

CUMBRIA HEALTH AND WELLBEING BOARD

Meeting date: 7 February 2020

From: Director of Public Health

HEALTH PROTECTION REPORT OF COMMUNICABLE DISEASES IN CUMBRIA

1.0 EXECUTIVE SUMMARY

- 1.1 This report outlines the situation in Cumbria in relation to a number of communicable diseases, those of tuberculosis (TB), Human Immunodeficiency Virus (HIV), sexually transmitted infections (STI) and blood borne viruses (BBV).
- 1.2 TB is a bacterial infection which usually affects the lungs but may affect other organs. Historically Cumbria has low levels of TB and rates have been declining over the past five years. The three year average incidence rate for TB in Cumbria is 1.7 per 100,000 compared to 9.2 for England. However there is an issue in Cumbria with late diagnosis of TB and subsequent delay in the commencement of treatment.
- 1.3 Under the new structure of NHS England/ NHS Improvement it is proposed that regional NHS Directors of Public Health employed by Public Health England will be appointed. One aspect of this role will be to support the development of TB clinical networks across the Integrated Care Systems (ICS) footprint.
- 1.4 There is currently just one TB Specialist Nurse covering our county and this raises the concern of capacity within the service. Furthermore it is recognised that there is a need for succession planning to ensure we have the available expertise going forward.
- 1.5 The issue of antimicrobial resistant strains of TB is of international concern.
- 1.6 There has been an increase in the number of STIs in England over the past decade. A total of 2,656 new STIs were diagnosed in residents of Cumbria in 2018 giving a rate of 533 per 100,000 compared to the England rate of 784 per 100,000.
- 1.7 Chlamydia is the commonest bacterial STI in the UK. If left untreated, the infection can lead to long-term health problems, such as pelvic inflammatory disease (PID), epididymo-orchitis (inflammation of the testicles) and infertility. The National Chlamydia Screening Programme recommends that all sexually active men and women under the age of 25 should be tested annually.

- 1.8 Public Health England recommends that local authorities should be working towards achieving a detection rate of at least 2,300 per 100,000 population in this age group. During 2018 in Cumbria we achieved a rate of 1,525 screens per 100,000 population aged under 25. This is considerably lower than the rate for the rest of the North West region and for England as a whole. Furthermore, our rates of uptake of screening are decreasing rather than increasing.
- 1.9 It is recognised locally that more needs to be done to increase screening coverage for the national chlamydia screening programme. This has been highlighted as a priority with the sexual health service by Cumbria County Council commissioners and will be raised again at the next contract review meeting in February.
- 1.10 There is a further issue relating to transfer of data. A considerable proportion of local chlamydia screening records are currently being excluded from reporting by PHE due to missing postcode of residence when submitted. It is believed that this is due to a technical issue and the service is working with PHE to resolve it.
- 1.11 Syphilis is a sexually transmitted bacterial infection. The disease has three stages, primary, secondary and tertiary syphilis. It is highly infectious in the first and second stages if left untreated.
- 1.12 About 15% to 30% of people infected with syphilis who don't get treatment will develop complications known as tertiary syphilis. In the late stage, the disease may damage the brain, nerves, eyes, heart, blood vessels, liver, bones and joints. These problems may occur many years after the original, untreated infection and are potentially life threatening.
- 1.13 The annual average number of cases of syphilis in Cumbria is 16.
- 1.14 In November 2017 there was a sharp increase in the number of cases of infectious syphilis in North Cumbria. An outbreak control team was convened by Public Health England. A number of agencies which included Cumbria County Council Public health team worked together in order to understand the reasons for the outbreak and implement appropriate control measures. A total of 60 cases were identified in this cluster before the outbreak was deemed to be over.
- 1.15 Gonorrhoea is the second most prevalent bacterial STI in the UK. Infectivity can persist for months in untreated cases, but treated cases are non-infectious within days. However, the effectiveness of treatment for gonorrhoea is threatened by the development of antimicrobial resistance. Between 2017 and 2018 there was a reduction in susceptibility to the first-line treatment for this infection.
- 1.16 Over recent years in Cumbria we have seen an increase in diagnoses of gonorrhoea. This is true across the North West region and in England as a whole. During 2018 there were 178 cases diagnosed in Cumbria giving a rate of 35.7 per 100,000 population. This is lower than the rate for the North West (81.2) and for England (98.5)
- 1.17 Hepatitis B is a blood borne viral infection of the liver caused by the hepatitis B virus (HBV). It is spread through contact with an infected person's blood or certain body fluids. It's a highly infectious virus being around 100 times more infectious than HIV.

- 1.18 In acute infection the body usually clears the virus in 2-3 months. However with chronic infection long term treatment is required to contain the virus using a combination of drugs.
- 1.19 Hepatitis B is a vaccine preventable disease. Since August 2017 all babies born in the UK are offered a course of Hepatitis B vaccine. This year Cumbria County Council has introduced an in-house programme of Hepatitis B vaccination for staff who are deemed as being at risk of exposure to the virus.
- 1.20 People who inject drugs are at a higher risk of contracting hepatitis B infection. All individuals beginning a new treatment journey in structured drug treatment should be assessed in relation to their HBV immunity status and offered a course of vaccine if they do not already have immunity to the virus. In Cumbria during 2016-17 13.1% of people who were assessed as eligible completed a course of vaccine. This amounted to 30 people. While this is a small number of individuals, the rate is higher than for the North West region (9.5%) and for England (8.1%).
- 1.21 Hepatitis C is a blood borne virus. If left untreated it can cause serious and potentially life-threatening damage to the liver over many years. There is no vaccine existing but effective treatment is available to clear the infection in most people.
- 1.22 In 2016 the UK government signed up to the WHO Global Health Sector Strategy on Viral Hepatitis which commits participating countries to the elimination of Hepatitis C as a major public health threat by 2030.
- 1.23 PHE prevalence estimates are calculated on Operational Delivery Networks (ODN) footprints. These are used by NHSE to calculate treatment targets for the ODN. These are known as run rates.
- 1.24 In Cumbria there are two treatment providers. NCIC which is attached to the North East and Cumbria ODN and UHMBFT which is attached to the Lancashire and South Cumbria ODN.
- 1.25 The run rate for NCIC is currently 100 cases per year. From April 2019, 37 patients have either completed or are in treatment. For UHMBFT the run rate is 108 cases per year. From April 2019, 40 patients have completed treatment and eight are currently in treatment.
- 1.26 It is estimated that there are 2992 HCV infected individuals in Cumbria. 2065 of these with active infection. 91.4% of cases are associated with current or previous injecting drug use.
- 1.27 In Cumbria 95% of people in drug misuse treatment who inject drugs have received a HCV test. However we need to increase detection in harder to reach groups. We are working with NCIC hepatology colleagues to introduce a pilot study to provide HCV testing in seven community pharmacies across North Cumbria. This pilot is expected to launch in February 2020.
- 1.28 HIV is a blood borne virus which can be treated with anti-retroviral drugs. The treatment does not cure HIV but contains it and people with HIV will need treatment for the rest of their lives. Without treatment, over time a person's immune system may become compromised and less able to fight infections and disease. The person may then go on to develop Acquired Immune Deficiency Syndrome (AIDS). With appropriate treatment an HIV positive person can expect to live a normal functioning life.

1.29 In Cumbria, during 2018 there were 21 new diagnoses of HIV. This is a rate of 5 per 100,000 compared to the England average of 8.7. However, this is the highest number of new case in Cumbria since 2011.

1.30 In relation to the prevalence of HIV within the Cumbria Population, there are currently 160 people diagnosed with the condition. This is a rate of 0.6 per 1000 population and is the lowest in the North West. The overall rate for England is 2.37.

2.0 RECOMMENDATION

2.1 *That this paper is noted by the Board.*

3.0 BACKGROUND

3.1 This report outlines the situation in Cumbria in relation to a number of communicable diseases. Those of tuberculosis (TB), sexually transmitted infections (STIs) and blood borne viruses (BB).

Colin Cox
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22 January 2020

APPENDICES

Appendix 1: Health Protection Assurance Report to the Health and Wellbeing Board January 2020: Communicable Diseases

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