

# Health Protection Annual Report

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**2023/24**

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## Abbreviations

Abbreviation	Meaning
<b>Words</b>	
APHA	Animal and Plant Health Agency
CIPC	Community Infection Prevention and Control
DPH	Director of Public Health
LTBI	Latent Tuberculosis Infection
MTV	Mass Treatment & Vaccination
PCN	Primary Care Network
PHOF	Public Health Outcomes Framework
STI	Sexually Transmitted Infection
SYICB	South Yorkshire Integrated Care Board
TB	Tuberculosis
UKHSA	UK Health Security Agency
<b>Vaccinations</b>	
DTaP/IPV/Hib/HepB	Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib) and hepatitis B
MenB	Meningococcal group B
PCV	Pneumococcal conjugate vaccine
Hib/MenC	Hib and Meningococcal group C
MMR	Measles, mumps and rubella
HPV	Human papillomavirus
MenACWY	Meningococcal groups A, C, W and Y
PPV	Pneumococcal polysaccharide vaccine

# Executive summary

## Purpose of this report

The aim of this report is to document health protection system activities in Sheffield over the previous year and set out priorities for the next. Given that health protection often involves responding to emerging threats, it is not always known what these priorities will be, and they can often change. Nonetheless, this report will set out the priorities for each health protection area over the next 12 months; monitor these priorities using key performance indicators across the different branches of health protection; highlight and encourage management of the risks and challenges for Sheffield's health protection system; and ultimately provide accountability as a health protection system to elected members and Sheffield residents. This is the first health protection report for Sheffield, with the expectation that yearly reports will be produced in future.

## Progress on the health protection priorities of 2023/24

Over the past year particular attention at Health Protection Committee was given to five priorities for action, listed below. These priorities were judged as needing to be progressed or improved to fulfil our organisational duties to improve and protect public health. The progress made toward achieving these priorities has been RAG-rated – where *Red* = no progress made, *Amber* = some progress made, and *Green* = good progress made.

Priority	RAG rating
Contribute to the strengthening of the health protection system in Sheffield.	Green
Support improvements in uptake of childhood immunisations.	Amber
Improve the detection and treatment of Sexually Transmitted Infections.	Amber
Increase capacity for Community Infection Prevention & Control provision to education and care settings in the city.	Amber
Review the Sheffield Mass Treatment & Vaccination Plan as a health and social care system.	Green

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## Health protection priorities for 2024/25

The acute nature of health protection means that priorities can and do change. However, the following priorities are presented with the aim to achieve each of these within 2024/25 through partnership working across the health protection system.

### **Priorities**

Ratify and exercise the Sheffield Mass Treatment & Vaccination Plan as a health and social care system.

Increase outreach provision within sexual health services.

Support improvements in uptake of childhood immunisations.

Strengthen the Sheffield multi-agency emergency response system.

Implement increases in Community Infection Prevention and Control provision.

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# The health protection system

## Background

Health protection is a strand of public health which covers the approach to infectious diseases and environmental hazards that may pose risks to the health of the population. Sheffield's Director of Public Health (DPH) is statutorily responsible for the oversight of public health functions relating to these risks and has a responsibility to be assured that the health system is protecting residents' health.

The health protection team within Sheffield City Council undertakes many of these assurance responsibilities on behalf of the DPH, working in partnership with colleagues across the system including the NHS and UK Health Security Agency. Health protection activities are accountable to Sheffield's Health and Wellbeing Board, which is comprised of key partners that work together within the health system and is under the scrutiny of elected Council members.

The Health Protection Committee ensures coordinated actions across all organisations working within the health protection system. It provides assurance to the DPH and reports to the Health and Wellbeing Board. The Health Protection Committee meets quarterly to discuss health protection issues and to set the strategic direction of future health protection activity on areas including:

- Screening and immunisation
- Communicable disease activity
- Environmental health
- Community Infection Prevention & Control (CIPC)
- Sexual health
- Planning and response to public health emergencies

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## Maintaining assurance within the health protection system

2023/24 PRIORITY	RAG
<b>Contribute to the strengthening of the health protection system in Sheffield.</b>	<b>Green</b>

Health system partners including the Sheffield City Council public health and environmental health teams, and NHS and UKHSA colleagues, work together closely during the course of our duties to ensure that the system is working well for Sheffield residents. Partners continue to come together quarterly to discuss health protection issues and solutions at Sheffield Health Protection Committee.

Recent items for discussion and action among partners at Health Protection Committee have included uptake of screening and immunisations, measles and the activation of Sheffield's Mass Treatment & Vaccination plan in response to November's measles outbreak, rates of Sexually Transmitted Infections (STIs), and adoption of new health protection guidance.

Actions have been taken through 2023/24 to meet the priority to contribute to the strengthening of the health protection system in Sheffield:

- Progress was made on increasing opportunities for collaboration across organisations within the health protection system. This included a new, regular tripartite meeting between Sheffield City Council public health, environmental health, and UKHSA colleagues – with the aim of enabling closer tactical and operational cooperation and improved situational awareness – as well as stronger links with local authority health protection colleagues in other South Yorkshire areas in order to share best practice and improve situational awareness of events and incidents with the potential to affect neighbouring areas.
- Continued participation by all parties in a variety of multi-organisation networks and strategic groups, including the Sheffield TB network, the Sexual Health Strategy Group and the Yorkshire and the Humber Health Protection Community of Improvement.



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# Screening and immunisation programmes

2023/24 PRIORITY	RAG
<b>Support improvements in uptake of childhood immunisations.</b>	<b>Amber</b>

NHS England's (NHSE) commissioned screening and immunisation programmes are extensive public health initiatives aimed at preventing disease and promoting early detection of certain illnesses. They are critical in reducing the burden of disease and ensuring the wellbeing of the population. Screening programmes cover certain types of cancer, antenatal / newborn, diabetic eye, and abdominal aortic aneurysm screening. Immunisation programmes include a multitude of routine vaccinations for young children, adolescents, and adults. See the complete routine immunisation schedule [here](#). Programme performance in Sheffield is monitored by the NHSE Yorkshire & Humber Screening & Immunisation team, with assurance provided to Sheffield's Health Protection Committee and Health and Wellbeing Board.

## Immunisations

### Data

**Appendix 1** details the latest available data on the health protection indicators within the [Public Health Outcomes Framework \(PHOF\)](#). The PHOF examines indicators that help us understand trends in public health locally, regionally, and nationally.

### Childhood immunisations

Uptake of childhood immunisations generally declined in England compared with previous years according to PHOF data for 2022/23. In Sheffield the 95% target for vaccine uptake was unmet across all primary immunisations at 12 months and 24 months of age in 2023/24 (see Figures 1 and 2). At 5 years of age, the target was missed in all quarters of the year among all vaccinations except the DTaP/IPV/Hib/HepB vaccination in Q1 and Q4 (see Figure 3).

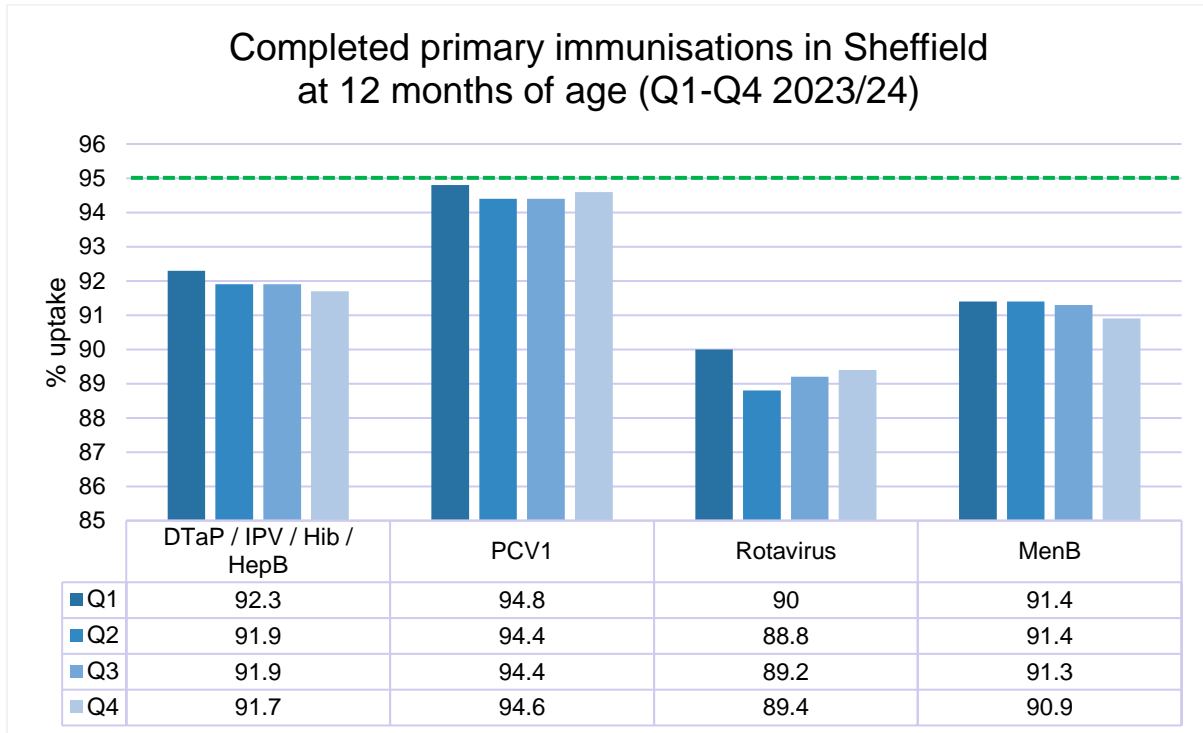


Figure 1

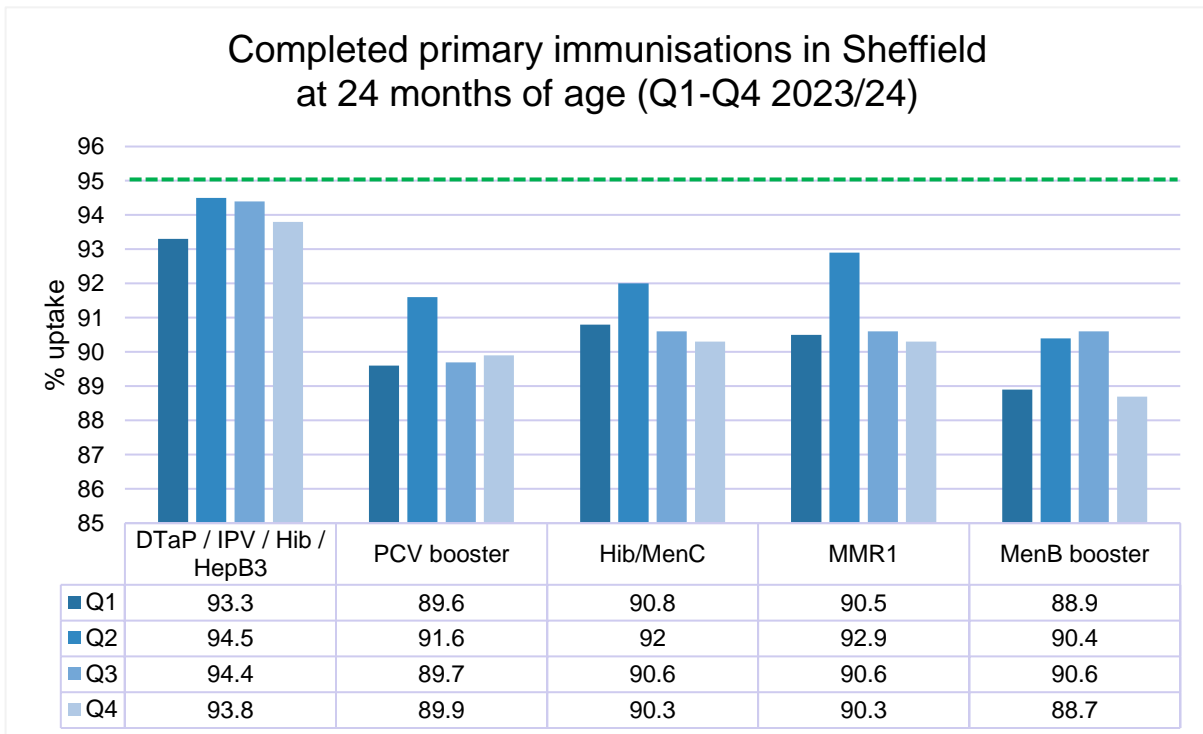
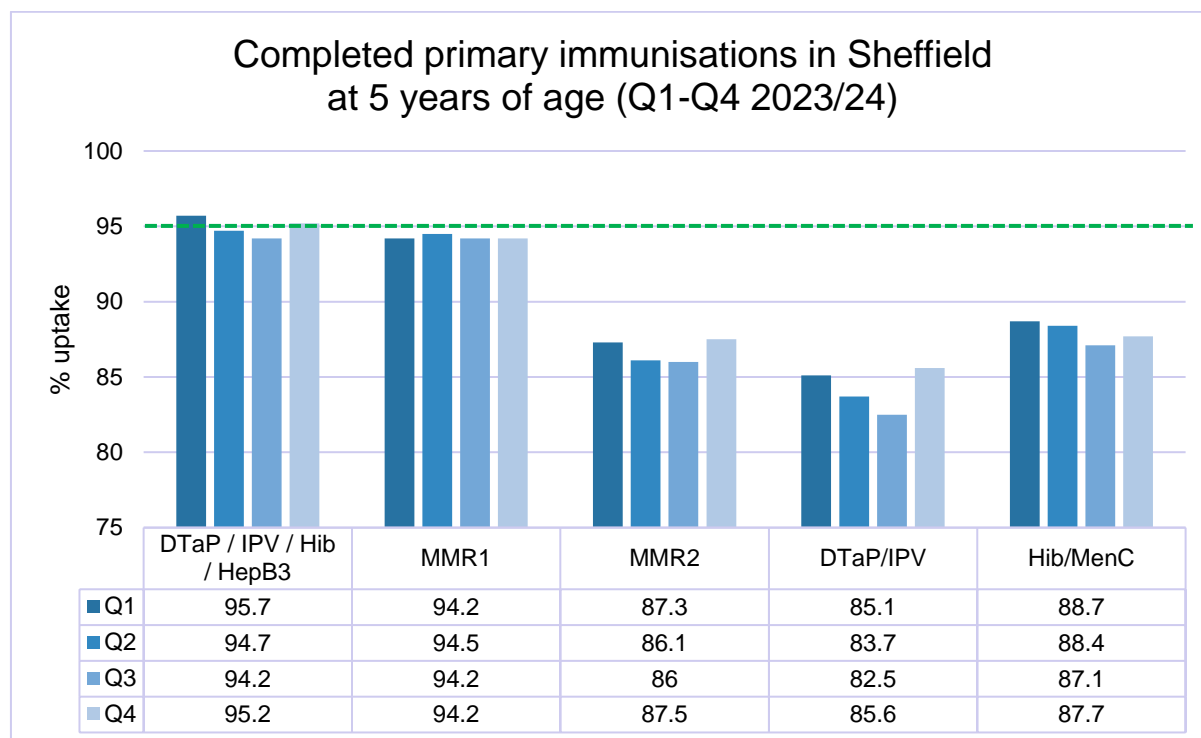


Figure 2



**Figure 3**

### Adolescent immunisations

The latest data available for the MenACWY and HPV adolescent immunisation programmes are for 2021/22 and 2022/23 respectively, and are detailed within the PHOF indicators in **Appendix 1**. Coverage with the MenACWY vaccine has been decreasing in recent years (84.2% in 2021/22), as has the number of adolescents protected with two doses of the HPV vaccine (61% of males, 68% of females in 2022/23). Coverage with one dose of the HPV vaccine has been increasing in both males and females in recent years (73.5% of males, 77.4% of females in 2022/23). Coverage of the Td/IPV vaccination was 83.7% among the Year 10 school age cohort in 2021/22.

### Adult immunisations

Coverage of the prenatal pertussis vaccine for pregnant women increased steadily between April and December 2023, and was substantially higher than the England average (see Figure 4). Uptake of the shingles vaccine in Sheffield among 71-year-olds in 2022/23 was the highest since PHOF data began, at 50.2%. Similarly, PPV uptake in Sheffield in the same period was the highest in 10 years at 74.8%. Uptake for both vaccines was higher than the England average. More detail is available in **Appendix 1**.

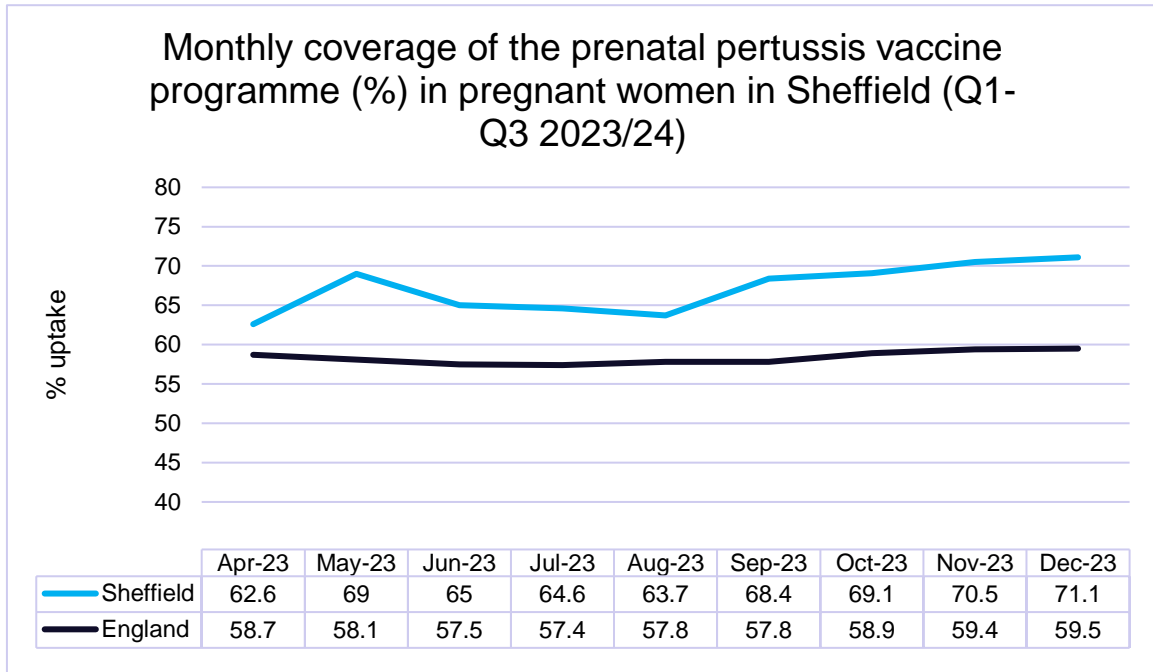


Figure 4

## Seasonal flu

Uptake of the seasonal flu vaccine over the 2023/24 winter period was higher in Sheffield than the England average among those 65 years and older, under 65s (at risk), and in pregnant women. Uptake in primary school and secondary school age children was below the national average (see Figure 5). Uptake among primary school age children in Sheffield in 2022/23 was 54.3%, representing a decrease of 4.6% to 2023/24. Comparable data is not available for Y7-Y11.

## Action

Many pieces of work were undertaken by health system partners over 2023/24 with the aim of improving immunisation uptake in Sheffield. Some examples of this work include:

- Commencement in late 2023 of a Foundry PCN neighbourhood drop-in clinic at Fir Vale Community Hub offering a number of childhood vaccinations, operated by the School Age Immunisation Service.
- The maternity unit at Sheffield Teaching Hospitals began pertussis vaccination in October 2023 – an offer in addition to GP vaccination for pertussis in expectant mothers.

- 33 GP practices in the most deprived parts of Sheffield signed up to a SYICB quality contract, in effect since December 2023, which provides extra funding to drive improvements in immunisation coverage.
- Work was completed to enable health professionals to review vaccination uptake for looked-after children currently resident within Sheffield who are looked after by Sheffield or another local authority.

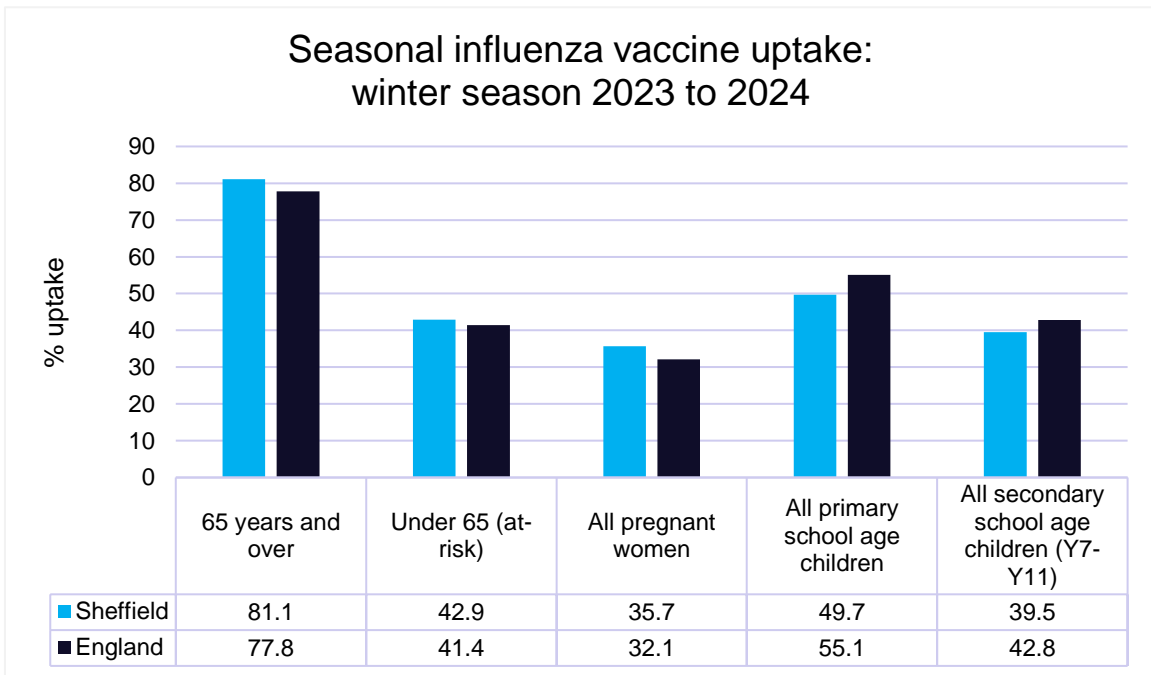


Figure 5

A priority for 2024/25 will be to continue work as a system on improving uptake of childhood immunisations.

# Screening Data

Cervical screening coverage in Sheffield has decreased over time. The figure for those aged 25 to 49 decreased from 73% in 2012/13 to 66.3% in 2022/23 (see Figure 6). For those aged 50 to 64 coverage was 76.1% in 2022/23 which was 4% below coverage levels in 2012/13 (see Figure 7). The number of women aged 53 to 70 who had a breast screening test within the 36 months prior to 2022/23 was 68.9% in Sheffield, against an England average of 66.6%. Bowel cancer screening coverage in those aged 60 to 74 has been increasing year-on-year since 2013/14, with 2022/23 coverage in Sheffield of 73.3% (see Figure 8). This was higher than the England average of 72%.

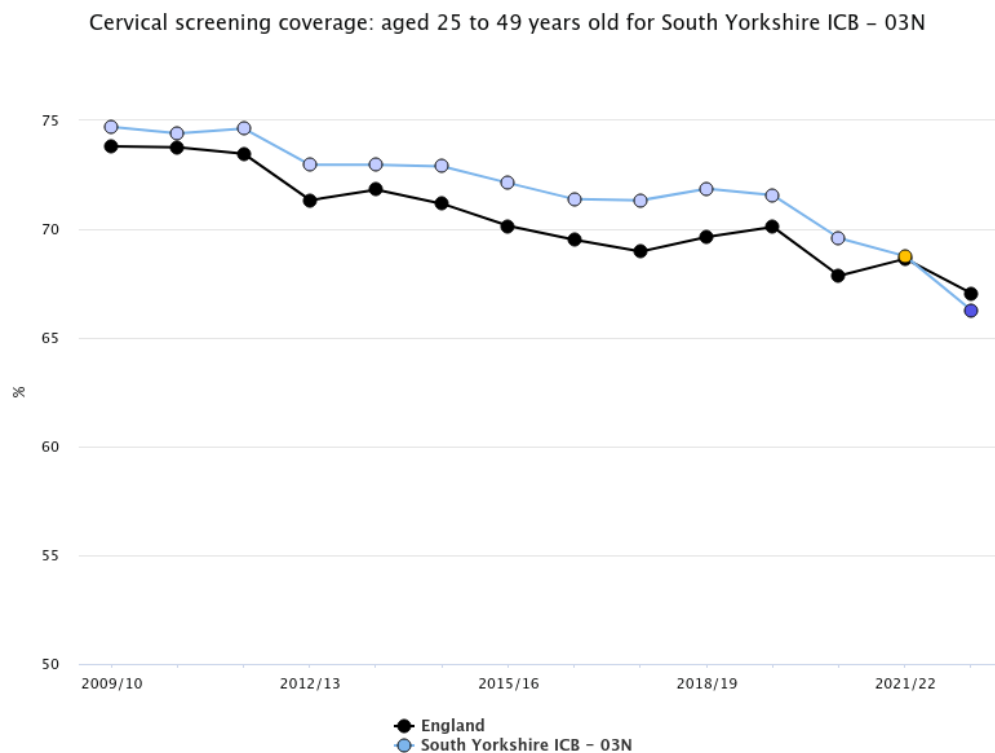


Figure 6

Cervical screening coverage: aged 50 to 64 years old for South Yorkshire ICB – 03N

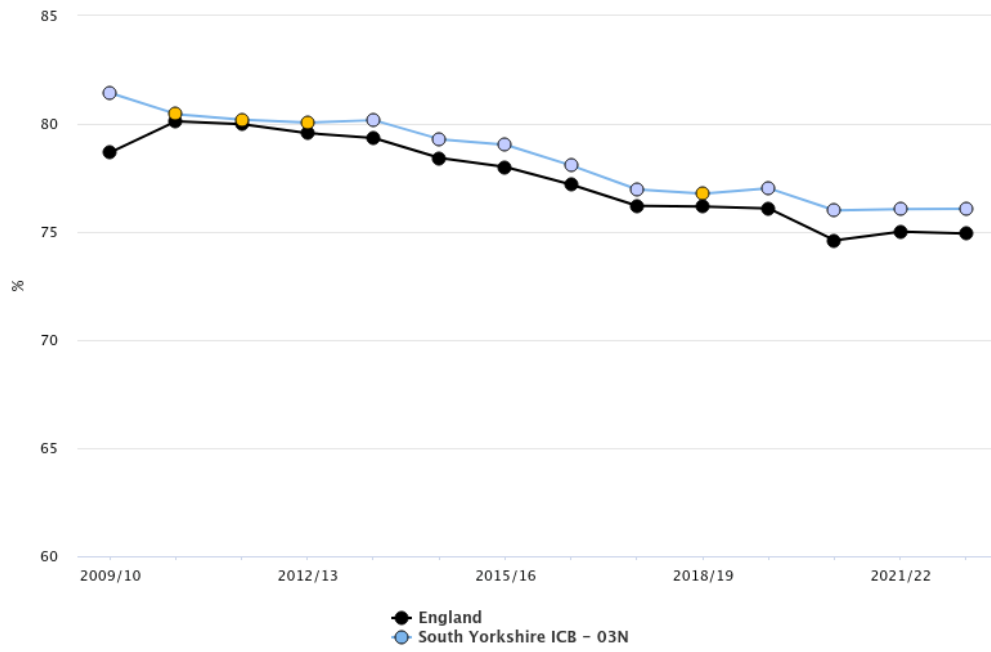


Figure 7

Bowel cancer screening coverage: aged 60 to 74 years old for South Yorkshire ICB – 03N

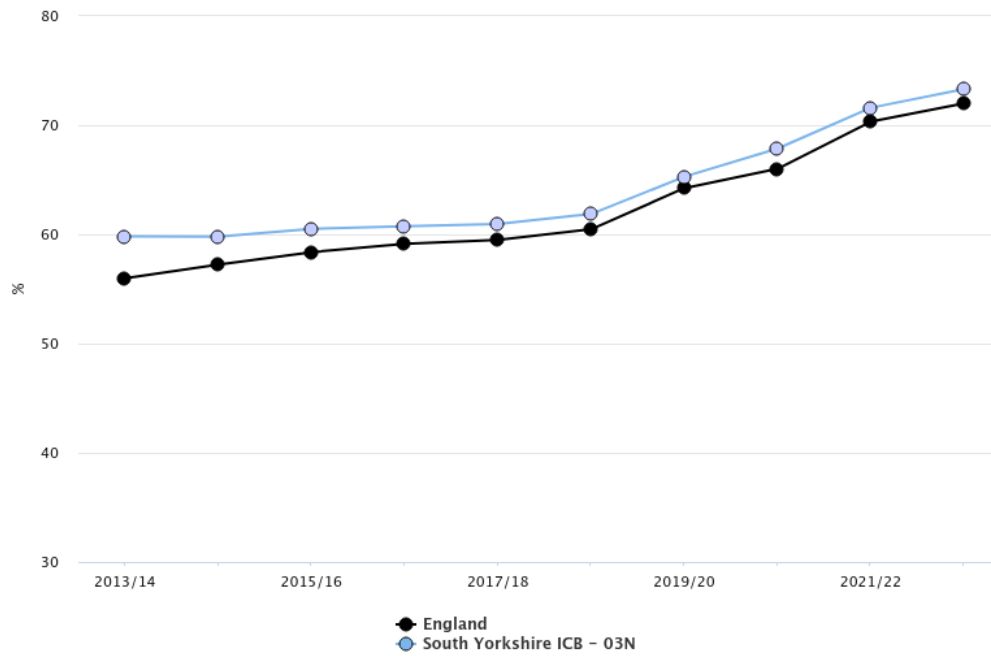


Figure 8

# Communicable disease activity

## Measles

There has been a resurgence in measles cases nationally over the past year, with the number of confirmed cases in England increasing substantially from 17 cases in October 2023 to 154 cases in December 2023. A National Measles Standard Incident was raised by UKHSA in October 2023 which recorded 76 confirmed measles cases in Yorkshire & Humber between 1<sup>st</sup> October 2023 and 27<sup>th</sup> May 2024. Sheffield experienced its own outbreak of measles in November 2023 which saw transmission within a primary school and 12 confirmed cases of the disease. Partners from Sheffield City Council, UKHSA and the NHS worked closely with the affected school to bring the outbreak to a close, with over 40 children from the school and surrounding community receiving a first dose of the MMR vaccine as part of response and control efforts. Measles usually starts with cold-like symptoms (cough, runny nose), a high temperature, and red, sore, watery eyes (conjunctivitis), followed by a rash a few days later. Some people may also get small white spots (Koplik spots) in their mouth.

## Pertussis (whooping cough)

Pertussis, commonly known as whooping cough, is a bacterial infection which affects the lungs. The first signs of infection are similar to a cold, such as a runny nose and sore throat, but after about a week, the infection can develop into coughing bouts that last for a few minutes and are typically worse at night.

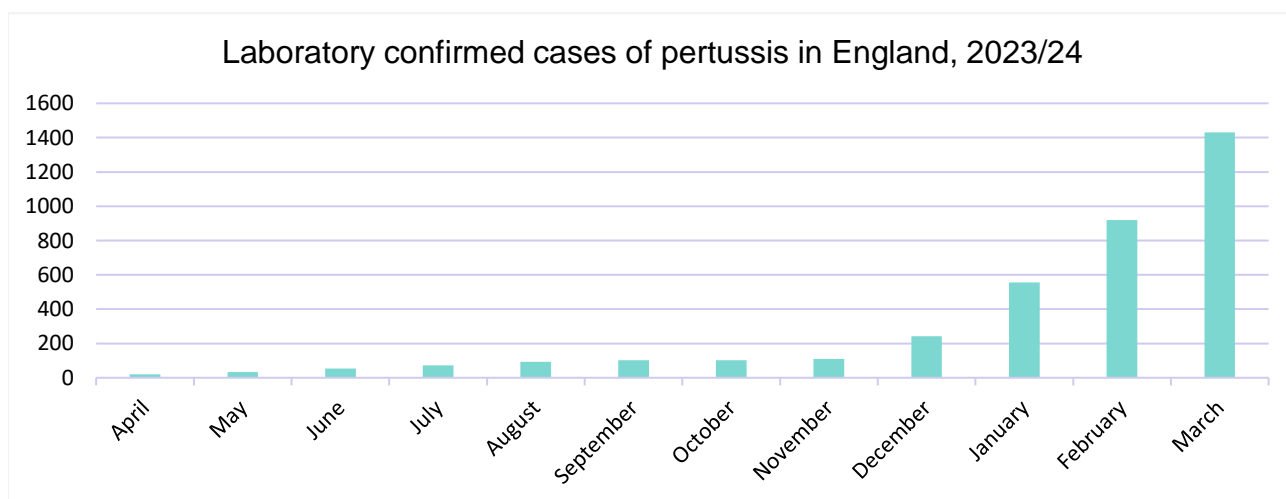


Figure 9



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Young babies may also make a distinctive “whoop” or have difficulty breathing after a bout of coughing. 2023/24 saw a concerning jump in the number of pertussis cases across England (see Figure 9), following a prolonged period through the Covid pandemic with very few cases due to restrictions and reduced social mixing patterns. The number of cases is expected to rise further into 2024/25 due to the cyclical nature of pertussis infection, and poses a particular risk now following the decline in uptake of the pertussis vaccine in pregnant women and children, although recently in Sheffield uptake has increased in pregnant women. This picture of increasing cases has been mirrored in Sheffield, with people across all age groups being infected, although for very young infants it can be a particularly serious infection.

## Tuberculosis (TB)

TB is an infection that usually affects the lungs. It spreads through droplets in the air when infected people cough, sneeze, or spit. It can be treated with antibiotics but can be serious if not treated. Those who are infected but not symptomatic are said to have latent TB infection (LTBI). People with LTBI are not contagious. TB cases often present within the most vulnerable in society, for example in those experiencing homelessness or those in contact with the justice system. Having co-morbidities also increases the chances that a person with LTBI will develop symptomatic ‘active’ TB disease. These co-morbidities can include diabetes, HIV/AIDS, substance addiction, and having a weakened immune system.

The three-year average (2020-22) TB incidence rate in Sheffield was 6.0 per 100,000 population, which was below the England average and slightly above the Yorkshire & Humber average (see **Appendix 1**). This rate has been decreasing since 2011-13. The TB system in Sheffield has grown into a well-developed network, bringing together colleagues from NHS Trusts, SYICB, Sheffield City Council, and national organisations. However, TB cases in Sheffield are increasingly ‘complex’ – often manifesting in under-served populations and those with one or more social risk factors – and they therefore require closer multidisciplinary working between clinicians and wider support services such as housing and social services.

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## Positive developments

- The threat posed by COVID-19 is now managed through established vaccination programmes which protect those most vulnerable to infection. 2023/24 saw two booster programmes – an autumn/winter booster and a spring booster, with the former being delivered alongside the annual flu vaccine. By 30 November 2023 11.4 million COVID and 16.19 million flu vaccinations were reported as administered by the NHS in England since the start of the campaign. 61.5% of people aged 65 and over received a COVID jab.
- In England cases of Mpox reduced substantially from 2022/23 to 2023/24 – there were 3553 cases in 2022 and 168 cases in 2023/24.
- Following the UK's largest ever outbreak of avian flu that began in 2021, Britain was declared free from highly pathogenic avian flu within kept birds in March 2024. H5N1 continues to be found at low levels in wild birds, with numbers closely monitored by the Animal and Plant Health Agency.

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# Sexual health

2023/24 PRIORITY	RAG
<b>Improve the detection and treatment of Sexually Transmitted Infections (STIs).</b>	<b>Amber</b>

There was a substantial increase in the number of cases of gonorrhoea and syphilis in Sheffield during 2023/24. The Sheffield Sexually Transmitted Infections (STI) Strategy Group re-formed to look at ways to address this increase through increasing testing among groups where syphilis testing has typically been lower, and to also develop an STI prevention plan.

Increases in cases of syphilis is particularly concerning because the consequences of syphilis infection can be wide ranging and include neurological and cardiovascular disease. Cases have increased across the country in women of childbearing age which is concerning because congenital syphilis (when a baby is infected with syphilis while in the womb or during birth) is a serious condition with long term consequences.

Work across 2023/24 on sexual health has included raising awareness with health staff about when and how they could test patients for gonorrhoea and syphilis, as well as continued work promoting the use of condoms to prevent transmission of STIs. A priority for 2024/25 will be to increase outreach provision within sexual health services.

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# Environmental health

## Food hygiene

The Food Hygiene team have responsibility for enforcing legislation related to the standards of hygiene, structure and overall management within food businesses, and are also responsible for the investigation of food and waterborne infectious diseases and for enforcement in premises with private water supplies.

In total during 2023/24 the team made 609 investigations into relevant reports of infection by Salmonella, Campylobacter, Cryptosporidium and similar waterborne and/or parasitic infections. The team encountered 144 significant high-risk cases related to Shiga-toxin producing E.coli, Listeria and Typhoid, and investigated 61 outbreaks/clusters – 2 of which were significant, involving sampling, interviewing cases, liaison with UKHSA and communications with the businesses involved. An investigation into a cluster of Salmonella resulted in multiple sampling exercises at a restaurant and wholesalers, and identified a food source which the Food Standards Agency has since included on the Imported Foods risk list.

The team regularly advise on infection prevention and control in settings where spread is found to be caused by cross-contamination and poor hygiene practices rather than a food or water source. Extensive investigations and sampling are required to establish the points of failure in infection control. Outbreaks cause considerable loss of income to businesses, and hardship to individuals affected by exclusions from work, school or nursery for extended periods of time. This is particularly significant in nursery outbreaks, as fees are still due during periods of exclusion, and parents of children lose income staying at home until the infections have cleared their children's systems in order to avoid spreading the infection further. There is currently no system to compensate parents in these situations.

This work results in a significant amount of management of the outbreaks/clusters by the team, and close collaboration with UKHSA Yorkshire and Humber and partner laboratories.

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## Animal health

There are a number of animal related health threats that Environmental Health Officers work to prevent. There are particular concerns relating to the illegal importation of animals, especially dogs. Officers have dealt with significant numbers of cases over recent years and constant vigilance is required. Rabies is the main disease threat if correct import/travel controls are not followed, among many others. Sheffield City Council regularly undertakes criminal investigations into these issues and works closely with national agencies such as the Animal and Plant Health Agency (APHA).

Avian flu is an ongoing concern and Environmental Health Officers monitor bird controls and respond to related complaints. Although the risk to humans is relatively low at present, transmission across different species is occurring. Livestock and bird movements in the UK continue to be controlled following previous animal disease outbreaks and officers are part of that system ensuring legal controls are followed. A number of significant investigations have been undertaken over the last year concerning this, for example, around ensuring that welfare and feed controls are adequate and that animals cannot enter the food chain illegally. Poor welfare and feed controls increase the risk of disease outbreaks.

## Climate change

Climate change is a major threat to human health and wellbeing in Sheffield. Vulnerable groups, including the elderly and those with long-term health conditions, are likely to be the worst affected. Threats are already being experienced more frequently and include extremes of heat and cold, flooding, poor air quality, worsening allergies, increases in infectious and vector-borne diseases, wildfires, and threats to food and water security. The severity and extent to which these health threats are experienced in future will depend on the emissions pathway we follow and the mitigations put in place. UKHSA has produced a 2023 report bringing together the latest evidence on how a changing climate is already impacting UK health, available [here](#).

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# Community Infection Prevention & Control (CIPC)

2023/24 PRIORITY	RAG
<b>Increase capacity for Community Infection Prevention &amp; Control provision to education and care settings in the city.</b>	<b>Amber</b>

Infection prevention and control is a vital, evidence-based approach to tackling preventable infections in health and care settings. CIPC takes a focus on the provision of IPC within community settings where people receive care, such as in residential care homes, and where vulnerable people are looked after, such as nurseries. Sheffield City Council public health identified that Sheffield had a proportionally smaller CIPC provision than other areas in the region, which meant that care settings had reduced access to advice and support to be able to improve their own IPC practice and effectively respond to infectious disease outbreaks among their service users.

The lack of CIPC provision was raised as a risk in 2023 within Council committees, this was based on learning from the Covid pandemic and other outbreaks of infectious disease where improved Infection Prevention and Control could have reduced the size or impact of the outbreak. A three-year financial envelope of £750,000 was subsequently approved to fund an enhanced service. The Public Health Team then produced a specification for the service with the service aim being to contribute toward supporting good practice to reduce the risk of illness from preventable infectious diseases in service users across care homes, supported living and extra care accommodation, domiciliary care, special schools, nurseries, and vulnerable people's accommodation in Sheffield.

South Yorkshire Integrated Care Board (SYICB) currently host the two existing CIPC nurses that cover Sheffield. Work is ongoing between the Public Health Team and SYICB so that they can host the enhanced CIPC service within their Care Quality division. At the time of writing, plans were on-track for the new service to be signed-off and begin mobilisation in 2024/25.

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# Planning and response to public health emergencies

2023/24 PRIORITY	RAG
Review the Sheffield Mass Treatment & Vaccination Plan as a health and social care system.	Green

Communicable diseases, by their very name and nature, will spread. This sometimes results in outbreaks which are generally managed within the day-to-day Sheffield health system. The term outbreak describes two or more cases where transmission is linked, the term outbreak is not an indicator of the amount of people affected.

In the event of the day-to-day system not being able to manage an outbreak with normal processes/resources, a coordinated approach by the health and social care system is put in place through activating Sheffield's Mass Treatment and Vaccination (MTV) Plan. This plan enables a response by the system to the specific circumstances and needs of an outbreak. Having this plan in place is important to make sure that we can be ready to respond to any outbreak scenario as a system, even though the nature and type of outbreak is unpredictable.

The Sheffield MTV plan was implemented in 2017 and scheduled for review in 2020, though this was subsequently postponed until after the Covid pandemic. Fundamentally the Sheffield MTV plan remained fit for purpose, however, changes across the Sheffield health system resulted in operational challenges upon activation of the plan. A multi-agency working group was convened in December 2022 to provide specialist key stakeholder knowledge, enabling a comprehensive review of the plan to be completed. An aim for 2023/24 was set to review the Sheffield MTV plan as a system, and this was achieved, although the plan is yet to be ratified by system partners. A priority for 2024/25 has therefore been set to achieve this.

The MTV review key performance indicators for 2024/25 will include:

Timeframe	Milestone	RAG
April 2024	Conducting a chapter-by-chapter review of the plan, identifying gaps and barriers and providing joint solutions to create a revised plan for the Sheffield system.	Green
May 2024	Producing a revised multi-agency plan for Sheffield.	Green
June 2024	All key stakeholders ratifying the plan through their own internal governance arrangements'.	Amber
Autumn 2024	All key stakeholders aligning their organisations planning arrangements to the Sheffield MTV plan.	Amber
Autumn 2024	All key stakeholders to participate in plan validation exercise.	Amber



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## Recommended priorities for the year ahead

### Priorities for 2024/25

Ratify and exercise the Sheffield Mass Treatment & Vaccination Plan as a health and social care system.

Increase outreach provision within sexual health services.

Support improvements in uptake of childhood immunisations.









Strengthen the Sheffield multi-agency emergency response system.

Implement increases in Community Infection Prevention and Control provision.

# Appendix 1 – PHOF indicators

[---] = no trend, [-/-] = insufficient data available to identify trend

Indicator	Period	Trend	Sheffield	Y&H	England
DTaP IPV Hib (1 year) proportion vaccinated	2022/23	---	91.5%	92.1%	91.8%
MenB (1 year) proportion vaccinated	2022/23	↓	89.8%	91.7%	91.0%
Rotavirus (1 year) proportion vaccinated	2022/23	↓	88.4%	89.0%	88.7%
Pneumococcal (1 year) proportion vaccinated	2022/23	---	94.1%	94.5%	93.7%
DTaP IPV Hib (2 years) proportion vaccinated	2022/23	↓	93.0%	93.4%	92.6%
MenB booster (2 years) proportion vaccinated	2022/23	↓	87.3%	89.0%	87.6%
MMR one dose (2 years) proportion vaccinated	2022/23	↓	89.6%	90.0%	89.3%
PCV booster (2 years) proportion vaccinated	2022/23	↓	88.9%	90.0%	88.5%
Flu (2 to 3 years old) proportion vaccinated	2022/23	↓	45.3%	42.2%	43.7%
Hib booster and MenC (2 years old) proportion vaccinated	2022/23	↓	88.8%	90.0%	88.7%
DTaP and IPV booster (5 years old) proportion vaccinated	2022/23	↓	82.1%	85.9%	83.3%
MMR one dose (5 years) proportion vaccinated	2022/23	↓	93.0%	93.7%	92.5%
MMR two doses (5 years) proportion vaccinated	2022/23	↓	85.2%	87.1%	84.5%
Flu (primary school aged children) proportion vaccinated	2022	-/-	54.3%	55.6%	56.3%

<b>HPV vaccination coverage, one dose (12 to 13 years old) (Female)</b>	2022/23		77.4%	74.0%	71.3%
<b>HPV vaccination coverage, one dose (12 to 13 years old) (Male)</b>	2022/23	-/-	73.5%	68.5%	65.2%
<b>HPV vaccination coverage, two dose (13 to 14 years old) (Female)</b>	2022/23		68.1%	67.8%	62.9%
<b>HPV vaccination coverage, two dose (13 to 14 years old) (Male)</b>	2022/23		61.0%	60.6%	56.1%
<b>MenACWY (14 to 15 years old) proportion vaccinated</b>	2021/22		84.2%	79.5%	79.6%
<b>Flu (at risk individuals) proportion vaccinated</b>	2022/23	---	50.7%	49.9%	49.1%
<b>Flu (age 65 and over) proportion vaccinated</b>	2022/23		83.0%	82.1%	79.9%
<b>PPV (age 65 and over) proportion vaccinated</b>	2022/23		74.8%	73.2%	71.8%
<b>Shingles (71 years old) proportion vaccinated</b>	2022/23		50.2%	50.3%	48.3%
<b>HIV late diagnosis in people first diagnosed with HIV in the UK, proportion</b>	2020-22	-/-	36.8%	46.5%	43.3%
<b>Proportion of drug sensitive TB cases who had completed a full course of treatment by 12 months</b>	2021	---	90.0%	79.7%	84.2%
<b>TB incidence (three year average) crude rate per 100,000</b>	2020-22		6.0	5.6	7.6
<b>Adjusted antibiotic prescribing in primary care by the NHS</b>	2022	---	0.81	0.93	0.87

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