

**Manchester City Council  
Report for Information**

**Report to:** Manchester Health and Wellbeing Board - 20 November 2024

**Subject:** Health Protection Update including winter plans

**Report of:** Director of Public Health

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**Summary**

This report provides updates on health protection winter planning and key health protection issues including data and surveillance, updates on main issues of concern, seasonal vaccination programme, infection prevention and control planning in settings and adverse weather planning.

**Recommendations**

The Board is recommended/asked to:

- (1) Note the content of the report
  - (2) Consider how they can further support activity to prevent infection and increase vaccination over winter to protect the health of our population.
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**Wards Affected:**

All

<b>Environmental Impact Assessment</b> -the impact of the issues addressed in this report on achieving the zero-carbon target for the city	None
<b>Equality, Diversity and Inclusion</b> - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments	Action to prevent the spread of infectious diseases, increase coverage of vaccination and ensure preparedness for winter, takes account of the different impact on protected and disadvantaged groups, for example through targeted communications and engagement.

<b>Manchester Strategy outcomes</b>	<b>Summary of how this report aligns to the Our Manchester Strategy/Contribution to the Strategy</b>
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	The work to prevent, detect and treat infection will mitigate against health-related harms across the life course.
A highly skilled city: world class and home-grown talent sustaining the city's economic success	Individuals belonging to high-risk groups or who are experiencing high risk factors are more likely than the general population, to be at risk of becoming ill and requiring more complicated treatment outcomes.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Work to address these inequalities and ensure that disadvantaged communities can reach their full potential and live independently without fear of falling ill, will contribute to strategies to tackle health inequalities in the city.
A liveable and low carbon city: a destination of choice to live, visit, work	
A connected city: world class infrastructure and connectivity to drive growth	

Full details are in the body of the report, along with any implications for:

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

### **Financial Consequences – Revenue**

None

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**Background documents (available for public inspection):**

[Local Health Economy Outbreak Management Plan](#)

## **1.0 Introduction**

- 1.1 This report provides updates on health protection winter planning and key health protection issues, including data and surveillance, updates on main issues of concern, seasonal vaccination programme, infection prevention and control planning in settings and cold weather planning.
- 1.2 Robust planning and preparedness to manage additional health protection pressures associated with the winter season is crucial to protect the health of our population, particularly those who are at higher risk.
- 1.3 The Local Outbreak Management Plan (LOMP) describes how we will respond to outbreaks and incidents and will be applied in the event of any infectious disease including those covered in this report. To support the delivery of the LOMP, surge capacity arrangements are in place and regular scenario planning exercises are carried out to test our plans.

## **2.0 Data and surveillance**

- 2.1 The UK Health Security Agency (UKHSA) publishes regular epidemiological data for England on a range of infectious diseases. Measles data is available at regional level.
- 2.2 There is limited data available at local level on cases and trends in infectious diseases. In part, this is due to a pausing of weekly notifications of infectious diseases (NOIDs) by UKHSA while a new case and incident management system is implemented. NOIDs data reflects notifications of suspected infections rather than confirmed cases. Reports have not been available since June 2024 and have therefore not been included in this report.
- 2.3 The only up to date published data that is Manchester-specific is that on confirmed local cases of COVID-19. This is limited as testing outside of hospital is not carried out routinely and test results are not always reported. We use data on COVID-19 patients admitted to and occupying a bed in Manchester University NHS Hospital Trust (MFT).

### **2.4 National picture**

- 2.4.1 The National Influenza and COVID-19 surveillance report summarises information from surveillance systems which are used to monitor COVID-19 and influenza in England. Figures 1 and 2 below show overall trends and current activity is low.

Figure 1.

Total daily COVID-19 cases and percentage of tests positive for SARS-CoV-2 among all reported SARS-Cov-2 tests, England

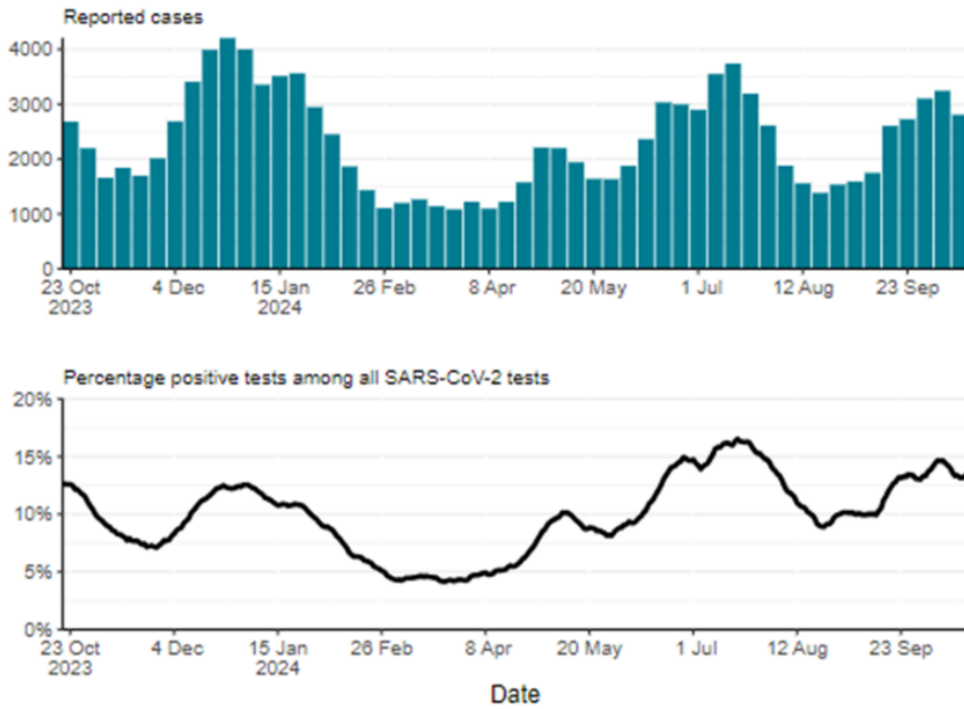
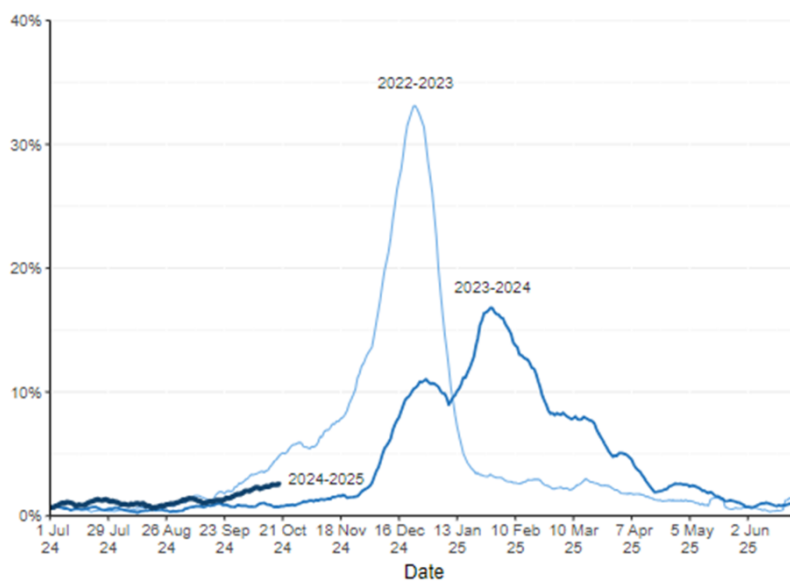


Figure 2.

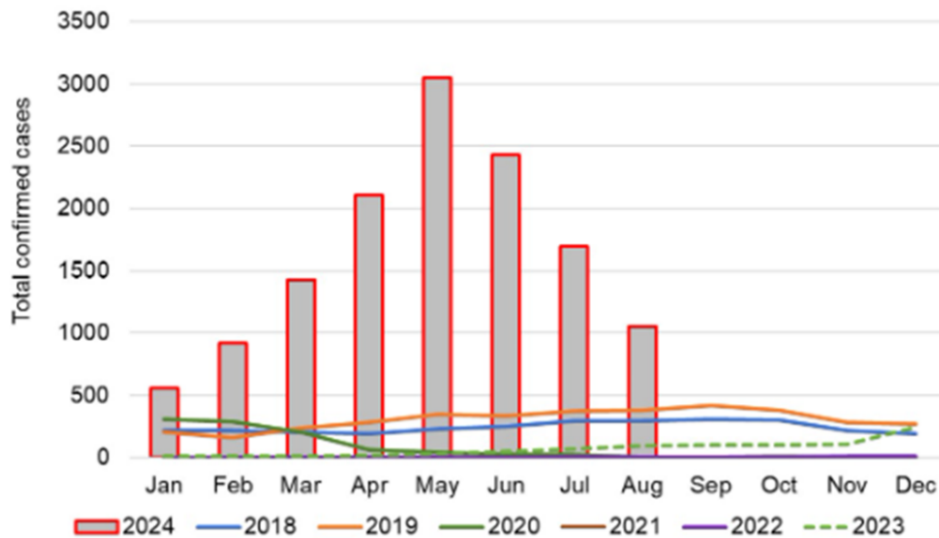
Percentage of tests positive for influenza among all reported influenza tests, England



2.4.2 Figure 3 shows laboratory confirmed cases of pertussis by month in England. Pertussis is a cyclical disease that peaks every 3-5 years. Cases in 2024 were notably high following low numbers during the pandemic. Cases have been falling since May 2024 but still remain higher than pre pandemic years.

Figure 3.

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

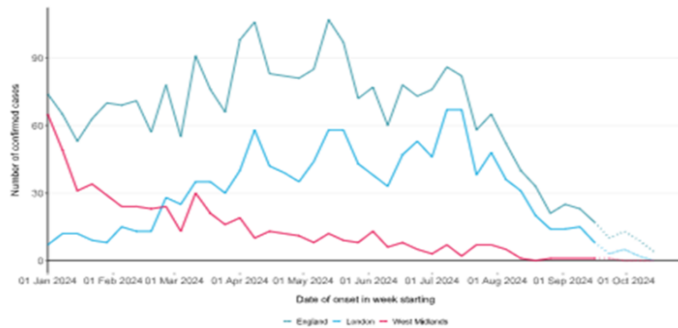


Note: The number of laboratory confirmed cases presented are provisional and can increase as further test results are finalised but also decrease if cases are confirmed as vaccinated within a year of a positive serology or oral fluid test.

2.4.3 Since 1 January 2024, there have been 2,601 laboratory confirmed measles cases reported in England. There was a rapid increase in cases in late 2023 driven by a large outbreak in Birmingham at the time. There was subsequently a rise in cases in London and small clusters in other regions, but case counts have followed a downward trajectory since mid-July (see Figure 4).

Figure 4

Laboratory confirmed cases of measles by week of onset of rash or symptoms reported, London, West Midlands and England: 1 January 2024 to 21 October 2024



Note: There is a data reporting lag which means that data for the past 4 weeks are provisional and subject to change as more suspected cases undergo confirmatory testing. Some locally tested cases may be discarded after confirmatory testing at the Reference laboratory. These are depicted with dotted lines.

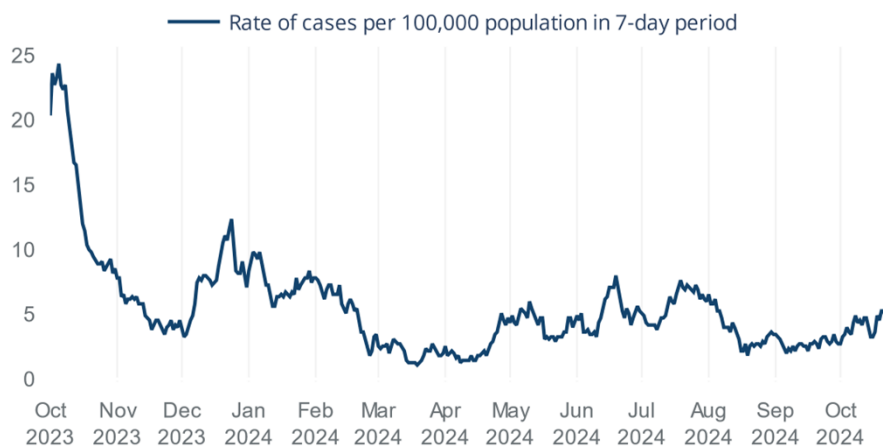
Region	Confirmed cases
East Midlands	185
East of England	210
London	1,244
North East	79
North West	95
South East	111
South West	30
West Midlands	554
Yorkshire & Humber	93
Total	2,601

## 2.5 Manchester picture

2.5.1 Trends in confirmed cases of COVID-19 in Manchester residents remain low and stable following a peak in October 23 as shown in Figure 5.

Figure 5.

Rate of confirmed cases of COVID-19 in Manchester residents per 100,000 population Rolling 7-day period up to and incl. 23 October 2024



### 3.0 Main Issues

3.1 For this report there is a focus on mpox, Measles and Hepatitis A, due to a range of important factors including emergence of a new infection of concern, low vaccine coverage and travel patterns.

#### 3.2 Mpox (Clade 1)

3.2.1 On 14th August 2024, the World Health Organization (WHO) declared the mpox outbreak a public health emergency of international concern (PHEIC) under the International Health Regulations (2005). As of 5 November 2024, there have been 3 linked cases of clade 1 mpox in the UK and the risk to the UK population is currently considered low.

3.2.2 There are 2 major genetic groups (clades) of mpox virus, Clade I and Clade II. The cases that were seen in the UK during the 2022 outbreak belong to clade II and since January 2023, Clade II mpox is no longer considered a high consequence infectious disease (HCID) within the UK. Historically Clade I mpox was only known to circulate in 5 Central African Region countries however in 2024 cases have been reported from additional countries within Central and East Africa. At this stage, the causes of this spread and the transmissibility is still unclear. Clade I mpox remains an HCID.

3.2.3 Plans are in place both nationally and locally should we see any cases in the coming weeks and months. These include:

- **Sexual Health Services:** local commissioned services have received briefings and have preparedness plans in place. Vaccination is available for previously identified and recommended cohorts for clade 2. Vaccine is available at the Hathersage Centre with plans to offer vaccination at Withington Community Hospital from 4<sup>th</sup> November. There are no plans for mass vaccination at present
- **Communications:** UK Health Security Agency (UKHSA) recognises the importance of working with local areas to ensure that messages are appropriate for relevant communities. There have not been any national communications at this point. Public Health will work with MCC Communications Team if any national communications are produced, to agree a plan to ensure messages are appropriate for relevant communities. It is important that messages are factual and helpful and do not negatively target any groups of residents. Conversations have been held with VCSE organisations with links to communities from affected countries to discuss any local concerns and support needed
- **Primary and secondary care:** Manchester University NHS Foundation Trust (MFT) Infectious Diseases Unit based at North Manchester General Hospital has an HCID referral pathway in place and will discuss individual cases with GPs if suspected cases are seen. All GP Practices in Greater Manchester have received information about mpox and a copy of the referral pathway



- **Support to self-isolate:** The support to self-isolate offer has been reviewed and updated. Support is discretionary and via clinical referral and may include financial support, emergency culturally appropriate food provision and essentials and temporary housing. All support will be coordinated by the Strategic Health Protection Team in the Department of Public Health.

### 3.3 Measles

- 3.3.1 At the start of 2024, the UK saw a national rise in Measles cases, mainly affecting London and the East Midlands. As Manchester's measles, mumps and rubella (MMR) vaccination coverage rates are lower than the WHO recommended 95%, Manchester children are at risk of disease if Measles cases were to occur in the community.
- 3.3.2 Manchester saw isolated cases of Measles and a cluster linked to university aged population in late summer.
- 3.3.3 Measles is a highly infectious viral illness which spreads very easily and can have serious complications. It is one of the most contagious respiratory diseases globally. Measles can be serious and can lead to complications, particularly for people whose immune system is not working normally or for those with other medical conditions.
- 3.3.4 The measles, mumps and rubella (MMR) vaccine is the best way to protect against these diseases. Children routinely receive their first dose at one year of age and their second dose from three years four months old. Two doses are needed for maximum protection. Ensuring as many people as possible are protected against measles will help stop it spreading. Anybody who is not fully vaccinated is at risk of catching measles. People with weakened immune systems or who are pregnant are at most risk of serious illness.

### 3.4 The local response has focused on the following areas:

#### 3.4.1 MMR Vaccination offers across Manchester

- **Primary Schools:** An MMR catch up to all primary school children with missing doses ran in the first half of 2024
- **Secondary Schools:** MMR vaccination catch up in all secondary schools
- **GM Integrated Vaccination and Immunisation Service:** From April 2025, NHSE will commission a single service to provide vaccination to both primary and secondary schools
- **Primary Care:** General Practice have been supported to hold additional catch-up clinics, utilising Primary Care Network extended hours where possible through the Locality Quality Scheme. GP practices can now vaccinate their own staff.

### 3.4.2 **Additional vaccination pilot development**

3.4.3 Greater Manchester Integrated Care Board made funding available to support innovation in increasing uptake of the MMR vaccine. Manchester has developed work in the following areas:

- Working communities with low vaccine uptake rates, collaborating with GM colleagues to advertise availability of the MMR vaccine at both local pharmacy sites and via practices
- University students MMR communications campaign and pop-up vaccination offer in collaboration with the three largest Universities in Manchester- Manchester Metropolitan University, the University of Manchester and The Royal Northern College of Music
- Insight and communications work to inform new concepts of vaccine delivery with communities with low vaccine uptake rates in collaboration with local community groups and neighbourhood partners

### 3.4.4 **Communication and Engagement**

3.4.5 A range of communication and engagement activities have supported efforts to increase MMR coverage, this include:

- A National call and recall campaign where all parents of 6–11-year-olds with outstanding doses of MMR vaccination are contacted by texts, emails and letters encouraging them to book a GP appointment. This was followed by a national call and recall aimed at 12–25-year-olds
- MCC Communications Team developed and delivered briefing materials and social media assets to the public, healthcare providers and other key stakeholders, including EasyRead
- A briefing note shared with neighbourhood teams to support them in helping to convey key information to communities
- Measles communication materials including an easy read leaflet, translated materials, videos and animations are available on [www.manchesterlco.org/measles](http://www.manchesterlco.org/measles). These materials have been shared with schools and early years settings. A focus was put on using the right imagery to show how measles looks on different skin colours to support all of our parents and carers to identify potential signs and symptoms.
- Community engagement co-ordinated through a range of system partners including Integrated Neighbourhood Teams, Community Health Equity Manchester Sounding Boards, wider VCSE and community partners. This focused on those community groups with known health inequalities and low vaccination coverage, was data and intelligence-led, building on learning from the COVID-19 pandemic and utilising trusted partners.

The impacts and learning from the focused MMR work will be evaluated as we move to the end of the 2024/5 pilots.

### **3.5 Hepatitis A**

3.5.1 Hepatitis A is a viral illness, usually caught by consuming contaminated food and drink and is most common in parts of Africa, Asia, the Middle East and Central and South America. Hepatitis A infection usually clears within a few months, although it can occasionally be severe and even life threatening. There is no specific treatment for it, other than to relieve symptoms like pain, nausea and itching.

3.5.2 Hepatitis A vaccination sits outside the UK national Immunisation programme as the risk of infection is low. The vaccine can be administered for travel and is recommended if visiting at risk countries. Vaccination against hepatitis A requires two doses, six months apart and is only recommended if:

- you're at high risk of infection or severe consequences of infection
- you're travelling to an area where the virus is common, such as the Indian subcontinent, Sub-Saharan and North Africa, Central and South America, the Far East and eastern Europe
- you have had prolonged contact with a confirmed case such as a household contact.

3.5.3 During 2024, Manchester has seen several cases of Hepatitis A disease, mainly diagnosed in our school aged children. As a result, some children have missed school during their infectious period, and a small number sadly required short term hospital admission. UKHSA national guidance recommends a Hepatitis A vaccination response to be delivered in schools, to all close contacts including some adults, if a case in a child 5 years old or under has attended during their infectious period. The cases have, in the main, been related to travel to countries with a high risk of Hepatitis A transmission.

3.5.4 There has been an increase in the number of situations where a vaccination response has been needed. This work is led by UKHSA, alongside the MCC Health Protection team in the Department of Public Health and GM ICB teams. Manchester has been commended by UKHSA and education colleagues on the efficiency of the response, which in the main has resulted in a high uptake of close contacts receiving the vaccine. Further promotion of Hepatitis A vaccination awareness to Manchester residents who travel to at risk countries is currently being explored.

### **4.0 Winter planning**

4.1 Effective planning and preparedness for the winter season is crucial in order to protect the health of our population, particularly those who are more vulnerable. Winter planning includes seasonal vaccination programmes,

infection prevention and control support to settings and adverse weather alerts. These are described below.

## 4.2 **Autumn/Winter vaccination programme 24/25**

4.2.1 The winter vaccination programme is one of the most effective mechanisms to protect the health of Manchester residents and to support the resilience of the health and care system over the winter period. This will focus on Covid-19 and Flu for those that are eligible, and this year sees the introduction of a vaccine programme to protect babies and older adults against Respiratory Syncytial virus (RSV).

## 4.3 **COVID-19**

4.3.1 The COVID-19 vaccines continue to be offered on a seasonal basis because viruses change, and protection fades over time. The COVID-19 vaccine is recommended for people from October for those at increased risk of complications from disease that:

- are aged 65 or over- this cohort can access vaccination via their GP, a pharmacy or at any of the walk-in sites/pop up offers
- are pregnant- delivered via maternity services or any site
- are aged 6 months to 64 years and have an increased risk of getting seriously ill from COVID-19 because of a health condition or treatment. This cohort will access the vaccine via their GP, a pharmacy or walk in provider/pop up offers
- housebound lists are coordinated via the COVID-19 and Vaccination Programme Management Office for delivery via pharmacy provider if their own GP is not able to deliver
- live in a care home for older adults- delivery is via the Care Home allocated GP or alternative pharmacy provider. This work is coordinated via the COVID and Vaccination Programme Management Office
- are frontline health or social care workers- delivered via occupation health departments or any other offer.

4.3.2 Manchester's vaccine offer includes 4 Primary Care Network (PCN) providers and 63 pharmacies sites, complemented by a roving pop-up offer. All sites had to opt in to deliver the COVID-19 vaccination for autumn/winter 2024.

## 4.4 **Influenza (flu)**

4.4.1 The flu vaccine helps protect against flu, which can be a serious or life-threatening illness. It is offered on the NHS every year in autumn or early winter to people at higher risk of getting seriously ill from flu. All 82 Manchester practices are delivering flu vaccines to their eligible cohorts. In

addition, it is possible to obtain the vaccine via a pharmacy, walk in or pop-up offer. Cohorts are reflective of previous years:

- aged 65 or over (including those who will be 65 by 31 March 2025)
- have certain long-term health conditions
- are pregnant- delivered via maternity services
- live in a care home
- are the main carer for an older or disabled person or receive a carer's allowance
- live with someone who has a weakened immune system
- Frontline health and social care workers can also get a flu vaccine through their employer
- School age children- Reception to Year 11, delivered via adolescent immunisation teams.

#### 4.5 Equalities and Inclusion in winter vaccination

4.5.1 Manchester has sustained the good practice developed during the pandemic and continues to evolve an approach to providing an inclusive service to those who may not access a mainstream vaccination offer. Additional funding provided through NHS England has been drawn down to focus on the following priorities:

- **Calm Clinics for people with Learning Disability (LD)/Serious Mental Illness (SMI):** This offer has been made again this season following the success of previous years. This is a true partnership, delivered through Heathfield, Ross Place and Hall Lane Resource Centres to ensure an offer across the North, Central and South during the week and at weekends to ensure maximum accessibility. The clinics are designed to provide a safe space with additional reasonable adjustments that allow people with LD and/or SMI (aged 18+) to have the vaccine in a supportive environment with specialist nurses and staff available to provide additional support where needed. The offer includes both COVID-19 and Flu and will have a variety of vaccines available, including porcine free vaccines and a limited number of nasal flu vaccines for those that are unable to tolerate the injection. A taxi service is also available for those who may struggle to access the clinics and is supported by patient call and recall system through the NHS Gateway.
- **Pop-up neighbourhood clinics:** The vaccination van will be popping up across the city providing targeted outreach to support vaccine equity. The model wraps around other neighbourhood winter health and cost of living

events, and other community activities through strong partnership working with our integrated neighbourhood and communications teams. This year delivery is via a community pharmacy partner who can provide both COVID-19 and Flu vaccination.

#### **4.6 Respiratory Syncytial Virus (RSV)**

4.6.1 The RSV vaccine helps protect against respiratory syncytial virus (RSV), a common virus that can make babies and older adults seriously ill.

4.6.2 RSV is a common cause of coughs and colds. Most people get it several times during their life. It usually gets better by itself, but in some people (especially babies and older adults) it can cause illnesses such as pneumonia and bronchiolitis

4.6.3 These illnesses can cause serious breathing problems. They may need to be treated in hospital and can be life-threatening. Getting RSV can also make your symptoms worse if you have a lung condition, heart condition or weakened immune system.

4.6.4 The RSV vaccine is recommended if:

- You are pregnant – the vaccine is recommended during every pregnancy (from 28 weeks onwards) to help protect your baby after they are born
- You are aged 75-79 (if you turn 80 on or after 1<sup>st</sup> September 2024, you are eligible for the RSV vaccine until 31<sup>st</sup> August 2025).

4.6.5 From 1<sup>st</sup> September 2024, the RSV vaccination is available as follows:

- Primary care offer (over 75)
- Everyone turning 75 years old on or after the 1 September 2024 should be offered the vaccine
- In year 1 the vaccine will also be offered to people aged 75-79 as a catch-up programme
- At present this is a one-off vaccine but will be subject to NHSE surveillance.

4.6.6 Maternity services offer (MFT):

- Maternal offer will be year-round (not seasonal) and for every pregnancy
- Opportunistic primary care offer remains available. In addition, maternity services will continue to plan and deliver Flu, COVID-19 and Pertussis vaccinations to all booked women.

#### **4.7 Communications and engagement**

4.7.1 The MCC Communications Team have been working on a range of bespoke materials for Manchester focusing on increasing the understanding and uptake of winter vaccinations. They are tailored to Manchester's diverse population. Key vaccination messages have been incorporated into materials alongside cost of living and wider support. This has been done using a range of communication methods including:

- Bespoke work with FoneMedia digital targeting
- Bespoke creative materials produced in a catalogue format for neighbourhood teams to order from for engagement work
- Messages created for sharing in community WhatsApp groups
- Partnership with pharmacies to use materials we created in prescription size to attach to medications and medicine delivery vans
- Using trusted voices and networks to share materials including information on walk-in vaccination sites
- Easy read materials and translated materials
- Using a holistic approach that also includes guides for parents and carers on free childhood vaccinations
- A comprehensive media and channel plan including targeted communications to reach communities whose first language is not English in specialist media such as Jewish Telegraph, Asian Leader and Heritage Radio
- Amplifying national and regional campaign materials where appropriate.

4.7.2 In order to have the biggest impact on vaccine uptake, it is important to ensure that both the message and the messenger are correct and effective. The Communications Team is also considering using influencers from key community groups to promote messages and vaccination sessions.

#### **4.8 Health protection support to settings**

4.8.1 The Community Health Protection Team (CHPT) in the Department of Public Health delivers a comprehensive programme of support each year to a number of settings with vulnerable groups. This is in the form of bulletins, sharing national documents, webinars and training events and attending meetings and community groups to promote winter readiness. The team directly supports facilities experiencing winter illness in residents and staff groups. The team works closely with Primary Care, UKHSA and others to support care settings to deliver effective infection prevention & control practices to prevent spread when experiencing outbreak situations.

- 4.8.2 The team works closely with MCC Adult Social Care (ASC) colleagues and directly with settings. An example of work carried by the team is ensuring settings have an up-to-date record of vaccination status to support management of outbreaks. This is done through the provision of training and support materials.
- 4.8.3 CHPT also provide training events for care homes including Infection Prevention and Control Leads & Champions refresher sessions and Outbreak management and acute respiratory infections (ARI) updates for 2024/25 ARI season. The team also attends meetings and forums for settings' staff to provide expertise and support.
- 4.8.4 The CHPT will attend homelessness and Asylum Seeker forums and meetings to provide ARI updates and support for example:
- A Bed for Every Night (ABEN) meeting
  - Commissioned services operations meeting
  - Young people operations meeting
  - Manchester Care Home Clinical subgroup meeting
  - Meeting with commissioned Primary care providers for the Manchester Asylum seeker hotels to provide update on winter readiness and ARI prevention and management
  - A bulletin for complex settings, focusing on winter bugs and quick guide for managing cases of respiratory infection in settings has been developed.
- 4.8.5 The CHPT will attend Primary care meetings to provide ARI updates and work with ICB GM colleagues in winter preparedness planning including:
- Attendance at North, Central & South Manchester Care Home Quality meetings and nursing team meetings to provide updates
  - Work with medicines optimisation senior pharmacist to review and update the ARI antiviral pathway for supply of treatments when required.
- 4.8.6 Working with the Health Protection Advice to Schools and Early Years group, the team provide:
- Winter planning article added to healthy schools' newsletter and bulletin distributed to early years settings
  - Winter readiness and planning broadcast out to schools
  - IPC webinars for schools and early years settings in October and November.

#### 4.9 **Adverse Weather and Health Plan**

- 4.9.1 In addition to the support provided by CHPT to settings who provide care to vulnerable groups, the Department of Public Health also supports the implementation of UKHSA's Adverse Weather and Health Plan (AWHP) at a



local level. This involves the distribution of key messages from UKHSA and the Met Office to stakeholders, and encouragement to register directly for 'weather health alerts'. A local summary version of the AWHP has also been created and shared, providing headline detail for stakeholders and adult social care settings.

## **5.0 Recommendations**

5.1 The Board is recommended/asked to:

- (1) Note the content of the report.
- (2) Consider how they can further support activity to prevent infection and increase vaccination over winter to protect the health of our population.