Public Health England

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Human papillomavirus (HPV) vaccine coverage data 2013/14

Annual human papillomavirus (HPV) immunisation programme data for 2013/14 [1], show that uptake of HPV vaccination in England remains high, with nearly 87% of 12-to-13 year-old girls receiving the full course.

The new coverage data estimates are broken down by NHS England area team, by Local Authority and by former Primary Care Trust. Coverage varied geographically, with lower coverage reported in the south of England. The national average of 86.7% was exceeded in 20 of the 25 NHS England area teams.

A full report reviewing HPV coverage data in England since the HPV programme began in 2008/09 to 2013/14 is in preparation for publication in early 2015.

PHE encourages all eligible teenage girls to take up the offer of HPV vaccination, which protects against strains of the virus that cause most cases of cervical cancer. It should be noted, however, that the benefits delivered by the national HPV vaccination programme are in addition to the benefits provided by the national Cervical Cancer Screening Programme. Cervical screening remains important for women to reduce their risk of cervical cancer, even after vaccination, because vaccination does not protect against all cancer-causing HPV types.

Reference

1. PHE statistics. ‘Annual HPV vaccine coverage in England: 2013-14’.

Herpes zoster virus (shingles) vaccine programme first annual report

A full report on the first year of the shingles immunisation programme – covering the period September 2013 to August 2014 – has confirmed that good coverage was achieved across all regions in England [1,2].

Almost 90% of GP practices in England reported coverage data showing that almost 62% of eligible 70-year-olds (the “routine cohort”) and close to 60% of 79-year-olds (the “catch-up cohort”) received the vaccine. In most cases this was in the first few months of the programme, during the seasonal influenza vaccination campaign.

The annual report presents coverage data broken down by NHS England area team. Geographical variation in coverage ranged from 51.3% in London to 69.5% in Derbyshire and Nottinghamshire, with the majority of area teams reporting coverage above 60%.

The report updates data on the first nine months of the programme published in *HPR* in May [3], including new analysis of the coverage data broken down by ethnicity and gender. PHE has established surveillance systems to further monitor the impact of the first and subsequent years operation of the programme.

Since the first report in May, further training resources for healthcare professionals, and other relevant guidance, have been published on the Shingles: Guidance and Vaccination Programme pages of the gov.uk website [4].

References

1. 'Herpes zoster (shingles) immunisation programme 2013 to 2014: report for England'.
2. 'High uptake of the shingles vaccine in the first year of the programme', PHE press release, 4 December 2014.
3. '*HPR* **8**(21)', www.gov.uk/government/publications/health-protection-report-volume-8-2014.
4. https://www.gov.uk/government/collections/shingles-vaccination-programme.

Ebola international epidemiological summary (at 30/11/2014)

Up to the end of 30 November, a total of 17,145 clinically compatible cases (CCC) of Ebola virus disease (EVD) have been reported in the five currently affected countries (Guinea, Liberia, Sierra Leone, the USA and Mali) and three previously affected countries (Nigeria, Spain and Senegal) since December 2013. There have been at least 6,070 deaths, but the true numbers are not known due to continued under-reporting. The sixth of December marked one year since the death of the index case in Guéckédou, Guinea [1]. Twelve months on the outbreak is still not under control.

Trends in incidence vary between the countries with intense and widespread transmission. In Guinea the epidemiological situation remains precarious. While the number of newly confirmed cases reported is relatively stable, there are changes in transmission patterns such that increased transmission is now being reported from the north and east of the country. Incidence remains stable nationally in Liberia, with the majority of cases still being reported from Montserrado district which contains the capital Monrovia.

In Sierra Leone incidence continues to increase particularly in the western and northern regions. Transmission remains intense in the capital Freetown where 202 new confirmed cases were

reported in the last week. However, in recent weeks there have been very few new confirmed cases in the previously high incidence areas in the south east of the country.

In Mali, as of 4 December, the cluster of cases in Bamako remains at seven, five of whom have died. This latest cluster is unrelated to the first Mali case which was diagnosed in the western city of Kayes on 23 October. The total number of EVD CCC reported in Mali stands at eight.

On 2 December, Spain was declared officially EVD free by WHO following a 42-day disease-free period after their last case tested negative.

To date, a total of 22 EVD cases have been cared for outside of Africa; 17 repatriated cases (hospitalised in USA, Spain, UK, Germany, France, Norway, Switzerland and Italy), two imported cases (both diagnosed in USA) and three incidents of local transmission (in Spain and USA).

The table below summarises Ebola virus disease international epidemiological information as at 30 November 2014 (28 November for Liberia).

Country	Total CCCs	Cases in previous 21 days (<30/11/2014)	Total deaths
Guineau	2164	306	1327
Liberia	7635	278 *	3145
Sierra Leone	7312	1455	1583
Mali	8	6	6
Nigeria	20	–	8
Senegal	1	–	–
Spain	1	–	–
USA	4	–	1
TOTAL	17 145	2045	6070

* Data for the previous 19 days only available.

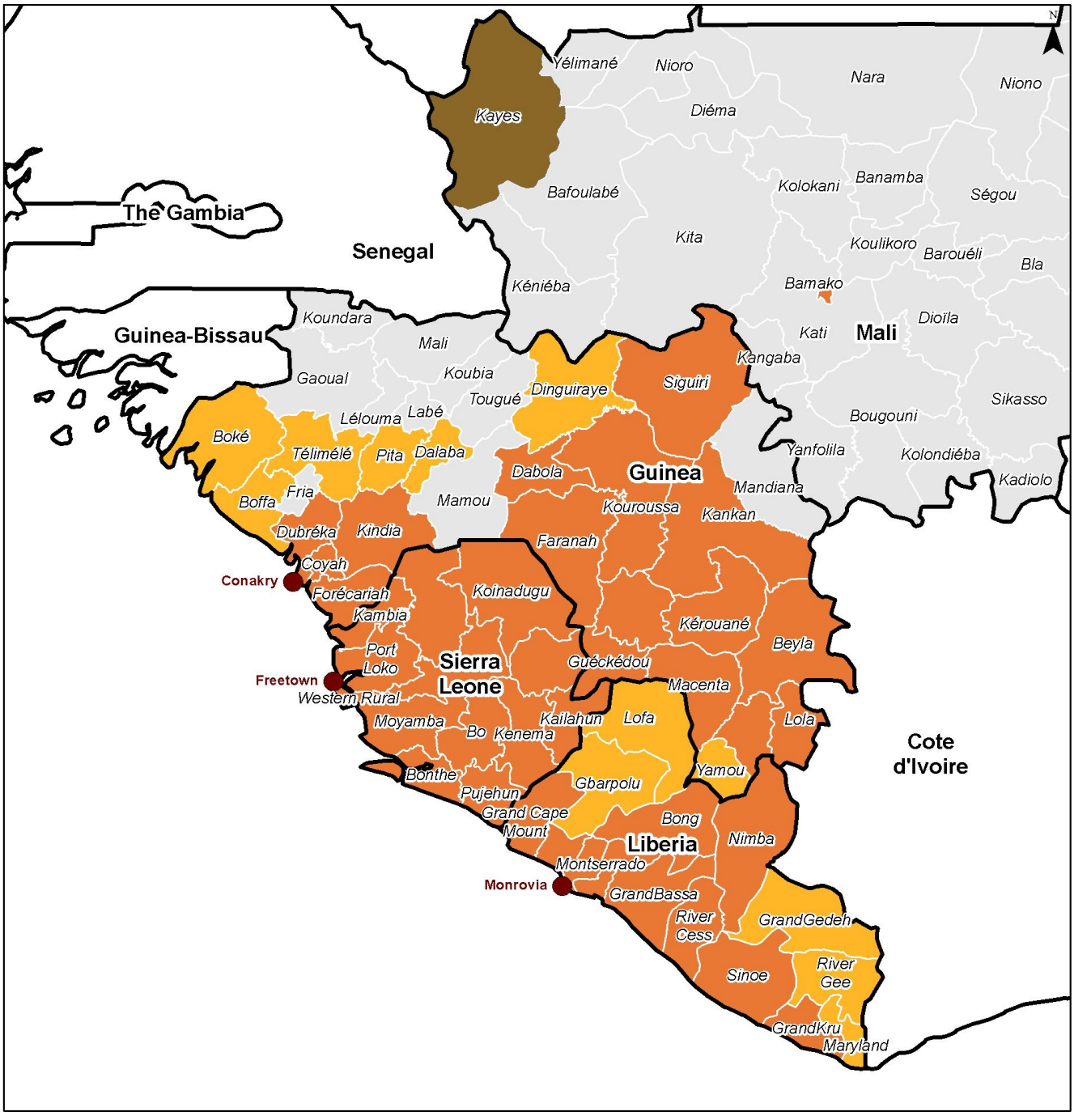
The latest PHE information on the international epidemiological situation can be found in the agency's weekly Ebola Epidemiological Update at: https://www.gov.uk/government/publications/ebola-virus-disease-epidemiological-update.

See also Ebola Outbreak Distribution Map below.

Reference

1. 'Emergence of Zaire Ebola Virus Disease in Guineau', *New England Journal of Medicine*, **37**(1418-25), September 2014.

Ebola Outbreak Distribution Map



Capital Cities

Country Boundaries

WHO data as of 30 November (28 November for Liberia)

Transmission in last 21 days by district

- Single imported case
- Active
- No longer active
- Unaffected

WHO Emergency Committee identifies WPV risk from Pakistan

A third meeting of the World Health Organization's International Health Regulations Emergency Committee – convened on 14 November to review progress on implementation of temporary measures on international spread of wild poliovirus – concluded that the situation still constitutes a Public Health Emergency of International Concern and recommended the extension of the Temporary Recommendations for a further three months [1,2].

The WHO Emergency Committee concluded that compliance with the earlier recommendations by affected countries – Afghanistan, Cameroon, Equatorial Guinea, Ethiopia, Iraq, Israel, Nigeria, Pakistan, Somalia and Syria – was incomplete; in particular, that wild poliovirus (WPV) transmission in Pakistan was continuing, more reported cases having been reported in that country than at any time in the past 14 years and cross-border exportation of the virus continuing.

While the risk of new international spread from the other nine currently infected countries had apparently declined, there had been at least three new exportations from Pakistan to neighbouring Afghanistan since July and the risk of new international spread had increased substantively, the Emergency Committee stated.

WHO issued vaccination recommendations for travellers to and from affected countries in May this year [2,3]. To further reduce the risk of international spread of WPV, the Emergency Committee has recommended that Pakistan should take steps to restrict international travel by residents who lack appropriate vaccination documentation or, in the case of urgent travel, ensure that at least one dose of polio vaccine is given to unvaccinated travellers prior to departure.

References

1. 'WHO statement on the third meeting of the International Health Regulations Emergency Committee regarding the international spread of wild poliovirus'.

2. 'WHO polio vaccination recommendations for travellers to infected countries', HPR 8(38).

3. National Travel Health Network and Centre, 24 September 2014. Polio vaccine recommendations for travellers from England, Wales and Northern Ireland.

Infection reports / Respiratory

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Laboratory reports of respiratory infections made to the CIDSC from PHE and NHS laboratories in England and Wales: weeks 45-48/2014

Data are recorded by week of report, but include only specimens taken in the last eight weeks (i.e. recent specimens)

Table 1. Reports of influenza infection made to CIDSC, by week of report

Week	Week 45	Week 46	Week 47	Week 48	Total
Week ending	**9/11/14**	**16/11/14**	**23/11/14**	**30/11/14**	
Influenza A	**8**	**10**	**10**	**15**	**43**
Isolation	–	1	3	3	7
DIF *	–	–	–	–	–
PCR	6	7	6	10	29
Other †	2	2	1	2	7
Influenza B	**2**	**6**	**2**	**3**	**13**
Isolation	–	1	–	1	2
DIF *	–	–	–	–	–
PCR	1	3	2	2	8
Other †	1	2	–	–	3

* DIF = Direct Immunofluorescence. † Other = "Antibody detection - single high titre" or "Method not specified".

Table 2. Respiratory viral detections by any method (culture, direct immunofluorescence, PCR, four-fold rise in paired sera, single high serology titre, genomic, electron microscopy, other method, other method unknown), by week of report

Week	Week 45	Week 46	Week 47	Week 48	Total
Week ending	**9/11/14**	**16/11/14**	**23/11/14**	**30/11/14**	
Adenovirus*	26	34	32	49	**141**
Coronavirus	5	2	3	5	**15**
Parainfluenza†	32	70	46	57	**205**
Rhinovirus	146	154	141	203	**644**
RSV	145	251	303	379	**1078**

* Respiratory samples only. † Includes parainfluenza types 1, 2, 3, 4 and untyped.

Table 3. Respiratory viral detections by age group: weeks 45-48/2014

Age group (years)	<1 year	1-4 years	5-14 years	15-44 years	45-64 years	≥65 years	Un-known	Total
Adenovirus *	32	44	19	22	20	4	–	**141**
Coronavirus	6	2	4	3	–	–	–	**15**
Influenza A	3	3	10	12	4	12	–	**44**
Influenza B	–	7	–	2	2	–	–	**11**
Parainfluenza †	67	51	21	29	19	18	–	**205**
Respiratory syncytial virus	774	234	13	13	19	19	6	**1078**
Rhinovirus	263	134	77	70	45	54	–	**643**

* Respiratory samples only.
† Includes parainfluenza types 1, 2, 3, 4 and untyped.

Table 4 Laboratory reports of infections associated with atypical pneumonia, by week of report

Week	Week 45	Week 46	Week 47	Week 48	Total
Week ending	**9/11/14**	**16/11/14**	**23/11/14**	**30/11/14**	
Coxiella burnettii	2	3	–	1	**6**
Respiratory *Chlamydia* sp.*	4	1	1	3	**9**
Mycoplasma pneumoniae	7	9	12	13	**41**
Legionella sp.	–	27	6	3	**36**

* Includes *Chlamydia psittaci*, *Chlamydia pneumoniae*, and Chlamydia sp detected from blood, serum, and respiratory specimens.

Table 5a Reports of Legionnaires Disease cases in England and Wales, by week of report

Week	Week 45	Week 46	Week 47	Week 48	Total
Week ending	**9/11/14**	**16/11/14**	**23/11/14**	**30/11/14**	
Nosocomial	–	–	–	–	–
Community	–	12	3	2(1*)	**17**
Travel Abroad	–	13	3	1	**17**
Travel UK	–	2	–	–	**2**
Total	–	**27**	**6**	**3**	**36**
Male	–	16	5	2	**23**
Female	–	11	1	1	**13**

(*) Non-pneumonic case

Thirty-five cases were reported with pneumonia and one case was reported with non-pneumonic infection: 23 males aged 43 to 95 years and 13 females aged 43 to 79 years. Seventeen cases had community-acquired infection. Three deaths were reported in males aged 43 to 72 years.

Nineteen cases were reported with travel association:
Austria/Czech Republic (1), China (1), China/United Arab Emirates (1), Cruise (1), India (1), Italy (1), Portugal (1), Spain (2), Spain/United Kingdom (1), Thailand (3), Turkey (2), United Arab Emirates (1), United Arab Emirates/United Kingdom (1) and United Kingdom (2).

Table 5b. Reports of Legionnaires Disease cases in England and Wales, by PHE Centre: weeks 45-48/2014

Region/Country	Nosocomial	Community	Travel Abroad	Travel UK	Total
North of England					
North East	–	1	1	–	**2**
Cheshire & Merseyside	–	1	–	–	**1**
Greater Manchester	–	–	2	–	**2**
Cumbria & Lancashire	–	–	2	–	**2**
Yorkshire & the Humber	–	4 (1*)	–	–	**4**
South of England					
Devon, Cornwall & Somerset	–	–	2	–	**2**
Avon, Gloucestershire & Wiltshire	–	–	2	–	**2**
Wessex	–	–	–	–	–
Thames Valley	–	–	1	–	**1**
Sussex, Surrey & Kent	–	2	–	–	**2**
Midlands & East of England					
East Midlands	–	3	1	–	**4**
South Midlands & Hertfordshire	–	–	–	1	**1**
Anglia & Essex	–	–	–	1	**1**
West Midlands	–	3	1	–	**4**
London Integrated Region					
London	–	1	3	–	**4**
Public Health Wales					
Mid & West Wales	–	–	–	–	**–**
North Wales	–	–	2	–	**2**
South East Wales	–	2	1	–	**3**
Miscellaneous					
Other	–	–	–	–	–
Not known	–	–	–	–	**–**
Total	**–**	**17**	**17**	**2**	**36**

(*) Non-pneumonic case