Agenda Item 13

Leicestershire County Council

HEALTH AND WELLBEING BOARD: 15 JUNE 2026

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

LEICESTERSHIRE HEALTH PROTECTION ANNUAL REPORT 2025

Purpose of report

1. This report provides an overview of health protection activity in Leicestershire from January to December 2025. It covers system performance, significant incidents, emerging risks and areas requiring ongoing assurance. This report supports the statutory duties of the Director of Public health and aligns with local and national health protection priorities.

2. A comprehensive report, including appendices and supporting data, is provided in Appendix 1.

Recommendations

3. The Health and Wellbeing Board is recommended to:
   (a) Note the annual Health Protection Report 2025;
   (b) In noting the report, recognise the key health protection issues that have arisen locally, the actions taken in response and the main areas of focus for 2026.

Policy Framework and Previous Decision

4. This report supports the statutory duties of the Director of Public Health and aligns with local and national health protection strategies. It builds on previous annual reports and reflects current health protection priorities.

Background

5. The report summarises key health protection domains including infectious disease control, immunisation, screening, sexual health, tuberculosis (TB), healthcare-associated infections (HCAIs), emergency planning (EPRR), and air quality. It highlights successes such as improved flu vaccine uptake and challenges like rising gonorrhoea rates and TB concerns. The report also outlines preparedness for emerging threats and system changes.

Health Protection Overview

Outbreaks and communicable disease

6. **COVID-19:** Activity in Leicestershire remained low for much of 2025, with a small autumn wave from late August peaking in early October. Continued surveillance, infection prevention in higher-risk settings and booster uptake in eligible cohorts remain important.
7. **Measles:** National activity reduced compared to 2024. Locally, Leicestershire recorded fewer than 10 confirmed cases (suppressed in national UTLA breakdowns under disclosure control), with enhanced surveillance and outbreak control measures in place as required.
8. **Mpox:** UKHSA reporting identified clade 1b cases in the UK, with ongoing consideration of importation risk considerations. Locally, preparedness measures include action cards, pathways and access to vaccination when required.
9. **Pertussis:** Following the increased number of cases in 2024, 2025 activity was described as substantially lower. Local assurance highlights ongoing focus on maternal vaccination and timely infant immunisation.

Immunisation

10. Overall, **childhood immunisation** coverage in Leicestershire remains above the England average, though the report notes a continuing downward trend and a need to reduce variation and inequalities in uptake.
11. The **human papillomavirus (HPV) programme** continues as a single-dose programme with coverage remaining lower than pre-pandemic levels.
12. **Seasonal flu** vaccination coverage is stronger in older adults (65+) compared to the under-65 clinical risk cohort and pregnant women.
13. The **RSV** vaccination programme, introduced in September 2024, requires improvement in the maternal cohort, with a system objective to increase uptake to 60% through tailored outreach.

Screening Programmes

14. Uptake of **breast** and **bowel** screening show improving coverage over time, consistent with recovery efforts. **Cervical** screening is trending downward across age bands. **Newborn indicators** show no significant change.
15. The reports highlights planned national policy direction to delegate vaccination and screening commissioning responsibilities to ICBs alongside legislative changes, requiring clear governance and strong intelligence to avoid widening inequalities.

Sexual Health

16. The diagnostic and detection rates for key indicators are listed in the appendix. Leicestershire County Council commissions the integrated sexual health services (ISHS) to detect, prevent and treat sexually transmitted infections (STIs). A new integrated provider commenced delivery from 1 April 2025 with a hub model and intentions to expand sessional access in additional local venues.

17. Leicestershire rates are lower than England for **syphilis** (6.7 vs 16.5 per 100,000) and **gonorrhoea** (57 vs 124 per 100,000), while **chlamydia screening** in females aged 15–24 is 17.9% (England 18.0%). **HIV late diagnosis** is high (63.3% vs England 43.3%, 2022–2024), supporting a continued focus on increasing testing and earlier diagnosis.

Tuberculosis (TB)

18. TB remains an important health protection issue. The TB burden is unevenly distributed locally, with Leicestershire generally below the England average. TB can be associated with deprivation and inclusion health factors. Services are delivered via a multidisciplinary pathway hosted by University Hospitals of Leicester.

19. Priorities for 2026 include earlier recognition and referral, timely latent TB infection (LTBI) assessment and treatment for eligible cohorts, and targeted approaches for higher-risk groups.

Healthcare Associated Infections

20. Although local thresholds were breached for some organisms in 2024/25, LLR as a system was not considered an outlier overall against national/ peer comparisons. Overall MRSA and MSSA was rated green, although some sub-measures remained red and require continued attention.

21. System IPC teams monitored infection rates, investigated incidents and outbreaks, and shared learning across partners. An LLR outbreak framework is being developed to strengthen system assurance and clarify response arrangements.

Emergency Planning and Response (EPRR)

22. As a Category 1 responder, the Council's duties and partnership arrangements are coordinated through the Local Resilience Forum (LRF) and Local Health Resilience Partnership (LHRP). System partners participated in multiple pandemic preparedness exercises during 2025.

Air Quality

23. Poor air quality is a major environmental risk to health, with impacts across the life course and inequalities in exposure and harm. The report references the local Air Quality and Health Needs Assessment (2024) and the Partnership action plan (2024-28), including a focus on planning/ urban design, travel choices and improving information for the public and stakeholders.

Priorities for 2026

24. The priorities for 2026 include:

(a) Maintain and improve progress on key immunisation programmes by addressing declining trends and inequalities, sustaining delivery for children and improving uptake in under-65 risk groups and pregnant women.

(b) Improve maternal RSV uptake through targeted outreach.

(c) Maintain focus on cervical screening decline and equitable access across screening programmes, alongside readiness for system commissioning changes.

(d) Strengthen HIV testing and support earlier diagnosis.

(e) Continue targeted TB approaches including earlier recognition/ referral and LTBI pathways for eligible cohorts

(f) Maintain preparedness capabilities and embed learning from exercises, and continue partnership working through the LRF and LHRP.

(g) Continue to implement the air quality action plan and improve public-facing information and cross-system accountability.

Consultation/Patient and Public Involvement

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

Resource Implications

26. The activities outlined are funded through existing public health budgets. The local authority does not commission the majority of services described within the report, but the Director of Public Health should be assured that arrangements are appropriate for the population of Leicestershire.

Background papers

- Leicestershire Health Protection Report – Annual Report 2024

List of Appendices

Appendix 1- Leicestershire Health Protection Annual Assurance Report 2025

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Relevant Impact Assessments

27. 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

28. 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.

29. There are no human rights implications arising from this report.

Environmental Implications

30. Air quality is an important element within the Leicestershire Environment Strategy.

Partnership Working and Associated Issues

31. Partnership working across health, local authorities and emergency services is essential to ensure robust health protection and emergency planning arrangements are in place.

Appendix 1

Leicestershire Health Protection Annual Assurance Report

January 2025- December 2025

Health and Wellbeing Board

June 2026

Report of the Director of Public Health

Purpose of the report

1. The purpose of this report is to provide a summary of the assurance functions of the Leicester, Leicestershire, and Rutland (LLR) Health Protection Board. It also updates the Health and Wellbeing Board on health protection performance, key incidents and risks and other significant matters.

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.
   - Great communities: Communities are prepared for and resilient to emergencies.

Recommendations

5. It is recommended that:
   a. The Health Protection Annual Report 2025 be noted.
   b. In noting the report, the Health and Wellbeing Board recognise the specific health protection issues that have arisen locally, the steps taken to deal with them, and the areas of focus for the coming year.

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 his 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. The former Public Health England organisation was abolished in 2022 and a new organisation, the United Kingdom Health Security Agency (UKHSA), established.

   The key strands of health protection activity are:

   i. Outbreaks and communicable disease (including COVID-19)
   ii. Screening Programmes
   iii. Immunisation Programmes
   iv. Healthcare associated infections
   v. 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. An overview of COVID-19 cases recorded in 2025 is shown in Appendix 1. COVID-19 activity in Leicestershire during 2025 remained low for much of the year, with daily case counts and rolling average rates fluctuating at minimal levels through winter and spring. From late August, a small Autumn wave was observed, peaking in early October. This pattern reflects seasonal transmission dynamics and waning immunity. Whilst absolute numbers were modest compared to previous years, ongoing transmission highlights the importance of autumn booster uptake (for those who remain eligible), infection prevention in high-risk settings, and ongoing surveillance.

16. A Spring COVID-19 vaccination programme has been confirmed for 2026. Vaccination should begin from 13 April 2026 and end on 30 June 2026 for adults aged 75 and over, residents in care homes for older adults, and immunosuppressed individuals (aged 6 months and over). Care home residents and eligible housebound patients should be prioritised.

Measles

17. From 1 January to 31 December 2025 there were 959 laboratory-confirmed measles cases in England. 51% were in London, 14% in the North West and 8% each in the East of England and West Midlands; 68% of cases were in children aged 10 years and under.

18. In accordance with UK Health Security Agency (UKHSA) disclosure control protocols, counts for upper-tier local authorities with fewer than 10 confirmed measles cases are suppressed in national publications to safeguard individual confidentiality. For the reporting period, Leicestershire recorded fewer than 10 confirmed cases and therefore does not appear in the published UTLA breakdown. These cases would be included within the East Midlands regional total. Despite the low incidence across Leicestershire, local health protection teams maintained enhanced surveillance and implemented proactive vaccination and outbreak control measures as necessary to minimise transmission risk and protect population health[1].

Mpox

[1] For further details, see UKHSA guidance: Confirmed cases of measles in England by month, age, region and upper-tier local authority.

19. UKHSA's epidemiological overview[2] confirms that the UK has reported 19 clade Ib mpox cases (17 England, 1 Scotland, 1 Wales), with most cases linked directly or indirectly to travel, and importation risk now assessed as high given emerging transmission outside Africa in specific GBMSM networks; at the same time, the UK risk of onward transmission remains low to medium, supported by vaccination in at-risk groups.

20. Preparedness measures are in place in Leicestershire: action cards have been shared with system partners, clinical pathways and incident triggers are in place, and vaccination supply is available should escalation be required. In line with UKHSA guidance, sexual health services continue routine pre-exposure vaccination for eligible GBMSM and offer post-exposure vaccination to indicated contacts, with two doses providing high levels of protection.

Pertussis

21. Pertussis is a cyclical disease, peaking every 3-5 years. 2024 was considered a peak year with 11 reported deaths in infants who developed pertussis in England. In 2025, pertussis activity remained substantially lower than the 2024 peak at a national level, with UKHSA reporting 169 laboratory-confirmed cases in England from April to June 2025. In Leicestershire, the system continued to emphasise prevention of severe disease in infants, particularly through maternal vaccination and timely infant immunisation. Local immunisation assurance reporting indicates that maternal pertussis uptake remains above the Section 7A 'optimal performance' standard (60%), while system partners continue work to improve uptake and reduce variation across settings and populations. There are limitations to available data due to coding and maternal records.

22. Taken together, these indicators suggest that Leicestershire entered 2026 with no sustained large-scale communicable disease incident, but with continued need for vigilance, particularly where national epidemiology indicates persistent or re-emerging risk. Assurance remains dependent on timely surveillance, vaccine uptake, outbreak readiness and effective cross-system coordination

[2] https://www.gov.uk/government/publications/monkeypox-outbreak-epidemiological-overview/mpox-outbreak-epidemiological-overview-11-december-2025

Immunisation and Screening

Organisational Roles/ Responsibilities

23. Integrated Care Boards (ICBs) were legally and operationally established on 1 July 2022. Under the Section 7A NHS public health functions framework, commissioning responsibility for national immunisation programmes, national population screening programmes and Child Health Information Services (CHIS) remained with NHS England in 2025/26. NHS England regional teams began closer working arrangements with ICBs from April 2025 to support readiness and joint ways of working. Nationally, subsequent policy statements indicate that transfer of commissioning responsibility for vaccination and screening services is now proposed to take place alongside legislative changes in April 2027, with ICBs expected to take a more central role in shaping these services during 2026/27 through closer collaboration with NHS England. Sector guidance highlights that successful transfer will depend on addressing declining and variable uptake through stronger national prioritisation, more effective contractual arrangements, sustainable funding, and improved data availability and sharing to support targeted local delivery.

24. JCVI and the UK National Screening Committee are expert advisory bodies that advise UK ministers and the NHS on vaccination and screening respectively. UKHSA supports implementation through authoritative clinical guidance and through vaccine system functions including publishing the routine immunisation schedule and supporting vaccine procurement/ supply.

25. Local authorities, through the Director of Public Health, require assurance that screening and immunisation services operate safely and maximise coverage and uptake, including providing public health advice locally and supporting collaborative activity to improve uptake and reduce inequalities.

Immunisation

26. The national routine immunisation schedule is published and regularly updated by the UK Health Security Agency (UKHSA) (see Appendix 3). In Leicestershire, routine pre-school vaccinations are delivered through local GP practices, and the school-age vaccination programme is delivered by the School Aged Immunisation Service (SAIS) commissioned by NHS England. SAIS works with schools to arrange clinics and ensure all eligible children are offered the scheduled vaccines, including opportunities to catch up missed doses.

27. Childhood immunisation coverage in Leicestershire remains relatively high compared to England overall (see Appendix 4), helping to maintain population protection and reduce susceptibility to vaccine-preventable disease outbreaks. Some published datasets combine Leicestershire and Rutland for disclosure control; where this occurs it is stated explicitly. Where national datasets are published on financial-year or quarterly cycles, the latest available publication is used; this may include early 2025/26 releases where these were the most recent at the time of writing.

28. National data show a sustained decline in routine childhood immunisation uptake since 2019. Leicestershire has followed this trend, although coverage remains above the England average in the latest available reporting (Appendix 4). Work continues

with system partners to support timely vaccination and reduce inequalities in uptake.

29. The LLR Immunisation Board (established in 2024) brings together system partners to oversee delivery of the local vaccination strategy and provide an outcome-focused approach aimed at reducing vaccine-preventable morbidity and mortality. The Board also supports system governance and preparedness for the future transfer of vaccination commissioning responsibilities to the ICB.

Childhood Immunisations

30. Numbers for Rutland are combined with and reported as Leicestershire. Routine childhood immunisation coverage at 12 months remains relatively high in Leicestershire compared with England overall, supporting population protection and reducing susceptibility to outbreaks of vaccine-preventable diseases (Appendix 4). Nationally, routine vaccination uptake has declined since 2019 and Leicestershire has followed this trend; however, coverage remains above the national average in the most recent reporting.

31. At 24 months, Leicestershire continues to report strong coverage relative to England (Appendix 4), but maintaining high uptake remains important given wider declines in routine immunisation.

32. Coverage at 5 years remains a key assurance point as it reflects completion of the pre-school programme and catch-up before school entry. Local analysis indicates that while Leicestershire has remained above national and regional averages for a key 5-year booster measure (89.8% in 2022/23), this has trended downwards in recent years, consistent with national patterns and indicating persistent pockets of under-coverage.

Human Papillomavirus (HPV)

33. HPV vaccination is a key cancer-prevention intervention delivered primarily through the school-age immunisation programme. The programme moved from a two-dose schedule to a single-dose offer from 1 September 2023 for eligible adolescents and men who have sex with men aged under 25 years, in line with JCVI advice. National HPV coverage data for England is published annually enabling benchmarking across areas and year groups.

34. Fingertips population coverage data show that HPV one-dose coverage in Leicestershire for 12-13-year-olds has remained below pre-pandemic levels, with recent years showing no significant improvement. Male one-dose coverage was at 73.4% and female one-dose coverage at 80.9% (2023/24).

Seasonal Flu

35. Seasonal flu vaccine uptake in Leicestershire is reported as a combined Leicestershire & Rutland figure for disclosure control, so data within the appendix should be interpreted as a joint position rather than Leicestershire alone. Overall, the data shows stronger uptake in older adults (65+) compared with other cohorts, with lower uptake in under-65 clinical risk groups and pregnant women, and moderate

uptake in the early years (2-3-year-olds) and primary school-age children. The most recent published season shown indicates a reduction compared with the preceding year across several cohorts, though comparisons for adult cohorts should be made cautiously as eligibility start dates changed in 2024/25 (adults excluding pregnant women became eligible later than in previous seasons).

RSV

36. A national RSV vaccination programme commenced in September 2024, offering vaccination to pregnant women to protect newborn babies and to older adults aged 75 years (including a one-off catch-up offer for those aged 75-79), reflecting the higher risk of severe RSV disease in these cohorts. In Leicester, Leicestershire and Rutland (LLR), the older adult offer is delivered primarily through primary care and the maternal offer is delivered through University Hospitals of Leicester (UHL).

37. Local programme monitoring indicates that maternal RSV uptake across LLR requires ongoing work to target improvement activity to increase coverage. A system-wide improvement approach has focussed on addressing access barriers through tailored outreach to eligible unvaccinated pregnant women, with an explicit objective to increase maternal uptake to 60% over the winter. Detailed provider-level and operational uptake data are reviewed through internal system assurance reporting and are not published in this report.

Mpox and gonorrhoea

38. The Government has accepted JCVI advice for the NHS to implement: (i) a routine mpox pre-exposure vaccination programme and (ii) a routine opportunistic gonorrhoea vaccination programme, both delivered through sexual health services.

39. Providers were able to begin vaccinating from 1 August 2025. Eligibility is focused primarily on gay, bisexual and other men who have sex with men (GBMSM) at highest risk of exposure, with scope to vaccinate a small number of others with a similar incidence profile. Individuals should be identified via sexual health services using markers of high risk (e.g., recent multiple partners or recent bacterial STI). Full cohort details are set out in the Green Book chapters for mpox and gonorrhoea

Key issues for 2026 (Immunisation)

- Childhood immunisation coverage in Leicestershire remains above the England average overall but continues to show a downward trend, and local work needs to remain focused on reducing variation and improving equitable access.
- Challenges remain in under-65 clinical risk groups and pregnant women seasonal vaccinations, alongside the need to sustain delivery in children.
- The maternal RSV programme requires ongoing targeted work to increase coverage, with system improvement activity explicitly aiming to increase maternal uptake to 60% over winter through tailored outreach to eligible unvaccinated pregnant women
- HPV uptake remains below pre-pandemic levels and challenges remain to improve coverage in those eligible.

Screening

Overview

40. National population screening programmes are designed to identify disease or risk factors early so that timely intervention can reduce morbidity and mortality. In England, NHS population screening is delivered through established programmes with published standards and quality assurance arrangements, and performance is routinely reported through national screening publications.

41. The Director of Public Health has a statutory responsibility to seek assurance that arrangements are robust, safe and equitable, and that system partners are addressing variation and inequalities in access and outcomes. This assurance is supported through local governance, including regular updates and exception reporting to the Leicester, Leicestershire and Rutland (LLR) Health Protection Board and system screening governance arrangements.

42. The NHS population screening programmes delivered to eligible residents include: abdominal aortic aneurysm (AAA), breast, bowel cancer, cervical, diabetic eye screening, foetal anomaly screening, newborn blood spot, newborn and infant physical examination (NIPE), and newborn hearing screening.

43. The appendix summarises key coverage indicators and benchmarks them against the England average where available. Across the cancer screening programmes, breast screening and bowel screening are both showing an improving coverage over time, in line with recovery efforts seen nationally. Cervical screening is trending downward across both age bands (25-29 and 50-64).

44. The newborn indicators show no significant change.

45. As part of the cervical programme, an extended recall interval of 5 years has been implemented for eligible people aged 25-49 who test negative on a routine primary hrHPV test, in line with people aged 50-64.

Key issues and priorities for 2026 (Screening)

- Preparation for commissioning delegation: NHS England has set out proposals to delegate the significant majority of vaccination and screening commissioning responsibilities to Integrated Care Boards (ICBs), while retaining some functions for national consistency. This is a major system change requiring clear governance, defined quality assurance responsibilities, and strong population health intelligence to avoid widening inequalities.

- Maintaining focus on uptake and equitable access remains essential, including targeted approaches for underserved groups.

Sexual Health

46. Leicestershire County Council Public Health commissions integrated sexual health services (ISHS) to detect, prevent, and treat sexually transmitted infections (STIs) locally. ISHS offers thorough STI testing and several HIV testing options.

47. A new provider began delivery of the ISHS contract covering Leicestershire and Rutland from 1st April 2025. The focus continues to be on self-managed care while maintaining high standards in testing, results notification, and partner notification. Primary service delivery for Leicestershire will be based at the Loughborough Hub, with supplementary support provided by satellite spoke clinics throughout the county.

48. A separate online service commenced on 1 April 2025, offering a range of testing options for STIs and treatment for chlamydia. From June 2025, this service also commenced an online pre-exposure prophylaxis (PrEP) service providing an additional route of access to HIV prevention for those in need. Online service access has increased since the COVID-19 pandemic enabling our most rural areas to access services.

49. Post commissioning exercises there is a renewed focus on the Sexual Health Strategic Plan for Leicestershire and Rutland, supported by a newly formed Leicestershire and Rutland Sexual Health Steering Group. The strategic group comprises of Local Authority representatives, service providers and voluntary sector organisations established to:

    - champion the work of the sexual health system
    - align pathways across the system to ensure no wrong doors
    - set the strategic priorities to form a Sexual Health plan for L&R in line with the national strategy
    - review local data to inform programmes of work to support the Sexual Health plan
    - agree and monitor strategic priorities
    - co-ordinate transformation and link in with wider opportunities through other collaboratives

Key Issues for 2026 (Sexual Health)

Appendix 7 summarises key sexual and reproductive health indicators for Leicestershire.

- Monitor gonorrhoea diagnostic rates. Leicestershire still performs significantly better than England and the East Midlands for the gonorrhoea diagnostic rate per 100,000, and although there has been a dip in the rates (in line with national) there is an overall 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.

- A national benchmarking criterion for chlamydia detection exists:

The UK Health Security Agency (UKHSA) recommends that local authorities should be working towards achieving a detection rate of at least 3,250 per 100,000 female population aged 15 to 24, of 153 UTAs only 2 are achieving this figure a further 8 are benchmarked amber with 143 areas including England average marked as red and 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 years until 2024 there has been a continuous increase in Leicestershire's chlamydia detection rate and although 2024 is slightly lower this decrease has also been seen in the east midlands and nationally.

- While Leicestershire's Chlamydia screening proportion is not significantly different to the England average it is worse than the East Midlands average. However, all areas have seen a circa a 2% dip in these figures. Increase in screening offered required.
- Note increasing trend in New STI diagnoses – although we remain significantly better than England (and the East Midlands) for new STI diagnoses rates we are encouraging an increase in the STI testing rates and as such this may see diagnoses increase.
- Although Leicestershire remain significantly worse than England there is an increasing trend in the HIV testing rate per 100,000. In line with national trends GBMSM have the highest rates of testing, while heterosexual men and women remain far lower. In Leicestershire there has been year on year increases in the HIV testing rates across most age groups, but a downturn seen in 15-24 years bracket. Aiming to continue increasing trend and encourage increase in HIV testing across the board.
- Although HIV prevalence is low in Leicestershire HIV late diagnosis has been benchmarked above goal for the last two data collection periods. With highest late diagnosis rates in Heterosexual men and rising in heterosexual and bisexual women. This should be linked to increasing HIV testing coverage and promotion of testing in these groups.
- HPV Vaccination Coverage is benchmarked amber however Leicestershire has better proportion of vaccinations than England and East Midlands.
- Total prescribed LARC excluding injections rate/1,000 is not significantly different to England and notes and increasing positive trend.
- The Under 18s Conception rate /1,000 is not significantly different to England however numbers are increasing slightly – Focus on the Sexual Health system supported by strategic plan to ensure contraceptive services are accessible and youth friendly

Tuberculosis (TB)

50. Tuberculosis (TB) remains an important health protection issue because it is preventable and treatable, though it is strongly linked to deprivation and can involve complex clinical and social circumstances. In England, provisional data for 2025 indicates TB notifications were broadly stable compared with 2024, and TB remains more common in large urban areas and among populations experiencing disadvantage.

51. Variation across place: TB burden is not evenly distributed locally. Leicestershire generally experiences lower TB incidence than the England average, while Leicester City has substantially higher rates than England overall. TB is disproportionately associated with social determinants and inclusion health factors (for example, homelessness, substance use, contact with the criminal justice system, and insecure housing), and with some long-term conditions that increase risk of progression from latent infection to active disease.

52. TB services for Leicester, Leicestershire and Rutland are delivered via a comprehensive multidisciplinary service hosted by University Hospitals of Leicester, with respiratory care delivered at Glenfield and infectious diseases services at the Royal Infirmary. Targeted approaches for prevention are supported through national guidance (including TB diagnosis, screening and LTBI pathways) and local partnership working.

Key issues for 2026 (TB)

- Maintain a system focus on earlier TB recognition and referral, and timely LTBI assessment/treatment for eligible cohorts; strengthen primary–secondary communication to minimise avoidable delay.
- Continue targeted approaches for groups at higher risk of TB, including culturally appropriate engagement and strengthened partnership working to address wider determinants
- Use national and local communications resources (e.g., World TB Day messaging) to support symptom awareness and timely testing, particularly for groups at higher risk.

Healthcare Associated Infections

53. 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

54. 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.

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

56. 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 8 for information about Healthcare Associated Infections Incidence in LLR for January- December 2024.

57. Although Leicestershire County and Rutland breached their nationally set thresholds (2024-25) for E. coli, Klebsiella spp, Pseudomonas and MRSA, the following comparators highlight that the entire LLR system was green RAG rated against overall national and peer recommended system rates, for all alert organisms. As a system LLR was not considered an outlier for alert organism infection rates in 2024-25, when compared to national averages and other comparable systems with similar size and demographics.

- **Clostridioides difficile (C. diff):** Overall C. diff rates for LLR were green RAG rated in the 2nd best performing quartile.
    - Total Community-Onset Community-Associated rates (COCA), female COCA rates and female Healthcare-Onset Healthcare-Associated (HOHA) rates were **red** RAG rated in the 3rd quartile.
- **MRSA/ MSSA:** Overall LLR rate for MRSA bacteraemias was **green** RAG rated in the 1st quartile.
    - Overall rate for MSSA was **green** RAG rated in the 1st quartile (best performing).
- **E. coli:** Overall E. coli rates are **green** RAG rated in the 1st quartile.
    - Female Community-Onset Healthcare-Associated (COHA) rates were **red** RAG rated in the 3rd quartile.
- **Klebsiella spp:** Overall Klebsiella cases were **green** RAG rated in the 2nd best performing quartile.
    - Total COHA and female HOHA rates were **red** RAG rated in the 3rd quartile.

- Female COHA rates were **red** RAG rated in the 4th Quartile.

- **Pseudomonas aeruginosa:** Overall Pseudomonas rates in LLR are **green** RAG rated in the lowest quartile.
  - Total COHA rates were **red** RAG rated in the 3rd quartile.

58. LLR ICS Partner IPC Teams (including ICB, Trusts, Independent Providers and Local Authorities) monitored and reviewed local infection rates, investigated relevant infectious incidents and outbreaks and shared learning outcomes with relevant teams, providing local IPC support where required.

59. LLR ICS Partners attended regular system IPC meetings to share updates, review IPC practices and develop an aligned system response where possible. The LLR home-visiting service continued to support the urgent system response for local infectious outbreaks and incidents. The service continues to be reviewed and amended according to local clinical developments.

60. National, regional and local updates to IPC guidance, along with IPC toolkits and resources were cascaded to relevant health and social care providers by local IPC Teams

Key issues for 2026 (HCAI)

61. An LLR Outbreak Framework was developed by ICS Partners to support the local response to infectious outbreaks and incidents and is expected to be signed off for system assurance.

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

62. Emergency Preparedness, Resilience and Response (EPRR) describes the arrangements to prepare for, respond to and recover from events that threaten serious damage to human welfare, including communicable disease incidents and wider environmental public health hazards. As a Category 1 responder under the Civil Contingencies Act (2004), the local authority has civil protection duties including risk assessment, emergency planning, business continuity, arrangements to warn/inform/advice the public, and co-operation and information sharing with other responders.

63. Within the local health protection system, the Council's Public Health function supports the Director of Public Health (DPH) to obtain assurance that relevant partners hold appropriate plans and capabilities and that learning from incidents/exercises is embedded

64. The local authority continues to engage with the Local Resilience Forum (LRF) in its programme of exercising, incident response and organisational learning. The Local Health Resilience Partnership (LHRP) (co-chaired by the LLR ICB and local authority Public Health) provides a strategic forum for health organisations to coordinate preparedness and planning for health emergencies at system and LRF level, and supports NHS England, local government and UKHSA to ensure member organisations maintain effective health planning arrangements for major emergencies and incidents.

65. System partners participated in pandemic preparedness exercising through a number of exercises during 2025:

- Exercise Tangra – ICB led exercise aimed to test and improve the preparedness and response capabilities of organisations in the event of a pandemic. This was a mainly health focussed exercise mandated by NHS England (NHSE) and the Department of Health and Social Care (DHSC).

- Exercise Solaris – LRF led exercise to gain insights into how different sectors, especially local authorities, and voluntary and community sectors would coordinate a pandemic response. This was a pre-exercise for Exercise Pegasus.

- Exercise Pegasus – a national Tier 1 pandemic preparedness exercise. The UK Government committed to a National Exercising Programme to deliver annual national exercises on a range of risks to test real-world resilience. The aim was to test the UK's ability to respond to a pandemic arising from a novel infectious disease, involving all regions, bringing together the Cabinet and every UK government department. This was a multi-agency simulation involving NHS, local authority, emergency services and voluntary sector partners to test pandemic response protocols.

Key issues for 2026 (Emergency Planning)

- Maintain clear, shared understanding across partners of major incident response structures, activation triggers, and coordination arrangements; address causes of delay identified through exercises/incidents.
- Continue to review contingency plans as appropriate according to national and local guidance and ensure further testing response arrangements.

Air Quality

66. Poor air quality is the largest environmental risk to the public's health, impacting people at all stages of life[3]. It affects almost every organ in the body, reducing healthy years of life and causing premature death. The Chief Medical Officer report (2022)[4] identifies links between pollution exposure and a wide range of health impacts across the life course. Evidence shows that air pollution contributes to adverse birth outcomes, poor early lung and brain development, asthma, coronary heart disease, stroke, chronic obstructive pulmonary disease (COPD), lung cancer, diabetes, reduced cognitive performance and increased dementia risk in later life. Short-term elevations in air pollution (known as episodes) can also increase illness, hospital admissions and mortality within hours or even days of exposure[5].

67. The risk to health 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 and ethnicity, with a complex relationship by pollutant. Air pollutants have no safe level for health, so it is important that we try to improve the quality of our air. People are exposed to mixtures of both indoor and outdoor pollutants throughout their daily lives, with the COVID-19 pandemic spotlighting the importance of indoor environments on health and the crucial role of ventilation in creating healthy indoor air.

68. The outdoor Air Quality and Health Needs Assessment (2024) recommendations focus on key areas for action which include routinely influencing urban design and planning across Leicestershire to improve air quality, increasing travel choices across the county and improving air pollution and health information for the public and stakeholders.

69. The Health Needs Assessment objectives inform an 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 district councils (with the statutory duty for monitoring air quality) and several Leicestershire County Council representatives.

70. Relationships have been maintained this year with the LLR Children and Young People Respiratory Working Group, chaired by the Integrated Care Board and to the Leicestershire Housing Respiratory Illness Project, focusing on health needs assessment of damp and mould in the home.

Key Issues for 2026 (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

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[3] https://www.rcp.ac.uk/media/hvbeolvx/21072025-update-rcp-full-report-a-breath-of-fresh-air.pdf

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

[5] https://ukhsa.blog.gov.uk/2025/06/19/what-the-evidence-says-about-interventions-to-reduce-pollution-and-improve-lives/

certain pollutants. We have two district council air quality leads chairing two newly created subgroups of the Partnership. These new groups aim to increase focus on collective action and accountability against the Partnership action plan.

- Ensuring a strategic approach to identification of shared objectives and benefits that address various health and environmental aspects simultaneously. This is part of our Health in All Policies approach which will now be rolled out at a district level in 2026.
- Improving information to the public and key stakeholders on risk and personal impact on local air quality in a meaningful, easily accessible and understandable way, focusing on inequality groups. This is a key focus of one of the newly established subgroups and we will also link with academic partners and public representatives through our Health Determinants Research Collaboration to achieve this.

Appendix 1 – COVID-19 Cases

Covering Leicestershire 2025.

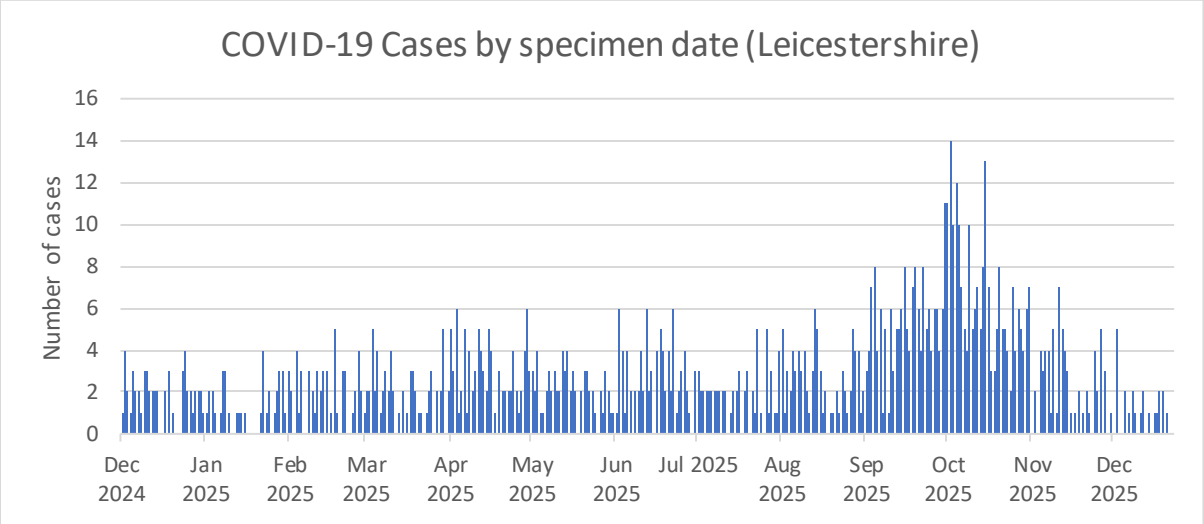

Figure 1- COVID-19 Cases in Leicestershire by Specimen Date. Source: https://ukhsa-dashboard.data.gov.uk/respiratory-viruses/covid-19?areaType=Upper+Tier+Local+Authority&areaName=Leicestershire

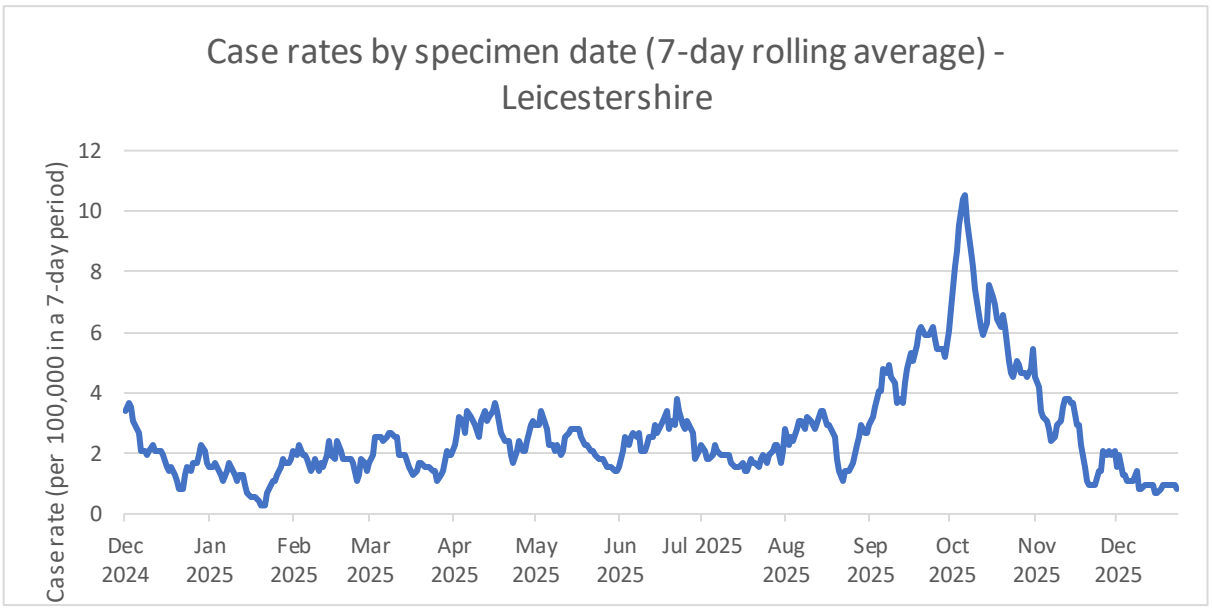

Figure 2- Case rates by specimen date (7 day rolling average) (Leicestershire). Source: https://ukhsa-dashboard.data.gov.uk/respiratory-viruses/covid-19?areaType=Upper+Tier+Local+Authority&areaName=Leicestershire

Appendix 2- Measles Cases

Measles cases - national

Figure 3 Source: https://ukhsa-dashboard.data.gov.uk/vaccine-preventable-diseases/measles

Appendix 3 - Immunisation Schedule 2025

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.

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NHS

Immunisation schedule 2026

UK Health Security Agency

The complete routine immunisation schedule

From 1 January 2026

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[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
	MenB		MenB	Bexsero	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
	Pneumococcal (13 serotypes)		PCV	Prevenar 13	Thigh
One year old (on or after the child's first birthday)	Pneumococcal MenB Measles, mumps, rubella, varicella		PCV MenB MMRV	Prevenar 13 Bexsero ProQuad or Priorix Tetra	Upper arm or thigh
Eighteen months old	**Born on or after 1 July 2024** Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B Measles, mumps, rubella, varicella	**Born on or before 30 June 2024** No appointment	DTaP/IPV/Hib/HepB MMRV	Infanrix hexa or Vaxelis ProQuad or Priorix Tetra	Upper arm or thigh
Three years four months old or soon after	**Born on or after 1 January 2025** Diphtheria, tetanus, pertussis and polio	**Born on or before 31 December 2024** Diphtheria, tetanus, pertussis and polio Measles, mumps, rubella, varicella	dTaP/IPV MMRV	REPEVAX ProQuad or Priorix Tetra	Upper arm
Boys and girls aged twelve to thirteen years	Cancers and genital warts caused by specific human papillomavirus (HPV) types		HPV	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
65 years old	Pneumococcal (23 or 20 serotypes)		Pneumococcal polysaccharide vaccine (PPV23) or Pneumococcal conjugate vaccine (PCV20) once PPV23 stock exhausted	Pneumovax 23 Prevenar 20	Upper arm
65 years of age and older	Influenza (each year from September)		Inactivated influenza vaccine	Multiple	Upper arm
Individuals turning 65 from 1 Sept each year (commencing 1 Sept 2023 onwards)	Shingles		Shingles vaccine	Shingrix	Upper arm
70 to 79 years of age (and those severely immunosuppressed over 18 years of age)	Shingles		Shingles vaccine	Shingrix	Upper arm
75 years of age	Respiratory syncytial virus (RSV)		RSV vaccine	Abrysvo	Upper arm

Eligible paediatric age group See annual flu letter at: www.gov.uk/government/collections/annual-flu-programme	Influenza (each year from September)	Live attenuated influenza vaccine (LAIV) • If LAIV is contraindicated or otherwise unsuitable use inactivated flu vaccine (check Green Book Chapter 19 for details)	Fluenz (Contains porcine gelatine)	Both nostrils

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.

For vaccine supply information for the routine immunisation schedule please visit portal.immform.ukhsa.gov.uk and check Vaccine Update for all other vaccine supply information: www.gov.uk/government/collections/vaccine-update

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NHS

Selective immunisation programmes

Target group	Age and schedule	Disease	Vaccines required
Babies born to women with hepatitis B infection[1,2]	At birth, four weeks • if born before 1 July 2024 give additional dose at one year[1]	Hepatitis B	Hepatitis B (Engerix B/HBvaxPRO)
Infants in areas of the country with TB incidence >= 40/100,000	Within 28 days of birth[4]	Tuberculosis	BCG
Infants with a parent or grandparent born in a high incidence country[3]	Within 28 days of birth[4]	Tuberculosis	BCG
Children in a clinical risk group	Age under 2 years • if first ever flu vaccine give second dose at 4 weeks	Influenza	Inactivated flu vaccine
	Aged 2-8 years • if first ever flu vaccine give second dose at 4 weeks		LAIV (Fluenz) • if LAIV contraindicated or otherwise unsuitable give inactivated flu
	Aged 9-17 years • only one dose required each flu season		LAIV (Fluenz) • if LAIV contraindicated or otherwise unsuitable give inactivated flu
Pregnant women	At any stage of pregnancy during flu season	Influenza	Inactivated flu vaccine
	From 16 weeks gestation[5]	Pertussis	Tdap (ADACEL) The vaccine given also provides protection against tetanus and diphtheria
	From 28 weeks gestation	RSV	RSV vaccine (Abrysvo)

1. Take blood for HBsAg on or after 12 months to exclude infection. For children born on or after 1 July 2024, test anytime between 12 and 18 months.
2. In addition hexavalent vaccine (Infanrix hexa or Vaxelis) is given at 8, 12 and 16 weeks and, for children born on or after 1 July 2024, also at 18 months.
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.
5. Ideally before 32 weeks gestation but may still be given after 32 weeks.

Additional vaccines for individuals with underlying medical conditions

Medical condition (see Green Book for full details)	Diseases protected against	Vaccines required[1]
Asplenia or splenic dysfunction (this also includes individuals with coeliac disease who are diagnosed with splenic dysfunction and all haemoglobinopathies including homozygous sickle cell disease)	Meningococcal groups A, B, C, W and Y Pneumococcal Influenza	MenACWY MenB PCV13 (PCV20 once available) (up to 2 years of age)[2] PPV23 (PCV20 once PPV23 stocks exhausted) (from 2 years of age)[2] Annual flu vaccine
Complement disorders (including those receiving complement inhibitor therapy)		
Cochlear implants	Pneumococcal	PCV13 (up to 2 years of age)[2] PPV23 (PCV20 once PPV23 stocks exhausted) (from 2 years of age)[2]
Chronic respiratory and heart conditions (such as severe asthma, chronic pulmonary disease, and heart failure)	Pneumococcal Influenza	PCV13 (up to 2 years of age)[2] PPV23 (PCV20 once PPV23 stocks exhausted) (from 2 years of age)[2]
Chronic neurological conditions	Pneumococcal (only if the individual is also at increased risk of aspiration) Influenza	PCV13 (up to 2 years of age)[2] PPV23 (PCV20 once PPV23 stocks exhausted) (from 2 years of age)[2] Annual flu vaccine
Diabetes	Pneumococcal Influenza	PCV13 (up to 2 years of age)[2] PPV23 (PCV20 once PPV23 stocks exhausted) (from 2 years of age)[2] Annual flu vaccine
Chronic kidney disease (CKD) (including haemodialysis)	Pneumococcal (stage 4 and 5 CKD) Influenza (stage 3, 4 and 5 CKD) Hepatitis B (stage 4 and 5 CKD)	PCV13 (up to 2 years of age)[2] PPV23 (PCV20 once PPV23 stocks exhausted) (from 2 years of age)[2] Annual flu vaccine Hepatitis B
Chronic liver conditions	Pneumococcal Influenza Hepatitis A Hepatitis B	PCV13 (up to 2 years of age)[2] PPV23 (PCV20 once PPV23 stocks exhausted) (from 2 years of age)[2] Annual flu vaccine Hepatitis A Hepatitis B
Haemophilia	Hepatitis A Hepatitis B	Hepatitis A Hepatitis B
Immunosuppression due to disease or treatment	Pneumococcal Influenza	PCV13 (up to 2 years of age)[2] PPV23 (PCV20 once PPV23 stocks exhausted) (from 2 years of age)[2] Annual flu vaccine[3]
Severe immunosuppression	Pneumococcal Shingles vaccine Influenza	PCV13 (PCV20 once available) (up to 2 years)[2] PPV23 (PCV20 once PPV23 stocks exhausted) (from 2 years of age)[2] Annual flu vaccine[3] Shingrix – from 18 years of age[4]

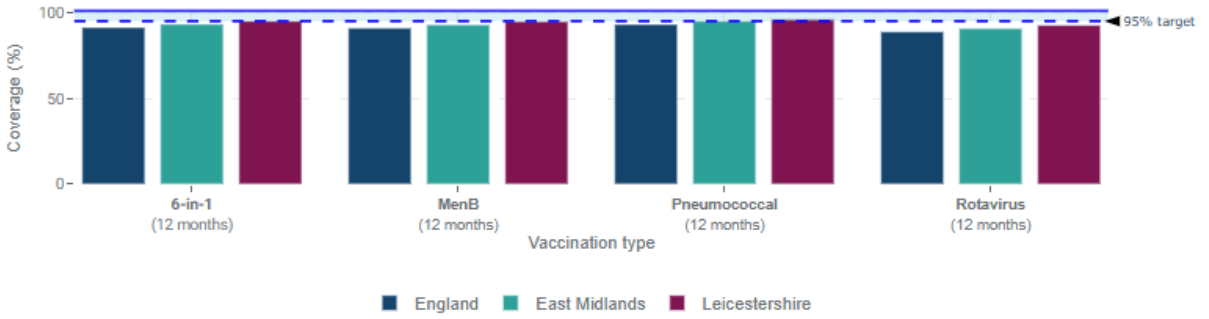
1. Check relevant chapter of the Green Book for specific schedule: www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book
2. Refer to the Green Book Pneumococcal chapter for the number and timing of doses for these individuals
3. Also consider annual influenza vaccination for household members and those who care for these individuals.
4. Check Green Book Shingles Chapter www.gov.uk/government/publications/shingles-herpes-zoster-the-green-book-chapter-28a

Appendix 4 - Vaccination Coverage

Vaccination coverage between 2024-2025 (East Midlands, Leicestershire)

Last Updated 31 Mar 2025

Chart | Tabular data | Download



Year selection:

- 2024-2025 +

Vaccination coverage by vaccine type - (East Midlands, Leicestershire)

Up to and including 31 March 2025

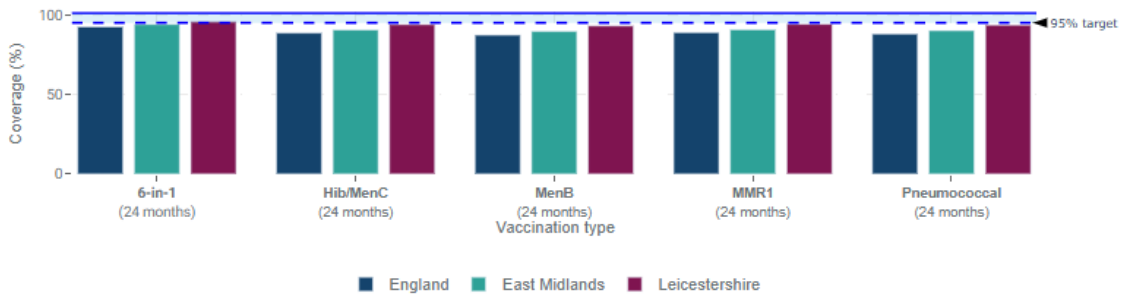
Location	6-in-1 (12 months)	MenB (12 months)
England	91.30	91.00
East Midlands	93.20	92.90
Leicestershire	95.00	94.80

Location	Pneumococcal (12 months)	Rotavirus (12 months)
England	93.10	88.80
East Midlands	95.00	90.70
Leicestershire	96.10	92.60

Vaccination coverage between 2024-2025 (East Midlands, Leicestershire)

Last Updated 31 Mar 2025

Chart | Tabular data | Download



Year selection:

- 2024-2025 +

Hide filters

Chart | Tabular data | Download

Vaccination coverage by vaccine type - (East Midlands, Leicestershire)

Up to and including 31 March 2025

Location	6-in-1 (24 months)	Hib/MenC (24 months)
England	92.50	88.60
East Midlands	94.00	90.50
Leicestershire	95.80	93.90

Location	MenB (24 months)	MMR1 (24 months)
England	87.30	88.90
East Midlands	89.60	90.70
Leicestershire	93.10	94.10

Location	Pneumococcal (24 months)
England	88.00
East Midlands	90.10
Leicestershire	93.60

Back to top

Last Updated 31 Mar 2025

Hide filters

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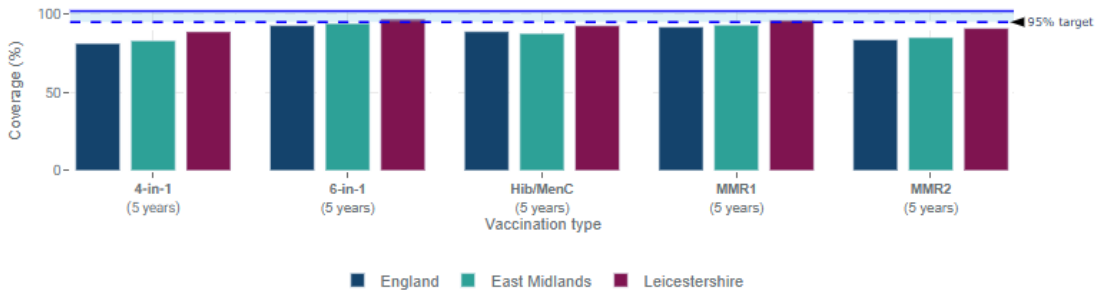


Year selection:

- 2024-2025 +

Chart | Tabular data | Download

Vaccination coverage by vaccine type - (East Midlands, Leicestershire)

Up to and including 31 March 2025

Location	4-in-1 (5 years)	6-in-1 (5 years)
England	81.30	92.80
East Midlands	83.10	94.10
Leicestershire	88.80	97.00

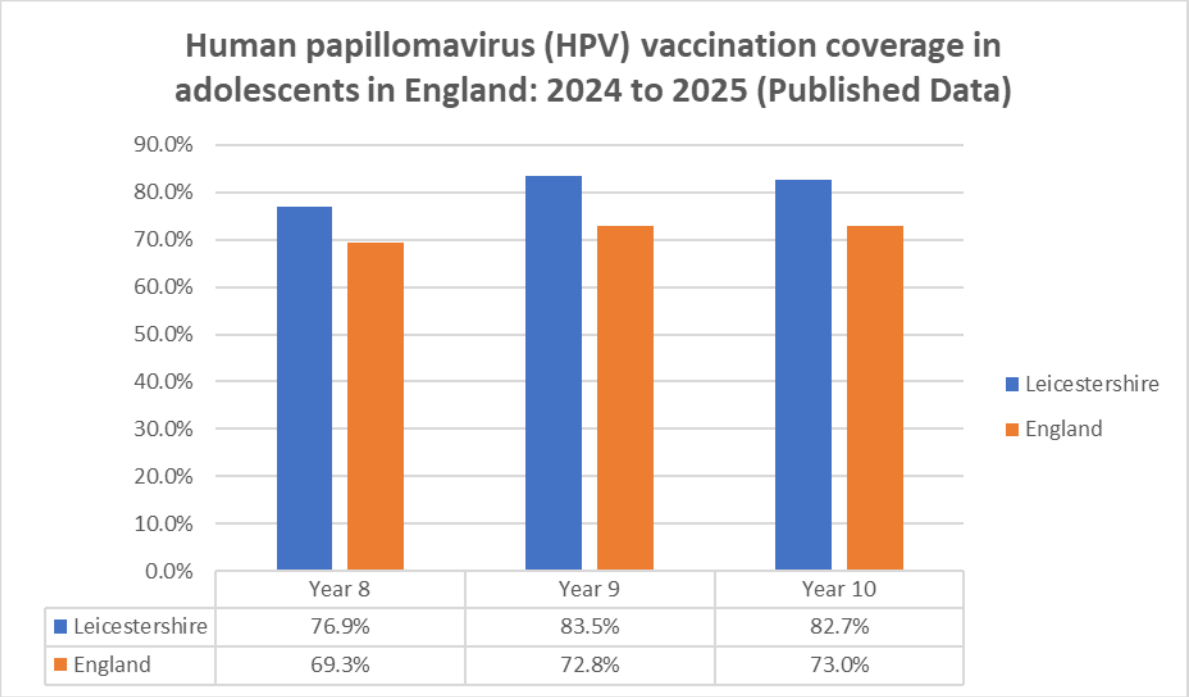
Location	Hib/MenC (5 years)	MMR1 (5 years)
England	88.90	91.80
East Midlands	87.70	93.10
Leicestershire	92.70	96.20

Location	MMR2 (5 years)
England	83.70
East Midlands	85.10
Leicestershire	91.00

HPV Uptake

Human papillomavirus (HPV) vaccination coverage in adolescents in England: 2024 to 2025 (Published Data)

Source: https://www.gov.uk/government/statistics/human-papillomavirus-hpv-vaccine-coverage-in-england-2024-to-2025



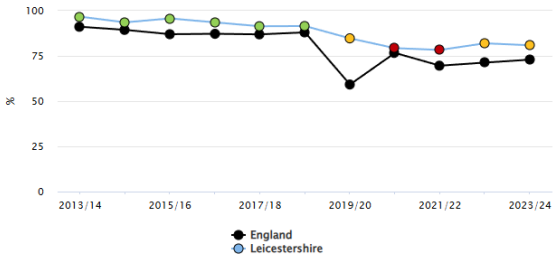
	Year 8	Year 9	Year 10
Leicestershire	76.9%	83.5%	82.7%
England	69.3%	72.8%	73.0%

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: ➡ No significant change

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%
2023/24	🟡	3,656	80.9%	79.7%	82.0%	72.9%

Source: UK Health Security Agency

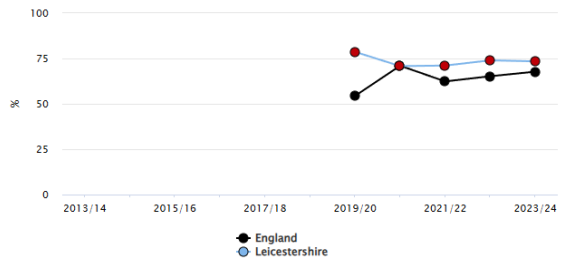
Indicator Definitions and Supporting Information

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: ➡ No significant change

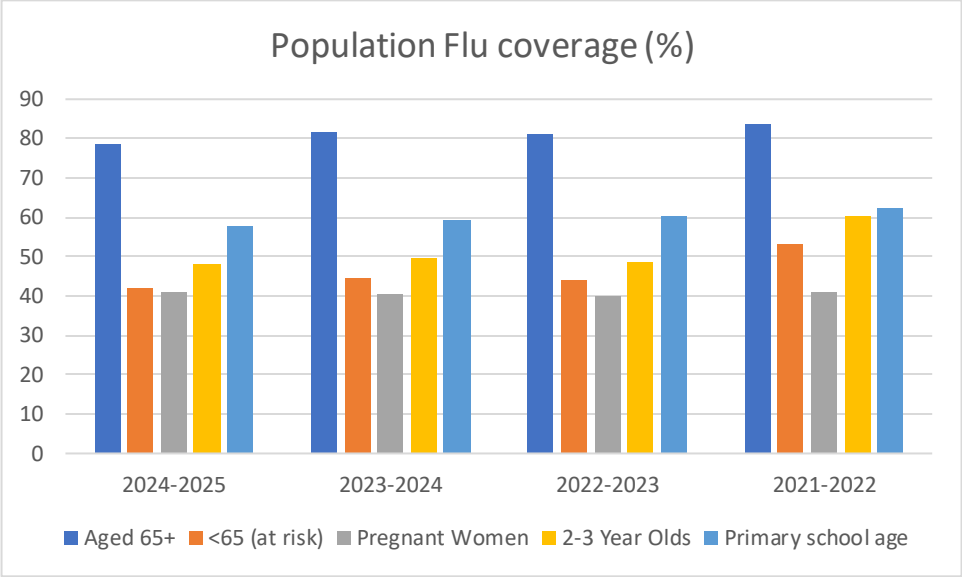
Benchmarking against goal: <80% | 80% to 90% | ≥90%

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%
2023/24	🔴	3,349	73.4%	72.1%	74.7%	67.7%

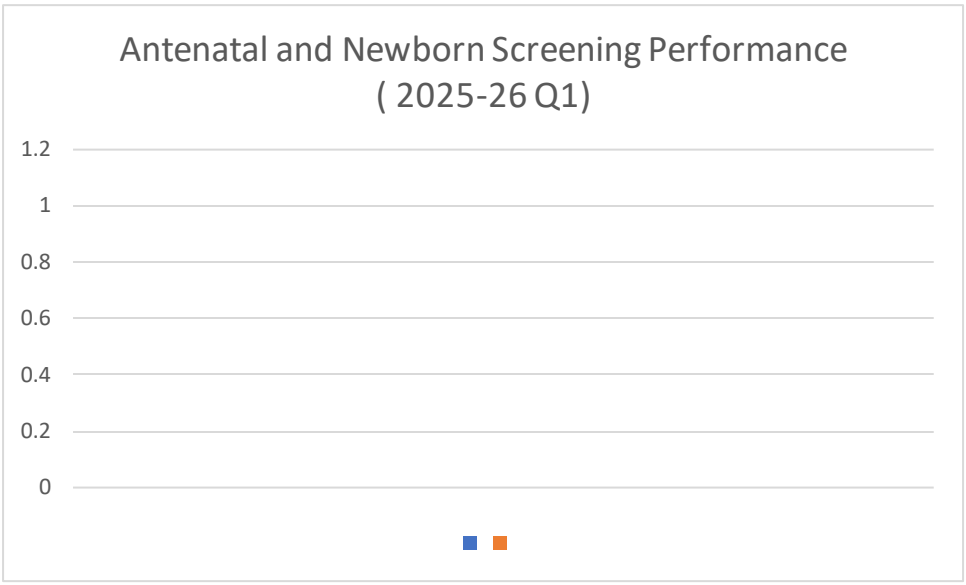
Source: UK Health Security Agency

Indicator Definitions and Supporting Information

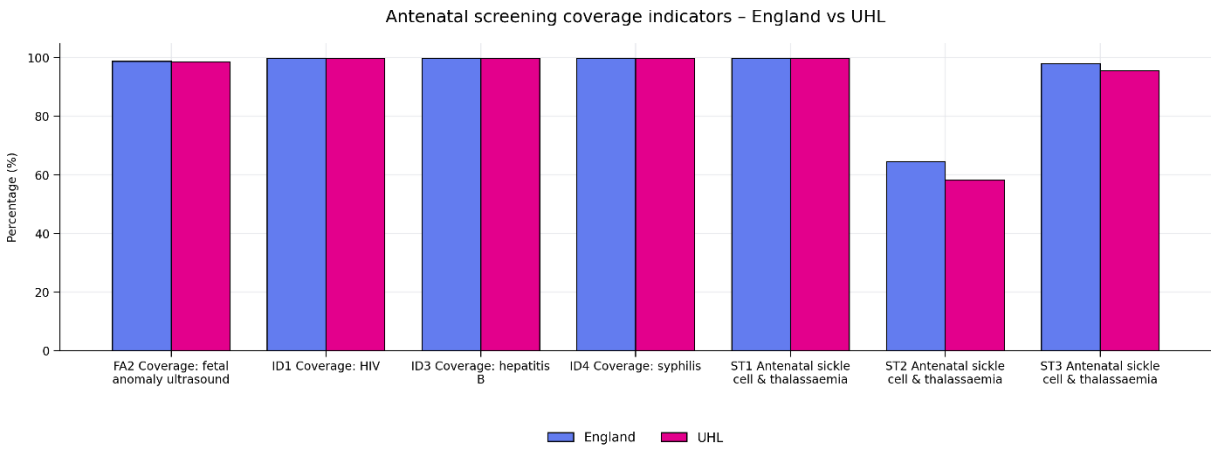
	Population coverage (%)				
Local Authority	**65 and over**	**Under 65 (at risk)**	**Pregnant women**	**2-3 year olds**	**Primary school age**
Leicestershire and Rutland (2024-25)	78.6	42.0	41.1	48.1	57.6
Leicestershire & Rutland (2023-24)	81.5	44.4	40.4	49.8	59.2
Leicestershire & Rutland (2022-2023)	81.2	44.0	39.8	48.9	60.3
Leicestershire & Rutland (2021-2022)	83.6	53.2	40.8	60.4	62.3
England (2024-25)	74.9	40.0	35.0	44.4	54.5
Target	75	55	55	48	48



Appendix 5- Screening



Data source: NB1: CHIS
NH1/ NH2: SMaRT4Hearing (S4H)



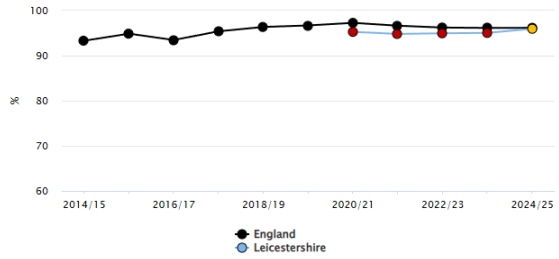
Data source: Maternity service, University Hospital of Leicester (Q1 2025-26)

Newborn and Infant Physical Examination Screening Coverage New data

Proportion - %

Show confidence intervals Show 99.8% CI values

▶ More options



Recent trend: ➡ No significant change

Period		Leicestershire Count	Value	95% Lower CI	95% Upper CI	England
2014/15		-	-	-	-	93.3%
2015/16		-	-	-	-	94.9%
2016/17		-	-	-	-	93.5%
2017/18		-	-	-	-	95.4%*
2018/19		-	-	-	-	96.4%*
2019/20		-	-	-	-	96.7%*
2020/21	🔴	6,108	95.3%	94.7%	95.8%	97.3%*
2021/22	🔴	6,413	94.8%	94.3%	95.3%	96.6%*
2022/23	🔴	6,141	95.0%	94.4%	95.5%	96.2%*
2023/24	🔴	6,024	95.0%	94.5%	95.6%	96.1%*
2024/25	🟡	5,943	96.0%	95.4%	96.4%	96.2%*

Source: NHS England, Newborn and Infant Physical Examination Programme

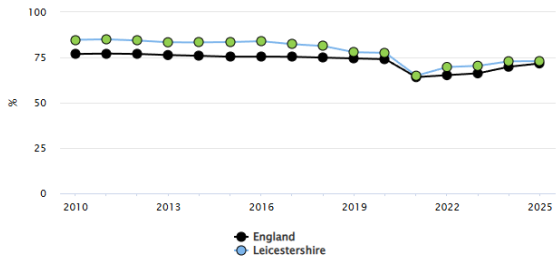
Indicator Definitions and Supporting Information

Cancer screening coverage: breast cancer New data

Proportion - %

Show confidence intervals Show 99.8% CI values

▶ More options



Recent trend: ⬆ Increasing & getting better

Period		Leicestershire Count	Value	95% Lower CI	95% Upper CI	England
2010	🟢	60,144	84.7%	84.5%	85.0%	76.9%
2011	🟢	61,345	85.0%	84.8%	85.3%	77.1%
2012	🟢	62,071	84.3%	84.1%	84.6%	76.9%
2013	🟢	62,538	83.4%	83.1%	83.6%	76.3%
2014	🟢	63,494	83.3%	83.1%	83.6%	75.9%
2015	🟢	64,635	83.5%	83.3%	83.8%	75.4%
2016	🟢	65,830	84.0%	83.7%	84.2%	75.5%
2017	🟢	65,681	82.3%*	82.1%	82.6%	75.4%*
2018	🟢	65,442	81.3%*	81.1%	81.6%	74.9%*
2019	🟢	63,176	77.9%*	77.6%	78.2%	74.5%*
2020	🟢	63,580	77.6%*	77.3%	77.8%	74.1%*
2021	🟢	53,683	64.9%*	64.6%	65.2%	64.1%*
2022	🟢	58,666	69.7%*	69.4%	70.0%	65.2%*
2023	🟢	60,306	70.4%*	70.1%	70.7%	66.2%*
2024	🟢	63,512	72.9%*	72.6%	73.2%	69.9%*
2025	🟢	64,322	73.0%*	72.7%	73.3%	71.7%*

Source: NHS England, Breast Screening Programme

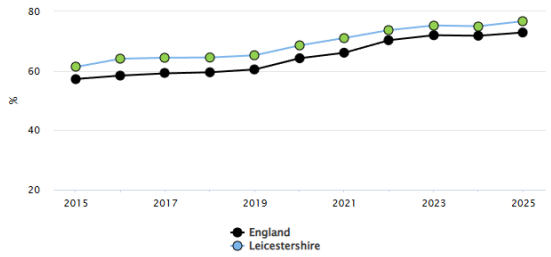
Indicator Definitions and Supporting Information

Cancer screening coverage: bowel cancer New data

Proportion - %

Show confidence intervals Show 99.8% CI values

▶ More options



Recent trend: ⬆ Increasing & getting better

Period		Leicestershire Count	Value	95% Lower CI	95% Upper CI	England
2015		70,211	61.3%*	61.0%	61.6%	57.3%*
2016		74,804	64.1%*	63.8%	64.3%	58.4%*
2017		76,582	64.4%*	64.2%	64.7%	59.2%*
2018		77,877	64.5%*	64.2%	64.8%	59.5%*
2019		79,490	65.2%*	65.0%	65.5%	60.5%*
2020		84,159	68.6%*	68.3%	68.8%	64.2%*
2021		88,706	71.1%*	70.8%	71.3%	66.1%*
2022		92,484	73.7%*	73.5%	73.9%	70.3%*
2023		95,187	75.3%*	75.0%	75.5%	72.0%*
2024		95,962	75.0%*	74.8%	75.3%	71.8%*
2025		99,619	76.7%*	76.5%	77.0%	72.9%*

Source: NHS England, Bowel Cancer Screening Programme

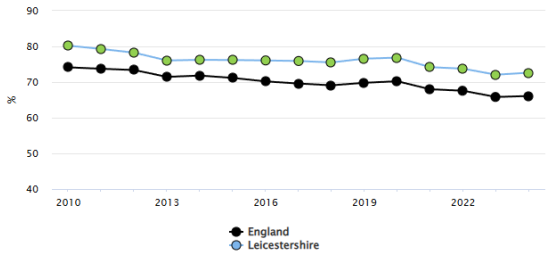
Indicator Definitions and Supporting Information

Cancer screening coverage: cervical cancer (aged 25 to 49 years old)

Proportion - %

Show confidence intervals Show 99.8% CI values

▶ More options



Recent trend: ⬇ Decreasing & getting worse

Period		Leicestershire Count	Value	95% Lower CI	95% Upper CI	England
2010		85,670	80.2%*	80.0%	80.5%	74.1%*
2011		84,523	79.3%*	79.0%	79.5%	73.7%*
2012		83,367	78.2%*	78.0%	78.5%	73.4%*
2013		81,016	76.1%*	75.8%	76.3%	71.5%*
2014		81,026	76.2%*	76.0%	76.5%	71.8%*
2015		81,134	76.2%*	75.9%	76.4%	71.2%*
2016		81,680	76.1%*	75.8%	76.3%	70.2%*
2017		82,249	75.9%*	75.7%	76.2%	69.6%*
2018		83,086	75.5%*	75.3%	75.8%	69.1%*
2019		85,157	76.6%*	76.3%	76.8%	69.8%*
2020		86,424	76.9%*	76.6%	77.1%	70.2%*
2021		83,910	74.2%*	73.9%	74.4%	68.0%*
2022		85,050	73.8%*	73.5%	74.0%	67.6%*
2023		84,341	72.1%*	71.8%	72.3%	65.8%*
2024		86,483	72.6%*	72.4%	72.9%	66.1%*

Source: NHS England, Cervical Screening Programme

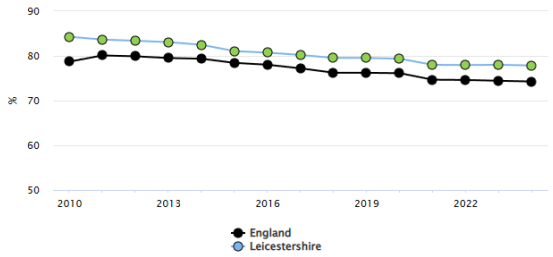
Indicator Definitions and Supporting Information

Cancer screening coverage: cervical cancer (aged 50 to 64 years old)

Proportion - %

Show confidence intervals Show 99.8% CI values

▶ More options



Recent trend: ⬇ Decreasing & getting worse

Period		Leicestershire Count	Value	95% Lower CI	95% Upper CI	England
2010		44,669	84.3%*	84.0%	84.6%	78.7%*
2011		45,235	83.6%*	83.3%	84.0%	80.1%*
2012		45,548	83.4%*	83.1%	83.7%	79.9%*
2013		45,913	83.1%*	82.8%	83.4%	79.5%*
2014		46,243	82.5%*	82.2%	82.8%	79.4%*
2015		46,448	81.1%*	80.7%	81.4%	78.4%*
2016		47,513	80.7%*	80.4%	81.0%	78.0%*
2017		48,363	80.2%*	79.9%	80.5%	77.2%*
2018		49,054	79.5%*	79.2%	79.9%	76.2%*
2019		50,309	79.5%*	79.2%	79.9%	76.2%*
2020		51,456	79.4%*	79.1%	79.7%	76.1%*
2021		51,857	78.0%*	77.7%	78.3%	74.7%*
2022		52,995	78.0%*	77.6%	78.3%	74.6%*
2023		53,835	78.0%*	77.7%	78.3%	74.4%*
2024		54,247	77.9%*	77.5%	78.2%	74.3%*

Source: NHS England, Cervical Screening Programme

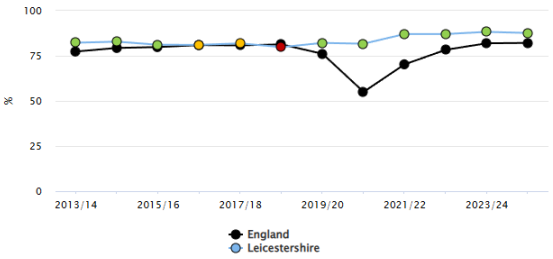
Indicator Definitions and Supporting Information

Abdominal Aortic Aneurysm Screening Coverage New data

Proportion - %

Show confidence intervals Show 99.8% CI values

▶ More options



Recent trend: ⬆ Increasing & getting better

Period		Leicestershire Count	Value	95% Lower CI	95% Upper CI	England
2013/14		3,561	82.3%*	81.1%	83.4%	77.4%
2014/15		3,371	82.8%*	81.7%	84.0%	79.4%
2015/16		3,276	81.1%	79.9%	82.3%	79.9%
2016/17		3,218	81.1%*	79.8%	82.3%	80.9%*
2017/18		3,340	81.9%*	80.7%	83.1%	80.8%*
2018/19		3,228	79.8%*	78.5%	81.0%	81.3%*
2019/20		3,174	82.2%*	80.9%	83.3%	76.1%*
2020/21		3,314	81.7%*	80.5%	82.9%	55.0%*
2021/22		3,597	87.1%*	86.0%	88.0%	70.3%*
2022/23		3,764	87.1%*	86.0%	88.0%	78.3%*
2023/24		3,852	88.3%*	87.3%	89.2%	81.9%*
2024/25		3,910	87.7%*	86.7%	88.6%	82.2%*

Source: NHS England

Indicator Definitions and Supporting Information

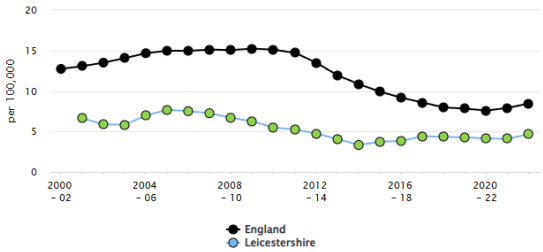
Appendix 6- TB

TB incidence (three year average)

Crude rate - per 100,000

Show confidence intervals Show 99.8% CI values

▶ More options



Recent trend: Could not be calculated

Period		Leicestershire Count	Value	95% Lower CI	95% Upper CI	England
2000 - 02		-	-	-	-	12.7
2001 - 03		122	6.6	5.5	7.9	13.1
2002 - 04		109	5.9	4.9	7.1	13.5
2003 - 05		109	5.8	4.8	7.0	14.1
2004 - 06		131	7.0	5.9	8.3	14.7
2005 - 07		145	7.7	6.5	9.0	15.0
2006 - 08		143	7.5	6.4	8.8	15.0
2007 - 09		139	7.3	6.1	8.5	15.1
2008 - 10		129	6.7	5.6	7.9	15.1
2009 - 11		121	6.2	5.2	7.4	15.2
2010 - 12		107	5.5	4.5	6.6	15.1
2011 - 13		103	5.2	4.3	6.3	14.7
2012 - 14		94	4.8	3.9	5.8	13.5
2013 - 15		81	4.1	3.3	5.0	11.9
2014 - 16		67	3.3	2.6	4.2	10.8
2015 - 17		76	3.7	3.0	4.6	9.9
2016 - 18		79	3.8	3.1	4.8	9.2
2017 - 19		92	4.4	3.6	5.4	8.6
2018 - 20		91	4.3	3.5	5.3	8.0
2019 - 21		91	4.3	3.5	5.3	7.8
2020 - 22		88	4.1	3.3	5.0	7.6
2021 - 23		89	4.1	3.3	5.0	7.9
2022 - 24		103	4.7	3.8	5.7	8.5

Source: UK Health Security Agency and Office for National Statistics

Indicator Definitions and Supporting Information

Appendix 7- Sexual Health Performance

Sexual Health Key Indicators Leicestershire	Indicator	Time period	Recent Trend	Benchmark	Value	England Value	East Mids. Value
	Syphilis diagnostic rate per 100,000	2024	→		6.7	16.5	7.5
	Gonorrhoea diagnostic rate per 100,000	2024	↑		57	124	71
	Chlamydia detection rate per 100,00- females 15-24	2024	→	<2,400 2,400 to 3,250 ≥3,250	1,564	1,589	1,775
	Chlamydia proportion in females 15-24 screened	2024	-		17.9%	18.0%	19.4%
	New STI diagnoses (excluding chlamydia under 25) per 100,000	2024	↑		237	482	313
	HIV testing rate per 100,000 population	2024	↑		2,138.0	2,842.7	2,001.0
	HIV late diagnosis in people first diagnosed with HIV in the UK	2022-2024	-	<25% 25% to 50% ≥50%	63.3%	43.3%	47.7%
	New HIV diagnosis rate per 100,000	2024	→		1.7	4.7	3.7
	HIV diagnosed prevalence rate per 1,000 aged 15-59	2024	→	<2 2 to 5 ≥5	1.18	2.40	1.92
	HPV Vaccination Coverage for one dose (12-13 year old)	2023/24	→	<80% 80%-90% ≥90%	80.9%	72.9%	71.1%
	Under 25's repeat abortions(%)	2023	→		26.0%	29.0%	27.0%
	Abortions under 10 weeks (%)	2023	↑		90.0%	89.0%	88.0%
	Total prescribed LARC excluding injections rate/1,000	2024	↑		39.0	40.0	41.6
	Under 18s Conception rate /1,000	2022	→		13.5	13.9	14.4
	Under 18's conceptions leading to abortion (5)	2022	→		72.4%	58.2%	53.6%
	Violent crime – sexual offences per 1,000	2024/25	→		2.5	3.1	3.2

Appendix 8- HCAI

Source: HCAI DCS Mandatory Surveillance

Organism	Total Infections for Leicestershire County (including Community-Associated).	Healthcare Associated Infections for Leicestershire County
Clostridioides difficile	207	122
MRSA	8	5
MSSA	121	47
E. coli	417	135
Klebsiella spp	136	58
Pseudomonas aeruginosa	51	27

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