Health Protection Report

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Monitoring the uptake of chlamydia screening

A letter setting out how local performance of chlamydia screening will be monitored and how the chlamydia 'Vital Signs' indicator will be measured in 2008/09 has been issued by the Department of Health [1].

The letter details how, since April this year, all chlamydia screens/tests undertaken outside of genitourinary medicine clinics (GUM) on 15-24 year-olds count towards calculating screening coverage in residents of each Primary Care Trust (PCT). These tests include those from the National Chlamydia Screening Programme (NCSP) and tests which may have been performed in primary care outwith the programme for a variety of reasons.

Although this non-NCSP activity will make a contribution to the uptake of screening/testing in the target age group currently, a substantial increase in screening by the NCSP will be essential if the 2008/09 'Vital Signs' target of screening 17 per cent of the target population is to be achieved.

The longer term strategy is that, as the NCSP rollout continues, many of the tests performed in primary care outwith the programme will be incorporated into it.

National data will continue to be collated by the Health Protection Agency (HPA), which will issue quarterly progress reports that distinguish NCSP screens from other chlamydia screens/tests. The HPA will also produce data by local authority area for the Local Government Indicator Set. Tests undertaken at GUM clinics will be monitored separately through the new clinical activity data set.

References

1. *Monitoring the uptake of chlamydia screening - Vital Signs indicator 2008/09. Gateway: 9952.* London: Department of Health, 23 May 2008.

HPA chemical and environmental hazards conference 2008

More than 200 health specialists and scientific experts attended the Health Protection Agency's international chemical and environmental hazards conference, held in Manchester on 20-21 May [1]. Concerned primarily with the public health implications of chemical incidents, chemicals in the environment, chemical emergencies - including chemical terrorist attacks – and the related risks to vulnerable groups, such as children, the meeting also discussed the public health implications of climate change and natural disasters, non-chemical public health risks, such as radon, and occupational and para-occupational health hazards.

During the conference, the HPA published *Chemical Incident Surveillance Review 2006-2007* [2], which presents data from routine reporting of chemical incidents in the UK during the period, and the latest issue of its *Chemical Hazards and Poisons Report* publication [3], which presents reports and “post mortems” following particular incidents.

The 2006-2007 surveillance review highlights the HPA Chemical Hazards and Poisons Division's role in providing 24-hour, 365 days a year specialist advice on the health implications of chemical incidents [4] to HPA Health Protection Units and other agencies, including the NHS and emergency services. The review records 1,015 chemical incidents in England and Wales in 2007 – up five per cent on the 2006 figures. Fires were the most common cause of chemical releases, accounting for 28 per cent of the total for the period. Chemical spills were 14 per cent of the total and leaks of chemicals were also 14 per cent. Releases of vapours and gases (including carbon monoxide gas) were 15 per cent. Only one per cent of chemical incidents occurred at major hazard sites [5] whereas residential premises were the most common setting for chemical incidents. Up to 28,000 people may have been exposed to a chemical incident during the survey period.

The categories of chemicals most frequently involved in the incidents reported during the period were: products of combustion (588 incidents) followed by “other organics” (274 incidents), “other inorganics” (258 incidents) and metals (115 incidents). Mercury featured in approximately half of incidents involving metals.

“Although ascertainment of chemicals involved in chemical incidents has improved since 2005, the number of incidents where this is not known remains high at 11%”, the surveillance review notes.

Occupational health session

More than half of all chemical incidents reported in 2006-2007 were associated with workplace premises, including hospitals and schools, and the HPA's Manchester conference included a session on occupational health for the first time. One presentation [6] considered secondary effects of workplace chemical exposures: how occupational exposures to chemicals and other substances can affect workers' families and others with whom they come into contact; mesothelioma from long-term contact with asbestos fibres on work clothing being the classic example. Such secondary effects - “para-occupational” ill health – have been associated with lead, arsenic, beryllium, polychlorinated biphenyls and pesticides but can be prevented by simple measures, such as the provision of showers and clothes-changing facilities.

Incidents reported in the *Chemical Hazards and Poisons Report* publication range from a serious fire at an adhesives factory in Corby, Northamptonshire, to an examination of the health risk posed by broken mercury thermometers in a family home. The Corby report considers, separately, both the public health and the occupational health aspects of the incident and underlines the importance of good co-ordination between different public bodies involved, in this case the fire and rescue service and the PCT.

HPA advice on radon measures in new homes

The Manchester conference included sessions on health effects of indoor and outdoor air pollution unrelated to chemical incidents, including a presentation concerned with measures being taken to reduce public health risks from exposure to natural emissions of radon gas [7]. The HPA announced during the event that it was recommending to government that UK Building Regulations should be changed so as to require that all new property incorporates the basic materials and measures necessary to reduce internal radon levels. The conference heard that, although smoking is by far the greatest risk factor for lung cancer, causing more than 30,000 cases each year, radon is the second most common cause of lung cancer in the UK, causing up to an estimated 2,000 lung cancer cases per year [8].

The proceedings of the Manchester conference will be published in the September issue of *Chemical Hazards and Poisons Report*.

References

1 “Chemical and environmental hazards**:** working together, protecting communities”, Manchester 20-21 May 2008.

2. HPA Chemical Hazards and Poisons Division. *Chemical incidents surveillance review: January 2006 – December 2007*. Available at: http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1211184033548.

3. HPA Chemical Hazards and Poisons Division. *Chemical Hazards and Poisons Report - Issue 12*, May 2008. Available to download free at: http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1211266315288.

4. An incident is defined as: “An acute event in which there is, or could be, exposure of the public to chemical substances which cause, or have the potential to cause ill health.” All incidents with an off-site impact are also included, as well as on-site incidents where members of the public are affected.

5. Those covered by the Control of Major Accident Hazards Regulations 1999.

6. “Occupational health workers as part of the community”, Professor Tar-Ching Aw, professor of occupational medicine at the Faculty of Medicine and Health Sciences in the United Arab Emirates.

7. “Community involvement in radon surveys”, Jane Smithard, HPA Radiation Protection Division.

8. “HPA Board gives advice on radon measures for new homes”, HPA press release, 21 May 2008, http://www.hpa.org.uk/webw/HPAweb&HPAwebStandard/HPAweb_C/1211354081428?p=1204186170287.