programmes).

Persistent inequalities remain among under-65 at-risk adults and pregnant women, who have the lowest uptake across all geographies, despite East Riding performing better than comparators.

Early-years cohorts (Age 2–3) show moderate uptake, suggesting ongoing access and engagement challenges in pre-school populations.



MMR



MMR uptake at age 5 in East Riding of Yorkshire remains strong, exceeding England, regional and statistical-neighbour averages, with MMR1 above the 95% herd immunity threshold and MMR2 close to target.

However, measles cases are increasing nationally, driven by gaps in second-dose coverage in some areas. This highlights the importance of maintaining high uptake for both doses, addressing local inequalities, and sustaining vigilance despite overall strong performance.

Bridlington focus

Vaccination uptake in Bridlington has been a key priority this year, aligning with the Bridlington Neighbourhood Health Partnership priorities. This reflects the area's higher levels of deprivation and poorer health outcomes as a coastal town. Within the Children and Young People (CYP) portfolio, ensuring children have received all recommended vaccinations before starting school remains a priority.

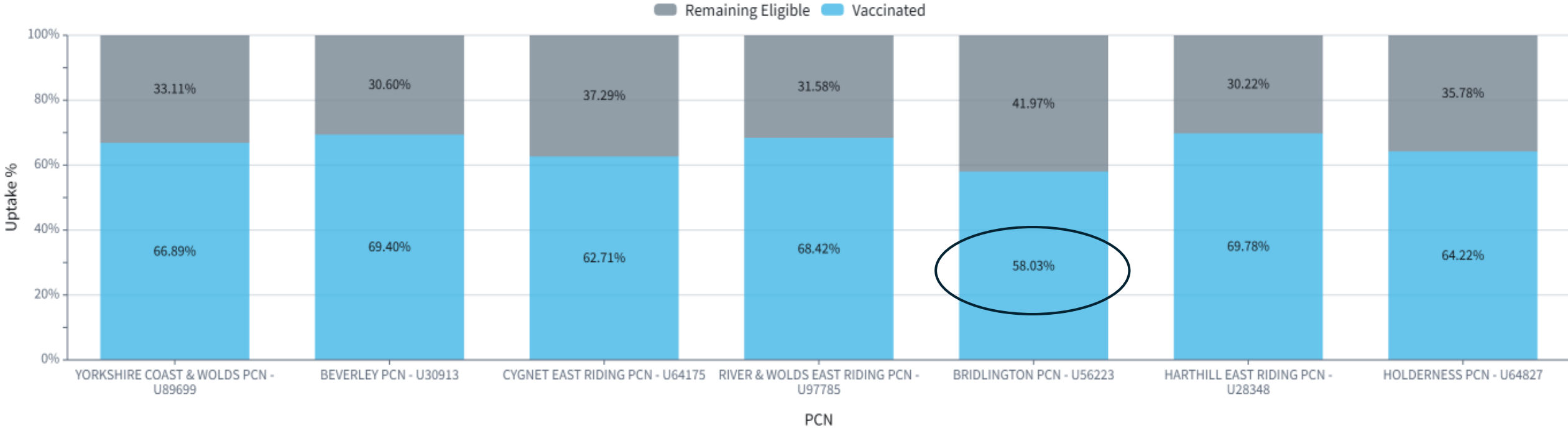


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PCN FLU VACCINE FIGURES

65% vaccinated across PCNS in East Riding

Bridlington PCN highlighted as lowest uptake area with only 58%



CYP Vaccination figures in Bridlington

(School immunisations target is 75%)

■ Flu vaccines in primary schools

Vaccinated 61%

Declined 11%

Average ER rate in primary schools: 72%

■ Flu vaccines in secondary schools

Vaccinated 49.8%

Declined 0.9%

Average ER rate in secondary schools: 65%

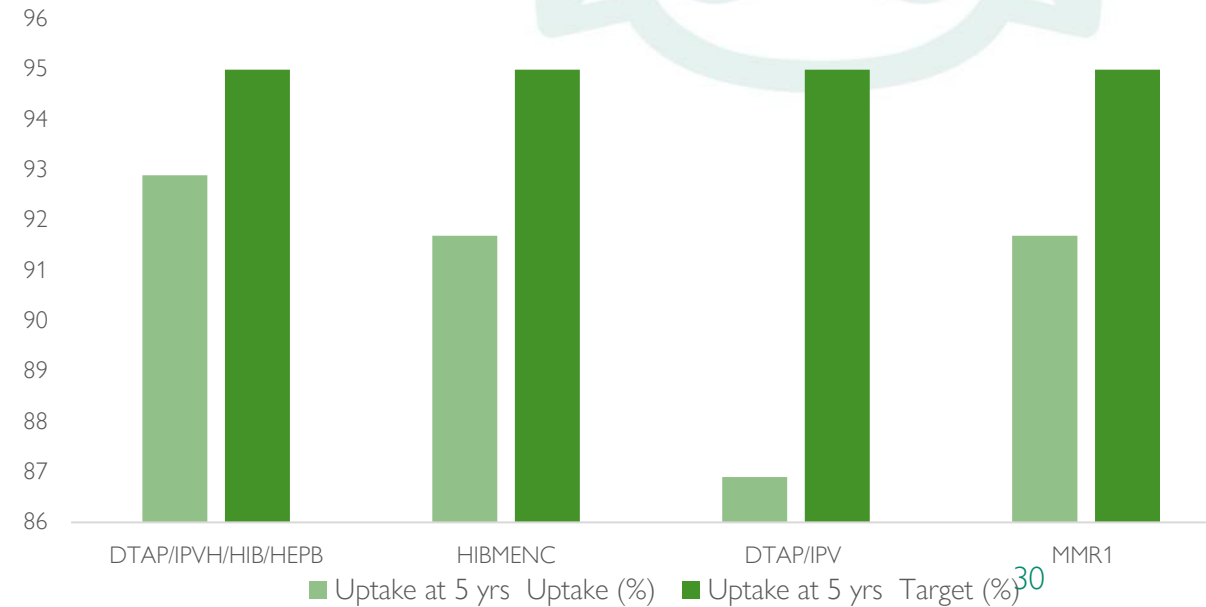
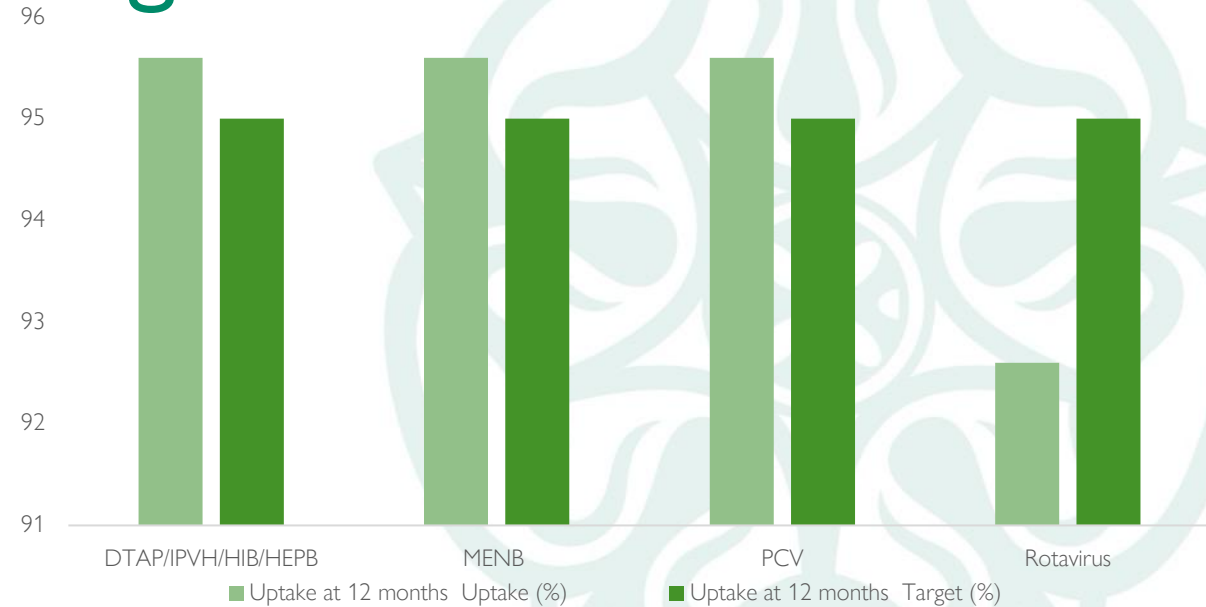
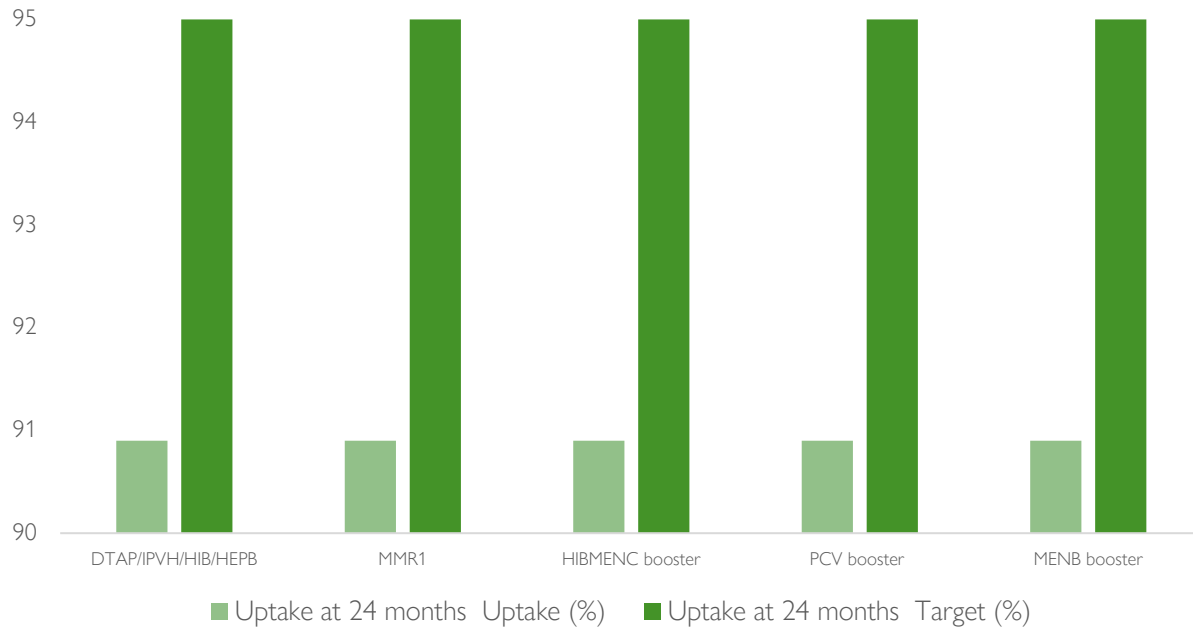
(Figures don't add up to 100%, remaining numbers where those who did not respond or complete consent form)



0-5 Vaccinations Uptake in Bridlington

- Strong early uptake at 12 months (close to or at target).
- Slight decline by 24 months.
- Further modest decrease by 5 years.

The trend shows high but not optimal coverage, with room for improvement to reach herd-immunity thresholds, especially for the 5-year boosters.



Actions Summary

To address the identified concerns, our focus is on the following priorities:

- Attendance and influence at Bridlington Neighbourhood Health Partnership meetings, with emphasis on Children and Young People (CYP) workstream, which is prioritising improvements in childhood vaccination uptake and the reduction of under-18 conception rates.
- Improving flu vaccination uptake in schools by targeting settings with lower vaccination rates and supporting schools to identify and overcome barriers to access and engagement.

Case study : Vaccination Bookmarks

- In conjunction with NHS England and UKHSA, ERYC created vaccination bookmarks to encourage conversation and uptake of NHS routine vaccinations.
- These bookmarks were distributed across all schools in the east riding and libraries. They were sent out in conjunction with world book day.
- Please note considering changes to the vaccination schedule the bookmarks are currently being updated.



NHS VACCINATIONS CHECKLIST FOR CHILDREN

Parents and Carers **PROOF ONLY**

Keep this bookmark as a helpful reminder of your child's vaccination schedule. It is important to get all doses to give your child full protection.

Check their red book and speak to your GP if your child has missed any vaccines, you can catch up on most vaccines if you miss them.

If you have any questions, please speak to your GP, midwife or visit:

nhs.uk/vaccinations

Child's name:

Baby **Children 1-15**

8 weeks <ul style="list-style-type: none">■ 6 in 1 vaccine■ Rotavirus vaccine■ MenB vaccine	1 year old <ul style="list-style-type: none">■ Hib/MenC vaccine (1st dose)■ MMR vaccine (1st dose)■ Pneumococcal vaccine (2nd dose)■ MenB vaccine (3rd dose)
12 weeks <ul style="list-style-type: none">■ 6 in 1 vaccine (2nd dose)■ Pneumococcal vaccine■ Rotavirus vaccine (2nd dose)	2-15 years old <ul style="list-style-type: none">■ Yearly Autumn/Winter flu vaccine (aged 2-3 at GP, then in school from Reception-Year 11)
16 weeks <ul style="list-style-type: none">■ 6 in 1 vaccine (3rd dose)■ MenB vaccine (2nd dose)	

Children 1-15 **PROOF ONLY**

3 years and 4 months old <ul style="list-style-type: none">■ MMR vaccine (2nd dose)■ 4 in 1 pre-school booster vaccine	12-13 years old <ul style="list-style-type: none">■ HPV vaccine
	14 years old <ul style="list-style-type: none">■ Td/IPV vaccine (3 in 1 teenage booster)■ MenACWY vaccine

Are you pregnant?

Some vaccines are recommended during pregnancy to protect you and your baby. These are free NHS vaccines.

Your immune system is weakened during pregnancy, so you are less able to fight off infections such as flu.

Use this handy checklist during your pregnancy and speak to your GP or midwife if you think you have missed an invitation.

20 weeks

- Whooping cough (pertussis) vaccine (can have from 16 weeks, but ideally by 32 weeks).

Around 28 weeks

- RSV (Respiratory Syncytial Virus) vaccine (can be given later if needed, right up until labour).

Seasonal (eligibility subject to change)

- Flu vaccine (safe at any stage of pregnancy, from first weeks right up to due date).
- COVID-19 vaccine (safe at any stage of pregnancy, from first weeks right up to due date).

Both vaccines are safe if breastfeeding. They do not contain any live virus and cannot give you or your baby flu or COVID-19.

(V1. Printed November 2024)

Visit: eryc.link/vaccines or scan the QR for more local NHS vaccination advice.

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Case Study: ERYC Staff Flu Scheme

Every year ERYC health protection team runs the staff flu scheme.

Eligibility for this scheme is council staff and staff in council-maintained schools who are not eligible for the NHS scheme.

In the 2025-26 a total of **1650** staff requested a voucher, and the scheme has been viewed favorably by staff and **800+** staff went on to be vaccinated.

"I have had the flu vaccine for several years now and I find I don't suffer as many colds as previously. I haven't had the flu or serious cold since starting to take the vaccine."

"Working in an open plan office colds get passed around a couple times. Although I have had a dose it was a lot milder than others in the office who did not have their flu jab"

www.eastriding.gov.uk

Council staff...

Apply for your free flu vaccination voucher today.

Let's fight flu together

Protect yourself, your loved ones, workplace and those at a higher risk of severe illness by getting vaccinated ahead of the winter months.

Did you know?
The council provides a free flu vaccine voucher to all employees not eligible for the NHS scheme?

Check eligibility and apply online:
eryc.link/flu-vouchers
or scan the QR code

Any questions? Contact public health: healthprotection@eastriding.gov.uk
To book an NHS flu or COVID-19 vaccine: www.nhs.uk/wintervaccinations

ERYC Staff Flu Scheme (Data)

Real-time Data

The dashboard provides real-time data visualisation of vaccine delivery.

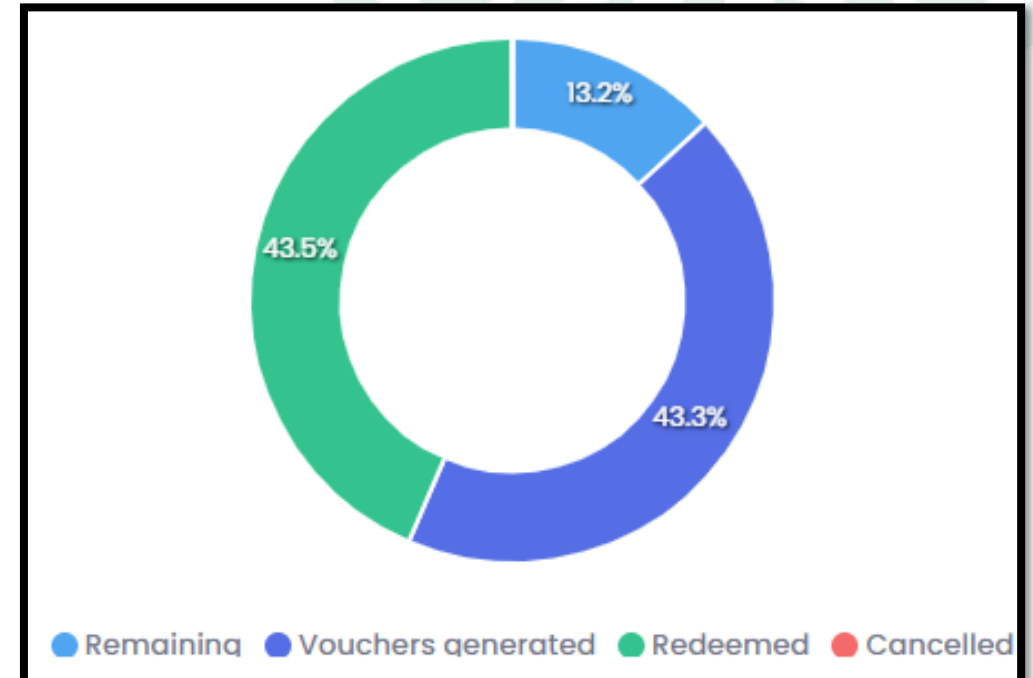
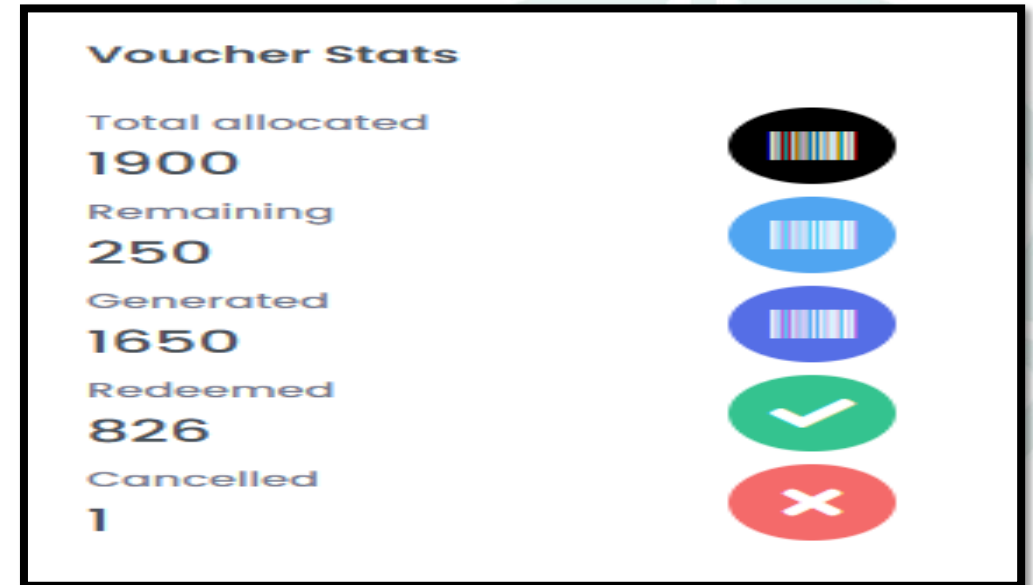
Total figures

43.5% of the 1900 flu vaccines were redeemed.

56% of the 1900 flu vaccines were not redeemed and of the 1650 voucher codes generated only 50% of staff went on to redeem their vaccine.

Data-entry

However, because some pharmacies did not enter vaccine codes into the system, some redeemed vouchers were not recorded correctly, meaning the actual number of flu vaccines redeemed may be higher than reported



Service area breakdown of vaccine requests



Vaccine requests overview

Staff vaccine requests are categorised according to their respective departments for clarity and analysis.

Service area comparison

Comparison across service areas helps identify which units have higher or lower vaccine uptake interest.

Front-facing roles

Most staff who requested a voucher were those working in frontline roles. Schools represented the largest group taking advantage of the flu scheme, followed by culture and customer services, which encompasses employees working in locations such as libraries and leisure centres.

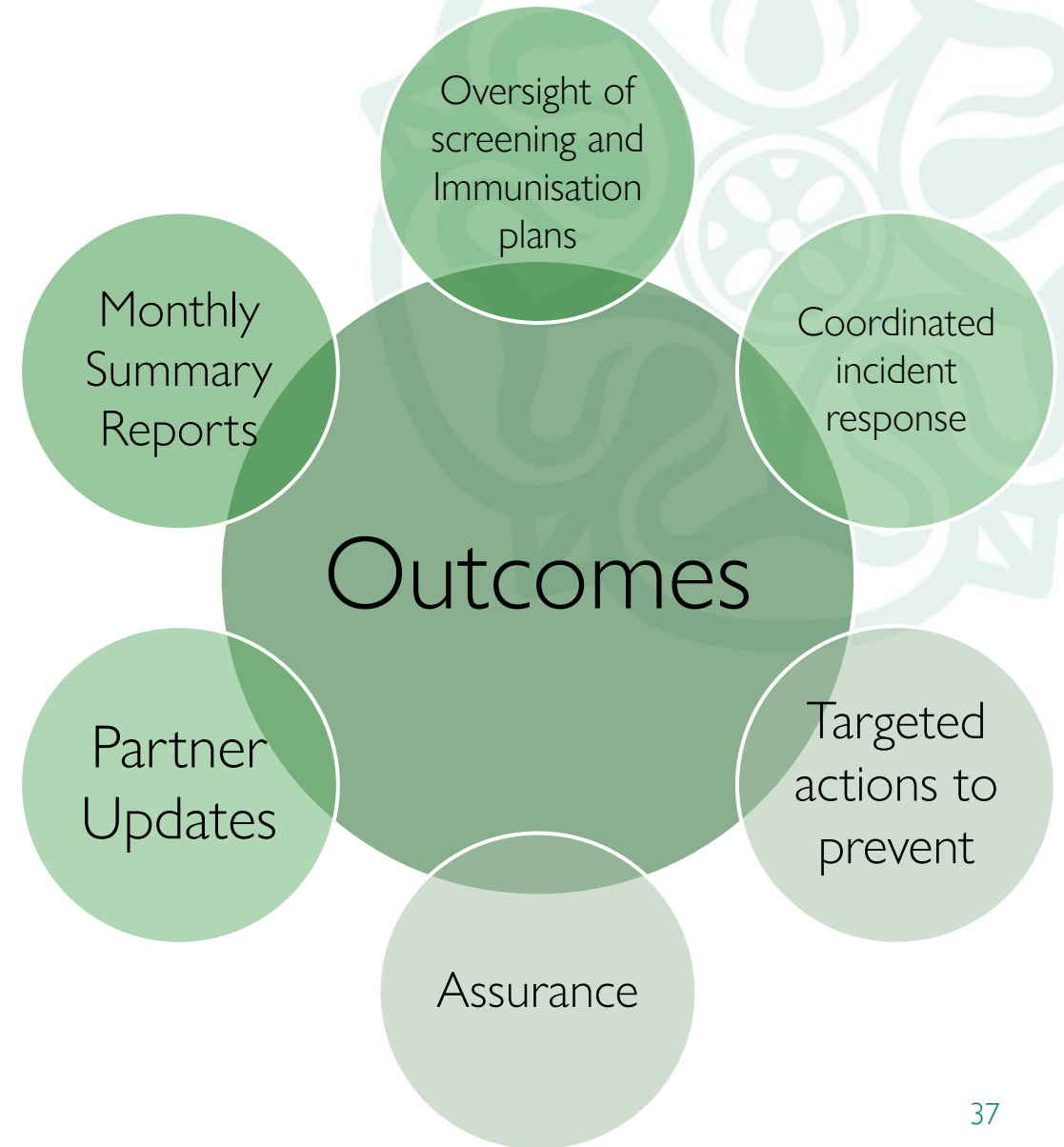
Case Study: ERYC Staff Flu Scheme

How the staff flu scheme aligns with council priorities

- **Protecting the Vulnerable:** By offering flu vaccines to council staff this reduces the risk of staff members spreading flu, especially to those who are served by public services such as the elderly, children and young people and those with pre-existing conditions. Therefore, supporting the council's priority to protect those who are at risk and vulnerable.
- **Helping Children and Young People Achieve:** Many council staff work directly with children, young people and families. Ensuring that these staff members are protected from flu will help to minimise time of ill due to flu and ensures continued support for educational and social services, contributing to children and young people development needs and achievements.
- **Empowering and Supporting Communities:** By promoting the flu vaccination among staff this encourages a culture of health and wellbeing. It demonstrates the council's commitment to supporting its employee's health, with in turn will strengthen the communities trust in the services they rely on.
- **Valuing the Environment:** Healthy staff are less likely to need to be off ill, therefore leading to greater stability in services offered by the council. This consistent delivery of services can help the council to maintain a sustainable approach to its operations and reduce the environmental impact associated with staff off ill such as temporary staffing solutions or reduced service availability.
- **Growing the Economy:** The more ERYC staff members who have their vaccination increase herd immunity and reduce staff illness allowing employees to continue their daily role illness free.

Case Study: Providing assurance to the HP system

- The Hull and East Riding Health-Protection Board (HPB) is a multi-agency forum established to support the Director of Public Health in providing system-wide oversight and assurance on health protection arrangements across Hull and East Riding. The group focuses on preparedness, prevention, and effective response to health protection threats, including communicable diseases, environmental risks, and public health emergencies.
- HPB brings together key partners from local authorities, the NHS, UKHSA, and other system stakeholders to ensure that robust infection prevention and control (IPC), vaccination, screening, surveillance, and outbreak management arrangements are in place and functioning effectively. The group operates on a place-based, partnership-led model, recognising that health protection risks require coordinated action across organisational boundaries.





“Why this matters: Assurance supports rapid, coordinated responses and protects public confidence.”

Case Study: Health Protection Assurance Framework

- In 2025 UKHSA produced a health protection assurance framework. This is a tool that ERYC HP team is working through to ensure that the LA can react to health protection threats effectively. The framework can be found [here](#)
- The ERYC Health Protection Team is working systematically through this framework to assess local arrangements, identify strengths, and highlight areas for improvement.

Emergency Planning

East Riding of Yorkshire Council is a Category 1 responder with lead responsibility for local emergency planning and coordination of council-led response functions. The council maintains emergency and business continuity plans, coordinates services such as highways, housing, social care and communications during incidents, and plays a central role in supporting recovery once the immediate response phase has concluded.

East Riding of Yorkshire: Top Identified Risks

The Humber Community Risk Register, developed and maintained by the Humber LRF, identifies the principal hazards most likely to impact East Riding communities. These risks inform all local emergency planning and preparedness activity:

- ❖ Flooding and severe weather, including coastal, fluvial and surface water flooding, and extreme winter or heat events
- ❖ Industrial and environmental incidents, including Control of Major Accident Hazards (COMAH) sites and pollution events
- ❖ Loss of essential services, such as prolonged power, fuel, water or telecommunications outages
- ❖ Health emergencies, including pandemic influenza and other widespread public health incidents
- ❖ Major accidents and transport incidents, affecting road, rail or port infrastructure
- ❖ Societal and security risks, including public disorder and terrorism, aligned with national risk assessment

Emergency Planning Incidents

Incident	Lead Agency	Lessons Learnt		East Riding of Yorkshire Impact
Avian influenza	APHA/DEFRA	No	Debrief after AI season rather than individual cases	Yes
Pocklington Water Outage	Yorkshire Water	No	Only minor impacts and dealt with operationally by Yorkshire Water	Yes
Sigglesthorne School Bus crash	Police	Yes		Yes
Hull "Spice" Incident	Hull CC - Public Health	Yes		Yes
Ship Collision	Police/MCA	Yes		Yes
Watts Road Explosives Incident	Police	Yes		Yes
"George Cross" Protests	Police	No	Ongoing - A date hasn't gone into the diary yet.	Yes
Manchester Synagogue Attack	Police	No	Lessons will be shared by Greater Manchester Police	No
Amber Weather Warning	Emergency Planning	No	Weather didn't impact massively on Humber area and was dealt with operationally and in line with AWHP.	Yes
Leven Flooding	Environment Agency	Yes		Yes
Ship Fire Hull Docks	Humberside Fire and Rescue	Yes		No
Withernsea Incident	Police	Yes		Yes
Grimsby Overdoses	NELC - Public Health	No	To be scheduled	No
Bridlington Carbon Monoxide Incident	Police	No	To be scheduled	Yes

Areas for improvement (Evidence-Led)

Vaccination uptake and vaccine confidence

- Below-target uptake persists in key cohorts, particularly children and young people and in Bridlington.
- School flu vaccination uptake remains below East Riding averages, and PCN flu uptake is lowest in Bridlington
- HPV uptake remains an area of concern in some cohorts.
- HPV uptake between females and males.

Screening coverage gaps

- Two screening programmes perform below the England average:
 - Newborn and infant physical examination screening
 - Chlamydia screening in females aged 15–24
 - Cervical screening (25–49) continues to require targeted improvement.

Areas for improvement (Evidence-Led)

Infectious disease prevention and surveillance

- Diarrhea and vomiting remains the most frequently reported infection in schools and Adult Social Care, indicating ongoing transmission pressure.
- Early data limitations and reporting anomalies highlight the need for continued improvement in surveillance consistency and data quality.

System awareness and escalation pathways

- Near-miss incidents demonstrate variable awareness of health protection escalation routes, particularly out of hours and across non-health council services.

Learning and assurance maturity

- While assurance structures are in place, there is scope to strengthen the routine capture of learning from incidents and near misses, and to demonstrate measurable system impact.

Strategic Alignment

Area for improvement	UKHSA strategic priority	Council / system priority
Vaccination uptake & confidence	Improve health outcomes through vaccines and reduce inequalities	Reducing health inequalities; Children and Young People; Bridlington place priorities
Screening coverage gaps	Improve action on health security through data and insight	Early diagnosis; Prevention; Reducing avoidable ill health
Infectious disease prevention	Reduce the impact of infectious diseases	Protecting vulnerable residents; Adult Social Care quality
Surveillance & reporting	Improve action on health security through data and insight	System assurance; Evidence-based decision-making
Escalation & system awareness	Be ready to respond to all hazards to health	Emergency preparedness; Organisational resilience
Learning & assurance	Continue to develop high-performing health protection systems	Continuous improvement; Public confidence

Priority Actions 2026-27

1. Strengthen vaccination uptake in priority populations

- Targeted, place-based vaccination work in Bridlington, aligned with the Neighbourhood Health Partnership.
- Continued focus on school-aged immunisation, including flu and HPV.
- Use of tailored communications and trusted settings to address vaccine hesitancy.

2. Improve screening performance where below national benchmarks

- Work with NHS England and system partners to understand barriers to uptake.
- Targeted local actions for newborn and infant physical examination screening and chlamydia screening in young people.
- Ongoing monitoring through assurance and performance frameworks.

3. Reduce preventable infectious disease transmission

- Strengthen infection prevention and control support in schools and Adult Social Care settings.
- Use seasonal intelligence and surveillance data to focus preventative action ahead of peak periods.

4. Enhance surveillance quality and reporting consistency

- Continued embedding of new reporting systems and guidance for settings.
- Ongoing engagement with partners to improve data completeness and accuracy.

5. Strengthen system awareness and escalation pathways

- Targeted engagement with council services and partners on notifiable disease processes and out-of-hours escalation.
- Use learning from near misses to reinforce roles and responsibilities.
- Embed learning and demonstrate assurance impact
- More consistent capture of learning from incidents, outbreaks and near misses.
- Clear reporting of assurance activity outcomes through the Health Protection Board.

Conclusion

Health protection efforts throughout the East Riding encompass a variety of activities, including supporting settings during outbreaks, monitoring vaccination uptake to implement staff flu programs, and employing innovative health promotion strategies such as bookmarks or through strengthening the system through framework use like the Health Assurance Framework.

This report has outlined the functions and priorities of the health protection team, highlighting five key targets for the coming year: strengthening vaccination uptake in priority populations, improving screening performance where it falls below national benchmarks, reducing preventable infectious disease transmission, and enhancing the quality and consistency of surveillance, reporting, and pathways. These objectives will guide the team's continued commitment to safeguarding public health in the region.

