



UK Health
Security
Agency

Health Protection and Migrant Health in Yorkshire & Humber

Challenges and Next Steps

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Overview

- Background
- Data
- Overview of threats
- Challenges
- Proposed next steps

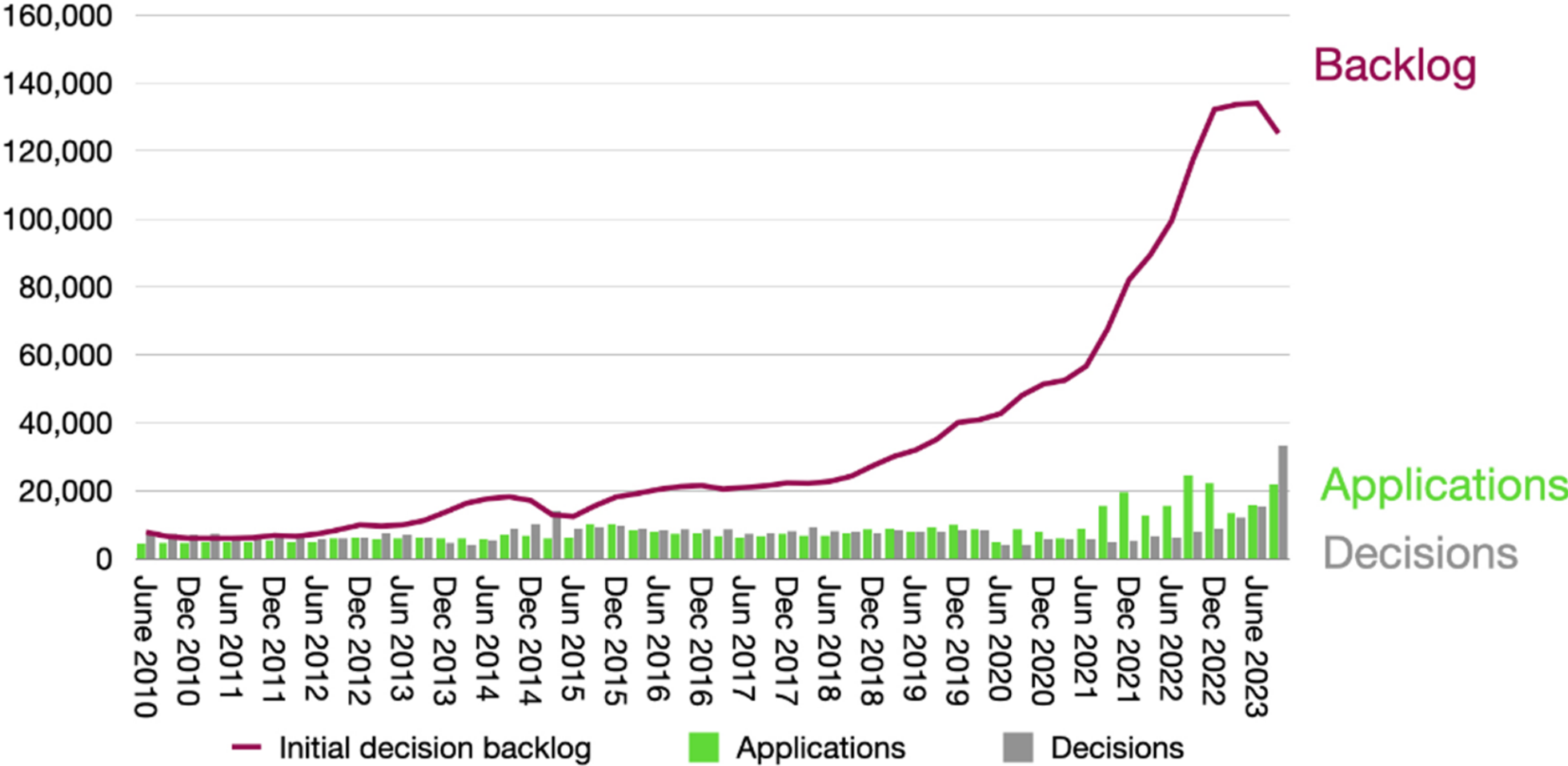
Background

- Change of focus for the Health Protection Team
- Ukraine, Afghan, ARAP / ARC, Changing Home Sec, Changes to Migration Policy
- Unprecedented movement of individuals into initial / contingency accommodation
- Range of partners working together
 - OHID
 - NHSE
 - ICBs
 - LAs
 - Migration Yorkshire
 - Mears
 - Home Office
 - UKHSA

National data at year end September 23

- 75,340 asylum applications (relating to 93,296 people) were made in the UK, which is 3000 more than the previous year
- 125,173 cases awaiting an initial decision
- Of the 123,758 individuals in receipt of support:
 - 56,042 people were in hotel accommodation (45%)
 - 62,968 people were in other accommodation (51%)
 - 4,748 people were in receipt of subsistence support only (4%)
- 7,315 people supported in Yorkshire and Humber on either S95, S4 or S98.

Trends in asylum applications



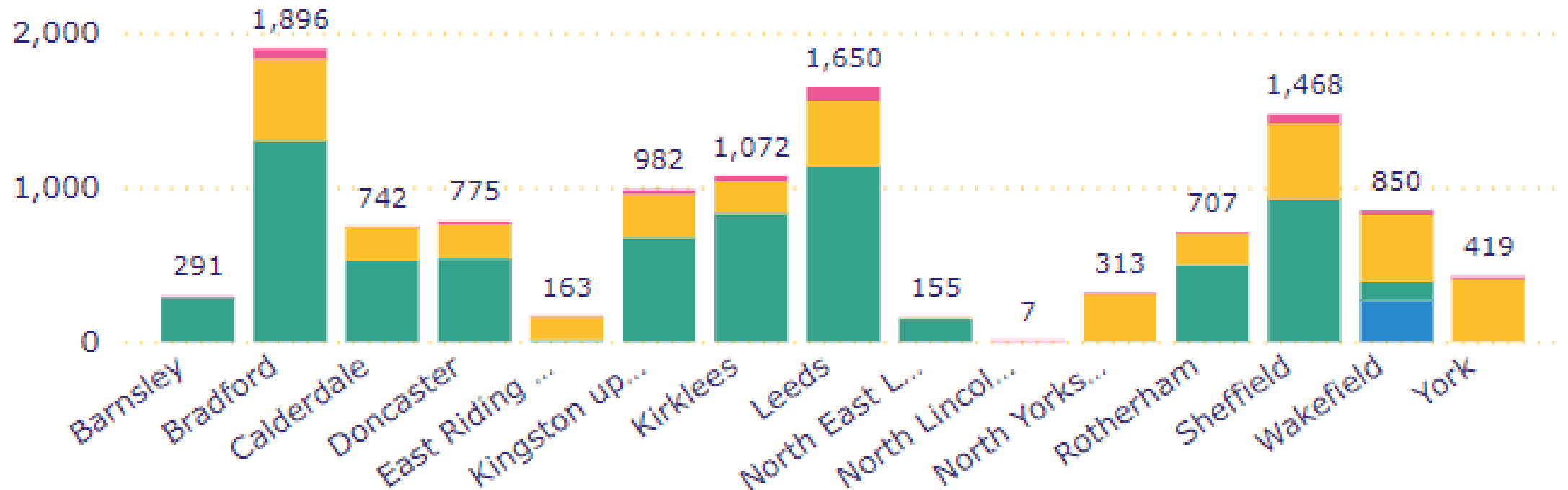
Source: Home Office statistics to June 2023, tables Asy_D01, Asy_D02 and Asy_04. 'Decisions' excludes resettlement decisions.

Local information

Supported asylum seekers by local authority

Source: Reg_D02

● Initial Accommodation ● Dispersed Accommodation ● Contingency Accommo... ● Subsistence only

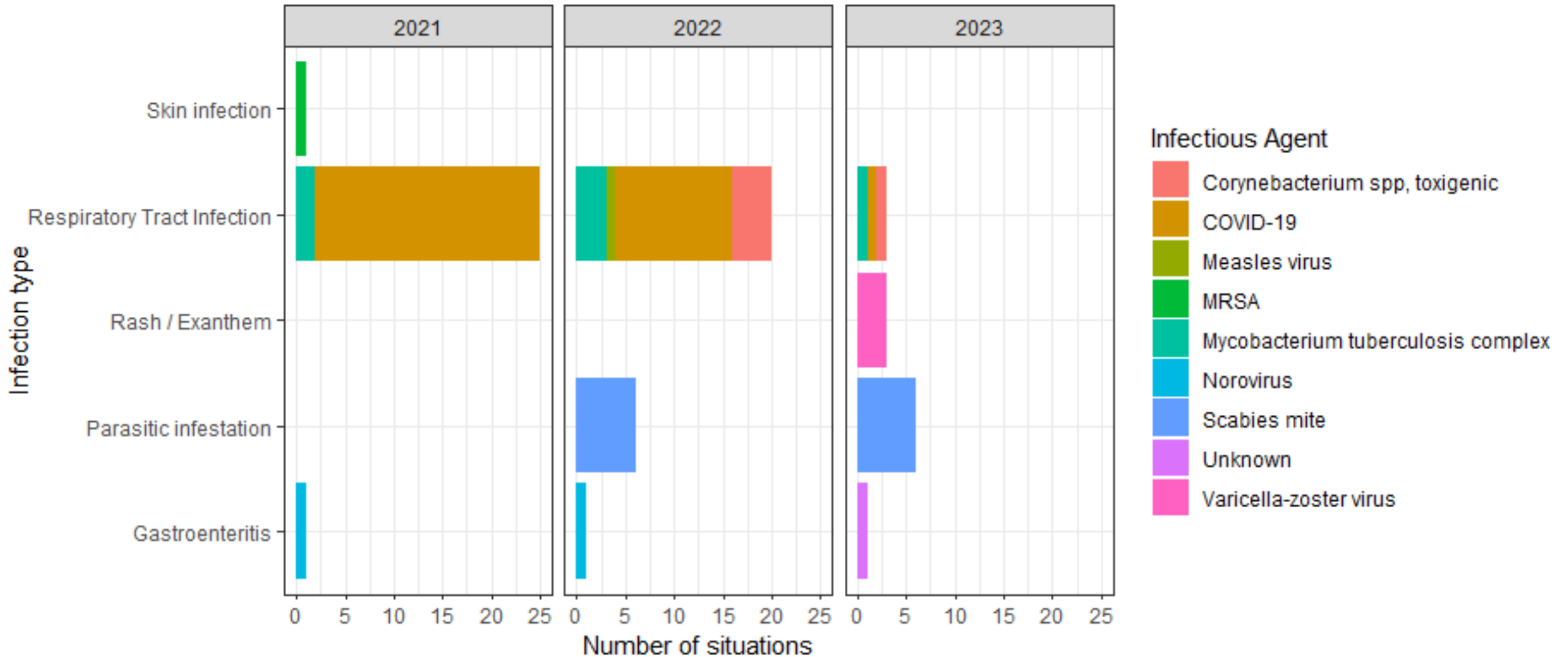


Health Protection Risks

- Vulnerable migrants are at high risk of infectious disease
- Country of Origin
- Nature of Journey to UK
- Accommodation / Housing
- Access to Healthcare

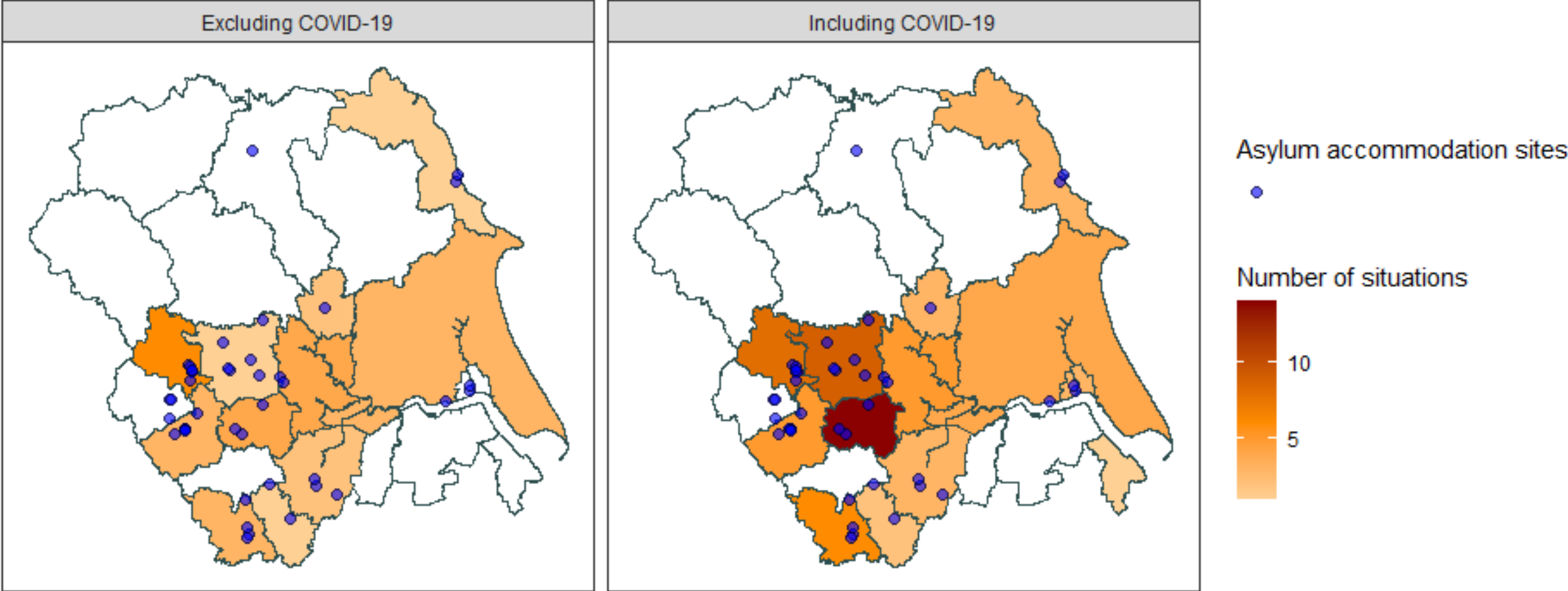
Results: outbreaks by year

2021 to current



Results: outbreaks by area

Situations by local authority between 2021 and October 2023



Overview of Health Protection Threats: Diphtheria

- Diphtheria is an acute infection that affects the upper respiratory tract and occasionally the skin, caused by toxigenic bacteria
- Transmission via droplet spread or direct contact with wound
- Majority of cases likely to acquire the infection on journey to UK
- Outbreak since 2022
- Emergence of antibiotic resistant strains
- Is vaccine preventable

Overview of Health Protection Threats: Measles

- Can be highly infectious and cause serious illness
- Transmission via airborne droplet spread
- Low immunisation coverage in countries of origin
- Large number of cases in 2023
- Potential for significant outbreaks
- Vaccine effectiveness of a single dose of MMR is around 95%

Overview of Health Protection Threats: Skin Infection

- Very common, skin rashes and lesions can have multiple causes
- Swabbing is needed to identify the relevant pathogen
- Often result of chickenpox or scabies
- Puts significant pressure on healthcare services and HPTs
- Scabies is time/resource intensive to comprehensively address
- Importance of IPC measures

Health Protection Follow Up

- Isolation
- Referral / Treatment
- Contact Tracing
- Immunisation
- Swabbing
- Prophylaxis

Challenges

1. Nature of setting

- Impact of optimisation programme

2. Identifying cases and escalation of outbreak

- Lack of escalation when cases in same setting present to different healthcare services (e.g., different GPs) or there is confusion over diagnosis

3. Roles and responsibilities

Challenges

4. Communication

5. Data sharing

6. Safeguarding

7. Training

Next steps

- Survey developed in conjunction with partners
- Aim is to capture views of current level of preparedness and also how best we can address challenges
- Some key points from those that have responded so far:
 - Further support on developing localised outbreak plans (*to address risks around Setting / Escalation / Communication*)
 - Document (JWA / SOP) which agrees ways of working with partners in Y&H (*to address uncertainty around Roles & Responsibilities*)

Next steps

- Look to explore how best to provide further support to accommodation staff (*to address training need*)
- Continue efforts to improve data sharing between partners including HO
- Improve sharing of resources for all partners working in Y&H, e.g. better use of AsDPH website (*to address training need*)
- Consider how lessons learned from incidents / outbreaks can be better across the system (*to address training need*)
- Review of HPT response and how this can be strengthened



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Multi-agency response to a *Corynebacterium diphtheriae* outbreak in an asylum seeker accommodation in Yorkshire and Humber

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Introduction

- Since mid-2022, there has been a significant increase in the number of confirmed toxigenic diphtheria cases among migrants in England.
- A substantial number of cases have been young adult males, diagnosed with cutaneous toxigenic diphtheria whilst residing in asylum seeker accommodation.
- Asylum seeker accommodations are considered high-risk, due to residents having potentially undisclosed / undiagnosed complex health needs, unknown or incomplete vaccination status', exposure to harsh conditions during their journeys, and potential overcrowding issues.

Outbreak overview

- On 11/12/2022, the Y&H HPT was notified of a suspected *Corynebacterium diphtheriae* case in an ASA resident.
- This was confirmed on 15/12/2023 as a toxigenic strain.
- A close contact of the case, with similar lesions, was isolated, tested, and treated; identified as a probable case.
- All residents, plus some staff, identified as contacts of the confirmed case, were tested, given antibiotic prophylaxis, and offered vaccination, with excellent uptake.
- The contact testing resulted in the identification of one asymptomatic, confirmed toxigenic *C. diphtheriae* case in a minor.

Multi-Agency Response

- Following heightened awareness, further possible cases were notified to the HPT from 2 additional ASAs; all were subsequently found to be negative for *C. diphtheriae* but generated significant response.
- With direction from the HPT, the Primary Healthcare Provider undertook screening of all residents in their ASAs; no further confirmed cases were identified.
- IPC also visited the premises to advise and promote IPC standards.
- Guidance was followed throughout the process, and this was deemed to be key in the successful outcome of the outbreak.

Primary Care Response

- ❖ The inclusion health team within the locality PHP were an excellent resource and it would be beneficial if more localities were able to have such a team.

Primary Care delivered:

- Screening of every service user in 4 temporary accommodation sites; over 1000 residents.
- Swabbing of 100 residents.
- Arranging antibiotic prophylaxis for over 100 residents.
- Liaised with community pharmacies to ensure adequate supply of recommended antibiotics.
- Vaccinations to over 1000 residents over a 3-month period.
 - 100% of the resident population has been offered vaccinations and 100% of those who have consented to vaccination have received vaccines.

ALL OF THIS WAS ACHIEVED ALONGSIDE THE PHP'S 'BUSINESS AS USUAL' FUNCTION

Lessons Learnt



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- All partners engaged in the lessons learnt process including, but not limited to, Y&H HPT, local authority, ICB, housing, primary healthcare provider (PHP) and inclusion health leads.
- Feedback on what was going well or improvement was continually sought throughout the outbreak. A learning visit was conducted to promote deeper shared understanding from the PHP Inclusion health officer to the HPT.
- These lessons have been disseminated throughout Y&H, resulting in ongoing work in other areas of the region to implement change and consider outbreak planning for these challenging settings.

Partnership Working

- **PARTNERSHIP WORKING** - Was fundamental to the success of the management of this outbreak; forging new relationships and building on those developed during the Covid pandemic; Y&H HPT and stakeholders worked synergistically, ensuring effective public health management.

Lessons Learnt

Rapid Response

- Rapid identification and public health response enabled the outbreak to be identified and controlled, without further risk to public health.

Communication

- Communication and consistency was essential; ensuring necessary professionals were informed and updated with plans and actions. There was regular feedback via email and telephone to ensure all actions were carried out.

Data Sharing

- Better data sharing with organisations such as the Home Office would enable contact tracing and prophylactic vaccination to occur in a more suitable, timely fashion.

Planning & Preparation

- It is essential for ASAs to have robust, tested plans with clearly defined roles and responsibilities, and, moving forward it is essential that such plans be cemented and tested via partnership exercises.