

Living Well

Communicable Diseases

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Introduction

Communicable diseases are those that are transmissible from one person, or animal, to another. The disease may spread directly, via another species (vector) or via the environment. The spread of disease in the community is determined by environmental and social conditions that favour the infectious agent, and the relative immunity of the population.

[Public Health England](#) provides local health protection services and leads the public health response to communicable disease outbreaks and emergencies that need specialist expertise. They give local government, especially the Director of Public Health, access to specialised advice and support and help to improve the health and wellbeing of their population.

What do we know?

Tuberculosis: There were 9 cases of Tuberculosis (TB) among West Berkshire residents in 2012 with an incidence rate of 5.9 per 100,000 population. Three quarters of TB cases were born outside of the UK. The quality of TB services is high.

HIV: In 2012, there were 76 residents accessing HIV related care in West Berkshire and less than 10 people were newly diagnosed with HIV. Just under 50% of people diagnosed with HIV in West Berkshire are diagnosed at a late stage of infection.

Gastrointestinal Infections: Campylobacter continues to be the most common cause of reported gastroenteritis. There has been number of local outbreaks of gastrointestinal infections with local and international origins especially campylobacteriosis, cryptosporidiosis and Norovirus.

Blood-borne Viruses (BBVs): In 2012, there were 2 hepatitis B virus cases (acute and chronic), which is significantly lower than in the previous years (10 in 2011). Hepatitis C is a major public health problem with estimates of large numbers of undiagnosed infections, the majority of which are in current or former injecting drug users.

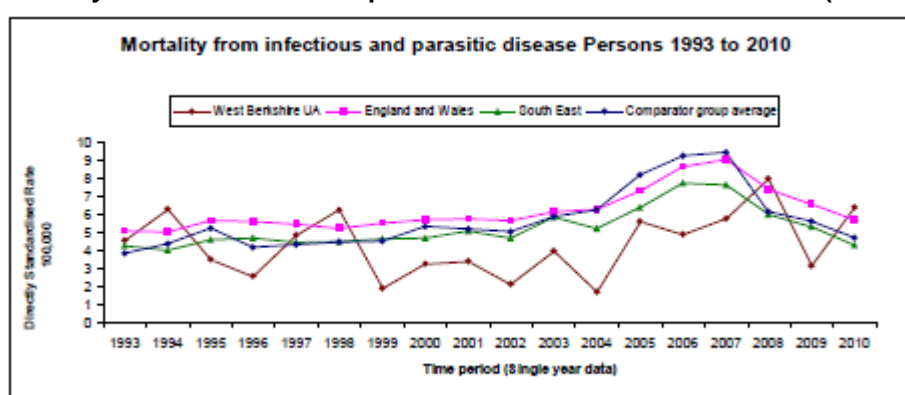
Healthcare Associated Infections (HCAs): NHS organisations both in primary and secondary care have made some progress with reducing rates of healthcare associated infections (HCAs), especially with MRSA and Clostridium Difficile. However, community acquired HCAs are increasing.

Vaccine Preventable Diseases: See JSNA Immunisation section.

Sexually Transmitted Diseases: See Sexual Health section

Mortality from infectious and parasitic diseases shows the total number of deaths in a population from those diseases during a given time period. As the number of deaths in an area will be heavily influenced by the age and gender of the population, these factors are controlled by standardisation and presented as a rate per 100,000 to allow more direct comparison between areas that have different population structures. Figure 1 shows that this rate was lower in West Berkshire from 1993 to 2010 compared to regional and national averages, apart from a few peaks in 1994, 1998 and 2008.

Figure 1: Mortality from infectious and parasitic disease in West Berkshire (1993 – 2010)



Source: Health and Social Care Information Centre

Table 1 shows the number of communicable diseases in West Berkshire by type of infection between 2008 and 2012.

Communicable Diseases	2008	2009	2010	2011	2012
Tuberculosis	5	11	7	6	9
Hepatitis B (acute & chronic)	2	16	11	10	2
Hepatitis C case	12	10	5	14	23
HIV prevalence (total under treatment)					76
Legionella	1	1	0	1	3
Vaccine Preventable Diseases					
Measles	5	6	1	4	0
Mumps	1	12	5	6	3
Rubella	1	0	0	0	0
Pertussis	14	8	3	4	68
Meningococcal Disease	1	3	0	2	2
Gastrointestinal Diseases					
Camphylobacter	196	153	154	190	179
Cryptosporidiosis	15	24	19	8	13
E Coli 0157	4	3	2	2	1
Giardia lamblia	27	27	22	18	7
Hepatitis A	2	0	0	0	1
Salmonella (typhi & paratyphi)	0	0	0	0	1
Salmonella (excl enteric)	27	25	15	17	21
Shigella	3	11	11	7	3

Source: NOIDS database, Thames Valley Health Protection Unit 2013; and SOPHID - Survey of prevalent HIV infections diagnosed 2012, Public Health England

Tuberculosis (TB)

In West Berkshire, there were 9 cases of TB in 2012 with an incidence rate of 5.9 per 100,000 population. Two measures of tuberculosis (TB) treatment are included in the Public Health Outcomes Framework. The first, tuberculosis incidence, shows the number of new diagnoses over a three-year average as a rate per 100,000 people in the population. In West Berkshire around 5 per 100,000 people were diagnosed with TB, which is significantly lower than the national average of around 15 per 100,000. The second measure, tuberculosis treatment completion, shows the number of people completing treatment within 12 months of diagnosis. West Berkshire's treatment completion rate was not calculated because of the small numbers.

HIV

In 2012, there were 76 residents accessing HIV related care in West Berkshire and less than 10 people were newly diagnosed with HIV. Just under 50% of people diagnosed with HIV in West Berkshire are diagnosed at a late stage of infection. The current HIV prevalence rate is 0.84/ 1000 (aged 15-59 years) population. Local authorities with HIV prevalence greater than two per 1,000 (15-59 years) population is considered high and it is recommended to implement routine HIV testing for all general medical admissions as well as new registrants in primary care.

What is the data telling us?

Overall, the number of people either at risk or suffering from communicable diseases in West Berkshire is relatively low with an occasional spike. Number of TB cases is very low and TB services are good. HIV prevalence is low but late diagnosis of HIV is an issue.

What are the key inequalities, unmet needs/ service gaps?

- Wide variation in Blood Borne Virus (BBV) screening and Hepatitis B vaccination uptake among high-risk groups
- HIV testing offer / uptake among high-risk groups is patchy
- No standard protocol or screening for tuberculosis in primary care.

Recommendations for consideration

- Implement HIV testing offer as per national guidelines
- Improve early detection of HIV and reduce the number of late HIV diagnosis to reduce risk of morbidity and mortality associated with late diagnosis.
- Consider the primary-care based tuberculosis screening programme in partnership with Local Authorities, such as housing and benefits, and other agencies.
- Sustain and improve the good quality tuberculosis services
- Improve blood borne virus (BBV) screening and Hepatitis B vaccination service among high-risk groups.
- Agencies to work with Public Health England (PHE) to control and prevent communicable diseases.

National and local strategies

There are number of national and local strategies to control and prevent various communicable diseases.

- [Stopping Tuberculosis in England: An action plan from the Chief Medical Officer](#)
- [National Institute for Health and Care Excellence \(NICE\) guidance on Tuberculosis \(CG117\)](#)
- [Tuberculosis prevention and treatment: a toolkit for planning, commissioning and delivering high-quality services in England](#)
- [Public Health England Tuberculosis Guidelines](#)
- [UK National Guidelines for HIV Testing 2008](#)
- [National Institute for Health and Care Excellence \(NICE\) HIV testing and prevention pathways](#)
- [National Institute for Health and Care Excellence \(NICE\) Hepatitis B and C: Ways to promote and offer testing \(PH43\)](#)
- [National Guidelines on Preventing Healthcare Associated Infections \(HCAI\)](#)
- [Thames Valley Health Protection Priorities 2013-2014](#)
- [Public Health \(Control of Disease\) Act 1984](#)

Other chapters you might be interested in

Immunisation

Excess Winter Deaths for Flu Immunisation

Sexual Health

If you have any questions about this chapter, please contact Public Health and Wellbeing Team on publichealthandwellbeing@westberks.gov.uk or 01635 503437