

Health Protection Annual Report 2024/25



Contributors

Prepared by Oliver Roe, Public Health Practitioner, Sheffield City Council

With thanks to the following colleagues for their contributions:

- Ruth Granger, Consultant in Public Health, Sheffield City Council
- Lorraine Mitchell, Contingency Planning Officer, Sheffield City Council
- Katie Markham, Screening and Immunisation Coordinator (Sheffield), NHSE Public Health Programmes Team (Yorkshire and Humber)
- Sheffield City Council Environmental Health Team
- UKHSA Yorkshire & Humber Health Protection Team & North East and Yorkshire Field Services Team

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Abbreviations

Abbreviation	Meaning
Words	
AAA	Abdominal Aortic Aneurysm
ANNB	Antenatal and Newborn
APHA	Animal and Plant Health Agency
BCSP	Bowel Cancer Screening Programme
CIPC	Community Infection Prevention and Control
DESP	Diabetic Eye Screening Programme
DPH	Director of Public Health
FSA	Food Standards Agency
LTBI	Latent TB infection
NGH	Northern General Hospital
PHOF	Public Health Outcomes Framework
RHH	Royal Hallamshire Hospital
SIPL	Screening and Immunisation Place Lead
STEC	Shiga toxin-producing E.coli
STH	Sheffield Teaching Hospitals
UKHSA	UK Health Security Agency
Vaccinations	
DTaP/IPV/Hib/HepB	Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib) and Hepatitis B
MenB	Meningococcal group B
PCV	Pneumococcal conjugate vaccine
Hib/MenC	Hib and Meningococcal group C
BCG	Bacillus Calmette-Guérin vaccine for TB
HPV	Human papillomavirus
MenACWY	Meningococcal groups A, C, W and Y
PPV	Pneumococcal polysaccharide vaccine

Purpose of this report

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

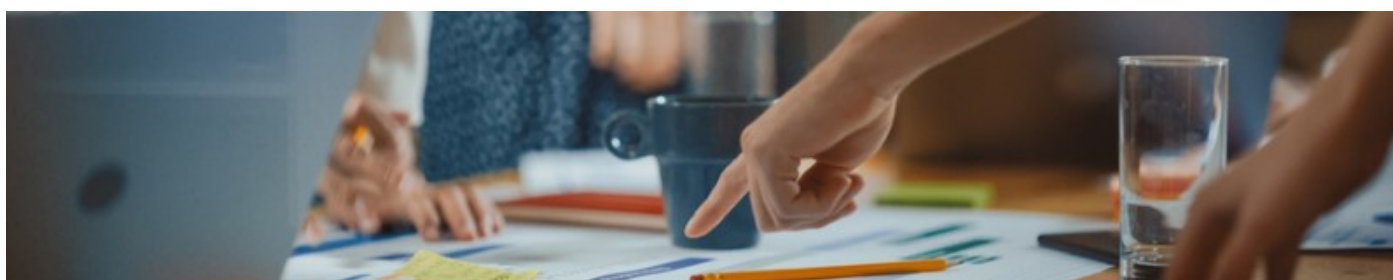
Progress on the health protection priorities of 2024/25

Priorities	RAG rating
Ratify and exercise the Sheffield Mass Treatment & Vaccination Plan as a health and social care system.	Green
Increase outreach provision within sexual health services.	Amber
Support improvements in uptake of childhood immunisations.	Amber
Strengthen the Sheffield multi-agency emergency response system.	Amber
Implement increases in Community Infection Prevention and Control provision.	Red

Over the past year particular attention at Health Protection Committee was given to five priorities for action, listed above. These priorities were judged as needing to be progressed or improved to fulfil the health protection system's duties to improve and protect public health, and to provide the Director of Public Health (DPH) with the assurance that system improvement and strengthening actions are taking place in the areas they are most needed. The progress made toward achieving these priorities has been RAG-rated, where **Red** = limited or no progress made, **Amber** = some progress made, and **Green** = good progress made.

Health protection priorities for 2025/26

Health protection is acute in nature, meaning that priorities can change with little notice, and often do. However, the following priorities are presented with the aim to achieve each of these within 2025/26 through close partnership working across the health protection system.



Priorities for 2025/26

Support improvements in uptake of childhood and adolescent immunisations.

Explore and implement alternative routes for Community Infection Prevention and Control provision.

Participate in an annual exercise testing Sheffield multi-agency emergency/incident response plans and systems.

Increase testing provision for syphilis.

Background

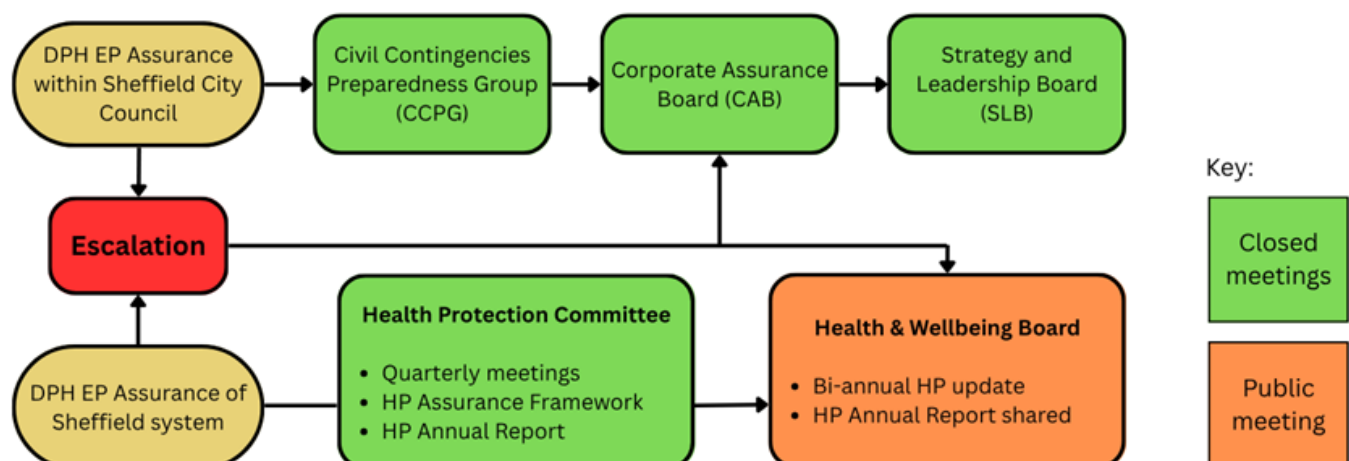
Health protection is a strand of public health which covers the approach to infectious diseases and environmental hazards that may pose risks to the health of the population. Sheffield's DPH is statutorily responsible for the oversight of public health functions relating to these risks and has a responsibility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

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

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

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

Governance and assurance



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

Recent items for discussion and action among partners at Health Protection Committee have included uptake of screening and immunisations, outbreak debriefs and exercises, rates of Sexually Transmitted Infections (STIs), and adoption of new health protection guidance.

During 2024/2025 we have put in place a number of mechanisms to increase the governance and assurance we can provide in relation to health protection. This is learning from good practice across the country and using tools that have been developed in other areas which we have adapted for use in Sheffield. This includes:

- An Assurance Framework to detail the component parts of the health protection system and our confidence in the strength of these aspects of health protection and progress to their improvement.
- This Annual Report to demonstrate a summary of the work and priorities for the year to the Health and Wellbeing Board (which is also available to the public through this Board).
- A regular operational 'tripartite' meeting between UKHSA the Local Authority Public Health team and the Environmental Health team to share learning and intelligence and help to resolve health protection issues promptly.



Amber

2024/25 PRIORITY

Support improvements in uptake of childhood immunisations.

NHS England's (NHSE) commissioned screening and immunisation programmes, also known as Section 7a programmes, are extensive public health initiatives aimed at preventing disease and promoting early detection of certain illnesses. They are vital in reducing the burden of disease and ensuring the wellbeing of the population. Screening programmes cover certain types of cancer, antenatal/newborn, diabetic eye, and abdominal aortic aneurysm screening.

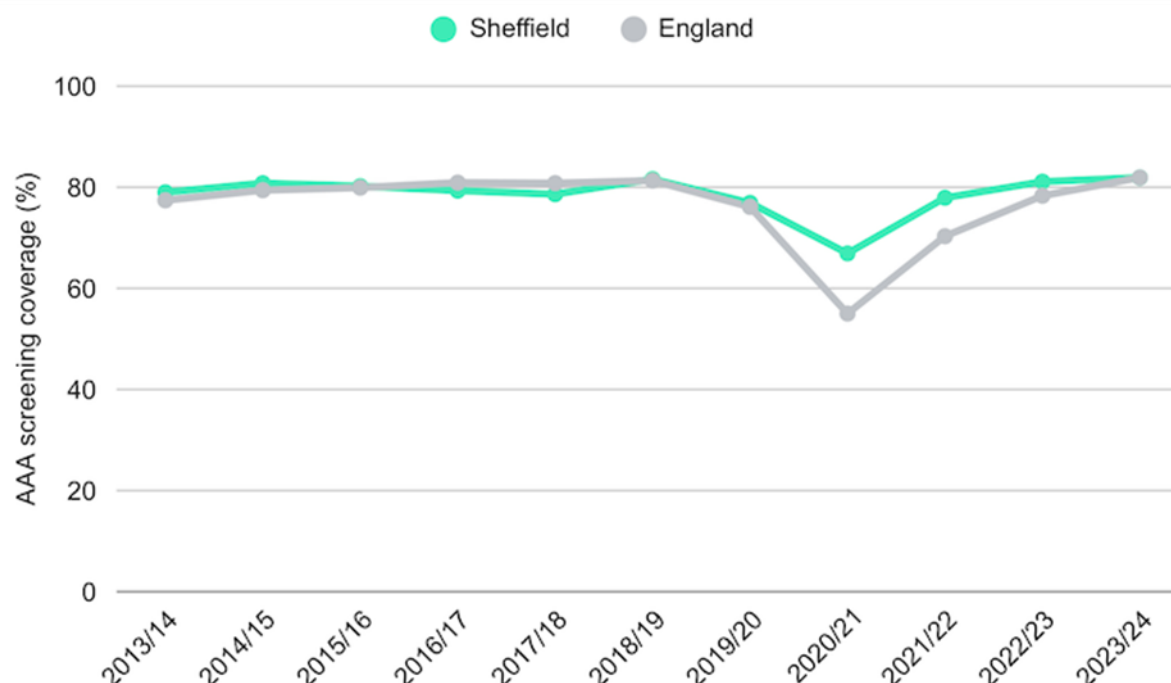
Immunisation programmes include a multitude of routine vaccinations for young children, adolescents, and adults. Screening and immunisation programme performance in Sheffield is monitored by the NHSE North East & Yorkshire Public Health Programmes Team, with assurance provided to Sheffield's Health Protection Committee and Health and Wellbeing Board.

Screening

Screening is a way of identifying apparently healthy people who may have an increased risk of a particular condition. The NHS offers a range of screening programmes to different sections of the population. The aim is to offer screening to the people who are most likely to benefit from it. For example, some screening tests are only offered to newborn babies, while others such as breast screening and AAA screening are only offered to older people. Oversight of Section 7a programmes and improvement work is held by Sheffield's Screening and Immunisation Place Lead (SIPL).

Abdominal Aortic Aneurysm (AAA)

AAA screening is offered to men in their 65th year to detect abdominal aortic aneurysms (a dangerous swelling in the aorta, the main blood vessel in the body). Men over 65 can self-refer if they didn't take up the initial routine offer. Screening mainly takes place within GP surgeries. The latest available data (2023/24) shows that 81.9% of men eligible to be screened in Sheffield were tested - the highest coverage in 10 years.



Source: [Fingertips | Department of Health and Social Care](#)

Work undertaken to improve AAA screening delivery includes the provision of an at-home offer for those who are housebound (where appropriate), improvements to staff training on patients with disabilities, and improved reasonable adjustments for those with a learning disability. Work is also ongoing with the national NHS team to improve the accessibility of programme invitation letters and accompanying information, and the programme has commenced Did Not Attend (DNA) telephone calls to try to gain further insights into reasons for non-attendance.

Antenatal and newborn (ANNB)

The ANNB screening programme provides testing for infectious diseases, genetic/inherited conditions, and physical abnormalities of the foetus, and hearing examination, blood testing, and physical examinations for newborns to ensure they have the best start in life through early identification of any health conditions they may have. It is primarily delivered by Sheffield Teaching Hospitals (STH). The latest available data (2023/24) is shown below.

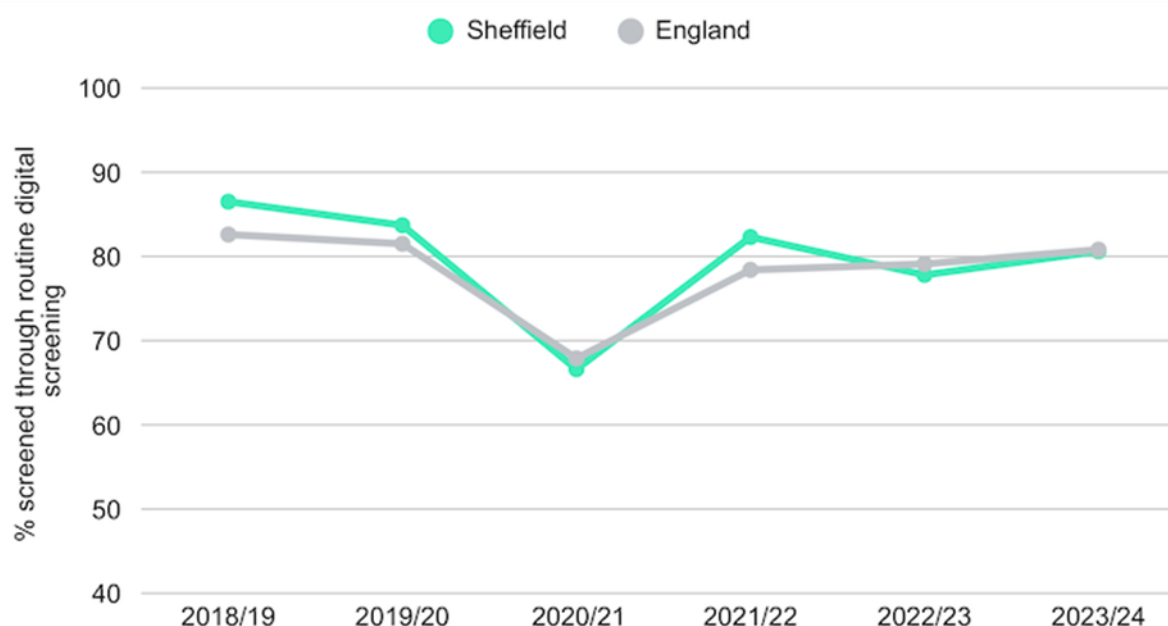
Indicator	Target	Sheffield	England
Fetal anomaly screening coverage	>95%	96.5%	98.6%
HIV in pregnancy screening coverage	>99%	99.9%	99.8%
Hepatitis B in pregnancy screening coverage	>99%	99.9%	99.8%
Syphilis in pregnancy screening coverage	>99%	99.9%	99.8%
Newborn blood spot screening avoidable repeat tests	<1%	6.9%	2.7%
Newborn hearing screening coverage	>99.5%	98.5%	99%
Newborn and infant physical examination coverage	>97.5%	96%	96.4%
Sickle cell and thalassaemia screening coverage	>99%	99.9%	99.8%

Source: [Annual \(April 2023 to March 2024\) ANNB and YPA Screening KPI Data - GOV.UK](#)

Improvements undertaken in 2024/25 include the completion of a health equity audit by STH to identify areas of inequality in service delivery and develop an action plan to remedy them. This recently led to the appointment of a Slovak interpreter to support women within maternity services. To reduce the number of avoidable repeat newborn blood spot tests, STH introduced new instructional posters for staff, changed the lancet device used to obtain blood, and are regularly reviewing individual performance and training needs to ensure tests are completed correctly in the first instance.

Diabetic Eye Screening Programme (DESP)

Diabetic eye screening is a test that looks for an eye condition called diabetic retinopathy that can be caused by diabetes. Finding and treating it early can prevent or minimise damage to the eyes and any subsequent sight loss. Individuals aged 12 year and over are typically identified from the GP register and invited when they're diagnosed with diabetes and then every 2 years thereafter if their last two tests find no changes to their eyes. Pregnant women who are diagnosed during pregnancy are referred directly by their maternity provider. DESP testing is carried out across Sheffield in a variety of locations, including certain GP practices, NGH, and RHH. The Sheffield DESP has achieved the 'acceptable' $\geq 75\%$ threshold for uptake since 2018/19, apart from at the height of the Covid-19 pandemic in 2020/21.

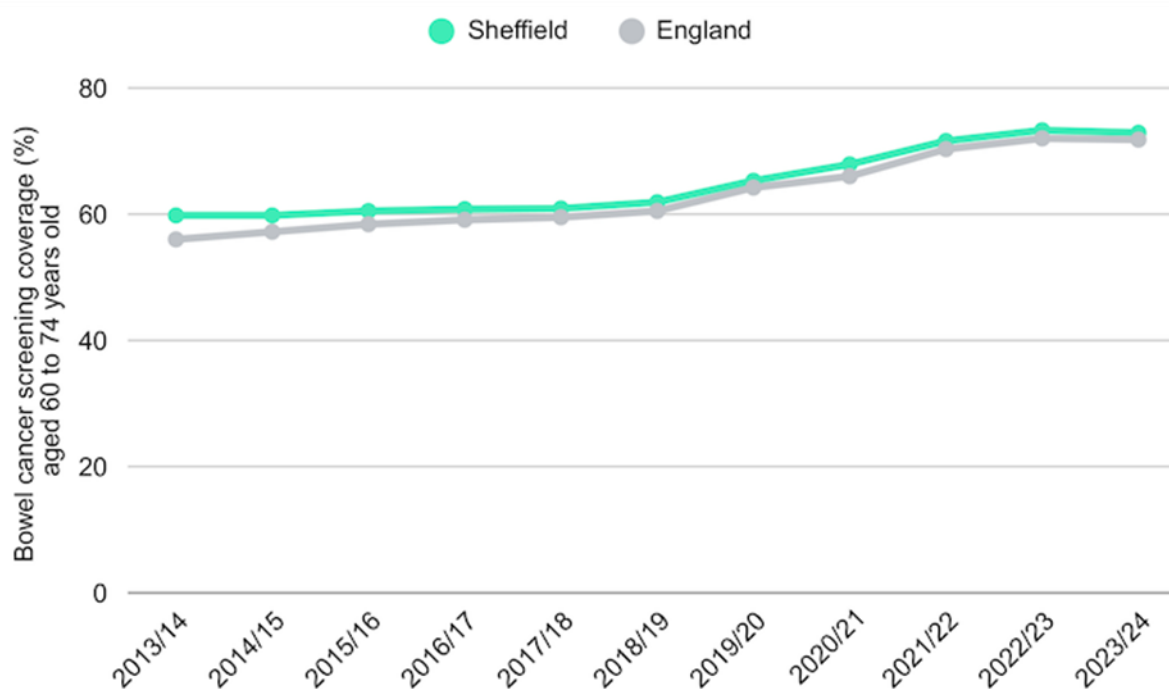


Source: [Population screening programmes - GOV.UK](https://www.gov.uk/population-screening-programmes)

Work is underway, in compliance with the national screening pathway, to implement the provision of optical coherence tomography (OCT) as part of the surveillance pathway by October 2025. This provides a high resolution, cross-sectional image of the ocular tissues at the back of the eye, which enables the ophthalmologist to evaluate the eye in order to make management and treatment decisions. Work on a DESP health equity audit was also completed to enhance screening delivery and health promotion activities through identification of groups and locations with lower uptake, and through the use of behavioural science to improve clinic invitations. Targeted clinics and health promotion events have taken place in low uptake areas, and telephone calls to those overdue for screening have seen a recent reduction in long term non-attenders.

Bowel Cancer Screening Programme (BCSP)

Bowel cancer is one of the most common cancers in the UK. Carrying out a faecal immunochemical test (FIT) can help to find bowel cancer early, before a person develops any symptoms, which can make it easier to treat. Bowel cancer screening is currently offered to everyone aged 50 to 74 every 2 years. It is offered then because the risk of getting bowel cancer gets higher with age. The BCSP is co-ordinated by the Regional Bowel Screening Hub and the South Yorkshire Bowel Screening Centre, led by Sheffield Teaching Hospital NHS Foundation Trust. Individuals receive a bowel screening kit via the post. The sample is then returned to the Hub/lab for testing. If there is a need for further assessment, the patient is contacted by the bowel screening centre nurse specialist and referred to the respective endoscopy unit. The latest available data (2023/24) shows that 72.9% of those aged 60 to 74 in Sheffield had been screened within the prior 30 months.

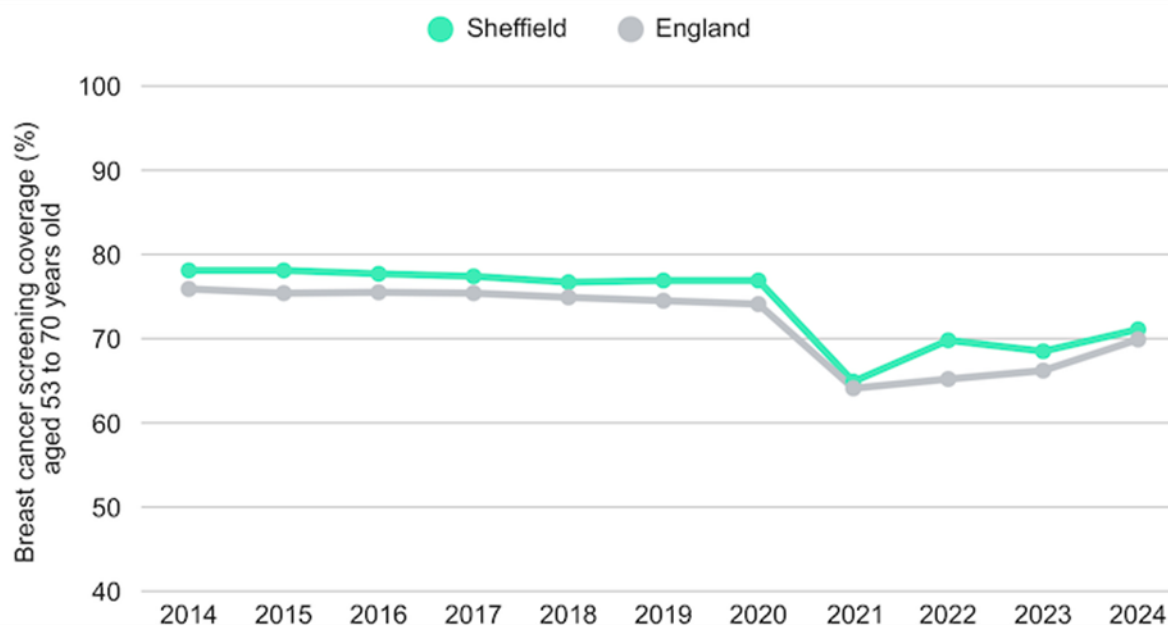


Source: [Cancer Services - Data | Fingertips | Department of Health and Social Care](#)

Work was underway in 2024/25 to support people with learning disabilities and those with severe mental illness to access the BCSP. This includes implementation of reasonable adjustment flagging, allowing people to raise if they have a support need that would allow them to be screened. Individuals receive a telephone call approximately 1 week following the FIT kit distribution to offer any further support completing the kit. The initiative has seen a positive impact and is now being extended to those identified with serious mental ill health. Efforts to tackle inequalities, particularly in uptake among those in areas of higher deprivation, are also ongoing; the screening centre has employed a health improvement practitioner whose focus, guided by the Health Equity Assessment, is to increase the awareness and ultimately uptake of bowel screening in areas of lower uptake. The Bowel Screening Programme continues to offer screening to people diagnosed with Lynch Syndrome in the form of a 2-yearly colonoscopy.

Breast screening

Breast cancer is the most common type of cancer in the UK. Regular breast screening is one of the best ways to spot a cancer that is too small to feel or see. The chance of getting breast cancer increases with age, and most breast cancers are diagnosed in women over 50 years old. Breast screening is therefore offered every 3 years to all those registered as female with a GP from ages 50 to 71 years. In Sheffield the majority of screenings are carried out at the Breast Screening Unit at RHH. The latest available data (2024) shows that 71.1% of women aged 53 to 70 in Sheffield had been screened within the prior 36 months.

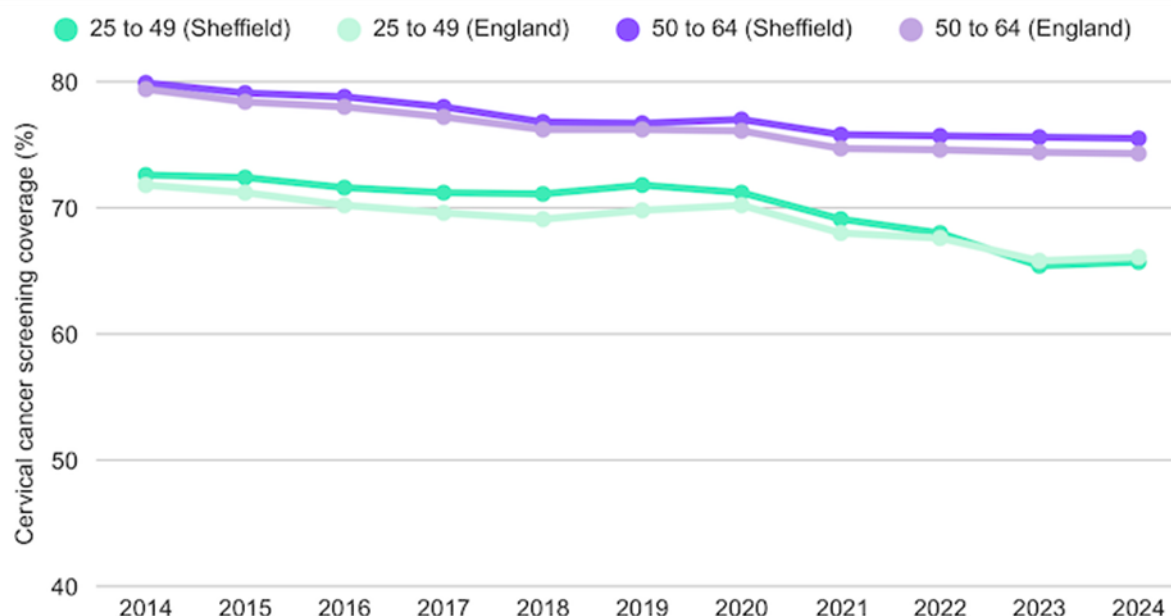


Source: [Fingertips | Department of Health and Social Care](#)

As with other screening programmes, the breast screening provider has undertaken an annual health equity audit to gather intelligence and develop an action plan to address imbalances in screening uptake, improve accessibility, and recover uptake to pre-pandemic levels. Actions identified to take place into 2025/26 include providing more out-of-hours and weekend sessions and increased health promotion activities in low uptake areas. Re-introduction of fixed date and time appointments, which have been shown to increase uptake in other programmes where this has been adopted, was planned for in 2024/25 and commenced April 2025. The programme is to commence alongside this, for 6 months, a telephone call to those who DNA their first appointment before generating their second appointment, in order to gather insights into non-attendance. A national breast screening campaign ran from mid-February to the end of March 2025, targeting all women of screening age, with the aim of increasing participation in breast screening. The campaign had a particular focus to reach first time invitees and those living in higher levels of deprivation, alongside targeted activity for women from ethnic minority audiences, disabled audiences and those with accessibility needs. The NHSE Public Health Programme Team worked with partners to ensure campaign visibility locally, including reviewing the breast screening pack shared between the Breast Screening Programme and GPs prior to screening, with the aim to optimise support for accessing screening.

Cervical screening

Cervical screening, which used to be called the 'smear test', is a test to check the health of the cervix and help prevent cervical cancer. It's offered to women and people with a cervix aged 25 to 64. Those aged 25 to 49 are invited for screening every 3 years, while those aged 50 to 64 are invited every 5 years. During the screening appointment, a small sample of cells are taken from the cervix. The sample is checked for certain types of human papillomavirus (HPV) that can cause changes to the cells of the cervix. These are called "high risk" types of HPV, and if found, can be treated before they are able to turn into cancer. Following analysis of the initial cervical sample, if further assessment/follow up is required, individuals are referred directly by the lab to the colposcopy service in Sheffield. Whilst cervical screening is mostly undertaken in GP practices, access is enhanced via an opportunistic offer from Integrated Sexual Health Services. Some GP practices also offer enhanced/extended hours, providing screening during evenings and on weekends to improve access and increase uptake. The latest available data (2024) shows that 65.7% of women aged 25 to 49, and 75.5% of women aged 50 to 64 in Sheffield had been screened.



Source: [Fingertips | Department of Health and Social Care](#)

Work was completed in 2024 to ensure that Sheffield integrated sexual health services were signed up to deliver opportunistic cervical screening and able to submit monthly activity returns. Reasonable adjustments have been made which will allow more women to comfortably access screening, through consideration of past traumatic experience, lengthened appointments, and the availability of bariatric equipment. Additional efforts in 2025/26 will explore opportunities for provision of screening out-of-hours and outside of primary care. A learning event was hosted which brought contributions from the screening lab and information on programme developments, including self-sampling study outcomes and next steps. Work has been undertaken to support those with learning disabilities to attend through an initiative between South Yorkshire Cancer Alliance and NHSE PHPT which created easy read/pictorial materials incorporating behavioural science nudges. In Q4 there was also a regional cervical screening awareness campaign which included posters displayed by GP practices, billboard and TV ads, and bus stop advertising.

Immunisations



Info

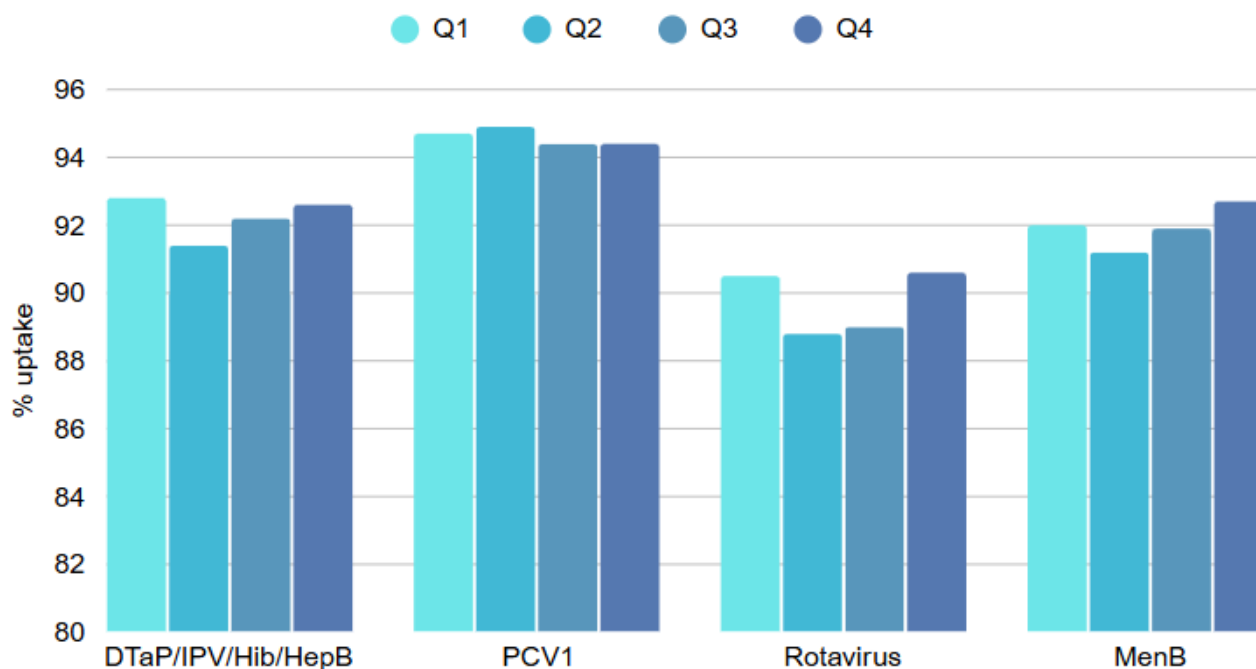
See the complete routine immunisation schedule [here](#).

Please note this report excludes Covid-19 vaccination as it was not part of Section 7a programme delivery in 2024/25.

Childhood immunisations

A number of vaccinations are offered throughout early childhood to give children the best protection against a host of serious diseases, including measles, polio, tetanus, hepatitis B, diphtheria, and meningococcal disease. In England, uptake of childhood immunisations generally remained static or experienced further declines compared with previous years according to Public Health Outcomes Framework (PHOF) data. In Sheffield the 95% target for vaccine uptake was unmet across all primary immunisations at 12 months and 24 months of age in 2024/25. At 5 years of age the target was missed in all quarters among all vaccinations except DTaP/IPV/Hib/HepB3 in Q1. There was a decline in uptake in the majority of vaccinations across 2024/25 versus their respective quarters in 2023/24.

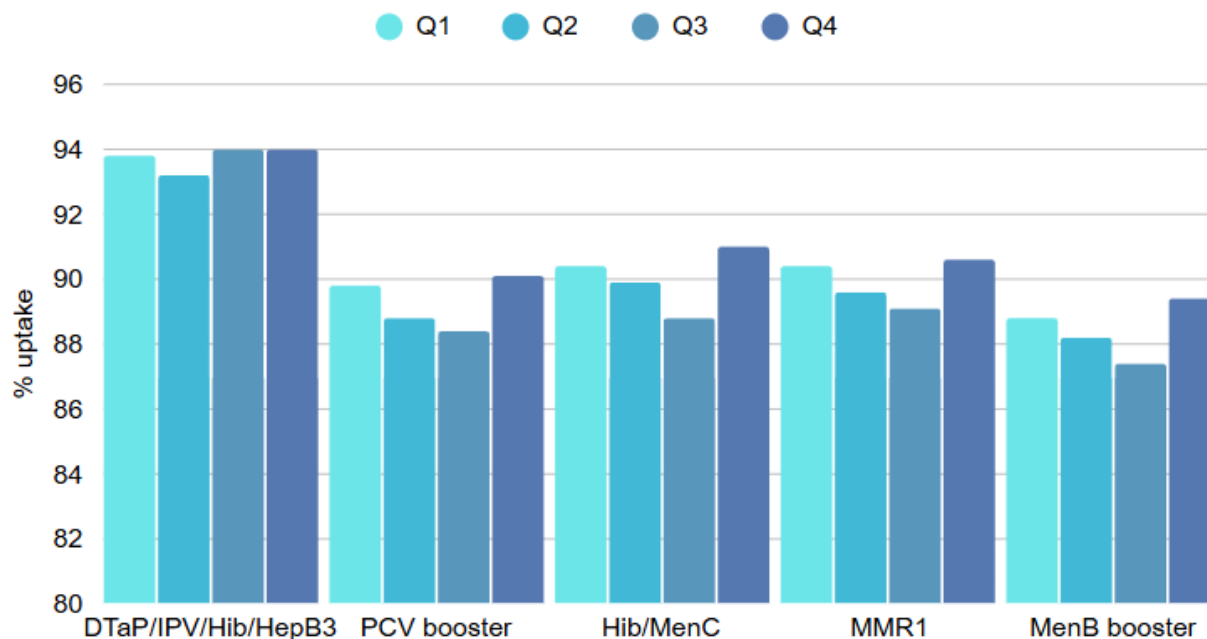
Completed primary immunisations in Sheffield at 12 months of age (Q1-Q4 2024/25)



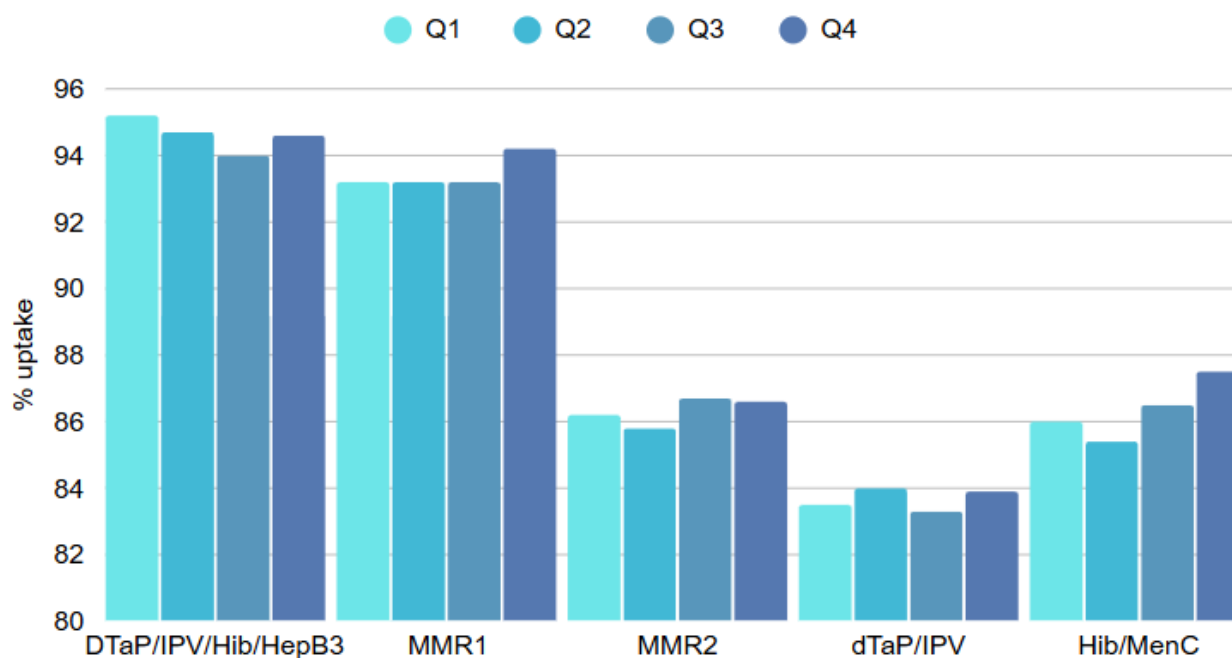
“Vaccination is one of the most important things we can do to give children the very best start in life. If children aren’t vaccinated, they’re not protected.”

— Dr Mary Ramsay, Head of Immunisation at UKHSA

Completed primary immunisations in Sheffield at 24 months of age (Q1-Q4 2024/25)



Completed primary immunisations in Sheffield at 5 years of age (Q1-Q4 2024/25)



As part of continuous improvement efforts within the system to increase accessibility, reduce inequality, and increase uptake of childhood immunisations, a host of improvements have taken place over 2024/25, including:

- Sheffield Children's NHS Foundation Trust appointed a lead vaccination nurse who co-ordinates proactive immunisation offer and delivery among both inpatients and outpatients for those who have not be able to access these in a timely manner through the commissioned provider.
- The School Aged Immunisation Service (SAIS) produced an action plan following completion of a health equity assessment, which will guide additional support for increasing uptake among under 5s with missing vaccinations. Support also continues through [SAIS community clinics](#).

- NHSE funding was confirmed and planning was near completion for a second neighbourhood vaccination clinic to be delivered by Foundry Primary Care Network (PCN).
- A new partnership forum was established, led by Save the Children, to work to engage communities with the lowest vaccination uptake by bringing together partners from across the system. NHSE funding has been granted to the forum for a 1 year project to undertake community engagement, research, innovation, and interventions.
- An immunisations dashboard was developed for Sheffield City Council family workers to use to track uptake across localities and identify areas for further supportive and promotional work. The Council have also employed an infant mortality worker part-time in Fir Vale to support pregnant women and increase vaccination uptake.
- Child Health has begun sending reminders by text message for all children reaching their 12 and 16 week routine immunisations to support increasing attendance.

BCG

The BCG (Bacillus Calmette-Guérin) vaccine is given to babies who are at higher risk of getting tuberculosis (TB). This may be the case if they have a parent or grandparent born in a country with a higher risk of getting TB, for example. The vaccine is particularly helpful in protecting babies and young children against more serious forms of TB, such as TB meningitis. Babies are usually given the vaccine at around 28 days old. Coverage in Sheffield has generally been above the England average. The coverage target is 80%.

BCG vaccine coverage in Sheffield at 3 months of age (Q1-Q4 2024/25)

	Q1	Q2	Q3	Q4
Sheffield	84.2%	89.4%	75.7%	85.8%
England	77.4%	78.4%	75.9%	75.7%

Source: [Vaccine uptake guidance and the latest coverage data - GOV.UK](#)

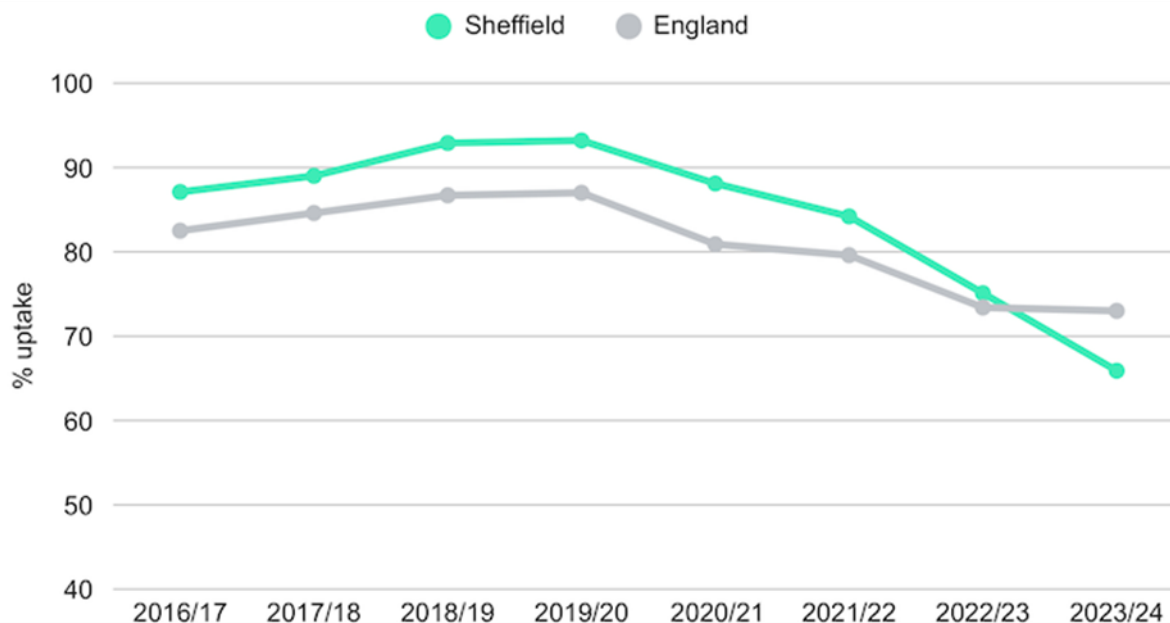
Actions taken to increase BCG coverage include improvements made to the appointment reminder process (including the introduction of a new text messaging system), and improvements to the reporting and identification process to ensure that the need for a BCG vaccination is recognised and it is subsequently offered.



Adolescent immunisations

Certain vaccinations are also given to adolescents to protect against diseases that they may be more likely to come into contact with when they are older, such as meningococcal bacteria A, C, W, and Y (MenACWY), as well as to boost protection against some diseases they will have previously been vaccinated against such as tetanus, diphtheria and polio (Td/IPV). The HPV (human papillomavirus) vaccine is also given to adolescents (the offer began for boys from 2019) to protect against the effects of human papillomavirus, which can cause certain cancers. Coverage across all of the adolescent immunisations has fallen in both Sheffield and in England more widely, compared with pre-pandemic levels, and is well below the 95% targets for these vaccinations. There is no clear reason for this sustained decrease; it is likely to be due to a mix of factors including difficulties in accessing services, complacency (toward the risks posed by vaccine preventable diseases), hesitancy (for example, lack of understanding of how vaccines work, lack of confidence, fear of needles), and some anti-vaccine sentiment.

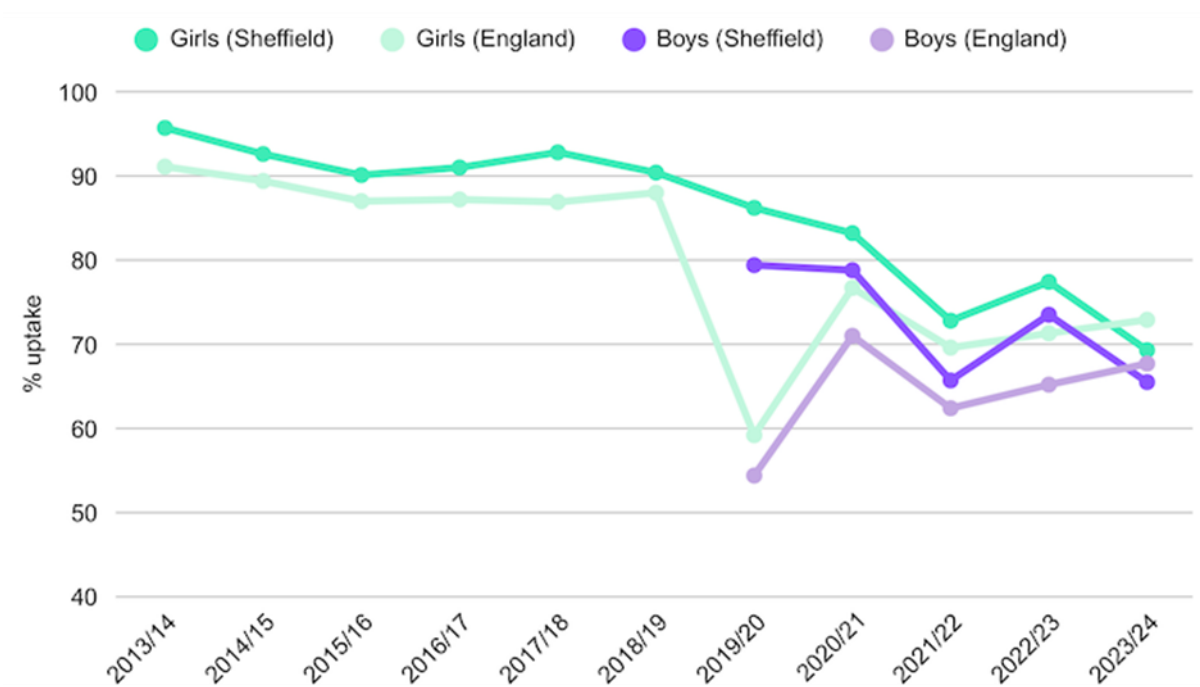
Coverage of MenACWY vaccination in Sheffield at 14 to 15 years of age (2023/24)



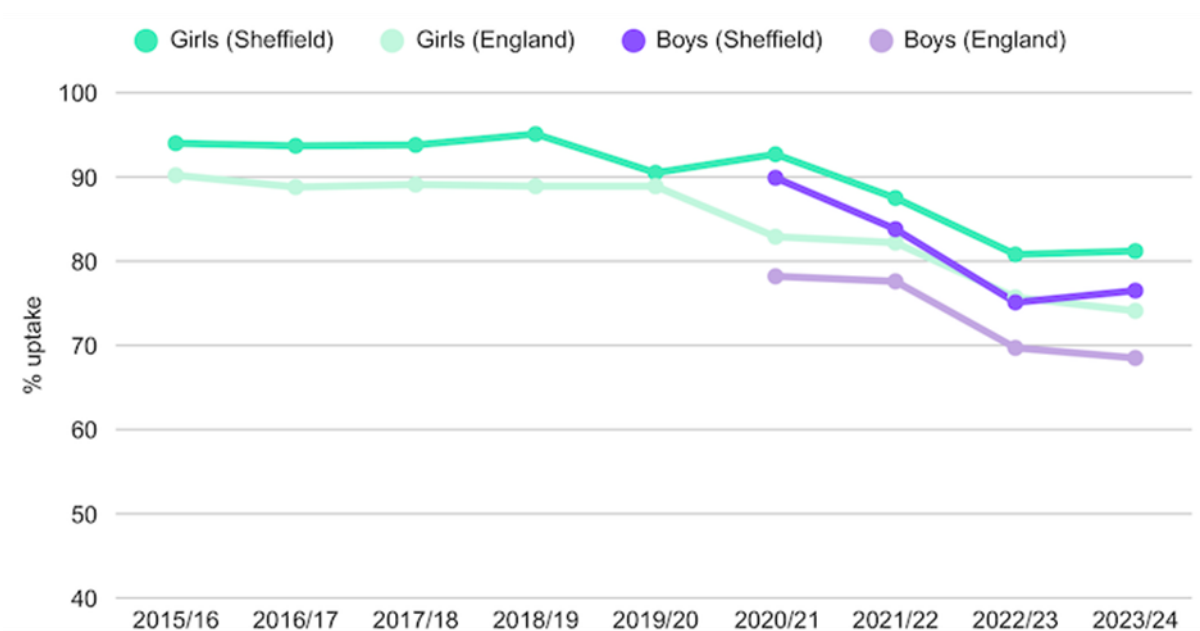
Source: [Vaccine uptake guidance and the latest coverage data - GOV.UK](#)

Data continues overleaf

Coverage of HPV vaccination (one dose) in Sheffield at 12 to 13 years of age (2023/24)

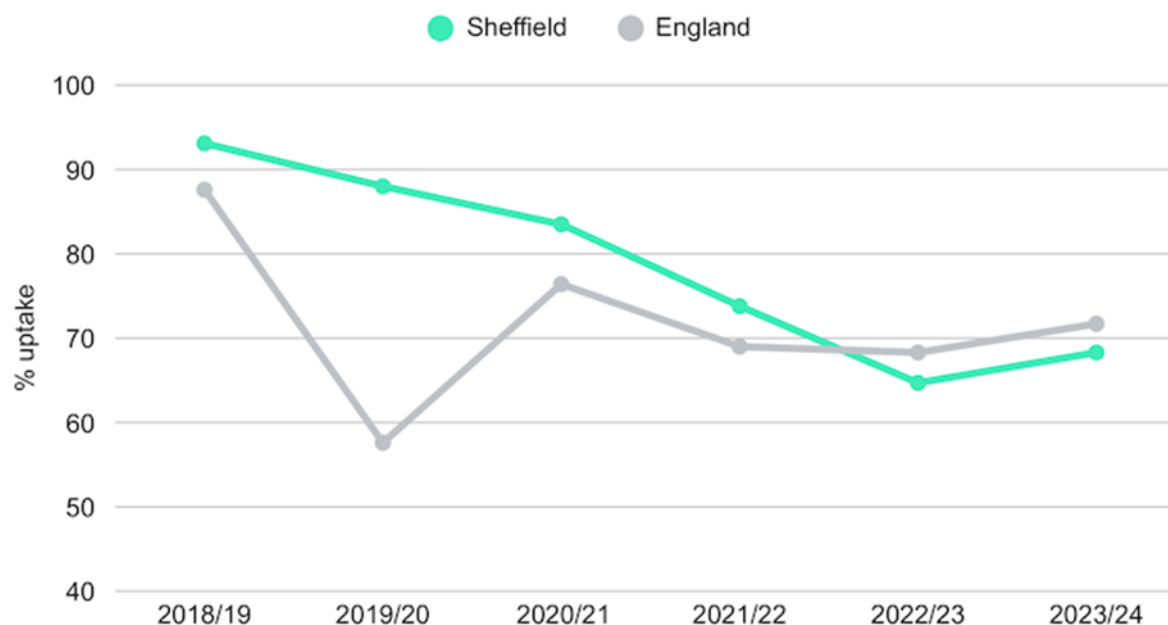


Coverage of HPV vaccination (one dose) in Sheffield at 13 to 14 years of age (2023/24)



Source: [Vaccine uptake guidance and the latest coverage data - GOV.UK](https://www.gov.uk/government/publications/vaccine-uptake-guidance-and-the-latest-coverage-data)

Coverage of Td/IPV booster vaccination in Sheffield at 13 to 14 years of age (2023/24)



Source: [School leaver booster \(Td/IPV\): vaccine coverage estimates - GOV.UK](#)

A number of actions have been taken in 2024/25 to improve uptake of adolescent immunisations:

- The SAIS team has increased engagement with schools including through production of a recording for school leaders that explains the adolescent immunisation programme and what they can do to support it.
- Further work has been undertaken around data sharing through addressing the concerns that some schools had with sharing pupil information with the programme under data protection rules. Clear [guidance](#) has now been published on this matter by the Department for Education.
- The SAIS team created two roles to focus on improving consent rates in the lowest uptake areas (identified through internal benchmarking). Part of the role includes personalised parent engagement to obtain consent. This was based on evidence collected during the Trust's response to the 2023/24 school-based measles outbreak, which indicated that when non-English-speaking families were able to have conversations with practitioners through personalised engagement, this increased consent rates.
- A vaccine ambassador programme is underway with a number of cohorts of children from diverse communities, which aims to empower young people to promote vaccination and dispel myths and misinformation within their communities.
- The SAIS team have developed an improvement plan for the HPV vaccination programme, which includes targeted work at the individual school level to reduce the variation between schools with the highest and lowest uptake. This also supports the [national cervical cancer elimination strategy](#).



Adult immunisations

There are a number of vaccination programmes that are delivered to certain groups of adults because they are at higher risk of becoming seriously unwell with the diseases they are protecting against. These include vaccinations aimed at pregnant women and those aged 65 and above.

Respiratory Syncytial Virus (RSV)

The RSV vaccine helps protect against respiratory syncytial virus (RSV), a common virus that can make babies and older adults seriously ill. It was introduced from 1 September 2024, and is being offered routinely to all adults turning 75 years old on or after that date, with a simultaneous catch-up campaign for those already aged 75 to 79 also underway. It has also been offered to all women who are at least 28 weeks pregnant from the same start date as the older adult programme. Because this is a new programme the information available is limited, but data have been released that show that from 1 September 2024 to 23 March 2025: 288,946 people received an RSV vaccination in North East and Yorkshire; while nationally 1,796,270 people received the vaccination - of which 1,511,428 were part of the older adult catch-up cohort, 85,499 were part of the older adult routine cohort, and 188,729 were given in pregnancy. Partners across the health system supported with awareness-raising communications on the new programmes.

Pneumococcal

The pneumococcal vaccine helps protect against serious illnesses like pneumonia and meningitis. It's recommended for people at higher risk of these illnesses, such as adults aged 65 and over. GP practices are required to proactively contact eligible patients to invite them for the pneumococcal vaccine. This is usually by letter, text, phone call or email. Local published data is not available, but the national coverage report for 2023/24 found that 73.1% of those aged 65 and over were vaccinated. The figure was 46.5% for those aged 2 to 64 in a clinical risk group. To help to improve uptake, the South Yorkshire Digital Transformation team added pneumococcal GP practice data to the flu dashboard to support GPs to review uptake. There have also been discussions on maximising opportunity through offering pneumococcal and shingles to eligible patients when they attend for their Covid spring booster. Pneumococcal uptake reports have been produced by SYICB specifically for those with chronic obstructive pulmonary disease (COPD) to support the [Core20PLUS5 agenda](#).

Shingles

The shingles vaccine helps protect against shingles. Shingles is a common condition that causes a painful rash. It can sometimes lead to serious problems such as long-lasting pain, hearing loss or blindness. You're more likely to get shingles, and it's more likely to cause serious problems, as you get older or if you have a severely weakened immune system. The vaccine is therefore recommended for all adults turning 65, those aged 70 to 79 and those aged 50 and over with a severely weakened immune system. 2 doses are needed, given 6-12 months apart. GP practices will usually contact eligible patients to invite them for the shingles vaccine. National coverage of dose 1 of the Shingrix vaccine was 33.1% for those who turned 66 in 2024-25, and 45.1% for those who turned 71.

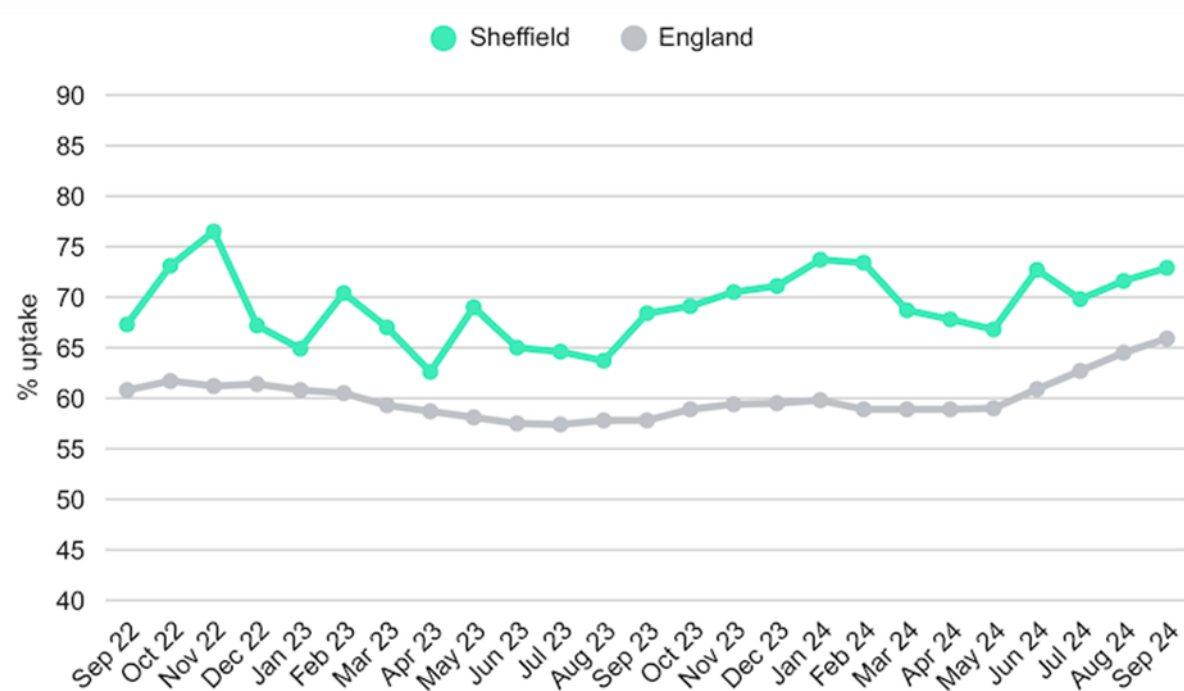
SYICB were having a specific focus on winter vaccinations in those with learning disabilities, severe mental illness, and autism, and utilised NHSE's Access and Inequalities funding to support practices to host friendly clinic sessions to allow patients more space and time to be vaccinated. This work was in conjunction with Mencap and MIND who provided staff for their expertise on-site at practices. SYICB also developed a shingles vaccination promotion ad for social media, to share information about its importance.

Prenatal pertussis

Rates of pertussis (often called whooping cough) rose sharply in 2024. Babies who are too young to start their vaccinations are at greatest risk. Pertussis can be serious for babies and may lead to complications resulting in hospitalisation and even death. Pregnant women can help protect their babies by getting vaccinated, and will usually have the pertussis vaccine around the time of their mid-pregnancy scan (usually at 20 weeks pregnant), but can have it from 16 weeks (and should have had it before 32 weeks for the best protection). The target to return uptake to at least pre-pandemic levels (80%) has not been met according the latest available data, although this remains above the national optimal uptake level of 60%.

Actions were undertaken in 2024/25 with the aim of increasing uptake of the prenatal pertussis vaccine. From October 2024 to March 2025 NHSE required GP practices to participate in a national catch-up campaign as a requirement of the GP contracts, which included undertaking proactive systematic checks and completing a minimum of 3 vaccination offers per patient. The Sheffield SIPL put together a comms pack for the South Yorkshire primary care bulletin to raise the attention of GP practices to the prenatal pertussis campaign. They also conducted a training 'learning lunch' to encourage GP practices to engage with the call and recall process, and to encourage them to share a Sheffield midwifery video by text to patients who are due their vaccine. Community midwives are also now sharing similar comms with their patients. Additionally, Sheffield's Director of Public Health wrote out to each NHS Trust asking for their assurance on employer responsibility for the recording and offer via occupational health schemes of staff vaccinations.

Prenatal pertussis vaccination coverage, September 2022 to September 2024



Source: [Pertussis immunisation in pregnancy: vaccine coverage \(England\) - GOV.UK](#)

Flu vaccination

The seasonal flu vaccine is recommended for people at higher risk of getting seriously ill from flu. It's offered free on the NHS throughout Autumn/Winter to those who are aged 65 or over, have certain long-term health conditions, are pregnant, live in a care home, or are resident with/the carer of somebody with a weakened immune system. Frontline health and social care workers can also get a flu vaccine through their employer. Most people receive the flu vaccine through their GP surgery or pharmacy, although vaccinations are also delivered through maternity services, care homes, and places of work.

In Sheffield, uptake in 2024/25 of the flu vaccination among those aged 65 and over, and those aged under 65 deemed to be at-risk was above the England average, although uptake in pregnant women was slightly below the national average.

	Sheffield	England
Aged 65 and over	78.0%	74.9%
Aged under 65 (at risk)	41.3%	40.0%
Pregnant women	34.8%	35.0%

Source: [Seasonal influenza vaccine uptake in GP patients: monthly data, 2024 to 2025 - GOV.UK](#)


There is also a children’s flu vaccination programme available to all children aged 2 to 3 years, school-aged children (Reception to Year 11), and children with certain long-term health conditions. The children’s flu vaccination is delivered in the form of a nasal spray through GP practices and also by the SAIS team within schools.

	Sheffield	England
Aged 2 years	43.5%	41.7%
Aged 3 years	45.8%	43.5%
Reception to Year 6	51.5%	54.6%
Year 7 to Year 11	43.0%	46.4%

Source: [Seasonal influenza vaccine uptake in GP patients: monthly data, 2024 to 2025 - GOV.UK](#) and [Seasonal influenza vaccine uptake in children of school age: monthly data, 2024 to 2025 - GOV.UK](#)

Work to improve uptake has included:

- A flu offer from all three hospital trusts to in/outpatients.
- NHSE funded initiatives for homeless/sex workers/learning disabilities/serious mental ill health/ those with substance misuse.
- SYICB Sheffield Place funding for GP review of patients with Chronic Obstructive Pulmonary Disease to stay well and out of hospital (which included vaccination promotion).
- SAIS team to expand their vaccination offer to nurseries.



PRIORITY FOR 2025/26

Support improvements in uptake of childhood and adolescent immunisations.



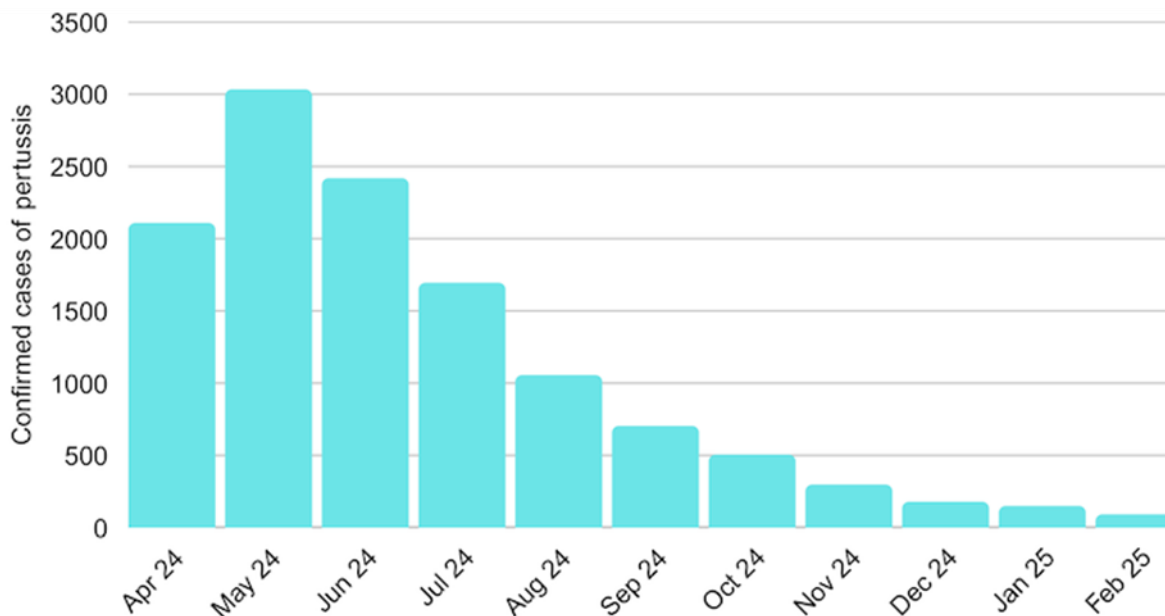
Tuberculosis (TB)

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

The latest available three-year average (2021-23) TB incidence rate in Sheffield was 6.5 per 100,000 population. This was an increase on the 2020-22 Sheffield average rate of 6.0, but was below the England average of 8.5. The TB system in Sheffield has grown into a well-developed network, bringing together colleagues from NHS Trusts, SYICB, Sheffield City Council, and national organisations. However, TB cases in Sheffield are increasingly 'complex' – often manifesting in under-served populations and those with one or more social risk factors – and they therefore require closer multidisciplinary working between clinicians and wider support services such as housing and social services. The TB workforce in Sheffield is therefore experiencing high workload.

Pertussis (whooping cough)

Laboratory confirmed cases of pertussis in England, 2024/25



Pertussis, commonly known as whooping cough, is a bacterial infection which affects the lungs. The first signs of infection are similar to a cold, such as a runny nose and sore throat, but after about a week, the infection can develop into coughing bouts that last for a few minutes and are typically worse at night. Young babies may also make a distinctive “whoop” or have difficulty breathing after a bout of coughing. Following a concerning jump in the number of pertussis cases across England in 2023/24, the first quarter of 2024/25 saw very high case numbers - although this was followed by large sustained decreases into 2025.

Hepatitis A

Sheffield experienced an outbreak of Hepatitis A over a number of months in the second half of 2024, which saw 14 confirmed cases of the disease with a median age of 5.5, and a number of probable cases. Partners from Sheffield City Council, UKHSA and the NHS worked closely with the affected community to bring the outbreak to a close, with a number of people receiving a Hepatitis A vaccine as part of response and control efforts. Most people who contract Hepatitis A do so from contaminated food or water or from close contact with a person or object that's infected. Mild cases of Hepatitis A don't require treatment. Practicing good hygiene, including washing hands frequently, prevents the spread of the virus.

Measles

Measles is one of the most highly infectious diseases and spreads rapidly among those who are unvaccinated. There has been a global increase in measles cases, including in Europe, over the past year and there is a risk this could lead to another surge of measles cases in England. While other parts of the country such as London and the North West have had the majority of measles cases over this period, there is a continuing risk that an outbreak could occur in Sheffield, particularly because there has been a decline in the uptake of the MMR vaccine in the past decade.

“Measles spreads very easily and can be a nasty disease, leading to complications like ear and chest infections and inflammation of the brain with some children tragically ending up in hospital and suffering life-long consequences. Nobody wants this for their child.”

— Dr Vanessa Saliba, Consultant Epidemiologist at UKHSA

Outbreaks reported in Sheffield in 2024/25

Sheffield experiences a number of outbreaks/incidents of communicable disease every year. Data for 2024/25 is available via the [Notifications of infectious diseases \(NOIDs\) website](#), and is collected by UKHSA through reports received from registered medical practitioners who have a statutory duty to notify their local authority or local health protection team of suspected cases of certain infectious diseases. Please note, the data represent cases reported to and confirmed by UKHSA—this is unlikely to accurately represent the true number of cases that occur in the community.



Amber

2024/25 PRIORITY

Increase outreach provision within sexual health services.

Following substantial increases in the number of cases of gonorrhoea and syphilis in Sheffield in 2023/24, the number of cases began to level-off during 2024/25 - albeit at higher rates than were seen pre-pandemic. The Sheffield Sexually Transmitted Infections (STI) Exceedance Group, which brought together professionals from across the sexual health system to organise the response to high case numbers of both gonorrhoea and syphilis, transitioned into a Syphilis Exceedance Group as the number of gonorrhoea cases was no longer considered to be in exceedance over and above levels seen over the last few years. However, the number of syphilis cases in Sheffield continued to increase above typical levels, and this is particularly concerning because the consequences of syphilis infection can be wide-ranging and harmful, such as neurological and cardiovascular disease. Cases increased across the country in women of childbearing age which brings about the risk of congenital syphilis (when a baby is infected with syphilis while in the womb or during birth), which is a serious condition with long-term consequences.

Work across 2024/25 on sexual health has included awareness-raising and promotion of testing with community groups and settings, including the provision of convenient drop-in blood testing at the sexual health clinic. A project to provide a sexual health outreach van to deliver mobile testing and treatment was nearing completion at the end of 2024/25, and the aim was for the service to be available at various locations across the city throughout the week. Opt-out bloodborne virus testing in Sheffield's A&E department began in October 2024, meaning those aged 16+ who receive routine blood tests when they attend A&E are tested for HIV, hepatitis B and hepatitis C, regardless of symptoms, as part of the new Government scheme (unless they choose to opt-out). The routine testing supports earlier detection and diagnosis of the bloodborne viruses, saving lives and giving people access to the latest and most effective treatments.



PRIORITY FOR 2025/26

Increase testing provision for syphilis.



Food hygiene and standards

Food related compliance is dealt with by two teams jointly and separately within Environmental Regulation. The Food Hygiene team have responsibility for advising businesses and enforcing legislation related to the standards of hygiene, preventing foodborne diseases, structure, and overall management within businesses, and are also responsible for the investigation of food and waterborne infectious disease outbreaks and for enforcement in premises with private water supplies. The Food Standards team have responsibility for food quality, composition, and labelling, and sit within the wider Trading Standards service where they deliver interventions on aspects such as product safety and rogue trading. The teams work jointly with respect to the provision of information to consumers about the presence of allergens in food and allergen cross contamination.

Food Hygiene Team

Food and waterborne infectious disease investigations

In total during 2024/25 the team made 599 investigations into reports of infection with Salmonella, E.coli, Campylobacter, Cryptosporidium and other similar infections. Of these 599, there were 175 significant high-risk cases related to Shiga-toxin producing E.coli (STEC), Listeria, Typhoid, and other high-risk pathogens. The team investigated 53 outbreaks/clusters, of which one was significant, involving sampling, interviewing cases, liaison with UKHSA and communications with the businesses involved.

The team regularly advise on infection prevention and control in settings where spread is found to be caused by cross contamination and poor hygiene practices. Extensive investigations and sampling are required to establish the points of failure in infection control. Outbreaks cause considerable loss of income to businesses, and hardship to individuals affected by exclusions from work, school or nursery for extended periods of time. This work also results in a significant amount of administration of the outbreaks/clusters, and extensive collaboration with UKHSA Yorkshire and Humber and the laboratories.

Private water supplies

The Council has a statutory duty to risk assess and monitor private supplies that are not connected to mains water and, where necessary, take enforcement action to ensure they comply with drinking water standards. The hygiene team have carried out risk assessments of all known commercial supplies and have sampled the supplies to check if they comply with drinking water standards. The team are not obliged to risk assess or sample the supply for single supply dwellings unless the customer specifically asks the Council to investigate. Some supplies may not be single dwelling supplies and may be clusters of premises sharing the same supply, requiring risk assessment and sampling, similar to commercial premises. The team will be carrying out investigations into the status of these suspected 'clusters'.

Food hygiene enforcement

The Council has a statutory duty to deliver an annual programme of inspections and an annual plan on Food Hygiene and Standards. The pandemic and cost of living crisis resulted in a notable reduction in compliance by food businesses. There has also been a large increase in the number of businesses found to be presenting an imminent risk of injury to health, necessitating closure, which puts considerable pressure on current team resources. The Food Standards Agency (FSA) allowed some flexibilities to inspection programmes post-pandemic, but this has now ended and the FSA expects all local authorities to realign their inspection programmes with their codes of practice. This has resulted in recruitment of new Officers into the Hygiene Team to improve performance.

The interventions carried out by the Hygiene Team result in a food hygiene rating between 0 (poor) to 5 (good) which is published by the FSA. Businesses scoring 3 and above are deemed broadly compliant for the purposes of the scheme. The scores are the aggregate of standards of hygiene, structure and the level of confidence in the management of the business. Allergens are considered with respect to cross contamination, but not with respect to information and labelling. This means that the business can be scored as compliant but have missing or misleading information or improper/absent labelling and appear to be compliant. Customers rely on the scores to make choices for themselves. The joint team have therefore developed a system to score each business in the allergen assessment, and use this to obtain improvements at subsequent visits.

Food hygiene interventions are carried out by the Council team, focusing on high-risk establishments, enforcement, complaints, and infectious diseases, together with private contractors undertaking medium to lower risk interventions. This business model works well for Sheffield and has proved very successful. The team's annual return for the 2024/25 period is its best ever. However, there is a national shortage of qualified Environmental Health Officers which is impacting the contractor's ability and capacity to carry out food hygiene inspections. There is a recognised national skill shortage, causing a deficit of suitably qualified food specialist officers.

In 2024/25 the team dealt with significantly more notifications than previous years, which involve a mixture of new food business establishments and changes of ownership in established businesses. When these are notified, the team should inspect the premises within 28 days. Some businesses trade without registering and these are picked up through local intelligence.

In 2024/25 there were over 100 premises with a hygiene rating less than 3. These are deemed as non-broadly compliant, and the team has a policy of revisiting all of these to improve standards and reduce the risk that they pose, and they do not leave a non-broadly compliant establishment until it has improved standards.



Food Standards Team

Food Standards officers deal with issues relating to food quality, composition, and labelling. Fundamentally, ensuring that food is what it says it is, that it doesn't contain anything that it shouldn't, and that the legally required information is available so that consumers are properly informed. Food standards enforcement is a function of Sheffield Trading Standards. The regulation of food standards and food hygiene begins with animal feeding stuffs. Sheffield Trading Standards engage with the national trading standards programme and carry out inspections at registered feed premises across the city. This programme includes inspections at farms and suppliers of animal feed, including those supplying waste food products into the feed chain, e.g. brewers grains and surplus bakery products. Regulation of the feed chain is key to the prevention of a major food chain outbreak, like foot and mouth disease or 'mad cow' disease.

Food standards inspections cover the full range of food businesses, including those for which the Council does not have responsibility for food hygiene. This includes importers, manufacturers, wholesalers, retailers and catering establishments (including public and private providers). Sheffield employs an analyst to carry out analysis of foodstuffs and feed materials that are routinely sampled. Samples may be taken as a result of complaints or as part of inspections to assess compliance with legal requirements. The team also conducts coordinated sampling across the four South Yorkshire authorities. The issues that are being checked for compliance include; food fraud (using different ingredients to those listed), counterfeiting, undeclared allergens, and use of non-permitted additives.

In 2025/26 the team will implement a new Food Standards Delivery Model. This is a change in the way the team risk rates food premises. The aim behind this change is to better utilise the Council's limited resources. Under the previous model large but compliant manufacturers were considered high risk because of the scope of their business. These businesses are in many cases audited frequently by their customers and third-party assurance schemes. Smaller businesses were considered lower risk and so scored lower, but this did not take into account food allergens, and so many of the city's catering businesses (where allergens are the biggest safety concern) were rated as lower-medium risk. These will now be rated as requiring more frequent interventions.

Animal health and zoonotic disease

There are a number of animal related health threats that the Animal Health Inspector works to prevent and control. There are concerns relating to the illegal importation of animals, especially dogs, which can transmit disease such as Brucella Canis. Rabies is a significant disease threat if correct import/travel controls are not followed, among many other potential diseases. The Council regularly undertakes criminal investigations into these issues and works closely with national agencies such as the Animal and Plant Health Agency (APHA).

Avian flu is an ongoing concern, and consistent work is carried out to monitor bird keeper controls and respond to related complaints. Although the risk to humans is relatively low at present, transmission across different species is now occurring. It is the Animal Health Inspectors remit to ensure that legal controls on livestock and bird movements are followed.

Several significant investigations have taken place around ensuring that welfare and feed controls are adequate and that animals cannot enter the food chain illegally. This resulted in three prosecutions in 2024/25. These prosecutions identify illegal feeding of catering waste and failure to comply with avian flu control measures. The Animal Health Inspector also worked with other agencies to close Infield Lane Allotments, which was considered a high-risk site in relation to illegal slaughter and disease risk.

Health and safety

There are new and emerging health and safety issues that the team have worked on in 2024/25. Unfortunately a person died having contracted sepsis following a 'Brazilian butt lift' procedure. Officers served two Prohibition Notices on two operators known to be carrying out this procedure. A national licensing scheme is not yet in place. The team is also aware of procedures involving intravenous injections being offered across the city, and is working on educational resources on this topic. The team also plans to work with GP surgeries to ensure that the recording of all known infections from these procedures come directly to the team for investigation.

The team continue to investigate other health and safety issues, including lack of maintenance in certain settings, and cases of legionella which involve assistance with sampling at domestic premises where occupiers have become unwell. Additionally, council services continue to identify significant levels of pest infestations including public health significant pests such as rodents, bed bugs and cockroaches. Legal enforcement action is often required to ensure residents are protected.

Red

2024/25 PRIORITY

Implement increases in Community Infection Prevention & Control provision.

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

The lack of CIPC provision was raised as a risk in 2023 within Council committees, and was based on learning from the Covid pandemic and other outbreaks of infectious disease where improved IPC could have reduced the size or impact of the outbreak. A three-year financial envelope of £750,000 was subsequently approved to fund an enhanced service. The Public Health Team then produced a specification for the service with the service aim being to contribute toward supporting good practice to reduce the risk of illness from preventable infectious diseases in service users across care homes, supported living and extra care accommodation, domiciliary care, special schools, nurseries, and vulnerable people's accommodation in Sheffield. At the time of the previous annual report being published, plans were underway to create an enhanced CIPC service within SYICB. Unfortunately this has not been possible, and so a number of other delivery options are being explored with the aim of having a new service in place within 2025/26.



PRIORITY FOR 2025/26

Explore and implement alternative routes for Community Infection Prevention & Control provision.



Planning and response to public health emergencies

8

Amber

2024/25 PRIORITY

Strengthen the Sheffield multi-agency emergency response system.

Green

2024/25 PRIORITY

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

In 2024/25 the Sheffield system ratified and exercised the Sheffield Mass Treatment and Vaccination Plan.

In order to strengthen the Sheffield Multi-Agency emergency response system we shared work from West Yorkshire ICB in reviewing governance arrangements for health protection, and took a recommendation to the Health and Wellbeing Board that a similar review happen in Sheffield. Following this local authorities contributed to a gap analysis by the South Yorkshire ICB to assess how prepared the health and social care system is across a range of aspects preparedness for health protection situations.

A national pandemic exercise, Exercise Solaris, took place in 24/25 and this co-located health and social care partners to exercise how we would respond to the next pandemic. This exercise was designed and run nationally and is going to be followed in 25/26 with a strategic exercise to identify what needs to be put in place to prepare for the next pandemic. This will inform our work locally as we take the learning from these exercises to incorporate into updating our emergency plans.



PRIORITY FOR 2025/26

Participate in an annual exercise testing Sheffield multi-agency emergency/incident response plans and systems.



Priorities

Support improvements in uptake of childhood and adolescent immunisations.

Explore and implement alternative routes for Community Infection Prevention and Control provision.

Participate in an annual exercise testing Sheffield multi-agency emergency/incident response plans and systems.

Increase testing provision for syphilis.