

# Health Protection Annual Report for Swindon

2022/23



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# 1 Foreword by Director of Public Health, Professor Steve Maddern

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Welcome to the 2022/23 Health Protection annual report for Swindon.

Health Protection is a term used to describe a set of activities within the public health system that protects individuals, groups and populations from communicable (infectious) diseases and other threats to health, including non-infectious environmental hazards such as chemicals and radiation. Health protection is one of the responsibilities of the local director of Public Health, working with key partners including the UK Health Security Agency, the NHS and many others. It has been given an increasing profile in recent years following threats since the SARS-CoV-2 pandemic.

A health protection response aims to prevent, assess and mitigate risks and threats to people's health, this requires close working between Directors of Public Health, NHS, national government and agencies, industry and the public.

This annual report aims to give an overview of the local Health Protection challenges across Swindon, how these are managed at a community level and how we have taken local action.



**Professor Steve Maddern**  
Director of Public Health,  
Swindon Borough Council  
December 2022

# 2 Purpose of the report

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Health protection is the domain of public health, which seeks to prevent or reduce the harm caused by communicable diseases and to minimise the health impact from environmental hazards such as chemicals, radiation and adverse weather events.

This 2022/23 Annual Health Protection report has been prepared by the Swindon Health Protection Board which is responsible for co-ordinating the health protection responsibilities of Swindon's multiple local commissioning bodies. The purpose of the Health Protection Board is to assure Swindon Borough Council and the Health and Wellbeing Board regarding the adequacy of prevention, surveillance, planning and response concerning the health protection issues that affect Swindon residents.

The report considers the following key domains of Health Protection:

- Communicable disease control and environmental hazards
- Immunisation and screening
- Healthcare-associated infections and antimicrobial resistance
- Emergency planning, resilience and response

This annual health protection report covers the period from 1st April 2022 to 31st March 2023 and provides an overview of key communicable diseases and environmental risks to our population.

This report was prepared in Q4 of 2023. While the latest publicly available data has been used, some data sources are still subject to change, and official data released subsequently may not correlate exactly with the data within this report.

# 3 Communicable Diseases

Registered medical practitioners in England and Wales have a statutory duty to notify the local Health Protection Team of the United Kingdom Health Security Agency (UKHSA) or the Local Authority Public Health Team of suspected cases of certain infectious diseases. Laboratories in England performing a primary diagnostic role must also notify the UKHSA Health Protection Team when they confirm a notifiable organism.

The notification system that is in place enables the early identification of communicable diseases, infection rates and associated trends and assists in facilitating a rapid multi-agency response when required. The infections that require a timely, methodical and systematic response include the ones that have an important public health significance or have potentially serious effects. All such notifications are recorded and published by the UKHSA.

This section of the report has used the latest UKHSA data to highlight the key infections impacting the population of Swindon. Figure 1 shows the most common notifiable communicable diseases affecting the Swindon population between Q3 2020 and Q2 2023. It should be noted that while this data is from routine surveillance reports, it is subject to change and does not represent official UKHSA statistics. Where available, official Office for National Statistics (ONS) data has been used to supplement this.

**Swindon**

Infection	Rate per 100,000 population												Trend	Comparison to 2022-2**
	2020-3	2020-4	2021-1	2021-2	2021-3	2021-4	2022-1	2022-2	2022-3	2022-4	2023-1	2023-2		
Scarlet Fever	0.0	0.0	0.0	0.0	0.0	1.3	4.3	1.7	18.8	25.2	88.6	9.8		↑
Invasive group A streptococcal infection	0.0	0.0	0.4	0.4	0.4	0.0	0.4	1.3	2.6	2.1	1.7	1.7		↑
Measles	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		→
Mumps	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		→
Pertussis	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		→
Meningococcal infection*	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	NA	NA	NA		→
Campylobacter	31.0	23.3	20.1	32.9	27.4	24.4	21.0	24.0	28.2	21.4	17.1	30.4		↑
Cryptosporidium	0.9	0.4	0.9	0.9	0.4	0.4	0.0	0.0	0.9	0.4	0.4	1.3		↑
Escherichia coli STEC	0.0	0.0	0.0	0.4	0.4	0.0	0.4	0.4	0.4	0.4	0.0	0.4		→
Giardia	0.4	0.4	0.9	0.4	0.9	0.0	0.9	0.4	0.4	0.0	0.9	0.4		→
Salmonella Enteritidis	0.4	0.0	0.4	0.0	1.3	0.0	0.4	0.0	1.7	1.7	0.0	1.7		↑
Salmonella Typhimurium	0.0	0.0	0.0	1.7	0.9	0.0	0.9	0.9	2.6	0.4	1.3	0.4		↓
Shigella	0.0	0.4	0.4	0.0	0.0	0.4	0.4	0.0	0.0	1.3	0.0	0.0		→

\*Data for the latest quarter is currently undergoing validation and is therefore not yet available.  
 \*\*For meningococcal infection this comparison is between quarter 3 2021 and quarter 3 2022

**Tuberculosis†**  
 † Quarterly rates are not available. Annual rates are presented.

Infection	Rate per 100,000 population										Trend	Comparison to 2019
	2012	2013	2014	2015	2016	2017	2018	2019	2020			
Tuberculosis	8.5	14.0	8.3	10.1	13.7	11.3	6.3	10.8	7.6		↓	

Figure 1 - A table showing the rate per 100,000 of notifiable communicable disease in Swindon, 2020-2023 (Source - UKHSA Southwest Quarterly Surveillance Report June 2023)

## 3.1 Measles

Measles is a highly infectious illness caused by a virus. This virus multiplies at the back of the throat, commonly causing cold-like symptoms and a rash. While most people recover from the infection in a few days, some people, particularly those with weaker immune systems, may suffer serious complications or death.

The South West region, including Swindon, has reported extremely low incidence rates of measles in recent years. Notably, there were no confirmed cases in 2021 or 2022 (the latest period in which data is available), and only three cases of measles have been recorded in the borough since 2012.

Despite the United Kingdom (UK) reporting no recent laboratory-confirmed cases of measles, there is a growing concern about potential outbreaks due to falling vaccination rates. These result from recent vaccine hesitancy following the SARS-CoV-2 pandemic as well as the 1998 Wakefield Measles, Mumps & Rubella (MMR) Scandal- a controversy in which Dr Andrew Wakefield published a since-discredited study linking the MMR vaccine and autism. Subsequent studies have found no link between the MMR vaccine and autism or bowel disease (which was also falsely reported by Wakefield).

(Source – NHS)

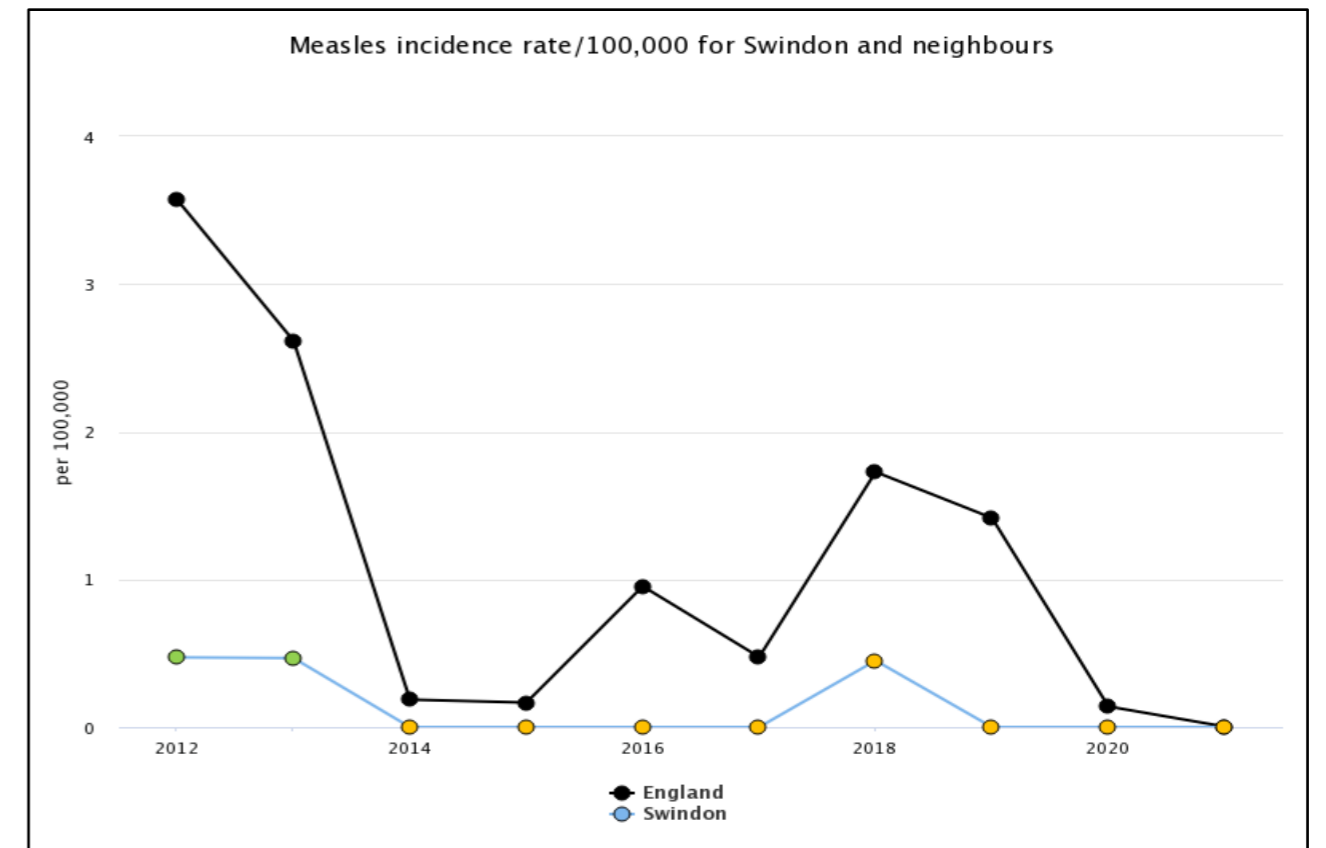


Figure 2 - Graph showing the crude incidence rate of new cases of confirmed measles per 100,000 population, 2012 to 2021, Swindon and England (Source - Fingertips)

### 3.2 Pertussis

Pertussis (also called whooping cough) is a bacterial infection of the lungs and respiratory system. It typically causes a severe cough which can result in potentially serious complications, especially in younger children. Swindon did not record any laboratory-confirmed cases of Pertussis in 2021.

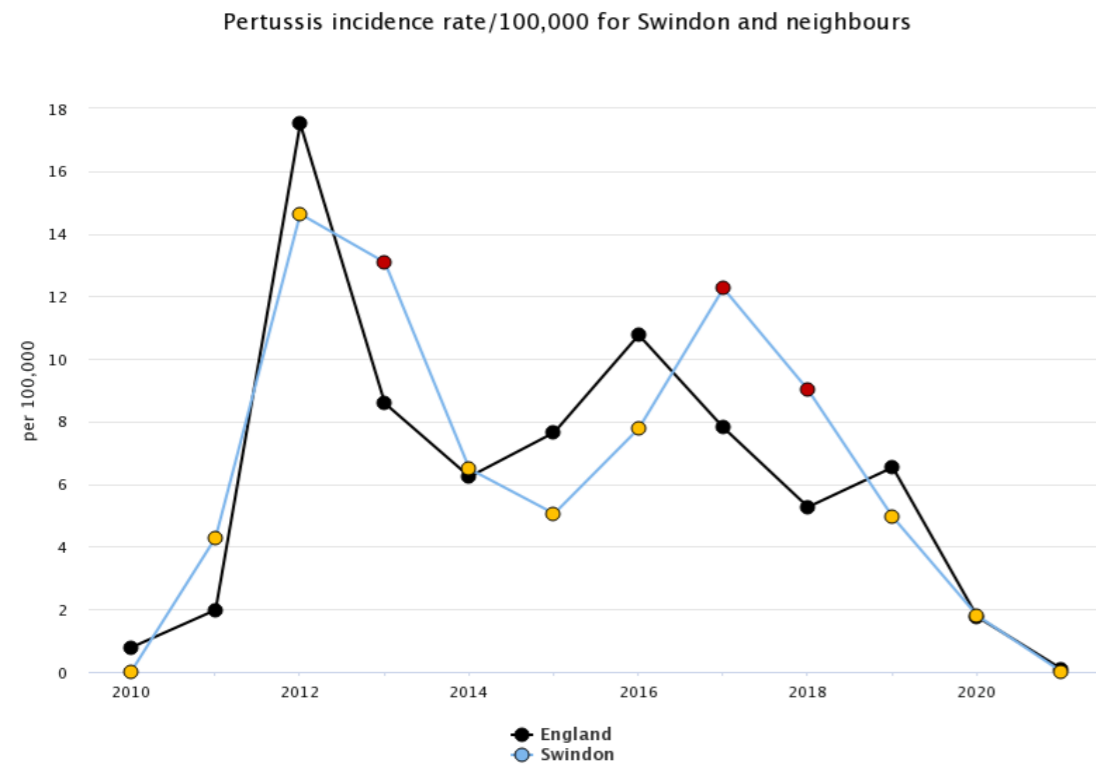


Figure 3 - Graph showing the crude incidence rate of laboratory-confirmed pertussis cases per 100,000 population, 2012 to 2021, Swindon and England (Source - Fingertips)

### 3.3 Scarlet Fever and Group A Streptococcus

It was expected that certain infectious diseases would re-emerge as SARS-COV-2 lockdowns and social distancing measures were eased, but some of these diseases were also atypical in their seasonality and significance. Notably, scarlet fever and invasive Group A Streptococcus (iGAS) have resurfaced with unexpected frequency across the UK. These are both caused by the bacteria Group A Streptococcus.

Group A Streptococcus is a common bacteria which can result in mild infections such as a sore throat or scarlet fever. In some cases, infection may result in a more serious condition called iGAS, which may result in hospitalisation or death.

In December 2022, there were multiple cases of iGAS reported across the UK, which tragically resulted in the deaths of several primary school-aged children – None of which occurred in Swindon. This is likely due to increased mixing after reduced socialisation due to the SARS-COV-2 pandemic.

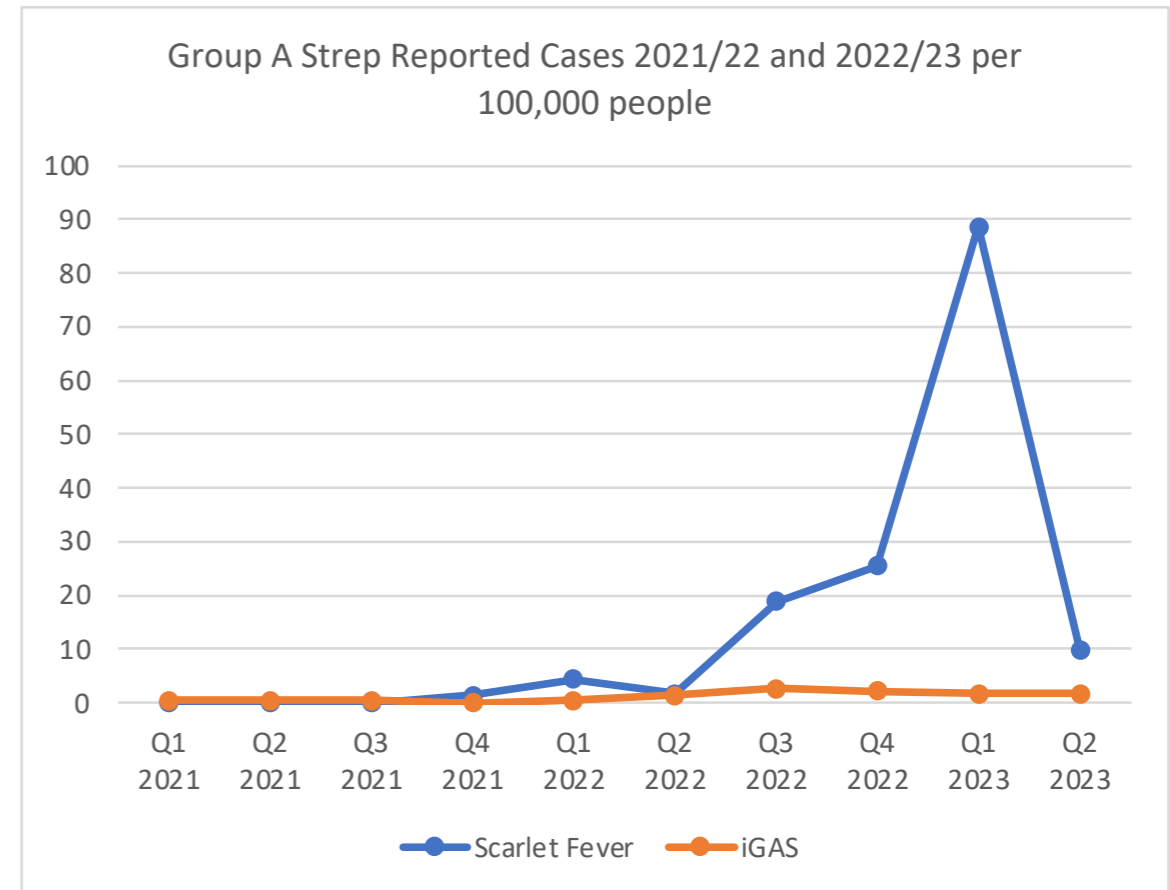


Figure 4 - Graph Showing Group A Strep Reported Cases in Swindon in 2021/22 per 100,000 People (Source - UKHSA Southwest Quarterly Surveillance Report)

In Swindon, rates of Scarlet Fever were low throughout 2021, however, these increased at the end of 2022, with levels reaching 18.8 and 21.2 cases of Scarlet Fever per 100,000 people in Q3 and Q4. This was in keeping with the trend seen throughout the rest of England and the South West. Cases of Invasive Group A Strep were not as high, with rates peaking at 2.6 per 100,000 people in Q3 of 2022. As seen in Figure 4, rates have fallen in 2023 within Swindon. At a national level, the latest data from Q3 2024 shows that reported case numbers are higher than average but far below the peak seen in 2022.

This period was of local concern, both for parents and local healthcare services. In response, local communications were undertaken to raise awareness of scarlet fever and iGAS in schools, nurseries and other childcare settings and information letters were also issued to parents of young children through local head teachers.

(Source - Group A streptococcal infections: first update on seasonal activity in England, 2023 to 2024)

### 3.4 Tuberculosis

Tuberculosis (TB) is a bacterial infection that usually affects the lungs. TB is relatively rare in the UK, and much more common in the developing world. Symptoms normally come on slowly and include a cough, fever, weight loss and tiredness. While TB can become serious if untreated, the majority of cases respond to antibiotics.

The number of UK TB cases reached its lowest level during the 1980s, however, cases have risen since then, with increased poverty, an ageing population, immigration and the Acquired immunodeficiency syndrome (AIDS) pandemic being thought to be causes. Cases and rates of TB vary significantly across the UK, with highly urban and overcrowded areas such as London and Birmingham recording the highest rates.

(Source - TB incidence and epidemiology in England, 2021)

In 2022, England had a TB incidence of 7.7 per 100,000, with 4380 cases across the period. This is below the World Health Organisation (WHO) target of 10 per 100,000. Swindon has a slightly higher incidence than the national average (7.8 per 100,000) and a much higher incidence compared to the South West (2.8 per 100,000). While these figures have been trending downwards, improvements appear to have stagnated in recent years.

The incidence of TB within Swindon is significantly higher than the regional average, this is likely due to a combination of factors including the higher proportion of migrants from high-incidence countries, the growing rates of homelessness and the larger number of people who are using drugs and alcohol – which are all risk factors for TB.

Swindon has a Community TB service, which is provided by Carfax Health Enterprise (CHE). This includes a latent TB screening service which provides latent TB testing for close contacts of local TB cases, as well as a latent TB screening service for recent migrants from high-incidence countries.

Due to the low incidence of TB in the general UK population, vaccination against TB (the Bacillus Calmette-Guerin/BCG Vaccine) is only offered to children under the age of 16 whose parents or grandparents were born in a country with a high incidence of TB (deemed to be an incidence of over 40 per 100,000 population). Within Swindon, this vaccination is delivered by the Swindon Community TB service. The service provided BCG vaccination to 580 children under the age of 16 in Swindon in 2022/23.

(Source – Tuberculosis (TB) notifications reported to enhanced TB surveillance systems: UK, 2000 to 2022, The Green Book, The National TB Action Plan)

### 3.5 Meningococcal infection

Meningococcal disease is a potentially deadly bacterial infection caused by Neisseria meningitidis. While anyone may be affected, younger children and infants are the most susceptible.

At a national level, there were 205 cases of invasive meningococcal disease during the 2021/2022 period compared to the exceptionally low number of 80 cases in 2020/2021. The latest data for Swindon is from 2020/2021 and shows that the number of cases had reduced significantly compared to pre-covid levels. Data from the UKHSA in Figure 1 (found at the start of the section) shows that reported case numbers have remained low since 2020 through to Q2 2023.

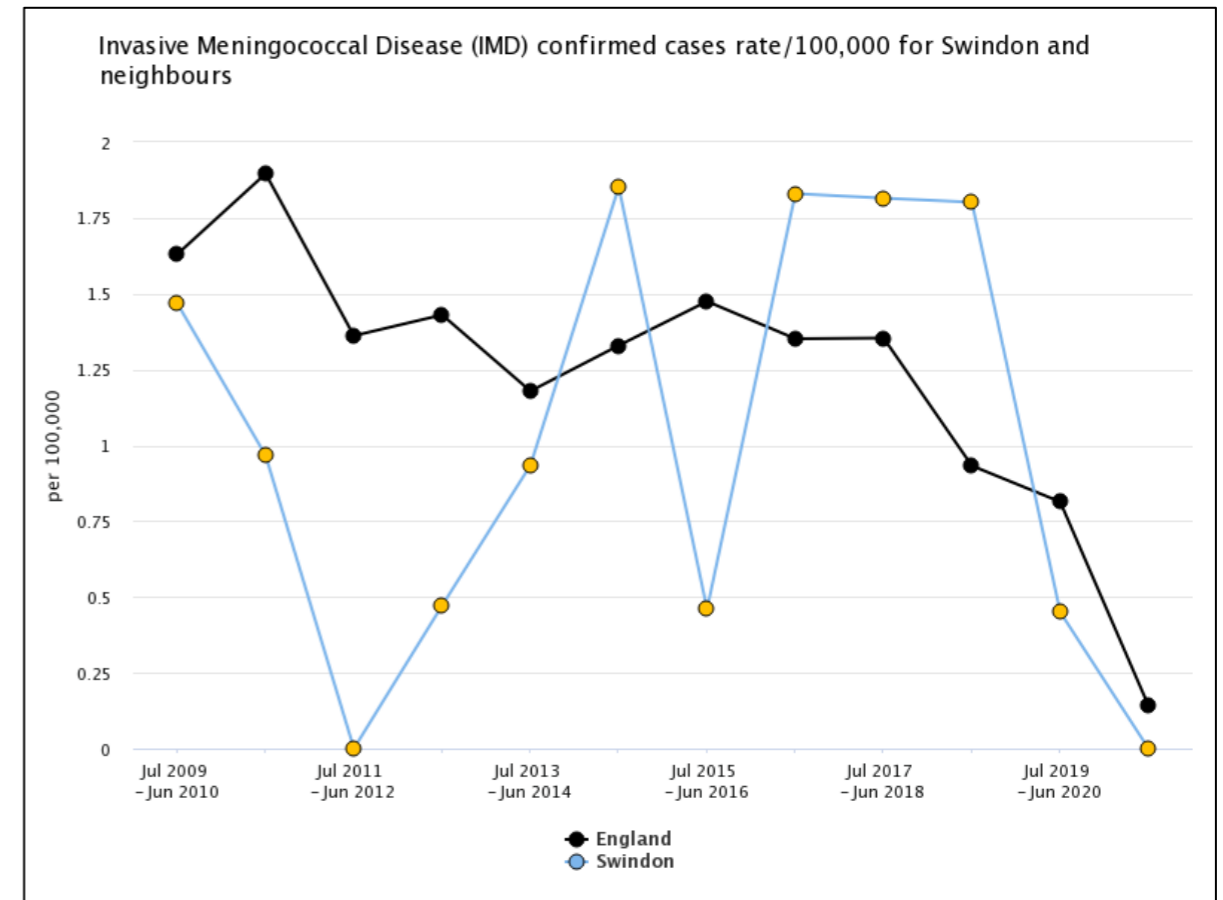


Figure 5 - Graph showing the crude incidence rate of new cases of laboratory-confirmed IMD infection per 100,000 population, 2009 to 2020, England and Swindon (Source - Fingertips)

Period	Swindon				England
	Count	Value	95% Lower CI	95% Upper CI	
Jul 2009 - Jun 2010	3	1.5	0.3	4.3	1.6
Jul 2010 - Jun 2011	2	1.0	0.1	3.5	1.9
Jul 2011 - Jun 2012	0	0.0	0.0	1.8	1.4
Jul 2012 - Jun 2013	1	0.5	0.0	2.6	1.4
Jul 2013 - Jun 2014	2	0.9	0.1	3.4	1.2
Jul 2014 - Jun 2015	4	1.9	0.5	4.7	1.3
Jul 2015 - Jun 2016	1	0.5	0.0	2.6	1.5
Jul 2016 - Jun 2017	4	1.8	0.5	4.7	1.4
Jul 2017 - Jun 2018	4	1.8	0.5	4.6	1.4
Jul 2018 - Jun 2019	4	1.8	0.5	4.6	0.9
Jul 2019 - Jun 2020	1	0.5	0.0	2.5	0.8
Jul 2020 - Jun 2021	0	0.0	0.0	1.7	0.1

Figure 6 - Table showing the crude incidence rate of new cases of laboratory-confirmed IMD infection per 100,000 population, 2009 to 2020, England and Swindon (Source - Fingertips)

### 3.6 SARS-COV-2 (SARS-COV-2)

While the WHO have declared that SARS-COV-2 is no longer a global health emergency, cases of the disease are still occurring, along with SARS-COV-2-related hospital admissions and SARS-COV-2-related mortality. SARS-COV-2 remains a key health protection risk with SARS-COV-2 transmission placing a significant burden on local health and social care services and preventative work, including SARS-COV-2 vaccination for population groups at increased risk of poor outcomes from SARS-COV-2 is ongoing.

#### 3.6.1 Testing

Since the pandemic began in December 2020, Swindon recorded 2,205,988 tests for SARS-COV-2, this includes Polymerase Chain Reaction (PCR), lateral flow and lab tests. As seen in Figure 7, the number of tests has dropped significantly throughout 2022, following the removal of free universal LFD testing, and this trend has continued into 2023. The peak 7-day average of virus testing in 2023 was 160 tests being reported in January, which compares to a peak of 9928 in January 2022. During 2023, the vast majority of tests within Swindon were lateral flow tests.

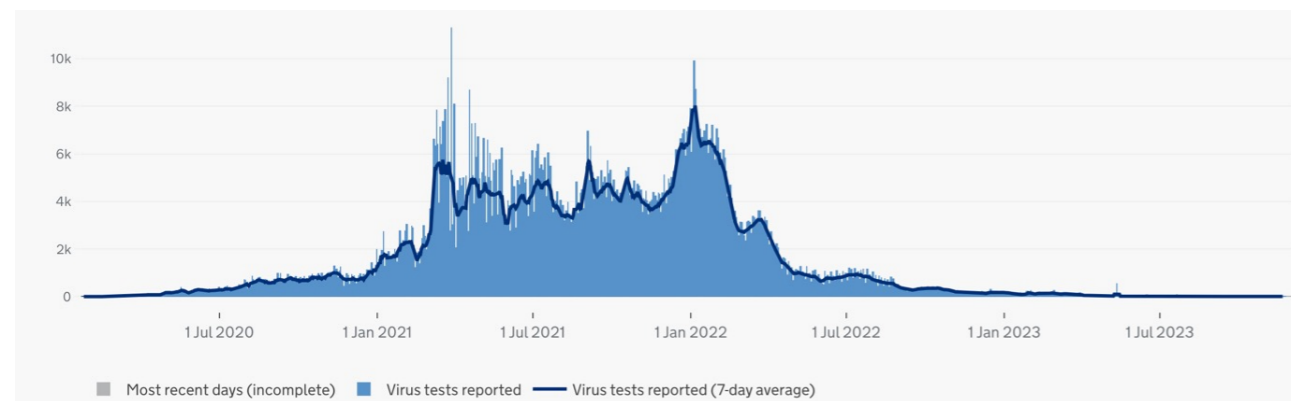


Figure 7 - Graph showing the number of SARS-COV-2 virus tests reported, 2020 to 2023, Swindon (Source - Coronavirus (SARS-COV-2) in the UK)

#### 3.6.2 Cases

From the start of the pandemic until December 2023, Swindon recorded a total of 83,370 cases of SARS-COV-2. 77,394 of these were first infections, and 5,976 were reinfections. The number of cases generally declined throughout 2022 and into 2023, with the lowest 7-day average being recorded in June 2023 (0.3 cases). It is worth noting that average weekly cases peaked twice, in March and October 2023 rising to 20.1 and 11.0 respectively. During the peak of the pandemic, the majority of cases were in younger people, however in 2023, the majority of Swindon's cases occurred in people over the age of 60, which reflects more limited testing to those most at risk in health and social care settings.

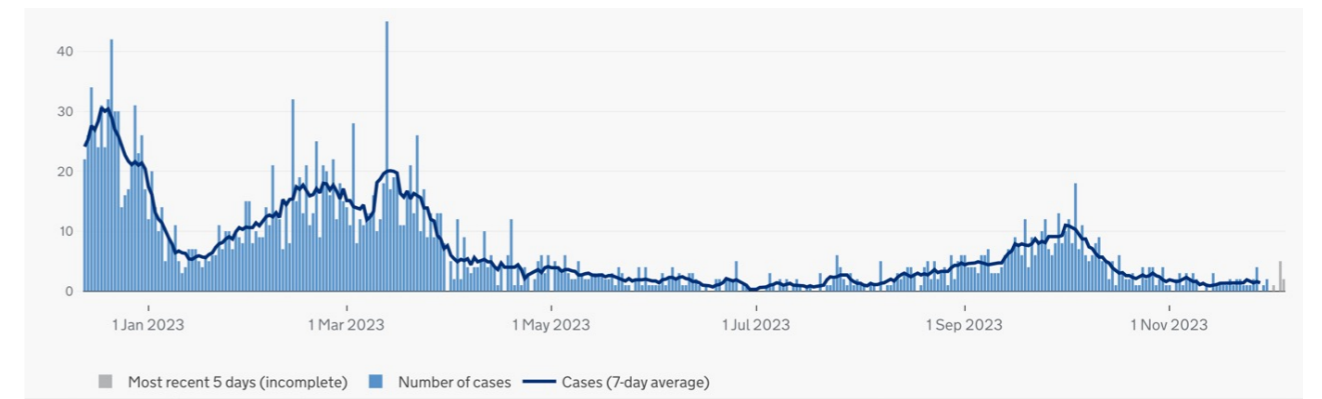


Figure 8 - Number of SARS-COV-2 cases, by specimen date, 2023, Swindon (Source - Coronavirus (SARS-COV-2) in the UK)

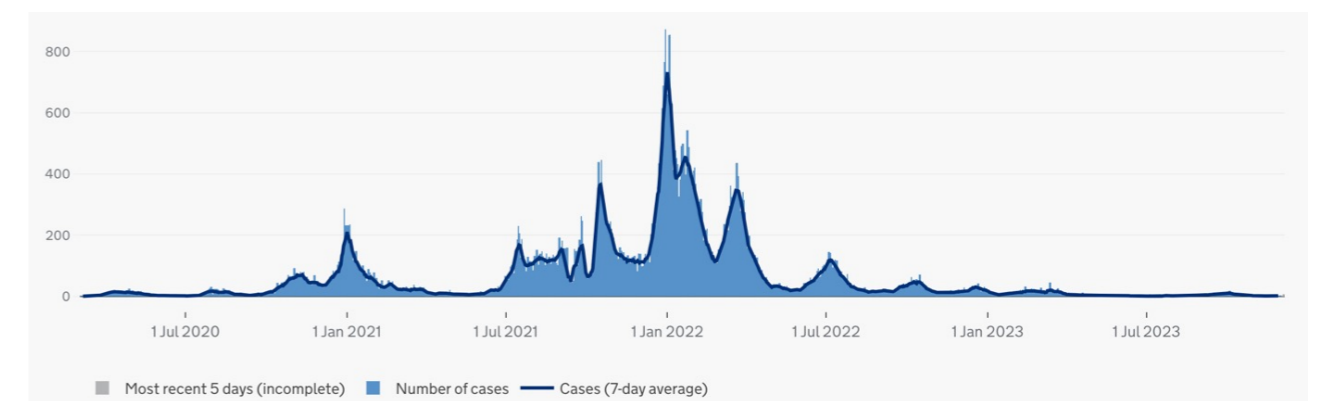


Figure 9 - Number of SARS-COV-2 cases, by specimen date, 2020 to 2023, Swindon (Source - Coronavirus Data)

The main acute healthcare trust within Swindon is the Great Western Hospitals NHS Foundation Trust (GWH). From the start of the pandemic until December 2023, 6,371 patients were admitted to GWH with SARS-COV-2. Admissions during 2023 followed the same trend as case numbers, peaking at 16 cases in one day in March 2023.

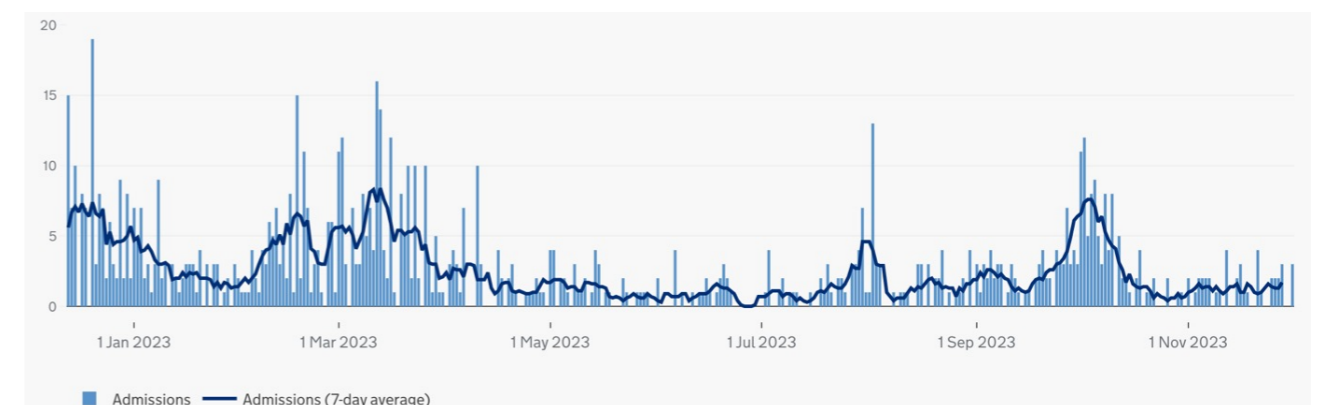


Figure 10 - Patients Admitted To Hospital with confirmed SARS-COV-2, 2023, Swindon (Source - Coronavirus (SARS-COV-2) in the UK)

### 3.6.3 Mortality

Since the start of the pandemic until the 14th of December 2023, England recorded 197,448 deaths of people with SARS-COV-2 on their death certificate. Of these, 14,638 occurred in the South West, including 554 Swindon residents. In 2023, 42 deaths with SARS-COV-2 on the death certificate were recorded in Swindon. This is significantly less than in previous years.

(Source – Weekly deaths Local Authority 2023)

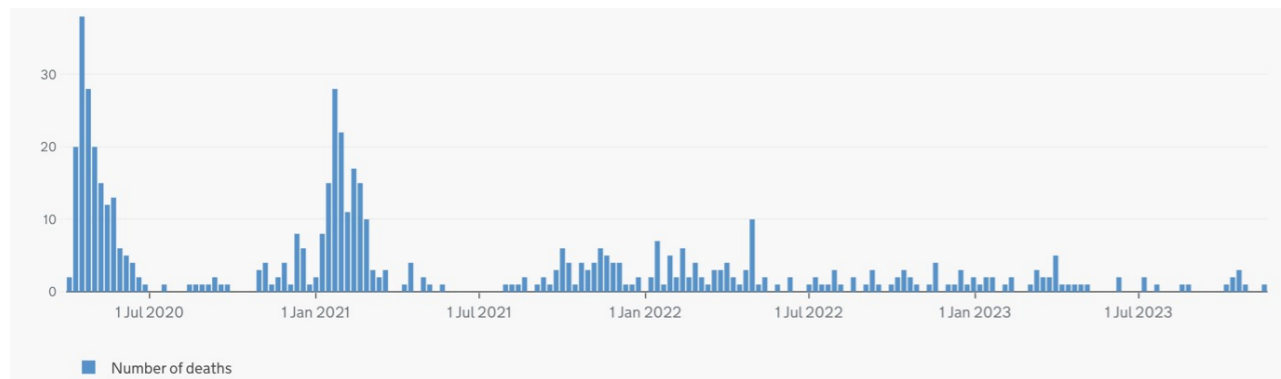


Figure 11- Daily numbers of deaths of people whose death certificate mentioned SARS-COV-2 as one of the causes, 2020-2023, Swindon (Source - Coronavirus Data)

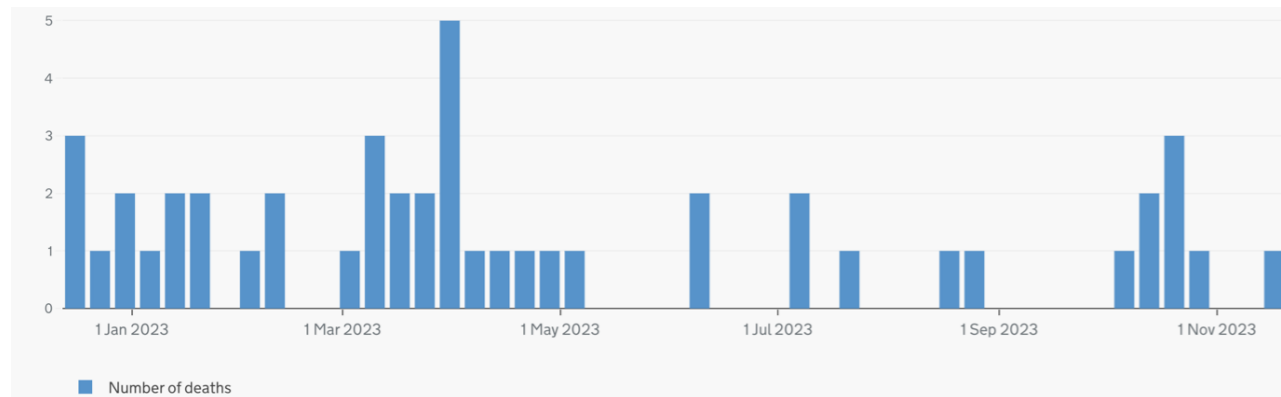


Figure 12 - Daily numbers of deaths of people whose death certificate mentioned SARS-COV-2 as one of the causes, 2023, Swindon (Source - Coronavirus (SARS-COV-2) in the UK)

### 3.6.4 Vaccinations

SARS-COV-2 vaccines remain the most important and effective way the public can protect themselves and others from becoming seriously ill or dying from the virus. Without the vaccine programme, and the high levels of take-up, we would not have been able to transition into the current phase of living safely with SARS-COV-2. A recent review by UKHSA also showed that people who have had one or more doses of a SARS-COV-2 vaccine are less likely to develop long COVID symptoms than those who remain unvaccinated. Nevertheless, no vaccine is 100% effective, not everyone will choose to be vaccinated, and there is an ongoing risk of a new variant emerging that the vaccine is less effective against.

A key role locally, will be for the Council, Integrated Care Board (ICB) and NHS to continue to work in partnership with the voluntary and community sector and local communities to increase uptake in groups that have lower vaccine uptake. This includes continuing activities that make vaccinations more accessible, analysing vaccination uptake data to help identify which groups may need more support to access vaccination, and building behavioural insights into the programme to support understanding of how vaccine confidence can be increased.

During 2022, the ‘evergreen’ offer of primary doses continued, along with an autumn booster programme for eligible cohorts. Vaccinations were given at GP practices, local vaccination centres, local community pharmacies and a range of community outreach locations. 30,851 vaccines have been delivered in the Autumn 2023 booster programme resulting in 83% of eligible Swindon residents having received at least one dose of a SARS-COV-2 vaccine by the 13th of December 2023, with 79.6% receiving at least 2 doses and 64.1% having received 3 or more doses. Of those eligible for the Autumn booster vaccine, the lowest uptake is seen in people aged between 65 to 70 years and the highest uptake is seen in those aged 85-89. As depicted in Figure 13, uptake is lower than much of the South West including the other major towns/cities within the region.

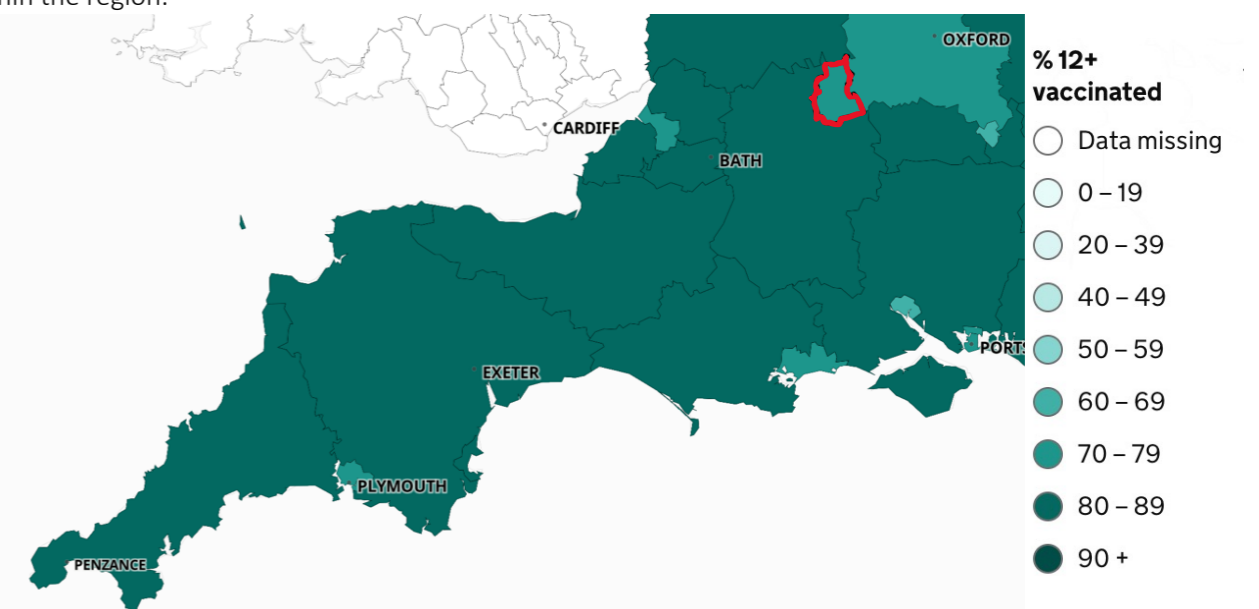


Figure 13 - Percentage of people aged 12+ vaccinated with one dose, up to and including 15 November 2023, Southwest (Source - Coronavirus (SARS-COV-2) in the UK)



### 3.7 Notable local clusters and outbreaks of concern in 2022

#### 3.7.1 Scabies

Scabies is an itchy rash caused by the scabies parasite. Often cases present in isolated nature, however in certain cases, outbreaks can occur. Within Swindon, we managed a Scabies outbreak in March 2022 which involved an unusually high number of cases at a hotel housing migrants. An incident management team (IMT) with different systems including the UKHSA, Swindon Borough Council Public Health, the ICB (Integrated Care Board), general practice (GP), and the establishment service provider was conducted in response to the outbreak, and treatment was recommended for all residents and staff. This was supported by our local Live Well team including video demonstrations, environmental cleaning and issuing clean clothes to those having treatment.

#### 3.7.2 Avian Flu

Avian flu is a type of influenza virus that spreads among birds, and in rare cases, can affect humans. During September and October 2022, Swindon had and managed an outbreak of confirmed avian flu in local wild birds. A small number of dead wild birds were found at Coate Water (4-5 swans or geese) and Shaftesbury Lake (7 swans or geese) – both were on public land owned by the Council. A series of incident management meetings were held with key partners to discuss and manage this outbreak, which included providing advice and information to the public and parish councils on the safe handling and removal of sick and dead wild birds. The dead birds were disposed of by contractors in full personal protective equipment (PPE) under the guidance of the UKHSA and safety messaging was put out to the public, including signage in local areas. No human cases occurred.

#### 3.7.3 Mpox

Mpox is caused by the monkeypox virus which is common in West and Central Africa. In 2022, an outbreak of Mpox occurred across the UK, mainly affecting gay and bisexual men and other men who have sex with men (GBMSM). By June, the Mpox vaccination programme was introduced which was offered to eligible GBMSM at sexual health clinics, with a single dose being prioritised in those at high risk before second doses were offered. By the end of 2022, there were 3552 total cases of Mpox within England, with less than 5 of these occurring within Swindon.

(Source – Mpox Outbreak Epidemiological Overview)

## 4 Healthcare-Associated Infections

While delivering healthcare, a range of different treatments may be required, ranging from medications to invasive procedures. These may also require patients to spend time in healthcare facilities (such as hospitals). All of these may increase your risk of developing specific infections, which as a group are called healthcare-associated infections (HCAIs). Common examples of HCAIs are central line-associated bloodstream infections, catheter-associated urinary tract infections (CAUTIs) or surgical site infections. While many consider HCAIs to only occur in a hospital setting, these only account for approximately 20% of cases. The other 80% of HCAIs occur within community settings, for example in people who have had treatment with their GP or in people who live in a care home. Regionally and nationally there has been a year-on-year rise in HCAI, and this is noted when comparing 2021/22 data to 2022/23 data. This rise is also reflected locally across the Bath & North East Somerset, Swindon and Wiltshire (BSW) system, the Swindon locality and GWH.

Managing the risk of healthcare infections is complex, due to multiple risks and contributory factors, including but not limited to, multiple organisations providing care, inequalities, local transmission rates and geography. Partners providing care across Swindon include but are not limited to, GWH, primary care services which include GP practices, pharmacies, optometry and dental services and social care providers, including care homes and domiciliary care providers. The Swindon Public Health team works in partnership with NHS health services, social care and NHS BSW ICB to take steps and actions to reduce healthcare-associated infections.

It should be noted that HCAI data is recorded by financial year rather than calendar year and that the data in Figure 15 is based on current reporting to the UKHSA. This data is subject to change and does not represent official UKHSA statistics. Where available, official Office for National Statistics (ONS) data has been used.

**Swindon**

Healthcare associated infections (HCAI)\*

\* Rates for the acute Trusts and ICBs within the local authority are presented. Trust rates are per 100,000 bed days.

Trust	Infection	Rate per 100,000 occupied bed days												Trend	Comparison to 2022-2
		2020-3	2020-4	2021-1	2021-2	2021-3	2021-4	2022-1	2022-2	2022-3	2022-4	2023-1	2023-2		
Great Western Hospitals NHS Foundation Trust	Hospital onset MRSA bacteraemia§	0.0	0.0	0.0	4.2	0.0	0.0	0.0	0.0	1.9	3.9	0.0		↔	
	Hospital onset MSSA bacteraemia	13.3	9.0	9.2	18.9	4.1	11.8	14.1	23.6	15.4	13.1	9.6	5.7	↔	
	Hospital onset Healthcare Associated C. difficile Infection*	4.4	11.2	11.5	10.5	20.3	25.5	12.1	11.8	11.6	14.9	23.1	32.4	↔	
	Hospital onset E. coli bacteraemia	24.4	22.5	13.7	14.7	22.3	2.0	18.1	11.8	30.8	16.8	32.7	30.5	↔	

ICB	Infection	Rate per 100,000 population												Trend	Comparison to 2022-2
		2020-3	2020-4	2021-1	2021-2	2021-3	2021-4	2022-1	2022-2	2022-3	2022-4	2023-1	2023-2		
NHS Bath and North East Somerset, Swindon and Wiltshire ICB	Community onset MRSA bacteraemia§	0.1	0.1	0.2	0.2	0.1	0.1	0.1	0.2	0.1	0.1	0.4	0.2		↔
	Community onset MSSA bacteraemia	2.9	4.5	3.5	4.0	5.2	3.2	3.2	3.5	4.5	4.5	3.2	4.2	↔	
	Community onset C. difficile Infection~	3.9	4.5	2.9	4.5	3.8	4.2	2.4	3.1	5.8	2.5	4.8	3.5	↔	
	Community onset E.coli bacteraemia	14.1	12.4	12.6	13.0	12.4	10.3	9.7	13.0	13.4	11.3	9.6	8.4	↔	

§ From April 2018 MRSA cases are no longer assigned to ICB, Trust or Third Party using Post Infection Review. MRSA are now described as Hospital onset and Community onset based on the time of the specimen in relation to admission date. Hospital onset and Community onset MRSA rates are therefore shown to allow comparisons between current and previous quarters, but cases prior to April 2018 will also have been subject to assignment to Trust, ICB or Third Party.

\*From April 2019 the CDI reporting algorithm changed to incorporate a prior healthcare exposure element for community onset cases. Therefore Hospital onset cases are now referred to as Hospital onset Healthcare Associated

~From April 2019 CDI apportionment rules incorporated new subcategories of Community onset cases. The rates here include all subcategories of Community onset CDI cases (see Data Sources for further information).

Figure 15 - A table showing the rate per 100,000 of Healthcare-associated infections in Swindon, 2020-2023 (Source - UKHSA Southwest Quarterly Surveillance Report June 2023)

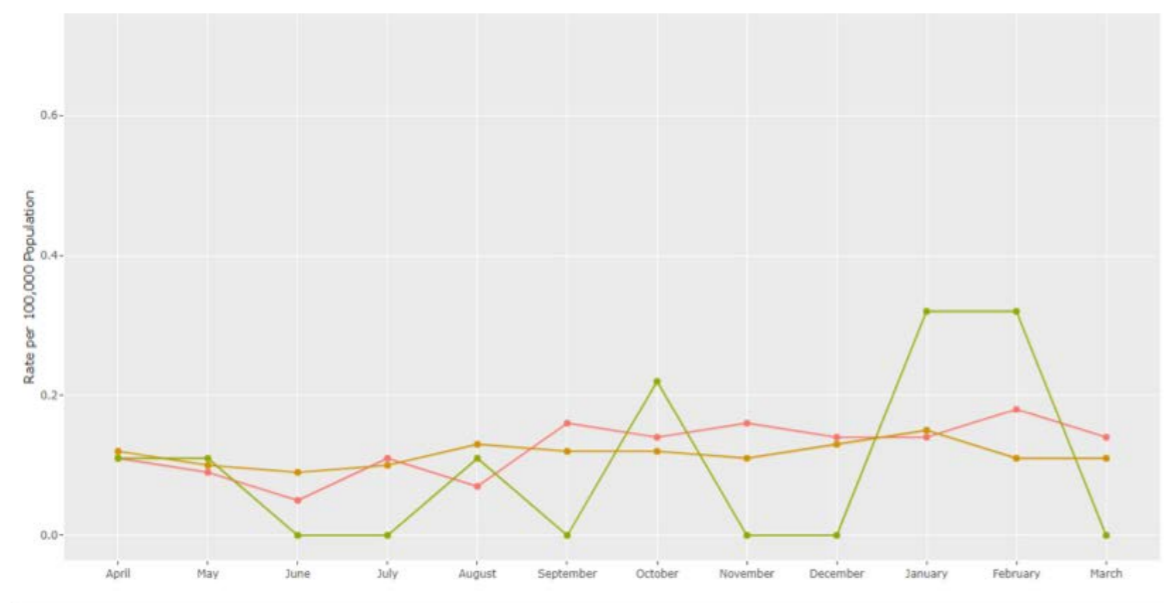
## 4.1 MRSA and MSSA

Methicillin-resistant Staphylococcus aureus (MRSA) & Methicillin-sensitive Staphylococcus aureus (MSSA) are infections caused by the bacteria Staphylococcus aureus. While around 1% of the general population are colonised with this bacteria and are asymptomatic, others who become infected may suffer from a variety of serious infections. Both MRSA and MSSA are resistant to a range of antibiotics, and the only difference between the two is which specific antibiotics they are resistant to- with MRSA being more resistant. Both infections are most often acquired in healthcare settings, such as in a hospital or during surgery. The most serious forms of these infections are MRSA and MSSA bacteraemia, where the infection gets into the bloodstream causing a life-threatening illness.

### 4.1.1 MRSA

During the 2022/23 financial year, there were 12 cases of MRSA across the BSW area. Skin and soft tissue infections remain the highest primary source of community-onset cases in the region and as such work by the ICB has included:

- Linking with dermatology colleagues around skin conditions and advice for patients and staff on management
- Linking with colleagues in drug and alcohol services to understand risk factors amongst our PWID (People who inject drugs) population
- Link in with colleagues from other ICBs to understand improvement and reduction work and best practices from other areas



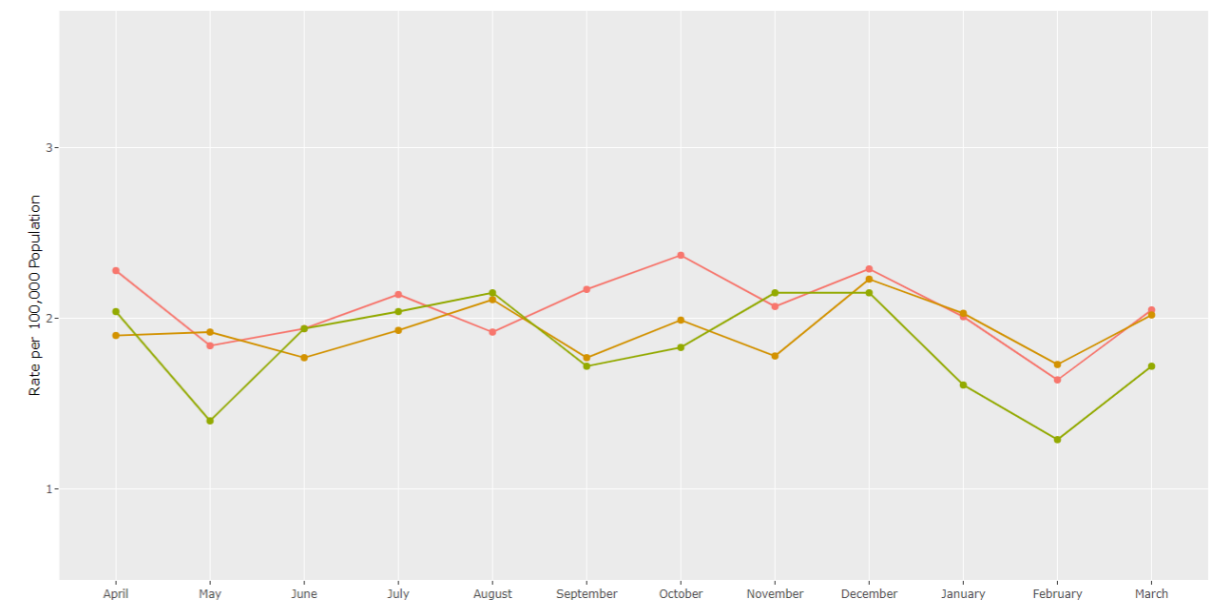
## ICB



Figure 16 - Graph showing the rate of MRSA healthcare-associated infections per 100,000 people by integrated care board. 2022 to 2023, Southwest (Source – NHS BSW ICB Healthcare-associated infections 2022/23 overview)

### 4.1.2 MSSA

Across the region, there has been a rising trend in the number of MSSA cases during 2022/23. During this period, there were 205 cases of MSSA, 47 of which occurred in Swindon. Although this rise was still ongoing in Q4, case rates have slowed in comparison to the growth seen in the previous three quarters of 2022/23. As a result, all acute trusts are monitoring their cases and have assigned reduction targets within their organisations as there are currently no nationally set thresholds for MSSA. Initial findings show that invasive line management (such as cannulas or fluid drips) may be a factor in this rise, however further community work and case reviews are being undertaken to understand root causes and contributory factors.



ICB



Figure 17 - Graph showing the number of MSSA healthcare-associated infections per 100,000 people by integrated care board. 2022 to 2023, Southwest (Source – NHS BSW ICB Healthcare-associated infections 2022/23 overview)

## 4.2 Clostridioides difficile (C. diff)

Within GWH, the most common type of hospital-acquired infection is Clostridioides difficile (C. diff), also referred to as Clostridioides difficile infection (CDI). This is a bacterial infection that causes diarrhoea and other infection-specific complications. It is often the result of antibiotic use, with certain antibiotics allowing the Clostridioides bacteria to overtake the gut and cause infection. Because of this, being in a healthcare setting can increase your risk of developing C. diff.

While the incidence of C. Diff infection in the region has decreased significantly since 2008, levels rose at the end of 2022 and have remained high into 2023. This rise can be seen across the BSW region as well as within Swindon specifically. This follows both a national and regional rise. While the majority of these cases have been hospital-onset, healthcare-associated, there has also been an increase in community-onset, community-acquired cases as well.

As a result, the ICB has increased their work surrounding antimicrobial stewardship and infection prevention and control. The ICB continues to work collaboratively with both system and regional partners to look at reducing inappropriate antibiotic use in the population. It has been noted that whilst BSW is performing well in reducing the overall consumption of antibiotics, there is still some progress to be made on the use of broad-spectrum antibiotics. Additional work includes the development of C.diff information packs for General Practice, which include content for diagnosis, management and medicine optimisation as well as BSW system representation at the South West regional collaborative.



Figure 18 - Graph showing the number of CDI in Swindon, 2022 to 2023 (Source – NHS BSW ICB Healthcare-associated infections 2022/23 overview)

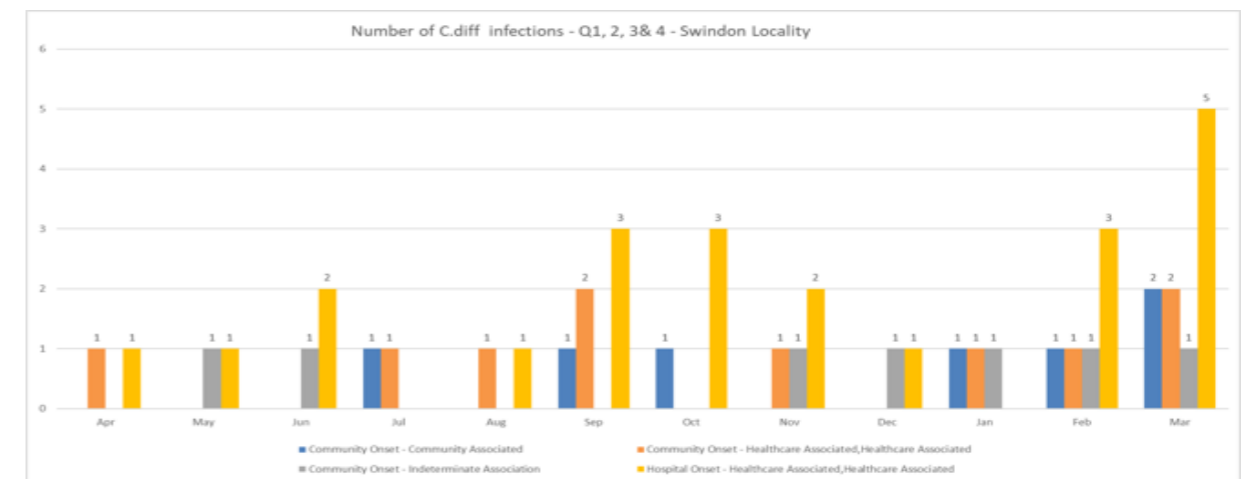


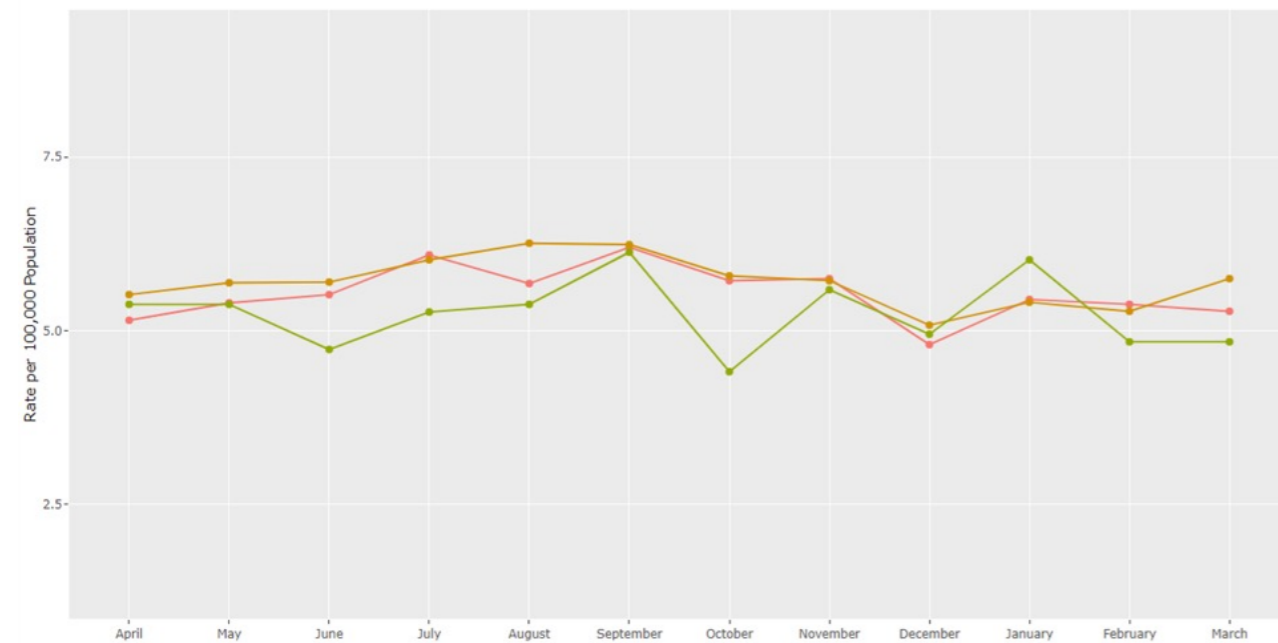
Figure 19 - Graph showing the number of CDI in Swindon, 2021 to 2022 (Source – NHS BSW ICB Healthcare-associated infections 2022/23 overview)

### 4.3 Gram-negative bacteria (Escherichia coli, Pseudomonas and Klebsiella)

Gram-negative bacteria are a class of bacteria which cause a range of infections including pneumonia, bloodstream infections, wound or surgical site infections, and urinary tract infections. The most common examples of gram-negative bacteria in healthcare settings are Escherichia coli, Pseudomonas and Klebsiella in healthcare settings.

The BSW system has seen a year-on-year reduction for both Klebsiella and Pseudomonas, however, this has not been the case for E. coli, with a year-on-year rise being noted. This is an area of concern for the BSW System HCAI collaborative.

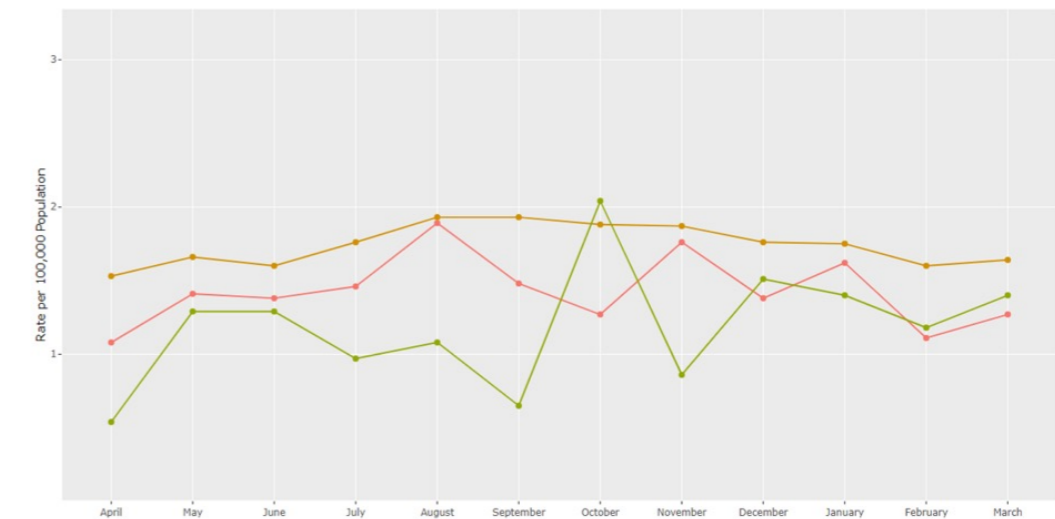
The BSW ICB HCAI Collaborative launched a quality improvement project to reduce lower urinary tract infections in May 2023 (which make up a significant proportion of gram-negative infections). This has involved working with a range of stakeholders, including the Swindon Public Health team, as well as primary care, community care and acute care clinicians. This will also support the antimicrobial reduction agenda and may also impact CDI incidence through appropriate prescribing. The ICB in partnership with the community and primary care services are undertaking an audit of catheters within the community and reviewing practices to reduce the incidence of catheter-associated urinary tract infections (CAUTI) which impact some of these cases. Furthermore, the BSW Hydration project is a quality improvement project focusing in particular on increasing hydration in the over 65 population of those living alone in their own homes with the aim to reduce E-coli Blood Stream Infections (BSI), UTIs across the BSW.



ICB



Figure 20 - Graph showing the number of E. Coli Infections in Swindon, 2022 to 2023 (Source – NHS BSW ICB Healthcare-associated infections 2022/23 overview)



ICB



Figure 21- Graph showing the number of Klebsiella Infections in Swindon, 2022 to 2023 (Source – NHS BSW ICB Healthcare-associated infections 2022/23 overview)

## 5 Antimicrobial Resistance

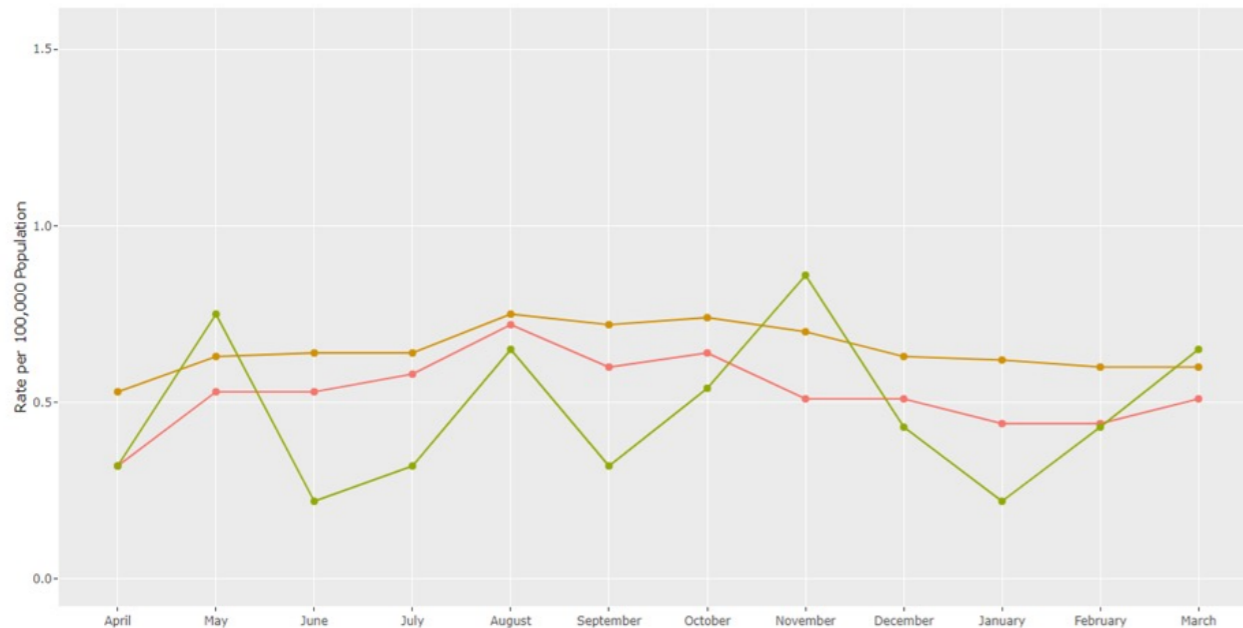
Antimicrobial medicines are used to prevent and treat infection. Examples of these include antibiotics, antivirals, antifungals, and anti-parasitics. The more we use these agents, the infective organisms which they stop can become more resistant to them. When this happens, the antimicrobial medicines become less effective, resulting in infections being harder to treat (sometimes impossible) and thus increasing their risk. It is estimated that 35,000 people die each year as a result of antimicrobial resistance making infections too hard to treat. This process of resistance occurs naturally over time. However, certain practices, such as overprescribing of antibiotics, or the use of antimicrobials in farming, can increase the speed at which this resistance occurs.

Antimicrobial stewardship (AMS) is an approach to using and monitoring antimicrobial medications. It aims to use them in a way that preserves their future effectiveness. This should be undertaken by all healthcare staff and organisations who have access to and use antimicrobials in their work. AMS includes prescribing antimicrobials only where they are necessary, ensuring that antimicrobial use is being suitably monitored, and requiring healthcare systems to allocate resources to the development of new antimicrobials.

Antimicrobial stewardship is a key priority in the BSW ICB System and across the UK. Rising rates of antimicrobial resistance globally have resulted in more chronic, multi-drug-resistant infections, and have limited antibiotic choice for clinicians. Within Swindon, the main source of antibiotic use within our local healthcare system is in the community, and thus, much of the work focuses on this area.

### 5.1 Antimicrobial Stewardship in the Community

At a community level, rates of antibiotic use in Swindon rose during the end of 2022 and into 2023. This brought the Swindon rate of antibiotic use above NHS England's national targets for our local population. While this is the case, the rates of some of the most important antibiotics are below national targets when looked at in specific detail (Co-amoxiclav, Cephalosporins and Quinolones).



ICB



Figure 22 - Graph showing the number of Pseudomonas Infections in Swindon, 2022 to 2023 (Source – NHS BSW ICB Healthcare-associated infections 2022/23 overview)

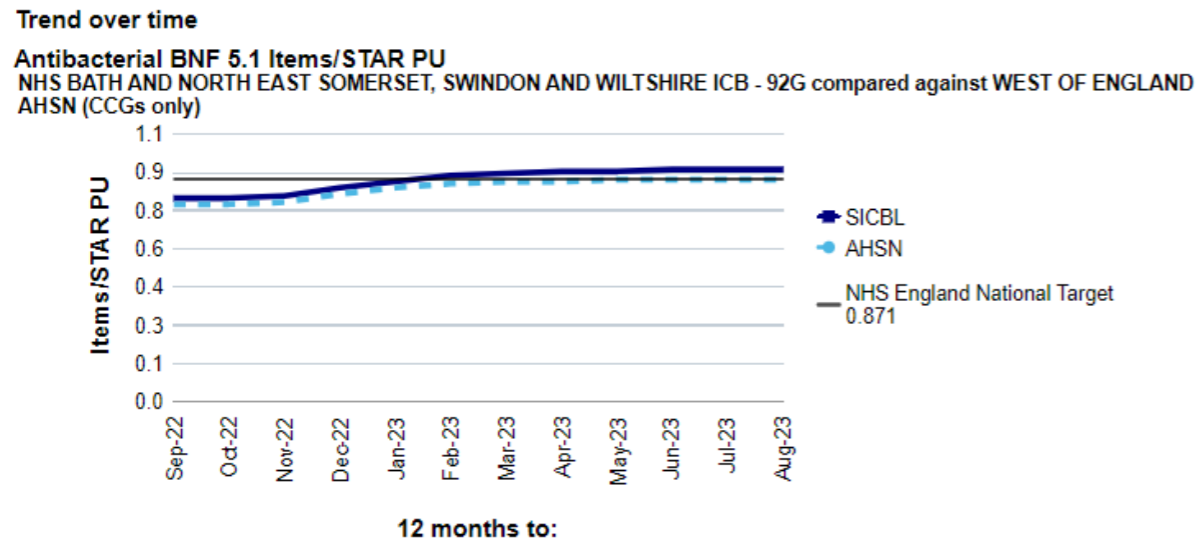


Figure 23 - A graph showing the specific Therapeutic Group Age-Sex Related Prescribing Units (STAR-PU) by Sub ICB Location (SICBL) and Academic Health Science Networks (AHSN), 2022 to 2023, BSW ICB (Source – ePACT2)

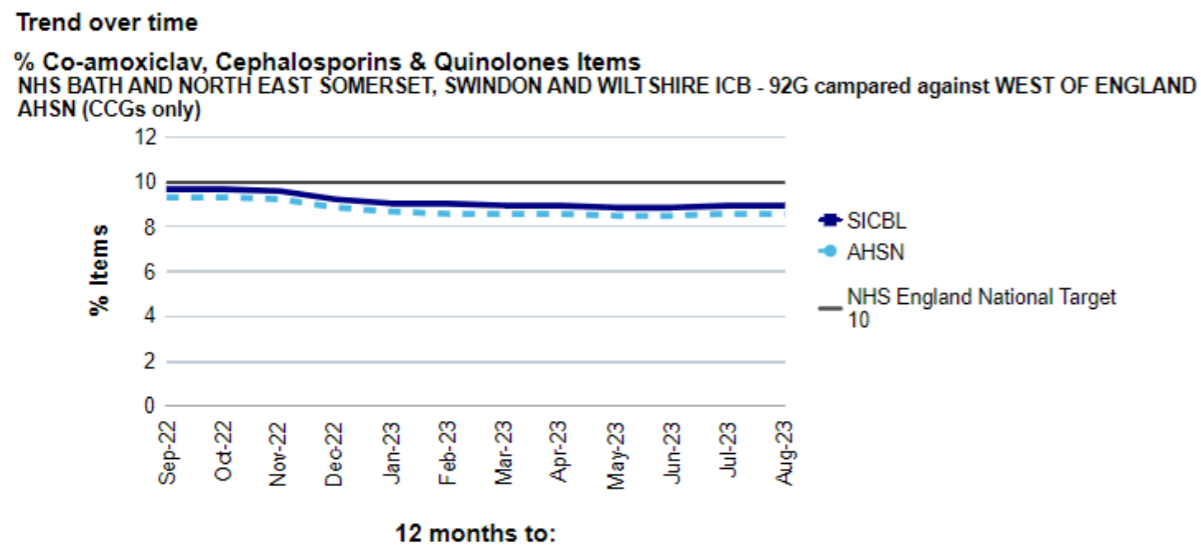


Figure 24 - A graph showing the number of Co-amoxiclav, Cephalosporin & Quinolone prescriptions by Sub ICB Location (SICBL) and Academic Health Science Networks (AHSN), 2022 to 2023, BSW ICB (Source – ePACT2)

## 5.2 Antimicrobial Stewardship within the Hospital

Within GWH, 97% of antibiotic use was in accordance with local guidelines, and 100% of antibiotics were reviewed within an appropriate timeframe. There is a national target to reduce the usage of broad-spectrum antibiotics by 10% from the 2017 baseline and GWH has reduced usage by 14.6%.

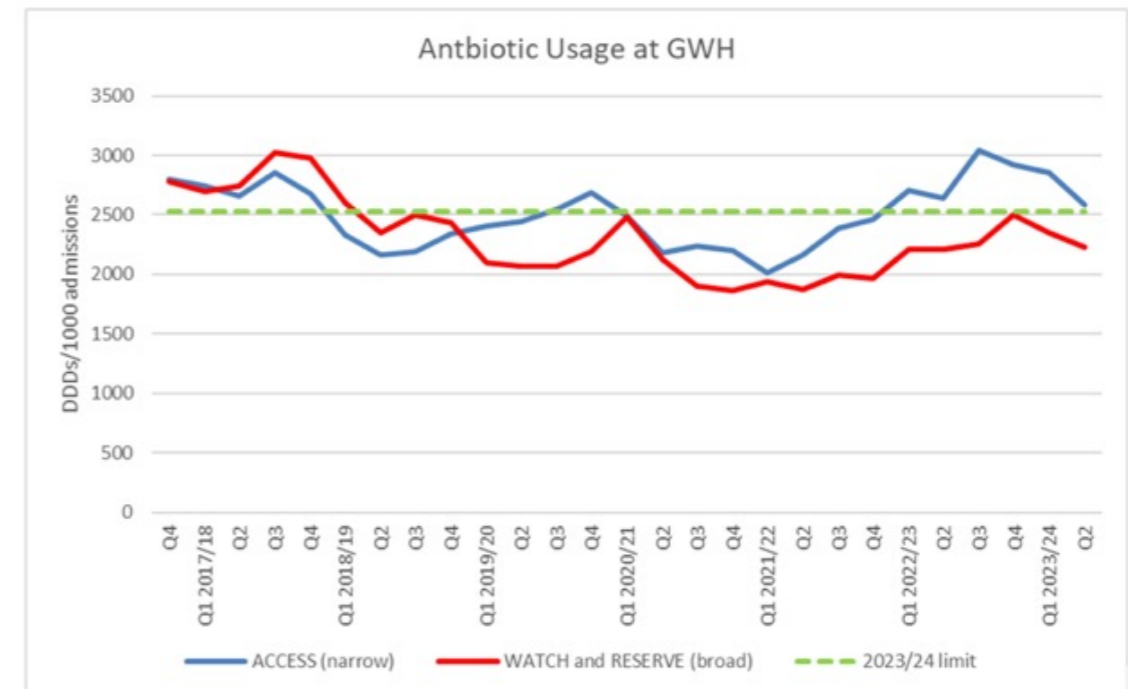


Figure 25 - A graph showing the number of defined daily doses prescribed, 2017 to 2023, GWH (Source - Antibiotics Q2 Report GWH)

## 5.3 Antimicrobial Stewardship Work

GWH works with the BSW ICB regarding antimicrobial stewardship. Current work includes:

**Surveillance** – The ICB benchmarks antimicrobial stewardship data, and then shares and presents this information on primary care/GP practices in their Quarterly Practice Report. Individual practice data is discussed during review meetings to facilitate improvement and good practice.

**Quality Improvement Projects** – The ICB’s Medicine Optimisation team provides support in conducting antimicrobial stewardship audits and facilitating local quality improvement projects. Previous examples include reviewing broad-spectrum antibiotic prescribing compliance, indications and individual prescribers’ performance.

**Providing Guidance** - The ICB develops educational material relating to specific antimicrobial resistance problems (such as Clostridioides difficile information packs). These are then delivered to General Practices to support them with diagnosis, management and medicine optimisation.

Future work being prepared includes a GP practice lower UTI management audit and prescribing review as well as reviewing the shortest effective course length for certain commonly used antibiotics.

# 6 Sexual Health

Efforts to improve the sexual and reproductive health of the population are a public health priority. Sexually Transmitted Infections (STIs) can have lasting long-term and costly complications if it's not treated and are almost entirely preventable.

Sexual ill health is not equally distributed within the population. Strong links exist between deprivation and STIs, teenage conceptions and abortions, with the highest burden borne by women, men who have sex with men (MSM), young adults and those from minority ethnic backgrounds. Similarly, HIV infection in the UK disproportionately affects MSM and Black Africans. Some groups at higher risk of poor sexual health face stigma and discrimination, which can influence their ability to access services.

The Swindon Public Health team produced a Sexual Health Needs Assessment in 2022/23 which was overseen by Swindon's Sexual Health Executive Group (SHEG). This report utilised 2020 data, which at the time indicated a higher-than-average need locally.

## 6.1 Chlamydia and Gonorrhoea

While historically rates of STIs have been higher in Swindon than across the rest of England, these fell during the pandemic (as a result of social distancing and reduced testing). In particular, the number of detected cases of chlamydia and gonorrhoea reduced significantly and have now fallen below the national and regional average. In comparison to its statistical neighbours, Swindon has lower crude diagnostic rates of both chlamydia and gonorrhoea.

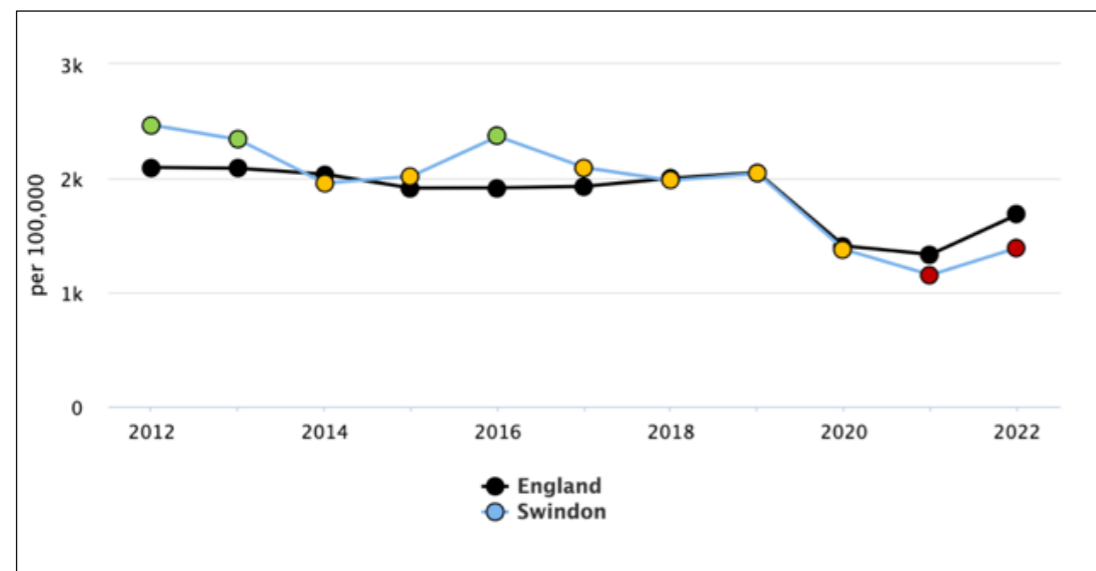


Figure 26 - Graph showing chlamydia diagnoses in 15 to 24-year-olds attending sexual health services and community-based settings, expressed as a rate per 100,000 population, 2012 to 2022, England and Swindon (Source - Fingertips)

Period	Swindon				South West	England
	Count	Value	95% Lower CI	95% Upper CI		
2012	615	2,467	2,276	2,670	2,025	2,095
2013	574	2,340	2,152	2,539	1,986	2,088
2014	475	1,958	1,786	2,142	1,832	2,035
2015	482	2,018	1,842	2,207	1,724	1,914
2016	552	2,367	2,174	2,573	1,808	1,917
2017	486	2,093	1,911	2,288	1,852	1,929
2018	460	1,981	1,805	2,171	1,940	1,999
2019	465	2,041	1,860	2,236	1,870	2,050
2020	314	1,376	1,228	1,537	1,262	1,407
2021	281	1,152	1,021	1,295	1,069	1,333
2022	339	1,389	1,245	1,546	1,567	1,680

Figure 27 - Table showing chlamydia diagnoses in 15 to 24-year-olds attending sexual health services and community-based settings, expressed as a rate per 100,000 population, 2012 to 2022, England and Swindon (Source – Fingertips)

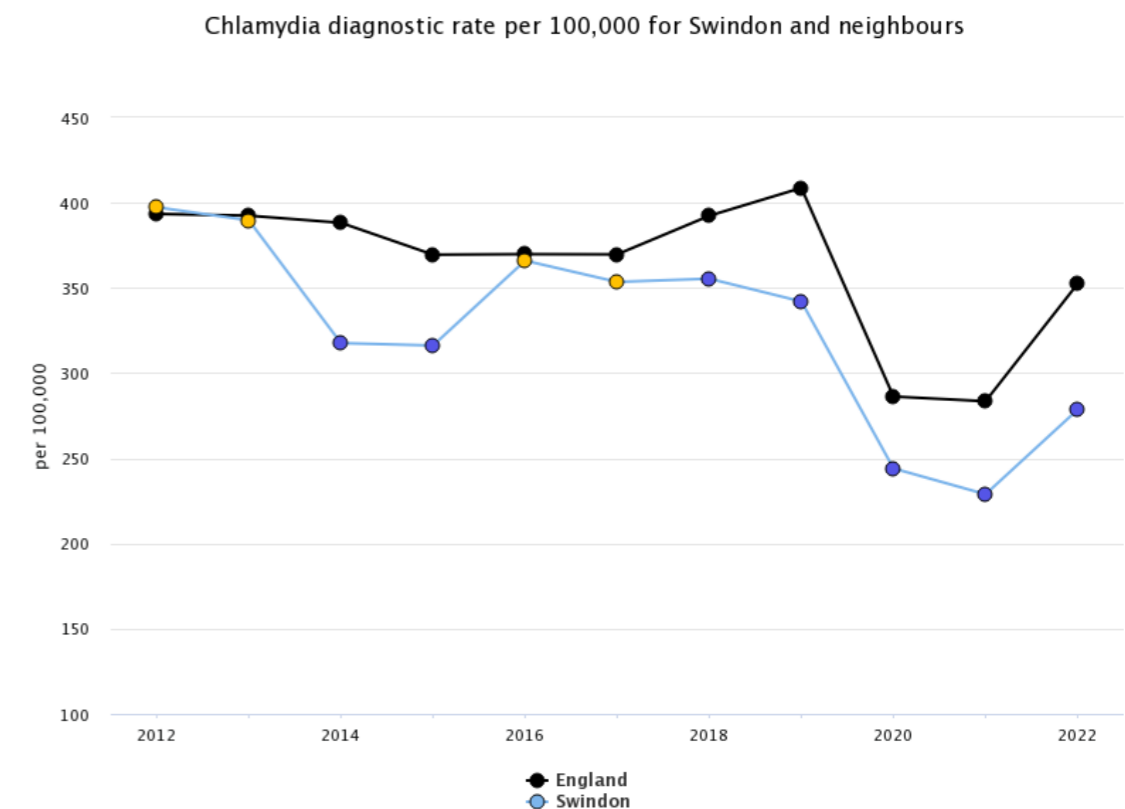


Figure 28 - Graph showing the number of chlamydia diagnoses among people accessing sexual health services in England. Includes those diagnosed through NHS and Local Authority-commissioned testing and excludes those diagnosed through private testing, England and Swindon, 2021-2022 (Source – Fingertips)

Period	Swindon				Neighbors average	England
	Count	Value	95% Lower CI	95% Upper CI		
2012	842	397	371	425	278*	393
2013	834	390	364	417	300*	392
2014	686	318	294	342	312*	388
2015	688	316	293	341	267*	370
2016	800	366	341	392	276*	370
2017	779	354	329	379	270*	370
2018	789	355	331	381	294*	392
2019	760	342	318	367	325*	409
2020	544	244	224	265	239*	286
2021	535	229	210	249	265*	283
2022	651	279	258	301	324*	352

Figure 29 - Table showing the number of chlamydia diagnoses among people accessing sexual health services in England. Includes those diagnosed through NHS and Local Authority-commissioned testing and excludes those diagnosed through private testing, England and Swindon, 2021-2022 (Source – Fingertips\_

Gonorrhoea diagnostic rate per 100,000 for Swindon and neighbours

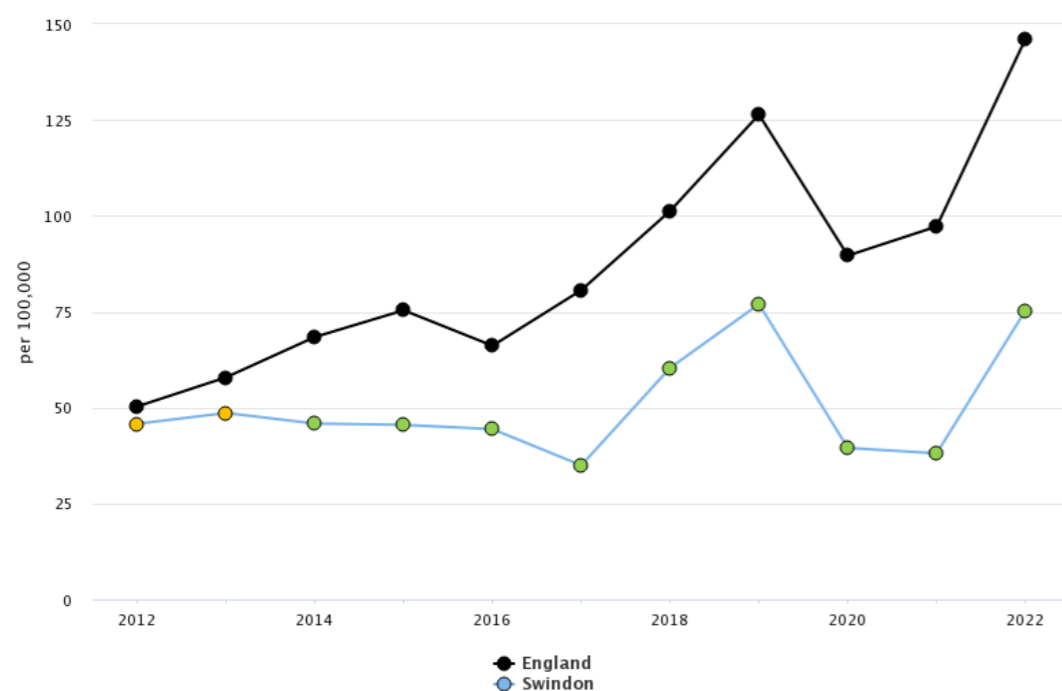


Figure 30 – Graphs showing all gonorrhoea diagnoses among people accessing sexual health services\* in England who are also residents in England, expressed as a rate per 100,000 population. Data is presented by area of patient residence and includes those residents in England and those with an unknown residence (data for those residents outside of England is not included), England and Swindon, 2021 to 2022 (Source – Fingertips)

Gonorrhoea diagnostic rate per 100,000 for Swindon and neighbours

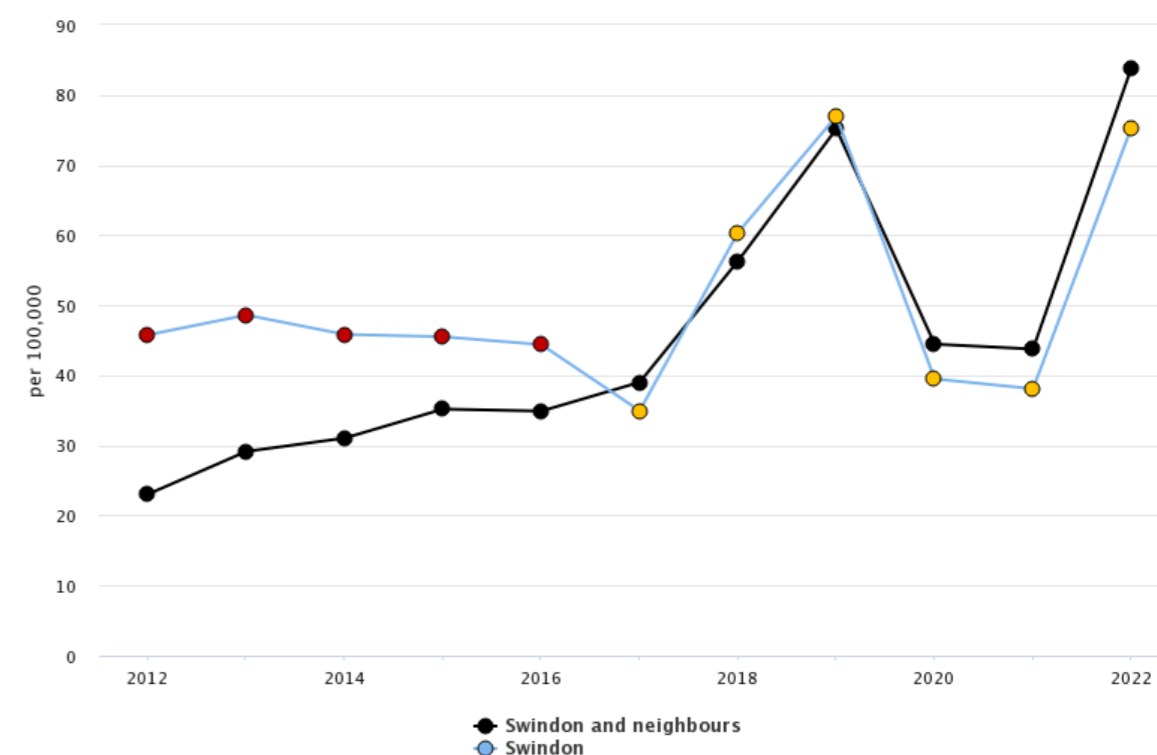


Figure 31 - Graphs showing all gonorrhoea diagnoses among people accessing sexual health services\* in England who are also residents in England, expressed as a rate per 100,000 population. Data is presented by area of patient residence and includes those residents in England and those with an unknown residence (data for those residents outside of England is not included), England and Swindon, 2021 to 2022 (Source – Fingertips)

### 6.1.1 Chlamydia Screening

Frequent sexual health screening of people in high-risk groups, including young people, is important as many sexually transmitted infections are often asymptomatic. Early detection and treatment can reduce important long-term consequences, such as infertility and ectopic pregnancy.

Chlamydia screening of young people aged 15-24 has been trending downwards both nationally and locally since 2012, with a small increase in screening coverage in Swindon in 2019. In 2022, the proportion of 15-24-year-olds in Swindon who were screened for chlamydia was low at 12.9%, which is lower than the National average (15.2%) and lower than Swindon’s statistical neighbours (13.6%).

It should be noted that the national chlamydia screening strategy changed in 2021 to only proactively screen young women rather than young people which may partly explain the reduction in screening in 2022.

(Source – Fingertips)



## 6.2 Syphilis

Syphilis is a sexually transmitted infection (STI). If it's not treated, it can cause serious and potentially life-threatening problems. Within Swindon, the rate of infection is lower than the national and CIPFA neighbour average, but higher than the regional average.

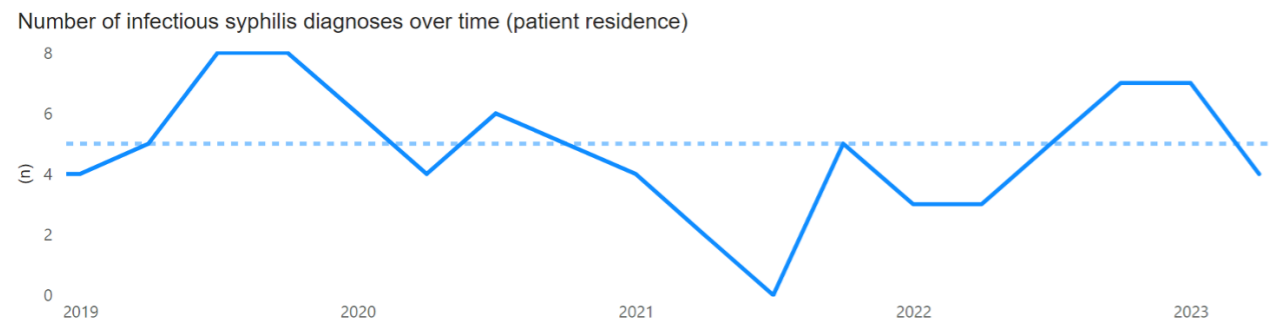


Figure 32 – A graph showing the number of infectious syphilis diagnoses over time, Swindon, 2019-2023 (Source - SHEG Presentation and Agenda 07.12.23 final)

### UTLA infectious syphilis diagnosis rate per 100,000 with comparators - 2022

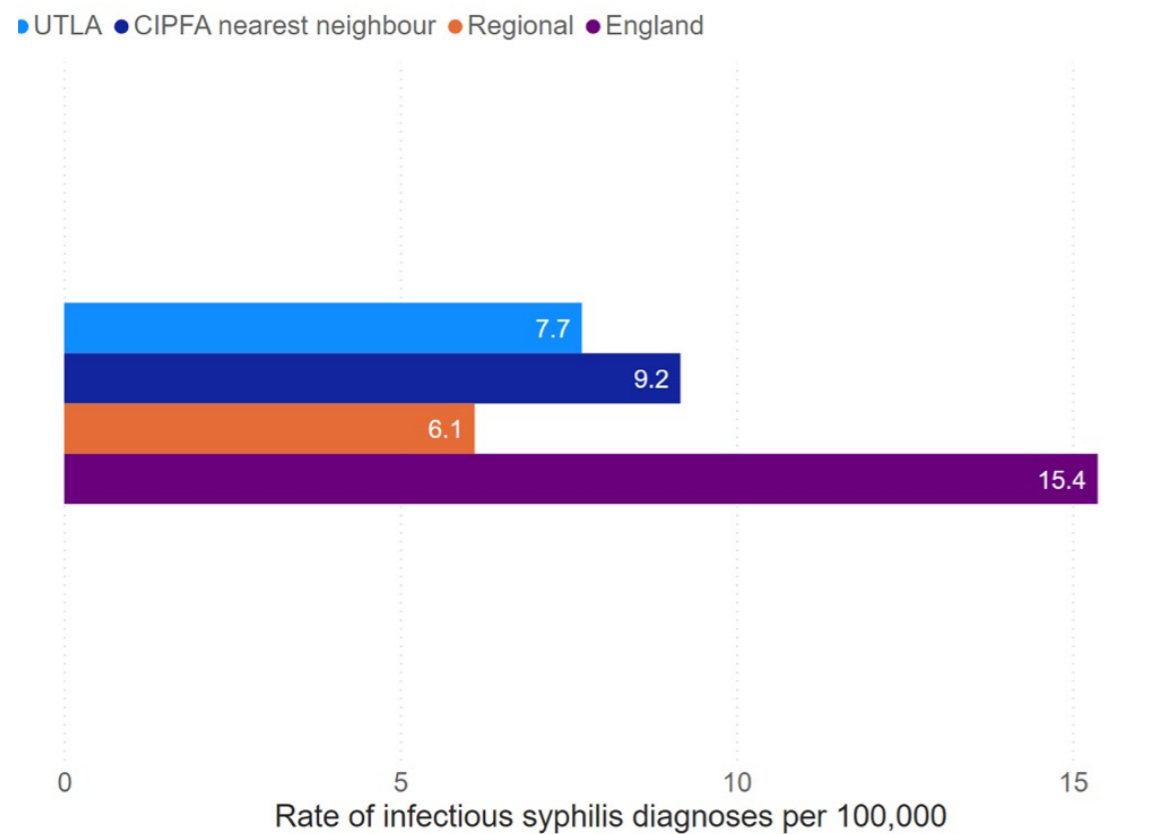


Figure 33 – A graph showing the rate of infectious syphilis diagnosis per 100,000 in Swindon, The South West, England and Swindon's CIPFA neighbours, 2022, (Source 0 SHEG Presentation and Agenda 07.12.23 final)

## 7 Bloodborne viruses

### 7.1 Human Immunodeficiency Virus

The most recent data for HIV rates in Swindon is from 2022 and reports a prevalence rate of 1.74 per 1,000 people aged 15 to 59 which is statistically lower than England (2.34), and Swindon's statistical neighbours (1.78) but higher than the regional average (1.31). Swindon is close to being defined as a high-prevalence area for HIV (>2 per 1,000).

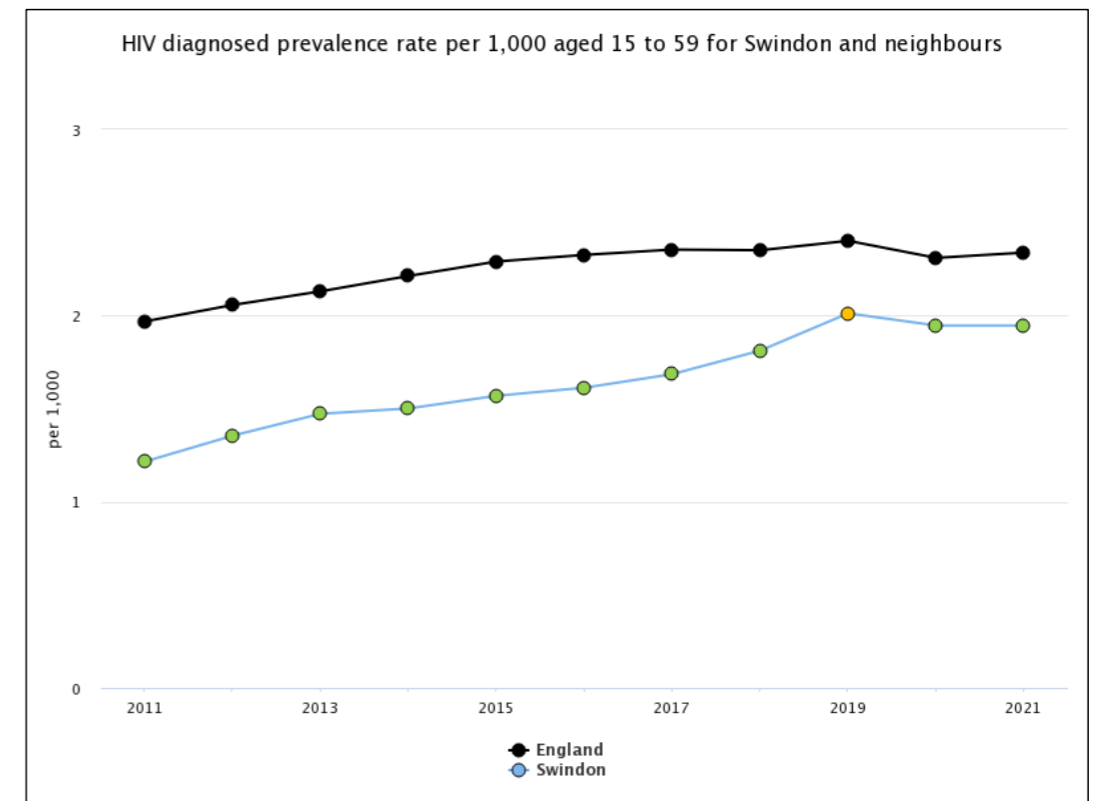


Figure 34 - Graph showing people aged 15 to 59 years seen at HIV services in the UK, expressed as a rate per 1,000 population, 2011 to 2021, England, Swindon and the South West (Source – Fingertips)



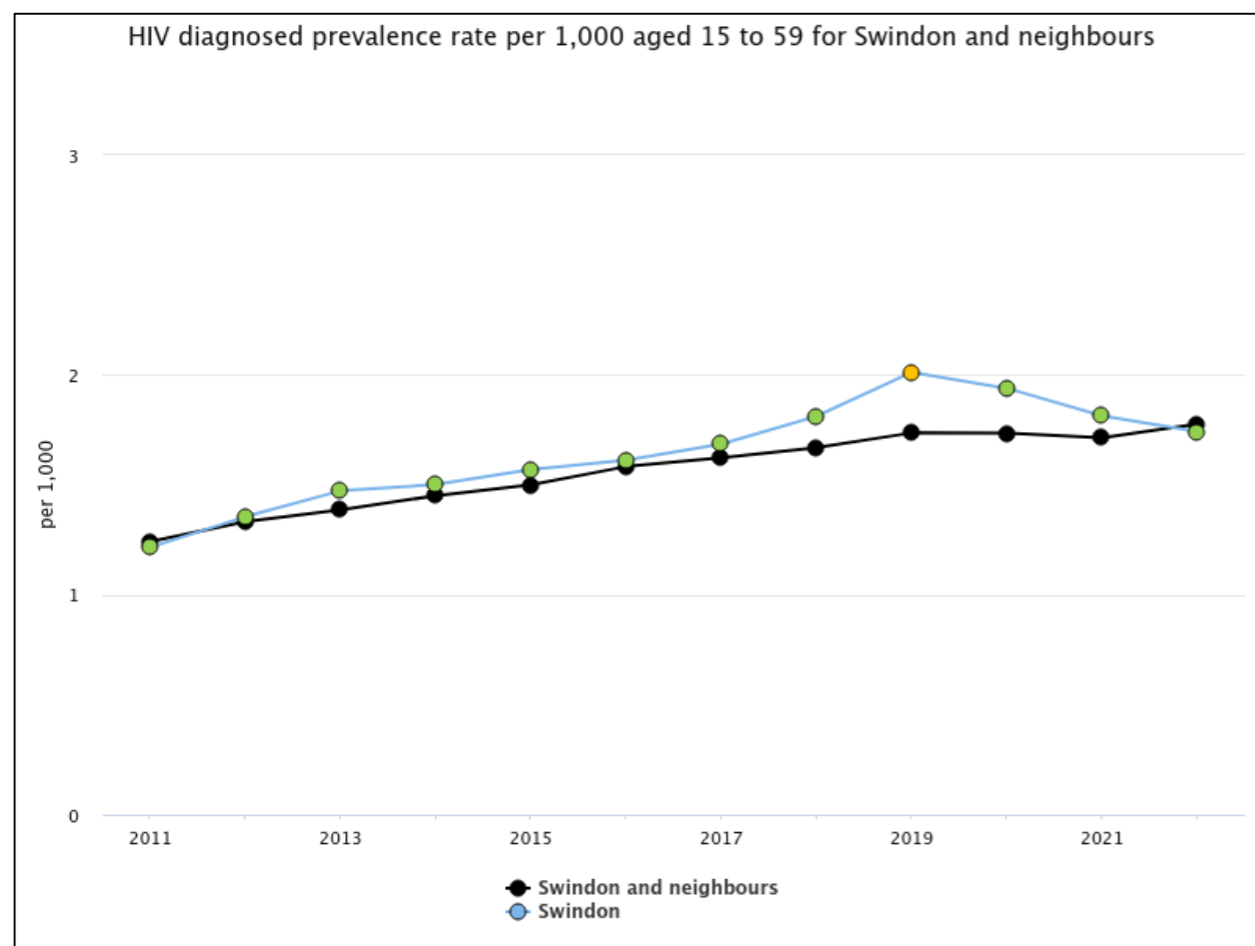


Figure 35 - Graphs showing people aged 15 to 59 years seen at HIV services in the UK, expressed as a rate per 1,000 population, 2011 to 2021, Swindon and the South West (Source – Fingertips)

NICE guidelines recommend opt-out HIV testing for all attendees at Sexual health services, and this approach is adopted by GWH locally. Latest HIV testing data from 2020 shows that testing coverage (64%) remains above both the national testing coverage (45.8%) and regional testing coverage (35.9%). HIV testing coverage is high in heterosexual men (80.1%) and MSM (92.5%) but lower in heterosexual women (57.9%).

Nearly three-quarters (73.3%) of new HIV diagnoses in heterosexual women are classed as late (having a CD4 cell count of fewer than 350 cells/mm<sup>3</sup> within 91 days of first diagnosis). The rate of late diagnosis increases when broken down for 'heterosexual and

bisexual women' (62.5%). This may indicate there are missed opportunities for HIV testing across the local health and social care system before being diagnosed. However, caution does need to be applied with these percentages given the small numbers involved in the analysis (n<=10).

In conjunction with the Emergency Department (ED) in GWH the Swindon Sexual Health Service recently launched an opt-out HIV testing pilot for any patients who were having their blood taken in the emergency department. This has been running since December 2022 and during the first 6 months, 1,144 HIV tests were completed in this setting. Before the pilot roughly 20 HIV tests were completed a month. To

date, this approach has identified 6 HIV positive patients via this route which supports the efficacy of this approach.

## 7.2 Hepatitis B and C

Hepatitis B (HBV) and Hepatitis C (HCV) are blood-borne infections transmitted through contact with infected bodily fluids (such as blood or semen). Both may infect and damage the liver, with HBV commonly causing acute infection and HCV more commonly resulting in chronic infection. Both infections can result in long-term complications including cirrhosis, liver failure or cancer. In England, HBV is most often acquired sexually, and most cases of HCV are contracted through intravenous drug use. In both cases, certain groups, such as MSM, those living with HIV, those who originate from a high-prevalence country, or those who have multiple sexual partners are at increased risk.

While NICE recommend that sexual health services should offer HBV & HCV testing to all patients who are at an increased risk of infection, a trial by local sexual health services to test all MSM, was found not to be cost-effective due to the low positivity rate. Currently, national guidelines advise screening all patients who are being treated with HIV Pre-exposure prophylaxis for HBV and offering additional screening for HCV in MSM and other high-risk groups. Local sexual health services are routinely commissioned to perform this.

There are no national Public Health Outcome Framework (PHOF) indicators for measuring the performance of HBV or HCV testing in sexual health services, and as such only local data is available for analysis. Within the Public Health team, we have identified the need for additional local performance indicators to address this gap. The latest sexual health service report from 2022/23 shows testing numbers for HBV & HCV, however, prevalence, incidence and coverage rates are not available for this period.

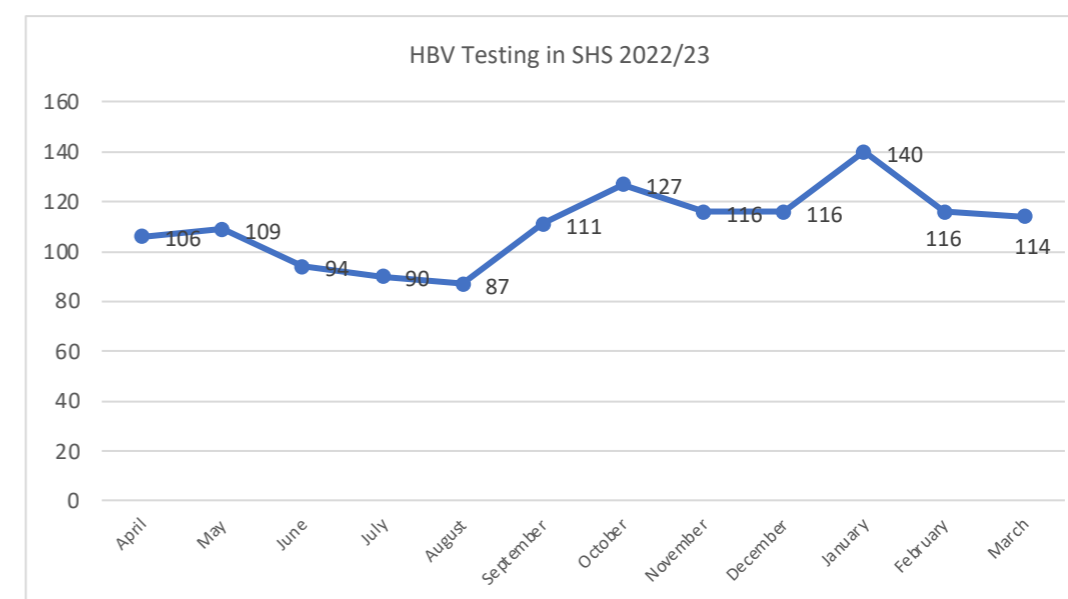


Figure 36 - Graph showing the number of HBV tests delivered in Sexual health services, Swindon, 2022 to 2023 (Source – HPB Sexual Health Service Report)

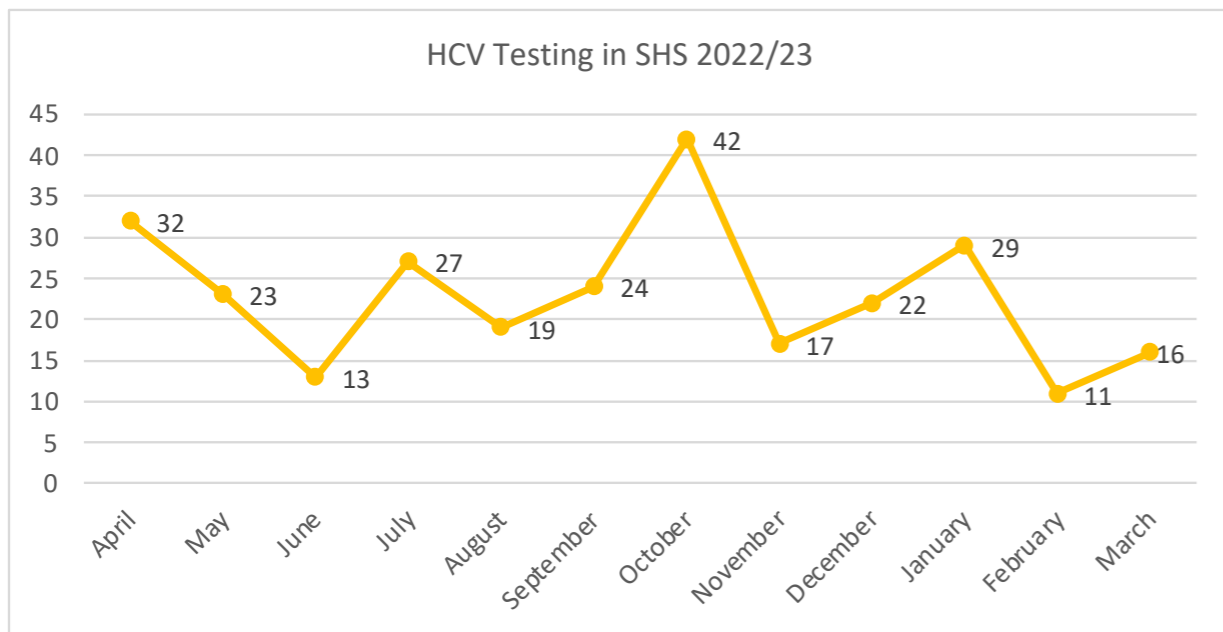


Figure 37 - Graph showing the number of HCV tests delivered in Sexual health services, Swindon, 2022 to 2023 (Source – HPB Sexual Health Service Report)

As shown above, testing rates for both HBV and HCV testing remain stable but have been significantly higher during previous periods.

Swindon’s sexual health services have been working with the Thames Valley Hep C Operational Delivery Network to provide Hep C testing to at-risk populations via a mobile van in Swindon. There is also a formal pathway for them to refer any new diagnosis to the sexual health service. This service has also been extended to include HBV and HIV testing for service users.

Other preventative work in the Borough includes the HBV vaccination programme, which delivered 483 vaccinations through the sexual health services in 2022/23, with 362 patients reporting immunity during this period.

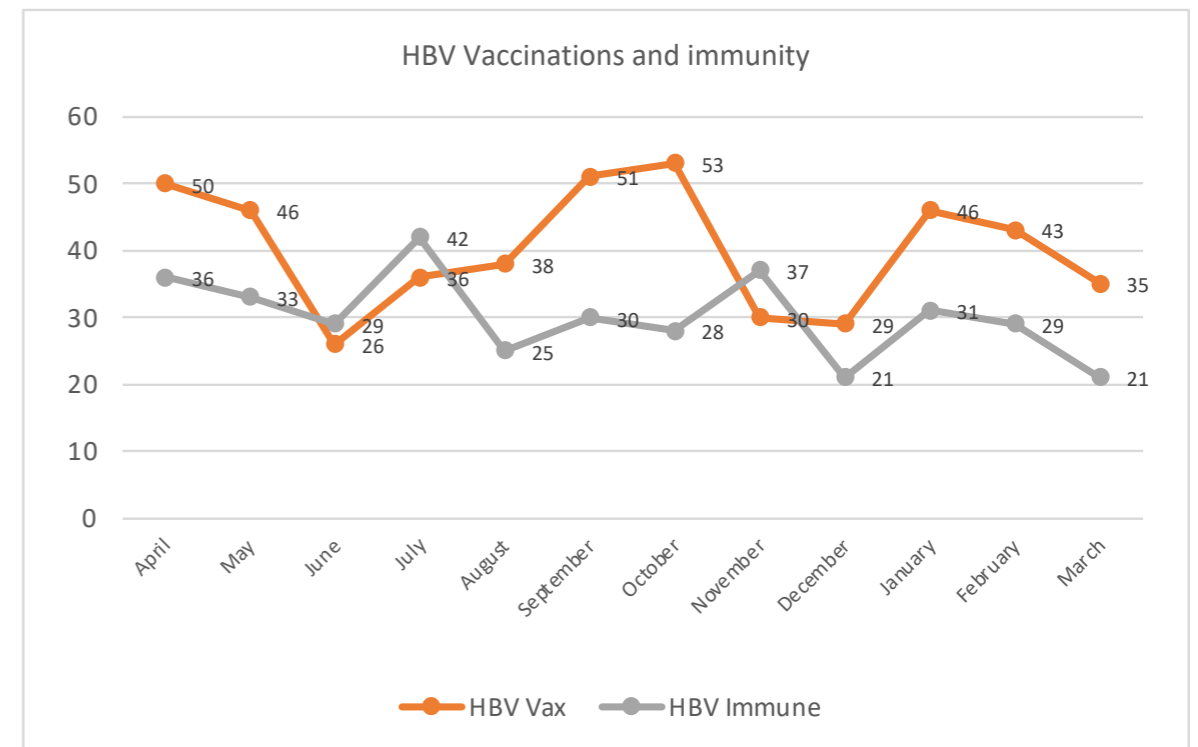


Figure 38 - Graph showing the number of HBV vaccinations delivered in Sexual health services, Swindon, 2022 to 2023 (Source – HPB Sexual Health Service Report)

Any person in the sexual health service identified as being an injecting drug user (the group at highest risk of acquiring HCV infection) is referred to the Change Grow Live (CGL) Substance Use Disorder Service for needle exchange and treatment.

### 7.3 Hepatitis A

Sexual health services within Swindon also provide a vaccine against the Hepatitis A Virus to people who are deemed to be high risk. This includes MSM, people who inject drugs, or people who are diagnosed with either HBV, HCV or HIV. During 2022/23, the sexual health service delivered 110 Hepatitis A Vaccinations to eligible patients.

(Source – British Association of Sexual Health and HIV, Sexual health service data 2022/23)



## 7.4 Substance Use Disorder Services

Swindon takes a whole-systems approach to reducing drug and alcohol-related deaths in the Borough. Services aim to limit harm to those who use the service, while also assisting them with social re-integration, education, training and employment opportunities. Change Grow Live is commissioned by the Local Authority to provide Substance Use Disorder Services (SUDS) in Swindon. This is a free, confidential service for anyone who is concerned about their own or someone else's substance use, providing both pharmacological and psychosocial social interventions for those living in Swindon and who are over 18 years old.

U-turn is Swindon's specialist young people's service and provides support, help and guidance to young people and families who have alcohol and/or drug-related problems. CGL's approach combines both medical and psychological interventions to support people to improve their overall health outcomes and initiate sustainable behaviour changes through positive choices.

Intravenous drug use is a key risk factor for blood-borne infections, particularly hepatitis C. As such, the SUDS team are also responsible for offering Hepatitis C testing and Hepatitis B vaccinations among people who inject drugs.

The latest data shows that the proportion of service users who have been offered have accepted and since been provided with a HCV test (4.9%) is much lower than the national average (10.9%). A much higher proportion of service users within Swindon refuse to have a HCV test (70.8%) than nationally (44.7%).

	Hepatitis C Intervention Status		National average (%)
	(%)	(n)	
Offered & accepted - not yet had a test	19.4%	104	20.9%
Offered & accepted - had a hep C test	4.9%	26	10.9%
Offered & accepted (CDS-O)	0.4%	2	0.9%
Offered & accepted but refused at a later date (CDS-O)	0.0%	0	0.1%
Offered and refused	70.8%	379	44.7%
Assessed as not appropriate to offer	2.6%	14	15.9%
Deferred due to clinical reasons	0.6%	3	0.5%
Not offered	0.4%	2	5.4%
Not recorded	0.9%	5	0.8%
<b>Total</b>		<b>535</b>	

In comparison, the proportion of service users who have been offered, have accepted and since been provided with a HBV vaccine (17.8%) is above the national average (17.4%). It should be noted that the proportion refusing to have the HBV vaccine (72.4%) is still higher than the national average (44.1%).

	hepatitis B Intervention Status		National average (%)
	(%)	(n)	
Offered and accepted – started having vaccinations (will include CDS-O HEPBVAC -1/2/3 vaccinations)	0.6%	3	0.8%
Offered and accepted – not yet had any vaccinations	17.8%	94	17.4%
Offered and accepted – completed vaccination (will include CDS-O HEPBVAC - course completed)	1.3%	7	1.4%
Offered & accepted but refused at a later date(CDS-O)	0.0%	0	0.0%
Offered & accepted (CDS-O)	0.6%	3	0.4%
Already acquired immunity	0.0%	0	0.1%
Offered and refused	72.4%	383	44.1%
Assessed as not appropriate to offer	2.6%	14	17.5%
Immunised already	4.2%	22	11.3%
Deferred due to clinical reasons	0.0%	0	0.5%
Not offered	0.6%	3	6.4%
<b>Total</b>		<b>529</b>	

Figure 40 - Hepatitis B Intervention Status at latest Episode, 2022/23, Swindon and England, (Source - Substance Use Disorder Service 2022/23 Report)

Swindon also provides a range of Needle and syringe programmes (NSP) across the Borough to reduce the risk of BBVs in people who inject drugs. Swindon's NSP services aim to reduce a range of harms caused by unsafe practices and sharing, particularly the spread of viruses such as hepatitis and HIV. The main site in Temple Chambers offers a "Pick & mix" provision, which allows individuals to take less equipment and to suit individual circumstances. During contact, individuals are offered harm reduction advice on safer injecting practices, offered naloxone and access to blood-borne virus testing. Between April and September 2023, there have been 136 in-person contacts at this location.

A second tier of NSP is offered in 15 community pharmacies in Swindon. Over the entire NSP programme, there were 1679 interactions with service users during April – September 2023. Of these, the majority were White British Males (98.5%), followed by those who identified as Asian/Asian British (0.8%), Mixed White and Black African (0.3%) and Black/Black British (0.2%)

Figure 41 - Breakdown of service users by gender of needle syringe programmes, Swindon, April to September 2023 (Source – Pharmacy NSP Data April 2023)

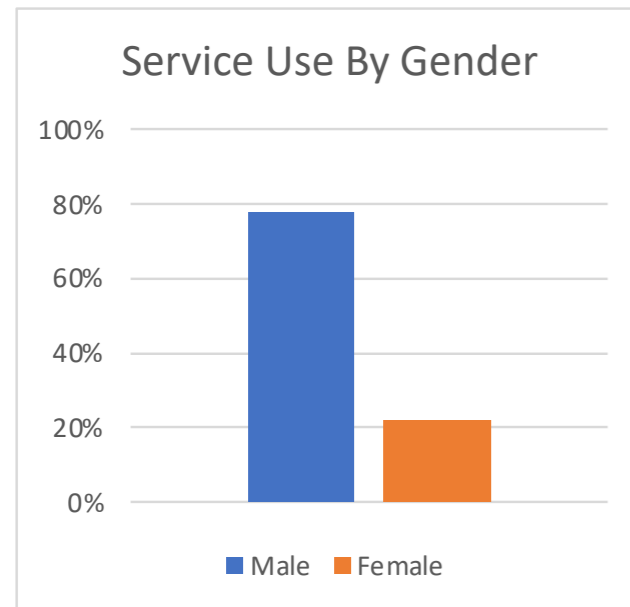
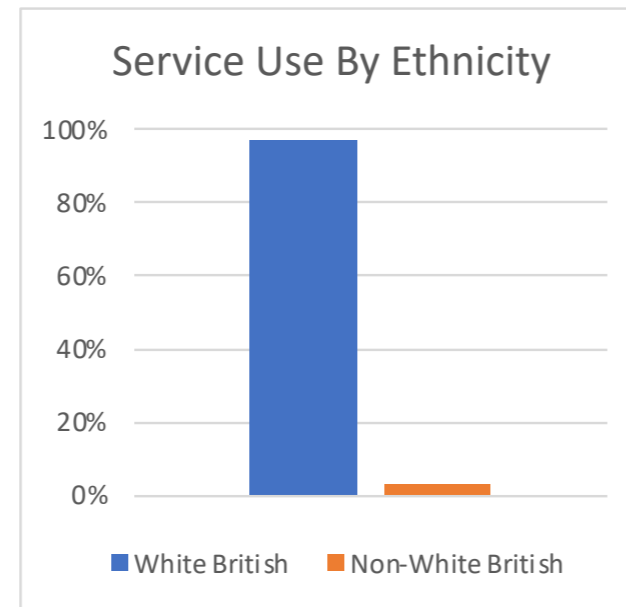


Figure 42 - Breakdown of service users by ethnicity of needle syringe programmes, Swindon, April to September 2023 (Source – Pharmacy NSP Data April 2023)



## 8 Childhood Immunisations

After clean water, vaccinations are the most effective public health intervention for saving lives and promoting good health. When a high percentage of the population is immunised, it is difficult for infectious diseases to spread, because those who are immune cannot be infected. This is called herd immunity.

In England, the commissioner for vaccination programmes is NHS England. This means that they are responsible for commissioning, monitoring, and managing immunisations from a range of providers, including maternity services, GP practices and School-Age Immunisation Services. Responsibilities are due to transfer to Integrated Care Boards from 2024/25.

Providers of vaccinations in Swindon include GP practices, community pharmacies, sexual health clinics, drug and alcohol treatment services, HCRG (The school-age immunisation service) and NHS Trusts.

The role of Swindon’s Health Protection team is to help improve vaccination uptake for its residents with a particular focus on targeting groups known to be under-vaccinated to reduce health inequalities.

A Swindon Locality Immunisation Group was re-established in 2022/23 to increase vaccination uptake and reduce variation in immunisation rates within Swindon. A multi-agency action plan has been developed to achieve this aim. Examples of actions from this plan include developing a suite of social media resources that target local groups known to be under-vaccinated, identifying and supporting local GP practices that have lower vaccination rates and supporting the migrant population to access vaccinations. A new BSW Maximising Immunisation Uptake Group (MIUG) was also established in 2022/23 to provide strategic leadership for immunisations across BSW which Swindon’s Health Protection Team attend and contributes to.

Within Swindon, childhood vaccines follow the schedule set by the NHSE and are generally delivered through GP Practices, these can be grouped as:

Age	Vaccinations
Vaccinations under 12 months	Rotavirus The 6 in 1 Vaccine- Diphtheria, Tetanus & Pertussis (DTAP), Inactivated Poliovirus vaccine (IPAV) & Haemophilus influenza Type B (HiB) Meningitis B Pneumococcal vaccine (PCV)
Vaccinations under 2 years	PCV Booster Hib & Meningitis C Booster Measles, Mumps & Rubella (MMR) Men B Booster
Vaccinations under 5 years	DTAP & IPV Booster MMR Booster

Figure 43 - Children’s Vaccination Programme Schedule (Source - Green Book Chapter 11)

The health protection team are currently running a vaccination campaign utilising social media and physical resources which are being cascaded through local providers. This is focusing on vaccinations for pregnant women, preschool children, adolescent children and older people with underlying health conditions.

## 8.1 Vaccinations by 12 months

Population Vaccine Coverage by Type 2022/23				
Vaccine	Swindon	Regional	CIPFA	National
DTAP & IPV & HiB	93.2%	94.4%	92.9%	91.8%
Men B	92.3%	93.7%	91.6%	91.0%
Rotavirus	89.3%	91.4%	88.7%	88.7%
PCV	94.1%	95.5%	94.2%	93.7%

Figure 44 - Table Summarising the Vaccine Coverage for children at the age of 12 months, Swindon, 2022 to 2023 (Source - Fingertips)

Swindon coverage for vaccines offered by 12 months of age is higher than the national average but lower than the regional average (where comparisons are available). When compared to its CIPFA statistical neighbours, Swindon has very similar vaccine coverage in relation to the Men B, Rotavirus and PCV vaccine.

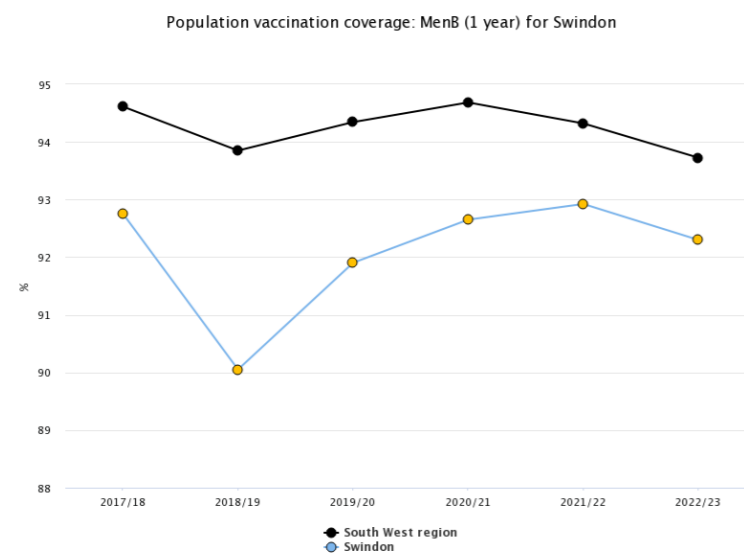


Figure 45 - Graph showing vaccine coverage for children for whom the Local Authority is responsible who completed a course of Meningococcal group B (MenB) vaccine at any time by their first birthday as a percentage of all children whose first birthday falls within the time period, Swindon and the South West, 2017 to 2023 (Source – Fingertips)

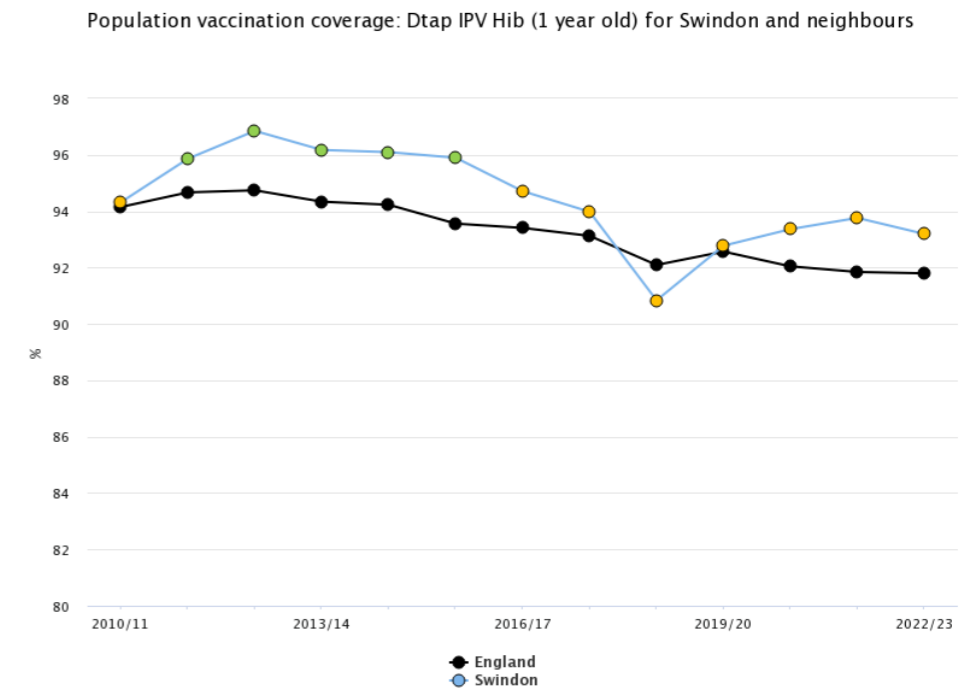


Figure 46 - Graph showing vaccine coverage in children for whom the Local Authority is responsible who received 3 doses of DTaP IPV Hib vaccine at any time by their first birthday as a percentage of all children whose first birthday falls within the time period, Swindon and England, 2010 to 2023 (Source – Fingertips)

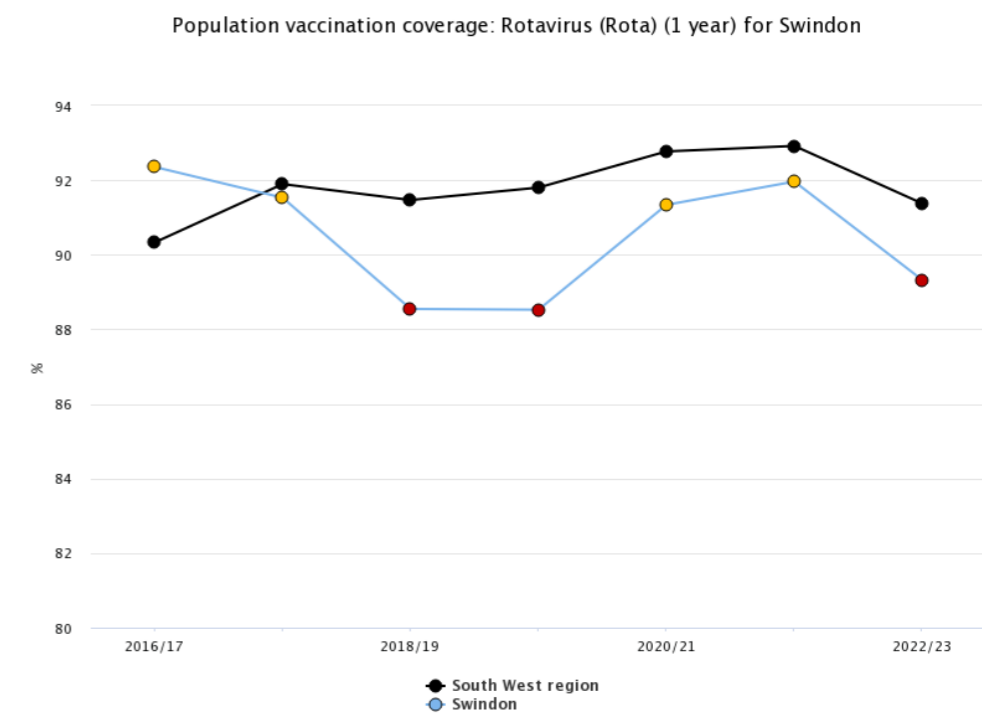


Figure 48 - Graph showing vaccine coverage in children for whom the Local Authority is responsible who completed a course of rotavirus vaccine at any time up to six months of age as a percentage of all children whose first birthday falls within the time period, Swindon and the South West, 2016 to 2023 (Source – Fingertips)

## 8.2 Vaccinations by 2 years

Population Vaccine Coverage by Type 2022/23				
Vaccine	Swindon	Regional	CIPFA	National
PCV Booster	91.4%	88.5%	90.0%	92.5%
Hib & Men C Booster	91.5%	92.4%	90.2%	88.7%
MMR First Dose	92.2%	92.8%	90.6%	89.3%
Men B Booster	90.3%	91.7%	88.9%	87.6%

Figure 49 - Table Summarising the Vaccine Coverage for children at the age of 2 years, Swindon, 2022 to 2023 (Source - Fingertips)

In 2022/23, for vaccines given by 2 years of age, Swindon recorded higher coverage than the national average but lower coverage than the South West regional average for the majority of vaccines within this group. Vaccine coverage for all four vaccines has increased from the 2021/22 period.

Swindon has higher vaccine coverage than the national and CIPFA neighbour averages in the Hib & Men C Booster, MMR and Men B Booster vaccines. However, the coverage of all three of these vaccines is lower than the regional average. Coverage for the PCV booster is lower than the national average but higher than the regional and CIPFA neighbour averages.



Population vaccination coverage: MMR for one dose (2 years old) for Swindon

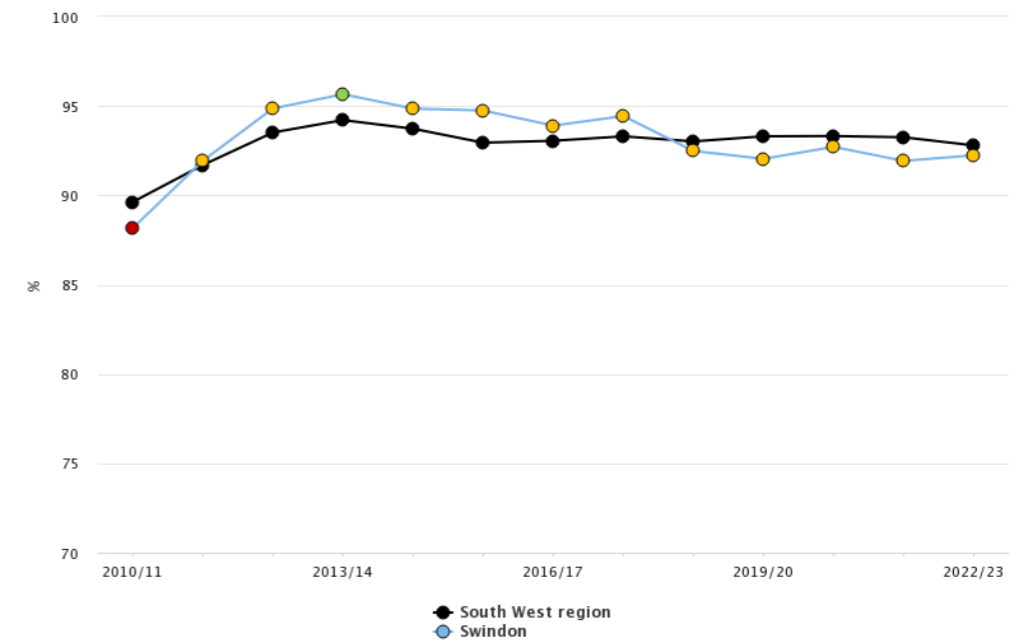


Figure 50 - Graph showing vaccine coverage for all children for whom the Local Authority is responsible who received one dose of MMR on or after their first birthday and at any time up to their second birthday as a percentage of all children whose second birthday falls within the time period, Swindon and the South West, 2010 to 2023 (Source – Fingertips)

Population vaccination coverage: Hib and MenC booster (2 years old) for Swindon

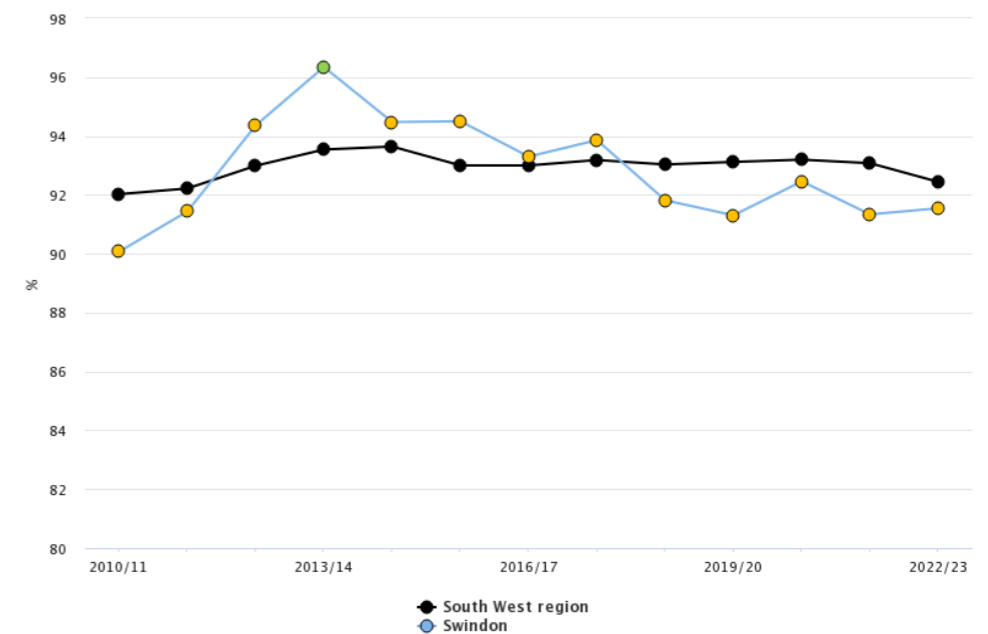


Figure 51 - Graph showing vaccine coverage for children for whom the Local Authority is responsible who received a booster dose of Haemophilus influenzae type b (Hib) and Meningococcal group C (MenC) vaccine at any time by their second birthday as a percentage of all children whose second birthday falls within the period, Swindon and the South West, 2010 to 2023 (Source – Fingertips)

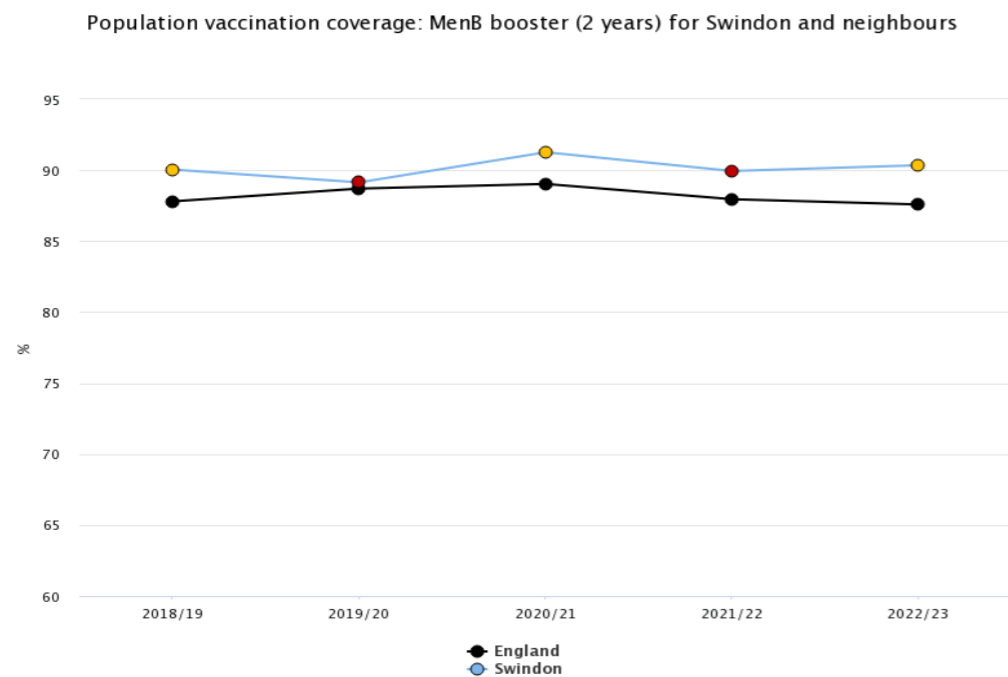


Figure 52 - Graph showing vaccine coverage for children for whom the Local Authority is responsible who completed a booster course of Meningococcal group B (MenB) vaccine at any time by their second birthday as a percentage of all children whose second birthday falls within the time period, Swindon and England, 2018 to 2023 (source – Fingertips)

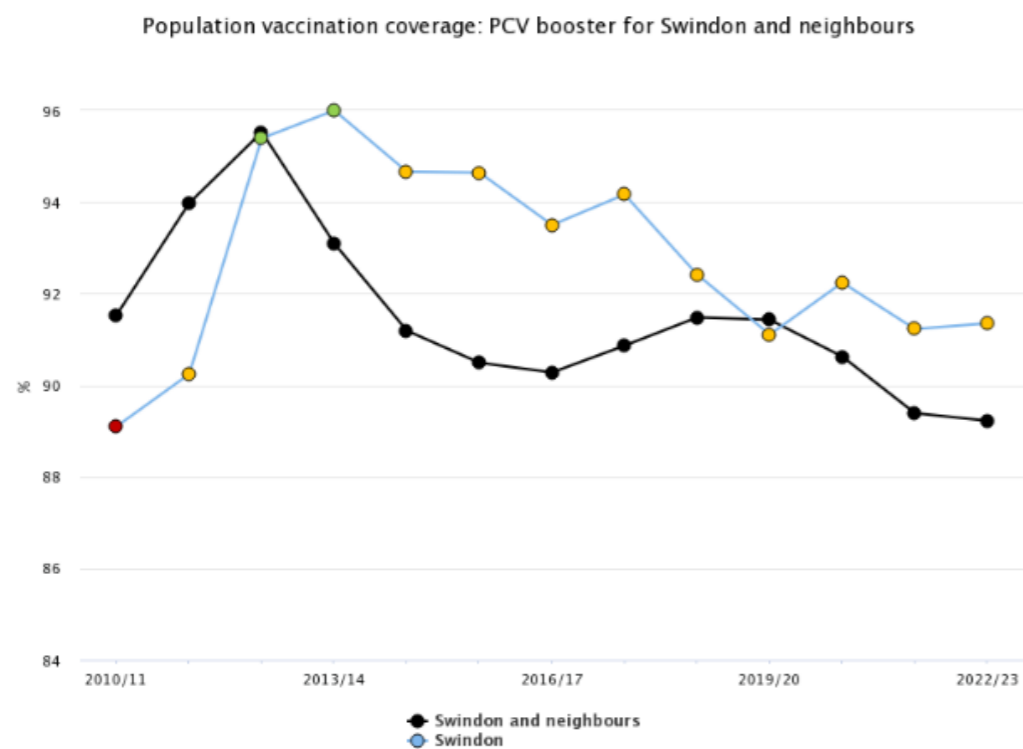


Figure 53 - Graph showing vaccine coverage for children for whom the Local Authority is responsible who received a booster dose of PCV vaccine at any time by their second birthday as a percentage of all children whose second birthday falls within the time period, Swindon and the South West, 2010 to 2023 (Source -Fingertips)

### 8.3 Vaccinations by 5 years

Population Vaccine Coverage by Type 2022/23				
Vaccine	Swindon	Regional	CIPFA	National
DTAP & IPV Booster	85.5%	88.7%	83.8%	83.3%
MMR Booster	86.8%	90.0%	86.1%	84.5%

Vaccination coverage for both the DTAP/IPV Booster (85.5%) and the MMR booster (86.8%) falls below the national 90% target and has been trending downwards since 2015. However, it should be noted that coverage rates are higher than the national and CIPFA neighbour average in both cases, and a downward trend is being seen across the UK. Both of these figures are lower than the regional averages.

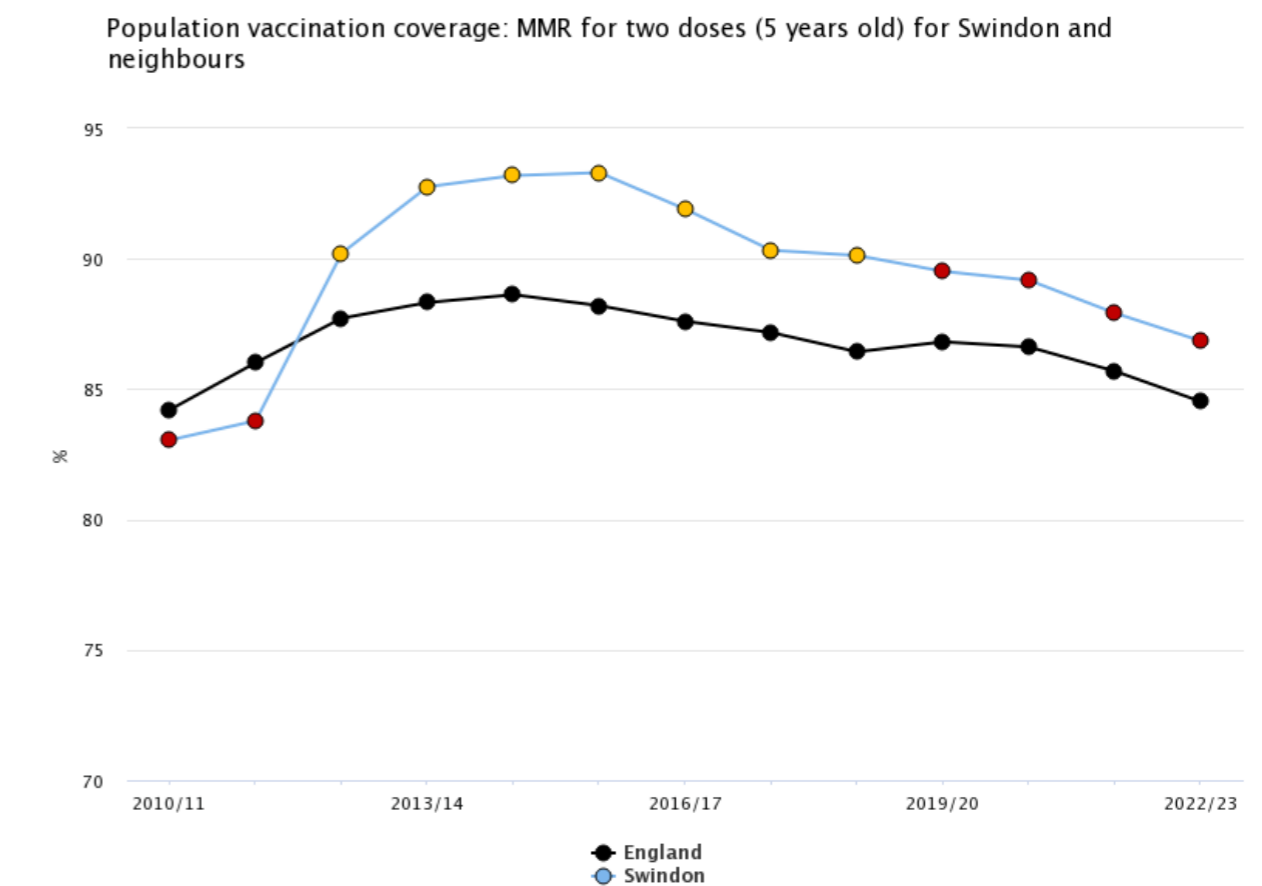


Figure 54 - Graph showing vaccine coverage for all children for whom the Local Authority is responsible who received two doses of MMR on or after their first birthday and at any time up to their fifth birthday as a percentage of all children whose fifth birthday falls within the time period, Swindon and England, 2010 to 2023 (Source – Fingertips)



Population vaccination coverage: DTaP and IPV booster (5 years) for Swindon and neighbours

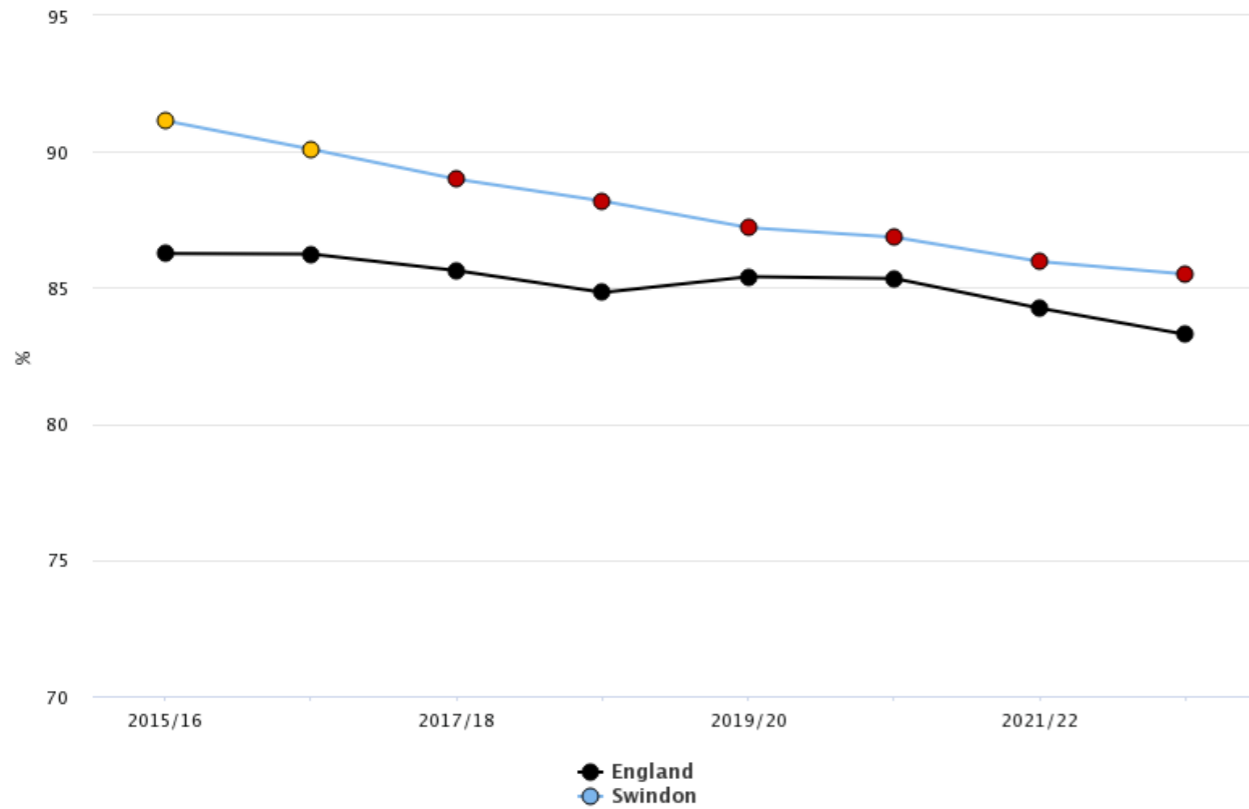


Figure 55 - Graph showing vaccine coverage for Children for whom the Local Authority is responsible who completed a booster course of diphtheria, tetanus, pertussis, polio (DTaP and IPV) vaccine at any time by their fifth birthday as a percentage of all children whose fifth birthday falls within the time period, England and Swindon, 2015 to 2022 (Source – Fingertips)

### 8.4 Childhood Flu Vaccination Programme

Across Swindon, flu vaccine coverage in 2-3-year-olds is higher than the national average but lower than the regional average. This has been reducing since 2020. Conversely, coverage in primary school children has increased significantly since 2021, and levels are now higher than the national average, something which was not previously the case.

Population vaccination coverage: Flu (2 to 3 years old) for Swindon

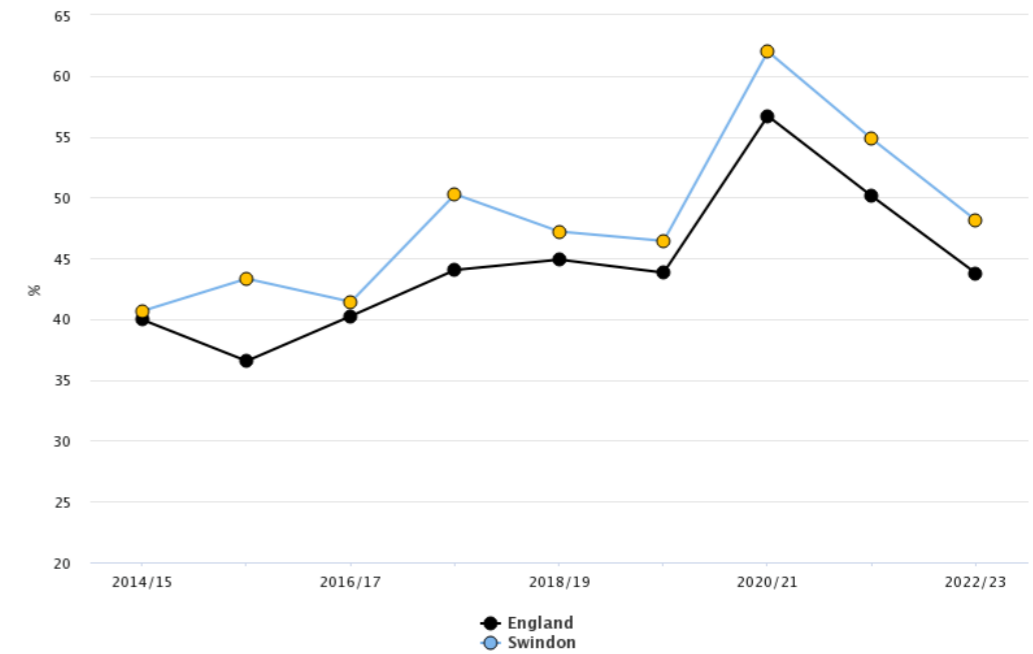


Figure 56 - Graph showing Flu vaccine uptake (%) in children aged 2 to 3 years old, who received the flu vaccination between 1st September to the end of February as recorded in the GP record, England and Swindon, 2014 to 2023 (Source – Fingertips)

Population vaccination coverage: Flu (primary school aged children) for Swindon

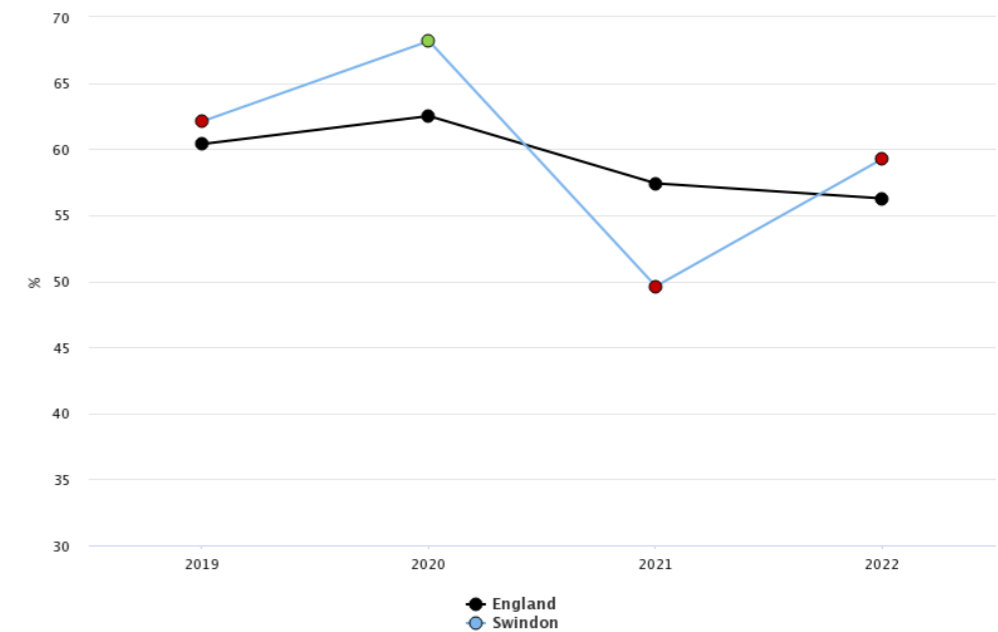


Figure 57 - Graph showing Flu vaccine uptake (%) in school-aged children from Reception to Year 6 (age 4 to 11 years old) between 1st September to the end of January, England and Swindon, 2019 to 2022, (Source – Fingertips)

# 9 Adolescent Immunisations

## 9.1 Human Papillomavirus Vaccination (HPV) Programme

HPV vaccination coverage in females aged 12-13 fell dramatically in 2019/20 due to the impact of SARS-COV-2 on school-based vaccination programmes. Data for vaccine coverage in both males and females in 2021/22 has shown an improvement towards pre-pandemic levels, however, coverage still requires attention, with rates of 66.4% in females, which is below the 90% target. Coverage is even lower in males (58.4%), however, due to the HPV program only recently extending its offer to include males (September 2019), there is no long-term comparison for this data. It should be noted that the HPV Vaccine is also offered to GBMSM under the age of 46 in local sexual health services. During 2022/23, 150 vaccinations were delivered in Swindon sexual health services to this cohort.

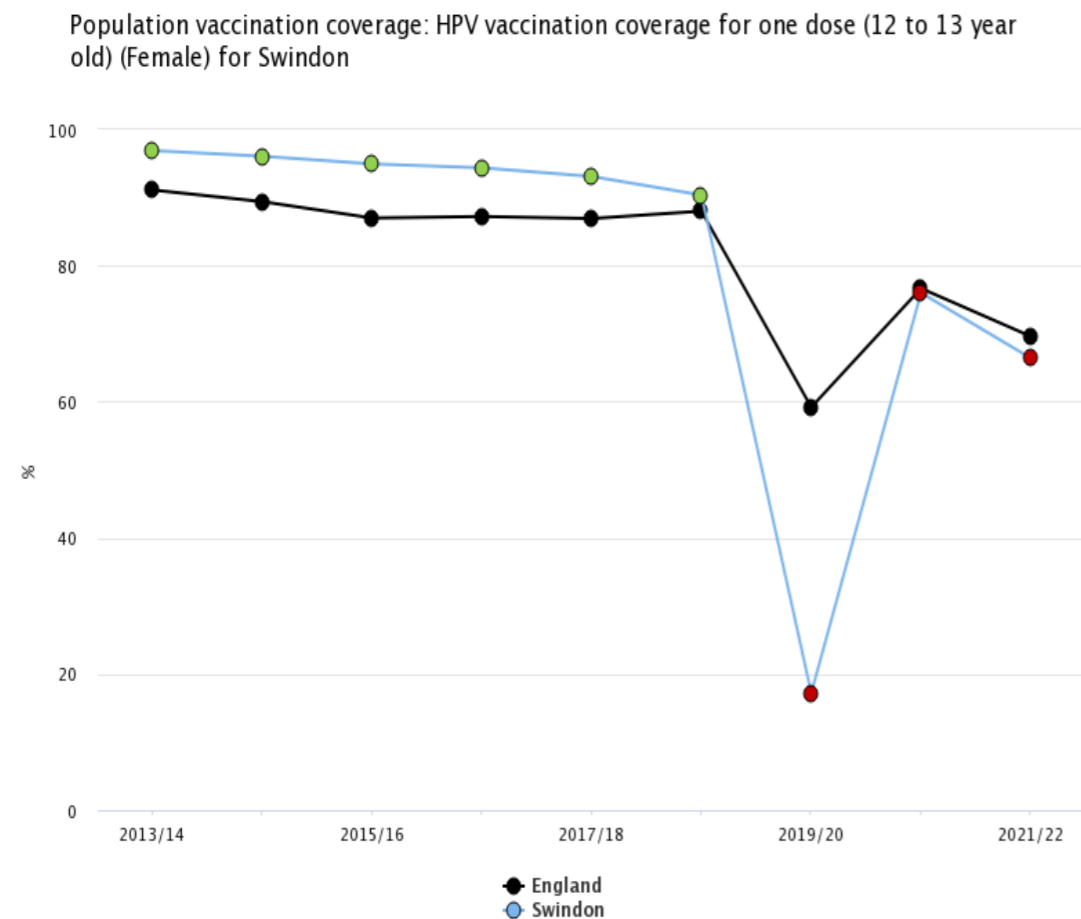


Figure 58 - Graph showing vaccine coverage for female persons aged 12 to 13 years who have received the first (priming) dose of the HPV vaccine within each reporting area (Local Authority LA) as a percentage of all persons aged 12 to 13 years within each area, England and Swindon, 2013 to 2022 (Source – Fingertips)

## 9.2 The 3-in-1 Teenage Booster Vaccine

The 3-in-1 teenage booster vaccine is given to teenagers aged 14 years to boost protection against 3 separate diseases: tetanus, diphtheria and polio. Within Swindon, the teenage booster is offered to children in years 9 and 10 through both their schools via HCRG and GPs.

In August 2022, children in Swindon had a vaccine coverage of 56.7% by the end of year 9, and 78.5% by the end of year 10 (up from 76.7% in 2020/21). This is slightly lower than the England national average of 79.5% and is higher than the South West average of 73.5%.

It should be noted that this data set was collected during the period following SARS-COV-2, and as such data collection may be incomplete. The actual uptake is expected to be higher than this.

(Source – Td/IPV Vaccine Coverage for the NHS adolescent vaccination programme in England, academic year 2021 to 2022, Td/IPV adolescent vaccine coverage programme, England)

## 9.3 Meningitis ACWY vaccine

The Men ACWY vaccine is given to children aged 13 to 15 (school years 9 or 10) to boost protection against 4 different strains of the meningococcal bacteria that can cause meningitis and septicaemia. Within Swindon, this is offered to children in years 9 and 10 both through their schools and GPs.

In August 2022, children in Swindon had a vaccine coverage of 57.4% by the end of year 9, and 75.9% by the end of year 10 (down from 76.6 in 2020/21). This is slightly lower than the England national average of 79.6% but higher than the South West average of 73.9%.

As with the teenage booster, due to the impact of data collection in the period following the pandemic, it is expected that uptake will be higher than this.

(Source – Meningococcal ACWY (MenACWY) vaccine coverage for adolescents in England, academic year 2021 to 2022, Men ACWY adolescent vaccine programme, England, Coverage data to August 2021)



# 10 Adult Immunisations

## 10.1 Flu Vaccine

The flu vaccine is usually offered to all people over the age of 65, as well as people who are at higher risk of getting seriously ill from flu. This includes people with a range of certain long-term health conditions, including respiratory problems, heart disease or diabetes, people who are pregnant and people who live in a care home.

During 2021/22, Swindon had higher flu vaccine coverage (83.1%) than England (82.3%) and the South West region averages (85.3%). This was the case for vaccinations in those aged 65 and over, as well as those who received the vaccination due to a high-risk status.

Population vaccination coverage: Flu (at risk individuals) for Swindon

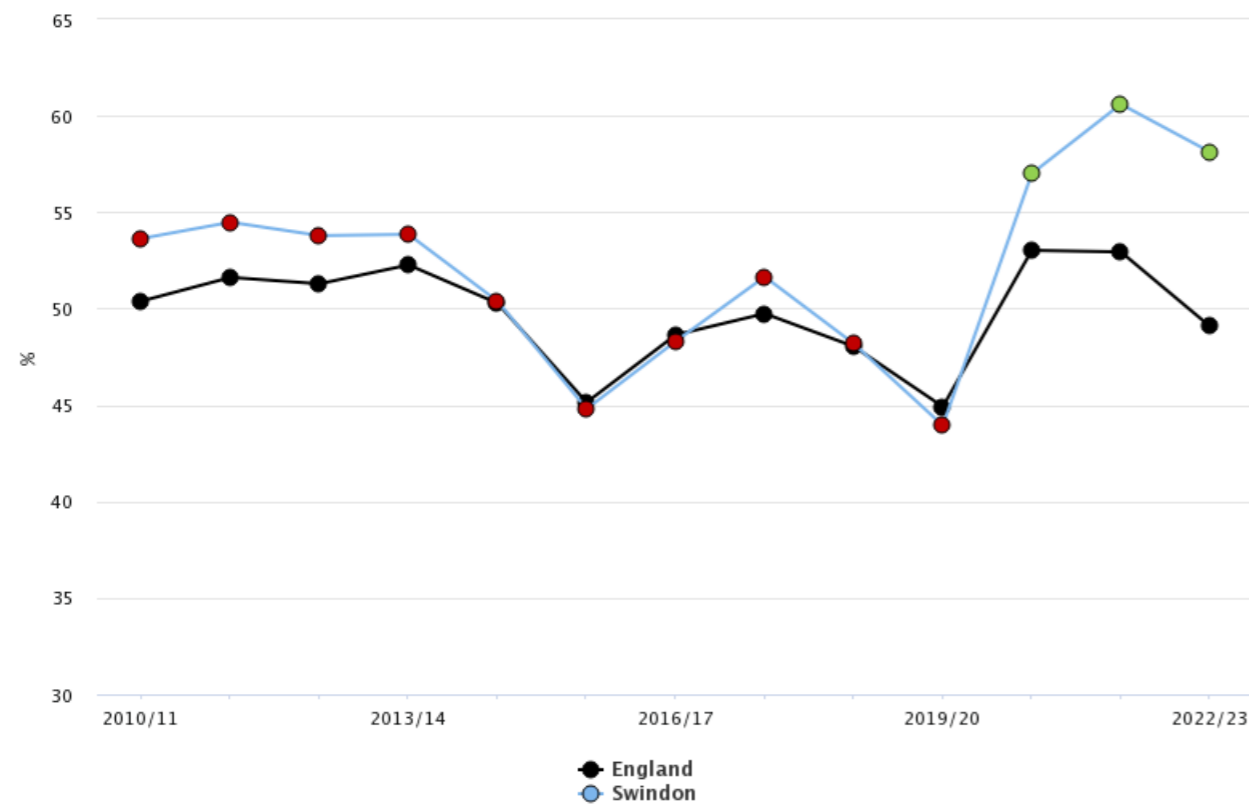


Figure 60 - Graph showing Flu vaccine uptake (%) in at-risk individuals aged 6 months to 65 years (excluding pregnant women), who received the flu vaccination between 1st September to the end of February as recorded in the GP record, England and Swindon, 2010 to 2023 (Source – Fingertips)

Population vaccination coverage: Flu (aged 65 and over) for Swindon

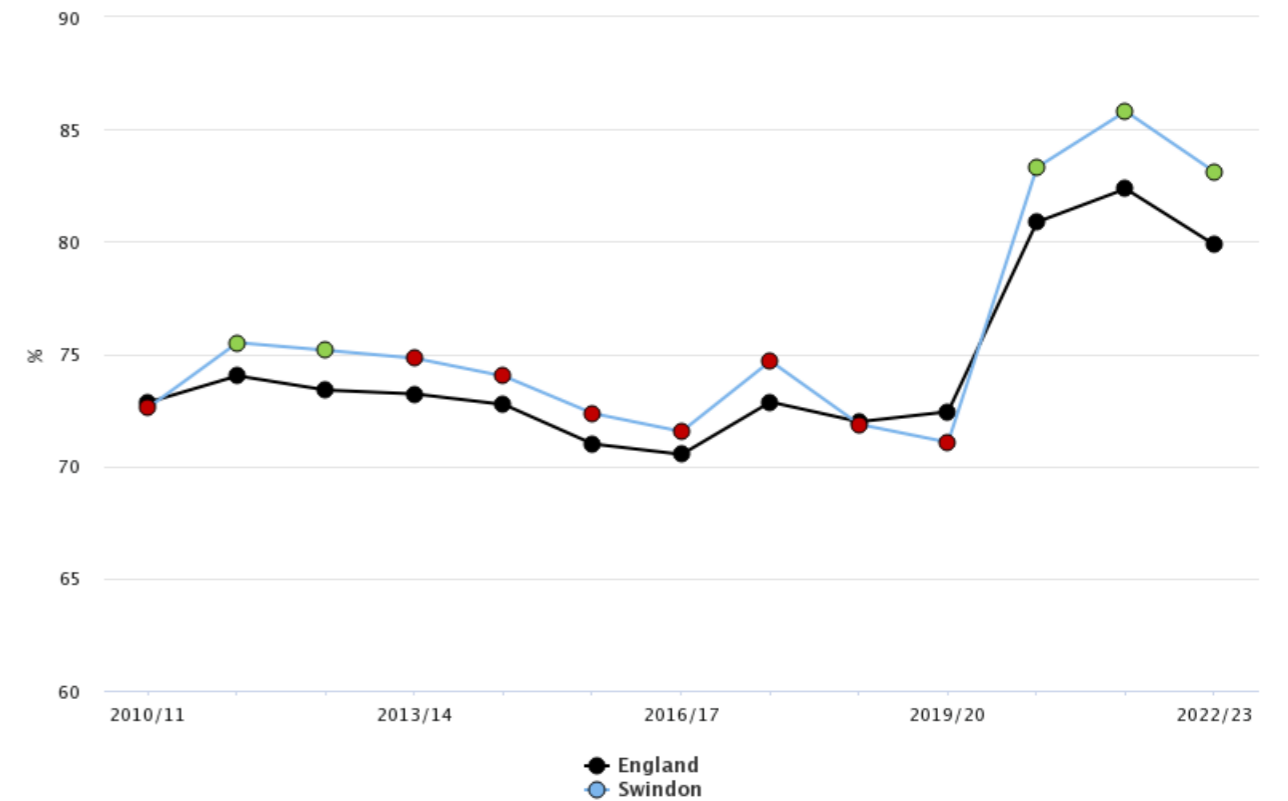


Figure 61 - Graph showing Flu vaccine uptake (%) in adults aged 65 and over, who received the flu vaccination between 1st September to the end of February as recorded in the GP record, Swindon and England, 2010 to 2023 (Source – Fingertips)

## 10.2 Shingles Vaccine

The shingles vaccine aims to prevent the reactivation of the varicella-zoster virus in people who have previously had chickenpox and is currently offered to all residents between the ages of 70-79 or those aged 50 and over with a severely weakened immune system. From 1 September 2023, the eligibility criteria were extended to include those over the age of 65.

Coverage of the Shingles vaccine in Swindon (38.3%) is lower than the South West (45.5%), CIPFA statistical neighbour (45.2%) and national averages (44%). Coverage has been gradually falling since 2018 and is not meeting national targets.

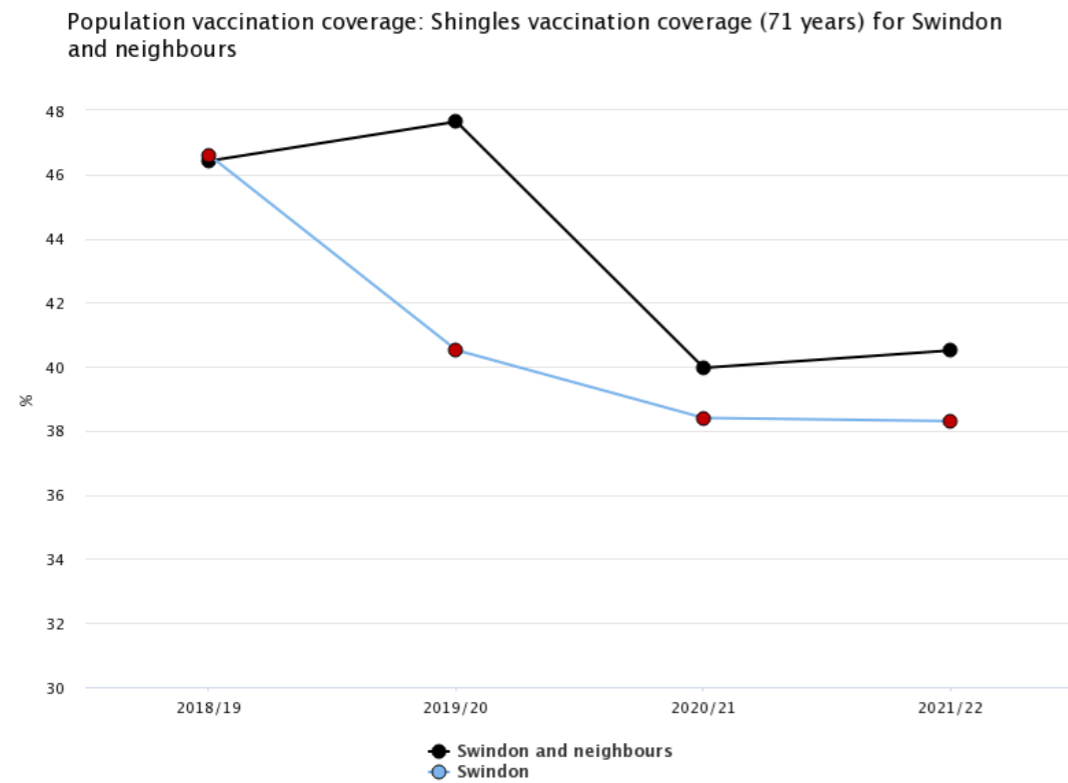


Figure 62 - Graph showing shingles vaccine coverage for adults of GP registered population turning 71 between 1 April to 31 March and vaccinated by the following end of June, Swindon and its CIPFA neighbours, 2018 to 2022 (Source – Fingertips)

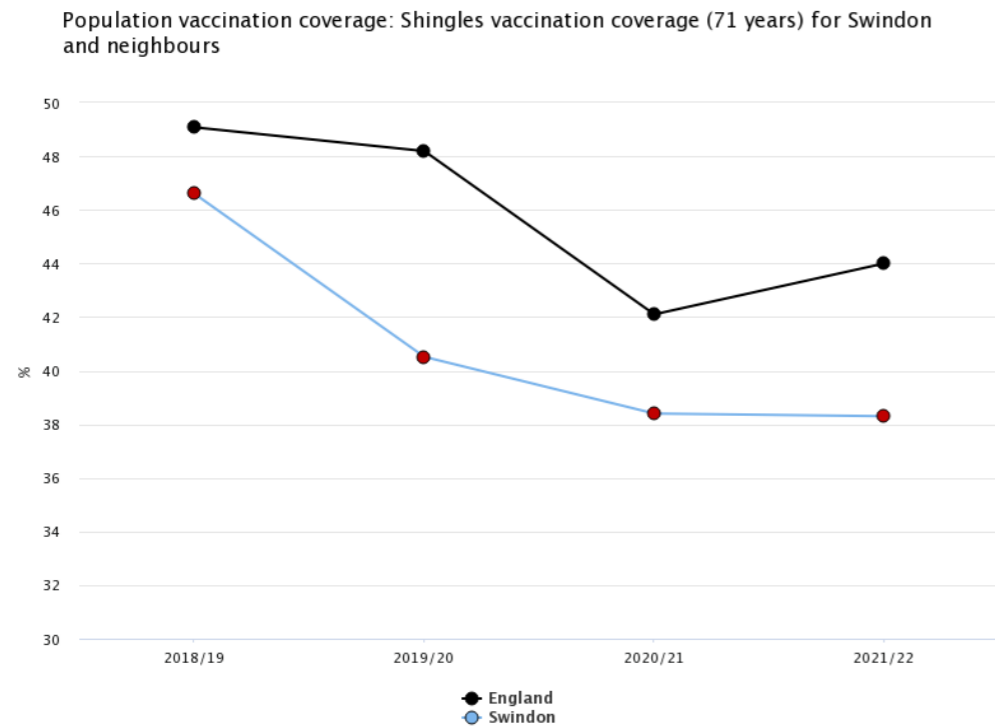


Figure 63 - Graph showing shingles vaccine coverage for adults of GP registered population turning 71 between 1 April to 31 March, and vaccinated by the following end of June, Swindon and England, 2018 to 2022 (Source – Fingertips)

Period	Swindon				Neighbrs average	England
	Count	Value	95% Lower CI	95% Upper CI		
2018/19	988	46.6%	44.5%	48.7%	46.4%*	49.1%
2019/20	754	40.5%	38.3%	42.8%	47.6%*	48.2%
2020/21	740	38.4%	36.3%	40.6%	40.0%*	42.1%
2021/22	728	38.3%	36.2%	40.5%	40.5%*	44.0%

Figure 64 - Table showing shingles vaccine coverage for adults of GP registered population turning 71 between 1 April to 31 March, and vaccinated by the following end of June, Swindon, its CIPFA neighbours and England, 2018 to 2022 (Source – Fingertips)

### 10.3 Pneumococcal Vaccine

The pneumococcal vaccine is offered to adults aged 65 and over. It is also recommended for babies and people at higher risk of getting seriously ill from pneumococcal infections. The pneumococcal vaccine helps protect against some types of bacterial infections that can cause serious illnesses, including pneumonia, meningitis and sepsis.

Data for 2021/22 is not yet available, however, 2020/2021 data shows that coverage of the pneumococcal vaccine for adults aged 65 and over in Swindon is 69.0%. While coverage has been increasing, this is still below the national (70.6%) and regional (70.6%) averages.

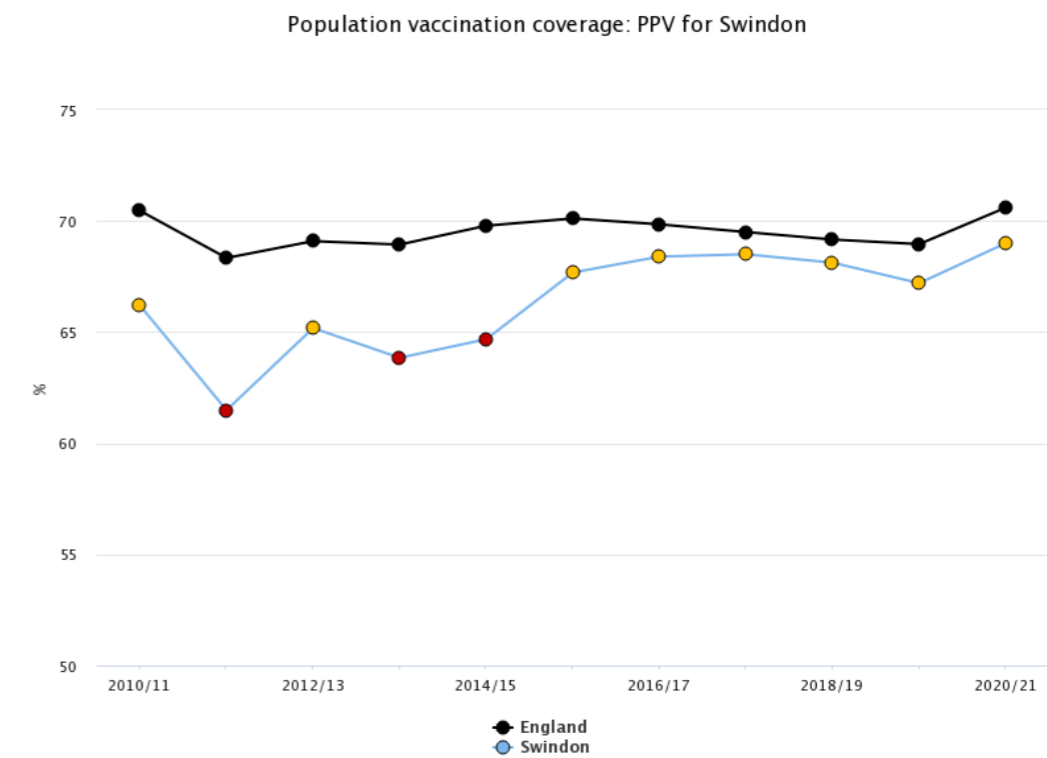


Figure 65 - Graph showing pneumococcal polysaccharide vaccine (PPV) uptake for the survey year, for those aged 65 years and over, Swindon and England, 2010 to 2021 (Source – Fingertips)

Population vaccination coverage: PPV for Swindon

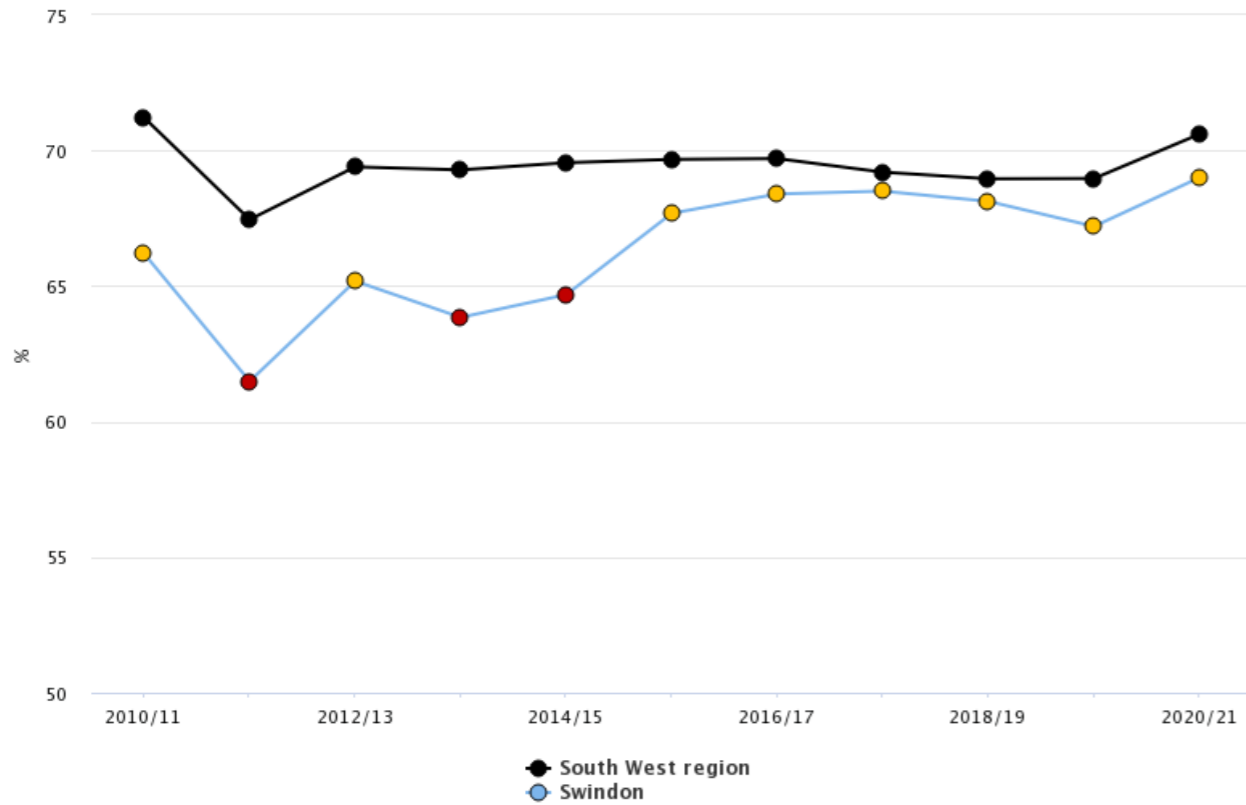


Figure 66 - Figure 67 -Graph showing pneumococcal polysaccharide vaccine (PPV) uptake for the survey year, for those aged 65 years and over, Swindon and The South West, 2010 to 2021 (Source – Fingertips)



## 11 Vaccinations in Pregnancy

A range of vaccines are offered to women during pregnancy. These include the inactivated seasonal flu vaccine, the SARS-COV-2 vaccine and the whooping cough vaccine. These are given during pregnancy to protect the health of both the pregnant mother and the baby.

### 11.1 Whooping cough (pertussis) vaccination in pregnant women

The whooping cough (pertussis) vaccination is offered to all pregnant women to protect their babies from birth until they are old enough to be vaccinated themselves. The best time to get vaccinated is between weeks 16 and 32 of your pregnancy. This maximises the chance that the baby will be protected from birth, through the transfer of antibodies before the baby is born.

Whooping cough vaccination data is not available at the Swindon level, but BSW level data shows that while coverage has remained stable throughout 2021 and the start of 2022, it dropped during summer 22. This trend was seen across the UK and coverage has now returned to baseline levels.

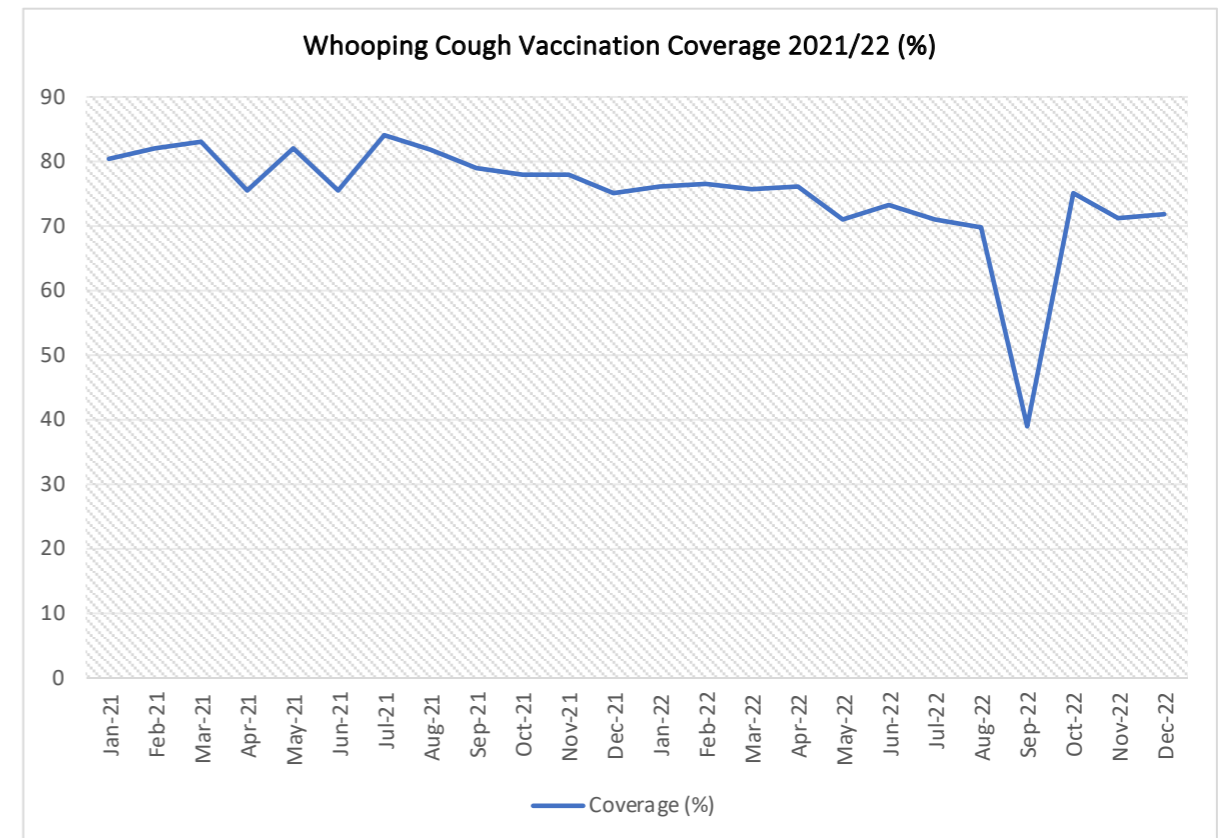


Figure 67 - Graph showing monthly coverage of the prenatal pertussis vaccine programme (%) in pregnant women across the Bath and North East Somerset, Swindon and Wiltshire region, Swindon, 2021 to 2022, (Source – Jan 21 to March 22 Government Data on Pertussis iMmunisation in pregnancy: vaccine coverage England + April 22 to July 22 + Oct 22 to Dec 22)

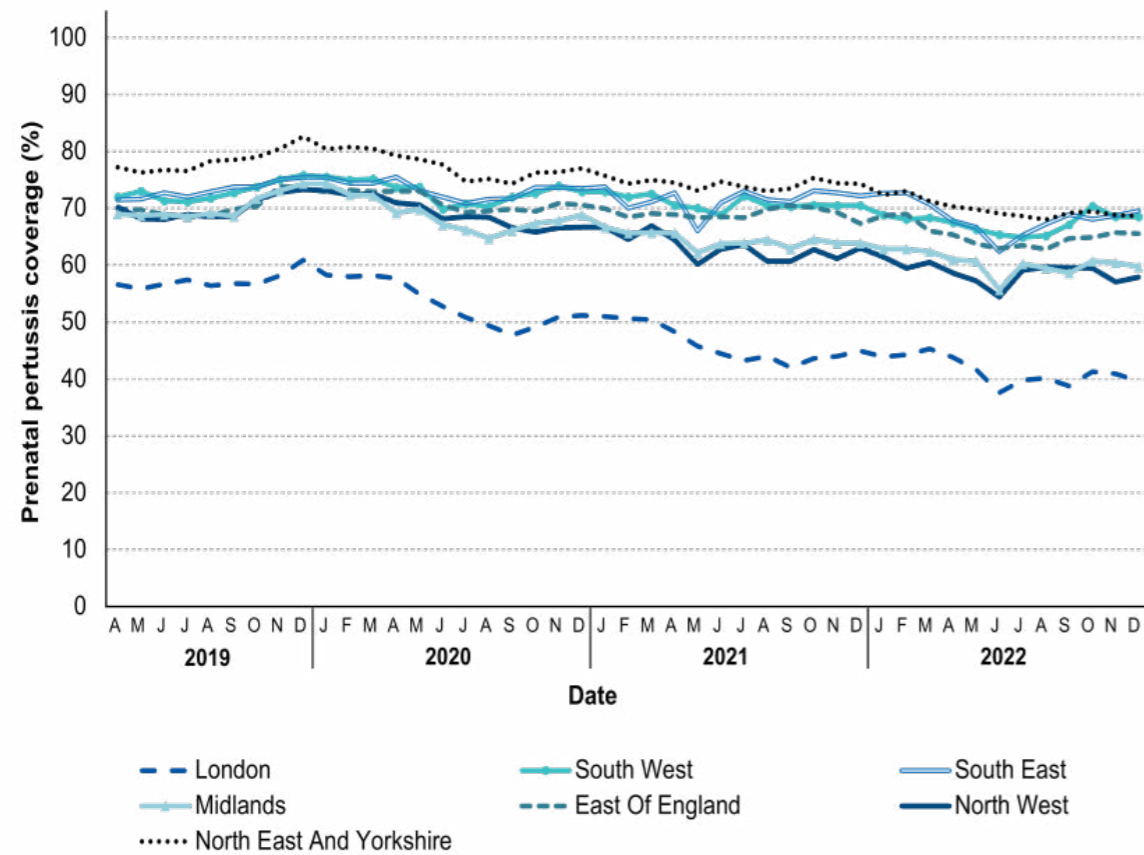


Figure 68 - Graph showing the monthly pertussis vaccination coverage (%) in pregnant women by NHS commissioning region, April 2019 to March 2022 (Source – Gov)

## 11.2 Flu Vaccine in Pregnancy

The flu vaccine is offered to pregnant women during the flu season and can be given at any stage of pregnancy. Pregnant women who catch the flu, especially in the later stages of pregnancy are at an increased risk of being admitted to intensive care or developing complications. There are also additional risks to the growing baby, who may be born prematurely, have a lower birth weight, or may not survive.

Within Swindon, data is collected on the percentage of pregnant women who receive their flu vaccine in a GP practice. Between Sept 2022 and Dec 2022 (the main period during which the flu vaccine was available for pregnant women in 2022), there was an uptake of 36.4% among pregnant women within Swindon. This is higher than the England average (33.2%). This data does not include information on women obtaining the vaccine privately or outside of a GP setting and so may be an underestimate.

(Source – Seasonal Influenza Vaccine Uptake in GP Practices)

## 12 Screening Programmes

The NHS offers a range of different screening tests to different sections of the population to identify healthy people who may have an increased risk of certain conditions. Some screening tests are offered to everyone (such as those offered to newborn babies), while other tests are only offered to certain groups (such as older people). Screening programmes allow these health conditions to be identified and treated earlier than they otherwise would.

Screening programmes can be monitored using screening programme uptake and coverage. Screening coverage refers to the proportion of people who are eligible for screening who are screened. Screening uptake refers to the proportion of people who are invited for screening who attend their screening test.

During 2020, screening coverage for both breast and cervical cancer fell, likely as a result of the impact of SARS-COV-2 on healthcare services and a hesitancy of the public to attend healthcare settings. While the pandemic resulted in several months of bowel screening kits not being sent out to patients, screening coverage did not decrease. This is likely a result of the screening test being initiated in a home setting and the acceptability of the test.

In June 2022, Swindon secured additional funding from the Thames Valley Cancer Alliance to initiate a Swindon Community Cancer Champions Project. This project aims to increase cancer screening uptake with a particular focus on low-uptake groups. This has involved a key focus on working with Black, Asian and other minority ethnic groups in Swindon as well as engaging with population groups who are less likely to access screening, including people with learning disabilities, people with drug or alcohol problems, people who are homeless and refugees and asylum seekers. So far the project has :

- Recruited 50 Community Cancer Champions
- Delivered 68 Cancer Awareness talks
- Run 42 projects/events
- Engaged with 2093 people

### 12.1 Breast Cancer Screening

Breast cancer screening in Swindon is commissioned by NHS England and is offered on a three-yearly basis to people aged between 50 and 71 who were assigned female at birth (additional screening is available for high-risk groups at an earlier age). This is delivered by the Wiltshire breast screening service which sends out automatic invitations to those who are eligible.

Breast cancer screening occurs via a one-stop shop in GWH as well as a mobile breast screening unit that moves around different locations in Swindon and Wiltshire. These both provide an “on-the-day service”, offering a physical examination, mammogram (x-ray of the breast) and ultrasound as required.

Breast cancer screening coverage in Swindon has fallen since the start of the SARS-CoV-2 pandemic and this has not yet improved, falling to its lowest rate of coverage in 2022 (66.6%). This is lower than the regional average (69%) and only slightly above the national average (65.2%) which both improved in 2022.

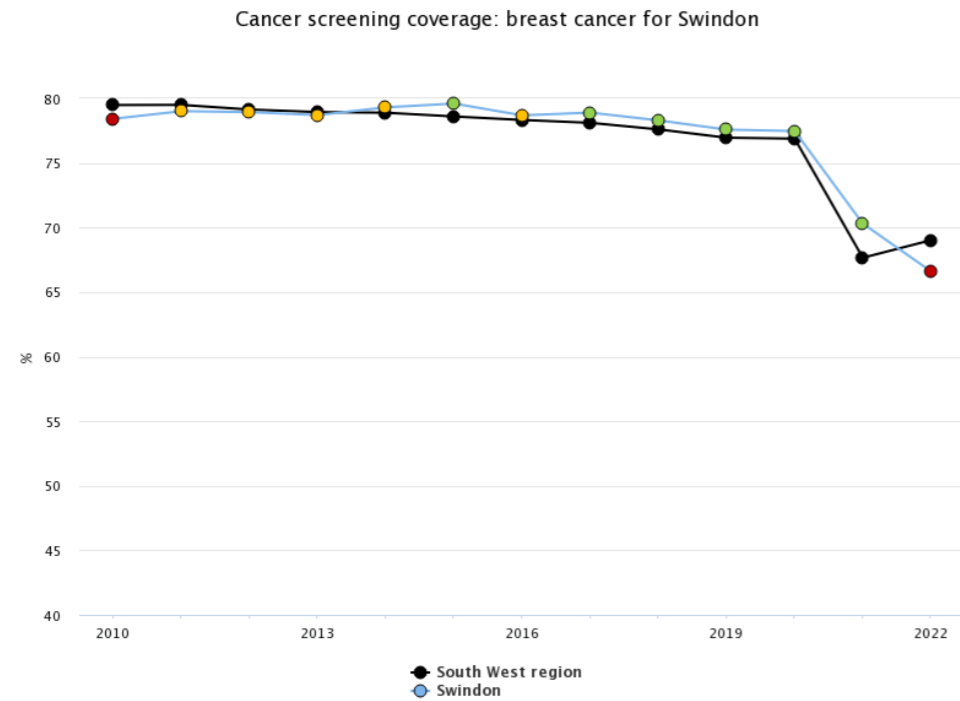


Figure 69 - Graphs showing the proportion of women eligible for screening who have had a test with a recorded result at least once in the previous 36 months, Swindon, the South West and England, 2010 to 2022 (Source – Fingertips)

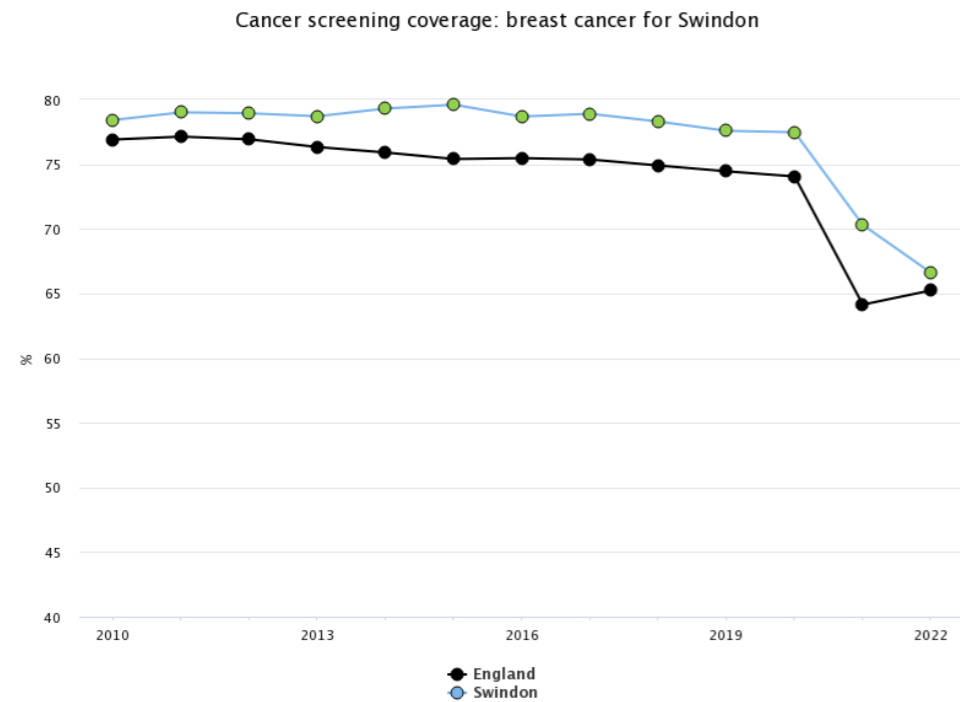


Figure 70 - Graphs showing the proportion of women eligible for screening who have had a test with a recorded result at least once in the previous 36 months, Swindon, the South West and England, 2010 to 2022 (Source – Fingertips)

## 12.2 Cervical Cancer Screening

Cervical cancer screening in Swindon is commissioned by NHS England and is offered to all women and people with a cervix aged between 25 and 64. Cervical cancer screening is offered every 3 years to women aged 25-49 and every 5 years for women aged 50-64. Trans men (assigned female at birth) are also entitled to screening if they have a cervix. The national cervical cancer screening programme involves a smear test, where a soft brush is used to take a small sample of cells from the cervix. These are then tested for certain types of human papillomavirus (HPV) which may increase your risk of developing cervical cancer.

A drop in Swindon's cervical cancer screening coverage was identified during the pandemic, however, coverage across England had already been falling since 2010. Within Swindon, 2022 data shows that coverage in the 50-64 age groups is 73.0%, below the national average (74.5%) and lower than during the pandemic. While rates did slightly increase in 2022, this was minimal (previously 73%). In the 25-49 age group, coverage is lower (65.4%), however the national average is also lower (65.7%). Current coverage in both groups falls below the NHS Cervical Screening Programme standard of 80% of eligible patients having an adequate test within the previous 3.5 years

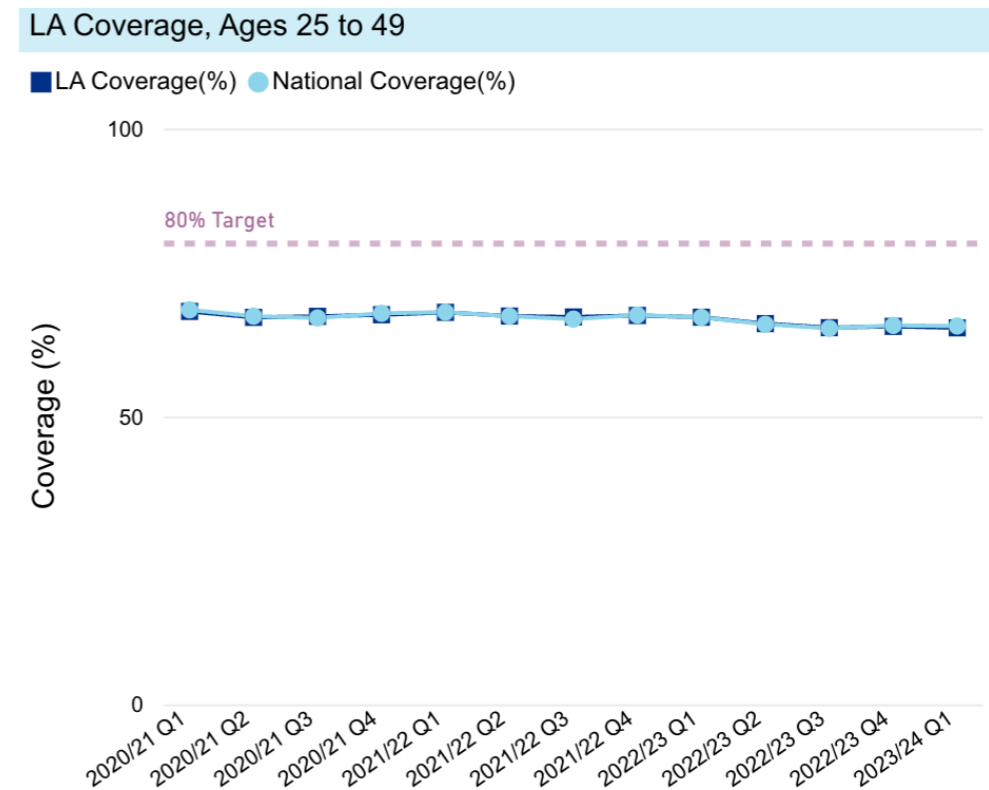


Figure 71 - Graphs showing the cervical cancer screening programme coverage in those aged 25-49, England and Swindon, 2020-2024

### LA Coverage, Ages 50 to 64

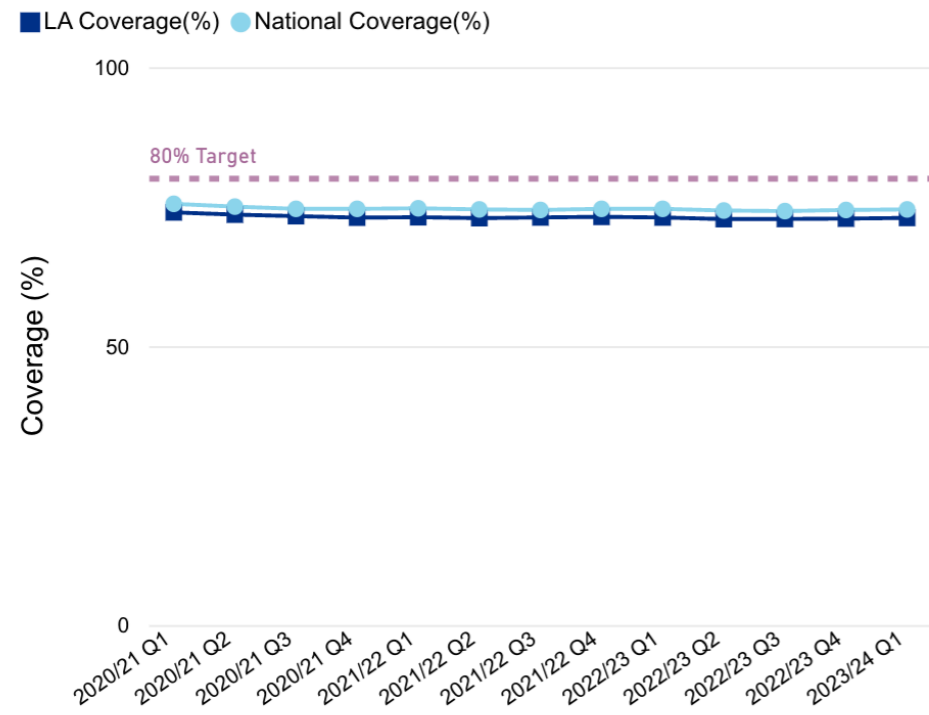


Figure 72 - Graphs showing the cervical cancer screening programme coverage in those aged 50-64, England and Swindon, 2020-2024 (Source - NHS Digital PowerBI)

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

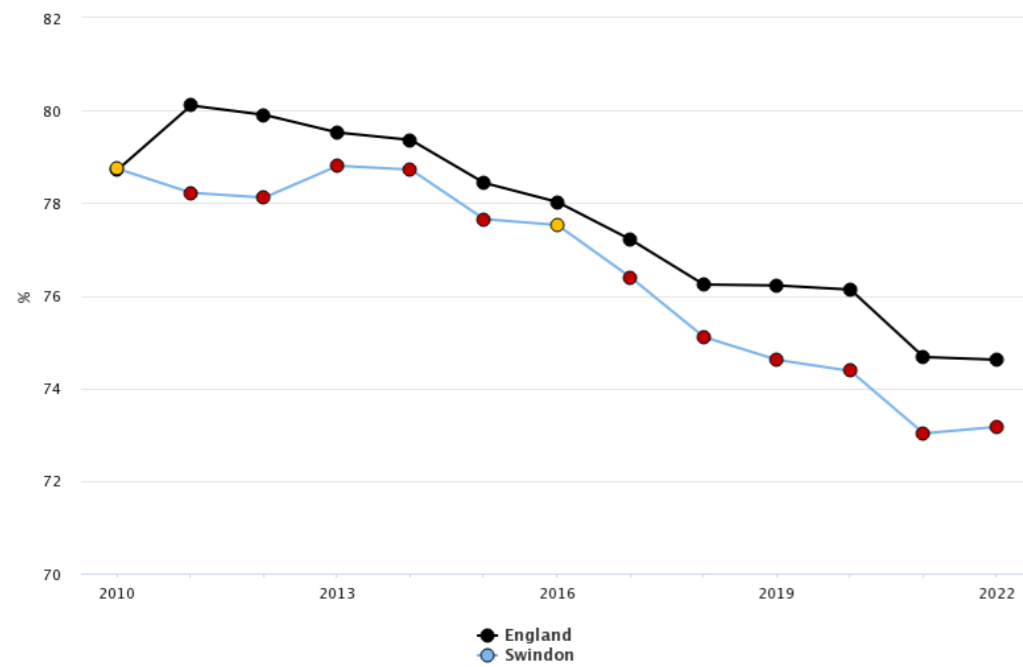


Figure 73 - Graphs showing the proportion of women in the resident population eligible for cervical screening aged 50 to 64 years at end of period reported who were screened adequately within the previous 5.5 years, Swindon, the South West and England, 2010 to 2022 (Source – Fingertips)

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

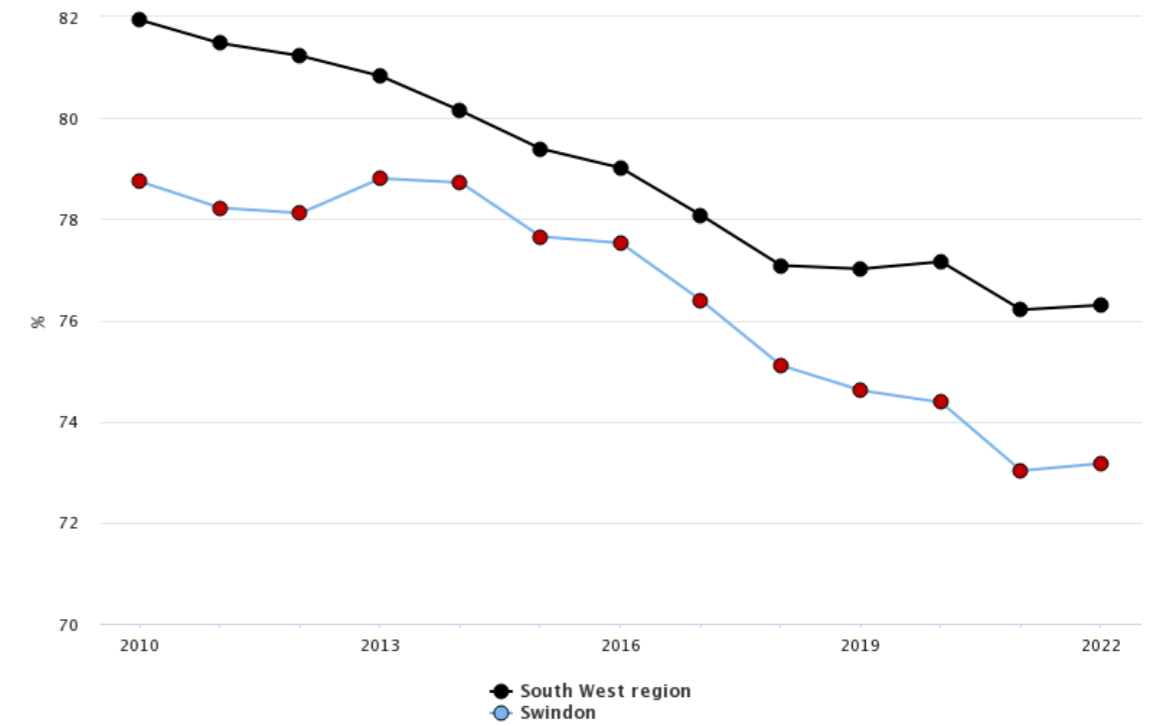


Figure 74 - Graphs showing the proportion of women in the resident population eligible for cervical screening aged 50 to 64 years at end of period reported who were screened adequately within the previous 5.5 years, Swindon, the South West and England, 2010 to 2022 (Source – Fingertips)

## 12.3 Bowel Cancer Screening

Bowel cancer screening is commissioned by NHS England and provided to eligible Swindon residents by Salisbury NHS Foundation Trust. The programme is delivered across a range of sites including GWH. Bowel cancer screening is available to everyone aged 60 to 74 years and is gradually being expanded to include those aged 50 to 59 years. Eligible residents are automatically sent a bowel cancer screening kit through the post every 2 years. This includes a faecal immunochemical test (FIT), which can detect microscopic blood in a sample of your poo. Any follow-up investigations (such as colonoscopy) are offered at the hospital.

Within Swindon, bowel cancer screening coverage has been steadily increasing since 2015, reaching 70.4% of eligible people in 2022. While coverage is increasing the rate is still below the average for the South West region (74.2%).

Some groups are less likely to attend bowel cancer screening and this may increase health inequalities. For example, social deprivation is associated with lower participation in bowel cancer screening, along with an associated higher chance of having bowel cancer. Work is currently taking place to more fully understand which groups locally are less likely to be screened to address these health inequalities.



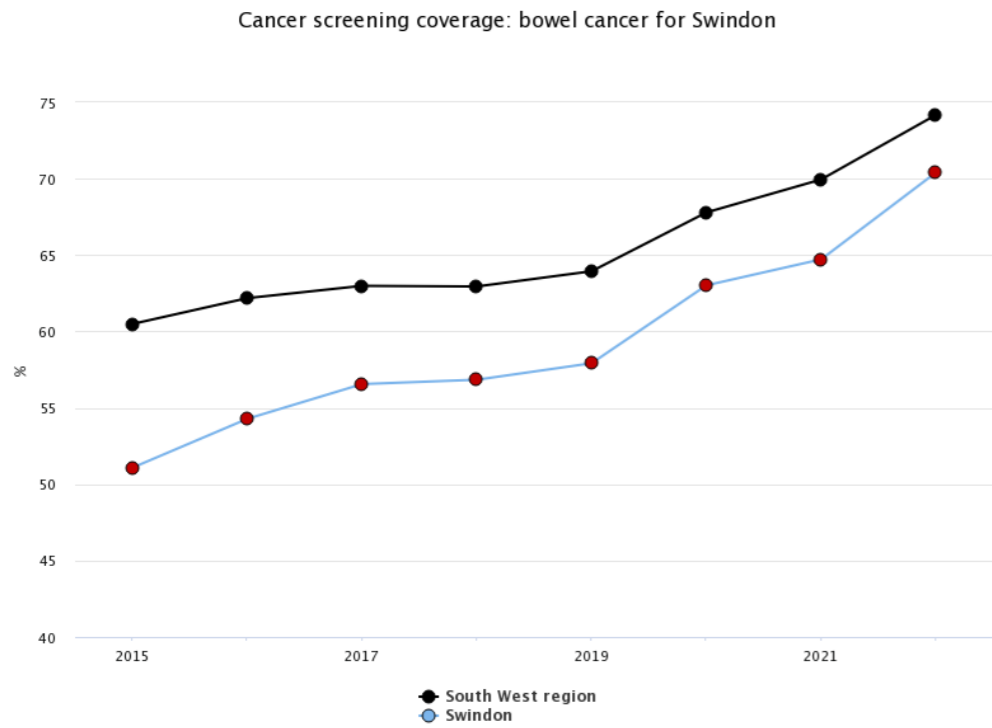


Figure 75 - Graphs showing the proportion of eligible men and women aged 60 to 74 invited for screening who had an adequate faecal occult blood test (FOBT) screening result in the previous 30 months, England, Swindon and the South West, 2015 to 2021 (Source – Fingertips)

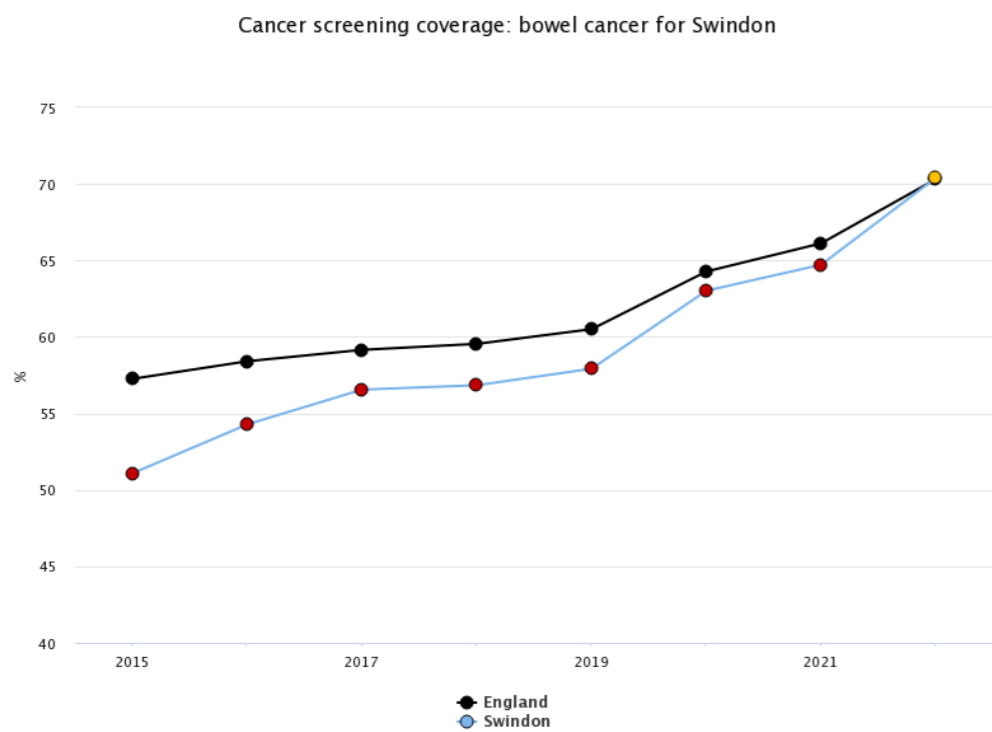


Figure 76 - Figure 77 – Graphs showing the proportion of eligible men and women aged 60 to 74 invited for screening who had an adequate faecal occult blood test (FOBT) screening result in the previous 30 months, England, Swindon and the South West, 2015 to 2021 (Source – Fingertips)

## 13 Non-Cancer Screening Programmes

As with Cancer screening, many of the non-cancer screening programs also suffered a significant reduction in coverage during 2020 due to the impact of the SARS-COV-2 pandemic. Recovery has been varied, with Diabetic Eye Screening and Abdominal Aortic Aneurysm (AAA) screening returning to baseline levels.

### 13.1 Diabetic Eye Screening

People with diabetes are at risk of diabetic retinopathy, a condition that can result in visual problems and sight loss. Diabetic retinopathy is one of the most common causes of sight loss among people of working age. As such annual diabetic eye screening is offered to those diagnosed with diabetes from the age of 12 years. The national standard is to achieve 85% coverage per year.

Within Swindon, the diabetic eye screening programme is commissioned by NHS England and provided by the BSW Diabetic Eye Screening Programme (NEC Care). During 2021/22, the programme was meeting all of its requirements and was meeting the supplementary targets within certain areas. Currently, a higher proportion of people are offered an appointment in Swindon than in the South West and the rest of England.

Condition	Bath, Swindon and Wiltshire	South West	England	Target	Achievable Target
Percentage of eligible people offered an appointment	96.8%	93.1%	93.1%	>95%	>99.0%
Uptake of routine digital screening event	96.8%	93.1%	93.1%	>95%	>99.0%

Figure 77 - Table showing information about the BSW diabetic eye screening programme 2021 to 2022 (Source – Diabetic Eye Screening 2021-2022 Data)

## 13.2 Abdominal Aortic Aneurism (AAA) Screening

AAA screening is offered to men during the screening year when they turn 65 to detect abdominal aortic aneurysms (a dangerous swelling in the aorta). Men over 65 can self-refer. AAA screening uses an ultrasound to examine the size of the large blood vessel (aorta) that runs through the abdomen. This is a one-off test offered to men at age 65, who are at risk of the aorta widening and sometimes rupturing.

During 2020, Swindon coverage for AAA screening fell to an all-time low of 64.2%. This was a result of the SARS-COV-2 pandemic and in keeping with the national picture. This screening programme has since recovered, and those who were not screened during the pandemic have now been caught up. 2021/22 coverage has now returned to baseline levels (81.6%), which is higher than the national average (70.3%) and only slightly below Swindon's CIPFA statistical neighbour average (82.0%).

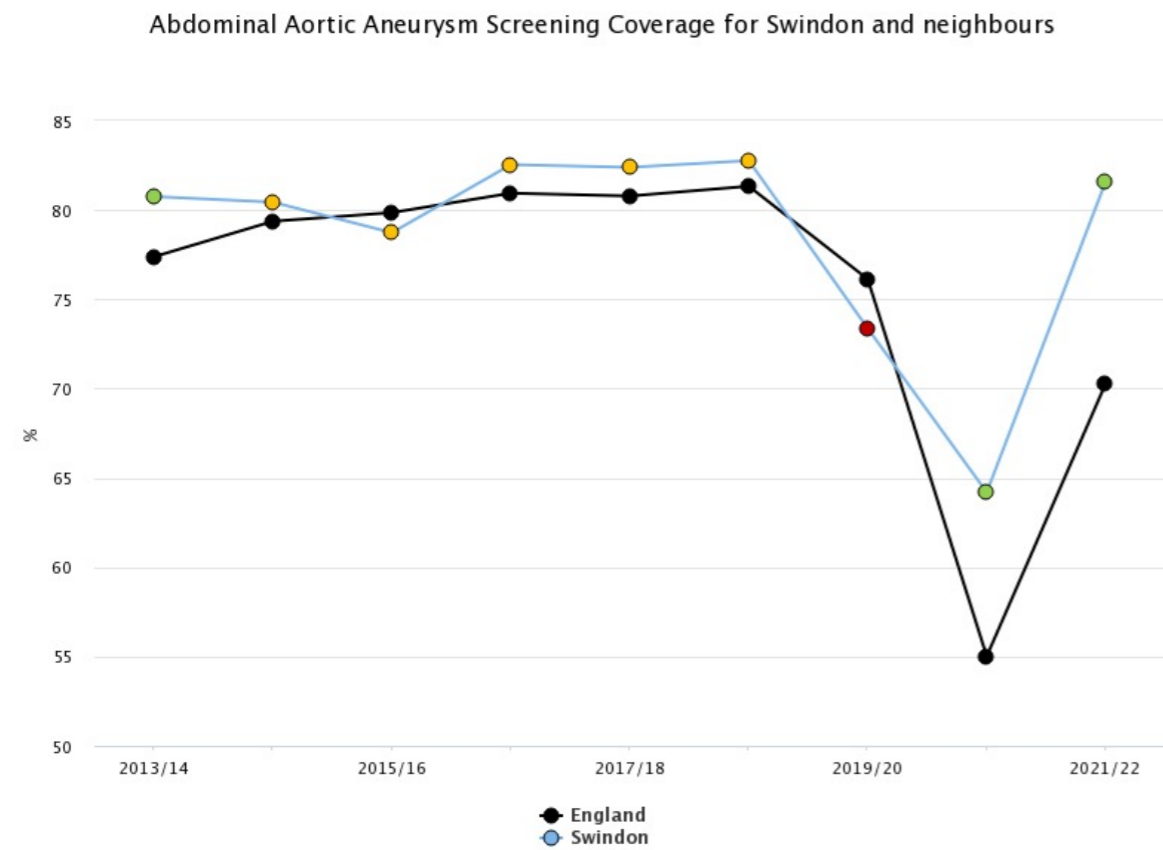


Figure 78 – Graphs showing the proportion of men eligible for Abdominal Aortic Aneurysm screening who are conclusively tested, Swindon, its CIPFA neighbours and England, 2013 to 2022 (Source – Fingertips)

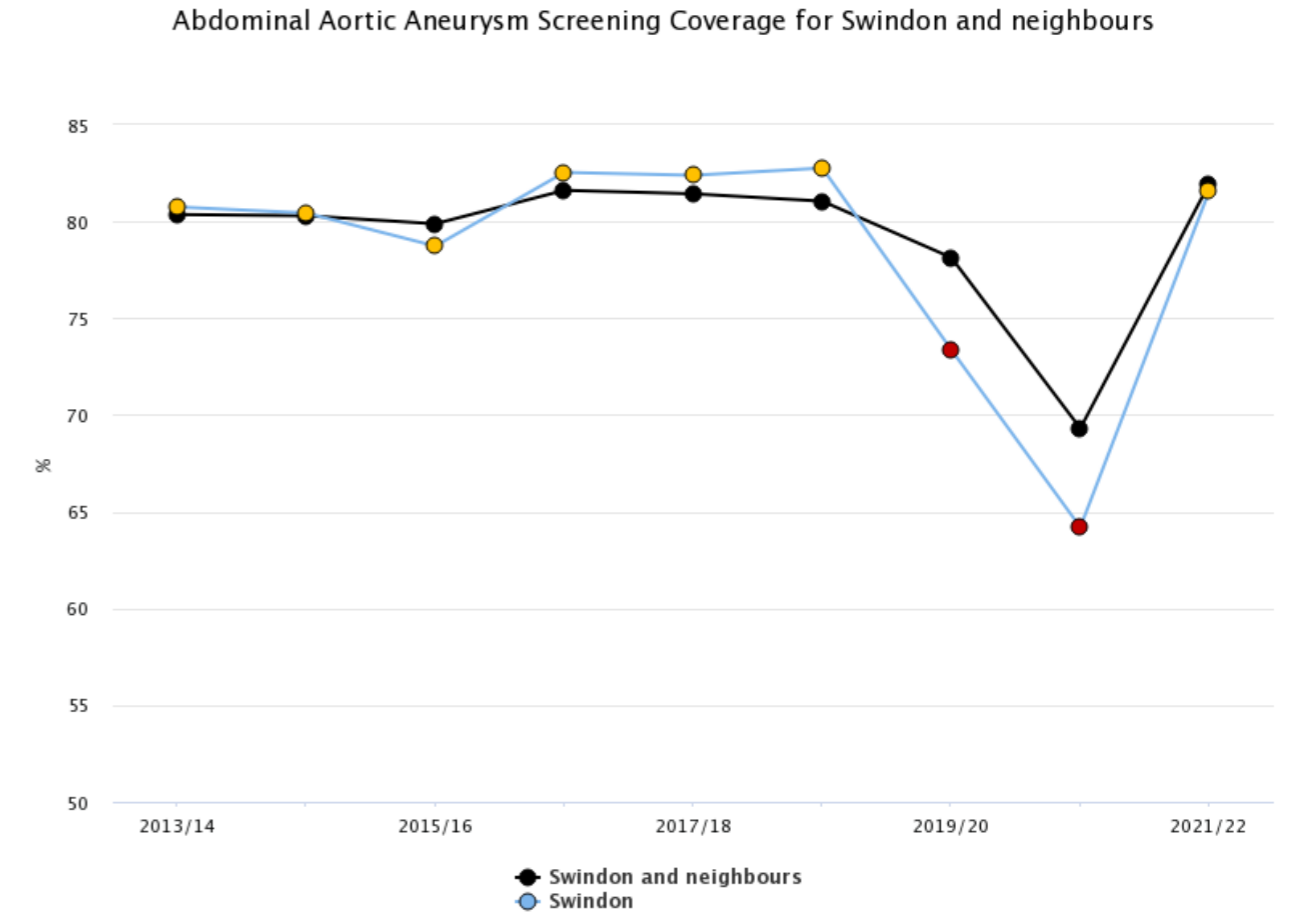
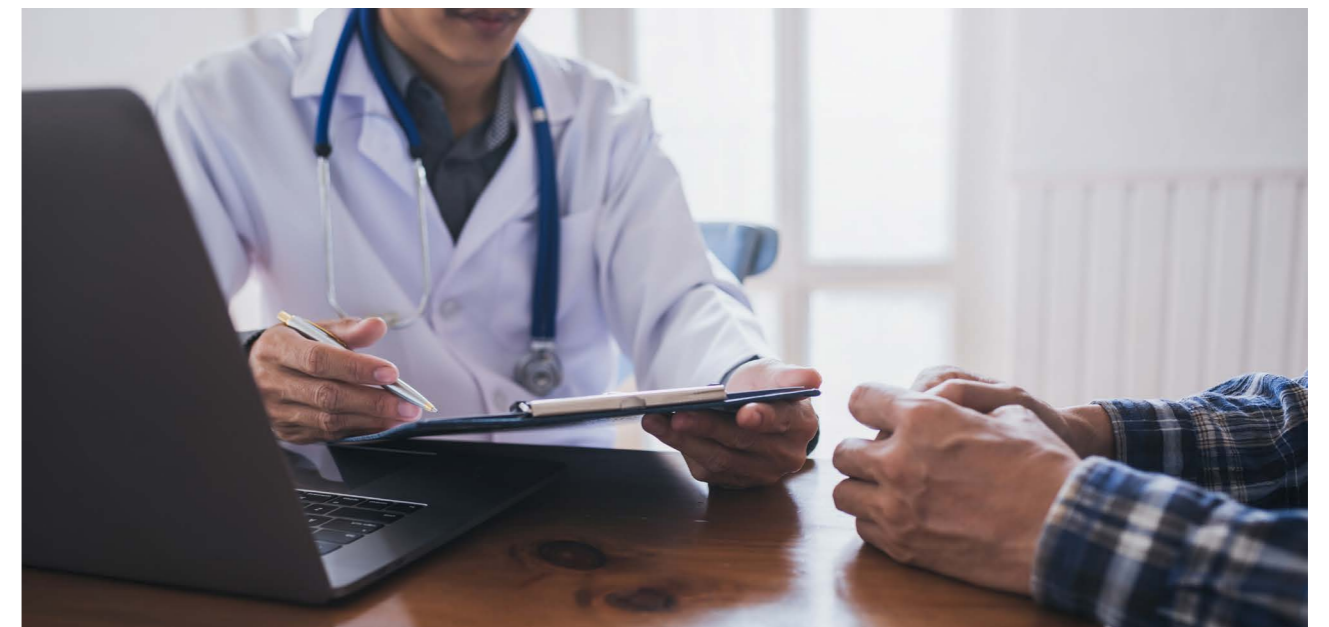


Figure 79 - Graphs showing the proportion of men eligible for Abdominal Aortic Aneurysm screening who are conclusively tested, Swindon, its CIPFA neighbours and England, 2013 to 2022 (Source – Fingertips)



# 14 Antenatal Screening

Antenatal screening is the name given to the screening tests performed during pregnancy. These include a range of different tests which can check the development and health of the baby, as well as diagnose certain conditions in the mother. Antenatal screening is important as it can identify health problems in the mother or child early on, allowing specialised treatments to be offered throughout the rest of the pregnancy and the delivery. Examples include screening for Down's syndrome in the baby or HIV infection in the mother.

Antenatal screening in Swindon is commissioned by NHS England and delivered by GWH. Locally antenatal screening programmes perform well, with all three antenatal screening programmes achieving coverage above the "achievable thresholds" (99%) throughout and after the period of the pandemic.

## 14.1 Screening for Sickle Cell and Thalassaemia

Sickle cell and Thalassaemia are inherited blood conditions which can be passed from parents to children. All pregnant women in England are offered a blood test to find out if they carry a gene for thalassaemia and those at high risk of being a sickle cell carrier are offered a test for sickle cell.

Condition	Threshold	Achievable threshold	GWH Trust
Sickle Cell & Thalassaemia	≥ 95.0%	≥ 99.0%	99.6%

Figure 80 - Table showing the proportion of pregnant women eligible for antenatal sickle cell and thalassaemia screening for whom a screening result is available on the day of the report, GWH, 2021 to 2022 (Source – IDPS screening in England annual standards data report 2021/22).

## 14.2 Infectious Diseases in Pregnancy Screening – HIV, Hepatitis B, Syphilis

Hepatitis B, HIV and syphilis can all be passed from a mother to a baby during pregnancy or birth. As such, all pregnant women in England are offered a blood test for these as part of routine antenatal screening.

Condition	Threshold	Achievable threshold	GWH Trust
HIV	≥95.0%	≥99.0%	99.5%
Hepatitis B	≥95.0%	≥99.0%	99.5%
Syphilis	≥95.0%	≥99.0%	99.6%

Figure 81 - Table showing the proportion of pregnant women eligible for HIV, Hep B and Syphilis screening for whom a confirmed screening result is available on the day of the report, GWH, 2021 to 2022 (Source – IDPS screening in England annual standards data report 2021/22).

## 14.3 Screening for Down's syndrome, Edwards' syndrome and Patau's syndrome

During pregnancy women are offered a screening test for Down's syndrome, Edwards' syndrome and Patau's syndrome. This is to assess your chances of having a baby with one of these conditions.

Condition	Threshold	Achievable threshold	GWH Trust
Fetal anomaly ultrasound	≥ 90.0%	≥ 95.0%	99.9%

Figure 82 - Table showing the proportion of pregnant women eligible for fetal anomaly ultrasound screening who are tested leading to a conclusive result within the defined timescale, GWH, 2021 to 2022 (Source - 2021/22 Fetal anomaly screening programme (FASP) screening report)



# 15 Newborn Screening Programmes

Newborn screening offers a range of different tests to newborn children at 6-8 weeks. These tests include a physical examination, a hearing test, and a blood test.

Newborn screening in Swindon is commissioned by NHS England and delivered by GWH. These programmes are meeting national targets, and where comparative data is available, Swindon performs higher than national averages.

## 15.1 Newborn Hearing Screening

The newborn hearing screening test looks to identify newborn babies who have signs of hearing loss as early as possible. This allows diagnosis and support services to be offered as early as possible.

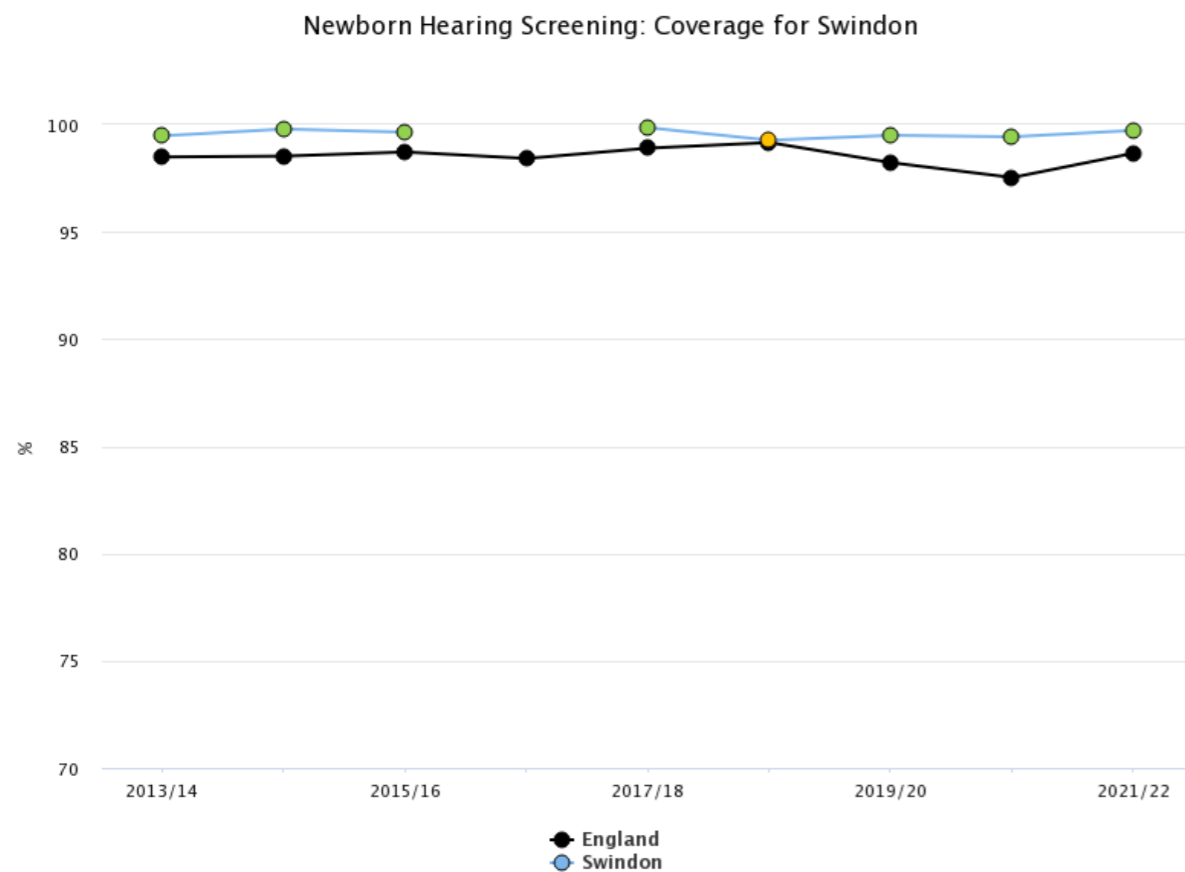


Figure 83 - Graph showing the proportion of babies eligible for newborn hearing screening for whom the screening process is complete by 4 weeks corrected age (hospital programmes: well babies, neonatal intensive care unit babies) or by 5 weeks corrected age (community programmes: well babies), Swindon, 2013 to 2022 (Source – Fingertips)

## 15.2 Newborn Blood Spot Screening

Newborn blood spot screening involves taking a blood sample from newborn babies to find out if they have one of nine rare but serious health conditions.

Condition	Threshold	Achievable threshold	BSW Region
Blood Spot Screening Coverage	≥ 90.0%	≥ 95.0%	95.2%

Figure 84 - Table showing the proportion of babies registered within the CCG both at birth and on the last day of the reporting period who are eligible for newborn blood spot (NBS) screening and have a conclusive result for phenylketonuria (PKU) recorded on the child health information service system (CHISS) <17 days of age BSW, 2021 to 2022 (Source – NHS Screening Programme KPI Reports 2021-2022)

## 15.3 Newborn and Infant Physical Examination Screening Coverage

All parents are offered a physical examination of their baby within 72 hours of giving birth. This includes a range of physical screening tests for the eyes, heart, hips and, in boys, testicles. The proportion of babies that are tested in Swindon is high and above the national average.

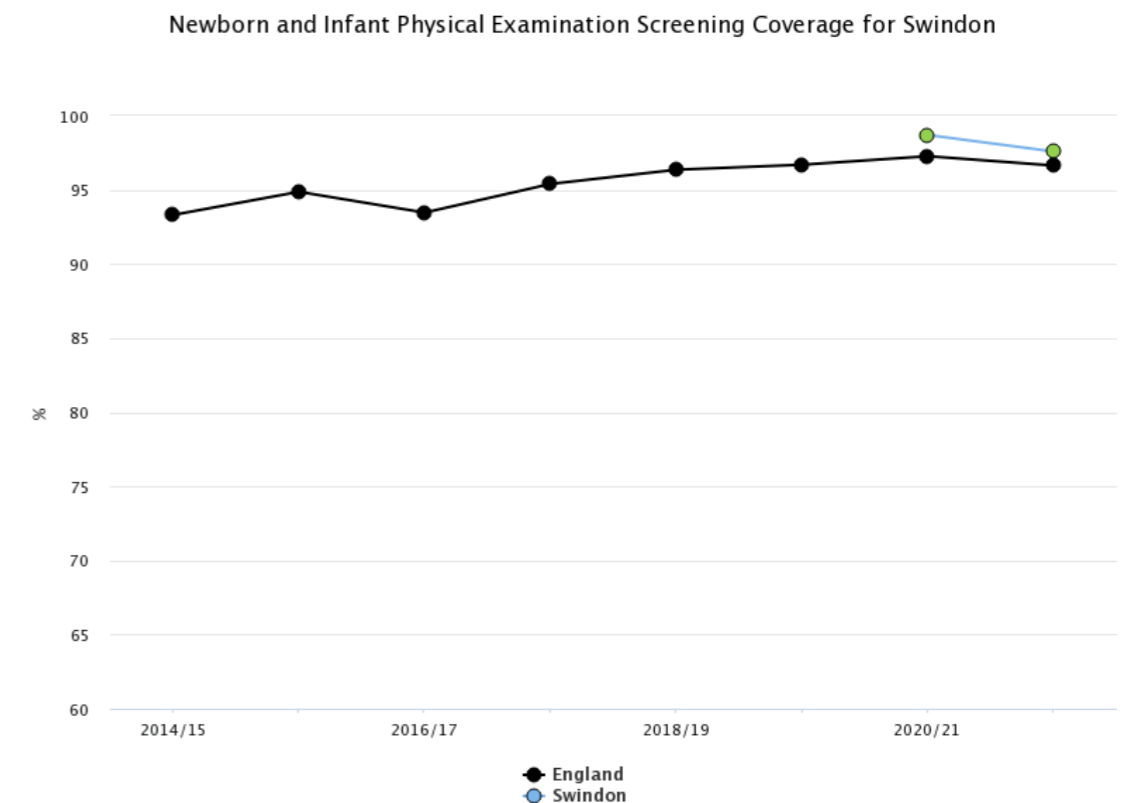


Figure 85 - Graph showing the proportion of babies eligible for the newborn physical examination who are tested for all 4 components (3 components in female infants) of the newborn examination within 72 hours of birth, Swindon, 2014 to 2021 (Source – Fingertips)

# 16 Environmental Hazards

Environmental hazards are external agents that are capable of causing harm to your physical or mental health. This includes a range of physical, chemical, and biological agents. Key examples include air pollution, water pollution, radiation as well as contaminants of food. Within Swindon, environmental hazards are managed by a range of different teams including the Swindon environmental health team.

## 16.1 Food and Water Borne Illness

Food and water-borne illnesses typically cause gastrointestinal infections ( food poisoning). These are some of the most common causes of infectious disease outbreaks globally and within the UK, with the most common causes being viruses and certain bacteria. Common symptoms include diarrhoea, cramps, abdominal pain and nausea. Most gastrointestinal infections are not serious and resolve without treatment after a few days. However, some infections can be severe, resulting in serious illness and death.

### Swindon

Gastrointestinal Outbreaks

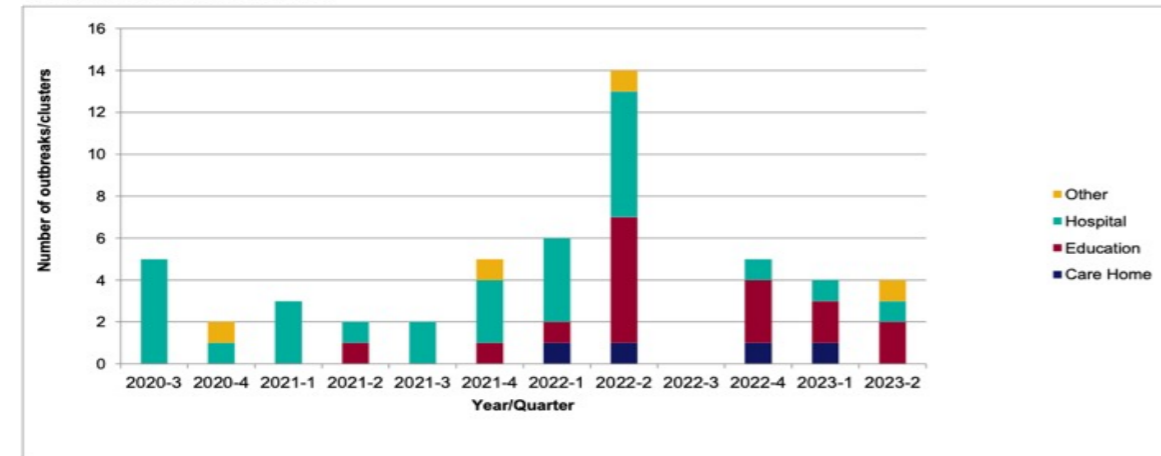


Figure 86 - All reports of outbreaks/clusters of gastrointestinal (suspected or laboratory confirmed) by setting, including food poisoning outbreaks within Swindon, 2020 to 2023 (Source – UKHSA South West Quarterly Surveillance Report, NICE)

The majority of gastrointestinal outbreaks and incidents in 2021 and 2022 occurred during Q2 of 2022, which may be associated with increased mixing following the easing of lockdown measures, further access to restaurants, as well as increased use of barbeques during the warmer weather (a known risk factor for certain types of gastrointestinal infection). In Swindon, the most common type of bacterial gastrointestinal infection reported to the UKHSA during 2023 was Campylobacter (which is also the case across the UK).

Once an outbreak has been identified, an incident management team will be formed, including representatives from the health protection team, environmental health team, the UKHSA and other key stakeholders depending on the specific situation and location of the outbreak.

## 16.2 Air Quality

Air pollution is the contamination of the air by substances that are harmful to our health, or which cause damage to the climate. The majority of pollutants in the air are either particles, ozone, or Carbon and Nitrogen dioxide. Exposure to high levels of any of these pollutants, both in the short and long term, can cause health problems across the whole body, including stroke, lung disease, cancer, susceptibility to infections and increased mortality. Long-term exposure has been shown to increase your risk of certain chronic conditions, such as diabetes, obesity, inflammation, Alzheimer’s disease and dementia (WHO)(IARC).

Air pollution is a key public health problem for many local authorities, with 97% of people in Europe being exposed to air pollution levels above the guideline set by the World Health Organization in 2021 (Europe’s Air Status) (WHO). Within the UK, it is estimated that 43,000 deaths a year occur due to the effects of air pollution (DEFRA).

The air quality in Swindon, in general, is good and improving. There has been a Local Air Quality Management Area (AQMA) on a 280m stretch of Kingshill Road since 2018, where Nitrogen Dioxide (NO2) levels now only marginally exceed objective limits (40µg/m3) at 42µg/m3 as an annual average, against 56µg/m3 in 2017 before the declaration of the AQMA. The Council’s focus is to return this road to full compliance ( below 40µg) as soon as possible whilst identifying and mitigating any emerging hotspots arising elsewhere as a result of new development.

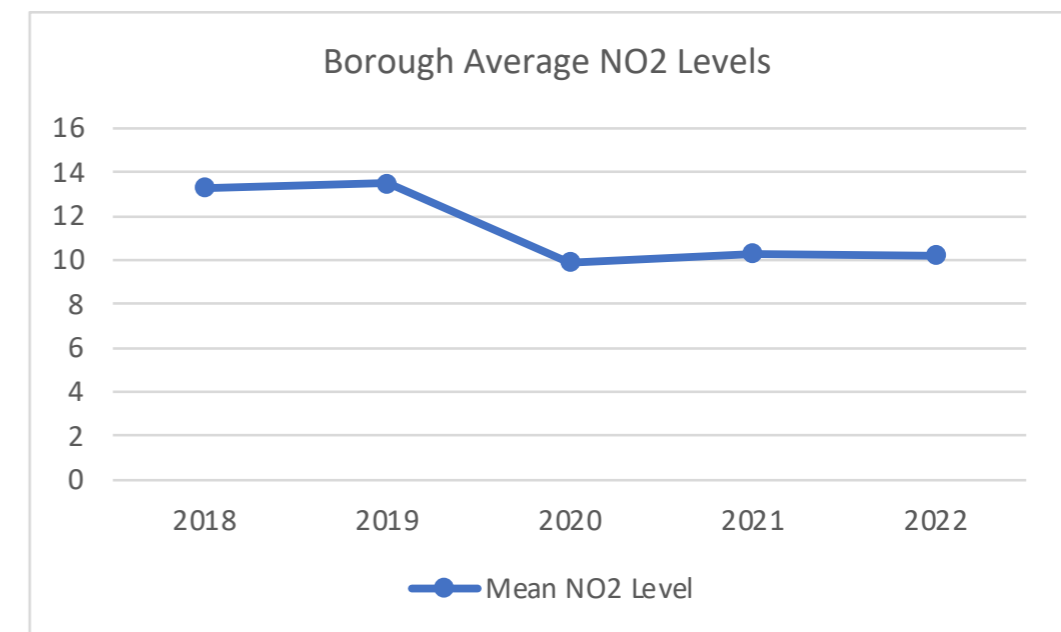


Figure 87 - Graph showing the annual mean concentrations are presented as µg/m3, 2018 to 2022, Swindon, (Source – Air Quality Annual Status Report 2023)

To further reduce NO<sub>2</sub> in the AQMA to below the objective limit, a Traffic Regulation Order (TRO) to remove most heavy vehicles from the road will be put in place in 2024. It is expected that this will reduce NO<sub>2</sub> levels by at least 5%. Alongside this, the Council has plans in place to increase active travel and public transport use and it is recruiting a specialist officer to implement a range of air quality improvement interventions and campaigns across Swindon for 18 months to March 2025.

This post is being funded by a DEFRA Air Quality Grant, which is also funding the installation of a Variable Message Sign (VMS) on the approach to the AQMA; to deliver nudge and enforcement messaging to drivers and others, and to aid in promoting the TRO once in place. Across the remainder of the 37-site air quality monitoring network, a clear improving trend is being observed, and there are no current emerging hotspots for NO<sub>2</sub> despite much new development in the town.

In common with most places in the South of England; Fine Particulate Matter (PM<sub>2.5</sub>) is also a concern. Unfortunately, much of the PM<sub>2.5</sub> inhaled by Swindon residents originates outside of Swindon's boundaries, and even outside of the UK, so we have relatively limited local influence over levels of PM<sub>2.5</sub> in Swindon.

Fraction of mortality attributable to particulate air pollution (new method) for Swindon

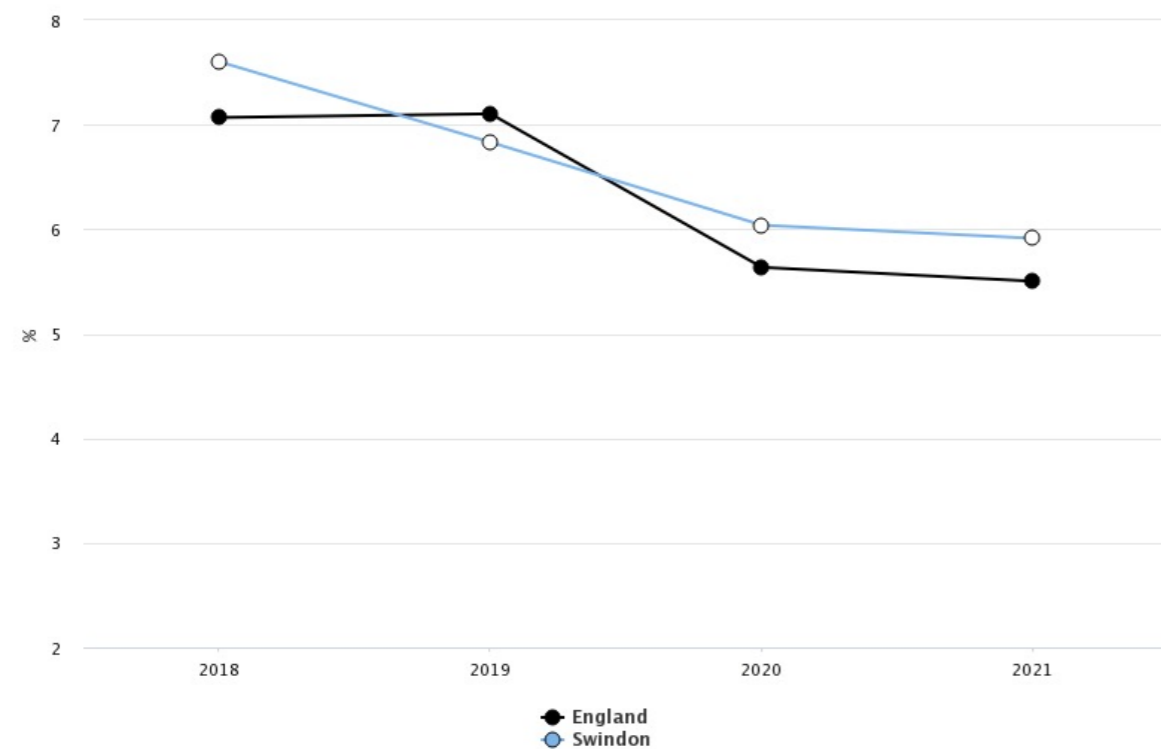


Figure 88 - Graph showing the fraction of annual all-cause adult mortality attributable to particulate air pollution (measured as fine particulate matter, PM<sub>2.5</sub>\*) Swindon, 2018 to 2021 (Source – Fingertips)

Air pollution: fine particulate matter (new method – concentrations of total PM<sub>2.5</sub>) for Swindon

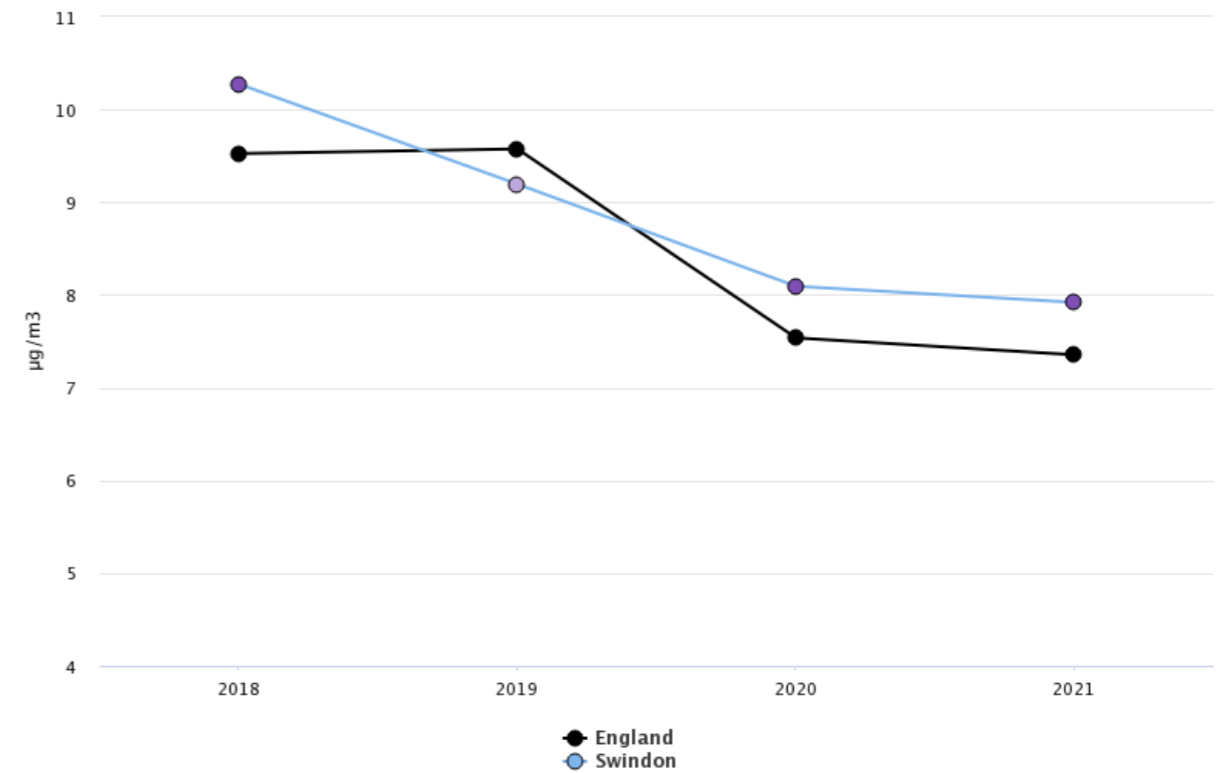


Figure 89 - Graph showing the annual concentration of fine particulate matter at an area level, adjusted to account for population exposure, Swindon, 2018 to 2021 (Source – Fingertips)

PM<sub>2.5</sub> levels are improving in Swindon, but need to reduce further and more quickly. It is thought that up to 30% of locally generated PM<sub>2.5</sub> is emitted as a result of domestic solid fuel burning in log burners, bonfires and the like, and this is the focus as a result. An outreach programme is being designed to encourage residents to limit elective solid fuel burning as far as possible and to use green waste disposal services, which will limit local generation. Alongside this, Environmental Health Officers monitor proposed new developments and work with developers and planners to ensure that developments are designed and built out to minimise exposure to Swindon residents.



PM2.5 levels across Swindon Borough

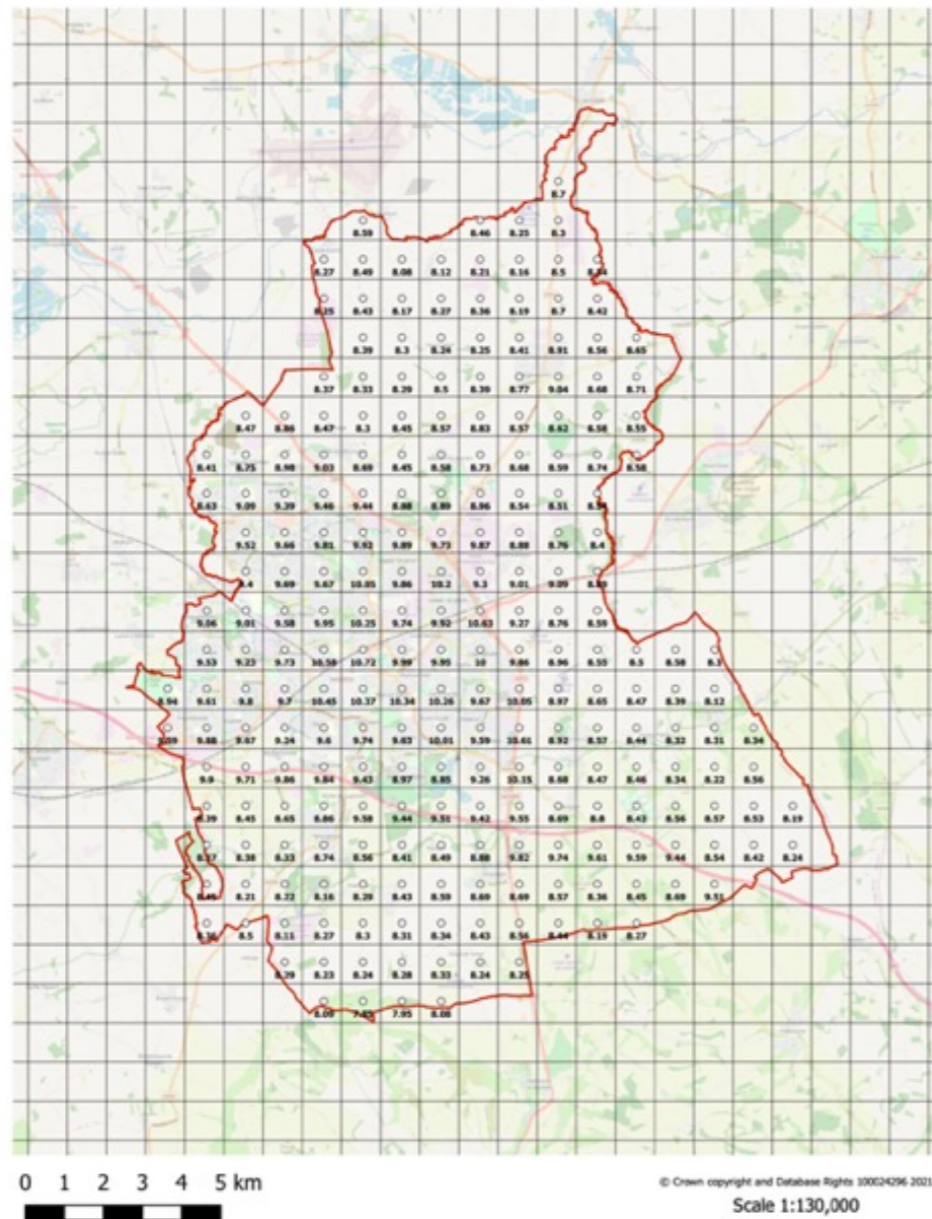


Figure 90 - Pivot table of modelled PM2.5 levels on a Swindon map, 2021, Swindon (Source - Cabinet report 2021)

The Environmental Health team also regulate emitting industries in the Borough to ensure that emission limits are met and deal with large and smoky bonfires where they may cause a nuisance to residents and/or elevate local PM2.5 levels.

## 16.3 Climate Change

Climate change poses a significant threat to our health, lives and society. It affects the air we breathe, our food & water, and increases the risks of infectious diseases. Climate change is already causing more frequent and intense environmental health threats, such as flooding and heatwaves, as well as bringing new risks to us within the UK, such as wildfires, droughts, and antimicrobial resistance or pandemics. These effects will not impact us all equally, and it will be the most disadvantaged in our communities who will be the most disproportionately affected.

While a range of measures are being taken at a national level, tackling climate change is also a problem for Swindon at a local level. Local authorities are responsible for between 2 to 5 per cent of their local area's emissions. This is a key issue for Swindon, and the local net zero emissions action plan aims to achieve net zero emissions by 2030. This will require ongoing work to provide solar power within the borough, improve the energy efficiency of homes, decarbonise the Council's fleet and support people in reducing their carbon footprint.

(Source – Swindon Climate Change, Net Zero Action Plan)



# 17 Emergency Preparedness, Resilience and Response (EPRR)

Emergencies, such as major transport accidents, flooding and other extreme weather conditions, or the outbreak of an infectious disease, have the potential to affect the population's health and patient care. Organisations therefore need to plan for and respond to such emergencies.

Wiltshire and Swindon Local Health Resilience Partnership (LHRP) is a multi-agency planning group of health partners working in the Wiltshire and Swindon Local Resilience Forum (LRF) area. It was set up as part of the requirements of the Health and Social Care Act of 2012. It aims to ensure that the local health sector has plans in place to respond to major incidents, and it works closely with the Wiltshire and Swindon Local Resilience Forum (LRF)

During 2022 and 2023, the Wiltshire and Swindon LHRP has developed, reviewed and updated a number of emergency plans such as the Incident Response Plan and the Communicable Disease Plan to incorporate learning from local incidents and exercises.

## 17.1 Major Incidents and Exercises

As a Category 1 Responder under the Civil Contingencies Act 2004, Swindon Borough Council is a member of both the Wiltshire and Swindon Local Resilience Forum and the Wiltshire and Swindon LHRP.

The LRF meets monthly for structured all-day meetings to plan and prepare for responding to major incidents and emergencies. The content of these meetings varies and includes plan/guide preparation, training/exercising, risk assessments and communications. The Forum examines good practice and reflects on major incidents elsewhere in the country as well as internationally.

During 2023, there were no major incidents that the Council was required to respond to, however, several exercises and training events were held to test and develop the plans which we have in place. The following exercises were undertaken in 2023:

- Care Home Resilience Training – January 2023
- Strategic Magic Lite Training – May 2023
- Strategic Officer Training Day – Cyber focus – April 2023
- MATT (Multi-Agency Tactical Training) – May 2023 and October 2023
- Exercise Mighty Oak (National Power Outage Exercise) – 3 days March 2023

- McArthurGlen Designer Outlet Swindon exercise – April 2023
- Swindon Town Football Club incident exercise – June 2023
- Wiltshire and Swindon prepared exercise and training day for parish's, community resilience – August 2023
- Exercise Inundation (severe weather and Evacuation and shelter exercise) – October 2023
- Exercise Lily Pad (Rest centre exercise)- November 2023
- MAOT (Multi-Agency Operational Training) – April 2023 & September 2023





# 18 Glossary

<b>AAA</b>	Abdominal Aortic Aneurysm
<b>AMR</b>	Antimicrobial Resistance
<b>AQMA</b>	Air Quality Management Area
<b>BCG</b>	Bacillus Calmette-Guerin
<b>BSI</b>	Bloodstream infections
<b>BSW</b>	Bath & North East Somerset, Swindon and Wiltshire
<b>CCG</b>	Clinical Commissioning Group
<b>CDI</b>	Clostridioides difficile (C.diff) infection
<b>SARS-COV-2</b>	Coronavirus
<b>DEFRA</b>	Department for Environment Food & Rural Affairs
<b>DPH</b>	Director of Public Health
<b>DTaP</b>	Diphtheria, Tetanus and Polio
<b>EHO</b>	Environmental Health Officer
<b>EPPR</b>	Emergency preparedness, resilience and response
<b>FHRS</b>	Food Hygiene Rating Scheme
<b>FSA</b>	Food Standards Agency
<b>GWH</b>	Great Western Hospital
<b>HCAI</b>	Healthcare associated infections
<b>HIV</b>	Human Immunodeficiency Virus
<b>HPV</b>	Human Papilloma Virus

<b>ICB</b>	Integrated Care Board
<b>IPC</b>	Infection, Prevention and Control
<b>JSNA</b>	Joint Strategic Needs Assessment
<b>Men ACWY</b>	Meningitis ACWY vaccine
<b>MMR</b>	Measles Mumps and Rubella
<b>MRSA</b>	Methicillin Resistant Staphylococcus Aureus
<b>MSM</b>	Men who have sex with men
<b>MSSA</b>	Methicillin-Sensitive Staphylococcus aureus
<b>NCSP</b>	National Chlamydia Screening Programme
<b>NHSE</b>	NHS England
<b>NICE</b>	National Institute for Health and Care Excellence
<b>OHID</b>	Office for Health Improvement and Disparities
<b>ONS</b>	Office for National Statistics
<b>PHE</b>	Public Health England
<b>PPV</b>	Pneumococcal vaccine
<b>PrEP</b>	Pre-exposure prophylaxis
<b>STI</b>	Sexually Transmitted Infections
<b>SW</b>	South West region
<b>TB</b>	Tuberculosis
<b>TD</b>	Tetanus and Diphtheria
<b>UKHSA</b>	UK Health Security Agency
<b>UTI</b>	Urinary Tract Infection
<b>WHO</b>	World Health Organisation



