Committee: Health and Wellbeing Board

Date: 28th November 2023

Agenda item:

Wards: All

Subject: Health Protection

Lead officer: Russell Styles, Director of Public Health

Lead member: Councillor Peter McCabe, Cabinet Member for Health and Social Care

Forward Plan reference number:

Contact officer: Barry Causer, Public Health Lead for Adults, Health Improvement and Health Protection; Anita Davies; Senior Public Health Principal; James Armitage, Head of the Regulatory Services Partnership and Sam Perkins, Consultant in Health Protection (UK Health Security Agency/South London Health Protection Team).

Recommendations:

A. The HWB to discuss and note the breadth of health protection programmes.

B. The HWB to note the partnership approach taken to health protection and the key roles and responsibilities of each partner organisation.

C. The HWB member organisations to agree to use their communications and engagement functions to promote the uptake of screening and immunisations programmes in Merton.

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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1. This paper provides an overview of Health Protection in Merton, it describes the domains of health protection, the effective partnerships that are in place, the roles and responsibilities of the partner organisations, and finally sets out next steps.

1.2. This report will focus on three key components of public health and health protection: screening, immunisations and communicable disease prevention and control. Emergency planning (one of the domains of health protection) will not be considered as this is currently in the process of being reviewed by LBM, although there are clear elements of emergency planning which will require further focus in due course e.g., pandemic preparedness and response.

1.3. This paper will not seek to provide a detailed overview of the performance of each programme but where appropriate will include a brief overview of performance. The HWB should note that there are a number of data related challenges, including a lag in the availability of local data and a number of data sources that are relied upon that are not in the public domain and so unable to be shared.

2 INTRODUCTION

2.1. Directors of Public Health (DPH) are the local leaders of public health working across the three domains of health improvement, health protection and health care service planning and commissioning. They have oversight and influence across all these domains of health within local authorities, the NHS including primary care, and with other sectors and agencies in order to secure the improving health of their population and its protection.

2.2. Health Protection, as one of the three domains, can be defined as the protection of individuals, groups and populations through the effective collaboration of experts in identifying, preventing and mitigating the impacts of infectious diseases and of environmental, chemical and radiological threats.

2.3. The Health and Social Care Act 2012 requires Directors of Public Health to prepare for and lead the local authority public health response to incidents that present a threat to the public's health and their key role in health protection is to have oversight on immunisation, communicable disease prevention and control and public health related emergency planning, as well as wider linked activities e.g. screening.

2.4. This oversight requires effective partnership working between the Merton Council Public Health team and several internal and external partners. These include the Regulatory Services Partnership (RSP), the UK Health Security Agency (UKHSA) and their Health Protection Team (HPTs) specifically the South London Health Protection Team (SL HPT), the NHS (national, regional and local e.g., Integrated Care Boards (SWL ICB) and a number of providers of services e.g. breast cancer screening services and primary care.

2.5. <u>Governance and Partners</u>

2.6. Merton has an established Health Protection Oversight Group (HPOG) which meets 6 times per year and focuses on gaining oversight, developing partnerships and holding providers and partners to account in their work on increasing uptake of screening, immunisation, and communicable disease prevention and control. If required, the HPOG and/or other structures e.g. Incident Management Team meetings (IMT) will be set up in response to emerging situations or issues. At this stage the HPOG does not consider emergency planning as this is currently in the process of being reviewed by LBM, but Officers are involved in the review.

2.7. A monthly health protection surveillance summary report is produced to provide an overview of suspected or confirmed notifiable infectious diseases (NOIDs) reported for Merton, compared with Southwest London and London. The NOIDS reports provide information on diseases and causative agents and can help identify local trends which may be used in the prevention and control of communicable diseases in Merton.

2.8. Led by Merton Public Health, the core membership of the HPOG includes Public Health leads, the RSP, SWL ICB and SL HPT, as follows-

2.8.1 UKHSA, is an executive agency of the Department of Health and Social Care and is responsible for protecting every member of every community from the impact of infectious diseases, chemical, biological, radiological, and nuclear incidents and other health threats. UKHSA's local Health Protection Teams

(HPTs) are the front-line operational responders to health-related incidents and provide specialist support to NHS, local authorities and other organisations and agencies. HPTs support with local disease surveillance, maintaining alert systems, investigating hazards, managing health protection incidents and outbreaks and implementing and monitoring national action plans for infectious diseases, and non-infectious environmental hazards at a local level. The South London HPT (SLHPT) covers all 12 London Boroughs in South London, including Merton.

2.8.2 The Regulatory Services Partnership (RSP) is a partnership between Merton, Richmond and Wandsworth Councils, delivering Regulatory Services across all three boroughs, in collaboration with health protection partners. Services include Food Safety & Standards, Health & Safety, Trading Standards, Licensing, Noise & Nuisance, Air Quality & Pollution, Private Sector Housing and Pest Control. RSP staff are involved in a range of proactive inspections and interventions, reactive investigation and enforcement of a broad range of legislation that regulates both the commercial and residential sectors with the core aims of protecting and improving health and preventing harm. Whilst all RSP operations contribute in some way to health protection and wider public health activities, the following are perhaps the most relevant:

- Infectious disease control and outbreak investigation for food and water-borne pathogens
- Enforcement action against the illegal sale of alcohol, tobacco, vapes, knives and fireworks.
- Tackling damp and mould in private rented sector accommodation
- Ensuring the removal of aluminium composite material (ACM) cladding from residential blocks
- Air quality monitoring, development of Air Quality Action Plans and interventions to improve local air quality.

2.8.3 The RSP has a wealth of experience in civil contingencies and resilience events and two senior staff are the nominated Local Authority Scientific and Technical Advisory Cell (STAC) representatives for Merton, Richmond and Wandsworth.

2.8.4 SWL ICB work closely with the public health team ensuring that public health and health protection services are provided and commissioned for vaccination programmes, screening services and infection prevention and control measures. The ICB role includes:

- Analysing data to understand the health needs and risks in Merton. This information is used to design interventions to protect health and prevent disease locally.
- Allocation of financial and human resources in a way that prioritizes health protection.
- Fostering partnerships between NHS services, local government, voluntary organisations, and other community partners to support health protection initiatives.

- Monitoring the quality and performance of services related to health protection to ensure they meet standards and deliver positive health outcomes.
- Dissemination of public health guidance in collaboration with UKHSA and ensuring this guidance is implemented within local health services.
- Addressing health inequalities and ensuring that vulnerable populations have access to health protection services.
- Engaging with the public to promote health protection measures and educate on prevention strategies.

3 OVERVIEW

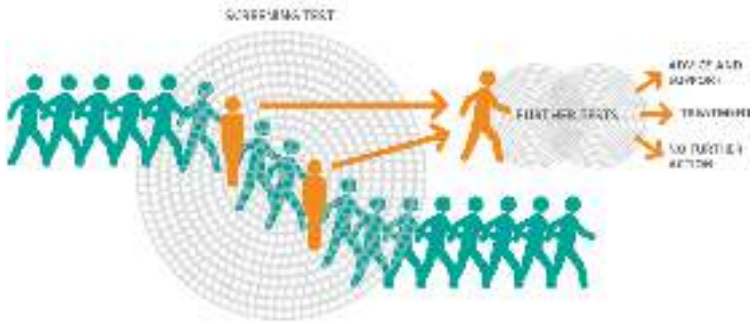
3.1. As set out above, public health and health protection has a number of domains and this report will focus on providing on overview of three key areas; screening, immunisation and communicable disease prevention and control. For the purposes of the Health and Wellbeing Board, this overview will include a high-level brief overview on local performance where appropriate, but this will not be a detailed deep dive into aspects of performance. The HWB should note that there are a number of data related challenges, including a lag in the availability of local data and a number of data sources that are relied upon are not in the public domain and so unable to be shared.

3.2. Local Authorities through the Director of Public Health's (DPH) have an 'oversight' role to ensure that plans are in place to protect the Merton populations through screening programmes and immunisations. The DPH provides independent scrutiny and challenges the plans of NHS England (NHSE) as commissioners of programmes and other NHS providers, to ensure the delivery of effective programmes for the local population.

4 SCREENING

4.1. According to the United Kingdom National Screening Committee (UKNSC) screening is "the process of identifying apparently healthy people who may have an increased chance of a disease or condition. The screening provider then offers information, further tests and treatment. This is to reduce associated problems or complications".

4.2. A screening programme is not a test, it is a whole programme of events to reduce risk, based on sound evidence and delivered to a high standard and is always a personal choice. A screening programme can be described as a sieve that sifts through a healthy population to identify people with a higher risk of developing a condition or disease. These people i.e., those at a higher risk, will go on to have further confirmatory tests to determine whether they have the disease.



4.3. There are 11 population screening programmes in England; five young people and adult (YPA) programmes and six antenatal and new-born (ANNB) programmes (see appendix one and two). NHS England has delegated responsibility for commissioning, contracting, assurance and performance management of national cancer screening programmes. Performance figures can be accessed at Public health profiles - OHID (phe.org.uk).

Young People and Adult (YPA) screening programmes

4.4. There are five NHS young people and adult screening programmes in England. These are-

4.4.1 *Abdominal Aortic Aneurysm (AAA) screening*. The aorta is the main blood vessel that supplies blood to the body. It runs from your heart down through your chest and abdomen. For some people, as they get older the blood vessel can become weak leading to it expanding and creating an abdominal aortic aneurysm. Large aneurysms are rare but can be very dangerous. Men are six times more likely to have an abdominal aortic aneurysm than women.

4.4.2 The NHS AAA screening programme is available for all men aged 65 and over in England and the NHS invites all men in the year they turn 65. AAA screening is carried out through an abdominal ultrasound and screens for potential aneurysms and around 1 in 92 men screened will have an aneurysm which may need to be monitored or treated.

4.4.3 NHSE London commission AAA screening and the provider across Southwest London is InHealth, a specialist provider of diagnostic and healthcare solutions.

4.4.4 In 2021/22 AAA screening uptake in Merton was 62.1% similar to the London average (60.2%) but below the England average (70.3%). AAA screening was significantly affected by the pandemic, and performance is improving from 34.1% in 2020/21, but is still below the 2018/19 rate of 76.6%.

4.4.5 *Bowel cancer screening* is offered to detect bowel cancer at an early stage in people with no symptoms, which is when treatment is more likely to be effective. Bowel cancer screening is offered using a faecal immunochemical home test, or 'FIT kit' for short. It is available to everyone in England from the age of 56 and screening is offered every 2 years between the ages of 56 and 74. Eligibility is being extended and people aged 54 are now being invited as

part of this expansion. Over 74-year-olds can ask for a kit every 2 years by calling the free helpline on 0800 707 60 60.

4.4.6 NHSE London commission the bowel cancer screening service and the service provider for Southwest London is St George's University Hospital NHS Foundation Trust (SGH).

4.4.7 Bowel cancer screening coverage in 2022 in Merton was 65.1% which is above the London average (62.1%) but below the England average (70.3%). Screening coverage has increased since 2018 (52%) and some of this is because the new FIT tests are easier to use. Merton Public Health are working with the service Health Improvement Specialist at SGH to raise awareness of bowel cancer screening in Merton, including working with community organisations and settings with high footfall e.g., Merton libraries.

4.4.8 *Breast cancer screening* is offered to reduce mortality by diagnosing cancer at an early stage when treatment is more successful. The NHS Breast Screening Programme provides a free breast screening test, called mammography, which involves taking x-rays of the breasts, every three years for all women aged 50 to 71 years old. If the mammogram identifies any abnormalities, the woman will be invited for further investigation e.g. ultrasound and biopsy. Overall, the breast screening programme finds cancer in about 8 out of every 1,000 women screened.

4.4.9 NHSE London commission breast cancer screening services and SGH are the provider for Southwest London, and they work closely with ICB partners and RM Partners to improve cancer pathways for patients. There are seven breast cancer screening centres in southwest London, however there is not a site in Merton.

4.4.10 Merton has a breast cancer screening coverage rate of 56.8% (2022) which is above the London average (55.5%) but below the England average (65.2%). Screening rates in Merton were significantly affected by the pandemic, but the backlog has been cleared and the rates are improving.

4.4.11 Merton Public Health are working closely with health partners to increase uptake of breast cancer screening with a detailed partnership action plan in place and significant efforts are underway to bring a breast cancer screening site to Merton.

4.4.12 *Cervical screening* is for women and people with a cervix and offered every 3 years from age 25 to 49 and every 5 years from age of 50 to 64. This is because most cervical cancers develop between these ages. Nearly all cervical cancers are caused by Human Papilloma Virus (HPV). The Cervical Screening Administration Service (CSAS) sends invitations and results letter to all eligible individuals in England. Cervical screening is undertaken in primary care and commissioned by ICBs. A small proportion of screening is undertaken in sexual health clinics, and this is commissioned by NHSE.

4.4.13 Cervical Screening London Lab (CSL) tests all cervical screening samples in London and is this is commissioned by NHS England. Women with a cervical screening abnormality who required further investigation and treatment are referred for colposcopy which is a specialist gynaecology service. St Helier provides colposcopy services to Merton, and this is commissioned by SWL ICB. The RM Partners Cancer Alliance brings together system partners and

providers to transform and improve early diagnosis of cancer, including cancer screening uptake.

4.4.14 In 2022 coverage of 25-49 year olds in Merton was 62.3% which was higher than London (59.3%) but lower than England (67.6%). Coverage in Merton for 50-64 year olds was 70.3% which is similar to London (70.9%) and England (74.6%). The public health team continue to work with is all partners to improve the screening uptake of all who are eligible aged between 25 and 64.

4.4.15 *Diabetic Eye Screening* is offered to all known diabetics (Type 1 and Type 2) who are 12 years and older. From October 2023, those with two previous screenings who are seen as low risk will be asked to attend every two years. Screening is offered because diabetic retinopathy does not tend to cause any symptoms in the early stages, the condition can cause permanent blindness if not diagnosed and treated promptly. Screening can detect problems in the eyes before they start to affect vision and if problems are caught early, treatment can help prevent or reduce vision loss.

4.4.16 NHS England provide the quality pathway and framework for the commissioning of diabetic eye screening and the current provider in South-West London is NEC Care. Performance in 2020-21 in South West London shows screening coverage rate of 47.1%, however this data was during the COVID-19 restoration and response period, and so high risk individuals were prioritised for invitation. Data on uptake in 2021/22 shows a bounce back to 78.5% uptake for London.

4.4.17 The public health lead is meeting with the SWL provider and NHS colleagues to better understand the performance for diabetic eye screening, including exploring data by GP practice. This will inform next steps to continue to improve performance.

The Antenatal and new-born (ANNB) screening programmes

4.5. There are six antenatal and newborn screening programmes, and these are carried out at different stages from early pregnancy until after the baby is born (see appendix 1). The six programmes are:

- NHS Infectious Diseases in Pregnancy Screening (IDPS) Programme
- NHS Sickle Cell and Thalassemia (SCT) Screening Programme
- NHS Newborn Blood Spot (NBS) Screening Programme
- NHS Newborn and Infant Physical Examination (NIPE) Programme
- NHS Newborn Hearing Screening Programme (NHSP)
- NHS Fetal anomaly screening programme (FASP)

4.5.1 The screening tests offered during pregnancy (antenatal) in England are either ultrasound scans or blood tests, or a combination of both. Newborn screening tests are offered soon after a baby is born. This is so that a baby can be given appropriate treatment as quickly as possible if needed. More detail on the individual ANNB programmes can be accessed here Population screening: applying All Our Health - GOV.UK (www.gov.uk)

4.5.2 Representatives from the Merton Public Health team sit on the Southwest London ANNB Screening and Immunisations Programme Board which

oversees ANNB. NHS England retains overall responsibility for ANNB commissioning and leads on performance management, pathway co-ordination, incident management and the implementation of new standards. Performance and quality indicators are monitored by the NHS England's Screening and Immunisation Team which is used to provide assurance to the Merton's Health Protection Oversight Group.

4.5.3 Key performance indicators (KPIs) are established for each programme and local hospital trusts submit these on a quarterly basis. Overall performance of these programmes in Southwest London is excellent with no significant on-going concerns.

5 IMMUNISATION

5.1. The World Health Organization (WHO) reports that "the 2 public health interventions that have had the greatest impact on the world's health are clean water and vaccines". Immunisation is the most effective way of protecting individuals and communities from infectious diseases, complications, and possibly early death through administering vaccines.

5.2. Immunisation programmes provide protection to both vaccinated individuals and the wider unvaccinated population. Vaccines produce their protective effect by inducing active immunity and providing immunological memory, enabling the immune system to recognise and respond rapidly to exposure to natural infection at a later date and thus to prevent or modify the disease.

5.3. Vaccination is the term used for getting a vaccine — that is, having the injection or taking an oral vaccine dose. Immunisation refers to the process of both getting the vaccine and becoming immune to the disease following vaccination.

5.4. Increasing uptake of vaccinations requires a partnership approach, using learning from the COVID-19 vaccination programme, which is led by SWL ICB through the SWL Immunisation Board; with support from Merton Public Health, Primary Care and other health providers. The SWL Immunisation Board has developed a SWL wide immunisation strategy 2023-25, which includes aims and objectives as follows

5.5. There are a number of immunisation programmes offered in the UK across the life-course and the immunisation schedule is split into two main parts, children and young people and adults (see appendix 3).

Children and Young People Immunisations

5.6. As children develop, they get exposed to many infections. While most infections are mild, some can cause severe illness, disability and, at times, death. Before vaccines were available, many children across the world died from diseases such as diphtheria, whooping cough, measles, and polio. Vaccines have led to a significant decrease in childhood deaths, and high vaccine uptake levels in the community can also prevent the spread of these preventable infections and lead to what is referred to as 'herd immunity' or 'population protection'.

5.7. Most childhood immunisation programmes are delivered through general practice except for school-aged immunisations, where delivery is mainly via secondary school nursing teams.

5.8. Data from the UK Health Security Agency (UKHSA), shows that uptake for the 6-1 (hexavalent) childhood vaccine (diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib), hepatitis B) has dropped.

5.9. Similarly, Measles Mumps and Rubella (MMR) vaccination uptake has dropped to the lowest level in a decade. Merton's rate (2022/23) is 71.7% for the 2 doses of MMR vaccine in 5-year-olds, lower than London (74%) and England (84.5%), all below the 95% WHO's target needed to achieve and sustain measles elimination. Data available at Public health profiles - OHID (phe.org.uk)

Adults Immunisations

5.10. For adults, the main NHS vaccination schedule consists of

- The Flu vaccine is an annual vaccine that is given free to those aged 65 years and over, people with long-term health conditions, pregnant women, people in long-term residential care, carers, front-line health and social care staff and those living with immunocompromised people. It is also provided for children 2-3 years and primary and secondary school aged children who are not in a clinical risk group.
- COVID-19 autumn 2023 programme offers a booster dose of the COVID-19 vaccine to people aged 65 and over, residents in care homes for older people, anyone aged 6 months and over in a clinical risk group, and health and social care staff.
- Pneumococcal vaccine, which helps protect against some types of bacterial infections that can cause serious illnesses like meningitis, sepsis and pneumonia. It is recommended for people at higher risk of these illnesses, including people aged 65 and over.
- Shingles vaccine is given to individuals after turning 65 and those aged 50 and over with a severely weakened immune system. This vaccine is offered by GP practices.

COVID-19 and flu

5.11. There is an extensive offer to deliver COVID-19 and flu vaccines using a combination of fixed sites, community pharmacies and a roving vaccinating team. The latter concentrates on care home residents and on visiting vulnerable patients in their own homes to provide vaccination.

5.12. It should be noted that there is a lag in publishing public facing borough level figures. The SW London ICB continue to collect and analyse data, that is not available in the public domain, on COVID-19 and Flu uptake. This information is used to increase uptake in Merton populations with low coverage, with support from Merton Public health.

5.12.1 *COVID-19*. As of 12th November, just over 1 in 4 eligible residents in Merton have received their COVID-19 seasonal booster, which is similar to SWL uptake.

5.12.2 *Flu:* As of 13th November, around 4 in 10 of eligible residents in Merton have received their flu vaccination, which is similar to SWL uptake.

5.12.3 All care homes staff and residents in Merton have been offered both the COVID-19 seasonal booster and the flu vaccines. The Merton vaccination team will be offering vaccines up to the 15 December 2023 and after this date, the vaccines will continue to be offered by the SW London vaccination roving team.

5.13. Plans are in place to increase uptake of vaccinations in Merton, which include the following:

- We have submitted a joint bid with the Merton immunisation team to South West London for an enhanced MMR immunisation offer based in Children's Centres
- Put on two flu clinics for LBM staff, with another planned, with over 100 members of LBM staff vaccinated.
- Promoted immunisation at the Merton primary headteachers start of year meeting.
- Disseminated immunisation information through the Early years newsletter, Family Hubs newsletter, headteachers newsletter and the Dignity in Care Newsletter for Care Home staff and on Council channels.

6 COMMUNICABLE DISEASES

6.1. Alongside Infection Prevention and Control (IPC) (see 6.4), an effective surveillance function is an essential cornerstone of good health protection. Surveillance takes place at a national, regional and local level by a range of organisations and is based around the statutory reporting of a range of infectious diseases or causative organisms by registered medical practitioners and/or laboratories (via the Notification of Infectious Diseases (NOIDs) mechanism, see Notifiable diseases and causative organisms: how to report - GOV.UK (www.gov.uk)). Outbreaks, particularly of gastrointestinal infections, may also be identified through complaints to local environmental health teams.

6.2. Information is sent to the South London Health Protection Team (SL HPT) who investigate and respond to notifications (NOIDs) and implement public health action in-line with national guidance and locally agreed standard operating procedures (SOPs). To support a timely and appropriate response, DPHs are informed by SL HPT of relevant incidents and outbreaks in their boroughs.

6.3. Responding to outbreaks or situations requires effective partnerships and the SL HPT works closely with local environmental health teams, to effectively follow up and manage notifications of single cases or outbreaks of gastrointestinal disease, as well as cases/clusters of legionnaire's disease, and non-infectious environmental hazards e.g. elevated lead levels, or carbon monoxide exposures. In addition, SL HPT convenes regular environmental health working group meetings and study days, to enable good practice and updates to national or regional guidance to be shared in a timely way with local organisations.

6.4. Infection Prevention and Control (IPC) is the implementation of a set of measures and practices in healthcare settings and other environments to prevent the spread of infectious diseases. Throughout the pandemic UKHSA, SWL ICB, Merton Public Health and Merton Adult Social Care have strengthened IPC knowledge and capacity in all settings across Merton through training and providing support and guidance on measures to prevent and manage outbreak situations. This has strengthened the settings' capacity to understand and implement complex, and sometimes, conflicting guidance on outbreaks or cases of infectious disease e.g. Group A Streptococcus (GAS) and COVID-19 and has left a strong legacy form Merton's pandemic response.

7 NEXT STEPS

7.1. During the COVID-19 pandemic there was a sharp focus on health protection and IPC, with funding providing for additional staffing, training, communications and engagement. As this additional funding has ended, and as we have transitioned to Living safely and fairly with COVID-19 and pre-pandemic ways of working; partnerships have become even more important. The partnerships that were in place before the pandemic e.g. between Public Health, the RSP, SWL ICB and the SL HPT, improved even further during the pandemic and will continue to provide strong foundations to deliver on public health and health protection priorities in Merton.

7.2. As we move into the challenging winter months, health protection support will be maintained to existing settings e.g. care homes, schools and asylum seeker accommodation and be provided to additional seasonal settings e.g. winter shelters to mitigate the risks of communicable diseases. This support will include the promotion and delivery of vaccination to eligible groups.

7.3. In response to UKHSA measles risk assessment, which concluded that although the risk of a UK-wide measles epidemic is considered low, a measles outbreak of between 40,000 and 160,000 cases could occur in London, a number of public health actions are being implemented. These include a co-ordinated campaign to increase awareness of and uptake of MMR vaccination, discussions on additional clinics in Merton and participation in a

pan-London exercise in early 2024 with a focus on outbreak response but also a prevention element and associated learning.

7.4. Plans to increase the awareness of and uptake of screening and immunisations are in place and the Health and Wellbeing member organisations are asked to use their communications and engagement functions to increase uptake of these important programmes in Merton.

8 ALTERNATIVE OPTIONS

8.1. NA

9 CONSULTATION UNDERTAKEN OR PROPOSED

9.1. NA

10 TIMETABLE

10.1. Individual components of health protection have their own strategies and actions plans as required.

11 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

11.1. Merton Council receives a ring-fenced Public Health grant from DHSC and has a number of prescribed functions, as set out in the terms and conditions of the grant, that includes its oversight role in health protection.

12 LEGAL AND STATUTORY IMPLICATIONS

12.1. The Health and Social Care Act 2012 requires Directors of Public Health to prepare for and lead the local authority public health response to incidents that present a threat to the public's health and their key role is to have oversight on screening and health protection activities including, immunisation, infection control, and public health related emergency planning.

13 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

13.1. Each component of public health and health protection activity, as set out in the report, has its own equalities and equity considerations.

14 CRIME AND DISORDER IMPLICATIONS

14.1. NA

15 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

15.1. Health Protection, as one of the three domains, can be defined as the protection of individuals, groups and populations through the effective collaboration of experts in identifying, preventing and mitigating the impacts of infectious diseases and of environmental, chemical and radiological threats.

16 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

16.1. Appendix One – Population screening timelines, as at January 2023.

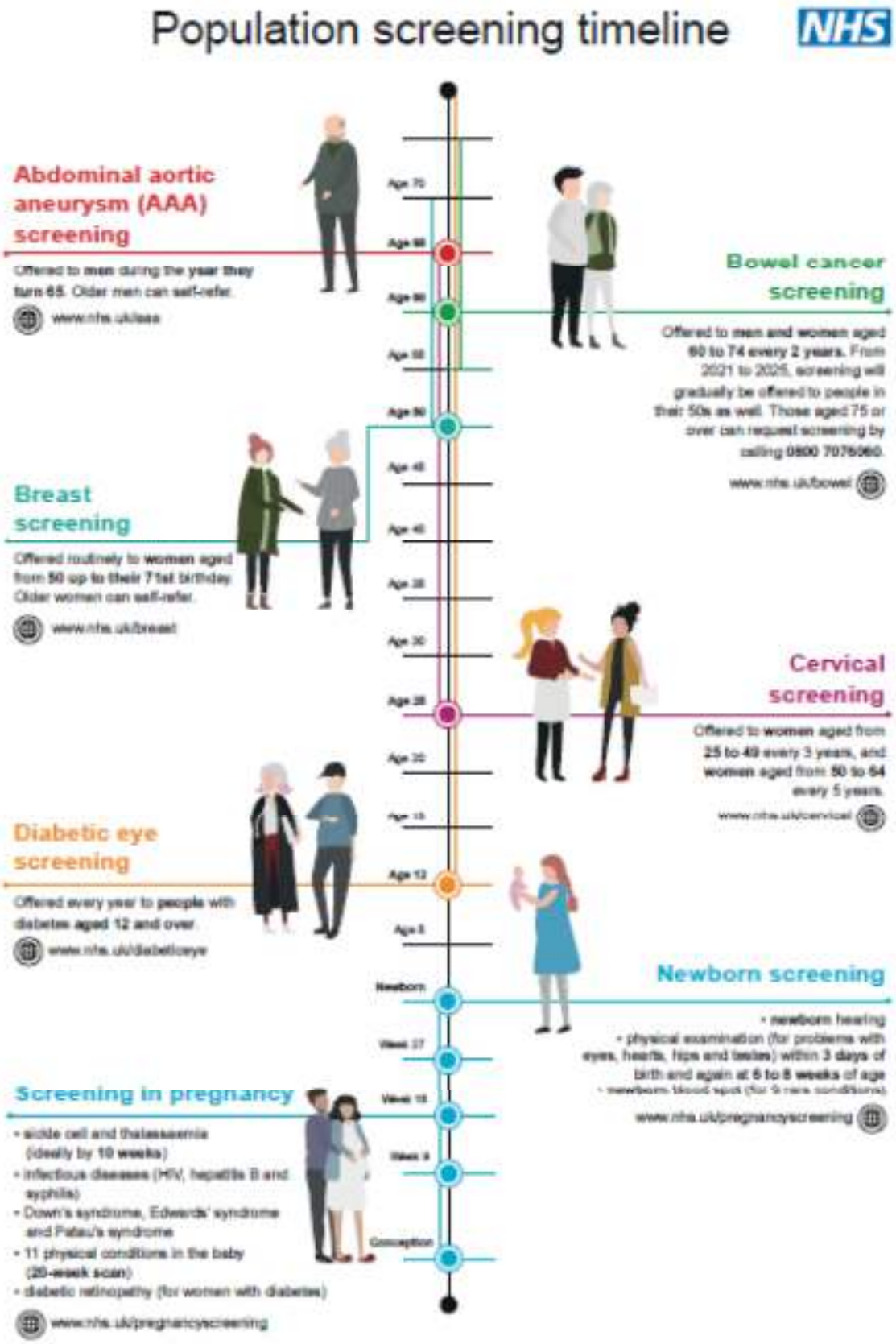
16.2. Appendix Two - Antenatal and newborn screening timelines.

16.3. Appendix Three – Imms schedule.

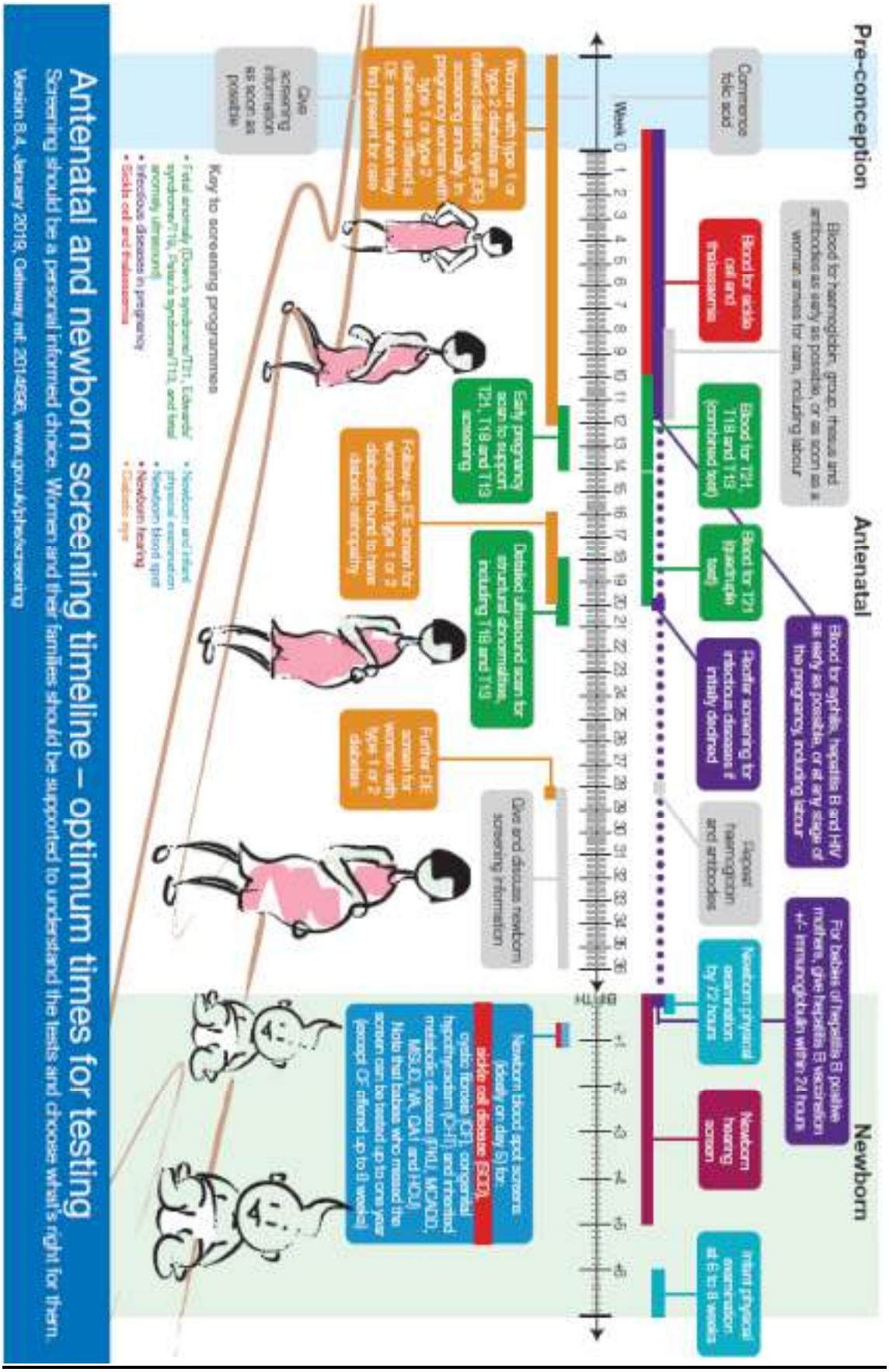
17 BACKGROUND PAPERS

NA.

Appendix One – Population screening timelines, as at January 2023.



Appendix Two – Antenatal and newborn screening timelines



Appendix Three – Complete immunisation schedule, as at September 2023

UK Health Security Agency

The complete routine immunisation schedule

From September 2023

Age due	Diseases protected against	Vaccine given and trade name		Usual site[1]
Eight weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio, *Haemophilus influenzae* type b (Hib) and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	Meningococcal group B (MenB)	MenB	Bexsero	Left thigh
	Rotavirus gastroenteritis	Rotavirus[2]	Rotarix[2]	By mouth
Twelve weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	Pneumococcal (13 serotypes)	Pneumococcal conjugate vaccine (PCV)	Prevenar 13	Thigh
	Rotavirus	Rotavirus[2]	Rotarix[2]	By mouth
Sixteen weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	MenB	MenB	Bexsero	Left thigh
One year old (on or after the child's first birthday)	Hib and MenC	Hib/MenC	Menitorix	Upper arm/thigh
	Pneumococcal	PCV booster	Prevenar 13	Upper arm/thigh
	Measles, mumps and rubella (German measles)	MMR	MMRvaxPro[3] or Priorix	Upper arm/thigh
	MenB	MenB booster	Bexsero	Left thigh
Eligible paediatric age groups[4]	Influenza (each year from September)	Live attenuated influenza vaccine (LAIV)[5,6]	Fluenz Tetra[5,6]	Both nostrils
Three years four months old or soon after	Diphtheria, tetanus, pertussis and polio	dTaP/IPV	Boostrix-IPV	Upper arm
	Measles, mumps and rubella	MMR (check first dose given)	MMRvaxPro[3] or Priorix	Upper arm
Boys and girls aged twelve to thirteen years	Cancers and genital warts caused by specific human papillomavirus (HPV) types	HPV[6]	Gardasil 9	Upper arm
Fourteen years old (school Year 9)	Tetanus, diphtheria and polio	Td/IPV (check MMR status)	Revaxis	Upper arm
	Meningococcal groups A, C, W and Y	MenACWY	Nimenrix	Upper arm
65 years old	Pneumococcal (23 serotypes)	Pneumococcal Polysaccharide Vaccine (PPV23)	Pneumovax 23	Upper arm
65 years of age and older	Influenza (each year from September)	Inactivated influenza vaccine	Multiple	Upper arm
65 from September 2023[7]	Shingles	Shingles vaccine	Shingrix	Upper arm
70 to 79 years of age (plus eligible age groups and severely immunocompromised)[7]	Shingles	Shingles vaccine	Zostavax[3,7] (or Shingrix if Zostavax contraindicated)	Upper arm