Health protection
7.1 Seasonal influenza

Executive summary

Following the transition of public health to the local authority on 1 April 2013, local authorities, through their Director of Public Health, have responsibility for:

- providing appropriate challenge to local arrangements and advocacy with key stakeholders to ensure access to flu vaccination and to improve its uptake by eligible populations
- providing independent scrutiny and challenge to the arrangements of NHS England, PHE and local authority employers of frontline social care staff and other providers of health and social care
- providing leadership, together with local resilience partners to respond appropriately to local incidents and outbreaks of flu infection.

Influenza can be severe for children under six months of age, older people, pregnant women, and those with underlying disease, especially chronic respiratory, cardiac disease and immunosuppression.398

Influenza can place considerable yet unpredictable pressure on the NHS during the busy winter period. Much work has been undertaken locally to ensure a robust, evidence-based approach is taken to local multi-agency planning and implementation of the seasonal flu programme.

Recommendations

- Vaccination of patients at risk before the virus starts to circulate
- Vaccination of frontline health and social care staff
- Ensure hygiene and case management advice is circulated to community services, primary care and the local population
- Monitor local vaccine uptake in high risk patients and health and social care staff
- Work with North East and North Central London Health Protection Team (NENCL HPT) to monitor local flu activity and to manage outbreaks
- Ensure antiviral medicines are offered and available for patients in at risk groups for treatment of flu as per NICE guidelines
- Monitor impact of flu on NHS services locally and support acute and community services as winter pressures develop. Work with NHS England to ensure the acute care pathway remains viable in NE London.

What is seasonal flu?
Influenza is an acute viral infection of the respiratory tract transmitted by the aerosol, droplets or by direct contact with the respiratory secretions of someone with the infection.\(^399\) It is characterised by a sudden onset of fever, chills, headache, myalgia and extreme fatigue. Other symptoms include a dry cough, sore throat and runny nose. The illness is usually self-limiting and lasts between 2 and 7 days. It may be complicated by bronchitis, bacterial pneumonia, otitis media, meningitis, encephalitis or meningoencephalitis. However, between 30 and 50% of infections may be asymptomatic.

There are three types of flu virus: A, B and C. Influenza A causes outbreaks most seasons and is usually responsible for epidemics. The influenza A virus can change gradually from year to year. Major changes in the virus result in a strain new to the population which can cause widespread and sometimes severe disease if there is little immunity to it\(^400\).

Public Health England, Department of Health and NHS England have developed a seasonal flu plan for winter 2013/14. This sets out the annual cycle of the seasonal flu programme and details all preparations to be undertaken locally including vaccine ordering (with contingencies for unexpected demand), robust plans for vaccine delivery to all in risk groups; communications to improve uptake and reporting mechanisms.

What is the local picture?
Influenza infection usually peaks during an 8 to 10 week period during the winter. The number of cases and severity can vary considerably from year to year depending on the strains of flu virus circulating and whether the general population have any immunity to these strains. The most severe flu season in the UK in the last 20 years occurred in 1999-2000. There were an estimated 21,497 excess winter deaths that year in England and Wales potentially attributable to flu.

The last flu pandemic was declared in 2009 caused by influenza A (H1N1) pdm09 virus. Whilst illness was widespread, for most the disease was mild and there were fewer than 500 confirmed deaths in the UK. Serious complications occurred predominately in people with underlying health conditions and pregnant women but a significant proportion arose in those who had been previously healthy. A high incidence of flu was seen in London early and throughout the pandemic. This is thought to have been due to the large and mobile nature of the population, with many people travelling into or through London each day.

During the 2012/13 season, the circulating strains were mainly Influenza A (H3N2) and Influenza B. Outbreaks were reported in schools, nurseries and other community settings in Waltham Forest as in all other areas of London.

What are effective interventions?
Influenza vaccination is an effective measure in preventing infection and outbreaks. WHO monitors the epidemiology of flu viruses in the world and how they are changing, making recommendations regarding the strains to be included in seasonal flu vaccine for the forthcoming season. This year for the 2013/14 northern hemisphere winter season, WHO recommend a trivalent vaccine containing:

- an A/California/7/2009 (H1N1) pdm09-like virus
- an A(H3N2) virus antigenically like the cell-propagated prototype virus A/Victoria/361/2011b
- a B/Massachusetts/2/2012-like virus.

It is recommended that quadrivalent vaccines containing two influenza B viruses contain the above three viruses and a B/Brisbane/60/2008-like virus.

The seasonal flu vaccine will be offered to those most at risk:

- All those aged 65 years or older
- All those aged six months or older in clinical risk groups (including pregnant women, see Green Book)
- Health and social care staff directly involved in the care of patients or clients
- Those living in long-stay residential care homes or other long-stay care facilities where rapid spread is likely to follow introduction of infection and cause high morbidity and mortality
- Those in receipt of a carer’s allowance, or those who are the main carer of an elderly or disabled person whose welfare may be at risk if the carer falls ill
- Others involved directly in delivering health care such that they and vulnerable patients are at increased risk of exposure to seasonal influenza
- All those aged two and three-years-old.

For the 2013/14 season NHS England, Public Health England and Department of Health has set the target for seasonal influenza vaccine uptake at 75% for those over 65 years of age and 75% for those under 65 years and in risk groups\(^401\). NHS NELC – Waltham Forest achieved coverage in the over 65 age group of 71.7% last year (London 71.2%).\(^402\) Uptake in those under 65 years in high risk groups however was 48.7% (London 50.9%). Pregnant women were included in the seasonal influenza vaccine programme for the first time in 2010/11. Uptake in Waltham Forest was 27.2% (London 35.1%) amongst pregnant women.\(^403\)

Uptake of seasonal flu vaccine amongst health care workers is poor. 37.8% of frontline health care workers in London were immunised last year against flu (England 45.6%) and only 47.5% of frontline staff in Waltham Forest.\(^404\) This is a slight improvement from previous years but there is still much to do. Vaccination of healthcare workers against flu significantly lowers rates of flu-like illness, hospitalisation and mortality in the elderly in healthcare settings. Staff immunisation may reduce transmission of infection to vulnerable patients in acute care, some of whom may have impaired immunity and who themselves may not be able to have the vaccine or produce an immune response to it.\(^405\)

Outbreaks of influenza in high risk settings are reported to North East and North Central London Health Protection Team (NENCL HPT) which provides support and advice on case and incident management.

Public Health England (PHE) compiles UK flu surveillance information:

- Monitoring new consultations for influenza-like illness (ILI) from GP sentinel practices
- Virological surveillance (for laboratory confirmation and strain typing)
- PHE data on confirmed influenza infection where influenza contributed to death.

The local HPT provides local epidemiology to support outbreak management.

\(^{401}\) CMO letter May 2012. Gateway number: 17488.
\(^{402}\) Health and Social Care Information Centre (HSCIC) – 2012/13.
\(^{405}\) CMO letter May 2011. Seasonal flu immunisation programme 2011/12.
What is being done locally to address low vaccine uptake?
The DH seasonal flu plan, 2013/14 contains an updated good practice guide for GPs to assist them with increasing uptake of flu vaccine in high risk groups locally. There is a growing published evidence base which illustrates the contributory factors for success in primary care where high uptake rates are achieved. This focuses on up-to-date practice registers of high risk individuals, robust call and recall systems and efficient data collection. Consideration will continue to be given to improving access arrangements e.g. evening and weekend clinics.

Work will continue with acute trust and community Occupational Health providers, supported by North East and North Central London Health Protection Team (NENCL HPT), to improve uptake amongst health care workers (HCWs). Education sessions are planned for social care staff to improve staff vaccine uptake and also case and outbreak management in the local community.

What are the priorities for improvement over next five years?
It is important that the seasonal flu programme is supported and improved as new structures and organisations come into existence. It is vital that new roles and responsibilities are understood. The public health team in Waltham Forest is working hard to ensure consistency of planning and implementation of the seasonal flu programme across North East London.

Next season (2014/15) a universal programme of influenza vaccination is planned for 4 to 10-year-olds across England. Depending upon results from pilot sites this season, this is likely to be a schools-based programme.
7.2 Sexual and reproductive health

Executive summary
Sexual health is influenced by a number of factors including sexual behaviour and attitudes. unprotected sex, sometimes influenced by excessive drug and alcohol use are risk factors for sexual ill health.

STIs
Rates of STIs have been increasing nationally and in London. Waltham Forest rate is similar to the London average and almost double the England average. Waltham Forest is ranked 15th in England (out of 326 local authorities, first in the rank has highest rates) for rates of STIs in 2012. The highest rates of STIs in Waltham Forest continue to be in Chlamydia, with the lowest rates in Syphilis.

Young people are disproportionately affected by STIs. 47% diagnosed acute STIs in Waltham Forest in 2011 were in young people aged 15 to 24-years-old.

HIV
The prevalence of diagnosed HIV in Waltham Forest in 2011 was 4.4 per 1,000 aged 15 to 59. The London average was 5.4. The highest rates are found in the south and centre of the borough. Waltham Forest ranked 18th highest out of 33 London boroughs for HIV prevalence in 2011.

In terms of numbers, there were 433 people aged 15 to 59 years living with HIV in Waltham Forest in 2002. By 2010 this had risen to 753, an increase of 74%. In 2011, 802 Waltham Forest residents accessed HIV-related care.

The age profile of people diagnosed with HIV is different from that of STIs. Nearly half of those diagnosed with STIs in Waltham Forest are aged under 25; compared with only 5% of those diagnosed with HIV aged under 25. People with HIV now live longer and this has implications for social care.

In 2011, 47% of Waltham Forest residents diagnosed with HIV were late diagnoses. This is higher than the London average of 44%. Waltham Forest ranks 17th highest in London; but has lower rates than its statistical neighbours (Greenwich 58%, Croydon and Enfield 53% each).

Teenage pregnancy
There has been reduction in the number of teenage (under 18) pregnancies in Waltham Forest – from 206 conceptions in 1998 to 140 in 2011. The quarterly rate declined from 70.4 conceptions per 1,000 in March 1998 to 41.7 in March 2012. The London average in March 2012 was 29.3 per 1,000. The highest teenage pregnancy rates are found in Higham Hill, Lea Bridge, Cathall and Leyton.

Contraception
In terms of cost, GP prescribing of all the different methods of LARC (Long Acting Reversible Contraception) in Waltham Forest is low compared to our statistical neighbours, the London and England averages. This should be read with caution as the different methods have different costs.

There are no reliable data on EHC(Emergency Hormonal Contraception) activity in community pharmacies prior to April 2013. For the four months April – July 2013, a total of 1,430 free EHC were dispensed by the pharmacies. Young people aged up to 25 accounted for 823 (58%) of the total.
Current service provision
Delivery of sexual and reproductive health services in Waltham Forest occurs in primary care, secondary care and community services. The main service areas are:

- Genito-urinary medicine (GUM)
- Family planning/contraception
- Chlamydia screening
- HIV prevention
- Care and support for people affected by HIV.

Recommendations

- Develop an integrated sexual health service (combining GUM and contraception) in a hub and spoke model
- Combine the three community HIV prevention and care services into one service for procurement
- Work towards embedding the Chlamydia screening service in the integrated sexual health service when it is commissioned
- Re-commissioning of sexual and reproductive health services should include provision for comprehensive health promotion/prevention
- Explore the establishment of a holistic ‘one stop shop’ for young people providing a number of services (such as careers advice, sexual health and contraception, mental health and substance misuse) supported by effective outreach. This will reduce stigma associated with sexual health/mental health services
- Integrate SRE (Sex and Relationships Education) work into the Council’s strategic work with schools via education department and work with schools to ensure SRE is not a ‘one-off event’
- Work with GPs, GUM and SRH clinicians to agree the best model of psychosexual counselling provision. Benchmark provision in other areas
- Include a requirement in provider contracts to ensure information on their website is up to date and linked to stakeholder sites; and monitor as part of contract monitoring
- Ensure service specifications cover relevant NICE guidance, e.g. Hepatitis C testing in GUM clinics
- The Local Authority and CCG should agree responsibility for and funding mechanism for sexual health training (e.g. STIF, LARC, SHIP) for non-specialists and encourage attendance
- Work with relevant partners (e.g. CCG) to develop a coordinated response to tackling child sexual exploitation, ‘sexually harmful’ behaviours among young people and other forms of sexual violence
- Explore the necessity of undertaking a needs assessment of street sex workers in the borough to ascertain the need for services for this group. This would be better commissioned from an independent organisation.

What is sexual health?
According to the World Health Organisation:

> ‘Sexual health is a state of physical, mental and social wellbeing in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.’

406 http://www.who.int/topics/sexual_health/en/
Sexual health is influenced by a number of factors including sexual behaviour and attitudes. Sexual ill-health includes the problems of sexually transmitted infections (STIs) and human immunodeficiency virus (HIV), unintended pregnancy and abortion, and infertility, among others.

STIs and HIV are a significant public health concern; and can cause a range of illnesses which may lead to premature death. Unwanted pregnancy has a significant impact on individuals, especially girls; and termination can have long-term physical and psychological effects, leading to further health problems in the future. Teenage pregnancy often leads to poor health and social outcomes for the mother and baby.

Risk factors
- Unprotected sex is the major risk factor for the transmission of STIs. Risky behaviours such as frequent or excessive alcohol and drug use are associated with unprotected sex
- Increase locally in incidents of sexually harmful behaviours amongst young people
- In the UK those at higher risk of unprotected sex and STIs are young people, men who have sex with men (MSM), especially those over 35, and black Africans
- Teenage conceptions are often associated with high levels of deprivation
- Injecting drug users are also at high-risk for some STIs and HIV, through the sharing of needles.

Sexual health commissioning
The commissioning responsibilities of sexual health services moved in April 2013. Local authorities are now required to commission open-access sexual health (STI and contraception) services that meet the needs of their local population, determined through their Joint Strategic Needs Assessments. All contracts covering these services have been transferred to local authorities. Table 1 shows the new commissioning arrangements.

Sexual health services in Waltham Forest account for about 41% of the Public Health budget transferred to the local authority. This may seem a significant proportion of the public health budget but there has been under investment historically (compared to other London boroughs) within a context of high sexual and reproductive health need. The contracts have been extended as they were in 2012/13 and this review will help the local authority develop a commissioning plan for the future.

A major risk to sexual and reproductive health services for commissioners is the open access Genito-urinary Medicine (GUM) services, which means Waltham Forest residents can attend any GUM clinic in the country and the Local Authority will be billed. This makes it challenging to budget for.

Not having a dedicated young people’s service may influence young people to use services in other boroughs.

A significant proportion of Waltham Forest residents opt to use GUM services out of the borough. This is due in part to convenience, better quality, more user friendly and accessible services in those boroughs, for example Hackney. Due to market forces factor, attendance at clinics in inner London locations costs more than in Waltham Forest. This means we spend more when our residents go to clinics out of borough.

Local picture
Sexually Transmitted Infections (STIs)
Rates of STIs have been increasing nationally and in London. Figure 1 shows rates of acute STI diagnoses in Waltham Forest compared with London, England and our statistical neighbours (boroughs that have similar socio-demographic profiles). Waltham Forest rate is similar to Croydon and the London average but higher than Enfield, Greenwich and almost double the England average.
In 2012 there were 1,342 acute STI diagnoses per 100,000 population in Waltham Forest, compared to an average of 1,337 in London and 804 in England.\textsuperscript{407}

Waltham Forest is ranked 15th (out of 326 local authorities, first in the rank has highest rates) in England for rates of STIs in 2012. The highest rates of STIs in Waltham Forest continue to be in Chlamydia, with the lowest rates in Syphilis.

There is considerable geographic variation in the distribution of STIs in the borough; and some correlation with deprivation. Areas of high deprivation tend to have higher rates of STIs compared to areas of low deprivation. This is highlighted in Figure 7.2.

Figure 7.2  The rate per 100,000 of acute STIs by LSOA* in Waltham Forest: 2011

*Lower Layer Super Output Areas (LSOA) are built from groups of contiguous Output Areas and have been automatically generated to be as consistent in population size as possible, and typically contain from four to six Output Areas. The minimum population is 1,000 and the mean is 1,500.

Age and gender
47% diagnosed acute STIs in Waltham Forest in 2011 were in young people aged 15 to 24-years-old. Young people are also more likely to become reinfected with STIs. In Waltham Forest, an estimated 17.9% of 16 to 19-year-old women and 13.1% of 16 to 19-year-old men presenting with an acute STI at a GUM clinic during the three year period from 2009 to 2011 became reinfected with an STI within twelve months. This presents a challenge in terms of health promotion and prevention work.

Figure 7.3 describes STI diagnoses by age and gender, showing a higher burden among younger age groups for both males and females.
HIV

The prevalence of diagnosed HIV in Waltham Forest in 2011 was 4.4 per 1,000 aged 15 to 59. The London average was 5.4. The highest rates are found in the south and centre of the borough.

National HIV testing guidelines recommend offering HIV test to all new patients between the ages of 15 and 59 registering with GPs and all patients in medical admission units in areas of high HIV prevalence (above 2 per 1,000). Waltham Forest falls in this category and yet this is not currently offered. This presents a risk of onward transmission for people who may not be aware that they have the virus.

In terms of numbers, there were 433 people aged 15 to 59 years living with HIV in Waltham Forest in 2002. By 2010 this had risen to 753, an increase of 74%. In 2011, 802 Waltham Forest residents accessed HIV related care.

Waltham Forest ranked 18th highest out of 33 London boroughs for HIV prevalence in 2011. Figure 7.4 shows prevalence of diagnosed HIV in London by borough. Inner London boroughs tend to have higher prevalence than the outer London boroughs.

Compared to statistical neighbours, Waltham Forest’s prevalence is similar to Enfield but lower than Croydon and Greenwich.
The age profile of people diagnosed with HIV (Figure 7.5) is different from that of STIs. As mentioned above, nearly half of those diagnosed with STIs in Waltham Forest are aged under 25; compared with only 5% of those diagnosed with HIV aged under 25. People with HIV now live longer and this has implications for social care.
Figure 7.5  Age profile of people diagnosed with HIV in Waltham Forest (2007–11)

HIV route of infection
Heterosexual sex is the largest route of infection of HIV among Waltham Forest residents, accounting for 51% of all infections in 2011, followed by sex between men (43%). This compares to London average of 47% for sex between men and 46% for sex between men and women.

People of White ethnicity accounted for 44% of Waltham Forest residents accessing HIV care, followed by 36% black African. It is significant to note that black Africans constitute only 7.2% of the population of Waltham Forest but represent such a high proportion of people accessing HIV care. This presents a challenge for targeted HIV prevention work.

Late diagnosis is a problem in outer north east London, where all the Local Authorities have higher percentages of late diagnoses compared to England. Late diagnosis is now defined as having a CD4 count of less than 350/mm3 within three months of diagnosis.

In 2011, 47% of Waltham Forest residents diagnosed with HIV were late diagnoses. This is higher than the London average of 44%. Waltham Forest ranks 17th highest in London; but has lower rates than its statistical neighbours (Greenwich 58%, Croydon and Enfield 53% each).

Late diagnosis of HIV infection results in significantly increased morbidity and early mortality, as well as the risk of unknowingly transmitting infection, all of which are preventable. It is also more costly in terms of treatment and hospital stay.

Addressing secondary prevention is important in tackling high HIV prevalence. A stable patient is less likely to pass on infection due to low viral loads. Biomedical interventions therefore need to be integrated with wellbeing and social care interventions. Social care should include information, advice, advocacy and mental health wellbeing support.

Teenage pregnancy
There has been reduction in the number of teenage (under 18) pregnancies in Waltham Forest – from 206 conceptions in 1998 to 140 in 2011. The quarterly rate declined from 70.4 conceptions per 1,000 in March 1998 to 41.7 in March 2012 although figures fluctuate from year to year. The London average in March 2012 was 29.3 per 1,000.

Figure 7.6 sets out trends in teenage pregnancy rates in Waltham Forest, London and England, showing a general decline from the 1998 rate.
The latest published quarterly rates are for March 2012, which shows that Waltham Forest’s rate is above London, England and our statistical comparators (see Figure 7.7).

Due to small numbers, ward level teenage conception rates are generally published by combining three years’ data. Four wards in Waltham Forest were among the 20% of wards in England with the highest rates (at least 53.1 conceptions per 1,000 women aged 15 to 17) in 2006–08. They are Higham Hill, Lea Bridge, Cathall and Leyton.

**Teenage abortions**

In 2011 Waltham Forest had 141 abortions in women aged under 19, of which 26 (18%) were repeat abortions. This is higher than the 11% and 16% repeat abortion rates for under 19s in England and London respectively.

In 2011/12 the main abortion service provider for Waltham Forest residents performed 1,620 abortions in total, less than the 1,793 performed the previous year. Five per cent (87) were for under 18s, also less than the 8% under 18s the previous year. This suggests that both teenage pregnancies and abortions are declining in Waltham Forest.
**Contraception**

There are different methods of contraception, which are all available at family planning clinics. Most of them are available from GP practices. Emergency Hormonal Contraception (EHC, morning after pill) is available for free in selected pharmacies in Waltham Forest. This is funded by the Council as part of its sexual and reproductive health offer. See appendix 5 for a list of pharmacies providing this service.

Long Acting Reversible Contraception (LARC) is the most effective method and does not depend on a woman remembering to take or use it. NICE recommends increasing uptake of LARC and primary care is a very accessible setting to achieve this. In terms of cost, GP prescribing of LARC in Waltham Forest is low compared to our statistical neighbours, the London and England averages, as shown in Figure 7.8. This should be read with caution as the different methods have different costs.

**Figure 7.8**  Rate, cost of GP prescribed long-acting reversible contraception (LARC), 2011/12

![Figure 7.8](image1)

Source: Sexual Health Balanced Scorecard.

Figure 7.9 sets out the GP prescribing costs of the individual LARC methods. Waltham Forest spent relatively low in all methods.

**Figure 7.9**  Cost of GP prescribed LARC methods, 2011/12

![Figure 7.9](image2)

Source: Sexual Health Balanced Scorecard.
Figure 7.10 shows the practices that prescribed LARC during 2012/13 and the number of items prescribed. Only 18 out of 45 practices prescribed LARC during the year. Due to data access issues it is not possible to obtain practice level data in other boroughs for comparison.

Only three of these practices (The Firs, Forest Surgery and Claremont Medical Centre) are located in Walthamstow locality – seven in Chingford and eight in Leyton/Leytonstone. Given that Walthamstow locality has the highest population (43% of the borough’s population) among the three localities, and the main family planning clinic is located in Leyton, there is a case for LARC provision in the Walthamstow area. For example, Lea Bridge ward in Walthamstow has one of the highest teenage pregnancy rates but there is no GP practice providing LARC or family planning clinic within the ward.

Sex workers

There are anecdotal reports of street sex workers operating in the borough. The substance misuse services have been in contact women who later on report that they are street sex workers. Those women are signposted to the Blood Borne Virus service and the Department of Sexual Health at Whipps Cross Hospital.

Between 2 and 7 of the clients they assess annually report that they are street sex workers. However, the services believe that this is a gross under estimate as clients are often reluctant to disclose that they are sex workers. The substance misuse outreach workers see far more street sex workers during night time outreach work. However, there are no data to estimate the size of the issue or level of need. This means there is no information to establish whether or not the current services meet the needs of this vulnerable group. More work is needed to identify the need of this group. Assessing local need might involve triangulating data from police, substance misuse services, homeless services and possibly services in neighbouring boroughs.
Sexually harmful behaviours

Harmful sexual behaviour involves one or more children engaging in sexual discussions or acts that are inappropriate for their age or stage of development. These can range from using sexually explicit words and phrases to full penetrative sex with other children or adults.

There are reports of a number of exclusions from schools in Waltham Forest as a result of ‘sexually harmful’ behaviours. The data from schools are for sexual misconduct, which is an imperfect match with the definition of sexually problematic and harmful behaviour. It is very much at the school’s discretion what they categorise as sexual misconduct – it could, therefore, cover incidents on a continuum from inappropriate touching up to sexual assault.

There are relatively few convictions for sexual assaults within the Youth Offending Service. The much larger problem relates to non-convicted behaviours such as inappropriate touching in schools. These behaviours are often related to gangs and substance misuse. There are no accurate figures to estimate the scale of the problem and the Council is recruiting a project manager whose role, among others, would be to help clarify this.

In the meantime Head Teachers have commissioned a piece of work to promote training in assessing and managing these behaviours in schools.

With the changes in commissioning responsibility, the Local Authority and CCG need to develop a co-ordinated response to tackling these issues as part of tackling sexual violence, including FGM. This could be set within the context of the Violence Against Women and Girls (VAWG) agenda. As NHS England commissions specialist sexual assault services nationally, it would be worth liaising with them.

What are effective interventions?

The benefits of preventing an STI extend beyond the individual as onward transmission to other people is also prevented. The following interventions (Table 7.1) have been found to improve sexual health. These are based on NICE guidance 408, 409, 410, 411, research commissioned by Department of Health and other national policy documents on sexual health.

<table>
<thead>
<tr>
<th>Work area</th>
<th>Interventions</th>
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<tbody>
<tr>
<td>Contraception and abortion services</td>
<td>• Increasing uptake of Long Acting Reversible Contraception (LARC)</td>
</tr>
<tr>
<td></td>
<td>• Promoting access to services that provide information and choice on the full range of contraceptive methods</td>
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<tr>
<td></td>
<td>• Improve access, remove barriers and have clear pathways to reduce delays in obtaining abortion</td>
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<tr>
<td></td>
<td>• Offering contraception and follow up post termination of pregnancy.</td>
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<tr>
<td>Screening</td>
<td>Screening strategies targeting high risk populations such as pregnant women for HIV and young women for Chlamydia are cost saving, leading to early treatment, averting cost of complications (such as infertility) and onward transmission. Cost saving measures include:</td>
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<tr>
<td></td>
<td>• Antenatal screening for HIV in high-risk women</td>
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<td></td>
<td>• Antenatal syphilis screening</td>
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<td></td>
<td>• Chlamydia screening for young people and groups at high risk</td>
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<td></td>
<td>• Routine opt out HIV testing in GP practices and outpatients.</td>
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410 BICE (2011) Increasing the uptake of HIV testing among men who have sex with men.
<table>
<thead>
<tr>
<th>Work area</th>
<th>Interventions</th>
</tr>
</thead>
</table>
| Treatment interventions and service organisations/delivery for STIs and HIV | Comprehensive and accessible STI treatment services are cost saving; and partner notification and highly active antiretroviral therapy (HAART) are cost effective. Measures include:  
  - STI treatment services in groups at high risk  
  - Partner notification  
  - Access to services with very short/no waiting times  
  - Antiretroviral treatment for HIV  
  - Routine HIV testing for STI clinic attendees  
  - Reduce late and undiagnosed HIV through the provision of testing in a range of settings  
  - Improve understanding and awareness of barriers to HIV testing particularly in affected communities  
  - Reduce HIV-related stigma  
  - Ensure integrated HIV service to meet the needs of those living with HIV/AIDS. |
| Health promotion and disease prevention                                  | A range of interventions aimed at preventing HIV and promoting sexual health are cost-saving and are most cost-effective when targeted at high-risk groups. For example for every £1 spent on contraceptive services, the net gain to the NHS has been estimated to be £11.  
  Measures include:  
  - Free condom provision for medium and high risk groups  
  - Outreach programmes for high risk, hard-to-reach groups  
  - Provision of HIV risk reduction messages in gay bars  
  - Needle exchange provision for injecting drug users  
  - High quality integrated sex and relationship education (SRE) reduces teenage pregnancy rates, STI rates and sexually harmful behaviour. |
| Prevention of STIs and under 18 conceptions                              | Assess people’s risk of having a sexually transmitted infection (STI), when the opportunity arises. For example, when someone attends for contraception, or to register as a new patient  
  Where appropriate, provide one to one sexual health advice to young people on:  
  - how to prevent and/or get tested for STIs and how to prevent unwanted pregnancies  
  - all methods of reversible contraception, including Long Acting Reversible Contraception (LARC) how to get and use emergency contraception  
  - other reproductive issues and concerns.  
  Provide supporting information on the above in an appropriate format |
<table>
<thead>
<tr>
<th>Work area</th>
<th>Interventions</th>
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| HIV prevention interventions specifically targeting men who have sex with men (MSM) | • Risk reduction education  
• Safer sex skills training sessions/cognitive behavioural interventions, peer leader interventions  
• Interpersonal skills training  
• Peer support  
• 1:1, group and community level interventions  
• Multiple delivery methods  
• Interventions targeting BAME MSM and younger populations  
• Increasing uptake of HIV testing through:  
  – Assessing local need, developing a strategy and planning services accordingly  
  – Promoting HIV testing among men who have sex with men  
  – Offering and recommending an HIV test for all men who attend specialist sexual health services  
  – Offering and recommending HIV test to all men who register with a GP practice  
  – Providing rapid point-of-care tests  
  – Ensuring clear referral pathways for people with positive and negative HIV test results. |
| HIV prevention interventions specifically targeting African Communities   | • Health promotion, HIV risk reduction interventions specifically targeting African communities (Every case of HIV prevented saves the NHS saves over £350,000)  
• Targeting interventions at different black communities that include culture specific materials to support health promotion interventions  
• Interventions designed specifically to target African women and girls using gender- or culture-specific materials and delivered by women  
• Knowledge/skills building and interpersonal skills training  
• Using role-playing to teach negotiation skills for women and girls  
• Skills training in condom use and negotiation of safer sex for women and girls  
• Increasing uptake of HIV testing through:  
  – community engagement  
  – assessing local need, developing a strategy and planning services accordingly  
  – promoting HIV testing for black African communities  
  – reducing barriers to HIV testing  
  – offering and recommending HIV test in healthcare settings  
  – ensuring clear referral pathways for people with positive and negative HIV test results. |
Sexual and reproductive health services in Waltham Forest cover most of the interventions in Table 7.1 above. From discussions with service users, clinicians and other service providers, the following areas were identified as needing strengthening within local sexual and reproductive health services:

- Increasing uptake of LARC – currently available at Oliver Road and some GP practices; it is not clear what is provided in GP practices. Having more GPs trained in providing LARC would increase access
- Effective partner notification in sexual and reproductive health services
- Health promotion, tackling stigma
- High quality integrated Sex and Relationship Education (SRE)
- STI treatment services in groups at high risk. STI treatment is currently only available at Whipps Cross Hospital
- Access to services with very short/no waiting times. Currently there are long waiting times at both Oliver Road and Whipps Cross
- Provision of HIV testing in a range of settings
- Training of non-specialist healthcare professionals.

**What is being done locally to address sexual ill-health?**

Our aim is to ensure that integrated sexual and reproductive health services meet the sexual health needs of Waltham Forest residents and improve health outcomes by providing quality and holistic services in the right place, at the right time, by the right people and at the right cost.

Some sexual health services such as Chlamydia screening are currently commissioned in collaboration with other boroughs in outer north east London to increase efficiency and value for money. Other services such as HIV prevention are commissioned London-wide.

Delivery of sexual health services in Waltham Forest occurs in primary care, secondary care and community services. Our sexual health services cover the following areas:

- STI and HIV testing, diagnoses and treatment
- Care and support for people living with HIV
- HIV prevention programme delivered across London
- Family planning, including LARC provision
- Emergency Hormonal Contraception (EHC) and pregnancy testing in pharmacies
- Sex and relationships education in schools
- Teenage pregnancy prevention work with young people
- Condom distribution scheme for young people
- Abortion services.
Sexual Health Steering Group
The Waltham Forest Steering Group brings together commissioners from both the NHS, Local Authority and service providers to oversee the assessment of needs to feed into the Joint Strategic Needs Assessment (JSNA), priority setting and strategy development using available evidence. The group is chaired by the Public Health Sexual Health Lead.

Local services
Sexual health services in the borough cover the whole pathway from prevention, early detection, treatment to rehabilitation. HIV services are set out at each stage of the pathway.

Prevention – e.g. Pan London HIV Prevention Programme (PLHPP), World AIDS Day, education and support for people living with HIV to teach them skills to avoid onward transmission, Sex and relationship education in schools; teenage pregnancy prevention work with young people; family planning including provision of free condoms and emergency hormonal contraception (EHC) to young people

The PLHPP was developed to provide a London-wide HIV prevention programme to address the increasing prevalence within the capital. Each local authority contributes to the programme’s budget. The programme is currently commissioned and managed by London Borough of Lambeth on behalf of all London boroughs. This programme is under review, with an ongoing needs assessment to inform future direction. The main strands of work are:

• covers health trainers
• sexual health counselling
• group work.

Early Identification – e.g. screening for Chlamydia and other STIs to diagnose those with infection and provide prompt treatment; HIV testing to facilitate early diagnoses at Oliver Road and Whipps Cross Hospital.

Treatment – Comprehensive sexual health services at Whipps Cross Hospital; community sexual and reproductive health services; abortion services for women and girls who have unwanted pregnancies.

In addition to clinic-based services, there are outreach services targeting young people and some high risk groups such Looked After Children, especially in Chlamydia screening and teenage pregnancy prevention. Waltham Forest is part of the pan London condom distribution scheme (c-card) that allows young people, (up to 25 years) once registered onto the scheme, to obtain free condoms from a number of outlets in Waltham Forest and other participating boroughs. The vast majority of our Chlamydia screening is provided by the voluntary sector.

Pharmacies
London Borough of Waltham Forest commissions community pharmacies in to provide free Emergency Hormonal Contraception (EHC or morning after pill), pregnancy testing and signposting information about family planning clinics to women of all ages. This is to help avoid unwanted pregnancies; and for those women who decide to keep a pregnancy following a test, to ensure prompt referral to maternity services. The Council has commissioned a pharmaceutical needs assessment (currently underway), which will provide detailed information about sexual health service provision in pharmacies.

Figure 7.11 shows the locations of the different sexual health services in the borough against a background of teenage pregnancy rates.
Figure 7.11 Location of sexual and reproductive health services in Waltham Forest

Conception rates (per 1,000 female age 15-17 years), 2006-2008

- 57.5 to 67.5
- 43.4 to 57.5
- 46.6 to 60.4
- 37.4 to 46.5
- 23.9 to 37.4

Sexual/Reproductive Health Clinics
- Comely Bank Clinic
- Otter Road Pharmacy
- Silvertown Health Centre
- Whipps Cross Hospital (Gen CSFP)
- Pharmacies providing Sexual Health & Contraception Services

Figure 11: Location of sexual and reproductive health services in Waltham Forest
Evidence that we are making a difference

Since the last JSNA there has been progress in sexual and reproductive health service provision in Waltham Forest. The Community Sexual and Reproductive Health Service has appointed a substantive Consultant Community Gynaecologist and the service is working with the Whipps Cross Department of Sexual Health to improve sexual health provision. The service now provides asymptomatic screening for Chlamydia, gonorrhoea, HIV and Syphilis; and provides treatment for Chlamydia with partner notification.

Whipps Cross Department of Sexual Health (DOSH) has also made a number of improvements. These include:

- Better testing platforms for STI, via the laboratory at Royal London Hospital, to include nucleic acid testing (dual NAATS) for everyone attending the clinic. The benefits include more patient-friendly tests (urine instead of urethral swabs in men and self-taken swabs in women with no symptoms) and increased accuracy for detection of gonorrhoea. More recently, they have received approval to use dual NAATS for pharyngeal samples also
- Slot system – patients are allocated a slot at the time of registration (depending on the number allocated on arrival, they are told the likely time to be seen)
- We are looking to improve our results management further by using a centralised results system, where an interface between Preview (IT system) and the lab will allow a faster turnaround for results (currently 10-14 days, will reduce to 3-4 days). This will ensure faster partner notification and treatment of STIs
- Each patient is now receiving SMS results; as part of the merger within Barts Health they will be able to access the results by telephoning an access number (telephonetics)
- Access to research for patients attending DOSH, now recruiting to AURAH (Attitudes to and Understanding Risk of Acquisition of HIV)
- As part of the merger, we will have increased access to a wide range of specialists, including psychology for sexual health. Psychology clinics are due to start in DOSH 4 November 2013
- There is a wide range of consultant expertise within Barts Health, specifically in younger people services, sexual assault, sexual violence and complex contraception
- DOSH will provide contraception from 4 November, in a phased way, initially simple contraception, hoping to expand to LARC next year
- DOSH is currently providing a walk-in rapid HIV testing service in out-patients, no appointment necessary. So far, 250 patients have been tested and 3 positives found.

The pan London young people’s condom distribution scheme (c-card) is now firmly established in Waltham Forest and is being rolled out to a number of services. Participants include Youth Support Services, Youth Offending Team, sexual and reproductive health services in the community and Whipps Cross Hospital. The scheme allows young people to obtain free condoms in a variety of outlets in Waltham Forest and other participating London boroughs. The scheme will be rolled out to pharmacies shortly.

There are still some challenges/gaps in meeting the sexual health needs of Waltham Forest. These include:

Gaps in provision

The following gaps were identified through the stakeholder consultation:

- Lack of clarity on pathways
- Absence of integrated sexual and reproductive health service
- Low involvement of primary care in sexual and reproductive health service provision
• Lack of psychosexual counselling services (e.g. for sexual dysfunction)
• Absence of dedicated young people’s service
• Absence of level 2 sexual health services in the community
• Lack of local health promotion initiatives
• Inadequate HIV testing in the community.

Risks to current service provision:
• Open access, cross charging – higher unpredictable costs
• Year-on-year increase in activity
• 30% increase in follow-up GUM PbR tariff
• Waltham Forest residents using out of borough provision which may incur higher costs.

To mitigate the financial risks, London Borough of Waltham Forest has contracted the North and East London Commissioning Support Unit to monitor the GUM contract for this year (2013/14). This is to help in challenging and validating invoices during the first year as the Council develops a more permanent system.

The arrangement is in collaboration with three other boroughs – Hackney and The City, Newham and Tower Hamlets. This will ensure a common negotiating position with providers and help agree contracts with the ‘biggest’ providers, aiming to maintain the 2012/13 prices. In the long term we need to develop a high quality integrated sexual and reproductive health service with the main hub in an accessible central location in the borough. This would improve access and help retain residents in local services.

What is the patient and public perspective?
A recent review of sexual and reproductive health services in Waltham Forest sought views of stakeholders – patients and the public, clinicians, commissioners – through interviews, focus groups and young people’s survey. Overarching themes from the review are:

• Once seen, patients are generally very satisfied with the care they receive from clinicians, especially those accessing HIV care. Patient surveys led by North East London Sexual Health and HIV Network (NELNET) have shown that patients were satisfied with the care they received
• The majority of patents seen in GUM present with symptoms, are often young or from vulnerable groups
• Concerns regarding Oliver Road clinic. These include location (not easily accessible, gang and safety issues preventing young people from going there), limited information on services provided, changes in service provision not communicated well, long waiting times, lack of privacy in reception area (one respondent noted that ‘you can request a room by reception for privacy’ but this does not seem to be widely known), difficulties getting someone to speak to on the telephone, vacant posts, appointments not available for family planning, patients ‘routinely’ inappropriately referred on to Whipps Cross

412 Note from the provider: All clients are offered the opportunity to speak in confidence in the confidentiality room. The telephone system is currently being reviewed to provide more information to patients about opening times, how to book appointments and self-help information. We are not aware of patients experiencing difficulties accessing appointments but we are cognisant that there is a possibility patients may not receive the appointment times they request. Finally, referral to Whipps Cross is routinely for symptomatic patients who access Oliver Road, except for patients with Chlamydia who receive treatment form suitably qualified clinicians.
• No dedicated young people’s service in the borough. Need at least young people friendly services that are ‘you’re welcome’ accredited and perhaps for ‘one stop shop’ in Walthamstow Central providing a wide variety of services for young people (e.g. careers advice, sexual health, mental health, substance misuse, etc.); supported by effective targeted outreach strategy and service for those who find it difficult to engage

• Services need to build stronger links with education – colleges, schools, Pupil Referral Unit (PRU), Looked After Children (LAC) – and young people in general

• Poor communication/publicising of what services are available where, including GP practices – websites out of date, poor communication between professionals, lack of easy access through social media

• Opening times to be longer (e.g. Oliver Road closes at lunch time) to match patient needs and communicated clearly

• Lack of health promotion and prevention initiatives

• Lack of consistency in provision. Service changes not communicated promptly

• Lack of psychosexual counselling service

• Lack of awareness of services provided by voluntary sector organisations

• Sexual health service provision is patchy, with lack of clarity on pathways to service users and clinicians.

What more do we need to know?
• Systematic collection of LARC and EHC data from all services to identify any inequalities in access and target groups with poorer access

• An understanding of the most efficient way(s) of implementing HIV testing in Waltham Forest in order to increase access

• A better understanding of the need; and the role of sexual health services in addressing the following issues:
  – street sex workers
  – sexual exploitation/sexual violence
  – sexually harmful behaviours among young people.

What are the priorities for improvement over the next five years?
Key insights
• As with other parts of the country, teenage pregnancy rates in Waltham Forest are associated with deprivation – areas with high deprivation generally have high rates of teenage pregnancy

• Community sexual and reproductive health clinics are not equitably located within the borough and the locations are not necessarily linked to need

• There are high rates of STIs, HIV and late HIV diagnoses in Waltham Forest. This could be linked to lack of sustained health promotion and prevention interventions; and inadequate HIV testing initiatives.

• Waltham Forest has high rates of abortion and repeat abortions. This indicates high rates of unprotected sex and suggests lack of awareness of, or inadequate contraception services

• With the fragmentation of commissioning responsibilities for sexual health services, a co-ordinated response among commissioners (Local Authority, CCG, NHS England) is required to tackle sexual violence within the context of violence against women and girls
• Increase in complex need among people living with HIV due to:
  – ageing population
  – restrictions in social care and state support including welfare benefits and housing
  – increasing low grade cognitive and mental health issues
  – rise in associated health conditions due to drug resistance and long-term use of anti-retroviral.
7.3 Tuberculosis and Hepatitis B and C

Executive summary
London continues to account for approximately four in ten tuberculosis (TB) cases reported across the UK. Rates are highest among London residents aged 20-29 years old and continue to increase in this group, in particular among males. Cases also continue to occur among children aged under five years old, almost all of whom were born in the UK. The majority of cases were born outside the UK, but numbers and rates in both UK and non-UK born populations have remained stable in recent years. Of those born abroad, over 80% had been in the UK for two or more years prior to diagnosis. TB continues to be an area of concern in Waltham Forest and this JSNA highlights the current issues.

Recommendations
The changes required to reduce the rates of TB in Waltham Forest include:

- Early identification of people with infectious TB – Training for primary care professionals and other health professionals to increase and maintain awareness of TB in order to increase early diagnosis of TB. Re-launching the patient’s pathway.
- Awareness strategies targeted at the most affected communities in the borough i.e. Black African, Pakistani and Indian communities
- Ensure that there is one specialist TB nurse per 40 new cases
- Homeless people and people with substance abuse problems also need to be targeted
- Ensure community clinics delivering the neonatal BCG vaccine are appropriately resourced and accessible to deliver the high number of BCG vaccines to babies in a timely manner
- Ensure GPs refer children between the ages of 1 to 5 years who have not received the BCG vaccine to community clinics
- Reinstate the targeted School Nursing Service delivery of Mantoux testing and BCG vaccine in Secondary schools in Waltham Forest
- Ensure that effective components of TB management and control are implemented locally including:
  - access to GP registration for hard to reach and vulnerable people
  - BCG immunisation
  - early diagnosis and treatment
  - contact tracing.
- TB awareness and TB Health Promotion should be included in commissioning plans

• A programme to raise awareness of TB amongst health and social care workers so that they can recognise early signs and refer people with suspected TB to the appropriate service. A&E staff, midwives and housing and social workers

• Use of community pharmacies or the third sector and community organisations to deliver DOT (Directly Observed Therapy).

Local picture
The TB rate in Waltham Forest was 49 per 100,000 in 2012. It has increased since 2009, but has remained around 40-50/100,000 over the last decade, mostly above the London rate (see Figure 7.12). Patients were predominantly males, with 20 to 29-years-old the most common age group. Almost a quarter were UK born (higher than in most areas of London); just 13% were recent migrants, having entered the UK within two years of diagnosis, while 25% had been in the UK ten or more years. The most common ethnic group was Pakistani: almost a quarter of these were UK born. Levels of drug resistance were similar to the London average. One in ten patients had one or more social risk factor (and 17% of those with pulmonary TB): this was most commonly drug use. The proportion completing treatment was similar to the London average.

The rate of new cases of TB in Waltham Forest is higher than the regional and national averages: in 2012, the rate was 41 per 100,000 in London and 14 per 100,000 in the UK.414

Figure 7.12 below shows the TB incidence rate for 2002–12 for Waltham Forest and London.

Figure 7.12  TB Incidence rate for the period 2002–12

Who is most at risk?
The groups at higher risk of contracting TB are:

• Individuals born in countries with high rates of TB
• People living in unhealthy and overcrowded conditions
• People with a history of drug use
• Prison/ex-prison population
• Homeless people

- People who are immunosuppressed
- People living with HIV
- Refugees
- Certain BAME communities
- People with occupational exposure\textsuperscript{415}

Overcrowding is one influence on incidence of TB. In the 2011 census overcrowding in Waltham Forest was 23.2\%, affecting 22,445 households. This compared to London at 21.7\% and England at 8.7\%\textsuperscript{416}. The most overcrowded ward at the 2011 census was Cathall at 32.4\%.\textsuperscript{417} The majority of TB cases were concentrated in the southern part of the borough where there were high levels of domestic overcrowding and poverty (see Figure 7.13 below).

\textbf{Figure 7.13} Incidence rate by small areas (LSOA) 2012

\textsuperscript{416} ONS Census 2001.
\textsuperscript{417} Local Health, http://www.localhealth.org.uk/#v=map7;=en
TB notifications are higher in males than in females. Figure 7.14 below shows that in 2012 TB notifications in the 20 to 29 age group were the most affected for men with the 30 to 39 age group the most affected for women.

**Figure 7.14** TB Notifications by age and sex, 2012

Figure 7.15 below shows the TB cases by ethnicity in 2012. It indicates that the most affected were Pakistani with the least affected being the Chinese, black-Caribbean and black-other.

**Figure 7.15** Percentage of TB cases by ethnicity, 2012
Current issues in Waltham Forest

Barts Health NHS Trust

- Staffing levels remain inadequate, especially on the Whipps Cross Hospital site:
  For the TB case load managed by Barts Health, NICE recommend 21 whole time equivalent (WTE) nurse case managers. Barts Health currently employs 15.4 WTE nurses and is planning on cutting 3 of these posts

- High number of infectious cases being seen in the chest clinic

- TB nurses now doing home visits as more complicated cases and complex issues are being seen including drug resistant cases

- BCG – due to changes in the provision of BCG vaccine within the community Whipps Chest Clinic are receiving queries from GPs and the public regarding BCG vaccination for children meeting the criteria

- Patients with suspected TB in the community are being referred via Choose and Book.

Community

North East and North Central London Health Protection Team work closely with Barts Health TB service to implement contact investigations for infectious cases of TB. These risk assessments and the subsequent screening of exposed close contacts is vital for identifying co-primary and secondary cases and thus preventing spread in the community and further cases.

Over 30 risk assessments and large scale screening exercises have been necessary in a variety of community settings in the last 3 years in Waltham Forest, including in secondary schools and 6th form colleges, adult education colleges, hostels for homeless and vulnerable people, large Church congregations, several workplaces and Whipps Cross Hospital.

Screening in such settings is challenging, requiring the TB nurses to deliver screening tests on a large scale, on school premises for example. The investigations often cause considerable anxiety for members of the public, parents, teachers and employers. The risk of spread of TB in these settings is low and it is currently rare to find evidence of transmission. However this may be jeopardised if immunisation and school nursing services are not maintained in the borough.

BCG vaccination

BCG vaccine is given to neonates in Waltham Forest, as per national guidance, in community clinics delivered by North East London Foundation Trust (NELFT) community services. In 2012, due to staff changes, a backlog of babies requiring BCG vaccine had built up. Following intensive work and more staff brought into the borough from other areas, the backlog was cleared.

The service needs to ensure it is adequately resourced to deliver the high number of BCG vaccines to the community in a timely manner, ensuring high uptake is maintained locally, easily accessible service for families who rely on public transport and service delivery is suitable to cultural needs.

BCG vaccine should also be available to any child under the age of 16 who is at high risk of exposure to TB (as per nationally agreed criteria) e.g. those children who have families who are from countries where TB is endemic (greater than 40 cases/100,000 population). A large proportion of children who move into Waltham Forest require BCG vaccine and population mobility is high. For Children between the ages of 1 to 5 years, who may have moved into the borough or who have previously not received the BCG vaccine, GPs are able to refer them to the community clinics for the vaccine.

Previously, the School Nursing Service in NELFT delivered a targeted Mantoux and BCG vaccination programme in secondary schools to high risk children who had not received the BCG vaccine. This included referral arrangements for any further testing and treatment as necessary. The service worked very well, however, due to staff shortages, the service was stopped by NELFT in 2012 and has not been reinstated.
Partnership working
The Health Protection Team works with local public health colleagues to raise awareness about TB in established local colleges. There are an increasing number of ‘adult education colleges’ emerging which attract many students from overseas. The recent increase in cases of infectious TB amongst students at these colleges is of real concern. Further work is necessary to identify and engage with these establishments so that students can be provided with advice and engaged with local health services.

Hepatitis B and C
Executive summary
Blood Borne Viruses (BBV) represent a challenge to health within Waltham Forest both through the recognised issue of infection in illicit drug users and the global reflection of BBV endemicity in the Borough’s rich and diverse ethnic communities.

Traditionally Hepatitis B is considered to be a reflection of migrant communities from countries where the Hepatitis B virus is endemic and Hepatitis C a home-grown phenomenon of people who inject drugs. This UK generalisation may not apply in Waltham Forest.

The 2011 Census data indicates that around 10% and 2% of the population of Waltham Forest are of Pakistani and Bangladeshi origin and these figures are rising. The prevalence of Hepatitis C Virus (HCV) in people from South Asia – particularly Pakistan – is five times that of the wider UK population and over 10% of people who died from HCV in the UK between 1996 and 2009 were born in Pakistan or Bangladesh\(^418\). In addition, new challenges with respect to migration to Waltham Forest from new European Union Ascension countries which have high prevalence of BBV. Waltham Forest has the second highest percentage (9%) across London of residents from EU accession countries (London Borough of Waltham Forest website).

BBV services for drug users, particularly vaccination for hepatitis B and testing for hepatitis C has improved due to improved service delivery across the drug treatment partnership. However much more needs to be done to improve testing for those outside the drug treatment services who belong to the at risk group.

Hepatitis B
Public health action focuses on:

- Surveillance to monitor local trends in incidence (burden of known infections in children and high risk populations e.g. GUM clinic attenders; IVDUs; prisoners)
- Identifying and addressing local routes of transmission and so preventing new infections (safe sex education; needle exchange programmes)
- Informing local vaccination priorities (at risk groups including health care staff)
- Increasing opportunities for testing and treatment\(^419\)
- Ensuring timely follow-up and treatment of cases and contacts (ensuring clear care pathways)
- Ensuring continued robust follow-up of children born to hepatitis B positive mothers to ensure completion of vaccination course and screening at 1 year of age.

\(^419\) Ibid.
Hepatitis C

Public health action should focus on:

1. Prevention of new infections (commissioning a broad range of prevention services e.g. those encouraging injectors to quit; reducing risky behaviour – needle exchange systems).

2. Increasing awareness of infection and subsequent increasing of testing in vulnerable populations especially South Asians and EU ascension country migrants (working with the voluntary sector to support local awareness campaigns).

3. Increasing testing and diagnosis\textsuperscript{420}. New testing initiatives (most testing is done in primary care, Dry Blood Spot (DBS) and oral fluid in drug services; GUM services); ensure testing reaches high risk local populations; early referral as new treatments may be effective at clearing the virus (up to 80% success if genotype is favourable).

4. Active and continued support of antenatal/perinatal testing.

5. More awareness of travel risks for visiting friends and relatives, Hajj and those seeking medical treatment overseas.

6. Getting diagnosed people into treatment and care as only a small proportion of those testing usually receive treatment (ensuring good care pathways are in place).

Hepatitis C

Hepatitis C is a major public health problem. An estimated 58,000 people in London (215,000 adults in UK) are infected and 40% of these remain undiagnosed.\textsuperscript{421} Hepatitis C is a blood borne virus which may not be cleared in up to 80% of those who are infected. Persistent infection can lead to chronic liver disease, cirrhosis and hepato-cellular carcinoma (HCC) in later life. The burden of hepatitis C hospital admissions and deaths from hepatitis C related liver disease and HCC have risen threefold since 1998, and continue to rise.

Injecting drug use is the major risk factor for acquisition of hepatitis C (accounting for 69% of cases in London). Sex between men, especially those who are HIV positive is another important transmission route. Some countries e.g. those in South Asia, have a higher prevalence of hepatitis C, people who were born or have received medical treatment in countries where the prevalence of hepatitis C is likely to be higher are at increased risk of infection.

Hepatitis C has high health and financial costs. In London the costs of treating those already identified is estimated at £29 million and current annual treatment costs are £5.7 million (assuming 5% of people infected are identified each year)\textsuperscript{422}.

Using the same models it is estimated that 1,365 people have hepatitis C in Waltham Forest. By 2015 there will be a projected 874 with mild to moderate liver disease, 43 with cirrhotic or end stage liver disease and 93 who will have died as a result of the infection. It is estimated that it will cost £680,980 to treat those already identified in the borough and £135,046 to treat additional cases (if 5% of people infected are identified each year).

Waltham Forest is categorised in the ‘HIGH’ group for prevalence of HCV together with 24 other borough in London, which means that over 50% of those who injected in the last year were HCV positive.\textsuperscript{423}

\textsuperscript{420} http://pathways.nice.org.uk/pathways/hepatitis-b-and-c-testing
\textsuperscript{421} Health Protection Agency – Hepatitis C in the UK 2013.
\textsuperscript{422} Health Protection Agency 2012, Hepatitis C in London Annual Review (2011 data).
\textsuperscript{423} Health Protection Agency 2009, Hepatitis C in London.
Hepatitis B

Hepatitis B virus (HBV) infection is another global health problem. HBV is highly infectious and is transmitted mainly through sexual intercourse, perinatal transmission during childbirth, injecting drug use and blood-to-blood contact. HBV can cause acute or chronic infection. Most of the disease burden is due to chronic infection, which may be asymptomatic for many years but is associated with an increased long-term risk of cirrhosis and hepatocellular carcinoma.

In countries with a high prevalence of HBV most infections are acquired perinatally or in childhood. The prevalence in the UK is low but varies across the country where there may be local populations born in high-endemic countries. Acute infections in the UK give rise to fewer than 10% of all new chronic infections, these being mostly attributable to the immigration of carriers. Most new infections in the UK are acquired through adult risk behaviour i.e. sexual contact and intravenous drug use.

Infected mothers can pass on the virus to their babies during the time of birth. Babies infected at birth are very likely to develop chronic infection unless they are vaccinated from birth. Since 2000, all pregnant women have been offered testing for hepatitis B. For babies requiring hepatitis B vaccinations (due to mothers being infected with hepatitis B and to prevent onward infection), in 2012/13, 88.4% (38 out of 43) of babies received their vaccination by 12 months (3 doses of Hep B). For babies reaching 24 months in 2012/13, Waltham Forest had an uptake of 90.7% (49 out of 54). For 12 months, the Hep B coverage has decreased from 2011/12 to 2012/13 when it was 100%. For 24 months coverage remained the same as in 2011/12.

What are the effective interventions?
The key policy drivers in relation to blood borne viruses are:

- **Good Practice in harm reduction**\(^424\) (published by the National Treatment Agency for Substance Misuse, now part of Public Health England) highlights good practice in harm reduction especially for blood-borne viruses and overdose
- **NICE guidance on needle exchange and syringe programmes.**\(^426\) This guidance provides recommendations for good practice, based on the best available evidence of effectiveness, including cost effectiveness
- **Public Health England’s Shooting Up reports**\(^427\) focus solely on infections among people who inject drugs in the UK. This report focus on the current prevalence of the main viral (Hepatitis A, B, C and HIV) and bacterial (staphylococcus aureus, group A streptococcal and clostridium) infections as well as making recommendations
- **The Safer Injecting Briefing (Drug Scope, 1999) guidance covers areas such as the evidence-based for promoting safer injecting, routes of administration, vein damage, and transmission of blood-borne viruses and providing comprehensive services to tackle unsafe injecting practices**
- **NICE**\(^428\) has produced a number of guidance reports on hepatitis B and C.

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\(^{428}\) [http://www.nice.org.uk/](http://www.nice.org.uk/)
There are 2 key performance indicators, which are monitored by the National Treatment Agency:

- All Service Users to be offered hepatitis B vaccinations – measured by the proportion of service users offered hepatitis B vaccination:
  - Waltham Forest has set services a target of 100% in 2013/14.
- All current or previous injectors to be offered Hepatitis C testing (and subsequent treatment) – measured as the proportion of current or former injectors offered Hepatitis C testing:
  - Waltham Forest has set services a target of 100% in 2013/14.

Of the new treatment journeys in 2012, 100% had a vaccination status for hepatitis B recorded. Of these, 62% were offered and accepted the Hep B vaccination, 24% refused the Hep B vaccination, 13% were already immunised and 1% had acquired immunity. Individuals who started a course of treatment were 11% and those who have finished the course of Hep B treatment was 70%.

Those starting a new treatment journey in 2012 were 252; of these 72% of individuals in treatment previously or currently injecting received a Hep C test. 79% of individuals were offered and accepted a Hep C test and 19% refused. However 2% of these were assessed as not appropriate to offer.

**What evidence is there that we are making a difference?**

The new 10-year government strategy aims to get problem drug users into effective treatment, to reduce drug related offences and re-integrate into society to reduce harm to families and communities.

A substance misuse needs assessment and service review has been conducted. The aim of this is to:

- identify the substance misuse related needs of the people of Waltham Forest
- describe the wider impacts, risk and harms associated with the substance misuse
- support the substance misuse service reconfiguration process
- inform the commissioning strategy.

**What are the priorities for improvement over the next five years?**

Please see ‘Public Health Action focuses on’ in the recommendation section at the beginning of the chapter.

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429 NDTMS Adult Partnership Performance Report 2012/13, Quarter 4 Waltham Forest.