



Hampshire
County Council

**Hampshire County Council
Health Protection Annual Report
April 2021 – March 2022**

Public Health
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Introduction

1. Hampshire County Council has a critical role in protecting the health of its population, both in terms of planning to prevent threats from arising, and in ensuring appropriate responses when things do go wrong.
2. Health Protection seeks to prevent and reduce harm caused by communicable diseases and minimise the health impact from environmental hazards such as chemicals and radiation. As well as major national immunisation programmes to protect people, and the provision of health services to diagnose and treat infectious diseases, health protection involves planning, surveillance and response to incidents and outbreaks.
3. This first Health Protection Report provides assurance to Cabinet on the Council's health protection responsibilities. Health protection as an area of work, was brought into sharp focus with the COVID-19 pandemic, however there are many other aspects to health protection that this report will outline. The period of the report covers April 2021 to end of March 2022. It therefore reflects the context within which the focus was on, being the COVID- 19 response, with a summary of other issues.
4. Its purpose is to provide information on some of the key areas of work by the health protection team over a 12-month period, acknowledging that this is not representative of the totality of the Council's health protection work activity in pre-pandemic times. As such, the report focuses heavily on the COVID-19 response, and only provides a brief summary of other health protection activities undertaken during this time.
5. During the COVID-19 pandemic the Council was asked to set up a Health Protection Board to oversee the local pandemic response. This was chaired by the Director of Public Health. As the pandemic has progressed and policy changes implemented, the need for a regular weekly board has shifted and the board stood down. Therefore, we have set up a new quarterly Health Protection Board to focus on all elements of health protection, working with Council colleagues and external partners on issues of relevance to the Council.

Responsibilities

6. The health protection system is complex and multi-agency in nature. The 2012 Health and Social Care Act¹ placed a statutory duty on local authorities to improve and protect the health of their residents. This duty is fulfilled by the Council Public Health team through its specialist health protection function to ensure that threats to health are understood, and to seek assurance that these threats are properly addressed. The scope and scale of work by local authorities to prevent threats to health emerging, or reducing their impact, are driven by the health risks in the local area. The team works with the UK Health Security Agency (UKHSA), the NHS and

¹ [Health and Social Care Act 2012 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

District and Borough Council Environmental Health Teams as part of the local health protection system.

7. Functions of partner agencies in the local health protection system are as follows:

7.1. The UKHSA delivers the specialist health protection response, including the direct response to incidents and outbreaks.

7.2. The NHS is responsible for planning, commissioning, and delivering health services needed to protect health, for e.g., screening and immunisation programmes, mobilising resources in response to incidents and outbreaks and delivering infection prevention and control services.

7.3. District and Borough Council Environmental Health teams monitor and manage local air quality, food safety, ensure compliance with occupational health and safety regulations, pest control, and deal with contaminated land.

The Health Protection Board

8. Oversight and assurance of the Council's health protection work will be provided by the Hampshire Health Protection Board which will commence in September 2022 and have a strong focus on communicable diseases and vaccination. The Director of Public Health will chair, bringing together Council departments and external partners who are key to protecting the health of our local population. The board will be an important forum for partners to jointly plan and coordinate activity on health protection issues.

COVID-19 review

9. In December 2019 a novel coronavirus was detected in Wuhan in the People's Republic of China. It spread globally and by the end of January 2020, two cases of the virus were identified in the UK. The spread of the virus was declared a Public Health Emergency of International Concern by the World Health Organisation and subsequently became known as the COVID-19 pandemic.

10. Over the course of the pandemic England experienced successive waves of COVID-19 infections due to different variants of the COVID-19 virus, alongside changes in measures being implemented.

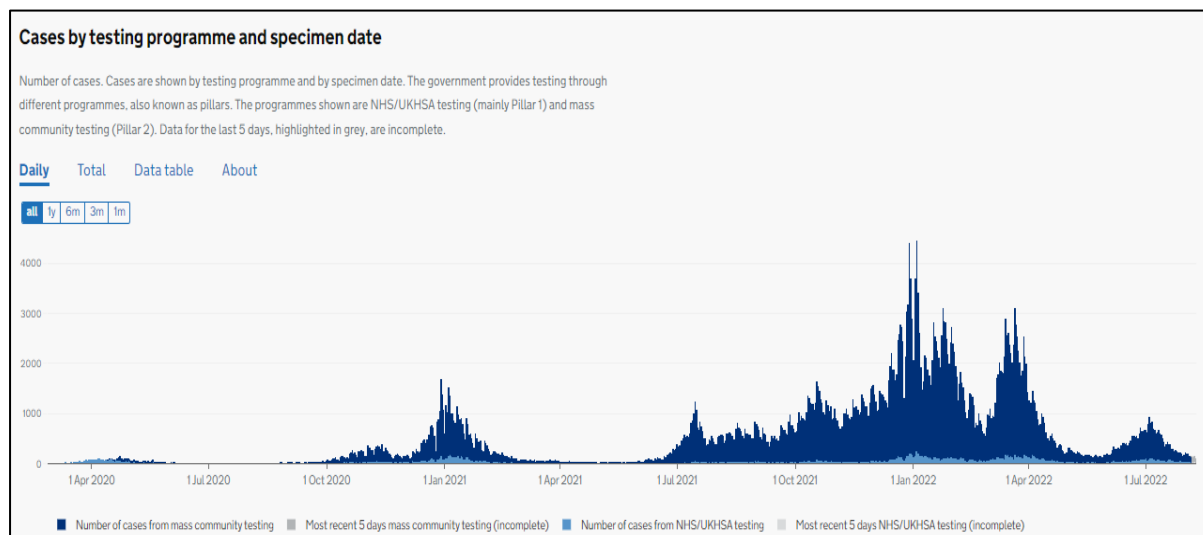
11. One of the most significant developments in the course of the pandemic occurred in December 2020, with the national roll-out of the COVID-19 vaccine programme initially aimed at older adults and frontline health and social care workers.

12. The Government's objective in the next phase of the COVID-19 response is to enable the country to manage COVID-19 like other respiratory illnesses, minimising morbidity and mortality and retaining the ability to respond if a new variant emerges with more dangerous properties than the Omicron variant, especially during periods of waning immunity, that could again threaten people's health and place the NHS under unsustainable pressure. Therefore, vaccines form the basis of the Government's strategy for living with COVID-19.

Local Situation

13. The first case of COVID-19 was identified in Hampshire at the beginning of March 2020. The UK Government's COVID-19 dashboard shows that between 1st March 2020 and 31st March 2022, there were approximately 420,000 COVID-19 'infection episodes'² in Hampshire. This very much followed the same patterns across England with some regional variation.

Hampshire cases by testing programme and specimen date³



Source: [UK COVID-19 DASHBOARD](#)

14. Throughout the pandemic, the peaks and troughs in hospitalisation data have broadly mirrored trends in case-level data, albeit with a slight delay. However, it is evident that the numbers of COVID-19 inpatients seen in more recent waves of the pandemic have been much lower than the numbers seen at the start of the pandemic, before the availability and roll-out of COVID-19 vaccines.

15. Similar to trends in hospitalisation data, trends in mortality have generally reflected the local epidemiological situation in COVID-19 cases in Hampshire, with a reduction in peak numbers in more recent waves of the pandemic. From the start of the pandemic until 31st March 2022, there were 2,954 deaths in Hampshire within 28 days of a positive COVID-19 test (by date of death)⁴.

16. In addition to monitoring trends on cases, hospitalisations and deaths, a significant focus has been on tackling health inequalities unmasked or exacerbated by the COVID-19 pandemic. In October 2021, the Public Health team produced a COVID-19 Health Impact Assessment Report⁵ which provided important information on how the pandemic had disproportionately impacted some groups more than others.

² If a person tests positive within 90 days of a previous positive test, this is seen as the same 'infection episode' and counted as one case.

³ During the first wave of COVID-19 only Pillar 1 (NHS/UKHSA laboratory) testing was available. This testing was available to people admitted to hospital and people living or working in a health or care environment. Pillar 2 mass community testing (available to the general public) began on 14th July 2020 and since then case data includes both testing Pillars (unless otherwise specified). Due to these different testing strategies, it is not possible to directly compare case numbers between successive waves of the COVID-19 pandemic.

⁴ UK COVID-19 Dashboard: [Data on deaths in Hampshire within 28 days of a positive COVID-19 test \(by date of death\)](#)

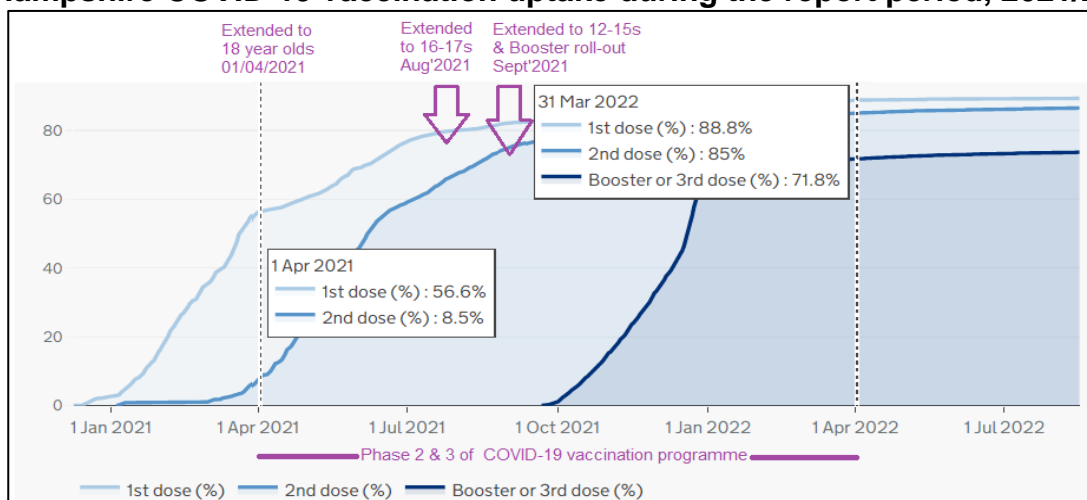
⁵ [Hampshire County Council COVID-19 Health Impact Assessment](#)

Furthermore, the rigorous monitoring of the performance of the COVID-19 vaccination programme highlighted some crucial inequalities in vaccine uptake across Hampshire and created the space for innovative models to be developed to ensure access to vaccination and outreach to under-served communities. It showed that local knowledge for equitable delivery is crucial. Whilst overall uptake was good there were populations in areas that remained unprotected. Deprivation explains some but not all of the reasons for low uptake and that there may be other socio-economic, demographic characteristics responsible for suboptimal uptake. We need to continue to focus on and understand these priority populations where uptake is consistently low to reduce ongoing inequalities in vaccine uptake.

COVID-19 vaccination

17. The COVID-19 pandemic has highlighted the role of vaccination in protecting the health of the population from infectious diseases.
18. The figure below presents COVID-19 vaccination uptake in Hampshire for the period covered by this report, equating to phase 2 and 3 of the national programme⁶. It shows the high achievement, in particular the sheer scale of the 2nd vaccine dose and booster uptake, over this period of time. An estimated 3.2 million vaccines have been administered in Hampshire as of 10th August 2022⁷.

Hampshire COVID-19 vaccination uptake during the report period, 2021/22



Source: [UK COVID-19 DASHBOARD](#)

19. At an Integrated Care System (ICS) level, Hampshire and the Isle of Wight and Frimley Health ICS have achieved some of the highest COVID-19 vaccine uptake levels in the country. System-working across the NHS, the Council, and other partners (including the military, voluntary sector and prison), strong communication and marketing campaigns, the powerful use of intelligence, and a focus on fair and equal access to reach those least likely to contact health care services, are some of the factors behind this success.

⁶ [Greenbook chapter 14a - COVID-19 \(publishing.service.gov.uk\)](#)

⁷ [UK COVID-19 Dashboard: Vaccinations in Hampshire](#)

Summary of the Local Authority role and actions

20. In May 2020 Hampshire along with all local authorities were instructed to produce a COVID-19 Local Outbreak Management Plan. This outlined how the Council would work with its partners, alongside UKHSA and the NHS, to identify, contain and manage local COVID-19 outbreaks.⁸
21. Hampshire County Council established a COVID-19 Health Protection Board and a Local Outbreak Engagement Board. The primary purpose of the Health Protection Board was to bring together key organisations in Hampshire to ensure a coordinated response to the local COVID-19 situation and related outbreaks.
22. A small Testing team was set up to oversee the roll-out of both symptomatic and asymptomatic COVID-19 testing across Hampshire.
23. Contact tracing teams were set up locally as a key enabler to limiting the transmission of COVID-19 early in the pandemic.
24. The Department of Health and Social Care (DHSC) provided each Local Authority in England with an additional COVID-19 grant called the Practical Support Grant (PSG)⁹.
25. The Director of Public Health also chaired meetings of the Pan-Hampshire Health Protection Collaborative Forum – a platform for the four local authority public health teams across Hampshire and Isle of Wight.
26. Additionally, the Council's health protection team:
 - 26.1. Supported COVID-19 outbreak management, working closely with UKHSA and NHS infection prevention and control teams, as well as other Council services. This work mainly focused on Hampshire's vulnerable settings such as children's care settings (open and secure), prisons, hospitals, and care homes.
 - 26.2. Provided public health intelligence that informed local communication and vaccination plans to reach the most vulnerable or at-risk populations in Hampshire, ensure equitable access to vaccination and thus reduce inequalities.
 - 26.3. Developed bespoke guidance for settings around testing and outbreak management, including webinars for education settings.
 - 26.4. Worked with the Hampshire County Council Safety Advisory Group (SAG) to provide guidance to organisers of events and gatherings and reviewed event plans and risk assessments.

⁸ [Hampshire Council COVID-19 Local Outbreak Management Plan 2021 V3.0](#)

⁹ The PSG scheme was in addition to the £500 Test and Trace Support Payment that was awarded to eligible self-isolating individuals, administered by District and Borough Councils.

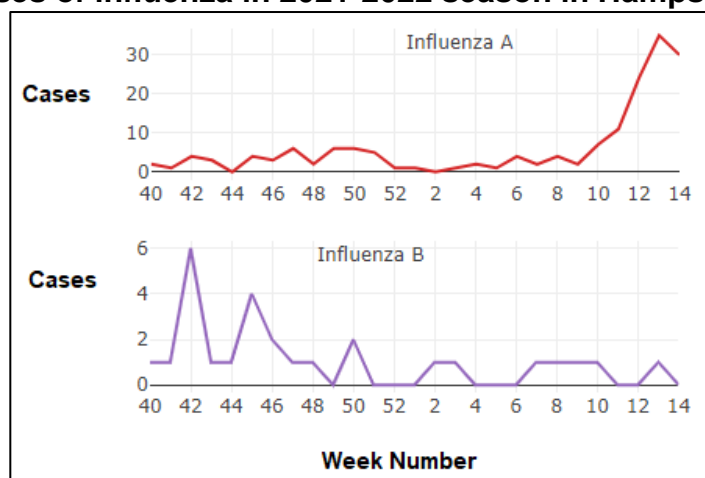
Other Infections

27. One of the key functions of the Council's health protection team is to monitor and manage reports of infectious diseases that impact, or could impact, the health of the local population. Two of the key infections are highlighted here.

Influenza

28. There was low influenza activity in Hampshire over the last season (2021/2022). An unusual increase in cases was seen towards the end of the influenza season, in March, but numbers declined again within a few weeks as charted below.

Reported cases of influenza in 2021-2022 season in Hampshire



Source: UKHSA Weekly Local Influenza Report South East

Influenza vaccination

29. Each year the NHS prepares for the unpredictability of flu. For most healthy people, flu is an unpleasant but self-limiting disease with recovery generally within a week. However, there is a particular risk of severe illness from catching flu for older people, the very young, pregnant women, those with underlying disease, and those who are immunosuppressed. Annual flu immunisation is recommended to protect these risk groups.

30. With COVID-19 in circulation, the 2021/22 annual flu programme continued to be prioritised. Uptake of flu vaccination in Hampshire exceeded the national and regional average for each eligible cohort. The uptake of 87.2% in the over 65 age group was the highest ever seen, even before COVID-19, but uptake in children was not as good as previous years.

Tuberculosis (TB)

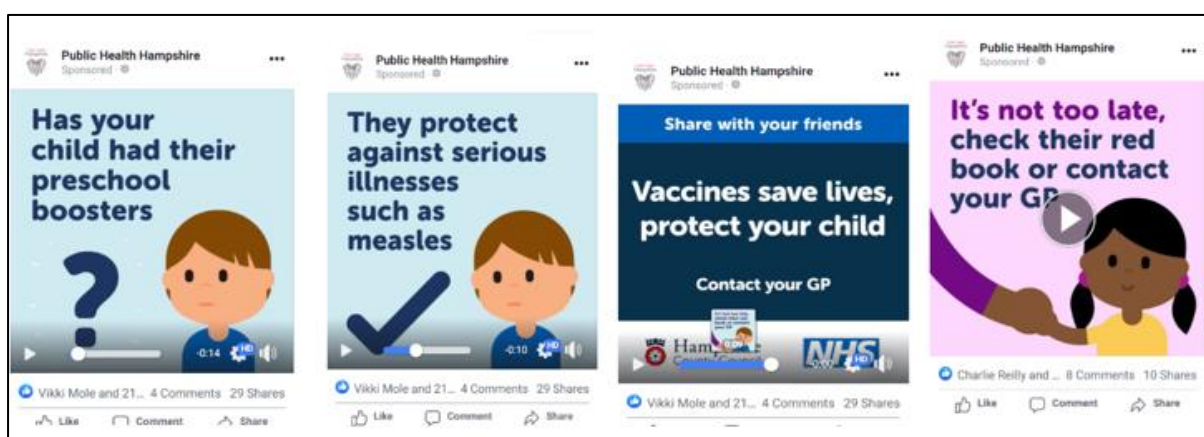
31. At 4.3 per 100,000 for 2018-20, Hampshire's TB incidence case rate is lower and better than the England rate of 8.0 per 100,000. Whilst the overall Hampshire TB incidence case rate is relatively low, it varies at a lower tier local authority level. Rushmoor at 18.2 per 100,000 has the highest TB incidence case rate, significantly higher than the England rate. Prevention, more timely detection and treatment,

including TB treatment completion and coinfection with HIV, are key areas for Hampshire to prioritise in coming years.

Vaccination

32. Many infections can be prevented through vaccination, and a core remit of the Council's health protection team is to review performance of a number of routine national vaccination programmes, with the large majority of these covering childhood immunisations such as measles, mumps and rubella (MMR) vaccination and the 6-in-1 vaccine¹⁰.
33. Vaccination uptake is published by UKHSA on a quarterly basis. Quarter four data (January to March 2022) within the scope of this report, was published in June 2022. Uptake is reported at aged 2 (MMR 1) and 5 years (MMR 2).
34. In Hampshire, the uptake for MMR 1 from January to March 2022 was 94.7%. This is higher than the national average which was 89.7%. The uptake for Hampshire for MMR 2 from January to March 2022 was 91.8%, and again higher than the national average of 85.9%. The only quarter that uptake in Hampshire dipped below 90% was for MMR 2 in July to September 2021 when it was 89.9%.
35. The quarter four uptake for Hampshire before the COVID-19 pandemic (January to March 2020), was 94.3% for MMR 1 and 91.2% for MMR 2.
36. While the uptake in Hampshire is good, it does not reach the 95% target set by the WHO. There is work to do both nationally and locally to improve uptake such as continued campaigning as depicted below.

Hampshire County Council MMR vaccination communications campaign



Source: Hampshire County Council Communications Team

¹⁰ The 6-in-1 vaccine provides protection against 6 infections: diphtheria, tetanus, whooping cough, *Haemophilus influenzae* type B, polio and hepatitis B.

Future focus

37. COVID-19 has been the main focus of activity and presented the greatest opportunities and challenges for the Council's public health team in 2021/22. COVID-19 is a harsh example of the risk posed by emerging infections. Moving forward, the team will take on a stronger horizon scanning function to monitor, assess, and respond to emerging threats to the health of the Hampshire population. These threats are likely to include infectious diseases, both new and 'old', as well as aspects related to infection, such as antimicrobial resistance. Some of the key areas of activity are:

Shifting gears to living with COVID-19:

38. In the upcoming year, the objective for the team will be translating the UK Government's 'living with COVID-19' strategy¹¹ into its day-to-day function. This will mean continued work to mitigate against the spread of this virus and the emergence of new COVID-19 variants, while also considering how the health protection system 'recovers' and the areas of health protection that will require renewed focus in the coming years. It will mean continued surveillance of global, national and local COVID-19 epidemiology, supporting the management of outbreaks in Hampshire's vulnerable settings, providing advice to the general public and settings (in line with UKHSA guidance), and supporting the NHS roll out of the COVID-19 Autumn booster campaign and uptake of the COVID-19 vaccine 'evergreen offer'. There will be a continued focus on work to reduce the inequalities unmasked by the COVID-19 pandemic and ensuring activities to mitigate the spread of the virus are reaching our under-served communities. All of this work will build on a foundation of strong partnership working, with the acknowledgment that the lessons learnt, and successful ways of working, will shape the way we work with partners in years to come.

Responding to other emerging health protection issues:

39. One of the infections that will be given special focus will be Tuberculosis, with the aim of supporting the local achievement of priorities and actions as set out in the TB Action Plan for England¹² and ensuring that our health service delivery model can provide the necessary care to those most vulnerable to the disease.

40. Similarly, there will be a renewed focus on the targets of the UK Action Plan for Antimicrobial Resistance (AMR)¹³ and the activities we can take as a health protection system to mitigate against development of antimicrobial resistance in our population. This will involve close working with NHS infection prevention and control colleagues, as well as settings where interventions can be adopted to help influence antibiotic prescribing practices.

41. In addition to the work on infectious diseases, the health protection focus will also continue to monitor developments with respect to other threats, including the increasing frequency of hot and cold weather events.

¹¹ [COVID-19 Response: Living with COVID-19 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/covid-19-response-living-with-covid-19)

¹² [Tuberculosis \(TB\): action plan for England - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/tuberculosis-tb-action-plan-for-england)

¹³ [UK 5-year action plan for antimicrobial resistance 2019 to 2024 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/uk-5-year-action-plan-for-antimicrobial-resistance-2019-to-2024)

Renewing efforts across vaccination and shaping the National Vaccination Strategy:

42. The COVID-19 pandemic has created challenges in the delivery of routine vaccination programmes that are a key component in protecting the health of Hampshire residents. The focus will continue supporting the roll-out of the COVID-19, seasonal influenza and MMR vaccination programmes (with the latter being part of the national effort to re-instate the UK's 'measles-free' status).
43. Throughout 2022 and early 2023, the NHS will be consulting stakeholders on the development of a new National Vaccination Strategy. The team will input into this strategy and work with the NHS to build a sustainable future service that delivers maximum uptake and coverage across all populations, deploys targeted models for under-served populations to minimise health inequalities, and is able to respond rapidly and flexibly to changes or surge requirements.
44. The above three areas of activity will be underpinned by a strong focus on communications, with the development of a 2022/23 Health Protection communications plan being one of the key deliverables for the team. The health protection team will work with the corporate communications team, as well as communications colleagues within UKHSA and the NHS, to promote national and regional health protection communication campaigns and develop local campaigns to raise awareness of health protection issues and provide a platform for Hampshire residents to seek information on how to stay well and protect themselves from ill health.