Winter Health Pressures and Vaccinations

Including COVID-19, Influenza (Flu), Scarlet Fever and Invasive group A streptococcal disease (iGAS)

SOURCES:

University Hospitals Leicester

DHSC COVID-19 tracker

NHS Leicester, Leicestershire and Rutland

Last updated 06/01/23

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Scarlet Fever in England

Scarlet fever is caused by bacteria called group A streptococci. Occasionally these bacteria can cause severe and life-threatening diseases. Scarlet fever is a notifiable disease in England and Wales. This means health professionals must inform local health protection teams of suspected cases.

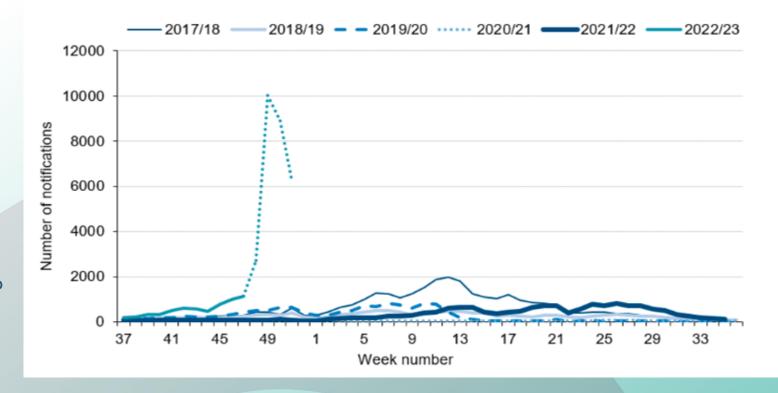
Following higher than expected scarlet fever activity during the early part of this summer in England, notifications during the early part of the current season (2022 to 2023) have increased to exceptional levels.

A total of 33,836 notifications of scarlet fever were received from weeks 37 to 51 of this season (2022 to 2023) in England, with 6,254 notifications received so far for week 51. This compares with an average of 2,670 (range 443 to 4,672) for this same period (weeks 37 to 51) in the previous 5 years.

Increased health seeking behaviour as a result of national alerts is likely to have contributed to the increased reports.

Figure 1. Weekly scarlet fever notifications in England, by season, 2017 to 2018 onwards (weeks 37 to 51)

Note: In this graph the 2022 to 2023 season goes up to week 51 (25 December 2022). Recent weeks in the current season may change as further notifications are received, represented by a dotted line between weeks 47 and 51.



(2022 to 2023; seasons are defined from week 37 (mid-September) to week 36 (mid-September))

Group A streptococcal infections: fourth update on seasonal activity in England, 2022 to 2023 - GOV.UK (www.gov.uk)

Table 1. Number and rate per 100,000 population of scarlet fever and iGAS notifications in England: week 37 to week 51 of the 2022 to 2023 season

Note: In this table, weeks 37 to 51 cover the period 12 September 2022 to 25 December 2022.

Region	Number of cases of scarlet fever	Rate of scarlet fever	Number of cases of iGAS	Rate of iGAS
East of England	3,280	49.0	102	1.5
East Midlands	4,440	91.3	98	2.0
London	4,566	50.7	146	1.6
North East	1,378	51.4	55	2.1
North West	5,628	76.4	144	2.0
South East	5,153	57.6	206	2.3
South West	3,014	54.8	142	2.6
West Midlands	2,640	44.3	95	1.6
Yorkshire and the Humber	3,737	67.6	160	2.9
England	33,836	59.8	1,148	2.0

Scarlet Fever and Invasive group A streptococcal disease (iGAS)

Group A streptococcal infections commonly cause sore throats, also known as strep throat. In rare cases the bacteria can also cause a severe, life-threatening infection known as invasive group A streptococcal disease (iGAS).

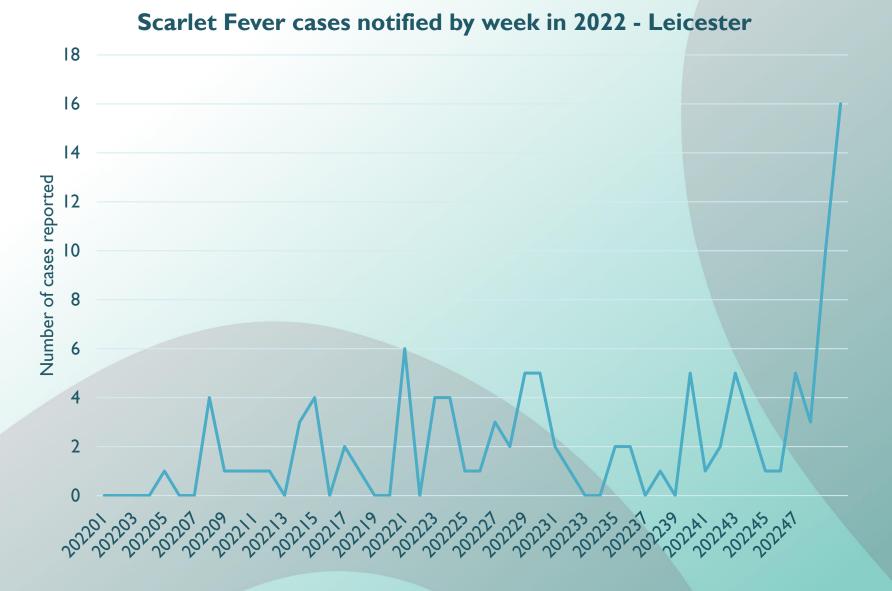
Scarlet fever notifications to date this season showed considerable variation across England, ranging between 44.3 (West Midlands) and 91.3 (East Midlands) per 100,000 population (table 1); while this may represent differential disease transmission it may also relate to differential notification practices by clinicians.

Scarlet Fever and Invasive group A streptococcal disease (iGAS) in Leicester

There have been 119 Scarlet fever cases reported in Leicester during 2022, and this potentially may increase with recent data being validated.

In 2021 there were a total of 18 Scarlet Fever cases notified in Leicester.

There has been one Invasive group A streptococcal disease case reported (iGAS/Strep A) in Leicester during 2022, there were 0 reported in 2021.



Local authority figures in recent weeks are subject to change after further data validation and are expected to rise

Notifiable diseases: last 52 weeks - GOV.UK (www.gov.uk)

Influenza patients at University Hospitals Leicester (General & Acute Beds)

Influenza (flu) is a viral infection affecting the lungs and airways. It occurs most often in winter in the UK and peaks between January and March. It can seriously affect older people and those with underlying health conditions.

In the last few weeks the number of patients with confirmed influenza has increased rapidly at UHL.

There were over 100 with flu at UHL in the new year, this is far higher than levels of flu at UHL in the previous year.

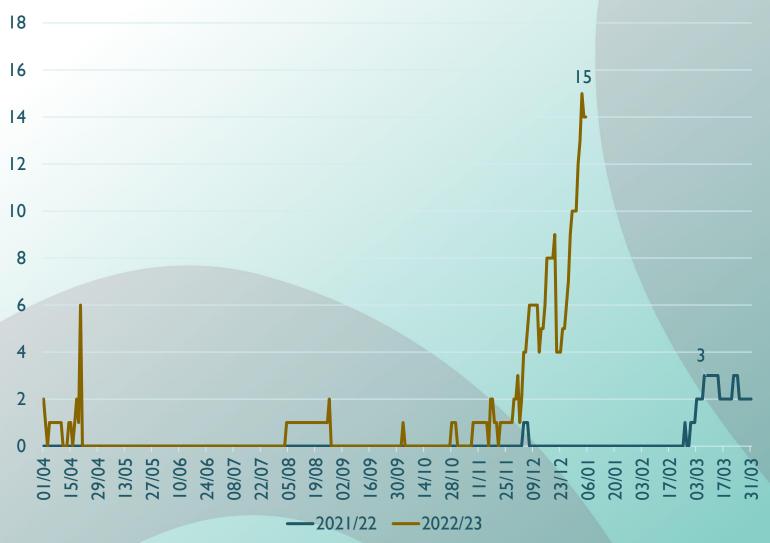
Number of Patients with laboratory-confirmed influenza in G&A beds



Influenza patients at University Hospitals Leicester (High Dependency and Intensive therapy units)

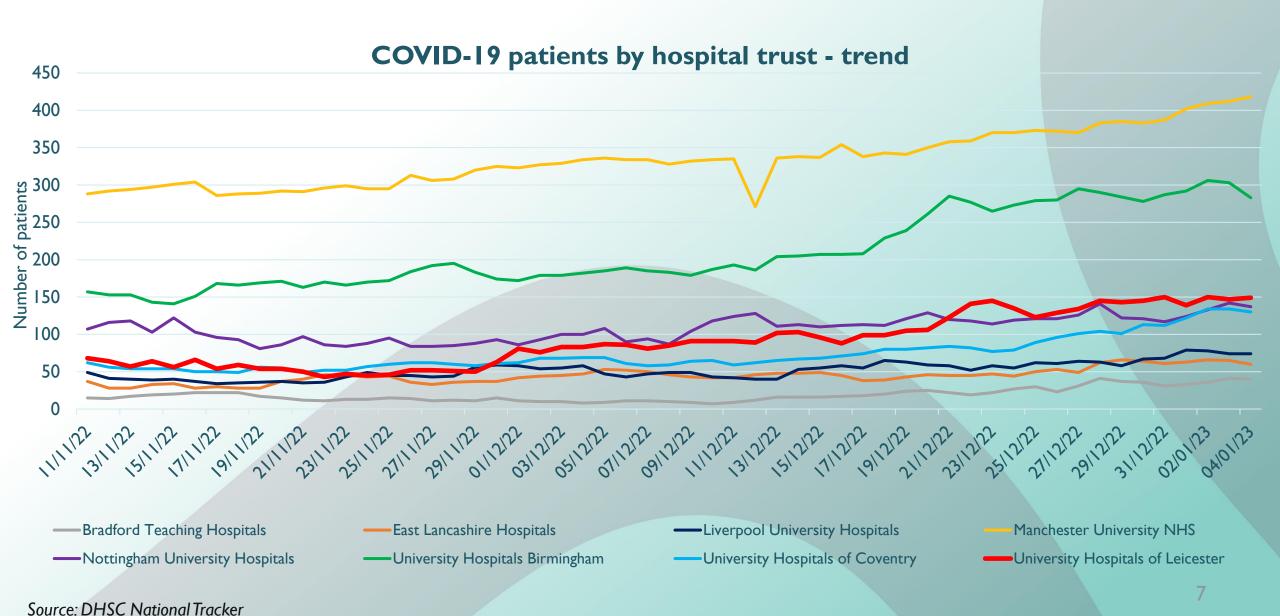
Numbers of patients on more intensive support has also increased in recent weeks, and is higher compared to levels in the previous year.



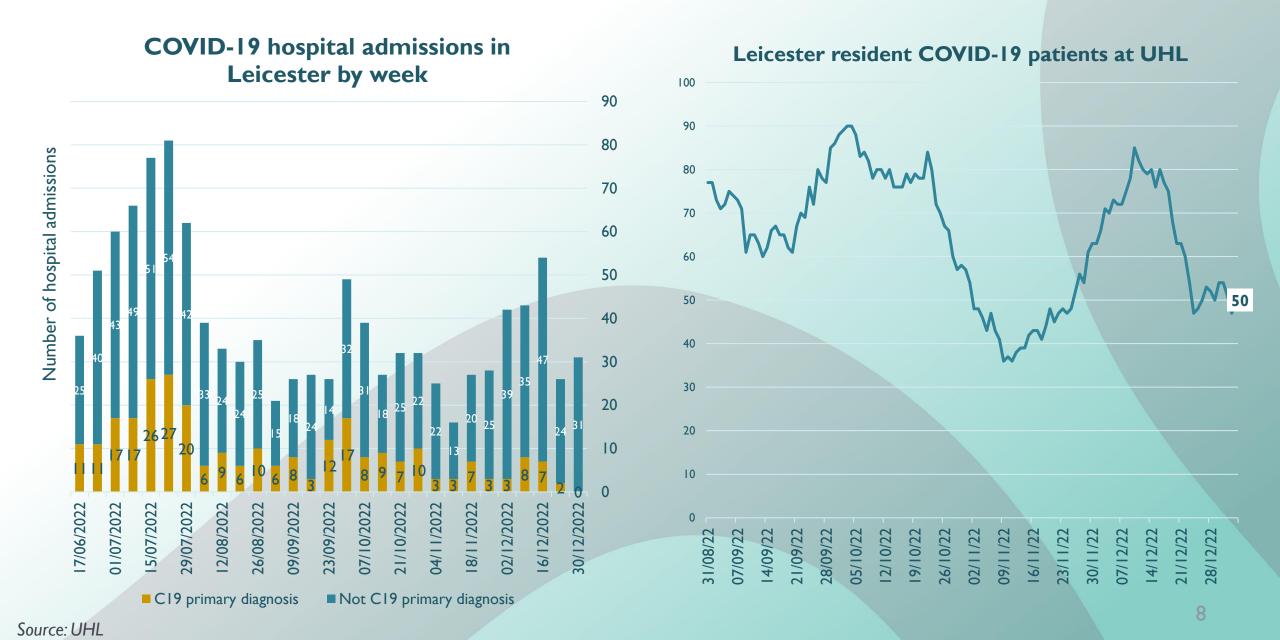


COVID-19 hospital cases by trust: The number of current COVID-19 hospital cases by trust can be seen below.

Please note: A population rate cannot be calculated because population estimates are not available by trust. The trusts listed below include our neighbours and comparators. The population sizes and demographics that each trust serves differs considerably.



Leicester resident admissions: COVID-19 admissions and the number of COVID -19 patients at UHL can be seen in the charts below.





Leicester City HOSC Vaccination Programme Update

Kay Darby Deputy Director LLR Vaccination Programme



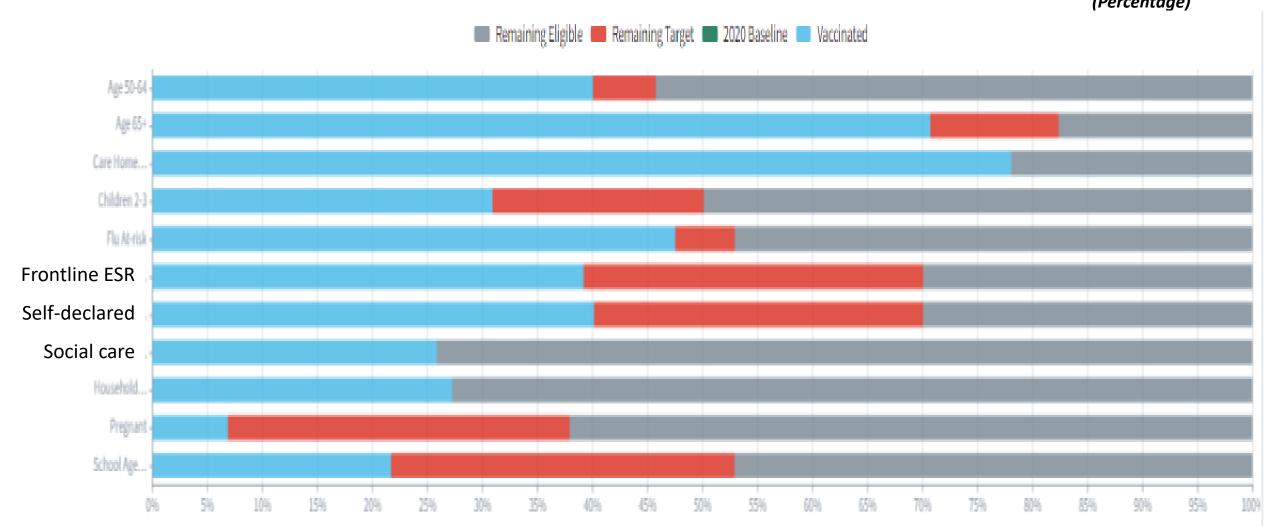
A proud partner in the:

Flu 2022-23 uptake: LLR

						Eligible cohorts
Flu vaccination uptake at	accination Eligible vaccine dose on previous eligible population % Received a administered on previous eligible week population	vaccine dose	administered	on previous	Remaining	Adults aged 50 & over
					eligible	Children: 2 & 3 & school-age
3 January		population	Care home residents			
						Flu at risk ie LD
City	245,803	38.81%	95,385	0.43%	150,418	Frontline healthcare workers
County	461,164	55.36%	255,301	0.41%	205,863	Frontline social care workers
Rutland	29,231	62.30%	18,211	1.33%	11,020	Household contacts of immunosuppressed
Total LLR	736,229	50.11%	368,902	0.45%	367,327	Pregnant women

FLU 2022-23 uptake: City





245,802

Eligible Population

38.82%

Received a vaccine dose 10.44% on previous week

95,426

Doses administered to Eligible Population (Source: Foundry 04/0/2023)

Evergreen offer uptake

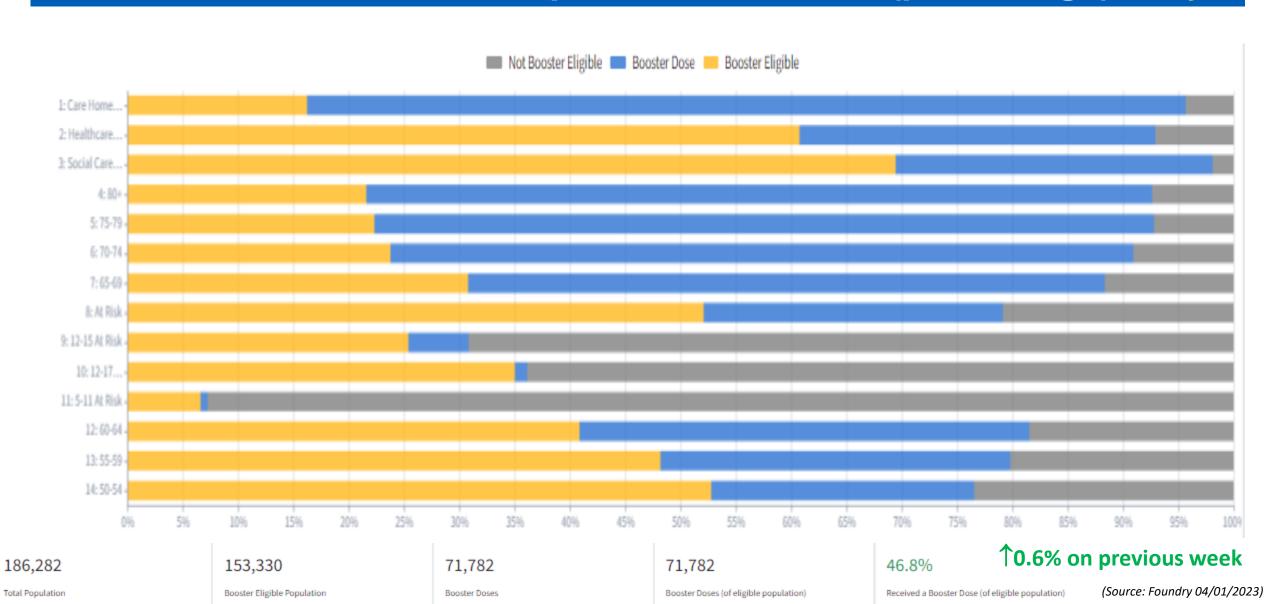
Covid-19 vaccination evergreen uptake at 20 December	Evergreen eligible population	First dose	Second dose	Third dose (immuno- suppressed only)	Received a vaccine dose of eligible population	Received a second dose of eligible population
City	428,770	285,568	265,636	2,701	66.6%	62.0%
County	674,874	543,313	522,989	7,987	80.5%	77.5%
Rutland	40,622	34,916	33,645	592	86.0%	82.8%
Total LLR	1,144,383	863,853	822,313	11,281	75.5%	71.9%

(Source: Foundry 03/01/2023)

Covid-19 seasonal booster uptake 50+ & at risk

Covid-19 vaccination uptake at 3 January	Booster eligible population	Received a booster vaccine dose %	Booster doses administered to eligible population	% Increase on previous week	Remaining eligible population to receive booster dose
City	153,314	46.9%	71,949	0.7%	81,335
County	342,925	66.7%	228,676	0.4%	114,249
Rutland	22,831	76.5%	17,460	1.8%	5,371
Total LLR	519,070	61.3%	328,730	0.6%	200,985

Covid-19 seasonal booster uptake 50+ & at risk (percentage): City



City booster & flu uptake: Older adult care homes

COVID-19 Booster

Eligible population: 1,209

Booster doses given: 1,004 (83.0%)

Flu Vaccination

Eligible population: 1,267

Booster doses given: 988 (77.98%)

Housebound performance

- 7,077 (92%) of the cohort have received their booster vaccination.
- An increase of 17 doses on the previous week

Region	Population	Total administered	Total remaining	% Administered	% Remaining
City	2,409	2,011	398	83%	17%
County	4,916	4,685	231	95%	5%
Rutland	378	381	-3	101%	-1%
Total	7,703	7,077	626	92%	8%

Learning disability uptake performance: City

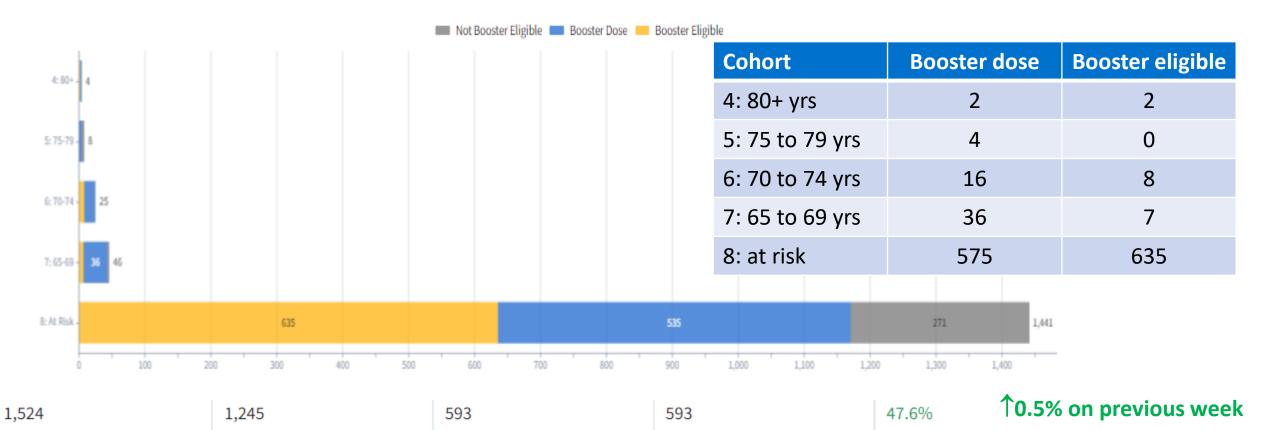
Booster Eligible Population

Total Population

• City LD clinic held at Highcross retail centre held on 14 December & 17 LD patients vaccinated.

Booster Doses

Further clinics to be held on 17th January, 17th February & 17th March at Loughborough Hospital & at Jalaram Community Centre on 7th February.



Booster Doses (of eligible population)

Received a Booster Dose (of eligible population)

(Source: Foundry 04/01/2023)

MVU & hyperlocal vaccination performance

Sites / location	Costco (MVU1)	Belvoir shopping centre (MVU2)	Drive-through County Hall	Highcross retail centre	Asylum seeker / refugee	Specialist LD clinic Loughboro' Hospital
Date	19 th to 21 st Dec	23 rd & 24 th Dec	22 nd & 23 rd Dec	30 th & 31 st Dec	28 th & 29 th Dec	14 th Dec
COVID	30	31	71	170	15	17
Flu	6		32	39		

Mobile vaccination vehicle CITY locations

*New location

Event / location	MSOA area	Operational dates	Operational times
Christ the King Church food bank	LE4	9 th January	10am to 5pm
Inclusion Health (homeless / asylum cohort)	City centre	10 th January	Times to be confirmed
Highfields Library	LE2	16 th January	10am to 5pm
Salvation Army, Narborough Rd	LE3	17 th January	10am to 5pm
Sainsburys, Melton Rd	LE4	23 rd & 24 th January	10am to 5pm
*Welbourne Hall, Highfields	LE2	31 st January	Times to be confirmed
*London Rd Eye Hospital	LE2	30 th January	Times to be confirmed
LD clinic: Jalaram Community Centre	LE3	7 th February	Times to be confirmed

Inequalities initiatives

- Super vaccinators: to provide 'cradle to grave' vaccinations, operating from city GP practices
- SEN CYP: home visits vaccination offer
- LD clinics: dedicated clinics operating from city locations providing personal LD health checks & vaccination
- Chronic conditions: vaccination team operating in UHL outpatient clinics
- COPD: progressing pilot activity with 4 GP practices with historical low uptake on flu & Covid vaccinations & with high numbers of COPD patients resident in deprived communities
- Implementing consistent MECC approach across all vaccination clinics aligned to local PH health & screening campaigns ie UHL cancer awareness team operating out of Highcross retail centre clinic
- Dedicated homeless/rough sleeper & asylum seeker/refugee clinics planned for 11th January
- Continuous liaison with asylum/refugee accommodation providers to maintain vaccination offer for all new arrivals
- Mobile vaccination units use data, insight & local intelligence, in conjunction with discussions with local public health teams, to select areas of low vaccine take-up to target with hyper-local offers.