

Cumbria & Lancashire HPU Newsletter

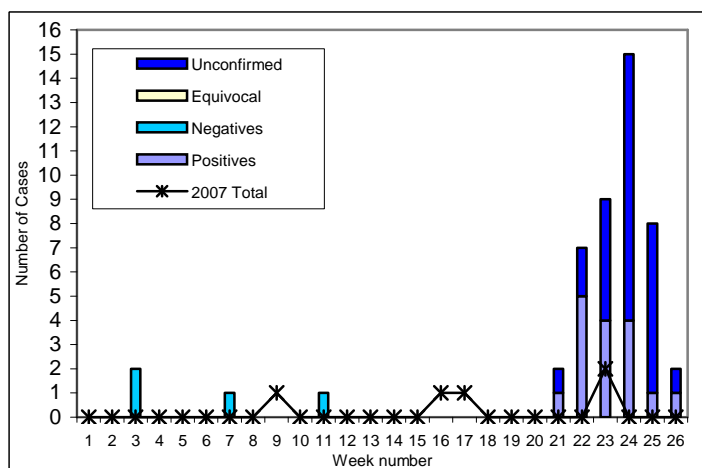
June 2008



Measles outbreak in Blackpool

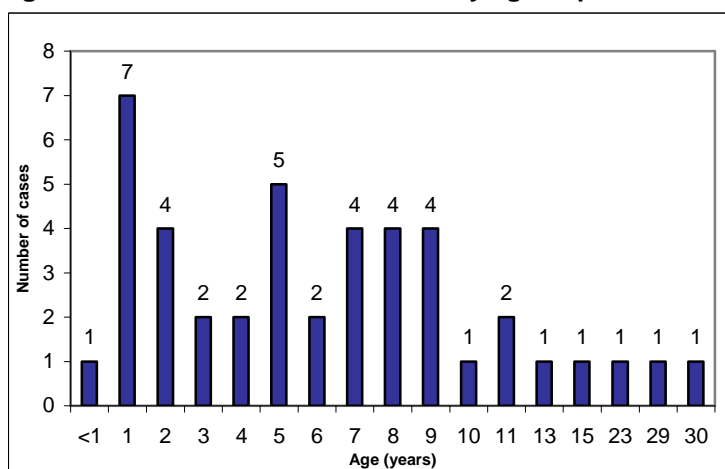
Blackpool is experiencing its first measles outbreak for over ten years since the beginning of May 2008. The index case was a five-year old child who became ill on 1 May 2008 after contact with a suspected measles case while on a visit to London. Transmission has occurred to three siblings and to several children in the same class at school and to children in other classes. Currently 43 clinical cases including three adults, one of whom works in the hospital, have been notified to the Health Protection Unit from 11 electoral wards in Blackpool with 17 cases confirmed (Figure 1). Cases have also been reported from Fylde (two cases) and Wyre (3 cases). The average age of the affected cases is 7 years the youngest being 6 months and the oldest 30 years (Figure 2) and 60% (26/43) of them are female (Figure 3). The age group commonly affected by the outbreak is similar to those reported nationallyⁱ.

Figure 1: Number of measles by week (2007 compared with 2008)



Twenty-two of the cases attend a primary school in Blackpool. So far 9 cases have been hospitalised and discharged with no serious complications reported. Complications of measles can be very serious especially in children who are immuno-suppressed and malnourished. They include pneumonitis, pneumonia, acute otitis media, encephalitis. Sub-acute sclerosing panencephalitis is a late, slow-onset, progressive complication which affects about one in a million casesⁱⁱ.

Figure 2: Number of measles cases by age of patients

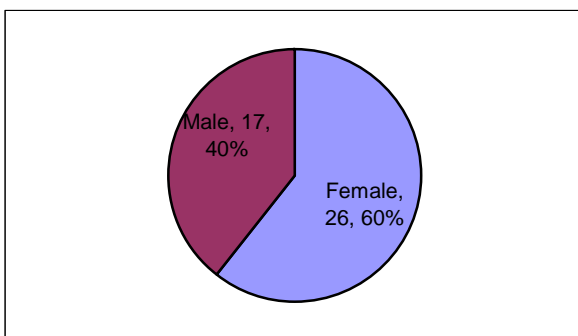


Thirty nine of the 43 cases, including one adult, did not have the MMR vaccine. The reasons for not having had the vaccination were known for 37 cases. The main reason for not having had the vaccination was withdrawal of consent (21 cases) while 12 cases had been sent repeated appointments but failed to attend.

The outbreak appears to have mainly affected non-immunised children. Over the last few years coverage of MMR in the Blackpool population at five

years has been around 80% leaving a substantial proportion of the population not protected. Consequently there is a continuing risk of future measles outbreaks. Two doses of MMR are required to provide protection against measles and 95% vaccination coverage is required for disease transmission to be effectively interrupted. We are working with the PCT and GPs to maximise MMR coverage and to identify and protect unvaccinated children.

Figure 3: Distribution of cases by sex



Cumbria and Lancashire Health Protection Unit - New Working Arrangements

Introduction

Within Cumbria and Lancashire, we have taken a radical look at the way the local Health Protection Unit (HPU) functions and is managed. It seemed timely to do this at this point because a number of factors, national and local, have impacted on the way we work. Among these are the following:

- The Health Protection Agency (HPA) is reviewing future HPU core provision, following the consultation *Forward Thinking, Future Working*
- There is a drive within Local and Regional Services Division to achieve more

commonality in skill mix and budgets between HPUs

- HPA vacancy controls require a clear plan for service delivery to support requests to fill existing posts or create new roles
- Bigger PCTs mean that the NHS is reviewing how their health protection responsibilities are best fulfilled
- The original HPU structure was based on a very large number of staff reporting directly to the Unit Director; this conflicted with modern practice on performance management, appraisal and personal development planning
- We needed to demonstrate consistent responsiveness within the HPU to fulfil our responsibilities under the Civil Contingencies Act and current Department of Health guidance and plans
- With office moves and staff turnover, there was a good opportunity to review key support structures, especially strategic business planning, surveillance and office administration

The creation of the HPA was intended to deliver a number of benefits locally and nationally. These included: the resilience of having a continuous body of staff to cover a larger area; the opportunities to develop knowledge and skills in particular areas of health protection; and the ability to use cost effectively the skills of individual professionals.

Accordingly, members of the local HPU lead on various topics, largely in line with HPA programmes. This special expertise is available to all Cumbria and Lancashire stakeholders. This was a deliberate move away from the previous situation with single handed practitioners and should provide greater resilience and expertise. It does mean however, a

change of definition of patch based responsibilities to one of coordination and strategic input, rather than an exclusive “hands on” operational function.

Operational Responsiveness

At the centre of the core services to be provided by each HPU there is a need for a robust system to respond to potentially significant incidents. While these are not frequent, they will need to be coordinated by a Health Protection Consultant, who is able to draw in a range of support within the Unit, the wider HPA and in other organisations.

In contrast, the skill mix proposals (and the structures adopted in many HPUs around the country) have dedicated response teams to deal with the majority of incidents in their entirety. Such response teams are made up of middle graded posts (usually referred to as practitioner or training posts), supported by a Health Protection Consultant on standby.

Some imminent staff changes have provided an opportunity to increase our resilience for operational responsiveness.

Therefore we will plan to recruit up to three health protection practitioner posts to be based at the main Cumbria and Lancashire HPA office. This will also support our public health trainees in undertaking duty officer cover as part of their HPA attachment.

The duty desk will provide a clear route of access to the full range of HPU services whether for routine queries, for significant incidents or for access to more specialist advice including recent guidance.

Team Structures from 1 June 2008

The Cumbria and Lancashire Health Protection Unit will be primarily structured round two teams:

Strategic and corporate team (Strategic Planning, Epidemiology and Administrative support)

Team Leader – Sam James

Unit Administrator – Kathryn Marrin

Information Officer – Kat Platt

4 Administration Officers – Jackie Hilton, Annika Harwood (currently covered by Christine Burgess), Jean Frost, Joanne Ball

This team would be responsible for epidemiological analysis and surveillance, strategic and business planning, knowledge management, finance, HR, health and safety, business management (including business continuity) and administrative support.

Clinical services team

Team Leader and CCDC – Steve Gee

3 CCDCs – Kenneth Lamden, John Astbury, Sohail Ashraf

2 Consultant Nurses – Jeff Scott, Kate Brierley

1 Health Protection Specialist – (Vacant)

3 Health Protection Practitioners – (Vacant)

This team would provide clinical services and stakeholder engagement for all of Cumbria and Lancashire (PCTs and Local Authorities) and possibly the emergency planning function.

Cross Team Posts

Unit Director – Stephen Morton

Emergency Planning Manager – Alan Wilton

The two team leaders (Sam James and Steve Gee) along with the Unit Director (Stephen Morton) will

form a Unit Executive Group, supported by the Unit administrator (Kathryn Marrin).

The Emergency Planning Manager (Alan Wilton) for Cumbria & Lancashire will report directly to the Unit Director, who will continue to chair the Cumbria & Lancashire Health Emergency Planning Coordination Group.

Trainees

- 1 Long term placement - Sarah Johnson-Griffiths
- 2 Short term placements – currently Muhammad Bhatti, Gabriel Agboado

Fixed Term Environment Officer Secondment

(Vacant)

Chemical Hazards and Poisons Division Link

George Kowalczyk

Regional Governance Coordinator and Administration

Angela Hill and Sophie Brooks

NHS and LA Support

The Clinical Services Team will continue to provide local support but in a different manner than the former system of patch based leads. The named clinical support post will primarily play a coordinating role rather than act as the main port of call for all queries. All senior clinical staff will be designated as Proper Officers for each Local Authority under the 1984 Public Health Act and all CCDCs as Port Medical Officers.

CCDC support

Each PCT and Local Authority will have a named CCDC.

Blackpool and North Lancashire (Wyre, Fylde and Lancaster) – Steve Gee

Cumbria (Carlisle, Eden, South Lakeland, Barrow, Allerdale and Copeland) – Sohail Ashraf

Blackburn with Darwen and East Lancashire (Ribble Valley, Hyndburn, Burnley, Pendle and Rossendale) – John Astbury

Central Lancashire (Preston, South Ribble, Chorley and West Lancashire) – Kenneth Lamden

Nurse Consultant and Specialist Support

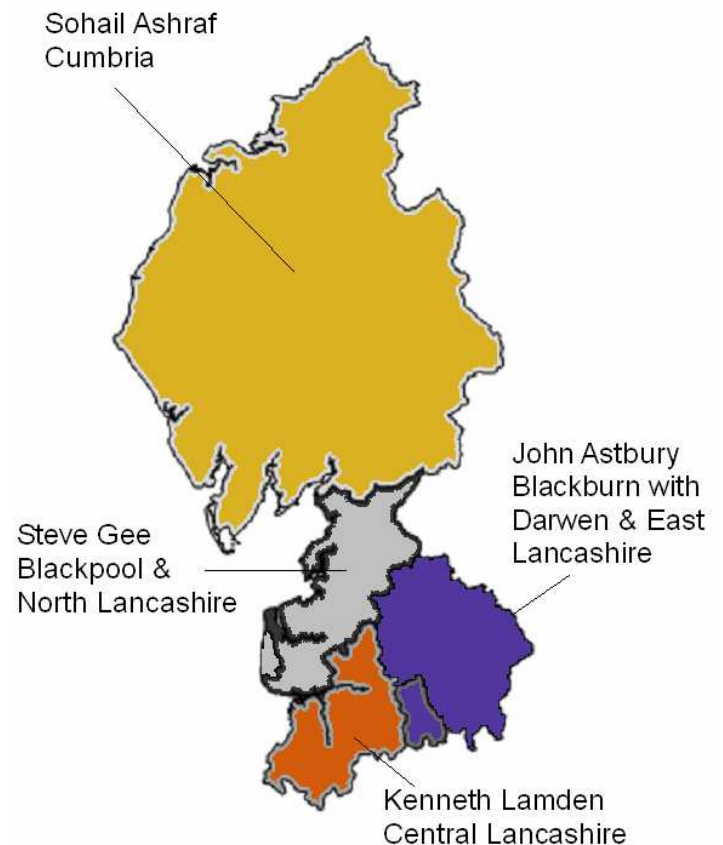
Cumbria – Health Protection Specialist (currently vacant)

Lancashire – Jeff Scott and Kate Brierley

Cumbria and Lancashire Response Team

Health Protection Practitioners and PH Trainees

Map to show CCDC area coverage for Cumbria & Lancashire



Surveillance Update

This table highlights total number of notifications of infectious disease/lab reports received by Cumbria & Lancashire HPU.

Disease by Local Authority up to and including wk 26 2008	Blackburn with Darwen	Blackpool	Allerdale	Barrow-in-Furness	Carlisle	Copeland	Eden	South Lakeland	Burnley	Chorley	Fylde	Hyndburn	Lancaster	Pendle	Preston	Ribble Valley	Rosendale	South Ribble	West Lancashire	Wyre	Totals up to and inc wk 26 (2007)	Totals up to and inc wk 26 (2008)
VACCINE PREVENTABLE (Total notifications received*)																						
Measles	9	47	4	1	0	0	1	1	1	4	2	6	0	1	1	6	10	7	1	3	55	105
Mumps	13	38	12	1	4	25	6	4	4	4	13	4	16	8	20	9	6	8	32	50	109	277
Rubella	2	1	0	1	0	2	0	0	2	2	2	4	0	2	2	0	1	0	0	1	28	22
Whooping Cough	0	0	6	0	0	3	0	0	0	0	1	0	1	1	2	1	0	2	2	0	30	19
ENTERIC (Total Lab Confirmed*)																						
Campylobacter	31	65	43	27	70	31	40	41	24	54	48	13	90	18	81	31	13	57	30	53	979	860
Cryptosporidium	5	3	11	0	9	4	6	6	9	4	5	2	5	4	5	3	2	6	2	11	106	102
Escherichia coli 0157	1	0	7	10	1	2	0	2	2	0	2	0	4	0	11	1	1	0	0	3	20	47
Giardia lamblia	2	2	2	0	0	0	0	2	4	7	3	4	4	5	25	4	3	19	2	6	72	94
Hepatitis A	1	1	1	0	0	1	1	0	1	0	0	0	1	0	2	0	0	1	0	0	8	10
Listeria monocytogenes	0	1	0	0	0	0	0	0	0	0	1	1	0	0	0	0	1	0	0	0	3	4
Salmonella paratyphi A	2	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	6	4
Salmonella typhi	1	0	0	0	0	0	0	0	2	0	0	0	0	0	1	0	0	0	0	0	5	4
Salmonella	4	11	4	10	8	18	1	5	5	4	6	7	6	7	7	3	7	1	11	9	128	134
OTHER (Total notifications received*)																						
Hepatitis B	17	11	4	0	1	1	2	2	18	1	0	5	3	5	10	1	1	1	2	4	75	89
Legionella	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	1
Leptospirosis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	1
TB	32	16	0	1	6	1	0	1	1	4	2	21	0	15	27	1	1	4	2	5	118	140

REGIONAL NEWS

Alerts & Notices

Confirmed H7N7 avian influenza in an Oxfordshire poultry farm

http://www.hpa.org.uk/webw/HPAweb&HPAwebStandard/HPAweb_C/1212650893247?p=1204186170287

France declares loss of rabies-free status

<http://www.info.doh.gov.uk/doh/embroadcast.nsf/vwDiscussionAll/153EDDC2103593C3802574510049A05B>

Advice has been published by the Health Protection Agency <http://www.hpa.org.uk> and NaTHNaC (National Travel Health Network and Centre) <http://www.nathnac.org/> for British travellers to France.

Professor David Salisbury, Director of Immunisation, DH advises of the importance of ensuring that healthcare staff working with immunosuppressed individuals are protected against measles

http://www.dh.gov.uk/en/PublicHealth/HealthProtection/Immunisation/Greenbook/DH_4097254

News & Information

Reminder on safe storage of freshly cooked sliced meats. A study carried out in the North West looked for levels of the food poisoning bacterium listeria (*Listeria monocytogenes*) in freshly sliced cooked meats purchased from a number of retailers and re-emphasises the importance of using sliced-at-the-counter cooked meats as soon as possible after purchase.

http://www.hpa.org.uk/webw/HPAweb&HPAwebStandard/HPAweb_C/1211528160312?p=1204186170287

Professor Stephen Palmer, Director of Local and Regional Services for the Health Protection Agency, has been awarded the prestigious Alwyn Smith Prize from the Faculty of Public Health

http://www.hpa.org.uk/webw/HPAweb&HPAwebStandard/HPAweb_C/1212564245500?p=1204186170287

Recent Incidents in the North West Region

18.04.08 Outbreak of Flu A in a school in Cheshire - H3N2 isolated

30.04.08 Outbreak of Flu B in a school in Cheshire

April 2008 Pontiac Fever in Manchester associated with a party in Staffordshire

19.05.08 E.coli outbreak in extended family - 12 positive cases from 5 households

28.05.08 Two confirmed cases of measles have been reported in the City of Manchester (not Greater Manchester) for the first time in two years

01.06.08 Fire at a mill in Barrow, Cumbria - small traces of asbestos materials found

June 2008 Five confirmed cases of measles associated with a travelling community in Greater Manchester

June 2008 39 cases of measles in Blackpool with links to a primary school

Publications

HPA - Latest national reports for Healthcare Associated Infections have been published

<http://www.hpa.org.uk/webw/HPAweb&Page&HPAwebAutoListName/Page/1191942126522?p=1191942126522>

Health and Safety Executive consultation on guidance on controlling the health risks associated with working with UV tanning equipment
<http://www.hse.gov.uk/radiation/nonionising/sunbeds.htm>

HPA - Chemical Hazards and Poisons Report - Published May 2008

http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1211266315288

Disturbing Symptoms 6, report from Terrence Higgins Trust on commissioning of sexual health services by PCTs - Published May 2008
<http://www.tht.org.uk/informationresources/publications/?pubid=26917>

HPA - North West Local and Regional Services Annual Report 2007/08

http://www.hpa.org.uk/webw/HPAweb&HPAwebStandard/HPAweb_C/1195733799435?p=1158945065208

Forthcoming Events

HPA Health Protection 2008 being held 15-17 September 2008. Venue: University of Warwick.
For further information see:
<http://www.healthprotectionconference.org.uk>

Sexual Health of the North West Conference being held 26 September 2008. Venue: Aintree Racecourse. For further information see:

<http://www.nwpho.org.uk/sexualhealthconf/Shc2008.htm>

5th Annual North West Public Health Conference 2008 being held 13 and 14 October 2008. Venue: BT Convention Centre, Liverpool. For further information contact Roger Lincoln at r.lincoln@lancaster.ac.uk or 01524 593936

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This newsletter is also available via our
website:
www.hpa.org.uk

ⁱ Notifications, by Age Group, 1989 – 2007 (www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1195733802298)

ⁱⁱ Hawker J et al. 2005: Communicable Disease Control Handbook, 2nd Edition,