LONDON BOROUGH OF CAMDEN	WARDS: All
REPORT TITLE Health Protection update from the Director of Public Health	
REPORT OF Director of Public Health	
FOR SUBMISSION TO The Health and Wellbeing Board	**DATE** 18 September 2024

SUMMARY OF REPORT

This report provides an update on health protection issues and epidemiology in Camden.

Local Government Act 1972 – Access to Information

No documents that require listing have been used in the preparation of this report.

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RECOMMENDATION

The Health and Wellbeing Board is asked to note the contents of the report

Signed:

Kirsten Watters, Director of Public Health

Date: 9th September 2024

1. Purpose of Report

An update on health protection issues and epidemiology in Camden.

2. Measles and Measles, Mumps & Rubella Vaccine (MMR)

There has been a rise in measles cases nationally since October 2023 and UK Health Security Agency (UKHSA) declared a national incident on 8th January 2024. The increase was initially driven by a large outbreak in Birmingham which has now stabilised. In London there has been a rise in cases since December 2023 with a very large increase in confirmed cases since March 2024. From the 1 January to 23 August 2024, 1057, laboratory confirmed measles cases have been reported in London and 18 of these cases were recorded in Camden residents. We have had two small school outbreaks in primary schools and no confirmed cases have been reported in Camden residents in the past 4 weeks. Published information on the measles incident is available here: https://www.gov.uk/government/publications/measles-epidemiology-2023/confirmed-cases-of-measles-in-england-by-month-age-region-and-upper-tier-local-authority-2024

The main method of preventing measles transmission is to improve & maintain high MMR vaccine uptake in our population and we have been engaging with our local communities, improving communications about the importance of vaccination and improving access for “hard to reach” populations. MMR vaccination has been promoted through a variety of channels, including resident bulletins, social media platforms, electronic billboards and bus advertising. We have also produced leaflets which were translated for our local population, and these have been distributed via GPs, libraries and children’s centres and at community events. We have also used our parent champions, health improvement staff and school nursing teams to promote MMR vaccination. We have promoted messages around the increase in measles cases and the importance of vaccination using staff from Family Hubs and have attended baby bonding sessions to promote childhood vaccinations and answer questions raised by parents.

We have attended headteacher meetings to provide briefings on the increase in measles and actions that schools need to take when cases are reported to them. This information has been updated at several headteacher meetings as we moved to level 3 transmission and the focus is now on identifying vulnerable contacts as early as possible so that they can be risk assessed for timely prophylaxis. We developed a standard operating procedure for a small number of staff in the health & well-being team to contact schools and other childcare settings with cases to offer timely advice and support.

We have worked with our colleagues in ICB, UCLH / Vaccine bus and family hubs to deliver outreach MMR clinics and information sessions throughout the borough. These were promoted by GP practices near to the location of the vaccine clinics. Stronger connections have been established with our

Bangladeshi and Somali communities and Voluntary Community Sector groups. Coffee mornings have been organised in Camden's British Somali centre. We have secured the support of a GP from the Somali community to deliver measles and MMR information sessions and to address concerns that families might have. Our Somali community have requested additional information sessions that will be delivered over the next few months, and we plan to recruit people from the information sessions to co-produce tailored communications.

We have also been working with our asylum seeker and refugee populations in contingency hotels and displaced populations to promote the importance of childhood vaccinations and to ensure that this population are registered with GPs. Training has been delivered to staff working in initial and dispersed accommodation in relation to the importance of MMR vaccination and preparedness for measles cases.

Information sessions and a vaccine session has also been held at the New Horizons, a pan-London centre for young people living with homelessness. Members of the health and wellbeing team and UCLH Team completed a visit to the centre to hold conversations with the young people about GP registration, knowledge of vaccines that they have received to date, incomplete vaccination and access to vaccination, as well as offering other opportunistic health checks, like blood pressure and BMI.

3. Pertussis / Whooping Cough

Pertussis / whooping cough cases continue to increase since the start of the year with over 10,000 laboratory confirmed cases reported nationally and 1459 of these cases were resident in London. We usually see an increase in Pertussis / Whooping cases every 3 to 5 years but confirmed cases in the second quarter of this year (April to June) were higher than those reported in any quarter of the last year when a major outbreak was reported (2012).

Pertussis vaccines are given to babies aged 8, 12 and 16 weeks to offer protection to children as early as possible in life because babies aged under 3 months are more likely to develop complications. Since the last large outbreak of pertussis, a vaccine has also been offered to pregnant women. When pregnant women are vaccinated, they develop antibodies and pass them to the unborn child. This provides protection until the baby receives their own vaccines. Children also receive a booster vaccine when they are 3 years and 4 months old.

To raise awareness of the outbreak and promote pertussis vaccination, the national / ICB communications messaging has been shared with all of our digital channels and Family Hubs website. Information about the increase in pertussis / whooping cough cases has been shared at various forums, and North Central London ICB have also established a pertussis/ whooping cough task and finish group that is attended by a member of our Health & Well-being Team. Communications have also been shared about the pertussis in pregnancy programme in a Camden magazine article. We are aware that

messaging around the vaccine offer in pregnancy is something that needs to be promoted with our residents and are working with our colleagues in maternity and NCL ICB to simplify and promote key messages around the different vaccines and their timing in pregnancy (pertussis, RSV, flu and COVID-19). We are also in the process of recruiting a Somali midwife to deliver information sessions with our local Somali community as this was identified as an area of need at our local Camden Immunisation group meeting.

4. Mpox

Mpox is a viral infection that spreads through close, person-to-person contact. Mpox (previously known as monkeypox) is a viral illness that causes painful skin lesions and can lead to severe illness in some people. Two different types of the virus exist: Clade I and Clade II, with each containing different subtypes. This new outbreak is driven by a new variant of Clade I. https://ukhsa.blog.gov.uk/2024/08/23/mpox-clade-1-what-you-need-to-know/

In 2022–2023 a global outbreak of mpox was caused by a strain known as Clade IIb, leading to a large outbreak in the UK, predominantly in the gay, bisexual and other men who have sex with men (GBMSM) population through sexual contact, which was brought under control through vaccination. Clade II mpox is usually a mild self-limiting illness. Clade II is not considered a high consequence infectious disease. There is currently low-level circulation of Clade II in the UK, predominantly in the men who have sex with men population.

Clade I mpox virus is known to cause more severe disease, with a higher mortality rate (0-11%). There are currently two outbreaks of Clade I –

- Clade 1a predominantly within the Democratic Republic of Congo (DRC) circulating in the wider population with transmission a mix of animal and human to human transmission. Children are the most impacted with the highest case fatality.
- Clade 1b (new variant) which began in the DRC but has now spread to neighboring countries in central and east Africa. Transmission appears to be predominantly within sexual networks, however other transmission routes have been reported.
- Clade 1 is considered a high consequence infectious disease.

<u>New variant Clade IB outbreak</u>

There is now increasing transmission of Clade 1b mpox in Africa with (as of 18 August 2024), 12 countries have reported 3,562 laboratory confirmed cases, including 26 deaths**.** This is a significant underestimation. Laboratory capacity is limited, cases may not access healthcare and death certification may not record mpox.

The WHO has declared that this outbreak constitutes a public health emergency of international concern (PHEIC). There is scant information available on the transmissibility, routes of transmission and virulence and

disease severity of Clade1b. Sexual and non-sexual transmission routes are being reported.

Current UK risk assessment and control

The current overall risk assessment for the UK is low and planning is underway across the UK Health Security Agency, NHS and local government to manage risk and for any cases and contacts. New guidance GPs and NHS111 will be published shortly. The routine vaccination programme for clade II which is delivered via sexual health clinics will move to a more proactive call recall for high-risk populations within the gay bisexual and men who have sex with men populations.

5. Finance Comments of the Executive Director Corporate Services

The Executive Director of Corporate Services has been consulted on the contents of the report and has no comments to add to the report.

6. Legal Comments of the Borough Solicitor

The Borough Solicitor has been consulted on the contents of the report and has no comments to add to the report.

7. Environmental Implications

There are no environmental implications to the contents of this report.

REPORT ENDS