Appendix 1

LEICESTERSHIRE HEALTH PROTECTION ANNUAL ASSURANCE REPORT 2024

January 2024 – December 2024

Health and Wellbeing Board

September 2025

Leicestershire Health Protection Report

Report of the Director of Public Health

Purpose of Report

1. This report provides an annual overview of the health protection assurance functions led by the Leicester, Leicestershire, and Rutland (LLR) Health Protection Assurance Board. It also updates the Health and Wellbeing Board on health protection performance, significant incidents and emerging risks.

Link to the local Health and Care System

2. Health protection assurance is a statutory duty of the local authority, via the Director of Public Health. It is therefore a key element of the Joint Health and Wellbeing Strategy and of Leicestershire County Council's core business. It is an essential element in local health and social care strategies and initiatives.

3. The Director of Public Health is a mandated member of the local health and wellbeing board (section 194(2)(d) of the 2012 Act).

4. Links to LCC strategic plan:

- Safe & Well: Ensuring people are safe and well protected from harm, live in a healthy environment and have the opportunities and support they need to live active, independent and fulfilling lives.
- Improved opportunities: All children and young people get the best start for life and have the opportunities they need to fulfil their potential, regardless of their circumstances.

Policy Framework and Previous Decisions

6. The statutory responsibilities of the Director of Public Health are outlined in the Health and Social Care Act 2012, the NHS Act 2006 and regulations issued under these. Section 30 of the Health and Social Care Act requires local authorities, acting jointly with the Secretary of State, to appoint a Director of Public Health. The Director of Public Health has an overarching duty to ensure the local health protection system works effectively.

7. Under section 18, the Secretary of State can use regulations to delegate their health protection duties to local authorities or to require local authorities to undertake their health improvement duties in particular ways. Each local authority is now required, via its Director of Public Health, to assure itself that relevant organisations have appropriate plans in place to protect the health of the population and that all necessary action is being taken.

8. Integrated Care Boards (ICBs) were legally established on 1 July 2022, replacing clinical commissioning groups (CCGs), taking on the NHS planning functions and absorbing some planning roles from NHS England (NHS E). The former Public Health England organisation was abolished in 2022 and a new organisation, the United Kingdom Health Security Agency (UKHSA), established.

Key strands of health protection activity:

- Outbreaks and communicable disease
- Screening Programmes
- Immunisation Programmes
- Healthcare associated infections
- Preparedness and response to incidents and emergencies

9. The local authority does not commission the majority of services which contribute to protecting the health of the population, but the Director of Public Health should be assured that arrangements are robust and that they are implemented in a way which meets the needs of the population for which they are responsible.
10. The Leicester, Leicestershire, and Rutland (LLR) Health Protection Board reports into each of the three Health and Wellbeing Boards for Leicester, Leicestershire and Rutland and enables local authorities to discharge their health protection assurance responsibilities.
11. Dashboards, reports and/or updates are received and reviewed at the quarterly Board. They cover the key domains identified above. This data is reviewed by the group and if needed, stakeholders are asked to produce more detailed assurance for the group on an exception basis. The LLR Health Protection Board is linked into a number of other Health Protection groups across the local system.

Key Domains of Health Protection Assurance

Prevention and Control of Infectious Diseases

Organisational Roles/Responsibilities

12. The United Kingdom Health Security Agency (UKHSA), formerly Public Health England (PHE), is an executive agency made up of both national specialist teams and regional health protection teams. UKHSA have established programmes to reduce the impact of common infectious diseases through detecting, analysing, responding, delivering and engaging with the wider health system. UKHSA lead on the epidemiological investigation and the specialist health protection response to public health outbreaks/incidents and has responsibility to declare a health protection incident, major or otherwise.

13. NHS England is responsible for ensuring its contracted providers are mobilised to deliver an appropriate clinical response to outbreaks/incidents. This responsibility devolves down to local Integrated Care Boards (ICBs) to use contractual arrangements with provider organisations to make relevant resources available (including screening/diagnostic and treatment services).

14. The local authority, through the Director of Public Health, has overall responsibility for the strategic oversight of an incident/ outbreak and to gain assurance that the local health protection system is robust enough to respond appropriately.

COVID-19

15. A summary of COVID-19 cases recorded between March and December 2024 is given in Appendix 1. COVID-19 vaccination remains a vital tool in reducing the risk of ill health as a result of COVID-19 infection, particularly in those at higher risk of worse outcomes from infection owing to age, existing illness, or other vulnerability.

16. A spring booster programme commenced on 15 April 2024 for adults aged 75 years and older, residents in a care home or older adults and those aged 6 months or over with a weakened immune system. An Autumn booster programme commenced in September 2024 and will end on 31 January 2025. Further programmes are scheduled to run in 2025 as determined by NHS England, comprising a Spring and Autumn booster programme.

17. A spring booster programme has been announced for 2025 and will commence in April for a smaller cohort than the Autumn 2024 booster programme.

Measles

18. Since 1 January 2024, 2918 confirmed cases of measles were reported in England. The previous report highlighted a large outbreak in the West Midlands in late 2023, which was followed by subsequent rises in London and other areas. Over the Summer of 2024, there was an increase in measles cases across the East Midlands.

19. Having identified a downward trend in MMR (measles, mumps and rubella) vaccination uptake in June 2023, a local measles elimination group was established in LLR as a proactive measure. NHS England released their vaccination strategy in December 2023 highlighting similar concerns of a decline in MMR uptake. Whilst to date, measles cases in the County remain low, proactive and preventative measures continue to be implemented.

20. 15 measles cases were reported across Leicestershire between 1 January 2024 and 31st December 2024. As cases were identified, proactive steps were taken to offer vaccination in areas at risk. An increase in measles cases was recorded in neighbouring Leicester City. Representation by Leicestershire County Council was included in the subsequent incident management team meeting to ensure that outbreak control strategies covered the region. The UKHSA Health Protection Team follow national guidance in response to identified cases, undertaking a risk assessment and instigating public health actions as required to minimise the spread of measles and protect contacts at risk of severe illness.

21. An MMR call-recall campaign of under or unvaccinated children was carried out between February and March 2024 as the second phase of the national catch-up campaign, building on activity that GP practices undertook in November 2023. National MMR vaccination reminders were sent to the parents/ guardians of children aged 6-11 years.

Mpox

22. In August 2024, the World Health Organization declared that the upsurge of Clade Ib mpox in a growing number of countries in Africa constituted a public health emergency of international concern (PHEIC). This differs from clade 2, which has been circulating at low levels in the UK since 2022, primarily amongst gay, bisexual and other men who have sex with men. In October 2024, UKHSA detected the first confirmed case of clade 1b mpox in the UK and continue to monitor the situation, advising that the risk to the UK remains low. No cases have been identified in Leicestershire.

23. Systems are in place across Leicestershire for the appropriate public health management should the situation change. Action cards have been developed and shared with system partners. Vaccinations are being procured to support an immunisation programme for cohorts deemed at higher risk of coming into contact with mpox.

Pertussis

24. Pertussis (also known as whooping cough) is a cyclical disease that saw increased numbers of cases reported throughout 2024. In response to a local and national increase in cases, an Incident Management Team (IMT) meeting was convened, chaired by the Director of Public Health. Strategies focussed on increasing maternal vaccination rates to prevent infant hospitalisations and deaths, as well as timely and complete vaccination for infants and children under 10 years of age.

25. UKHSA maintained responsibility of following up suspected, epidemiologically linked and confirmed cases. The IMT group was stood down in October 2024 following a reduction of cases and a return to expected seasonal norms. Work continues to promote maternal vaccination and timely vaccination for infants. NHS E confirmed a national pertussis vaccination and immunisation catch-up campaign for 2024-25.

Avian Flu

26. There have been reports of highly pathogenic avian influenza (HPAI) in wild birds in England in 2024. In recent years, most findings of HPAI in wild birds in the UK have involved the H5N1 virus strain, but this year H5N5 has also been detected. The risk to human health from HPAI in wild birds is low and surveillance remains ongoing to prevent future outbreaks.

Immunisation and Screening

Organisational Roles/Responsibilities

27. Integrated Care Boards (ICBs) were legally and operationally established on 1 July 2022. For Section 7A NHS public health functions (Screening (cancer and non-cancer), Immunisations including COVID-19 and Influenza (flu), and Child Health Information Systems (CHIS)) commissioning responsibility currently remains with NHS England. Building on existing partnerships, there will be closer collaborative working between NHS England and ICBs on the commissioning of vaccination, screening and CHIS from April 2025. Responsibility for commissioning vaccination services and suitable elements of screening pathways and CHIS will be delegated to ICBs in April 2026, subject to governance and Secretary of State approval.

28. UKHSA is responsible for setting immunisation policy through expert groups (the National Screening Committee and Joint Committee on Vaccination and Immunisation). UKHSA will continue to support the NHS through provision of authoritative clinical guidance and coordinated procurement and supply of vaccines.

29. Local authorities, through the Director of Public Health, require assurance that screening and immunisation services are operating safely whilst maximising coverage and uptake within their local population. This includes providing public health information and advice to relevant bodies within the local area and collaborative activity to maximise vaccination uptake and coverage. Directors of Public Health and teams provide independent scrutiny of the arrangements of NHS England, UKHSA and providers of immunisation services.

Immunisation

30. The complete routine immunisation schedule is published annually by the UK Health Security Agency, with details given in Appendix 2. Pre-school-aged children receive vaccinations from local GP practices across Leicestershire. The school-based vaccination programme is provided by the School Aged Immunisation Service (SAIS) commissioned by NHS England. They work with schools to arrange clinics and provide opportunities to ensure all children are provided with an offer for the schedule

of vaccines they can receive, including an opportunity to catch up on any doses they may have missed.

31. Coverage of childhood immunisations continues to be relatively high in Leicestershire, exceeding performance for all childhood immunisations compared to the England average. Good coverage helps ensure that the local population is protected and does not become susceptible to outbreaks of vaccine preventable diseases.

32. Data has shown a national decrease in children receiving routine childhood immunisations since 2019. Leicestershire has followed this national trend of reduced coverage, nonetheless, it still remains above the national average. Work continues to enable residents to receive timely vaccinations.

33. An LLR Immunisation Board was established in 2024 to bring together system partners to oversee the delivery of the vaccination strategy for local people. The Board provides an outcome-focussed approach to vaccination, reducing morbidity and mortality. The Board also governs the transfer of delegated powers for the commissioning of NHS vaccination services to the ICB by April 2026.

Human Papillomavirus (HPV)

34. From 01/09/2023, the HPV vaccine programme changed from a 2 dose to a single dose vaccine schedule for eligible adolescents and men who have sex with men (MSM) aged under 25 years, as advised by the Joint Committee on Vaccination and Immunisation (JCVI). Uptake rates in Leicestershire are given in Appendix 3.

Seasonal Flu

35. Population flu vaccination coverage was updated for the 2023-24 season. Uptake has improved since the COVID-19 pandemic. In 2019, vaccination coverage in the population aged 65 and over was 74.1%. This has now increased to 81.5% for the 2023-24 season, compared to the England average of 77.8%, and greater than The World Health Organization (WHO) recommendation of 75% coverage. There remains a challenge in improving the uptake for those under 75 and at risk, eligible children and pregnant women. Vaccination rates are combined for Leicestershire and Rutland.

36. The flu vaccination programme continues to be a priority during the 2024/25 programme, with a return to pre-pandemic cohorts eligible for a free NHS vaccination. Multi-agency arrangements were established across Leicestershire to manage the delivery of the seasonal vaccination programmes including both COVID-19 and influenza. Flu vaccine uptake rates for 2024 are given in the Appendix. Community pharmacy has been providing flu vaccinations under a nationally commissioned service since September 2015. The accessibility of pharmacies, their extended opening hours and the option to walk in without an appointment have proven popular with patients seeking vaccinations.

Respiratory Syncytial Virus (RSV)

37. A new national vaccination programme commenced in September 2024 for pregnant women to protect their newborn babies and for those aged 75 years (including a one-off campaign for people aged 75-79 years old). These groups are at greatest risk from RSV. The programme for older adults is delivered primarily by primary care and the maternal offer is delivered by UHL.

Key Issues for 2025 (Immunisation)

- Increase uptake of MMR vaccine in line with national strategy.
- Maintaining uptake of influenza vaccine, particularly in at-risk groups including care home residents.
- Increase uptake of HPV amongst boys & girls, to reverse the downward trend in coverage, aligned with the NHS cancer elimination strategy.
- Delegation of commissioning responsibilities from NHS England to the ICB by April 2026.
- Improving awareness and uptake of RSV vaccine. Despite infecting around 90% of children within the first 2 years of life, RSV is relatively unknown amongst the public.

Screening

38. The strategic framework of the Major Conditions Strategy focuses on primary prevention, secondary prevention, early diagnosis, prompt and urgent care, and long-term treatment and care. Screening plays a vital role in each of these. The purpose of screening is to detect conditions in the healthy population who have an increased likelihood of developing disease. The framework, published in 2022 (updated August 2023), can be found here: https://www.gov.uk/government/publications/major-conditions-strategy-case-for-change-and-our-strategic-framework/major-conditions-strategy-case-for-change-and-our-strategic-framework--2

39. The Health Protection Team monitor and support service providers for the following screening programmes: bowel cancer, cervical and breast. Data is shared in Appendix 4. Overall, cervical and breast screening programmes nationally have experienced a downward trend. Locally, Leicestershire has seen a downward trend in these screening areas, however a better than England average performance continues across all of these programmes. Health Protection are supporting on the LLR cervical cancer elimination strategy (ICB led) and actively participate in UK National Screening Committee proposals via UKHSA consultation process. Bowel cancer screening coverage and uptake rates are both continuing to increase locally and nationally, continuing to build on the trend previously reported.

Key Issues for 2025 (Screening)

- Planning for NHS E to LLR NHS ICB service commissioning delegation ahead of 2026 date.

- The final phase of the NHS ambition to offer everyone 50-74 a bowel screening test will begin in 2025. Plans are in place to reduce the FIT screening threshold.
- Continue to strengthen multi- agency regional and local plans to target areas of poor uptake and coverage for each of the screening programmes.
- Work with NHS E, LLR NHS ICB, PCNs and districts to improve areas of performance to meet at the least national targets and reduce local health inequalities.
- Provider organisational risk highlighted by horizon scanning, such as the providers service workforce to enable national and local targets to be met.

Sexual Health

Table 1 in appendix 5 summarises diagnostic and detection rates for the Key Indicators in the Sexual and Reproductive Health in Leicestershire.

40. Leicestershire Public Health commission the integrated sexual health services (ISHS) which detect, prevent and treat Sexually Transmitted Infections (STIs) in the local population. The service has comprehensive arrangements for testing for STIs and a variety of testing options for HIV.

41. A new provider will be in place for the ISHS contract covering Leicestershire and Rutland from 1st April 2025.

42. The emphasis remains on self-managed care whilst preserving the quality of testing, results notification and partner notification. The main site of delivery for Leicestershire services will be delivered from the Loughborough Hub, supported by the outlying spoke clinics across county locations.

43. There is also a separate online service that commenced on 1 April 2024. This online service offers a range of testing options for STIs and treatment for chlamydia. Online service access has increased since the COVID-19 pandemic and this service will enable those in our most rural areas to access services.

Chlamydia Screening

44. While Leicestershire's screening rate is worse than the East Midlands average, it is now better than the England average. However, there is a downward trend on screening rates and scope to increase screening rates further.

Chlamydia Detection

45. A national benchmarking criterion for chlamydia detection exists:

Benchmarking against goal:	<2,400	2,400 to 3,250	≥3,250

Only 13 out of 152 local authorities in the country meet the benchmarking target of 3250 per 100,000 females aged 15-24. This is not considered a reliable method for monitoring

Leicestershire's performance. A more reliable method of comparison is to compare with performance over the previous year. Leicestershire's chlamydia detection rate has increased from 583 cases in 2021 (1,484 per 100,000 population) to 760 cases in 2022 (1,934 per 100,000) and 781 cases in 2023 (1,992 per 100,000). Whilst this reflects an upward trend in chlamydia detection, it is recognised that if screening rates increase, detection rates may also increase.

Key Issues for 2025 (Sexual Health)

- Monitor the STI testing rate (excluding chlamydia aged under 25) per 100,000 (all ages). Although trend is increasing, this requires further improvement.
- Monitor gonorrhoea diagnostic rates. Leicestershire still performs significantly better than England on the gonorrhoea diagnostic rate per 100,000, however there is an increasing trend. Whilst an increase in rates can be positive if resulting from increased testing activity, this needs to be monitored locally to better understand the causes. The increase in rates in the latest year mirrors national trends and significantly exceeds pre-pandemic rates and rates since 2012.
- Improve the HIV testing coverage in Leicestershire in particular, including an emphasis on testing and repeat testing for gay, bisexual, and other men who have sex with men (GBMSM). There has been a change to the indicators for HIV testing: the HIV testing coverage indicators have been discontinued and a new indicator for HIV testing per 100,000 population has been introduced.
- It is recommended that work takes place to encourage early diagnosis of HIV for heterosexual men in Leicestershire in particular. This should be linked to HIV testing coverage and increased promotion of testing.
- It is also recommended that trends pertaining to Sexual Health is monitored at district levels to inform targeted actions.

Tuberculosis (TB)

46. Nationally, for the calendar year of 2024 provisional data (released 30th January 2025), saw an increase in TB notifications by 13.0% compared with 2023 data in England. Overall TB notification rate rose from 8.5 per 100,000 to 9.5 per 100,000. England remains just below the threshold of 10 per 100,000 for the World Health Organization (WHO) low incidence country status but has diverged further from the trajectory required to meet WHO elimination targets. [https://www.gov.uk/government/statistics/tuberculosis-in-england-national-quarterly-reports/national-quarterly-report-of-tuberculosis-in-england-quarter-4-2024-provisional- accessed 27.02.2025].

47. Regionally, there has been a 6.0% increase (24 additional notifications) in TB cases in the East Midlands.

48. Locally, Leicestershire TB rates remain low, though have increased and cases for which the patient was born outside of the UK remains higher than cases in those

born in the UK[1]. There has also been a deep dive into the LLR TB Service with a 'Getting it right first time (GIRFT) report setting out recommendations, many of which are progressing through the local strategy and action plan.

49. Support of the UKHSA England TB Action Plan recommendations continues locally. An LLR TB Action Plan/logic framework has been established, and this has driven in part the successful NHS funded business case (ICB led), with designated funding for Latent TB Infection (LTBI) screening. This will ensure Leicestershire LTBI screening needs can be met if LTBI is needed. A Leicestershire Health Needs Assessment (HNA) is in progress to address local health inequalities that increase the risk of TB infection. Locally, it is worth noting that there is a TB cluster of concern known as *Lro* (Loughborough) strain which has a reduced infectivity exposure period to less than the usual 8 hours exposure time and patients present with advanced lung disease compared to other TB infections. For 2024 there have been 8 cases of *Lro* strain TB and risk factors included drug misuse, many of the most recent cases have limited epidemiological links. Guidance on tackling TB in inclusion health groups: a toolkit for a multi-agency approach (updated July 2024) is being used alongside all planned work.

Key issues for 2025 (TB)

- Improve BCG vaccination and TB screening eligibility awareness, particularly for those with parents and/or grandparents from a non-UK country of origin with a high incidence prevalence. Super-vaccinators (late 2024) have carried out BCG specific 'mop-up' clinics within UHL for eligible babies.
- With increased demand and limited resources within the LLR TB Service, the development of a bespoke plan for Leicestershire's population, with a health inclusion approach as part of the wider LLR strategy is a local priority. Concerns over the increased case complexity and TB treatment supply issues are also being closely monitored.
- Local Health Needs Assessment UPDATE include any key recommendations.

Health Care Associated Infections (including antimicrobial resistance-AMR)

50. Many healthcare associated infections (HCAI) are preventable. When they do occur, they can have a significant impact on patients and on the wider NHS and care systems.

Organisational Roles/Responsibilities

51. The NHS Outcomes Framework (NHS OF) is a set of indicators developed by the Department of Health and Social Care (DHSC) to provide a framework in which to measure and monitor how well the NHS is performing. NHS England hold local ICBs to account for performance against indicators under this domain.

52. UKHSA, through its consultants in communicable disease control, will lead the epidemiological investigation and the specialist health protection response to HCAI outbreaks and has responsibility to declare a health protection incident. UKHSA

[1] UKHSA Leicestershire 2022 annual report

monitors the number of HCAIs through routine surveillance and the spread of antibiotic-resistant infections.

53. The local authority, through the Director of Public Health has overall responsibility for the strategic oversight of a HCAI impacting on their population's health. See Appendix 6 for information about Healthcare Associated Infections Incidence in LLR for January- December 2024.

54. LLR Trusts continue to investigate HCAI alert organism cases, conducting Post Infection Reviews and Root Cause Analyses (RCAs) when required, cascading learning outcomes to relevant teams. Public Health Infection Prevention and Control (IPC) colleagues conduct reviews of C. diff cases within care homes, where necessary. If learning outcomes involve General Practice, the ICB IPC team support communication and escalate actions where necessary.

55. The ICB IPC team continue to provide operational support for General Practice, including assistance with community bacteraemia RCAs where necessary. Alert Organism guidance is advised and relevant shared learning from community RCAs discussed at ICB IPC Question and Answer (Q&A) sessions and forums for GP IPC Leads and Link Practitioners.

56. System IPC Leads continue to monitor respective bacteraemia cases and convene review meetings to discuss LLR bacteraemia's, including source origins, possible interventions, and mitigations for improvement. This has included focus on antimicrobial prescribing practice (including avoidance of broad-spectrum antibiotic use except where necessary), operational groups to review monthly C. diff data and develop reduction action plans.

57. The summary RAG rating comparators with national and recommended peer system rates below cover LLR:

    - **MRSA:** Overall LLR cases for MRSA are green RAG rated in the 2nd highest quartile, matching national rates.
    - **MSSA**: Overall rates for MSSA are green RAG rated in the lowest quartile.
    - **E. coli:** In LLR, overall E. coli rates are green RAG rated in the lowest quartile.
        - Overall Community-Onset Healthcare-Associated (COHA) rates (including overall rates for both female and male) are green RAG rated in the 2nd lowest quartile.
        - Overall male HOHA rates are green RAG rated in the 2nd lowest quartile.
    - **Klebsiella spp**: Overall Klebsiella spp cases are green RAG rated in the 2nd lowest quartile.
        - Female HOHA rates are red RAG rated in the 4th highest quartile.
        - Overall female rates, female COCAs and male COHAs are red RAG rated in the 3rd highest quartile.
        - Male COCA rates and female COHAs are green RAG rated in the lowest quartile.
    - **Pseudomonas aeruginosa**: Overall Pseudomonas rates in LLR are green RAG rated in the 2nd lowest quartile.
        - Overall COCA rates are red RAG rated in the 3rd highest quartile.

- Overall COHA rates are green RAG rated in the lowest quartile.

The comparators are from the NHSE Model Health System data set and relate to the previous rolling 12 months, up to October 2024 (latest figures).

Key Issues for 2025 HCAI

- The ICB IPC team and local authority public health IPC teams continue to share educational resources, to expand IPC learning access for both General Practice and care home staff (including sessions on C. diff and Carbapenem Resistant Organisms).
- A new ICS IPC Community of Practice has been convened with relevant stakeholders and is in the process of identifying current system issues and developing/ co-ordinating relevant strategies. It is anticipated that this group will support strategies to reduce the likelihood of and control antimicrobial resistance (via antimicrobial stewardship).

Emergency Planning and Response (including severe weather and environmental hazards)

Organisational Roles/Responsibilities

58. Emergency planning has been a local authority function since before the Health and Social Care Act (2012). However, within Public Health in the Authority there are additional opportunities to consider regarding the health protection aspects of this function.

59. The local authority continues to engage with the Local Resilience Forum in undertaking its annual exercise programme, responding to incidents and undertaking learning as required.

60. The Local Health Resilience Partnership (LHRP) is co-chaired by LLR ICB and local authority Public Health. The LHRP provides a strategic forum for local healthcare organisations to facilitate preparedness and planning for health emergencies at a suitable system and Local Resilience Forum (LRF) level. The LHRP also supports NHS England, Local Government, and UKHSA to ensure member organisations develop and maintain effective health planning arrangements for major emergencies and major incidents.

61. The National Team has launched a review of the NHS Core Standards for EPRR and the standard review survey closed on 1st November. A National Core Standards Working Group is being formed. It is intended to release the standards in April 2025, with 1 year before they will be used as part of assurance.

62. NHS England is working to ensure sign-off of the new CBRN guidance. This will be a combined version of the previous two sets of guidance and will cover Initial Operating Response and flow into Specialist Operational Response. A publishing date for this guidance is still awaited.

Key Issues for 2025 (Emergency Planning)

- Ensure partners are clear on the response structure to major incidents, the causes of delays in action and on the coordination of groups.
- Ensure that there is an on-going approach to learning from experience and that issues identified from real events are acted upon.
- Continue to review contingency plans as appropriate according to national and local guidance and ensure further testing response arrangements.
- Partners will participate in planned regional and national exercises scheduled for 2025, organised by UKHSA and NHS E, named exercise Tangra and exercise Pegasus respectively.
- Cyber resilience deep dive has shown some concerns, especially in the areas of resilient telecommunications and business impact assessments for IT.
- Update to the national Concept of Operations for the management of mass casualties is in progress, with publication expected in 2025. It is anticipated this will incorporate learning from the Manchester Inquiry.
- Nottinghamshire Healthcare NHS Foundation Trust undertook a tabletop exercise of EPRR procedures and plans across inpatient facilities. This provided an opportunity to test the new draft Arnold Lodge Evacuation and Shelter plan across inpatient facilities and provide assurance they can effectively manage a medium secure hospital off site evacuation. 3 further exercises are planned, including an internal exercise, a live exercise and a tabletop exercise.

Air Quality

63. Poor air quality is the largest environmental risk to the public's health. The Chief Medical Officer report (2022)[2] cites evidence of links between pollution exposure and a wide range of health impacts. There is a strong evidence base to suggest that air pollution contributes to development of cardiovascular and respiratory diseases, lung cancer and there is an emerging evidence base around links to intra-uterine impacts, adverse birth outcomes, poor early life organ development, diabetes, reduced cognitive performance and increased dementia risk.

64. The health risk impact across the life course disproportionately impacts certain groups within the population, such as children and young people, older adults and those who are pregnant or have long term health conditions. There are also inequalities regarding air quality exposure and social deprivation, with a complex relationship by pollutant.

65. The Leicestershire Air Quality and Health Joint Strategic Needs Assessment (2018-21) was updated by a new Air Quality and Health Needs Assessment in 2024. The

[2] 1 https://assets.publishing.service.gov.uk/media/639aeb81e90e0721889bbf2f/chief-medical-officers-annual-report-air-pollution-dec-2022.pdf

HNA recommendations focussed on seven key areas for recommended action through a number of objectives:

- Leadership through the Air Quality and Health Partnership group
- Routinely influence urban design and planning across Leicestershire to improve air quality
- Increase active travel across the county
- Improve Air Pollution communications to the public and stakeholders
- Target interventions in densely populated areas and vulnerable groups
- Understand the impact of industry and agriculture on the air and potential action in these areas

66. These objectives were used to inform a new action plan for the Air Quality and Health Partnership 2024-28. Jointly chaired by the LCC Public Health and Environment and Transport teams, the partnership is comprised of representatives from all districts (with the statutory duty for monitoring air quality) and several Leicestershire County Council representatives. Relationships have been maintained this year with the LLR Air Quality Forum and LLR Respiratory Working Group, chaired by the ICB.

67. Health and Wellbeing has also formed a key part of the Leicestershire Local Transport Plan 4, with 'enabling health and wellbeing' being one of the five core themes. A health impacts consideration form was completed for the first stage of the plan, with a health impact assessment planned for subsequent stages.

Key Issues for 2025 (Air Quality)

- Within Leicestershire, lower tier local authorities (district councils) have the statutory responsibility to manage local air quality. This includes a requirement to regularly conduct air quality monitoring to ensure that it meets the required standards for certain pollutants.
- Ensuring a strategic approach to identification of shared objectives and benefits that address various health and environmental aspects simultaneously.
- Improving information to the public and key stakeholders on risk and personal impact on local air quality in a way that is meaningful, easily accessible and understandable, focusing on groups most likely to be impacted by air pollution.

1 https://assets.publishing.service.gov.uk/media/639aeb81e90e0721889bbf2f/chief-medical-officers-annual-report-air-pollution-dec-2022.pdf

Conclusions

68. Overall, the Director of Public Health is assured that the correct processes and systems are in place to protect the health of the population. Areas to continue to focus further progress on include:

- Ensuring local health and care systems have the capacity to respond to major incidents including emergency planning and response (e.g. severe weather).
- Maintaining and improving progress on key health protection indicators particularly relating to:
    - Communicable disease.

- Environmental hazards, especially air quality.
- Screening.
- Immunisation.
- Hospital Acquired Infections.

Background Papers

Annual report of the Director of Public Health, Leicestershire County Council

Leicestershire Director of Public Health Annual Report 2024 (leics.gov.uk)

Public Health Directory of Services for Leicestershire

Public Health Directory of Services for Leicestershire

Officers to Contact

Mike Sandys, Director of Public Health, Leicestershire County and Rutland
Email: mike.sandys@leics.gov.uk

Adrian Allen, Assistant Director of Public Health, Leicestershire County and Rutland
Email: adrian.allen@leics.gov.uk

Anuj Patel, Strategic Lead- Health Protection
Email: Healthprotection@leics.gov.uk

List of Appendices

Appendix 1 – Infectious diseases

Appendix 2- UK immunisation schedule

Appendix 3- Immunisation

Appendix 4- Screening uptake

Appendix 5- Leicestershire Sexual Health Indicators

Appendix 6 - Healthcare Associated Infections Incidence

Consultation

This report is for noting and does not contain new policy proposals; therefore, a formal consultation is not required.

Relevant Impact Assessments

The JSNAs give due regard to the equality and human rights of different population groups, with particular focus within the JSNAs. Sources of inequalities and recommendations are designed to alleviate issues created through identified inequalities.

Equality and Human Rights Implications

There are no equality implications arising from this report. The report would seek to have a positive impact overall and would not have an adverse effect on any section of the community.

Certain socially excluded groups are at greater risk of environmental hazards e.g., poor air quality in areas of socio-economic deprivation. Some groups are at increased risk of particular infectious diseases e.g., TB in some migrants and asylum seekers. Certain groups and individuals are also less likely to avail of the protection afforded by immunisation and screening e.g., in areas of socio-economic deprivation.

There are no human rights implications arising from this report.

Environmental Implications

Air quality is an important element within the Leicestershire Environment Strategy

Environment Strategy 2018-2030: delivering a better future (leicestershire.gov.uk)

Community Safety Implications

This report has no community safety implications.

Partnership Working and Associated Issues

Partnership working across health, local authorities, police, fire, districts etc. is essential to ensure robust health protection and emergency planning arrangements are in place.

Financial Implications

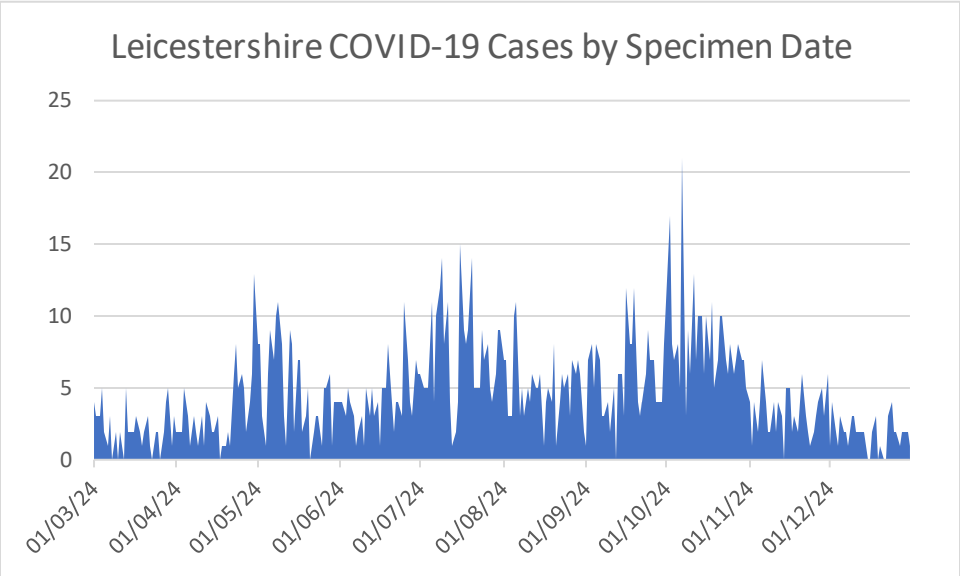
Most Health Protection actions and interventions are the financial responsibility of partners outside of Leicestershire County Council. This report has no implications for finance.

Data Protection Implications

A Data Protection Impact Assessments (DPIA) has not been completed as data presented is not patient identifiable.

Appendix 1 – Infectious diseases

Counts of COVID-19 in Leicestershire March – December 2024



Source: https://ukhsa-dashboard.data.gov.uk/respiratory-viruses/covid-19?areaType=Upper+Tier+Local+Authority&areaName=Leicestershire#cases

Measles cases by local authority

Upper Tier Local Authority	Total cases
Birmingham	364
Lambeth	178
Wandsworth	152
Leicester	124
Harrow	99
Croydon	98
Leeds	79
Hertfordshire	78
Brent	75
Essex	70
Enfield	65
Middlesbrough	55
Southwark	55
Walsall	55
Bristol	53
Lewisham	43
Hillingdon	42
Merton	42
Surrey	40
Ealing	35
Hounslow	35
Waltham Forest	34
Newham	31
Sandwell	31
Barnet	30
Coventry	28
Greenwich	26
Haringey	25
Kensington and Chelsea	25
Luton	25
Camden	24
Hammersmith and Fulham	24
Gloucestershire	23
Sutton	23
Westminster	23
Wolverhampton	22
Bradford	21
Bexley	20
Lancashire	20
Hackney	19
Milton Keynes	19
Nottingham	19
West Northamptonshire	19
Central Bedfordshire	17
Manchester	16
Solihull	16
Tower Hamlets	16
Leicestershire	15
Hampshire	14
Redbridge	14
Doncaster	13
Southampton	13
Staffordshire	13
Thurrock	13
Kingston upon Thames	12
Nottinghamshire	12
Bromley	11
Islington	11
Kent	11
Kingston upon Hull	11
North Northamptonshire	11
Somerset	11
Stockport	11
North Yorkshire	10

Appendix 2 – UK Immunisation Schedule

UK Health Security Agency

Routine childhood immunisations

From January 2025

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	Thigh
	Rotavirus gastroenteritis	Rotavirus	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)	PCV	Prevenar 13	Thigh
	Rotavirus	Rotavirus	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	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	Thigh
Eligible paediatric age group[4]	Influenza (each year from September)	Live attenuated influenza vaccine LAIV	Fluenz[3,5]	Both nostrils
Three years four months old or soon after	Diphtheria, tetanus, pertussis and polio	dTaP/IPV	REPEVAX	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	MenQuadfi	Upper arm

1. Intramuscular injection into deltoid muscle in upper arm or anterolateral aspect of the thigh.
2. Rotavirus vaccine should only be given after checking for SCID screening result.
3. Contains porcine gelatine.
4. See annual flu letter at: www.gov.uk/government/collections/annual-flu-programme
5. If LAIV (live attenuated influenza vaccine) is contraindicated or otherwise unsuitable use inactivated flu vaccine (check Green Book Chapter 19 for details).
6. See Green Book chapter 18a for immunising immunocompromised young people who will need 3 doses.

Selective immunisation programmes

Target group	Age and schedule	Disease	Vaccines required
Babies born to hepatitis B infected mothers	At birth, four weeks and 12 months old[1,2]	Hepatitis B	Hepatitis B (Engerix B/HBvaxPRO)
Infants in areas of the country with TB incidence >= 40/100,000	Around 28 days old[4]	Tuberculosis	BCG
Infants with a parent or grandparent born in a high incidence country[3]	Around 28 days old[4]	Tuberculosis	BCG
Children in a clinical risk group	From 6 months to 17 years of age	Influenza	LAIV or inactivated flu vaccine if contraindicated to LAIV or under 2 years of age
Pregnant women	At any stage of pregnancy during flu season	Influenza	Inactivated flu vaccine
	From 16 weeks gestation	Pertussis	Tdap (ADACEL)
	From 28 weeks gestation	RSV	RSV vaccine (Abrysvo)

1. Take blood for HBsAg at 12 months to exclude infection.
2. In addition hexavalent vaccine (Infanrix hexa or Vaxelis) is given at 8, 12 and 16 weeks.
3. Where the annual incidence of TB is >= 40/100,000 – see www.gov.uk/government/publications/tuberculosis-tb-by-country-rates-per-100000-people
4. Check SCID screening outcome before giving BCG.

For vaccine supply information for the childhood programme please visit portal.immform.ukhsa.gov.uk and check vaccine update for all other vaccine supply information.

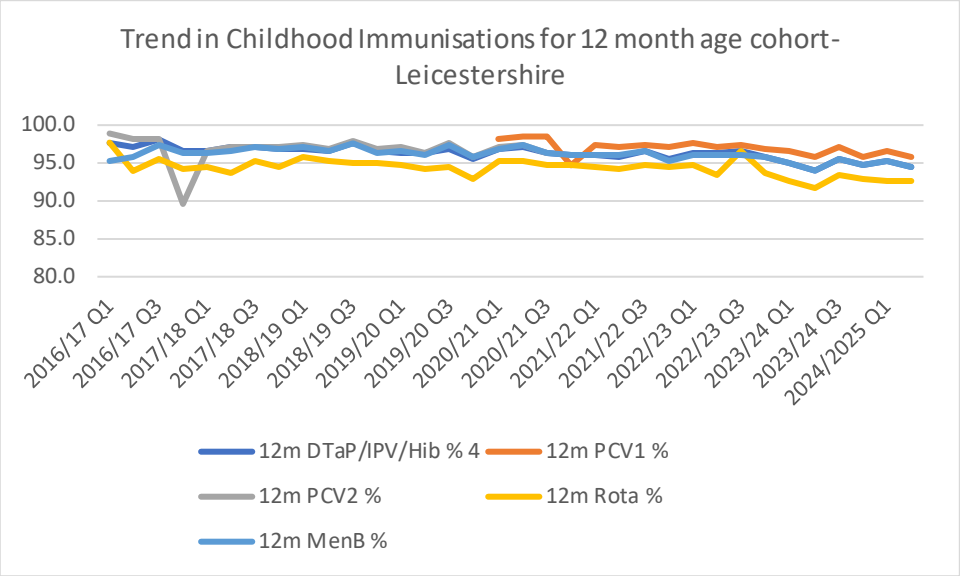
immunisation | The safest way to protect children and adults

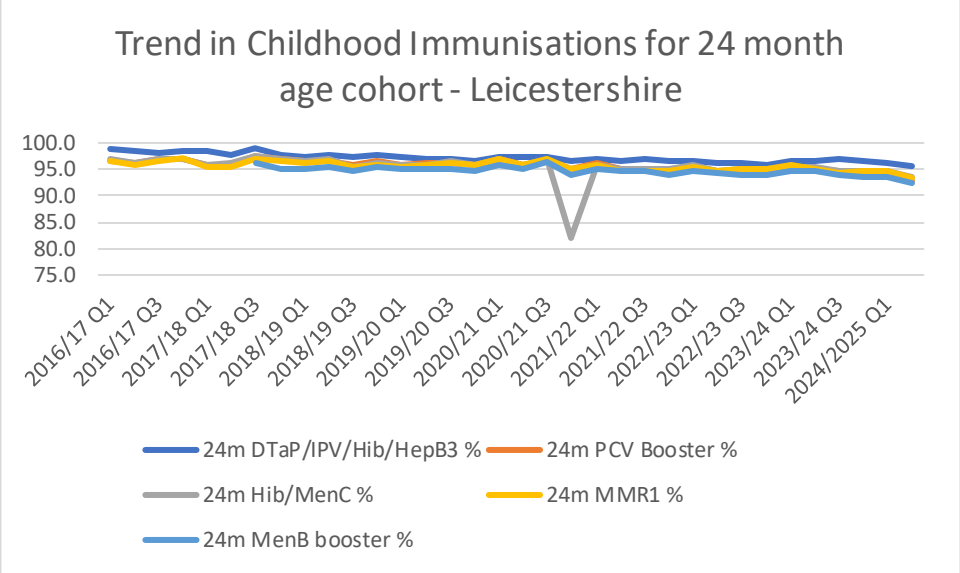
NHS

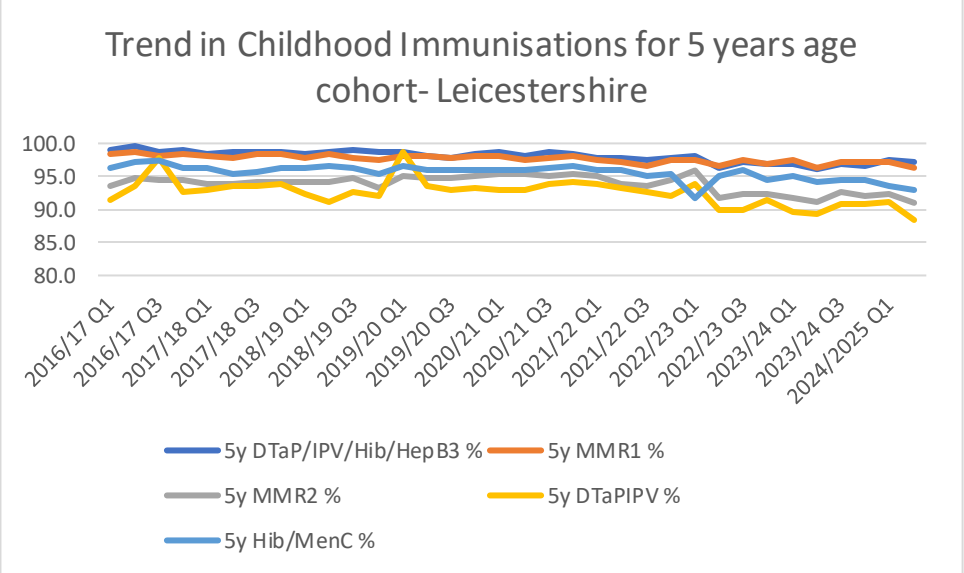
Appendix 3 – Immunisation

Indicator	Lower threshold[1]	Standard[2]	Key	Geography	2016/17 Q1	2016/17 Q2	2016/17 Q3	2016/17 Q4	2017/18 Q1	2017/18 Q2	2017/18 Q3	2017/18 Q4	2018/19 Q1	2018/19 Q2	2018/19 Q3	2018/19 Q4	2019/20 Q1	2019/20 Q2	2019/20 Q3	2019/20 Q4	2020/21 Q1	2020/21 Q2	2020/21 Q3	2020/21 Q4
12m Denominator	N/A	N/A	N/A	Leicestershire	1,807	1,806	1,768	1,789	1,856	1,768	1,776	1,643	1,659	1,856	1,747	1,625	2,353	1,745	1,663	1,553	1,602	1,797	1,683	1,609
				England	164,497	170,286	166,608	160,197	160,905	170,151	162,136	156,145		168,144	162,015	151,782	157,740	162,494	153,331	146,829	152,240	158,053	151,000	144,864
12m DTaP/IPV/Hib %[4]	90	95	< 90 90 - 95 ≥ 95	Leicestershire	97.6	97.2	98.1	96.6	96.7	97.1	97.1	96.8	96.9	96.7	97.7	96.5	96.4	96.4	96.8	95.6	96.8	97.2	96.3	96.0
				England	93.0	92.9	93.4	93.0	93.0	93.2	93.1	92.6		91.6	92.1	91.9	92.0	92.1	92.8	92.7	92.8	92.1	91.5	91.6
12m PCV1 %	90	95	< 90 90 - 95 ≥ 95	Leicestershire																	98.1	98.5	98.5	94.7
				England																			96.3	93.4
12m PCV2 %	90	95	< 90 90 - 95 ≥ 95	Leicestershire	98.9	98.1	98.2	89.6	96.7	97.2	97.2	97.0	97.3	96.8	97.9	96.9	97.0	96.4	97.6	95.9	97.1	97.4	96.4	
				England	95.2	94.7	93.6	84.7	93.3	93.5	93.5	92.8		92.1	92.8	92.5	92.6	92.8	93.3	93.3	93.3	92.4	90.6	
12m Rota %	90	95	< 90 90 - 95 ≥ 95	Leicestershire	97.7	94.0	95.5	94.2	94.5	93.7	95.3	94.4	95.7	95.3	95.0	95.0	94.8	94.3	94.6	93.0	95.4	95.3	94.7	94.7
				England	93.1	89.3	90.1	90.1	90.2	89.9	90.6	90.3		89.1	90.0	90.1	90.0	89.6	90.5	90.7	91.0	90.4	89.9	90.0
12m MenB %	90	95	< 90 90 - 95 ≥ 95	Leicestershire	95.2	95.8	97.5	96.4	96.3	96.5	97.1	96.8	97.2	96.7	97.6	96.4	96.6	96.1	97.3	95.7	96.8	97.3	96.4	96.1
				England	89.5	91.6	92.2	92.6	92.2	92.7	93.0	92.5		91.9	92.3	92.0	92.2	92.3	92.9	92.8	93.0	92.5	91.9	91.8
24m Denominator	N/A	N/A	N/A	Leicestershire	1,719	1,873	1,818	1,716	1,848	1,834	1,815	1,824	1,901	1,804	1,809	1,710	2,325	1,845	1,778	1,630	1,767	1,821	1,727	1,614
				England	163,448	171,737	166,011	159,538	160,960	171,457	167,445	162,253		173,769	165,413	158,088	163,858	170,613	159,837	152,074	158,001	163,265	158,177	148,863
24m DTaP/IPV/Hib/HepB3 %	90	95	< 90 90 - 95 ≥ 95	Leicestershire	98.7	98.3	98.2	98.5	98.5	97.9	99.0	97.6	97.2	97.8	97.4	97.8	97.4	96.9	97.0	96.6	97.3	97.4	97.3	96.5
				England	95.1	94.9	95.3	95.1	95.2	95.3	95.2	95.0		94.4	94.2	94.0	94.2	93.5	93.8	93.7	93.9	93.9	94.2	94.0
24m PCV Booster %	90	95	< 90 90 - 95 ≥ 95	Leicestershire	96.7	96.2	96.8	97.0	95.8	96.0	97.5	97.0	96.4	96.7	95.7	96.4	95.9	96.2	96.3	95.9	96.9	96.0	96.6	95.1
				England	91.4	91.4	91.5	91.3	91.0	91.3	91.3	91.2		90.0	90.1	90.1	90.3	90.0	90.4	90.7	91.0	90.6	90.3	89.1
24m Hib/MenC %	90	95	< 90 90 - 95 ≥ 95	Leicestershire	96.9	96.2	96.8	97.0	95.9	96.1	97.5	96.9	96.4	96.8	95.5	96.3	95.7	96.0	96.4	96.0	97.0	95.9	96.9	82.0
				England	91.5	91.2	91.6	91.3	91.2	91.4	91.3	91.2		90.2	90.3	90.3	90.5	90.2	90.5	90.9	91.0	90.8	90.3	89.2
24m MMR1 %	90	95	< 90 90 - 95 ≥ 95	Leicestershire	96.5	96.0	96.5	97.1	95.6	95.6	97.0	96.4	96.3	96.4	95.4	96.0	95.6	95.8	96.2	95.9	96.9	96.0	96.9	95.1
				England	91.4	91.2	91.6	91.2	91.0	91.1	91.1	90.8		89.9	90.0	90.0	90.3	90.1	90.4	90.8	91.0	90.7	90.3	89.3
24m MenB booster %	90	95	< 90 90 - 95 ≥ 95	Leicestershire							96.1	95.1	95.0	95.4	94.7	95.4	94.9	95.2	95.2	94.8	95.9	95.1	96.4	94.1
				England							87.4	87.9		87.7	88.4	88.4	88.8	88.6	89.0	89.3	89.5	89.5	89.3	88.5
5y Denominator	N/A	N/A	N/A	Leicestershire	1,939	1,963	1,934	1,931	1,966	1,983	1,998	1,867	1,816	1,905	1,891	1,850	2,463	1,956	1,926	1,831	1,905	1,955	1,964	1,932
				England	173,310	179,996	177,755	174,614	171,013	182,086	177,992	167,215		179,348	173,672	167,841	171,373	179,951	168,938	164,123	171,080	178,227	174,289	167,046
5y DTaP/IPV/Hib/HepB3 %	90	95	< 90 90 - 95 ≥ 95	Leicestershire	98.9	99.6	98.7	98.9	98.4	98.6	98.6	98.8	98.3	98.8	98.9	98.6	98.7	98.2	97.9	98.3	98.6	98.2	98.7	98.4
				England	96.0	95.7	95.8	95.6	96.0	96.0	95.8	95.7		95.5	95.3	95.3	95.4	95.2	95.4	95.5	95.6	95.6	95.3	95.3
5y MMR1 %	90	95	< 90 90 - 95 ≥ 95	Leicestershire	98.5	98.7	98.2	98.5	98.2	97.8	98.3	98.4	97.8	98.4	97.9	97.5	98.2	98.1	97.8	98.1	98.1	97.5	97.8	98.0
				England	95.0	95.0	95.2	95.1	95.6	95.3	95.1	95.1		94.7	94.6	94.7	94.7	94.5	94.6	94.6	94.7	94.4	94.3	94.3
5y MMR2 %	90	95	< 90 90 - 95 ≥ 95	Leicestershire	93.7	94.8	94.6	94.5	93.9	94.0	94.1	94.2	94.3	94.1	94.8	93.1	95.0	94.9	94.8	95.0	95.4	95.3	95.2	95.4
				England	87.5	87.3	87.8	87.4	87.6	87.5	87.3	87.2		86.4	86.6	86.7	86.7	86.3	86.9	86.9	86.9	86.7	86.7	86.4
5y DTaPIPV %	90	95	< 90 90 - 95 ≥ 95	Leicestershire	91.5	93.6	97.9	92.7	92.8	93.7	93.4	93.8	92.2	91.1	92.6	92.1	98.7	93.4	92.8	93.2	93.0	93.0	93.8	94.3
				England	85.9	85.9	86.5	86.3	86.2	86.6	85.9	85.5		85.0	85.3	85.1	85.3	84.9	85.5	85.7	85.6	85.4	85.4	85.1
5y Hib/MenC %	90	95	< 90 90 - 95 ≥ 95	Leicestershire	96.4	97.2	97.4	96.2	96.2	95.5	95.8	96.4	96.4	96.7	96.2	95.5	96.5	96.0	95.9	96.1	95.9	95.9	96.2	96.5
				England	92.6	92.9	92.7	92.8	93.0	93.1	92.8	92.7		92.7	92.6	92.7	92.6	92.6	92.8	92.8	92.9	92.7	92.6	92.5

Cohort	Indicator	Lower threshold[1]	Standard[2]	Key	Geography	2021/22 Q1	2021/22 Q2	2021/22 Q3	2021/22 Q4	2022/23 Q1	2022/23 Q2	2022/23 Q3	2022/23 Q4	2023/24 Q1	2023/24 Q2	2023/24 Q3	2023/24 Q4	2024/2025 Q1	2024/2025 Q2
12 months	12m Denominator	N/A	N/A	N/A	Leicestershire	1,614	1,723	1,554	1,634	1,639	1,786	1,781	1,692	1,608	1,730	1,663	1,627	1586	1,660
					England	146,059	151,502	145,098	140,604	147,953	158,919	154,232	142,761	144,242	151,101	147,302	138,882	141,199	146,046
	12m DTaP/IPV/Hib %[4]	90	95	<90 90 - 95 ≥95	Leicestershire	96.0	95.9	96.5	95.5	96.2	96.2	96.5	95.9	94.9	94.0	95.6	94.8	95.4	94.4
					England	91.5	91.3	92.0	91.9	92.0	92.1	91.9	91.6	91.5	91.3	91.3	91.1	91.0	90.7
	12m PCV1 %	90	95	<90 90 - 95 ≥95	Leicestershire	97.4	97.1	97.3	97.0	97.7	97.1	97.4	96.9	96.5	95.7	97.0	95.9	96.6	95.7
					England	93.7	93.3	94.1	94.1	94.0	94.1	94.0	93.6	93.6	93.4	93.5	93.2	93.1	92.8
	12m PCV2 %	90	95	<90 90 - 95 ≥95	Leicestershire														
					England														
	12m Rota %	90	95	<90 90 - 95 ≥95	Leicestershire	94.5	94.3	94.7	94.6	94.8	93.4	96.6	93.7	92.5	91.7	93.3	93.0	92.7	92.7
					England	90.2	89.2	90.4	90.5	89.3	89.0	89.3	89.0	88.7	88.2	88.9	89.2	88.8	88.0
	12m MenB %	90	95	<90 90 - 95 ≥95	Leicestershire	96.2	96.1	96.5	95.3	96.1	96.0	96.1	95.7	94.9	94.0	95.5	94.8	95.3	94.5
					England	91.7	91.5	92.0	92.0	91.8	91.9	91.6	91.2	91.2	91.0	91.2	90.9	90.9	90.6
24 months	24m Denominator	N/A	N/A	N/A	Leicestershire	1,695	1,851	1,745	1,655	1,681	1,766	1,613	1,694	1,692	1,880	1,833	1,740	1,653	1,755
					England	153,721	160,838	153,378	147,510	149,055	154,388	149,108	144,469	151,846	163,654	157,650	145,584	147,569	154,848
	24m DTaP/IPV/Hib/HepB3 %	90	95	<90 90 - 95 ≥95	Leicestershire	97.1	96.5	96.8	96.5	96.5	96.3	96.3	95.8	96.5	96.6	96.9	96.6	96.1	95.6
					England	93.8	93.4	93.0	93.0	92.9	92.9	93.0	93.0	92.8	92.9	92.8	92.5	92.5	92.1
	24m PCV Booster %	90	95	<90 90 - 95 ≥95	Leicestershire	96.0	95.1	95.0	94.6	95.4	94.7	94.5	95.0	95.2	95.0	94.5	94.4	94.3	92.8
					England	88.9	88.3	88.3	89.1	89.3	89.4	88.5	89.3	89.0	88.8	88.2	88.1	88.4	88.0
	24m Hib/MenC %	90	95	<90 90 - 95 ≥95	Leicestershire	96.0	95.1	94.9	94.9	95.8	94.6	95.0	95.1	95.6	95.3	94.8	94.6	94.6	93.4
					England	89.2	89.0	89.1	89.7	89.6	89.5	88.9	89.2	89.5	89.2	88.7	88.7	89.1	88.7
	24m MMR1 %	90	95	<90 90 - 95 ≥95	Leicestershire	96.0	94.8	94.7	94.7	95.5	94.7	95.0	95.1	95.7	95.1	94.4	94.8	94.6	93.4
					England	89.0	88.6	88.9	89.7	89.7	89.7	89.0	89.5	89.5	89.4	88.6	88.7	89.2	88.8
	24m MenB booster %	90	95	<90 90 - 95 ≥95	Leicestershire	95.1	94.9	94.8	93.8	94.8	94.3	94.0	94.0	94.7	94.6	93.9	93.7	93.6	92.4
					England	88.5	88.1	88.1	88.6	88.5	88.6	87.8	88.4	88.1	88.0	87.3	87.3	87.8	87.3
5 years	5y Denominator	N/A	N/A	N/A	Leicestershire	2,031	1,902	1,924	1,828	1,822	2,052	1,986	1,788	1,960	2,041	1,910	1,794	1,865	1,969
					England	171,806	178,424	169,957	162,668	168,324	175,293	170,920	160,488	166,198	172,370	167,726	158,469	164,172	173,006
	5y DTaP/IPV/Hib/HepB3 %	90	95	<90 90 - 95 ≥95	Leicestershire	97.9	97.7	97.5	97.9	98.2	96.2	97.1	96.8	96.8	96.1	96.8	96.5	97.5	97.2
					England	95.1	94.6	94.6	94.5	94.0	93.5	93.5	93.3	93.1	92.8	93.0	93.0	92.8	92.6
	5y MMR1 %	90	95	<90 90 - 95 ≥95	Leicestershire	97.5	97.2	96.6	97.4	97.6	96.7	97.5	97.0	97.5	96.3	97.1	97.1	97.2	96.3
					England	94.1	93.7	93.5	93.5	92.9	92.9	92.9	92.7	92.5	92.3	92.3	92.1	91.7	91.4
	5y MMR2 %	90	95	<90 90 - 95 ≥95	Leicestershire	95.2	93.8	93.5	94.5	95.9	91.6	92.2	92.3	91.8	91.1	92.5	91.9	92.4	91.0
					England	86.3	85.5	85.5	85.9	84.4	84.7	85.2	85.0	83.9	83.8	84.3	84.7	83.6	83.4
	5y DTaPIPV %	90	95	<90 90 - 95 ≥95	Leicestershire	93.9	93.1	92.6	92.1	94.0	90.0	89.9	91.3	89.6	89.2	90.7	90.9	91.1	88.4
					England	84.8	84.0	84.2	84.6	83.0	83.4	84.0	84.0	82.8	82.7	83.2	83.6	81.8	80.8
	5y Hib/MenC %	90	95	<90 90 - 95 ≥95	Leicestershire	95.9	95.9	95.1	95.5	91.7	95.1	95.9	94.4	95.1	94.2	94.5	94.4	93.6	92.9
					England	92.6	92.0	92.0	92.0	91.3	91.2	91.0	90.7	90.5	90.2	90.0	89.5	89.1	88.7


Trend in Childhood Immunisations for 12 month age cohort- Leicestershire
100.0
95.0
90.0
85.0
80.0
2016/17 Q1
2016/17 Q3
2017/18 Q1
2017/18 Q3
2018/19 Q1
2018/19 Q3
2019/20 Q1
2019/20 Q3
2020/21 Q1
2020/21 Q3
2021/22 Q1
2021/22 Q3
2022/23 Q1
2022/23 Q3
2023/24 Q1
2023/24 Q3
2024/2025 Q1
12m DTaP/IPV/Hib % 4
12m PCV1 %
12m PCV2 %
12m Rota %
12m MenB %


Trend in Childhood Immunisations for 24 month age cohort - Leicestershire
100.0
95.0
90.0
85.0
80.0
75.0
2016/17 Q1
2016/17 Q3
2017/18 Q1
2017/18 Q3
2018/19 Q1
2018/19 Q3
2019/20 Q1
2019/20 Q3
2020/21 Q1
2020/21 Q3
2021/22 Q1
2021/22 Q3
2022/23 Q1
2022/23 Q3
2023/24 Q1
2023/24 Q3
2024/2025 Q1
24m DTaP/IPV/Hib/HepB3 %
24m PCV Booster %
24m Hib/MenC %
24m MMR1 %
24m MenB booster %

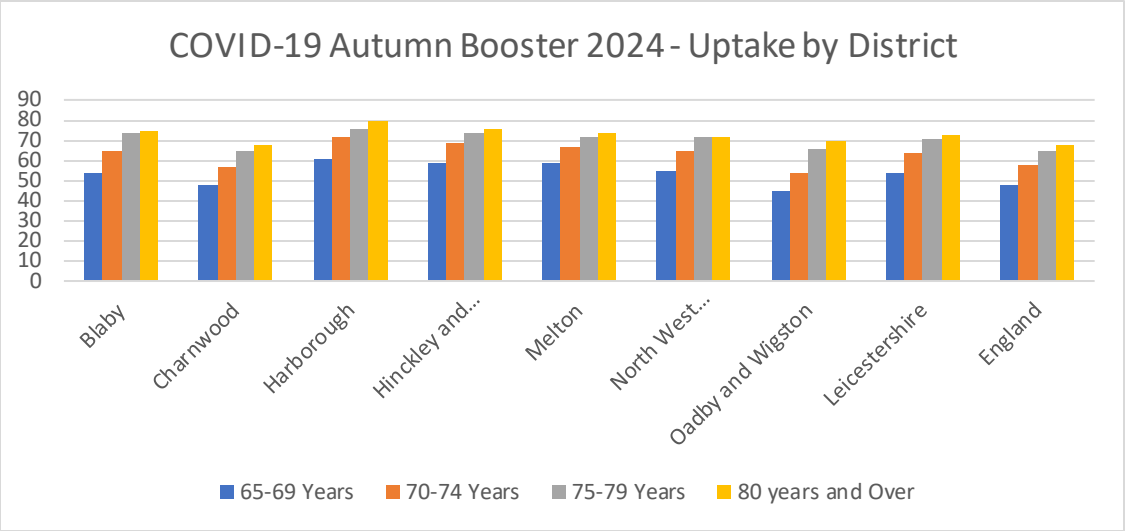

Trend in Childhood Immunisations for 5 years age cohort- Leicestershire
100.0
95.0
90.0
85.0
80.0
2016/17 Q1
2016/17 Q3
2017/18 Q1
2017/18 Q3
2018/19 Q1
2018/19 Q3
2019/20 Q1
2019/20 Q3
2020/21 Q1
2020/21 Q3
2021/22 Q1
2021/22 Q3
2022/23 Q1
2022/23 Q3
2023/24 Q1
2023/24 Q3
2024/2025 Q1
5y DTaP/IPV/Hib/HepB3 %
5y MMR1 %
5y MMR2 %
5y DTaPIPV %
5y Hib/MenC %

BCG Vaccine Coverage

	Number of children who reached 3 months in reporting quarter	Coverage at 3 months BCG (%)	Number of children who reached 12 months in reporting quarter	Coverage at 12 months BCG (%)
April-June 2024	318	82.7	275	83.6
July- Sept 2024	353	81.6	281	85.1

Source: LA Assurance Report

COVID-19 Autumn Booster Uptake



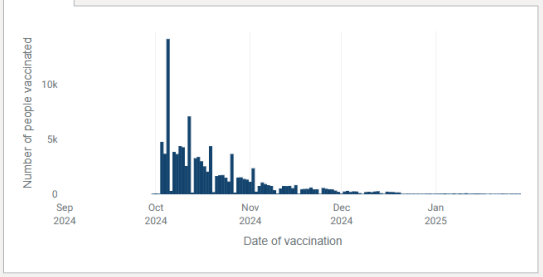
Vaccinations

People aged 65 and over who have had autumn booster vaccinations, by vaccination date (Leicestershire)

The number of people aged 65 and over who have had an autumn booster COVID-19 vaccination. Data is shown by date of vaccination.

Up to and including 29 Jan 2025

Chart | Tabular data | Download

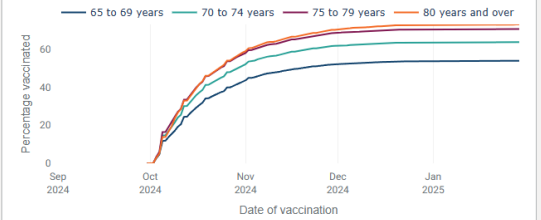


Autumn booster vaccination uptake (65+), by vaccination date (Leicestershire)

The percentage of people aged 65 and over who have had an autumn booster COVID-19 vaccination.

Up to and including 29 Jan 2025

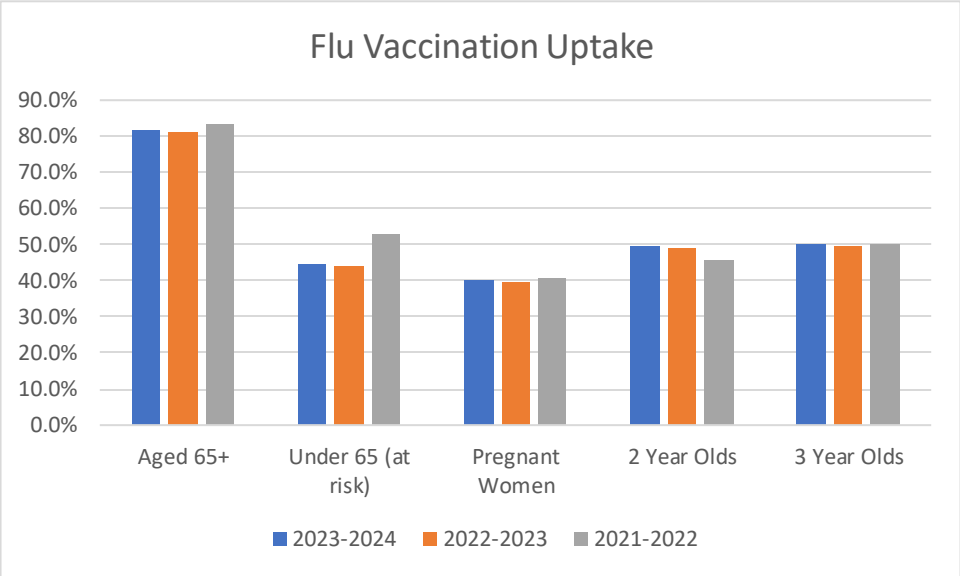
Chart | Tabular data | Download



COVID-19 Autumn Booster 2024 uptake	
Age Group	**Uptake (%)**
65-69 Years	**53.9**
70-74 Years	**63.7**
75-79 Years	**70.6**
80 Years +	**73**

Flu vaccination uptake September 2023- February 2024

Local Authority	65 and over (%)	Under 65 (at risk)	All pregnant women	All 2-year-olds %	All 3-year-olds %
Leicestershire & Rutland (2023-24)	81.5	44.4	40.4	49.6	50.0
Leicestershire & Rutland (2022-2023)	81.2	44.0	39.8	49.2	49.5
Leicestershire & Rutland (2021-2022)	83.6	53.2	40.8	45.9	50.2
England (2023-24)	77.8	41.4	32.1	44.1	44.6
Target	75	55	55	48	48

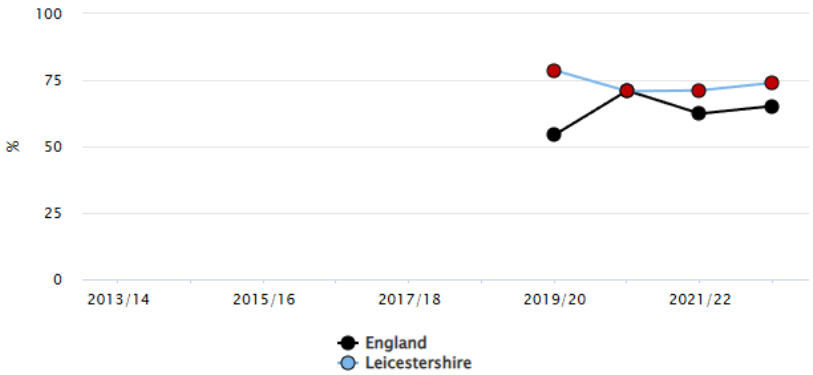


Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Male)

Proportion - %

Show confidence intervals Show 99.8% CI values

▶ More options



Recent trend: Could not be calculated

Benchmarking against goal: <80% | 80% to 90% | ≥90%

Period		Leicestershire Count	Value	95% Lower CI	95% Upper CI	England
2019/20	🔴	3,585	78.7%	77.4%	79.8%	54.4%
2020/21	🔴	3,225	70.8%	69.4%	72.1%	71.0%
2021/22	🔴	3,200	71.1%	69.8%	72.4%	62.4%
2022/23	🔴	3,370	74.0%	72.7%	75.2%	65.2%

Source: UK Health Security Agency

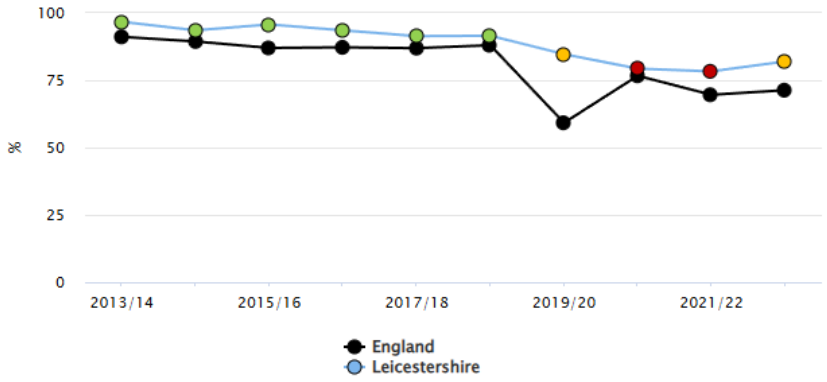
Indicator Definitions and Supporting Information

Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Female)

Proportion - %

Show confidence intervals Show 99.8% CI values

▶ More options



Recent trend: ↓ Decreasing & getting worse

Benchmarking against goal: <80% | 80% to 90% | ≥90%

Period		Leicestershire Count	Value	95% Lower CI	95% Upper CI	England
2013/14	🟢	3,510	96.7%	96.1%	97.2%	91.1%
2014/15	🟢	3,419	93.5%	92.7%	94.3%	89.4%
2015/16	🟢	3,426	95.7%	95.0%	96.3%	87.0%
2016/17	🟢	3,561	93.5%	92.7%	94.3%	87.2%
2017/18	🟢	3,584	91.4%	90.5%	92.2%	86.9%
2018/19	🟢	3,734	91.5%	90.6%	92.3%	88.0%
2019/20	🟡	3,440	84.7%	83.6%	85.8%	59.2%
2020/21	🔴	3,219	79.3%	78.0%	80.5%	76.7%
2021/22	🔴	3,170	78.3%	77.0%	79.5%	69.6%
2022/23	🟡	3,487	82.0%	80.8%	83.1%	71.3%

Source: UK Health Security Agency

Appendix 4-
Screening uptake

Indicator	Period	Leics			England			
		Recent Trend	Count	Value	Value	Worst	Range	Best
Cancer screening coverage: breast cancer New data	2024	→	63,512	72.9%*	69.9%*	45.8%		80.7%
Cancer screening coverage: bowel cancer New data	2024	↑	95,962	75.0%*	71.8%*	52.4%		80.3%
Cancer screening coverage: cervical cancer (aged 25 to 49 years old) New data	2024	↓	86,483	72.6%*	66.1%*	43.4%		77.3%
Cancer screening coverage: cervical cancer (aged 50 to 64 years old) New data	2024	↓	54,247	77.9%*	74.3%*	55.3%		83.1%

Appendix 5 – Sexual Health Key Indicators for Leicestershire

Sexual Health Key Indicators Leicestershire	Indicator	Time period	Recent Trend	Benchmark	Leicestershire Value	England Value	East Mids. Value
	Syphilis diagnostic rate per 100,000	2023	→		5.7	16.7	7.5
	Gonorrhoea diagnostic rate per 100,000	2023	↑		97	149	103
	Chlamydia detection rate per 100,00- females 15-24	2023	→	<2,400 2,400 to 3,250 ≥3,250	1,992	1,962	2,271
	Chlamydia proportion in females 15-24 screened	2023	-		20.9%	20.4%	22.7%
	New STI diagnoses (excluding chlamydia under 25) per 100,000	2023	→		304	520	356
	HIV testing rate per 100,000 population	2023	↑		2,214.1	2,770.7	1,870.8
	HIV late diagnosis in people first diagnosed with HIV in the UK	2021-2023	-	<25% 25% to 50% ≥50%	60.9	43.5	47.5
	New HIV diagnosis rate per 100,000	2023	→		6.8	10.4	11.4
	HIV diagnosed prevalence rate per 1,000 aged 15-59	2023	→	<2 2 to 5 ≥5	1.17	2.40	1.85
	HPV Vaccination Coverage for one dose (12-13 year old)	2022/23	↓	<80%,80%-90%≥90%	82.0	71.3	70.7
	Under 25's repeat abortions(%)	2021	→		27.8	29.7	27.5
	Abortions under 10 weeks (%)	2021	↑		88.6	88.6	87.7
	Total prescribed LARC excluding injections rate/1,000	2023	→		42.5	43.5	45.7
	Under 18s Conception rate /1,000	2021	→		10.7	13.1	13.2
	Under 18's conceptions leading to abortion (5)	2021	→		54.5	53.4	46.2
	Violent crime – sexual offences per 1,000	2022/23	↑		2.9	3.0	3.2

Appendix 6 – Healthcare Associated Infections 2024

Organism	Total Infections for Leicestershire County (including Community-Associated).	Healthcare Associated Infections for Leicestershire County
Clostridioides difficile	292	171
MRSA	9	4
MSSA	122	41
E. coli	424	148
Klebsiella spp	152	65
Pseudomonas aeruginosa	57	34