

Shared Regulatory Services

Communicable Disease and Health Service Plan

2022-23



Communicable
Disease



Shared
Regulatory
Services



Contents

Introduction

1. Service Aims and Objectives

- 1.1 Primary aims
- 1.2 Links to the Corporate Objectives and local plans

2. Overview of Service

- 2.1 Area Profile
- 2.2 Organisational structure
- 2.3 Scope of the Communicable Disease Service
- 2.4 Resources
- 2.5 Staff Development and competency
- 2.6 Challenges for the year ahead
- 2.7 Action Plan 2022/2023

3. Service Delivery and Performance 2021/2022

- 3.1 Introduction
- 3.2 Performance and Activities
- 3.3 Achievements
- 3.4 Customer satisfaction.

Appendix A – Corporate priorities of Bridgend, Cardiff and Vale of Glamorgan Councils.

Introduction

Local Authorities have a responsibility to provide comprehensive health protection service to businesses, residents and visitors of Bridgend, Cardiff and the Vale of Glamorgan. This is largely achieved through the investigation of cases and outbreaks of communicable disease and the application of control, preventative and enforcement measures together with a number of other proactive activities. This Service Plan is produced to inform the business community and wider audience of the arrangements Bridgend, Cardiff and the Vale of Glamorgan has in place to discharge this duty.

The last 2 years has presented an unprecedented challenge to staff across Shared Regulatory Services (SRS), with officers having to rapidly and dynamically respond to the global COVID-19 pandemic. This period has seen officers being re-deployed into new roles to actively support the Test, Trace and Protect service; required staff to flexibly adapt their working hours throughout the week and across weekends in response to service demands; and engage with external stakeholders such as Public Health Wales; Local Health Boards and neighbouring Local Authorities in new ways of collaborative working. This has been particularly challenging for Shared Regulatory Services since the region spans 2 Local Health Board areas; each with slightly divergent operational protocols.

As we enter the new financial year, we do so mindful of the challenges presented by the COVID-19 pandemic and the uncertainty of what Variants of Concern could emerge during the winter of 2022/23. Whilst most officers have now returned to their substantive roles, the recovery plan is having to prepare for a rapid realignment of resource should this be necessary. We recognise the need for rapid adaptation as the situation evolves and are realistic in acknowledging that our priorities and plans may change as the year progresses.

This service plan therefore outlines our current arrangements and proposed interventions and actions to be delivered during the year. Whilst these may be subject to change, we remain committed to protecting and improving the health of people across the region.

Christina Hill

Operational Manager Commercial Services

1. Service Aims and Objectives

1.1 Primary aims

The Communicable Disease Service is committed to protecting individuals from harm, preventing communicable disease and promoting health improvement and to demonstrate this; the service has adopted the following aims and objectives.

The overall aim of the service is:-

The protection and improvement of the health of the people of Bridgend, Cardiff and the Vale of Glamorgan

To achieve this, the service has adopted the following key delivery priorities:-

- The timely investigation, surveillance, control, and prevention of sporadic and outbreak cases of communicable disease, including the development and implementation of related public health intervention strategies.
- The enforcement of Health Protection legislation to minimise the spread of communicable disease and contamination from radiation and chemicals that threaten health.
- The provision of infection control and nutritional training.
- Leading and supporting the work of council services and external organisations including local communities and industry to protect and minimise the impact of public health risks to the population of Bridgend, Cardiff and the Vale of Glamorgan.
- In line with Cardiff's Healthy City status undertake targeted health promotion and intervention activities by acting upon the social, economic, environmental and biological determinants of health and wellbeing.

1.2 Links to Corporate Objectives and local plans

As a regional organisation providing regulatory services across three local authority areas, we place the **corporate priorities** and outcomes of the three councils at the heart of all that we do (Appendix A). In developing our own strategic priorities and outcomes for Shared Regulatory Services, we have considered the priorities of all the three authorities, together with the needs and aspirations of our partners and customers so they translate into priorities that meet local needs.



SRS priorities particularly relevant to the delivery of the communicable disease service are:

Improving health and wellbeing Amongst other factors impacting health, the service works with others to protect public health by controlling and preventing sporadic cases and outbreaks of communicable disease contributing to the reduction in ill health in people.

Supporting the local economy The provision of timely advice and engagement on health and infection control issues to businesses, stakeholders, and other local authorities and bodies can benefit the economic viability of businesses. The equitable enforcement of regulations helps to maintain a level playing field, allowing businesses to compete on equal terms.

Safeguarding the vulnerable Much of the reactive surveillance work forms the foundation for proactive evidence based interventions focused on vulnerable and 'at risk' sectors of our community. This work routinely involves working in partnership with the business community, Public Health Wales, Care Inspectorate Wales, Local Health Board, voluntary organisations and supporting other Council services such as schools and care sector commissioning teams.

Nationally the service also contributes to the **National Enforcement Priorities for Wales** for local regulatory delivery which highlight the positive contribution that regulatory services, together with local and national partners, can make in delivering better outcomes:-

- Protecting individuals from harm and promoting health improvement
- Ensuring the safety and quality of the food chain to minimise risk to human and animal health
- Promoting a fair and just environment for citizens and business
- Improving the local environment to positively influence quality of life and promote sustainability.

As a public body, SRS is required to implement the key principles of the **Well-being of Future Generations (Wales) Act 2015** which seeks to ensure the needs of the present are met in a sustainable way by using the following ways of working:

- looking to the long term so not compromising the ability of future generations to meet their own needs;
- taking an integrated approach;
- involving a diversity of the population in the decisions affecting them;
- working with others in a collaborative way to find shared sustainable solutions; and
- acting to prevent problems from occurring or getting worse.

Welsh Government expects public bodies in Wales to follow these five ways of working when preventing and managing communicable disease outbreaks.

The Local Public Health (medium term) Plan 2020-2023, published as part of the Local Public Health Strategic Framework, provides details of how local Public Health teams work in partnership to improve and protect the health and well-being of the local population. The Plan sets out several priority work areas and actions necessary to achieve improvement. A number of themes detailed in the public health work programme dovetail with work being undertaken by the Communicable Disease, Health and Safety service as part of its proactive and reactive work

(e.g. delivering the Healthy Option Award scheme; providing appropriate infection control advice when interviewing confirmed cases of communicable disease; enforcement of current smoke-free legislation across the region).

“Move more, Eat Well Plan” (2020-2023) is a regional response by Cardiff & Vale Local Health Board, Cardiff Council and Vale of Glamorgan Council which identifies 10 priority areas to improve health conditions across the region, including all Public Services Board organisations staff restaurants/canteens signing up to healthy food standards . [Move More Eat Well](#)

The Healthy Option Award also supports one of the national key priorities in the Welsh Government’s strategy to prevent and reduce obesity levels in Wales, “Healthy Weight: Healthy Wales”, which aims to improve life opportunities for future generations by delivering a whole system approach with a range of partners.



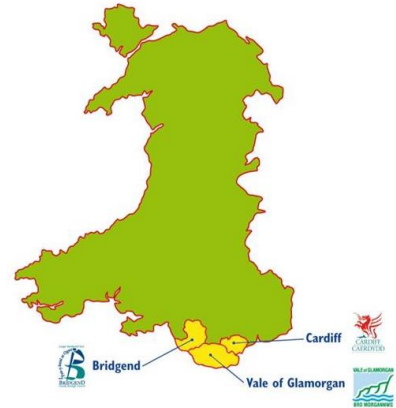
National Priority Area 1 - **Shape the food and drink environment towards sustainable and healthier options.**

Aim - Ensure that our food environment is more targeted to healthier options to make the healthy choice, the easy choice. We will ensure that foods High in Fat, Sugar, and Salt (HFSS) are not advertised to children and young people. We will promote healthier options on our public transport and within local communities to enable healthy eating to become the norm.

2. Overview of the Service

2.1 Area profile

Shared Regulatory Services covers the Council areas of Bridgend, Cardiff and the Vale of Glamorgan and serves over 650,000 residents. Extending from St Mellons in the East of Cardiff to Maesteg in the west, the area encompasses Cardiff, the capital City of Wales with its array of cultural, financial and commercial organisations and the rural areas of Bridgend and the Vale of Glamorgan with their vibrant tourist and agricultural economies.



Bridgend is situated on the south coast straddling the M4 corridor. It comprises an area of 28,500 hectares and a population of just over 140,000 residents. To the north of the M4, the area consists of mainly ex-coal mining valley communities with Maesteg as the main centre of population. To the south of the M4, the ex-market town of Bridgend is the largest town, the hub of the economy and its employment base. To the south west on the coast lies

Porthcawl, a traditional seaside resort, a traditional seaside resort with a high proportion of elderly residents, which is subject to a major influx of tourists during the summer period.

Cardiff is the capital city of Wales and is continuing to grow faster than any other capital city in Europe. In

population terms, it is the largest city in Wales with a population of 370,000. Measures of population however, belies Cardiff's significance as a regional trading and business centre. The population swells by approximately 70,000 daily with commuters and visitors. Cardiff is the seat of government and the commercial, financial and administrative centre of Wales. Cardiff boasts one of the most vibrant city centres in the UK and on a typical weekend, Cardiff's night time economy can attract over 40,000 people and sometimes more than 100,000 when the City's Millennium Stadium hosts international events.



The Vale of Glamorgan is bounded to the north by the M4 motorway and to the south by the Severn Estuary. It covers 33,097 hectares with 53 kilometres of coastline, and a population of over 130,000 residents. The area is predominantly rural in character, but contains several urban areas of note such as Barry, Penarth, Dinas Powys and the historic towns of Cowbridge and Llantwit Major. Barry is the largest town, a key employment area and

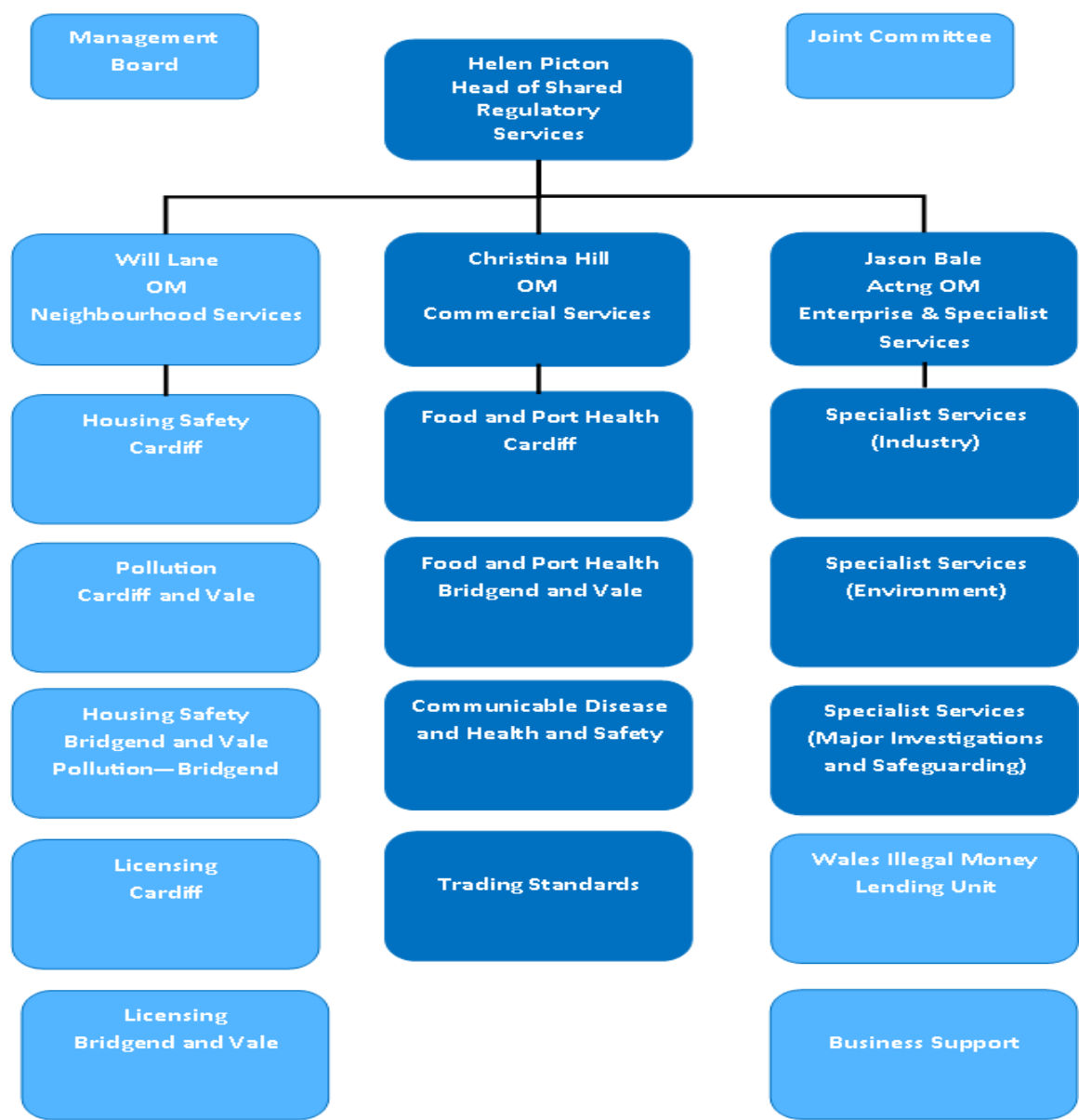
popular seaside resort. The rural parts of the Vale provide a strong agricultural base together with a quality environment, which is a key part of the area's attraction. The area includes Barry Docks area and Cardiff International Airport.

2.2 Organisational Structure

Communicable Disease Services are provided by the Commercial Services Team within Shared Regulatory Services. The Teams consists largely of Environmental Health Officers providing services across the three local authority areas. The Vale of Glamorgan Council act as the host authority for the Service with functions associated with this Plan delegated to the Shared Service Joint Committee.

Operational functions within the Service are illustrated in the following table with those that have responsibility for public health issues highlighted in darker blue.

Shared Regulatory Services Organisational Chart



2.3 Scope of the Communicable Disease Service

A comprehensive health protection and improvement service is delivered by combining surveillance, public health intervention, epidemiological studies, enforcement, advice, training and promotion. Much of the reactive surveillance work forms the foundation for proactive evidence based interventions focused on vulnerable and 'at risk' sectors of our community; in particular young people and the elderly. Examples of proactive interventions undertaken by the service will be detailed later on in this report. Outbreak and cluster investigations also form a significant part of our reactive role.

Shared Regulatory Services, and its Officers, continues to lead nationally on aspects of communicable disease and health protection, most notably since 2018, when the substantive Team Manager was seconded to Welsh Government to lead on the development of the Special Procedures Licensing regime in accordance with the Public Health (Wales) Act 2017. As a consequence of the COVID-19 pandemic, the Team Manager was re-assigned into the role of Senior Environmental Health advisor for COVID-19 in the Health Protection Policy & Legislation Branch of Welsh Government from March 2020 to March 2022.

The acting Team Manager was further able to actively contribute to the development of national COVID-19 guidance for the close personal contact industry during the pandemic, and assist Welsh Government understand the landscape of COVID in schools and care homes across the Cardiff and Vale region at the fortnightly National Care Home and National Schools and Childcare group meetings.

Other Officers from the service also contribute to the national 'task and finish' group for special procedures licensing which, to-date, has assisted in the development of the Level 2 Award in Infection Prevention and Control.

Key services delivered are:

- The investigation of confirmed sporadic and outbreak cases of communicable disease and all actions required as a result of those investigations.
- **During 2021/2022 this has also included the investigation and management of COVID-19 cases in the care and educational sectors, workplaces, returning international travellers and the investigation of clusters.**
- Responding to complaints of suspected food poisoning and infectious disease risks.
- **During 2021/2022 this has also included monitoring businesses to ensure they are operating in a COVID-19 compliant manner and taking enforcement action where duty holders are failing to take reasonable measures to mitigate the risk of transmission.**
- Enforcement of Health Protection legislation including the service of 'Requests for Co-operation', the application for Part 2A Orders and exclusion of infected cases or close contacts from place of work, education or leisure activities.
- **During 2021/2022 this has also included issuing 'Requests for Co-operation' where confirmed cases of COVID-19, or close contacts of confirmed cases, failed to self-isolate following instruction from Test, Trace and Protect.**
- Lead on local and national communicable disease initiatives, which involve proactive business engagement and partnership working commonly Public Health Wales, Business

Wales, Welsh Government and other Council services such as education and corporate health and safety.

- Undertake health promotion and public health interventions (*e.g. Healthy Option Awards; Healthy and Sustainable Pre-School Schemes; preparing educational videos*).
- Management and delivery of infection control and nutritional training.
- Assess client consultation and infection control arrangements in businesses registering to undertake skin piercing activities (*tattooing; cosmetic piercing; acupuncture; electrolysis; semi-permanent make-up*).

Service delivery points

Communicable Disease Services are delivered from all 3 hubs: County Hall, Cardiff; Civic Offices in the Vale and Ravens Court in Bridgend on an agile basis. The Service generally operates office hours from Monday to Friday, with Lead Officers being contactable outside of office hours via the 24 hour emergency service for the investigation and control of communicable diseases of public health significance; such as E. Coli O157, Typhoid and Legionnaires' disease. Officers will also conduct investigations and case interviews outside of normal office hours for significant pathogens so that the spread of communicable disease in the wider community is controlled as quickly as possible.

The Shared Regulatory Services website provides information on the services provided and the website address is www.srs.wales/

2.4 Resources

Financial allocation

The expenditure directly involved in providing the Communicable Disease Service for 2022/2023 is included in the Service budget and is considered adequate to ensure the effective delivery of the service under normal circumstances.

Staffing allocation

The table below indicates the actual number of staff working on Communicable Disease Control and related matters (in terms of full time equivalents FTE).

Position	Function	FTE
Head of Shared Regulatory Services	Management of Shared Regulatory Service.	0.05
Operational Manager Regulatory Commercial Services x 1	Management of Commercial Services	0.10
Team Manager Communicable Disease, Health and Safety (also a nominated Lead Officer) x 1	Management and delivery of the Communicable Disease Service.	0.50
Lead Officers for Communicable Disease x 2 1 FT CSO has 50/50 split for H&S:CD work 1 FT CSO has a 30/70 split for H&S:CD work	All aspects of communicable disease investigation, enforcement, control and prevention.	1.2

Commercial Services Officer (Communicable Disease, Health & Safety) x 4 1 FT CSO has a 50/50 split for H&S:CD work 2 FT CSO posts with a 80/20 split for H&S:CD split 1 CSO works 4 days a week with an equal split in H&S:CD work	Assist with all aspects of communicable disease investigation, enforcement, control and prevention <i>(additional resource can be diverted to CD function as service demand dictates – as seen in COVID-19 pandemic)</i>	1.3
Commercial Services Technical Officer (Communicable Disease, Health & Safety) x 2 (equal split between health and safety and communicable disease work)	All aspects of communicable disease investigation and enforcement as dictated by training and experience	1.0
Student Commercial Services Technical Officers x1	Investigation of confirmed Campylobacter cases and suspected food poisoning cases.	0.6

The table below indicates the number of staff tasked with escalated COVID-19 related matters (in terms of full time equivalents FTE) across SRS from July 2022 to March 2023.

Position	Function	FTE
1 Senior Commercial Services Officer	Oversight of escalations via the Test, Trace and Protect (TTP) process and management of Clinical Lead and HPOs	0.5
1 Commercial Services Officer	Dealing with escalated referrals from TTP as a Clinical Lead	1.0
3 Health Protection Officers	Dealing with escalated referrals from TTP	3.0

The SRS recovery plan also factors in additional resilience to support the TTP escalation process from 5 Health Protection Officers and 2 part-time Environmental Health students. These posts will be distributed across Commercial Services to support wider work being undertaken by SRS in the first instance, but can be rapidly integrated into the TTP support mechanism as needed.

2.5 Staff Development and Competency

Shared Regulatory Service's approach to managing the competency of its employees is through the Workforce Development Plan which provides a structure for developing staff to ensure the right mix of experience, knowledge and skills, and to ensure we get the right number of the right people in the right place at the right time.

The Workforce Development Plan provides a framework to blend:-

- Organisational culture
- Leadership and management
- Core skills
- Recruitment, retention and progression
- Communication and employee engagement
- Employee performance management

To improve business resilience, and bolster the competency of staff in the Communicable Disease, Health and Safety Team, a number of additional Officers were up-skilled during 2019 so that they are now competent using the Tarian database and confident interviewing confirmed cases of illness. All new staff members into the Communicable Disease, Health and Safety Team are now routinely trained in the use of Tarian when they join SRS. This in-house training has, and continues to be, enhanced by Lead Officer and Support Lead Officer training courses as they become available from Public Health Wales.

Workforce development is enhanced through annual performance reviews where the Team Manager identifies personal objectives for each member of the team and assesses training needs for the year ahead. This management tool is further supported by periodic team meetings and regular team contact (*face-to-face discussions; Email communications; on-line TEAMS meetings and telephone calls*).

Professional Development (CPD) is actively encouraged and Officers continue to be offered the opportunity to attend a wide range of training courses and webinars, seminars, meetings and briefings to help maintain competency and improve technical, legal and administrative knowledge. Authorised officers are expected to achieve at least 20 hours of CPD each year, or at least 30 hours of CPD if a Chartered Member of the Chartered Institute of Environmental Health.

Officers within the Communicable Disease, Health & Safety Team additionally have access to the technical support and expertise of the local CCDC (Consultant in Communicable Disease Control) and Health Protection Team (AWARe) in Public Health Wales, particularly when dealing with outbreaks and clusters of communicable disease, and complex conditions that have a significant impact on the wider community (such as TB; COVID-19).

Lead Officers regularly attend regional communicable disease task group meetings and the all-Wales Expert Panel for Communicable Disease meetings.

The Service ensures that competency is secured by appointing appropriately qualified and experienced personnel to carry out the communicable disease function. There are specific job

descriptions and person specifications for all employees of Shared Regulatory Services and all appointments are made in accordance with the procedures for recruitment and selection.

2.6 Challenges for the year ahead

Staffing of the service – The incredible efforts of SRS staff throughout the COVID-19 pandemic over the last 2 years impacted the team greatly. Expectations of service delivery for the immediate future will need to recognise this as SRS looks to instigate its recovery plan.

The service continues to manage staff vacancies and the last year has seen a significant number of staff changes as colleagues retired, moved onto new challenges and temporary contracts came to a natural end. The forthcoming year will see new team members settling into their roles and for less experienced staff to develop their competency in the various aspects of the communicable disease service.

Delivering the SRS in the future - We continue to deliver the SRS with a reducing resource. We have to examine and introduce new ways of prioritising our services which may result in a reduction in service provision, or the charging for some services and difficult decisions about the level of service provision. These efforts will help reduce the impact of reduced funding, but maintaining performance in light of budget cuts may affect the service ability to maintain delivery at existing performance levels. We will however seek to measure activities and outcomes to ensure performance is managed effectively and in a meaningful way.

Challenges presented by rare, emerging and re-emerging pathogens - The service continues to be presented, both nationally and locally, with challenges associated with rare, emerging and re-emerging pathogens.

COVID-19 – The trajectory of COVID-19 case rates for Autumn/Winter 2022/23 remains unclear but it is highly probable that other Variants of Concern will emerge and rapidly circulate throughout households and communities, particularly as restrictions on national and international travel are removed. It remains to be seen if the UK population will continue to ‘live with COVID’ and experience less severe health consequences as a result of the successful vaccination programme roll out. If the service is required to support external stakeholders navigate a period of escalating case numbers, this may impact the delivery of the planned interventions detailed in this report, even with the recovery plan factoring in a level of resilience for the rapid re-deployment of resource to support Test, Trace and Protect services.

Salmonella – The service has seen an increase in the number of reported confirmed Salmonella cases during 2021, particularly in the Cardiff area. Whilst this increase can be attributed to the cluster of cases from the Eid BBQ gathering in July 2021, a number of other samples from unlinked cases have produced genetically identical microbiological results. At the current time it remains unclear if this growth in case numbers can be attributed to handling practices in the home; hygiene practices at retail outlets; hygiene practices further back in the food chain; or other risk factors such as the increase in popularity of feeding domestic animals raw pet food. Officers from SRS continue to support stakeholders (*Public Health Wales; Food Standards Agency; APHA*) investigate potential sources of infection and disseminate key hygiene messages to communities in the region regarding high risk practices such as the washing of raw meat and consumption of raw offal products.

Monkeypox – During May 2022 the UK experienced the start of an outbreak of Monkeypox cases; a virus usually associated with West and Central Africa. The source of infection is commonly through contact with infected rodents; consuming undercooked meat from infected animals; or contact with other products from infected animals. Monkeypox is also transmissible from person-to-person through direct contact with skin blisters/scabs; contact with contaminated bedding, clothing and towels; or exposure to coughs/sneezes from a case with the Monkeypox rash. Whilst the illness is generally mild and self-limiting, it does require a case to self-isolate for 21 days. A significant proportion of cases linked to the outbreak are men who have sex with men (MSM), highlighting that sexual contact is a clear mode of transmission.

Whilst Public Health Wales is currently managing current cases in Wales, it is possible that Local Authorities will be called upon to assist with case interviews and contact tracing should case numbers significantly escalate. This will require additional training, and the provision of robust guidance, for Lead Officers for communicable disease.

Refugees and re-settlers – Whilst recent international humanitarian emergencies have enabled SRS to welcome, and support, refugees and re-settlers into the region, it has necessitated the introduction of measures to ensure that diseases endemic in other countries are not introduced in the UK. This is particularly poignant for the importation of pets by refugees from countries where Rabies, tick and tapeworm infections, and conditions such as *Brucella canis* are prevalent.

Many re-settlers and refugees are also re-locating from conditions with limited sanitation; poor access to clean food and water; and over-crowded conditions. This could result in an increase of reported cases of Giardiasis; Tuberculosis and Shigella across the region that will require the service to formally exclude cases from school or work until medical clearance has been achieved; support the funding of cases to remain off work if they are required to undergo prolonged and complex medical treatment; and potentially ensure risks to public health are mitigated through the 'request to co-operate' and Part 2A Order mechanisms.

New legislation - It is now predicted that implementation of the all-Wales licensing regime for special procedures (*tattooing, cosmetic piercing, acupuncture and electrolysis*) in accordance with the Public Health (Wales) Act 2017 will be delayed until mid-2023 / 2024 as a consequence of the COVID-19 pandemic.

This licensing regime will replace the existing registration scheme with a more robust system that will require a personal licence and premises approval to be renewed at 3 yearly intervals. Each applicant will be required to complete a level 2 infection control training course, and professional assessment, before a licence can be issued. The full impact of this new regulatory regime on resources has yet to be determined; however, officers will need to deliver the level 2 infection control course; carry out professional assessments with practitioners and undertake unannounced inspections at all premises subject to approval at least every 3 years. Whilst costs will be recoverable, at the present time it is challenging to forecast how current resources will be able to match the demands of this piece of work until further details are made available by Welsh Government.

Since SRS has the largest number of registered skin piercing practitioners and premises throughout all of the Welsh Authorities, it will likely experience the greatest impact from this new legislative regime.

Part 3 of the Public Health (Wales) Act 2017 enacted the Smoke-Free Premises and Vehicles (Wales) Regulations 2020 which came into force on 1st March 2021. The legislation widens the range of smoke-free premises to include outdoor care settings for children; school grounds; hospital grounds and public playgrounds. SRS has already been in discussion with Local Health Board partners concerning smoke-free strategies in hospital settings across the region, with officers currently identifying what interventions can be realistically effected to positively impact the level of compliance.

Cardiff's City Status - Cardiff is the capital city of Wales, and the largest Local Authority in the country; its population of 370,000 swelling by approximately 70,000 each day from commuters, students and visitors. The popularity of the city as a leisure, entertainment and sporting event destination continues to grow and it's anticipated that visitor numbers throughout 2022/23 will significantly increase as COVID-19 restrictions become fully removed.

Cost of living crisis – The cost of living crisis currently being experienced across the UK will inevitably impact the health of our nation and exacerbate inequalities in health. As household finances become squeezed, the opportunity to maintain a healthy diet and lifestyle will become more challenging for a larger number of households across the SRS region, potentially impacting life opportunities for future generations.

Financial pressures on the commercial sector could also create an increase in illicit activities (*e.g. food fraud; supply and sale of illegal tobacco; substitution of ingredients that are cheaper*) that could negatively impact the health and safety of our communities. This could cause a significant increase in the number of confirmed cases of illness; complaints and accidents being reported to SRS in the short to mid-term.

2.7 Action Plan 2022/2023

The following action plan is evidence based and has been developed for 2022/2023 and outlines how through reactive and proactive work the Service will:

1. Improve health and well being
2. Safeguard the vulnerable
3. Support the local economy and
4. Maximise the use of resources

The Communicable Disease and Health Protection Service also contributes to the Section 18 Health and Safety Enforcement Plan, and the Food Law Enforcement Plan, and details of this contribution are contained within those respective documents.

Communicable Disease Action Plan 2022/2023	
Relevant Strategic Priorities	Objective
	Investigate and control sporadic and outbreak notifications of communicable disease and undertake public health interventions to prevent increased incidence of illness and minimise onward transmission
1, 2, 3, 4	<p>Q1 Commence work on the Communicable Disease service plan for 2022/2023.</p> <p>Undertake timely investigations of sporadic cases of communicable disease; outbreaks and suspected food poisonings, and apply appropriate control and preventative measures.</p> <p>Continue to support businesses and legacy authorities across SRS with infection control training and advice during outbreaks.</p> <p>Actively support the regional Test, Track and Protect regional response where required.</p> <p>Complete the desk top review of legionella management controls in privately operated residential care homes to identify high risk settings that require a more focused intervention.</p> <p>Complete a mail shot to hospitality businesses selling shisha, or with designated smoking areas, to confirm requirements of the current smoke-free legislation (2020 Regulations)</p> <p>Contact C&V and CTM Health Boards to review their smoking policies and identify strategies used to communicate key messages to staff and visitors who access their hospital sites across the SRS region.</p> <p>Prepare the service for the introduction of the special procedures licensing scheme outlined in Part 4 of the Public Health (Wales) Act 2017.</p>
1, 2, 3, 4	<p>Q2 Complete the Communicable Disease service plan for 2022/2023.</p> <p>Undertake timely investigations of sporadic cases of communicable disease; outbreaks and suspected food poisonings, and apply appropriate control and preventative measures.</p> <p>Continue to support businesses and legacy authorities across SRS with infection control training and advice during outbreaks.</p> <p>Actively support the regional Test, Track and Protect programme where required.</p> <p>Agree an achievable and proportionate joint approach with C&V and CTM Health Boards for the enforcement of smoke-free requirements at their hospital sites, and commence site visits to assess levels of non-compliance.</p> <p>Prepare the service for the introduction of the special procedures licensing scheme outlined in Part 4 of the Public Health (Wales) Act 2017.</p>
1	Commence proactive intervention to assess how the risk of Legionella is being managed in premises displaying/using hot tubs and spas across the SRS region.

1, 2, 3	Q3	Undertake timely investigations of sporadic cases of communicable disease; outbreaks and suspected food poisonings, and apply appropriate control and preventative measures.
1, 2, 3		Continue to support businesses and legacy authorities across SRS with infection control training and advice during outbreaks.
1, 2, 4		Actively support the regional Test, Track and Protect programme where required.
1, 2		Carry out unannounced visits to monitor compliance with smoke-free legislation in shisha lounges across the SRS region.
1, 2		Carry out monitoring visits to hospital sites across C&V and CTM health board areas.
1, 2, 3, 4		Prepare the service for the introduction of the special procedures licensing scheme outlined in Part 4 of the Public Health (Wales) Act 2017.
1		Complete proactive intervention to assess how the risk of Legionella is being managed in premises displaying/using hot tubs and spas across the SRS region.
1,2, 3		Provide infection control advice to operators of indoor soft play facilities.
1, 2, 3	Q4	Undertake timely investigations of sporadic cases of communicable disease; outbreaks and suspected food poisonings, and apply appropriate control and preventative measures.
1,2, 3		Continue to support businesses and legacy authorities across SRS with infection control training and advice during outbreaks.
1, 2, 4		Actively support the regional Test, Track and Protect programme where required.
1, 2		Carry out unannounced visits to monitor compliance with smoke-free legislation in shisha lounges across the SRS region.
1, 2		Carry out monitoring visits to hospital sites across C&V and CTM health board areas.
1, 2, 3, 4		Prepare the service for the introduction of the special procedures licensing scheme outlined in Part 4 of the Public Health (Wales) Act 2017.
1, 2, 3		Provide infection control advice to operators of indoor soft play facilities.

3. Service Delivery and Performance 2021/22

3.1 Introduction

The Communicable Disease Service is supported by an active surveillance system managed through the national database, Tarian, which is utilised by all Welsh Local Authorities and Public Health Wales. All information pertaining to communicable disease incidents (*e.g. Norovirus issues in a school or residential care setting*); sporadic cases of notifiable illness and outbreaks are logged on Tarian. Since its introduction Tarian has facilitated more effective communication

between stakeholders; supports effective case management; enables early detection of outbreaks and enabled the Authority to more readily identify trends in infectious disease cases.

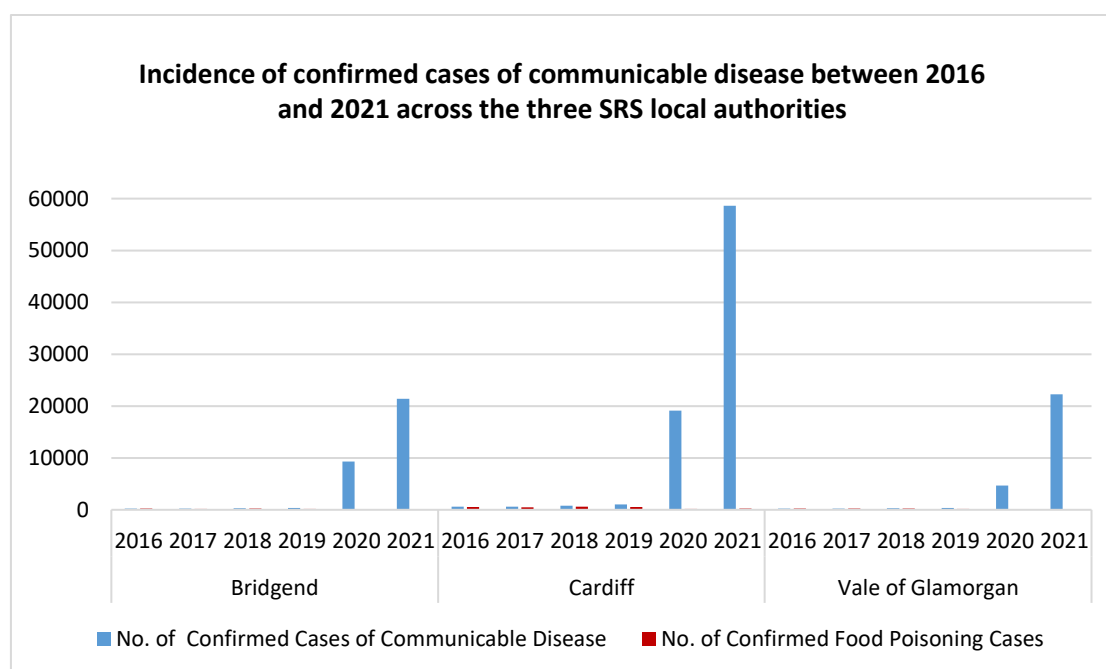
In 2021, 102,562 cases of communicable disease were notified to SRS. Lab confirmed cases accounted for 99.7% of these (102,272 cases), whilst unconfirmed (suspected) food poisoning accounted for only 0.3% (290 cases). When compared to previous years, this is a huge increase. In 2020 there were 33,297 cases, of which 33,108 (99%) were laboratory confirmed, in 2019 there were 2149 cases, of which 1786 (83%) were laboratory confirmed and in 2018, there were 1707 cases, of which 1389 (81%) were laboratory confirmed. The dramatic increase in cases that can be seen in 2020 and 2021 is a result of positive cases of COVID-19 that were reported to SRS during the COVID-19 pandemic.

The table below shows the number of cases of confirmed and unconfirmed communicable diseases per local authority within SRS.

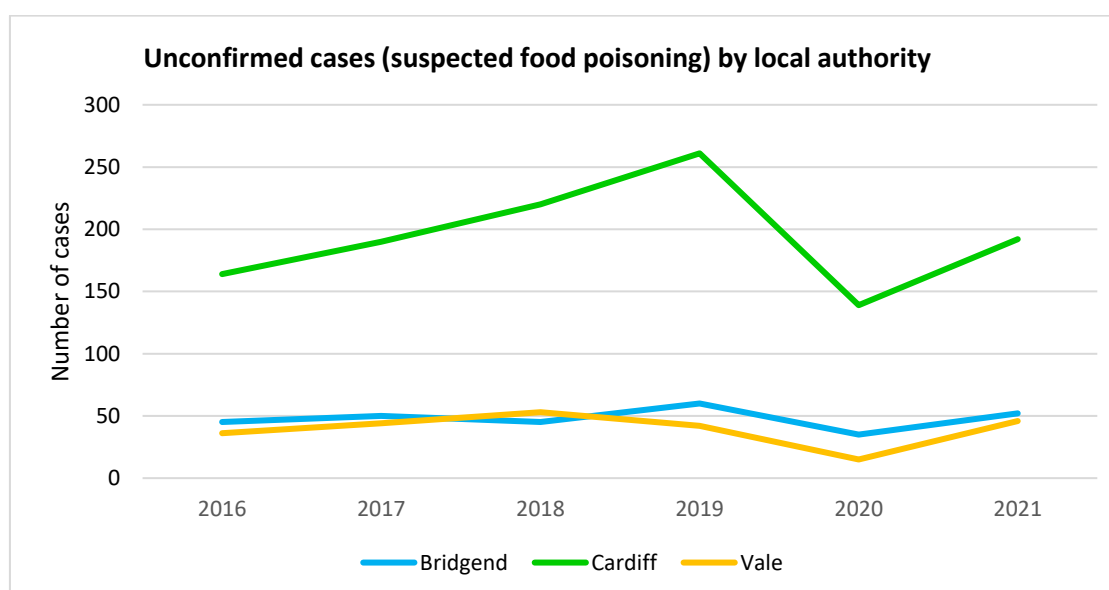
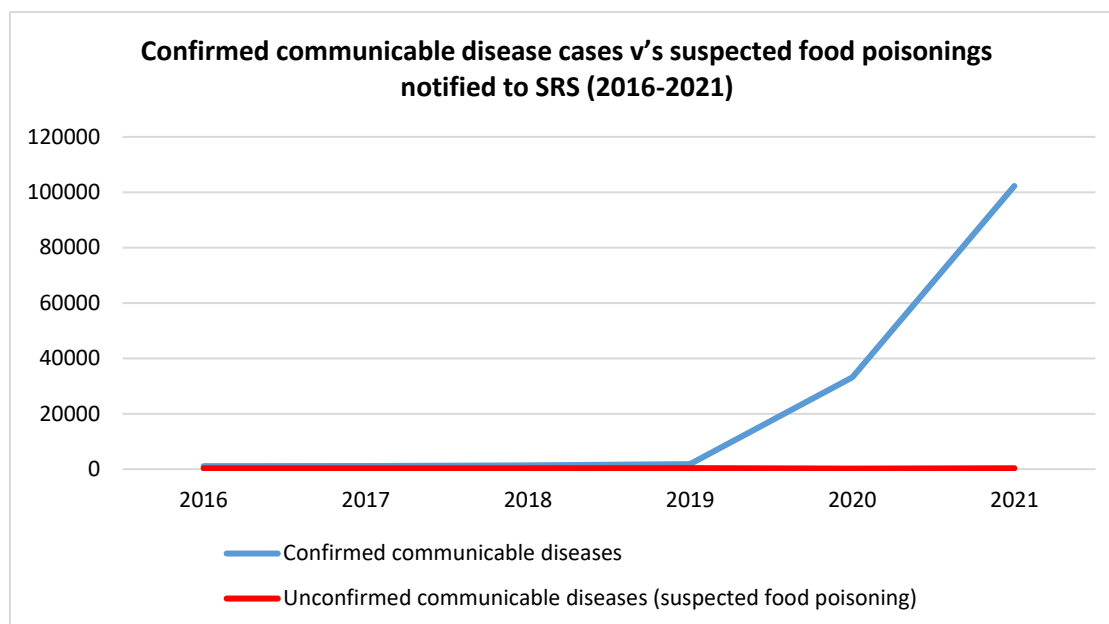
	Confirmed (CFP¹)	Unconfirmed	Total
Bridgend	21427 (102)	52	21479
Cardiff	58603 (223)	192	58795
Vale of Glamorgan	22242 (73)	46	22288
Total	102272 (398)	290	102562

CFP¹ = Confirmed food poisoning as applied in the 'Disease' tab in Tarian

The graph below illustrates the incidence of notified cases of communicable disease across Bridgend, Cardiff and Vale of Glamorgan between 2016 and 2021. The introduction of PCR testing in the microbiology laboratories since June 2018 has resulted in an upward trend in cases, however, the substantial increase in case number throughout 2020 and 2021 is due to the large number of COVID-19 cases reported across the region.



Confirmed food poisoning cases = as applied in the 'Disease' tab in Tarian.



The graphs above illustrate that the reporting of confirmed cases of communicable disease across SRS continued to remain high in 2021 as a direct result of the COVID-19 pandemic and the emergence of several Variants of Concern (VOC). Peaks in case numbers were observed in January 2021 due to rapid spread of the Beta VOC which saw schools closed until after the February half term. Wave 3 of the pandemic started in June 2021 following the identification of the original Delta VOC, and its subsequent mutations, which were more transmissible than previous incarnations of the COVID-19 virus. December 2021 until March 2022 saw a further rapid upsurge in confirmed case numbers due to the emergence of the Omicron VOC. Whilst the rollout of the successful COVID-19 vaccination programme throughout 2021 resulted in fewer deaths and hospitalisations, a relaxation of restrictions; increase in national, and international, travel; and increased transmissibility of the emerging VOC contributed to the rapid

spread of COVID-19 across communities and in households. Further details on COVID case numbers will be illustrated later on in this report.

In 2021 the unconfirmed (suspected) food poisoning cases began to rise again and reached levels previously seen in 2017 and 2018. The nature of these cases usually involves a complainant visiting a commercial food business and subsequently alleging that business has caused them illness. This increase in reported complaints was not unexpected as 2021 saw the roll-out of the COVID-19 mass vaccination programme and the relaxation of COVID restrictions during the summer months which enabled customers to eat out more frequently.

3.2 Performance activities

The investigation of confirmed sporadic and outbreak cases of communicable disease require a reactive service and our performance indicator therefore reflects this by measuring response times to notifications.

Sporadic cases

The Notification Guidance ('expert rules') made under the Health Protection (Notification) (Wales) Regulations 2010 dictates the response times required to be taken by Local Authorities investigating cases of communicable disease. All cases of confirmed communicable disease notified to SRS are responded to and every effort is made to undertake a full investigation by carrying out case interviews. The target response time for contacting the case is dependent on the public health significance of the pathogen concerned; as detailed in the table below.

L.A. target response times for common communicable disease pathogens

Pathogen	Response time
Campylobacter	Within 48 hours (unless part of a cluster or outbreak)
Cryptosporidium	Within 24 hours (same day if an outbreak)
Giardia	Within 24 hours (same day if part of an outbreak)
Salmonella spp.	Within 24 hours (same day if part of an outbreak, or case is a food handler/works in a closed community such as a care home) Salmonella typhoid or paratyphoid – Within 4 hours
E. coli O157	Within 4 hours
Hepatitis A	Within 4 hours
Hepatitis E	Within 48 hours
Shigella	Shigella sonnei – Within 24 hours; other Shigella sp. - Within 4 hours
Legionella spp.	Within 4 hours

Response times were reviewed in October 2018

A review of the response rates of cases (% of notified cases that were interviewed) across the 3 local authorities for Campylobacter were reviewed and compared to the previous 4 years.

Campylobacter response rates 2021 (2020 figures shown in red as a comparison)

	Bridgend	Cardiff	Vale	SRS Total
Cases interviewed	165 (153)	344 (315)	137 (126)	646 (594)
Total cases	258 (183)	526 (413)	196 (163)	980 (759)
Response rate	64% (84%)	65% (76%)	70% (77%)	66% (78%)

A comparison of response rates from 2017 to 2021

	2021	2020	2019	2018	2017
Bridgend	64%	84%	86%	92%	96%
Cardiff	65%	76%	86%	91%	93%
Vale	70%	77%	88%	92%	97%
SRS	66%	78%	87%	91%	95%

The response rate for Campylobacter cases continued to fall again in 2021 and reflected the gradual declining trend in response rate over the last 5 years. Throughout 2021 Officers in the Communicable Disease, Health and Safety Team continued to prioritise COVID-19 work across the care and homeless sectors alongside key substantive duties. Due to capacity constraints this resulted in Campylobacter cases being sent advice sheets and postal questionnaires in place of a telephone interview. As a methodology for data capture, postal questionnaires return a lower response rate to telephone surveys which has contributed to the lower response rate seen throughout 2020-2021 (*BMC Medical Research Methodology, August 2012 – telephone survey response rate 30.2%; personalised postal questionnaire response rate 10.5%*).

It should be noted that 2021 saw the highest number of Campylobacter cases reported to SRS over the last 10 years.

Confirmed Cases of Communicable Disease

The following table details the incidence of confirmed cases of communicable disease across SRS between 2017 and 2021

	BRIDGEND					CARDIFF					VALE OF GLAMORGAN				
	2017	2018	2019	2020	2021	2017	2018	2019	2020	2021	2017	2018	2019	2020	2021
Campylobacter	164	198	187	183	258	400	491	576	413	526	177	174	191	163	196
Salmonella	23	22	13	13	10	50	56	54	14	64	27	11	17	6	7
Cryptosporidium	5	11	17	7	6	22	35	52	37	20	11	17	9	15	10
Giardia	0	23	28	11	13	34	41	69	35	50	5	12	36	11	19
E. coli O157	1	0	2	3	3	1	0	4	1	3	1	0	0	1	4
E. coli non O157*		16	24	10	20		27	46	21	28		6	18	10	8
Hepatitis E	2	2	5	1	0	5	5	3	1	2	3	2	2	1	1
Hepatitis A	0	3	0	0	1	5	2	1	4	1	1	1	7	1	0
Listeria	1	0	1	1	0	1	0	1	2	1	0	0	0	0	0
Legionella	3	2	3	3	4	4	3	8	2	4	2	8	5	3	2
Shigella	1	2	1	0	3	4	12	15	3	3	0	7	4	3	0
COVID-19 **				9021	21066				18530	57822				4461	21967
Other	11	43	98	29	42	81	118	201	58	81	25	39	88	30	32
Total	211	322	379	9282	21426	607	790	1030	19121	58605	252	277	377	4705	22246

*June/July 2018 onwards (due to changes in laboratory testing methods this is now being reported to SRS)

** May 2020 onwards COVID-19 cases were reported to SRS

NB. 'Other' includes *Entamoeba histolytica/dispar*, *Borrelia burgdorferi* (Lyme disease), *Leptospira*, *Vibrio cholera*, *Taenia*, *Cyclospora*, *Clostridium perfringens*, *Mycobacterium chelonae* and *Norovirus*. In 2021, diseases in 'Other' include *Norovirus*, *Borrelia burgdorferi*, *Clostridium perfringens* and *Brucella*.

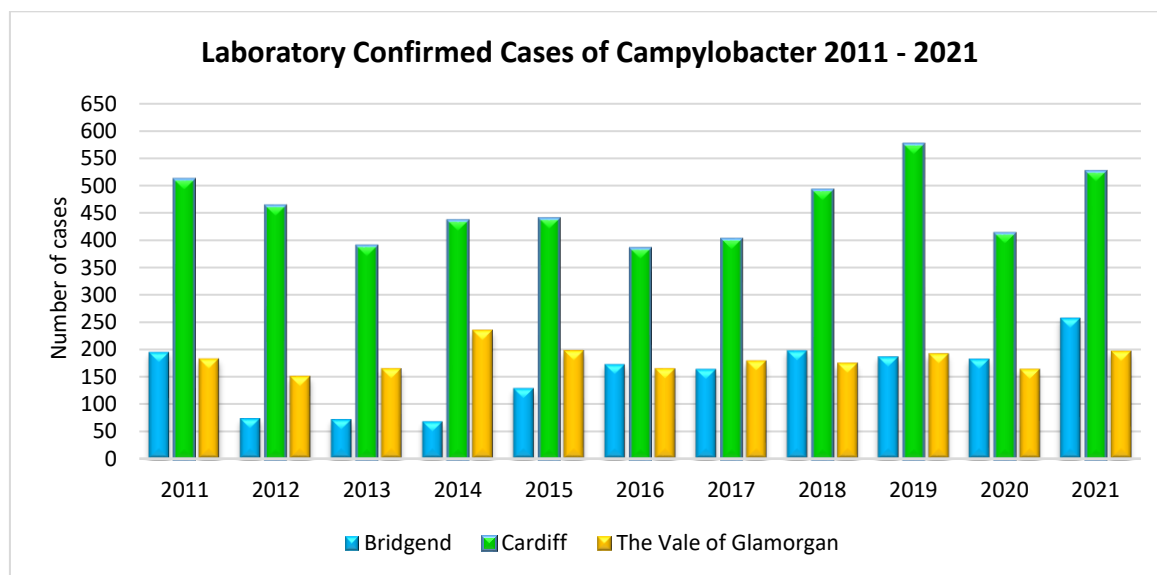
Campylobacter Infection

The incidence of *Campylobacter* infection throughout SRS far exceeds other notifiable diseases (with the exception of COVID-19), as illustrated in the previous table, which reflects the national trend observed across the UK. The reason for such high numbers of cases is the wide range of risk factors associated with *Campylobacter*, including: foreign travel; consumption of undercooked poultry and poultry offal (*i.e. 'pink' chicken livers*); consumption of unpasteurised dairy products; consumption of contaminated drinking or leisure water; contact with animals/birds and their faeces; domestic sewerage problems and close contact with an infected person (*i.e. changing nappies of an infected child*) and subsequent poor hand hygiene. *Campylobacter* also has a low infective dose, meaning a person only has to ingest very small quantities to induce illness.

More recently identified risk factors associated with cases of *Campylobacter* have included: cross-contamination associated with the growing popularity of feeding pets a raw meat diet; the accidental consumption of raw/part-cooked chicken products and the practice of washing raw chicken packaging for recycling (*where the bacteria becomes splashed onto adjacent surfaces and subsequently transferred onto hands, ready-to-eat foods or other equipment*).

Campylobacter remains an important public health risk. The pathogen has multiple risk factors in addition to having a low infective dose, meaning that a person only needs to be exposed to a small amount of the bacteria to become ill. It is therefore critical that the communicable disease service retains the requisite level of resource to be able to effectively investigate all confirmed cases in a timely manner.

Reported cases of *Campylobacter* from 2011 to 2021 are detailed in the following graph.



Last year saw the highest number of *Campylobacter* cases being reported to SRS since the 3 local authorities merged into a shared service in 2015. As a whole, SRS received **980 confirmed cases of Campylobacter in 2021** compared with 759 in 2020; 954 in 2019; 863 in 2018; 741 in 2017

and 722 in 2016. This resumes the upward trend that was observed before the start of the COVID-19 pandemic, which was anticipated because of the following factors:

- More symptomatic cases were able to present to their GP in person and submit faecal samples in 2021;
- Relaxed restrictions on national and international travel significantly increased the movement of households and communities;
- More people eating at commercial food premises as COVID-19 restrictions relaxed;
- Public perception that hand hygiene was less important after receiving COVID-19 vaccination removed the protection in place for other communicable diseases.

This general, year-on-year, increase is not unique to the UK. Some studies have linked weather and climate factors (particularly increases in temperature and precipitation) to an increased prevalence of *Campylobacter* cases. Other suggested casual factors have included levels of infection in poultry; changing populations; changing exposure patterns and microbial features such as antimicrobial resistance (K. Khun *et al.*, 2020).

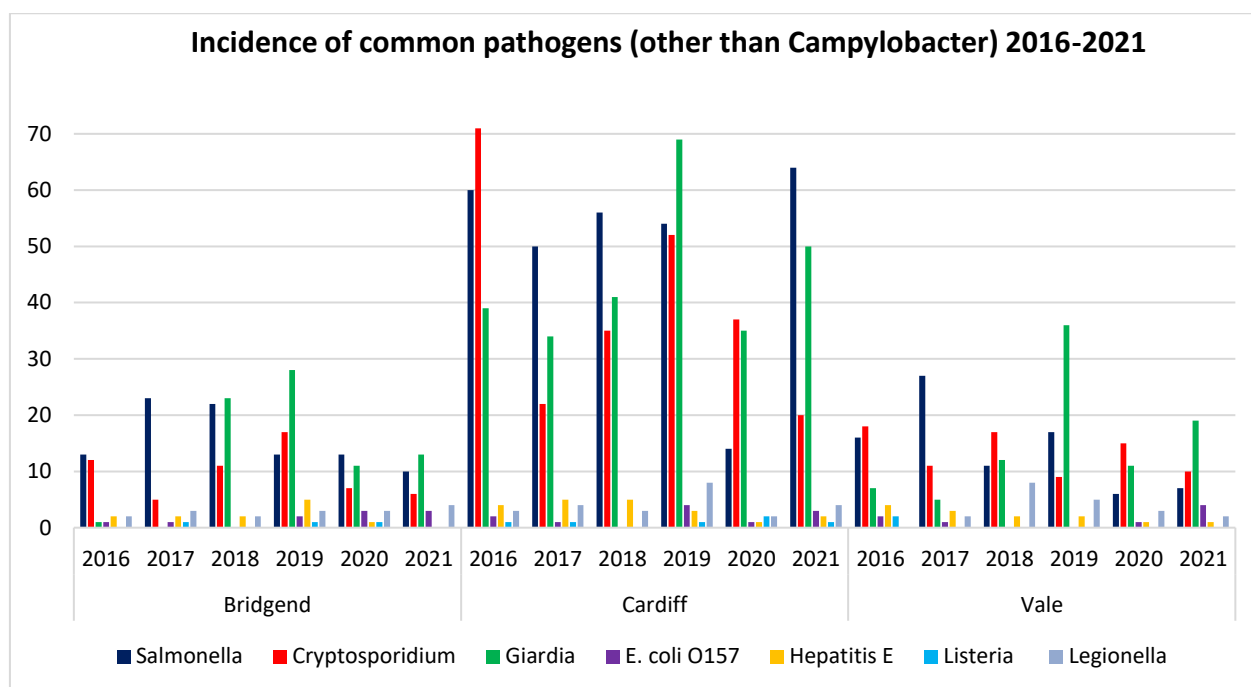
Pathogens of Public Health Significance Investigated by SRS

Pathogens of public health significance (other than *Campylobacter*) commonly require more detailed investigation; either because the pathogen can be more readily spread throughout households and the wider community, or because of the seriousness of the infection. The need to complete enhanced interview questionnaires to identify close contacts of a case; determine potential sources of infection and potentially instigate wider public health interventions is particularly true for pathogens such as: *Shigella*; Hepatitis A; *E.coli* O157; *Legionella*; *Giardia* and *Listeria*.

e.g. Vaccination of close contacts of Hepatitis A cases; Ensuring confirmed cases of Giardiasis receive appropriate antibiotic treatment from their GP; Ensuring confirmed cases working with food or vulnerable people only return to work after satisfying the relevant microbiological clearance requirements; Liaison with other relevant stakeholders to identify contaminated foodstuff on the market.

Contrary to the general public perception, most communicable diseases are not necessarily caused from consuming contaminated food; despite the case having traditional 'food poisoning' symptoms. Risk factors are often associated with the consumption of (or exposure to) contaminated water; direct contact with animals and/or their faeces; close contact with an infected person (including sexual contact).

The graph below illustrates the incidence of common pathogens (other than *Campylobacter*) that have caused illness across SRS between 2016 and 2021.



Compared to previous years, SRS observed a decrease in the number of reported Salmonella cases in Bridgend and Vale of Glamorgan during 2021. Cardiff, however, experienced an increase in confirmed cases during 2021 which was largely attributed to an outbreak of Salmonella typhimurium following an Eid celebration gathering within the Sudanese community. Further information about this will be discussed in Section 3.3 of this report.

A decline in reported cases of confirmed Cryptosporidium was also seen in 2021, but that may be an artefact of the COVID-19 pandemic (e.g. swimming pools not used as frequently; hygiene measures in place; decrease in visitor numbers to animal handling establishments), or positive outcome of Officer visits to open farm/animal handling and petting establishments between June and September 2021 to ensure the robust implementation of adequate hygiene and infection control measures.

An increase in reported Giardia cases was observed in 2021, a number of which related to endemic infection in Afghan re-settlers who had recently been housed in the SRS region.

Reporting levels for 2021 for the remaining pathogens on the previous graph remained largely stable.

Officers were also required to investigate some significant, but less commonly reported, cases of communicable disease during 2021. Of note this included a case of Brucellosis associated with travel to India and consumption of unpasteurised milk, and 2 confirmed cases of Legionella longbeachae which is often associated with contact with compost.

COVID-19 Virus (*SARS-CoV-2*)

Throughout 2021 SRS continued to support the Test, Trace Protect (TTP) regional response for managing cases and contacts of COVID-19 across the Cardiff & Vale and Cwm Taff Morgannwg Health Board areas. For Officers in the Communicable Disease, Health and Safety Team focus was on positive cases, and their contacts, in early years and school settings between January and

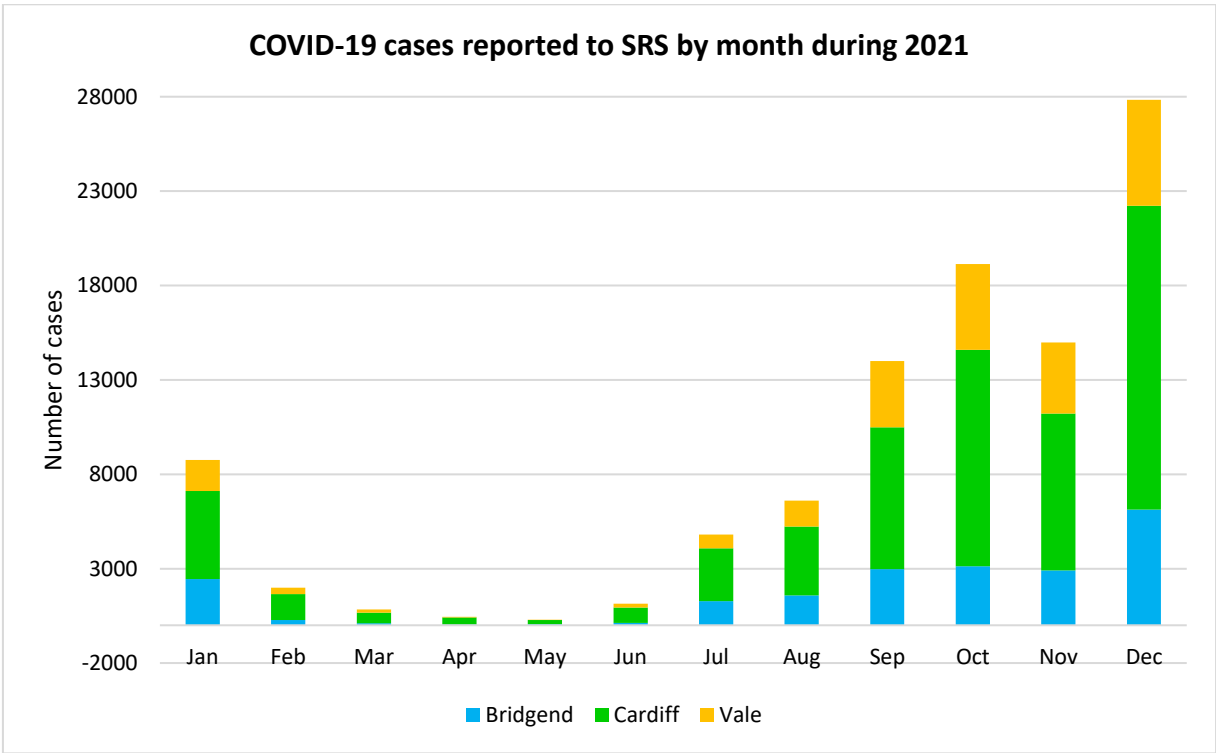
April 2021. From April 2021 onwards the team prioritised cases in care homes, supported living settings, domiciliary care provision and the homeless sector.

Following up confirmed cases of COVID-19 in other healthcare settings, workplaces and returning travellers was the remit of the Clinical Lead team which comprised of Environmental Health Officer re-deployed from other teams and a number of upskilled contact tracers.

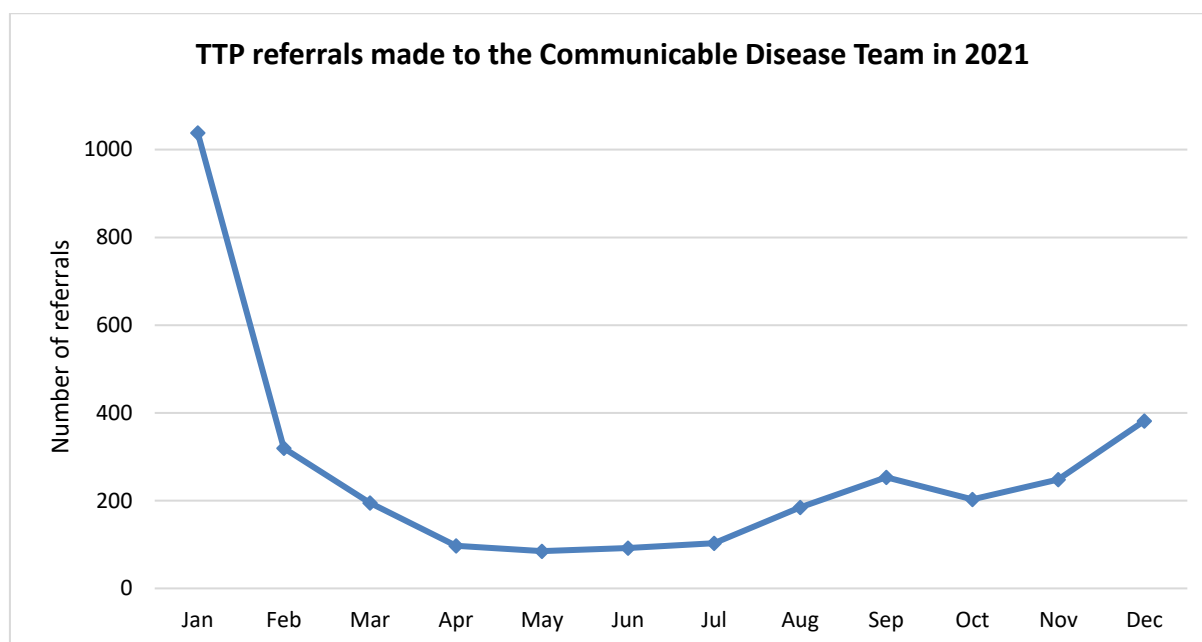
Case numbers at the beginning of the year were very high and correlated with the peak of the 2nd wave of infection (Beta/Kent variant). Cases subsequently decreased with increasing immunity and commencement of the COVID-19 vaccination programme. Further increases were observed during July which was aligned with the start of the 3rd wave of the pandemic and emergence of the Delta variant of concern. Case referrals continued to accelerate throughout the autumn period, and escalated quickly during December with the introduction of the more infectious Omicron variant in the UK. Whilst a significant proportion of cases had been fully vaccinated by the end of 2021, and were not requiring hospitalisation for severe morbidities, re-infection was becoming more commonplace.

Further details of the COVID-19 work completed by SRS is detailed in Section 3.3.

The graph below illustrates the number of COVID-19 cases reported to SRS by month.



Referrals made to the Communicable Disease service by Test, Trace and Protect (TTP) throughout 2021 are illustrated the graph below.

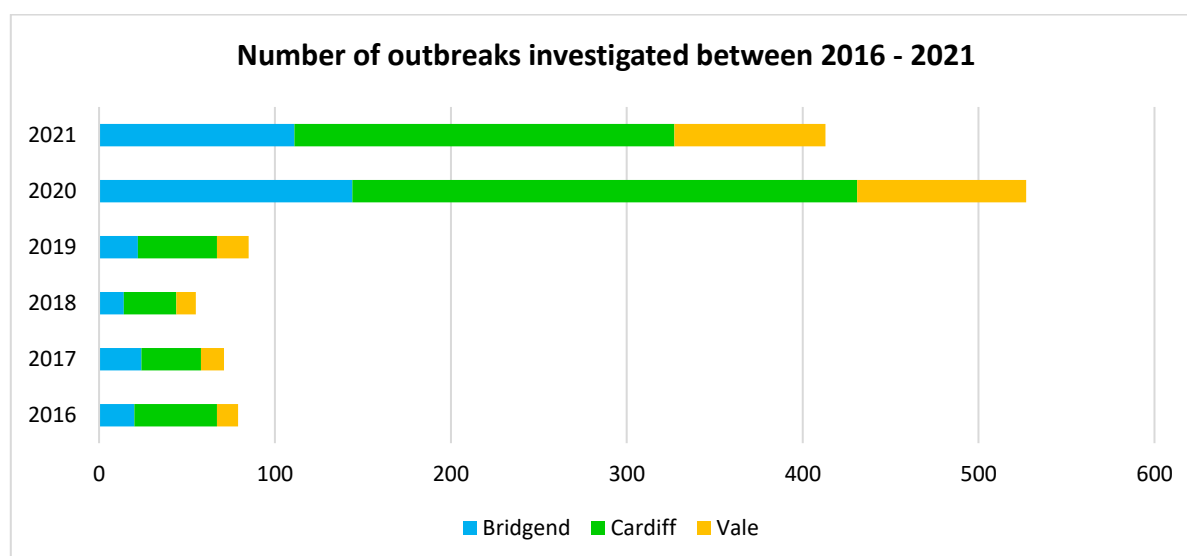


From July 2021 numbers are reflective of cases in the Cardiff & Vale health board area only due to a change in how work was being allocated.

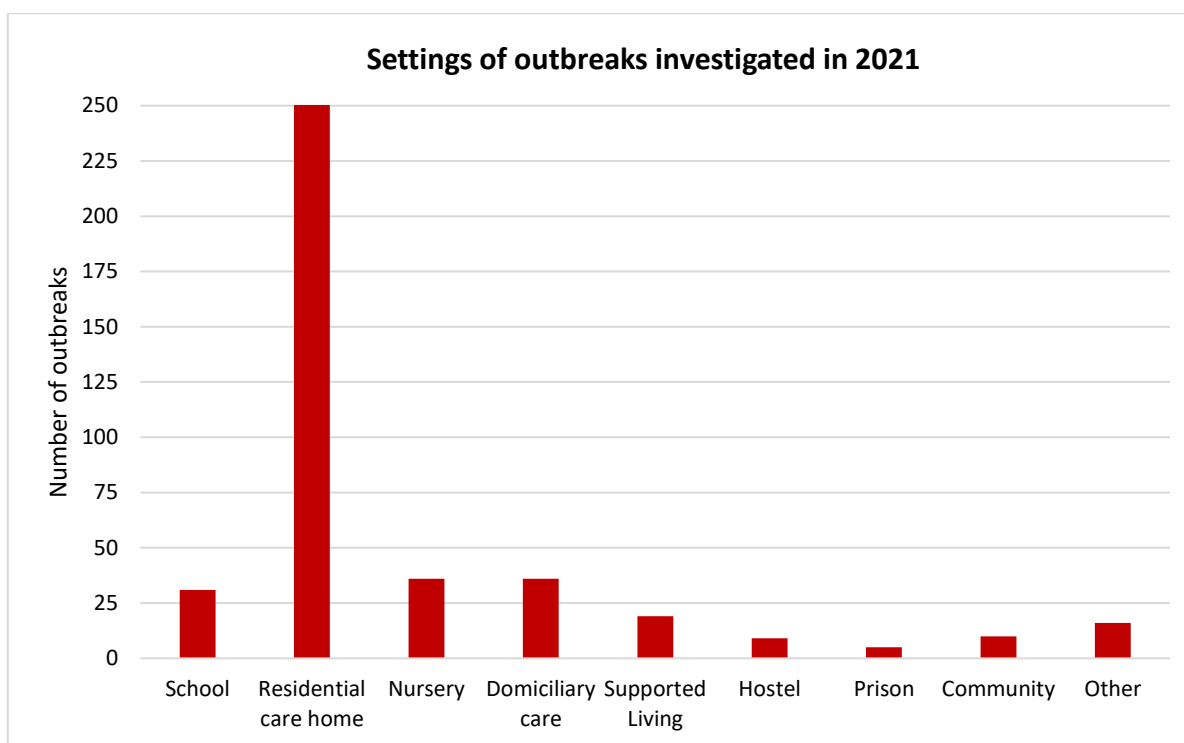
Outbreaks in 2021

413 outbreaks were investigated by SRS in 2021, compared with 527 in 2020 and 85 in 2019. Unexpectedly 91% of outbreaks identified and investigated were due to COVID-19.

Just over half of the reported outbreaks were in Cardiff (216, 52%), over a quarter were in Bridgend (111, 27%) and less than a quarter were in the Vale of Glamorgan (86, 21%). The graph below compares the number and distribution of outbreaks across the SRS region between 2016 and 2021.



The type of setting where outbreaks were experienced is illustrated in the graph below.



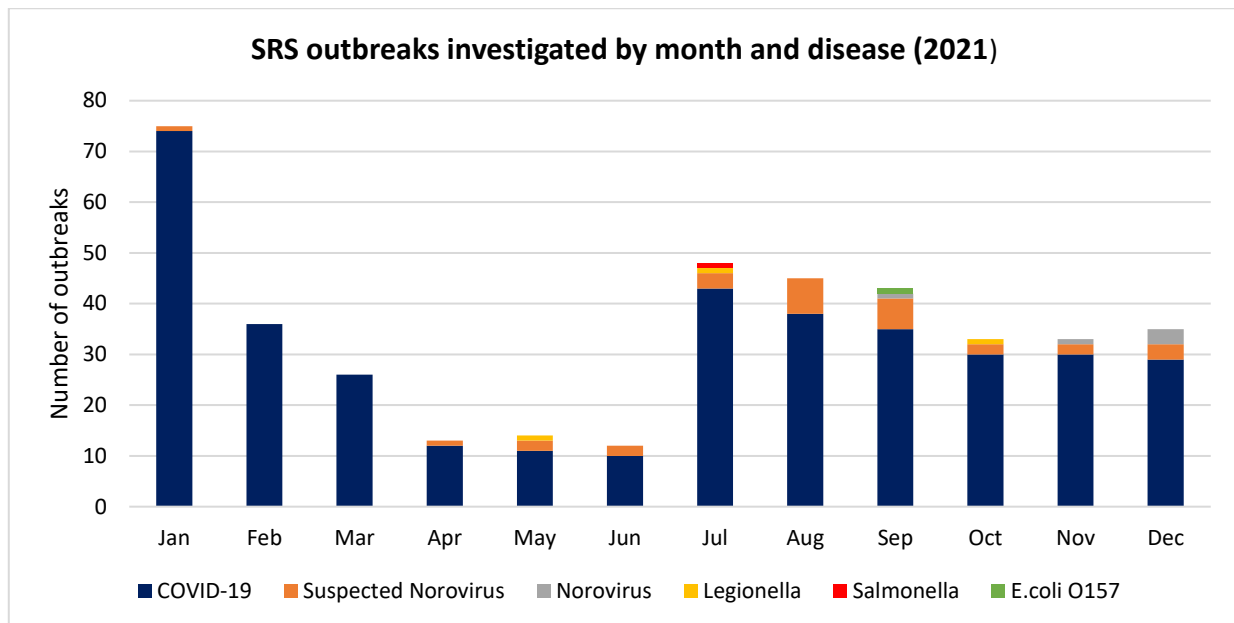
‘Other’ includes pubs and restaurants, day care centres, businesses, hotels and a food festival.

Unsurprisingly the largest number of outbreaks were seen in residential care home settings (251, 61%), followed by early years settings (nurseries) and domiciliary care agencies; both with 36 (9%). COVID-19 accounted for 91% (374) of all outbreaks. Suspected Norovirus accounted for 7% (29) of all outbreaks and confirmed Norovirus was responsible for 1.2% of all outbreaks (5). The remaining 5 outbreaks were confirmed as Salmonella, Legionella and E.coli O157.

The E.coli O157 incident concerned a 1 year old child who had attended nursery during his infectious period. The likely source of infection was the domestic setting; a small holding with a private water supply, dogs, cows and sheep. Sampling of the private supply returned positive results for presumptive E. coli which enabled the Officer to provide infection control advice for both the short and long-term. The case had to be formally excluded from nursery pending microbiological clearance. An additional 37 children and 1 staff member were classed as contacts and had to be screened to determine if transmission had occurred in the early years setting. The Officer also worked closely with the nursery provider and colleagues in Public Health Wales to ensure that risks to public health were being effectively mitigated.

The graph below compares the monthly outbreaks investigated by SRS throughout 2021. The increase in COVID-19 outbreaks correlates with the timings of the 2nd and 3rd waves of the virus and the key Variants of Concern circulating in the community at the time.

The number of confirmed and suspected Norovirus outbreaks increased during the second half of 2021 which coincided with a rise in overall case rates across Wales as COVID-19 restrictions progressively eased, greater levels of mixing took place and children returned to schools in September. Higher levels of Norovirus would normally be anticipated during the winter months due to higher levels of indoor mixing and poorer levels of ventilation.



Between 1st April 2021 and 31st March 2022, Lead Officers for Communicable Disease attended a total of 43 cluster/incident/outbreak meetings for a range of significant pathogens.

- | | |
|--|----|
| • COVID-19 | 6 |
| • Salmonella linked to cluster at community Eid BBQ during July 2021 | 18 |
| • Tuberculosis cases in a closed setting & linked cases in Gwent | 9 |
| • Legionella cases | 2 |
| • Hepatitis B case | 3 |
| • E.coli O157 case linked to early years setting | 5 |

Further details about the Salmonella Typhimurium incident is detailed in Section 3.3 of this report.

3.3 Achievements & Public Health Interventions

Managing the Risk of Legionella in Water Systems – Improving health and wellbeing; safeguarding the vulnerable; maximise the use of resources

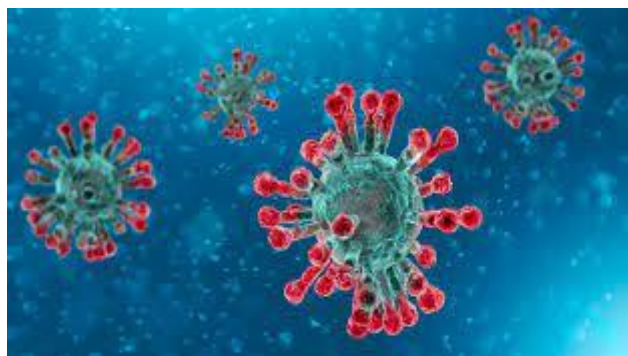


The first year of the pandemic dramatically affected care homes across the SRS region with many settings experiencing almost concurrent outbreaks of COVID-19. Not only did this impact the resilience of the substantive workforce in the care home sector, but also limited the opportunity for third party contractors to access settings for carrying out routine maintenance and cleaning; including the hot and cold water systems. Due to the vulnerability of residents in residential care homes, there was concern that the risk of respiratory illness from Legionella would significantly increase as the pandemic continued.

During 2021/22 SRS committed to undertake a desk top review of Legionella assessments; written schemes of control and monitoring records for all private residential care homes across Bridgend, Cardiff and the Vale of Glamorgan to ensure that control measures remained robust during the COVID-19 pandemic. A total of **32 desk top assessment were completed**; 10 in Bridgend, 15 in Cardiff and 7 in the Vale of Glamorgan. Where duty holders were unable to evidence the implementation of adequate control measures, Officers undertook site visits to ensure that the risk of Legionella was being effectively mitigated. In total **Officers carried out 5 site visits**; 1 in Bridgend and 4 in Cardiff. Escalated enforcement action did not need to be taken following these visits as appropriate action was instigated by the Responsible Individuals concerned.

Officers also carried out a desk top review of completed self-assessment questionnaires from 4 cooling tower operators across the Cardiff area during 2021/22 year. Only 2 of the 4 systems were operational at the time and the completed assessment forms indicated that control measures being implemented with aligned with HSE Approved Code of Practice L8 and HSE guidance HSG 274 Part 1. One of the systems had been decommissioned and was running as a dry system only whilst the remaining system had been temporarily taken out of use for refurbishment. The operator of the latter system will be followed up during the 2022/23 business year once the cooling towers are recommissioned and operational.

Stakeholder Engagement – Infection Control Advice to Duty Holders during the COVID-19 Pandemic



Shared Regulatory Services continued to support owners/operators of care facilities (including homeless accommodation) across the region during 2021/22 when confirmed or suspected cases of COVID-19 were reported. In addition to providing advice via telephone and email communications, Officers also attended multi-agency support meetings alongside PHW and local health board colleagues; Care Inspectorate Wales and Local

Authority commissioning teams for adult and children services. These forums enabled care providers to ask questions and seek advice about their IP&C measures; COVID-19 testing; visits into and out of the setting; and clarification on the in-take of new admissions or return of residents from hospital. **Between 1st April 2021 and 31st March 2022 Officers from the Communicable Disease service attended a total of 40 care home support meetings** with providers across the SRS region.

Business Engagement – Nutritional Training and Healthy Options Award



The Healthy Option Award (HOA) continues to be offered across the 3 authority areas and is administered by the Communicable Disease, Health and Safety Team.

The HOA aims to encourage food businesses to provide healthier options to customers via the introduction of healthier catering practices; increasing the amount of fruit, vegetables and starchy carbohydrates on the menu; decreasing saturated fat, sugar and salt content in the food offered. The scheme also recognises

the provision of healthy options for children; rewards staff training; and the promotion and marketing of healthier options.

Whilst visits were undertaken during the 2021/22 business year, no new awards were issued. However, businesses were able to receive advice about the scheme and the criteria that had to be met to achieve a successfully application.

Nutritional training supports the uptake and sustainment of the healthy option award in food businesses across the 3 authority areas, and consequently SRS continues to provide level 1 community food and nutritional skill training courses on request. The aim of the training is to increase knowledge and skills in food and nutrition, particularly about the components of a balanced diet and how good nutrition can influence a person's health status.

SRS is a member of, and continues to support, the Cardiff, Vale and Bridgend Healthy and Sustainable Pre-School Schemes (CHaSPS) and Gold Standards Health Snack Award advisory group. The communicable disease service provides infection control advice and support to its members as necessary, and reinforces the infection control message via attendance at events the group organises.

Oversight of Exhumations in SRS.

Between 01/04/2021 and 31/03/2022, Officers from the Communicable Disease, Health and Safety Team were required to attend **1 exhumation** across the SRS region (Vale 1). In accordance with the provisions of the Burial Act 1857, Environmental Health was notified of the exhumation, via a Ministry of Justice licence, to take any necessary actions in the interests of public health and decency. This required Officer attendance at the time of the exhumation.

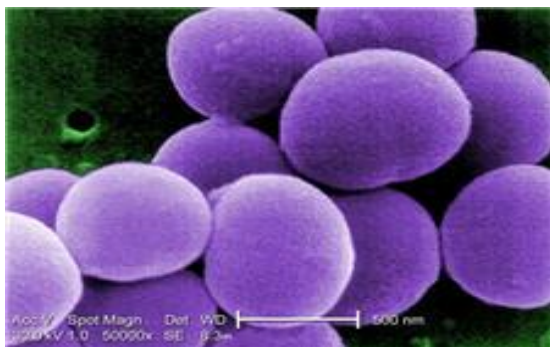
Skin Piercing Registrations – Improving health and wellbeing

Officers from the Communicable Disease, Health and Safety Team routinely carry out skin piercing registration visits, for both premises and practitioners, in accordance with the Local Government (Miscellaneous Provisions) Act 1982 and bye-laws made thereunder. The legislation requires all duty holder carrying on the business of tattooing; semi-permanent skin colouring; cosmetic body piercing; acupuncture and electrolysis to be registered with their respective Local Authority and to operate in compliance with bye-laws specifically sanctioned by that Local Authority.

These visits focus on procedural infection control provisions; assess client consultation arrangements to ensure that the risk of contraindications is minimised; and ensure that the structure of all treatment areas will facilitate effective cleaning and disinfection.



Between 01/04/2021 and 31/03/2022 Officers carried out **91 skin piercing registration visits** across SRS: Bridgend (24); Cardiff (48); Vale of Glamorgan (19).



Skin Piercing Activities – Investigation of a case of *Staphylococcus aureus* Infection

During 2021 the team was notified of a confirmed case of *Staphylococcus aureus* who had been admitted to intensive care with sepsis and multi-organ failure. The locus of the infection was the lower arm which had been tattooed by a commercial artist operating in the SRS area 4 days earlier.

Staphylococcus aureus is a gram-positive, round shaped bacterium frequently found on the skin or in the upper respiratory tract. Transmission can occur through direct contact with an infected person; sharing contaminated objects; or inhaling infected droplets dispersed by sneezing or coughing. Carriers of *Staphylococcus* (Staph.) *aureus* can also contaminate food if they touch/prepare it without following adequate hand hygiene practices.

Cases of Staph. *aureus* can present with traditional food poisoning symptoms (diarrhoea and vomiting); mild skin infections; or the bacteria can spread through the bloodstream and infect joints, bones and organs. Whilst treatable with antibiotics, some strains of Staph. *aureus* do have antibiotic resistance.

Investigations confirmed that the case had completed a medical questionnaire and consent form prior to the tattoo being done and was fit and well on the day the procedure. The tattoo artist was similarly fit and well on the day and did not exhibit evidence of any cuts or wounds on the skin. Review of the tattooing procedure identified that tap water was being used in the rinse cup (instead of distilled water), but subsequent sampling did not identify the water supply to be a likely source of infection. Equipment and materials had been sourced via reputable suppliers, were pre-sterilised and within their expiry dates. Microbiological sampling of inks used on the case were not found to be a source of Staph. *aureus* contamination. Products and equipment used to disinfect and sterilise surfaces and equipment were found to be appropriate for use and maintained in accordance with relevant legislative requirements. Hand wash facilities were found to be appropriately maintained and suitable, and sufficient, PPE was readily available for use. In general, the practices observed (and discussed) with the practitioner, along with the condition and cleanliness of the treatment area, did not suggest that breaches of the bye-law conditions for carrying on the business of tattooing had occurred.

The practitioner could evidence what aftercare information had been provided to the case, and confirmed that no aftercare product had been supplied, however it could not be determined how robustly the case had followed the after-care advice.

Requests to Co-operate under Health Protection Legislation – Improving health and wellbeing; safeguarding the vulnerable

In accordance with Regulation 8 of the Health Protection (Local Authority Powers) (Wales) Regulations 2010, Local Authorities have the power to request individuals or groups to co-operate with the Authority for health protection purposes. The 'request to co-operate' is to prevent / protect against / control / provide a public health response to an incidence or spread of infection, or contamination which presents / could present significant harm to health. From

an operational perspective this power would be used to exclude an infected person from returning to work with food or vulnerable persons (*i.e. under 5's; over 65's; immunocompromised persons*); to prevent the continuation of an activity that could result in the infection of other people; or to restrict the activities of an infected person so that the risk of spread to the wider community is controlled.

During the 2021/2022 business year, the Communicable Disease, Health and Safety Team issued **2** 'requests to co-operate' under Regulation 8: **1** was served in relation to COVID-19 where a case residing at a homeless hostel was refusing to self-isolate, and **1** confirmed case of *Shigella flexneri* was excluded from work as a food handler until the requisite microbiological clearance had been achieved.

COVID-19 Enforcement Work – Improving health and wellbeing; safeguarding the vulnerable; maximise the use of resources

SRS staff continued to play a pivotal role in the monitoring and enforcement of the Health Protection (Coronavirus Restrictions) (Wales) Regulations throughout 2021/22 (including returning travellers); investigated workplace clusters of COVID-19 across the SRS region; participating in regional TTP work across 2 Local Health Board regions; and provided businesses with support and advice to ensure they were COVID-secure and operating in accordance with rapidly evolving Welsh Government legislation and guidance. **A total of 115 Premises Improvement Notices, 6 Closure Notices and 9 Compliance Notices were issued; 1517 service requests were investigated, and 5876 inspections/visits were undertaken.**

COVID Inspections and Visits	Bridgend	Cardiff	Vale of Glamorgan	Total
Inspections and visits	3514	860	1502	5876

COVID Notices	Bridgend	Cardiff	Vale of Glamorgan	Total
Premises Improvement Notice	44	45	26	115
Premises Closure Notice	0	5	1	6
Compliance Notice	0	0	9	9
Totals	44	50	36	130

COVID Service Requests	Bridgend	Cardiff	Vale of Glamorgan	Total
Service requests	624	365	528	1517

COVID-19 Regional Work Supporting the Test, Trace and Protect Scheme – Improving health and wellbeing; safeguarding the vulnerable; maximise the use of resources

The Test, Trace and Protect (TTP) service in Wales was set up in each Health Board region in June 2020. During the initial waves of the COVID-19 pandemic, a significant number of staff across the Shared Regulatory Service structure were redeployed to support the regional Test, Trace and

Protect (TTP) response across 2 Local Health Board (LHB) areas. Whilst early Spring 2021 witnessed a declining number of confirmed cases of COVID-19 across the SRS region, which was reflected in the easing of Welsh Government restrictions, a significant number of factors subsequently impacted the projected delivery of the Section 18 work plan throughout the remainder of the financial year. In July 2021, Public Health Wales (PHW) 'pulled back' resources from the management of COVID-19 outbreaks in care homes and handed this function over to Local Authority partners. SRS had to quickly review its work plan and resources for the remainder of the year to prioritise the safeguarding of this vulnerable cohort in the community.

Whilst it was hoped that COVID-19 cases would abate as the year progressed, the Autumn and Winter months of 2021/22 saw the emergence of more transmissible Variants of Concern, namely Delta and Omicron, which caused confirmed case numbers to soar, even in fully vaccinated populations in the care sector. SRS staff continued to provide support and infection prevention and control advice to care sector settings and manage the oversight of outbreaks of COVID-19 in care homes, as a priority during this period so opportunity to complete any substantive work was very limited. **A total of 5,710 confirmed cases of COVID-19 in the care and homeless sectors were followed up during the 2021/22 business year.**



Managing the Risk of Infection from Campylobacter, Cryptosporidium and E. coli at Open Farms / Animal Petting Establishments – Improving health and wellbeing; safeguarding the vulnerable

A total of 6 visits were undertaken to open farm / animal petting establishments across the SRS region between June and September 2021 to identify how the risk of infection was being managed. Full details on this

intervention are contained within Appendix 2 of the 2022/23 Health and Safety Service Plan.

Investigation of a Salmonella typhimurium Cluster in Cardiff – Improving health and wellbeing; stakeholder engagement

Salmonellosis is characterised by acute onset of fever, abdominal pain, nausea, vomiting, and diarrhoea that can be bloody. The onset of symptoms typically occurs 6–72 hours after ingestion of food or water contaminated with Salmonella, and illness lasts 2–7 days. The majority of human infections are caused by two types of Salmonella: Typhimurium and Enteritidis. Salmonella infection is usually caused by **eating raw or undercooked meat, poultry, eggs or egg products or by drinking unpasteurised milk**. Secondary infection from person-to-person is not uncommon in households, particularly when a case is experiencing acute diarrhoea.

During July 2021 SRS was notified of a number of confirmed cases of Salmonella that had presented at UHW with severe diarrhoea; 2 of which had been admitted. All cases reported attended a community BBQ within their incubation period. A meeting was urgently arranged with the weekend consultant at Public Health Wales to establish what was known about the cases so that detailed interviews could take place to identify all possible risk factors and likely contacts during the period of infectivity.

Initial communications with cases confirmed that a number of households across the Sudanese community had arranged an informal BBQ at Bute Park to celebrate the Eid festival. All households prepared a selection of foods to be shared at the gathering, including a range of

salad dishes; home-made sauces; meat stew; desserts; fresh lamb carcasses to be cooked on the BBQ and a traditional raw liver dish. The lamb carcasses and offal had all been sourced from local halal butchers and had been washed at home prior to the BBQ. The raw liver had been washed in lemon and vinegar, and seasoned with salt, onion and green chilli for consumption in its raw state on the day of the gathering. Food was largely eaten with hands whilst at Bute Park.

A total of 33 people attended the BBQ at Bute Park; the final number of positive cases notified to the Authority linked to this event was 22 (13 male; 9 female; age range 1-61 years). Most of the primary cases had an onset of symptoms within 12-48 hours of the gathering; 17 cases had consumed the raw liver dish in varying quantities. Those cases who ate large portions of the raw liver were more severely ill and required medical intervention. Three of the male cases reporting not attending the actual BBQ.

During the initial phase of the investigation, Officers focused on interviewing all families attending the Eid gathering, providing hygiene advice and arranging stool samples to be taken from anyone in the households reporting symptoms. Further information about where meat and offal products had been sourced was also obtained, with left-over meat samples from 3 carcasses being available for sampling. Nine (9) of the human stool samples were subsequently genome sequenced at the reference laboratory and found to be identical; genome sequencing results from raw lamb samples sent to laboratory matched the human isolates. All tested positive for *Salmonella* Typhimurium.

Whilst the acute incident from the BBQ gathering was closed by the end of August 2021, SRS continues to support colleagues in Public Health Wales and the Food Standards Agency investigate cases of *Salmonella* found to be genetically identical, or similar, to that found at the Eid BBQ to facilitate the rapid escalation of potential food chain failures and support the dissemination of key public health messaging to communities across the SRS region.

3.4 Customer Evaluation Forms

Once officers have interviewed a confirmed case of communicable disease, the customer is routinely sent an evaluation questionnaire, alongside an advice sheet about what has made them ill, in order to gauge their opinion of the service provided and identify likely changes in behaviour after discussing their illness with an officer.

Feedback from all cases:

The response rate for returned evaluation forms was extremely low in 2021 at 2%. This was much lower than the numbers observed in 2020 (11%); 2019 (13%) and 2018 (20%).

With officer work continuing to be re-prioritised throughout 2021 because of the COVID-19 pandemic, fewer evaluation forms were sent out compared to previous years.

A total of 13 completed evaluation forms were received.

- 13/13 (100%) cases reported being 'satisfied' with the service, of which 10/13 (77%) reported being 'very satisfied'.

- 13/13 (100%) cases reported that the advice given by officers was useful and 13/13 (100%) reported it was easy to understand.
- 9/13 (69%) cases reported changing their food preparation practices or choices as a result of the interview.
- 13/13 (100%) cases reported that the officers performance was good, of which, 12/13 (92%) reported that the officers performance was very good.
- 13/13 (100%) of cases said that they were better able to prevent future infections
- 13/13 (100%) said that the officer could not have done any more to improve the quality of the interview.

References

Kuhn, K. et al. (2020) 'Campylobacter infections expected to increase due to climate change in Northern Europe', *Sci Rep* 10, 13874. <https://doi.org/10.1038/s41598-020-70593-y>

Appendix A - Corporate priorities of partner local authorities

Bridgend County Borough Council	Priorities	Outcomes/Aims
	<ul style="list-style-type: none"> Supporting a successful sustainable economy Helping people and communities to be more healthy and resilient Smarter use of resources 	<ul style="list-style-type: none"> Support local people develop skills and take advantage of opportunities to succeed. Create conditions for growth and enterprise Create town centre and communities that improve the quality of life for citizens Give people more choice and control over what support they receive ... Reduce demand through more targeted early help and intervention programmes Develop more active, healthy and resilient communities... Ensure the Council is financially sustainable over the longer term. Improve efficiency and access to services... Work collaboratively to make the most of natural and physical assets Develop the culture and skills required to meet the needs of a changing organisation
City of Cardiff Council	Priorities	Outcomes/Aims
	<ul style="list-style-type: none"> Cardiff is a great place to grow up Cardiff is a great place to grow older Supporting people out of poverty Safe, confident and empowered communities A Capital City that works for Wales Cardiff grows in a resilient way Modernising and integrating our public services 	<ul style="list-style-type: none"> Cardiff is a great place to grow up Cardiff is a great place to grow older Supporting people out of poverty Safe, confident and empowered communities A Capital City that works for Wales Cardiff grows in a resilient way Modernising and integrating our public services
Vale of Glamorgan Council	Priorities	Outcomes/Aims
	<ul style="list-style-type: none"> To work with and for our communities To support learning, employment and sustainable economic growth To support people at home and in their community To respect, enhance and enjoy our environment 	<p>A Vale that is:</p> <ul style="list-style-type: none"> Inclusive and Safe Environmentally Responsible and Prosperous Aspirational and Culturally Vibrant Active and Healthy