

**Manchester Health and Wellbeing Board
Report for Information**

Report to: Health and Wellbeing Board – 14 May 2014

Subject: Health protection in Manchester: update

Report of: David Regan, Director of Public Health for Manchester
Dr Kevin Perrett, Consultant in Public Health Medicine – Health Protection

Recommendation

1. The Health and Wellbeing Board is asked to note the contents of this report.
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Board Priority(s) Addressed :

Board priorities 1, 2, 3, 4, 5 and 8.

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact the contact officer above.

‘Public Health Annual Report: Protecting the health of the people of Manchester’. Report of the Director of Public Health for Manchester. 2011, Manchester City Council and NHS Manchester.

Report to Manchester Health and Wellbeing Board, ‘Health Protection in Manchester’. 23 January 2013.

Introduction

- 1.1 A briefing on health protection - one of three domains of public health - was provided to the Health and Wellbeing Board in January 2013. This paper provides a - mostly positive - update on progress and sets out the successful actions that have been taken, as well as highlighting where further work is needed.

Progress on vaccination coverage

- 1.2 Manchester has historically had lower than average vaccination coverage levels, often markedly so. Coverage in younger children has however improved very substantially in recent years, driven by Public Health Manchester's Immunisation Promotion Project.
- 1.3 Three of the six national 'gold standard', 95% or 90%, immunisation targets for younger children have been reached, and performance is close (within 2% to 3%) for the remaining three targets. This represents an encouraging 'turnaround' improvement.
- 1.4 Those improvements have reached a plateau in the last year. In April 2013, the commissioning of immunisation services was moved to NHS England, having previously been a primary care trust responsibility. A transition process is still continuing. Further improvements in immunisation coverage are possible, and Public Health Manchester at the City Council will work with NHS England to challenge performance further.
- 1.5 Progress in delivering high levels of coverage across the vaccination programme more broadly, has been more mixed. The appointing system for delivering BCG vaccination to infants in Manchester has undergone important changes and now babies are receiving vaccination at a more appropriate, younger, age. There has been a near doubling, to over 70%, of children vaccinated by three months of age. This work is continuing and we aspire to reach a target of 95% uptake by age three months in 2014.
- 1.6 Although final data has not yet been published, the indications are, as is the case nationally, that flu vaccination uptake did not improve significantly last winter, except in healthcare workers. Manchester is unlikely to reach the 75% target for the over 65s this winter, with a final uptake of approximately 71% or 72% expected. This problem is currently under discussion with NHS England.

A continuing fall in key healthcare associated infections, but a new problem has emerged

- 1.7 The number of MRSA bacteraemia cases (Methicillin Resistant *Staph. Aureus* bloodstream infections) has been maintained at a historically low level. There were only eleven cases in Manchester residents in 2014/15. There were ten cases in 2013/14.

- 1.8 This slowing down in the annual decrease in MRSA cases in recent years has also been seen nationally. This suggests that the 'bottom of the curve' is being reached for MRSA bacteraemia, meaning we are close to an irreducible minimum number of cases. However, our policy remains one of 'zero tolerance'.
- 1.9 The number of *Cl. difficile* cases fell by 25% in 2013/14, nearly twice the national fall, a considerable achievement. However, the rate of fall in *Cl. difficile* has also slowed, and it has been acknowledged nationally that we are also now reaching the 'bottom of the curve' for cases of that infection (bearing in mind that unavoidable cases are more likely for *Cl. difficile* compared to MRSA).
- 1.10 Whilst those better known healthcare associated infections may be in decline, new infections will always emerge. The principal concern at present is 'CPEs' (Carbapenemase producing Enterobacteriaceae). Enterobacteriaceae are a very wide group of different organisms that are found quite normally in the human gut, but which can sometimes cause serious infections in vulnerable patients in hospitals.
- 1.11 The emerging problem is not that these organisms are particularly virulent, but rather that are adept at developing a very broad range of antibiotic resistance, making them increasingly difficult to treat when they do cause infection. CPEs are a growing problem in the developing world, but also in the EU (Greece and Italy for example), and more recently in the UK.
- 1.12 The problem has now become more widespread nationally, but is most common in London and in Manchester, the Manchester Royal Infirmary being particularly affected, as has been highlighted in the media. Working groups – led by Public Health England - are currently tackling this problem, both nationally and more locally, and this issue has both a high profile and high priority.

Tuberculosis cases are now falling

- 1.13 Following a near doubling of tuberculosis (TB) cases in Manchester over the decade to 2011, TB cases fell substantially in 2012, and this positive trend has continued in 2013. Over the last two years, the local specialist TB service has seen a fall of a third in the number of new TB cases attending their clinics (from 206 cases in 2011, down to 137 cases in 2013).
- 1.14 Whilst this fall is welcome, TB remains a common problem and an important challenge for Manchester. In addition to raising the level of BCG vaccination, we are currently improving the screening of new entrants in Manchester, and also planning further engagement work with the most-affected communities.
- 1.15 Problems in staff capacity for specialist TB services, highlighted in the previous report to the Health and Wellbeing Board, have been eased by the reduction in case numbers, and also by resources provided to the TB clinic for

administrative support by Public Health Manchester. However, the staffing situation will now be reviewed again.

How we are improving our local health protection system

- 1.16 A new Health Protection Expert Advisory Group, reporting to the Health and Wellbeing Board, has successfully been established to assist the Director of Public Health in ensuring oversight of health protection issues in Manchester.
- 1.17 The overlapping roles and responsibilities for the various elements of health protection can be complex, and this is more so following the 2013 NHS and public health reorganisation. It is particularly important that we are clear about how we respond to outbreaks and public health emergencies. A revised Greater Manchester outbreak plan has recently been agreed, but work is needed locally to further clarify the operational response arrangements in the event of an outbreak.

Conclusion

- 1.18 There have been some notable improvements in the health protection situation in Manchester. However, further work is still needed as new problems have, and will, emerge. The Board will be updated regularly on any key developments.