

Public health and health integration scrutiny committee

Measles and TB update

April 2024

Measles: current situation

1st October 2023 to 25th March 2024

In Leicester:

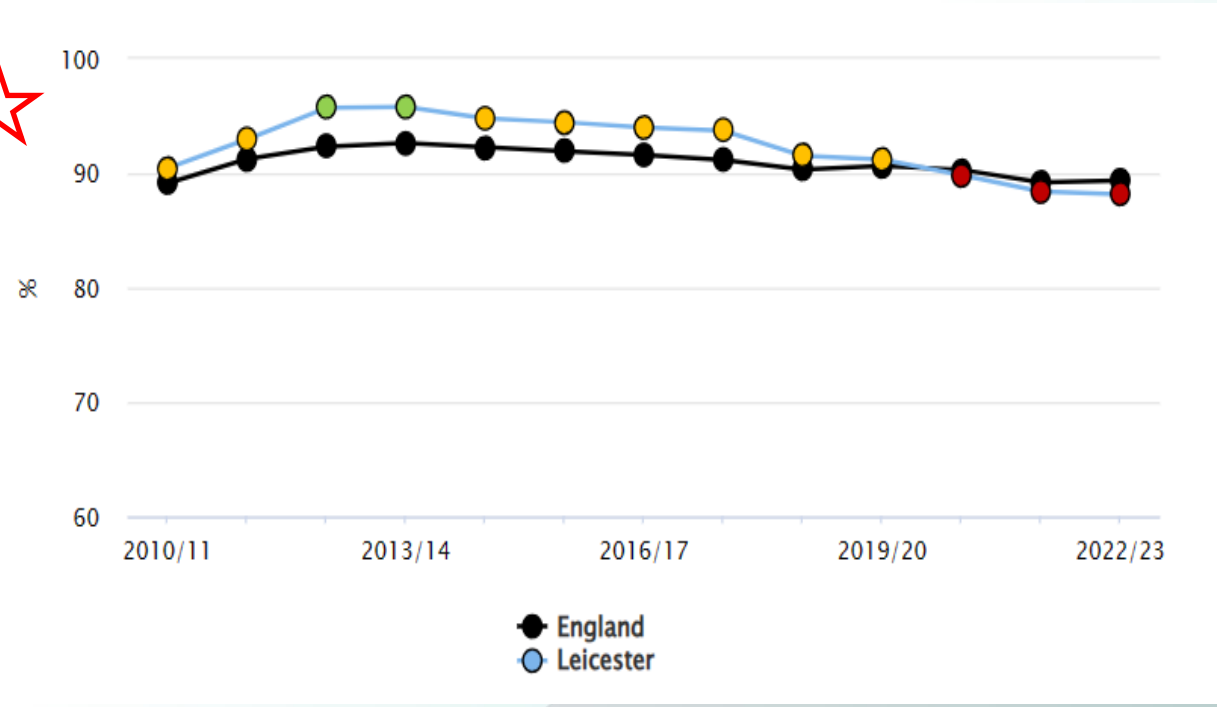
- 60 confirmed cases
- 34 probable cases (more likely to be measles than anything else and usually linked to an existing case).
- Around 35 settings affected, mostly primary schools.

Across the East Midlands:

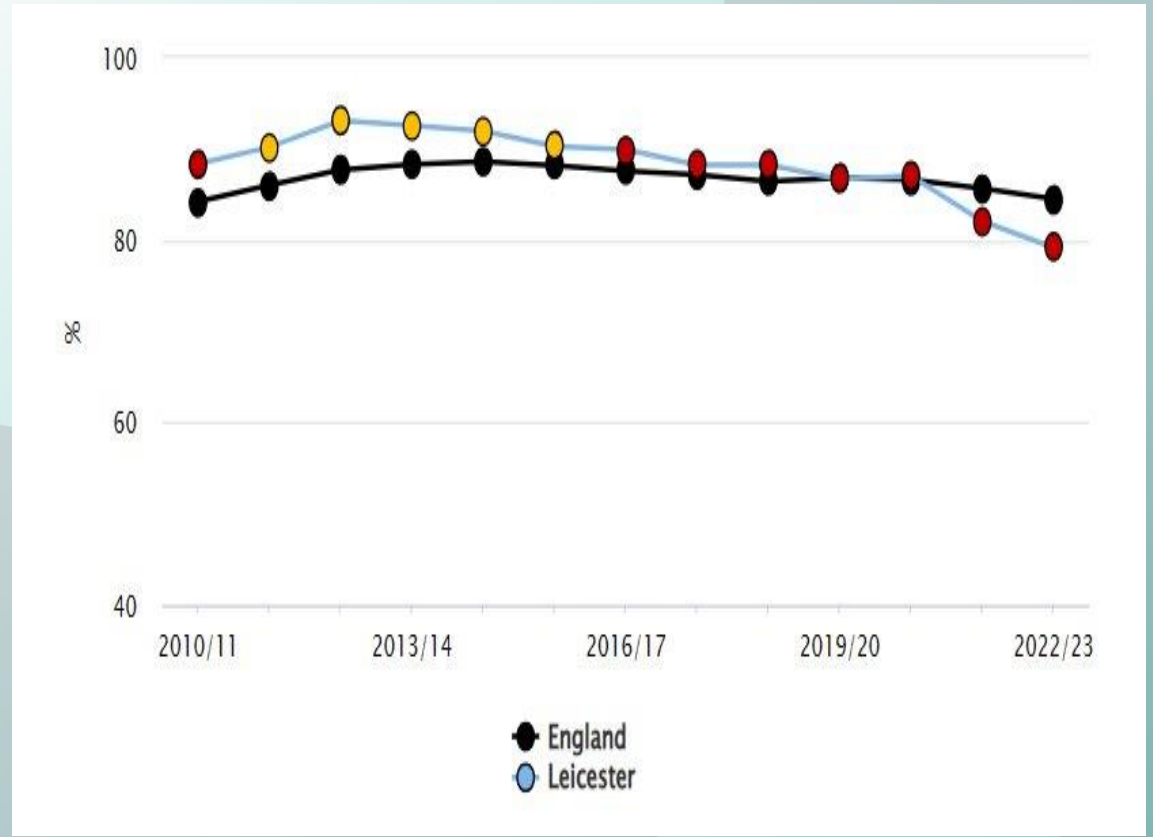
- Just under 50% of cases in primary school age children
- @27% in 1 – 4 year olds
- @18% in 12 – 18 year olds
- Large majority not vaccinated

Overall picture is one of steady infection that is likely to last for several weeks or longer.

Because..



MMR dose 1 (2 years of age)



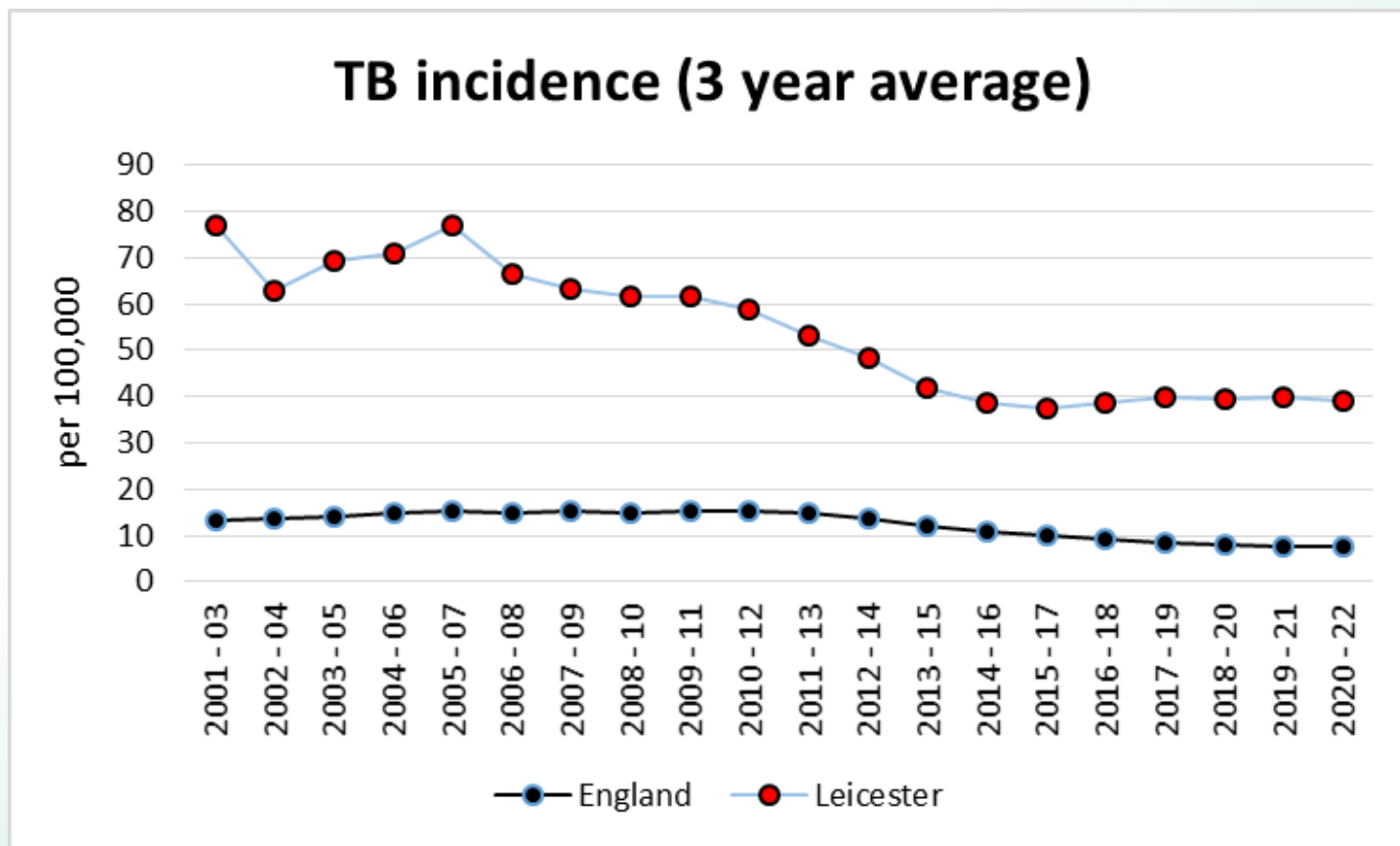
MMR dose 2 (5 years of age)

Our traditionally high vaccination rate has been steadily declining for the last ten years.

Our response:

- Response to cases (UKHSA lead):
 - Contact tracing and identification of vulnerable contacts
 - Risk assessment of location, information provision and offer of roving unit placement (LCC public health).
- Vaccination (ICB lead):
 - Roving unit in multiple locations dependent on cases/low vaccination: 183 vaccinations given over 21 clinics between 1st Feb and 16th March.
 - Porcine free vaccine as routine on unit.
 - In school vaccination at low uptake schools by school age vaccination team (LPT)
 - Super vaccinator and other support to GP practices.
- Comms and engagement (joint):
 - Package of locally produced material translated into multiple languages in multiple formats.
 - Links and relationship building with schools, mosques, community leaders, faith leaders, voluntary organisations.
 - Social media and other media ongoing presence
 - National childhood imms campaign
- Partnership working across agencies including ICB, NHS England, local authority, UKHSA, UHL, the local voluntary and community sector and our communities.

Tuberculosis (TB) in Leicester



- Leicester has the second highest rate of TB in England.
- Rates in England are highest in populations who were not born in the UK and whose country of origin has high rates.
- Leicester has a screening programme for TB for all new arrivals aged between 16 and 35 years of age.
- In Leicester children born to parents whose country of origin has high rates of TB are vaccinated.

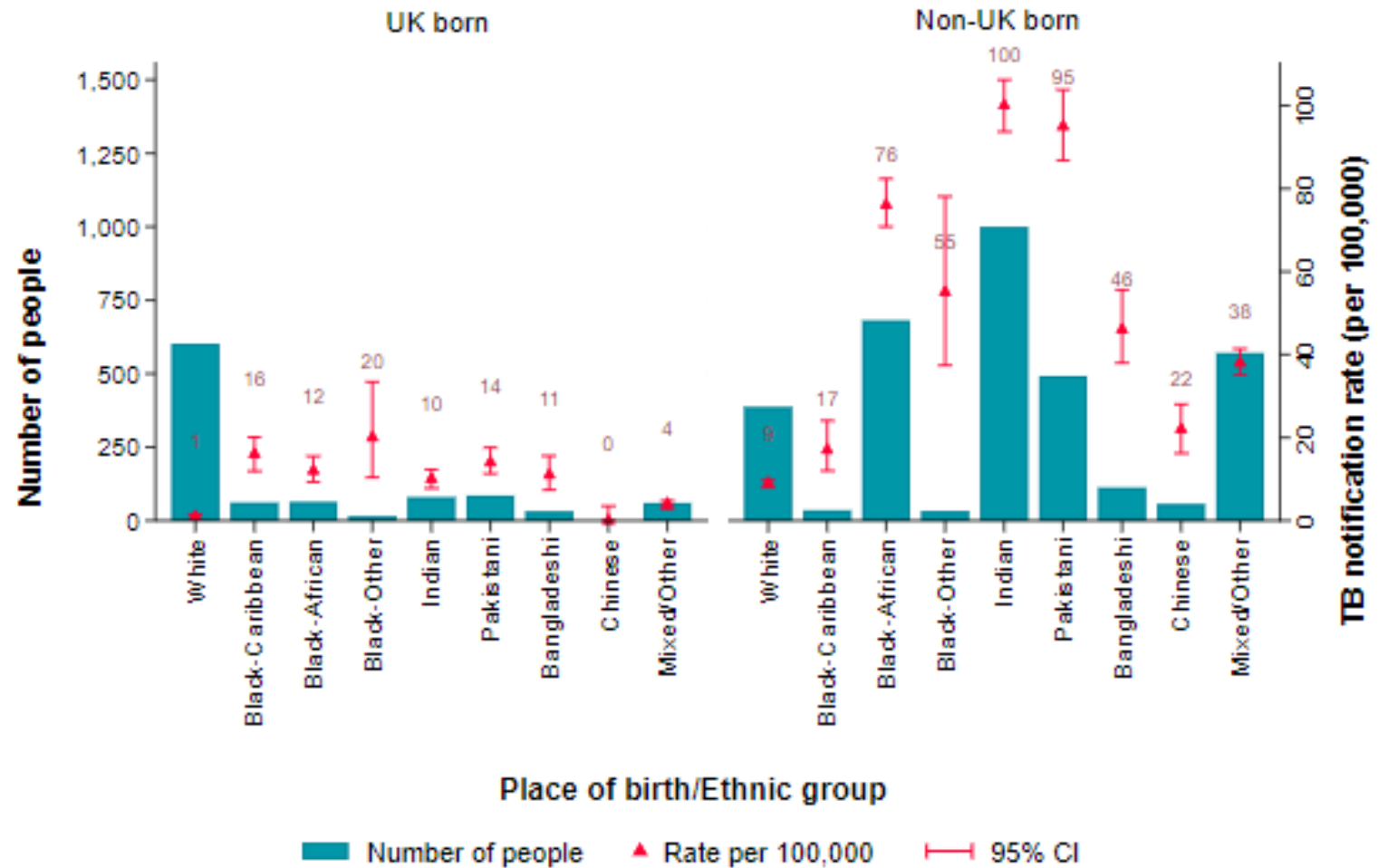
Figure 13. Number of TB notifications and rates by place of birth (UK and non-UK-born) and ethnic group, England, 2021| 95% CI | 95% CI

Tuberculosis in England: Ethnicity

For both UK-born and non-UK-born individuals, TB notification rates in England were much higher in those who were recorded as belonging to non-white ethnic groups.

In UK-born individuals, the highest notification rates were in the black-other ethnic group - 19.5 per 100,000 compared with 1.4 per 100,000 for the white ethnic group.

For non-UK-born individuals, notification rates are highest in those who were recorded as being from the Indian ethnic group (99.8 per 100,000) and lowest in the white ethnic group (8.9 per 100,000).



Time between entry to UK and notification of TB

Year	Less than 2 years (%)	2 – 6 years (%)	6 – 11 years (%)	Over 11 years (%)
2011	16.2	29.5	22.2	32.1
2012	13.5	31.0	21.0	34.4
2013	9.7	31.1	21.7	37.4
2014	11.1	27.0	20.7	41.1
2015	12.3	22.6	21.3	43.8
2016	13.3	20.6	20.3	45.7
2017	12.1	21.7	19.3	46.9
2018	12.5	22.4	18.2	46.9
2019	14.9	21.4	17.6	46.1
2020	15.7	23.0	14.9	46.5
2021	13.9	26.1	16.4	43.6

Most people are treated for TB after they have been in the UK for more than 6 years

Our response:

- Individual response to cases led by UKHSA and the TB service based at UHL.
- TB conference held on 21st March to raise awareness of TB and its impact.
- A TB workshop to be held on 25th April to develop a TB strategy for Leicester.
- Individual pieces of work in progress to help inform/drive the strategy:
 - An audit of the latent screening programme highlighting the disparity in screening in different practices across the city
 - Analysis of reason for delay in treatment from diagnosis:
 - Delay in seeking help (cough is normal)
 - Repeat presentation (misdiagnosis, loss of trust)
 - Stigma
 - Increased trust in those with positive experience
 - Audit of drop out rates and reasons from initial testing to treatment.
 - Investigation into reasons why some people prefer treatment in their country of origin.
 - Recruitment of a drugs and alcohol and TB Programme Officer
- Partnership working: ICB, UKHSA, National TB Unit, NHS England, local authority public health, TB services, UHL, local communities and community organisations.