

Shared Regulatory Services

Communicable Disease and Health Service Plan

2026/27



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Introduction

Local Authorities have a statutory responsibility to protect and improve the health of its population. This Communicable Disease and Health Service Plan is produced to inform the business community and wider audience of the arrangements put in place by Shared Regulatory Services (SRS) to discharge this duty across the Bridgend, Cardiff and the Vale of Glamorgan Local Authority areas.

Shared Regulatory Services continues to minimise, mitigate and manage risks to its population from communicable disease in line with Welsh Government's 'One Health', all hazards approach, whilst remaining cognisant of increasing demands to public sector services. We continue to witness a growth in health inequalities in some of our more vulnerable communities, exacerbated by the cost of living crisis and compounded by an increasingly ageing and culturally diverse population. As a Service, we remain vigilant to challenges and opportunities that may impact service delivery across the region, enabling us to dynamically adapt our approach to best meet the needs of our customers at all times.

It cannot be understated how significant a role Local Authorities play in the health protection system across Wales, and SRS continues to work with Local Health Boards and allied partners to support care providers and high-risk settings to effectively manage cases of communicable disease, including acute respiratory infections, in their settings. However, shifting priorities and a wider public health agenda now affords us the opportunity to focus on broader themes at a community level to increase our reach and impact. SRS continues to benefit from additional resource available through regional health protection partnership arrangements, thereby enabling us to develop more long-term health protection initiatives to achieve added value. A continuation of long-term, and sustainable, funding moving forward is critical to support this vital work in the future.

Horizon scanning and preparedness for other likely pandemic scenarios continues to be at the front and centre of the multi-agency work we support, as reflected in the Health Protection Framework for Wales. With recent media focus on international outbreaks of Ebola and Hantavirus, the ability to rapidly respond to emerging public health events on the world stage has never been more critical.

This service plan not only outlines our current arrangements and the proposed interventions and actions to be delivered during the 2026/27 business year, but also enables us to reflect on work completed during 2025/26 and celebrate some of our successes with you.

As always, we remain committed to protecting and improving the health of people and communities across the SRS region.

Christina Hill

Head of Service – Shared Regulatory Services

1. Service Aims and Objectives

1.1 Primary aims

The Communicable Disease Service is committed to protecting individuals from harm, reducing the incidence of communicable disease across the SRS region and engaging with stakeholders to promote health improvement strategies. To demonstrate these commitments the Service has adopted the following aim and objectives.

The overall aim of the Communicable Disease Service is:

To protect and improve the health of the population across the Bridgend, Cardiff and the Vale of Glamorgan Local Authority areas.

To achieve this aim the Service has adopted the following key delivery priorities:

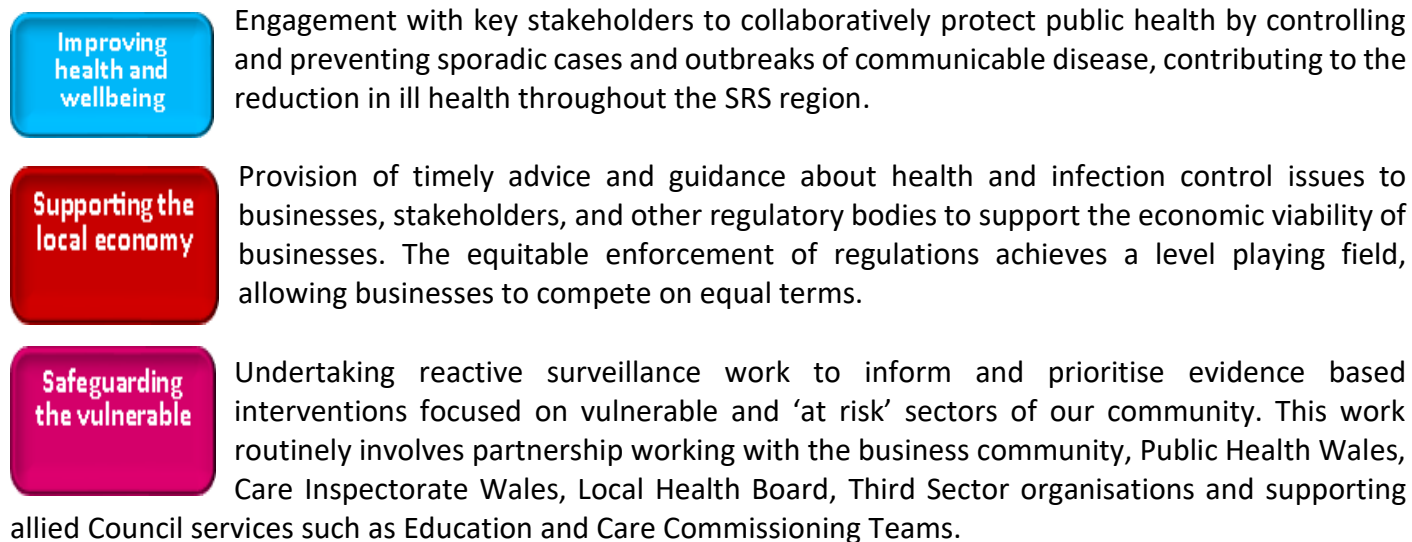
- The timely investigation, surveillance, control, and prevention of sporadic and outbreak cases of communicable disease - including the development and implementation of related public health intervention strategies – as directed by the Communicable Disease Outbreak Plan for Wales
- The enforcement 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.
- To support the work of allied Council services and external stakeholders to minimise, mitigate and manage the impact of public health risks to the populations of Bridgend, Cardiff and the Vale of Glamorgan.
- Undertake targeted health promotion and intervention activities that are informed by, and meet, local-level needs and strengthen the wider Public Services Boards public health agendas.

1.2 Links to Corporate Objectives and local plans

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



SRS priorities relevant to the delivery of the Communicable Disease Service are:



These Service priorities reflect the four overarching outcome-focused priorities enshrined in the **National Enforcement Priorities for Wales** which set the strategic framework for local authority regulatory services (such as Trading Standards and Environmental Health) to deliver consumer and environmental protection services.

- 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 public health risks to its population.

Local Public Health and Well-being Plans provide details of how public bodies, including Local Authorities and Local Health Boards, will prioritise public service delivery through close partnership working with relevant stakeholders to improve and protect the health and well-being of the local population. A number of work streams delivered by the Communicable Disease Service are aligned with several priorities cited in these strategic plans, reinforcing the significance of both proactive and reactive public health interventions delivered by Shared Regulatory Services.

Delivery of the Healthy Option Award Scheme	Enforcement of smoke-free legislation across the region
Supporting care homes, educational and early years settings manage outbreaks of gastro-intestinal illness	Providing infection control advice to confirmed cases of communicable disease
Delivery of the level 1 community food and nutritional skill training course	Continuing to protect vulnerable residents in care settings from acute respiratory illnesses

One of the key outcomes of the Welsh Government commissioned Health Protection Review was the use of specialist Public Health support to develop an integrated health protection system, further developing the multi-agency partnership working arrangements established during the COVID-19 pandemic to co-ordinate regional efforts. SRS continues to work with Local Health Boards and allied partners to support care providers and high-risk settings to effectively manage cases of communicable disease, including acute respiratory infections, in their settings. However, shifting priorities and a wider public health agenda now presents an opportunity to focus on broader themes at a community level to increase our reach and impact. SRS continues to benefit from additional resource available through regional health protection partnership arrangements, thereby enabling us to develop more long-term health protection initiatives to achieve added value.

This re-focus on wider health protection interventions that supplement, but are closely aligned to, the delivery of statutory functions, prompted the integration of the health protection partnership function into the existing Communicable Disease, Health and Safety team during 2025/26. This minor re-structure now enables the Service to improve efficiencies across the delivery of all health protection work, enabling intelligence from our reactive work to steer the direction of proactive work. SRS will continue to be represented at the Health Protection Operational Readiness Group (HPORG), Health Protection Partnership meetings, Welsh Government Monitoring meetings, Care Homes IPC Group, Support to Care Homes for Infectious Disease Management and Control meetings, and the Integrated Health Protection Partnership workshops.

2. Overview of 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. Population alone however, does not fully represent Cardiff's significance as a regional trading and business centre as the population swells by approximately 70,000 daily with commuters and visitors. Cardiff is the seat of government commercial, financial and administrative centre of Wales. boasts one of the most vibrant city centres in the UK and on typical weekend, Cardiff's night time economy can attract 40,000 people and sometimes more than 100,000 when the Millennium Stadium hosts international events.



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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.

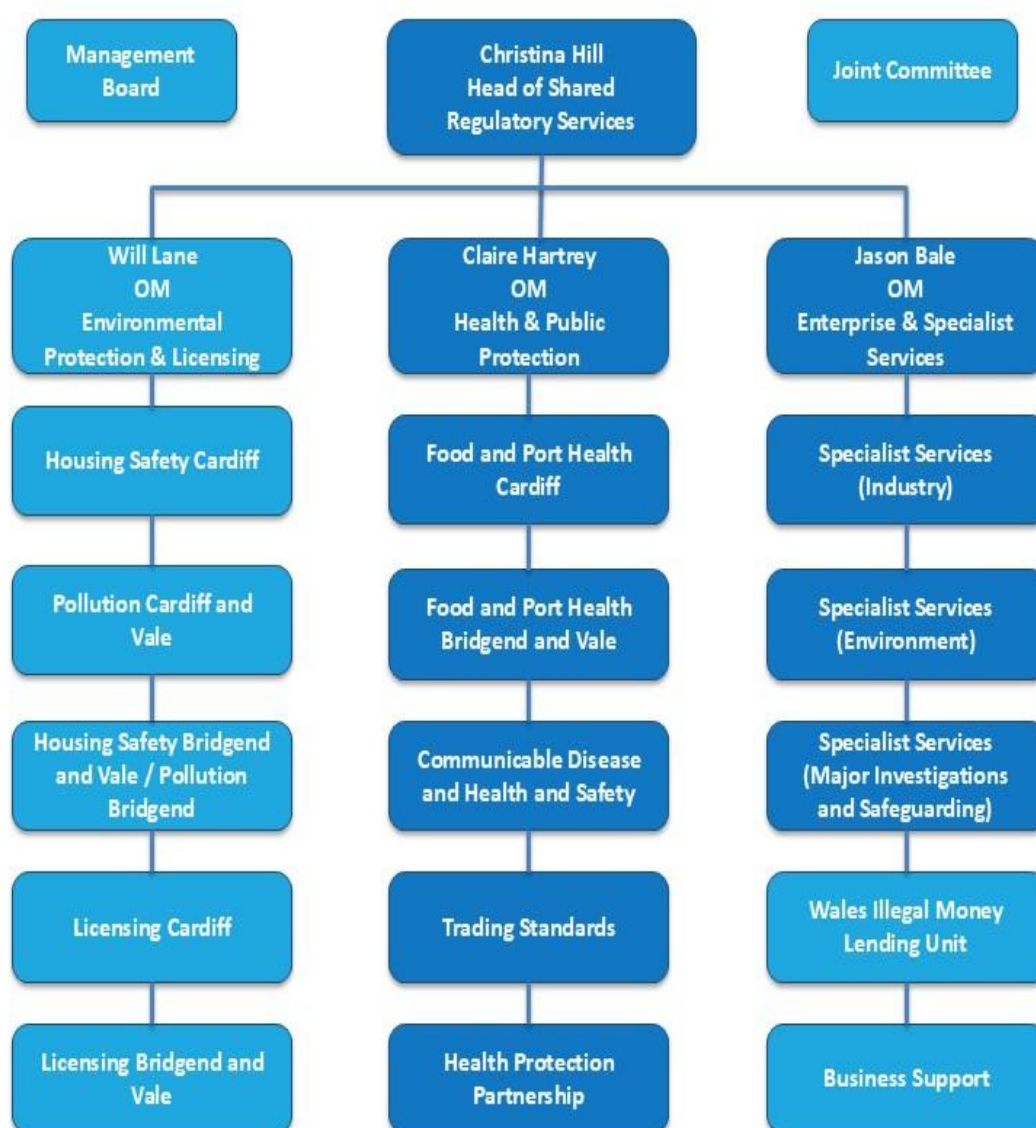


2.2 Organisational Structure

The Communicable Disease Service is principally delivered by the Health & Public Protection (*previously called Commercial Services*) arm of Shared Regulatory Services, with distinct pieces of work being delivered by Enterprise and Specialist Services (*e.g. RSPH Level 2 Award in Infection Prevention and Control for Special Procedures Practitioners*). The Vale of Glamorgan Council continues to act as host authority for SRS, with executive functions relevant to this Plan being delegated to the Shared Service Joint Committee and Management Board.

Operational functions within the Service are illustrated in the following table with those that have responsibility for communicable disease and 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 interventions, epidemiological studies, enforcement, advice, training and health promotion activities. Much of the reactive surveillance work forms the foundation for proactive, evidence-based interventions focused on vulnerable and 'at risk' sectors of our community, particularly young people and the elderly. Examples of proactive interventions undertaken by the service during the 2025/26 business year will be detailed later on in this report. Outbreak investigations of gastro-intestinal illness also form a significant part of our reactive role.

The day-to-day investigation of cases, and outbreaks, of gastro-intestinal illness is managed by the Communicable Disease, Health and Safety Team alongside a range of broader health protection intervention work streams which now includes the work of the Health Protection Partnership function. The Enterprise and Industry team contribute to the overall Communicable Disease Service through delivery of infection control training, in particular the RSPH Level 2 Award in Infection Prevention and Control for Special Procedures Practitioners. Trading Standards Officers take the lead in all illegal tobacco and vape enforcement initiatives, focusing on the sale and supply of non-compliant products and to persons under the age of 18 years.

Key services delivered by the Communicable Disease Service include:

- The investigation of confirmed sporadic and outbreak cases of communicable disease and implementation of actions required to mitigate and manage on-going risks of transmission.
- Responding to complaints of suspected food poisoning and infectious disease risks.
- 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.
- Engagement with key partners – including Public Health Wales, Local Health Boards, wider Local Authority Services, and Welsh Government – to support and deliver national and regional public health initiatives.
- Undertake health promotion and educational public health interventions (*e.g. Healthy Option Awards; Healthy and Sustainable Pre-School Schemes*).
- Management and delivery of infection control and nutritional training.
- Assess client consultation and infection control arrangements in approved premises offering special procedures by licensed practitioners (*tattooing; cosmetic body piercing; acupuncture & dry needling; electrolysis; semi-permanent make-up*).
- Enforcement of wider health protection legislation which consider specific requirements for smoke-free premises, the sale of tobacco to persons under 18 years, the sale and supply of illicit tobacco products, the use of commercial UV tanning equipment, and intimate skin piercing activities.

Service delivery points

Whilst all 3 Local Authority areas include regional hubs which operate office hours from Monday to Friday, the Communicable Disease Service is primarily delivered by Officers following a hybrid working model. Outside of normal business hours, designated Lead Officers for Communicable Disease remain contactable through the out-of-hours duty officer scheme for the investigation and management of cases of communicable diseases with a public health significance (*e.g. high risk strains of E. coli, Legionnaires' disease, Enteric fever*) and significant outbreaks of gastro-intestinal illness.

The Shared Regulatory Services website provides information on the range of services provided.

SRS.wales

Tel: 0300 1236696



@SRS_Wales

<http://www.srs.wales>

Bridgend

Civic Offices
Angel Street
Bridgend
CF31 4WB

Normal offices hours:

Monday to Thursday: 8.30am to 5.00pm
Friday: 8.30 am to 4.30pm

Cardiff

Level 1
County Hall
Cardiff
CF10 4UW

Normal office hours:

Monday to Thursday: 8.30am to 5.00 pm
Friday: 8.30 am to 4.30pm

Vale of Glamorgan

Civic Offices
Holton Road
Barry
CF63 4RU

Normal offices hours:

Monday to Thursday: 8.30am to 5.00pm
Friday: 8.30am to 4.30pm

2.4 Resources

Financial allocation

The expenditure directly involved in providing the Communicable Disease Service for 2026/2027 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 illustrates the actual number of staff delivering the day-to-day Communicable Disease Service, in terms of full time equivalents (FTE), in accordance with the agreed budget allocations for Shared Regulatory Services.

Position	Function	FTE
Head of Shared Regulatory Services <i>(also the Director of Public Protection)</i>	Management of Shared Regulatory Service.	0.05
Operational Manager, Health & Public Protection x 1	Management of Health & Public Protection	0.20
Team Manager Communicable Disease, Health and Safety x 1 <i>(also fulfils a Lead Officer function)</i>	Management and delivery of the Communicable Disease Service.	0.50
Team Supervisor <i>(also fulfils a Lead Officer function)</i>	Communicable Disease, health & safety, plus health protection partnership lead.	0.5
Lead Officers for Communicable Disease x 2 <i>2 FT EHOs have 50/50 split for H&S:CD work</i>	All aspects of communicable disease investigation, enforcement, control and prevention.	1.0
Environmental Health Officers (Communicable Disease, Health & Safety) x 5 <i>3 FT EHOs have 50/50 split for H&S:CD work 1 FT EHO is fully focused on H&S enforcement work, but is completing Lead Officer training to bolster team resilience. Currently assisting with special procedures licensing work. 1 EHO post is currently vacant – duties to be determined at time of appointment based on experience and competency.</i>	Assist with all aspects of communicable disease investigation, enforcement, control and prevention depending on training and experience. <i>(additional resource can be diverted to CD function as service demand dictates)</i>	2.0
Environmental Health Technical Officer (Communicable Disease, Health & Safety) x 1	Assistance with delivery/collection of faecal sample pots as necessary. Primary role is focused on health and safety enforcement work, no involvement with special procedures licensing.	-

Two part-time Environmental Health Officers (1 FTE) based in the Specialist Services (Industry) team lead on delivery of the Level 2 Award in Infection Prevention and Control for Special Procedures, a pre-requisite for the all-Wales special procedures licensing scheme.

Additional funding provided to support the Health Protection Partnership work does enable the Service to employ additional staff to develop, deliver and evaluate wider health protection initiatives, including oversight of case and outbreak management of acute respiratory infections in health and social care settings across the region. What this additional staffing resource should look like moving forward is currently being reviewed to ensure arrangements meet service needs moving forward.

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 delivering the Communicable Disease Service, all Officers in the Communicable Disease, Health and Safety Team are now able to access and use the Tarian database and are aware of the resource materials available to support the management of cases. All new starters into these teams are now routinely trained in the use of Tarian and relevant internal procedures. In-house instruction and training is supported by the Lead Officer training programme which is administered by Public Health Wales through a combination of on-line training days and e-learning modules. Food Safety EHOs also started the Lead Officer training programme in 2025 to further broaden knowledge, skills and Service resilience.

To strengthen resilience across both LHB regions, some officers received Measles training which discussed the public health measures needed to successfully mitigate risks of transmission. Further opportunities can be explored for upskilling SRS staff on topics such as Scabies, HIV, Hepatitis B and C since they are relevant to other areas of work undertaken by the Local Authority (*care homes, housing work, investigation of unlicensed skin piercing practitioners, aesthetics treatments*).

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 monthly team meetings and regular team contact (*face-to-face discussions; Email communications; on-line TEAMS meetings and telephone calls*).

Continuing 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 (*or equivalent professional body*).

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

Lead Officers regularly represent SRS at regional Communicable Disease Task Group meetings and the all-Wales Expert Panel for Communicable Disease meetings which often include CPD opportunities. Regular catch-up meetings with the regional Consultant for Communicable Disease Control in the Cardiff & Vale University Health Board and Cwm Taf Morgannwg University Health Board areas continue to take place on a monthly basis to support communication and collaboration between partners.

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

Delivering the Communicable Disease Service in the future

We continue to deliver the SRS in a climate where demands for services outstrip local authority resources, requiring us to be increasingly creative and innovative in how to effectively meet the needs of customers across the 3 legacy Authority areas. The Communicable Disease Service will continue to explore opportunities for collaborative working, with both internal and external partners, in the year ahead to optimise efficiencies and maximise the impact of deliverable outcomes.

SRS continues to work closely with Local Health Boards and allied partners to support care providers and high-risk settings to effectively manage cases of communicable disease, including acute respiratory infections, in their settings. However, shifting priorities and a wider public health agenda now affords us the opportunity to focus on broader themes at a community level to increase our reach and impact. SRS continues to benefit from additional resource available through regional health protection partnership arrangements, thereby enabling us to develop more long-term health protection initiatives to achieve added value. The continuation of long-term, and sustainable, additional funding is however critical to support this vital work in the future.

Recruitment, Retention and Succession Planning

SRS continues to be impacted by staff recruitment and retention challenges which are reflective of the national landscape across both Environmental Health and Trading Standards. A decrease in the number of qualified professionals entering the jobs market has resulted in Local Authorities across Wales 'fishing from the same small pond' when trying to attract new talent which will require the organisation to identify more innovative ways to recruit, develop and retain staff in the future.

Shared Regulatory Services also has an ageing workforce which raises further concerns about mid to long-

term succession planning.

SRS is committed to opening up opportunities for recruitment into the profession by actively supporting the Level 4 Regulatory Apprenticeship Scheme for Wales, in addition to supporting staff complete higher level, and technical, educational qualifications that will enhance their existing roles. During the 2025/26 business year, SRS employed 2 Regulatory Services Apprentices who are currently completing the 18 month, Level 4 Regulatory Compliance Apprenticeship. There is now a need to focus on establishing career development pathways for staff completing apprenticeships, and working with key partners to support the introduction of a Level 6 apprenticeship as a degree-equivalent qualification.

Growing Health Inequalities

Continuing cost of living challenges in the UK will inevitably impact the health of our nation and exacerbate inequalities in health. As household finances become increasingly squeezed, the opportunity to maintain a healthy diet and lifestyle will become more challenging for a larger number of households across the SRS region, creating greater health burdens and 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 being reported to SRS in the short to mid-term.

Increasing Demands on Public Services

Previous trends in population growth across the region have slowed meaning the population profile across Bridgend, Cardiff and the Vale of Glamorgan is ageing and potentially more vulnerable to the burden of disease. If this trend continues, it would be realistic to anticipate a growing number of confirmed cases of gastro-intestinal illness being notified to the Service moving forward.

Increased levels of migration into the SRS region continues apace, with the Afghan Resettlement Scheme, provision of support to Ukraine refugees and placement of wider asylum seeker populations. With many people re-locating from countries with limited sanitation, poor access to clean food and water, and over-crowded living conditions it is unsurprising that health screening has identified cases of communicable disease that require follow-up public health intervention. SRS works alongside partners in Public Health Wales, Local Health Boards and allied Council services to ensure our newest citizens are supported, provided with appropriate advice and any risks of onward transmission are being effectively mitigated.

Delivery of New Statutory Functions



The **Tobacco and Vapes Act 2026** is a landmark piece of UK-wide legislation, backed by the Senedd, which aims to create the UK's first "**smoke-free generation**" and curb youth vaping.

The Act introduces new offences, restrictions and enforcement powers relating to the sale of tobacco, vaping and nicotine products.

The definition of 'tobacco products' has also been updated to enable stricter regulation, and now includes:

- tobacco products (cigarettes, rolling tobacco, cigars, shisha, heated tobacco)
- cigarette papers
- herbal smoking products
- vapes and vape devices
- e-liquids and components (coils, pods, cartridges)
- nicotine products such as pouches, gums, strips and pearls

The key provisions for Wales include:

- **Generational Smoking Ban:** It permanently bans the sale of tobacco products, herbal smoking products, and cigarette papers to anyone born on or after **1 January 2009** and requires retailers to display prescribed signage at the point of sale to clearly communicate this.
- **Crackdown on Youth Vaping:** It enables restrictions to be made on vape flavours, packaging, and in-store displays to reduce their appeal to children, while ensuring products remain available as smoking cessation aids for adults.
- **Strict Sales Rules:** It sets a minimum age of 18 for the sale of all consumer nicotine products (including nicotine pouches and zero-nicotine vapes), bans vending machines containing vapes and non-medical nicotine products (*except adult in-patient mental health settings*), and prohibits the free distribution and sponsorship of vapes and nicotine products.
- **Retail Licensing:** It establishes a dedicated retail licensing scheme to regulate exactly who can sell tobacco, nicotine and vaping products in Wales, capturing in-person and on-line retail sales.
- **Broader Enforcement Powers:** it introduces a new £200 Fixed Penalty Notice system, enabling Local Authorities to act quickly against rogue retailers for underage or proxy sales.

Trading Standards Wales is receiving £650,000 Welsh Government funding to implement and enforce the new generational smoking ban and vape restrictions over the next three years, which will be used to recruit and train five new apprentices within Trading Standards Wales to increase local enforcement capacity. Whilst SRS will directly benefit from one of these apprentices, it remains unclear if this will provide sufficient additional resource to effectively implement these wide-spread new requirements.

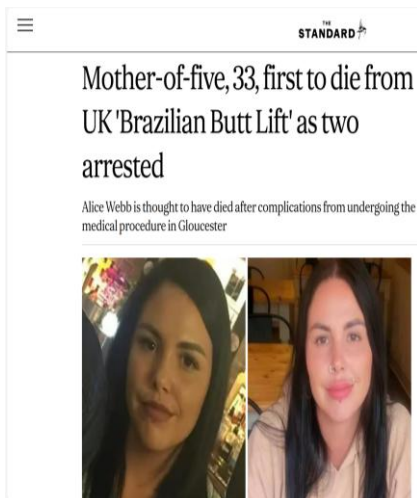
Cardiff's City Status

Cardiff is the capital city of Wales and the Local Authority with the highest population density in the Principality (approximately 370,000 residents). Every day, Cardiff's population swells significantly as a result of 80,000 commuters travelling into the city for work, alongside over 50,000 visitors arriving to enjoy leisure and tourism activities. The large population numbers associated with city status increases the opportunity for more frequent public health risks to be realised, presenting a fluctuating and less predictable burden of work for the Communicable Disease Service.

New Sectors, Market Shifts and Diversification of Activities

In response to cost of living challenges, businesses are increasingly diversifying their activities to maximise opportunities to generate revenue. It is not uncommon for such new activities to be inadequately planned and risk assessed, thus exposing customers to greater risks of harm which will require the involvement of the Communicable Disease Service. This trend has been particularly prevalent in the farming sector, where diversification into leisure activities has become popularised (*e.g. glamping, wedding venues, pumpkin picking, animal handling and feeding*) – refer to the Outbreaks section of this plan which describes a significant *Cryptosporidium* outbreak linked to lamb feeding that occurred in the Vale of Glamorgan during 2025.

The non-surgical aesthetics industry is a rapidly growing market in the UK, currently estimated to be worth around £3.2 billion, with a steady annual growth rate of 8-9%. This sector also presents significant concerns for Local Authorities across Wales as many pseudo-medical procedures are being performed by inadequately qualified practitioners in inappropriate premises. The non-aesthetic industry across England and Wales is currently unregulated with no mandatory requirements to achieve defined competency standards, become a member of a recognised professional body, meet minimum operational requirements for infection prevention and control and client consultation, practice in a regulated premises, have an appropriate level of insurance in place, maintain ethical standards in advertising, and evidence the quality of products being used. This lack of regulation has enabled less scrupulous practitioners to exploit more vulnerable members of our communities by offering cheaper treatments with unlicensed products, and encouraging people to undergo inappropriate or unnecessary treatments that could have catastrophic consequences for their physical and mental health.



The lack of industry specific legislative controls for this sector is potentially exposing customers to greater risks of infection and wider harms, and is likely to generate a growing volume of complaints for Local Authorities over the next 5 years.

High Consequence Infectious Diseases (HCIDs) and Emerging Infections

The Health Protection Framework for Wales has been developed to provide a strategic framework which describes strategic objectives and how the health protection system in Wales will minimise harm, saves lives and promote wellbeing. With a focus on an 'all hazards' and One Health approach, it is intended to be used to support partnership working across prevention, preparedness, response and recovery to clearly define partner roles and responsibilities. It is intended to complement existing systems, including the Communicable Disease Outbreak Control Plan for Wales, and will be further supported by regional pandemic plans that will consider lessons learnt from COVID-19.

The Service and its key partners will need to ensure its emergency readiness is multi-faceted and fully considers the environmental impacts associated with climate change, and border control implications associated with both sea and air ports across the region, to effectively plan for:

- **Airborne HCIDs associate with pandemic and import risks**, including highly pathogenic Avian Influenza (H5N1/H5N6), novel Coronaviruses (MERS-CoV and new variants).
- **Contact HCIDs linked to travel-associated outbreaks**, including Ebola, Marburg Virus, Hantavirus.
- **Emerging climate-driven and vector-borne infections**, including Lyme Disease and Tick-Borne Encephalitis, Dengue, Zika and West Nile virus.
- **High-threat emerging infections and resistant pathogens**, including antimicrobial resistant pathogens.

2.7 Action Plan 2026/2027

The following action plan is evidence based and has been developed for 2026/2027 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 2026/2027		
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	Q1	Complete the Communicable Disease service plan for 2026/2027.
1, 2, 3, 4		Undertake timely investigations of sporadic cases of communicable disease; outbreaks and suspected food poisonings, and apply appropriate control and preventative measures.
1, 2, 3, 4		Continue to support businesses and legacy authorities across SRS with infection control training and advice during outbreak situations, particularly across the care sector and other high-risk settings with vulnerable citizens.
1, 2, 3, 4		Actively engage with, and support, Local Health Board and allied partners through the Health Protection Partnership function, including delivery of agreed work streams.
1, 2, 3		Delivery of the special procedures licensing scheme outlined in Part 4 of the Public Health (Wales) Act 2017.
1, 2, 3, 4		Deliver RSPH Level 2 Award in Infection Prevention and Control for Special Procedures.
1, 2, 3		Preparation and delivery of a pilot project of the aesthetics sector across the SRS region to identify the range of treatments offered and improve understanding of risks to public health.
1, 2, 3, 4		Commence preparation of a broad intervention focused on mitigating the risk of exposure to Cryptosporidium in leisure-based activities to include a mix of on-site proactive engagement, preparation of guidance and resource materials and wider non-face-to-face interventions.
1, 2		Complete visits to all outstanding shisha cafes in Cardiff to assess compliance with smoke-free legislation.
1, 2, 3		Explore the feasibility of reinvigorating and relaunching the Healthy Option Award scheme, and developing broader opportunities to tackle obesity across the SRS region to improve citizen access to healthier foods.
1, 2		Review phase 1 of the IPC intervention with the early years sector to understand reasons behind the low response rate. Review distribution lists and the scope of the intervention accordingly. Re-distribution of the IPC self-audit tool to defined early years sector providers, requiring the return of completed documents by an assigned deadline.
1, 2, 3, 4		Develop a new Health Protection page on the SRS website.
1, 2, 3, 4	Q2	Undertake timely investigations of sporadic cases of communicable disease; outbreaks and suspected food poisonings, and apply appropriate control and preventative measures.
1, 2, 3, 4		Continue to support businesses and legacy authorities across SRS with infection control training and advice during outbreak situations, particularly across the care sector and other high-risk settings with vulnerable citizens.

1, 2, 3, 4		Actively engage with, and support, Local Health Board and allied partners through the Health Protection Partnership function, including delivery of agreed work streams.
1, 2, 3		Delivery of the special procedures licensing scheme outlined in Part 4 of the Public Health (Wales) Act 2017.
1, 2, 3, 4		Deliver RSPH Level 2 Award in Infection Prevention and Control for Special Procedures.
1, 2, 3, 4		Delivery of infection prevention and control visits to barber shops, particularly with regard to the control of ringworm.
1, 2, 4		Evaluation of the aesthetics sector pilot project to inform further work streams, including the development of health promotion opportunities to engage with defined cohorts of the public.
1, 2, 3, 4		Delivery of the Cryptosporidium intervention in accordance with project plan.
1, 2		Complete visits to all outstanding shisha cafes in Cardiff to assess compliance with smoke-free legislation.
1, 2, 3		Explore the feasibility of reinvigorating and relaunching the Healthy Option Award scheme, and developing broader opportunities to tackle obesity across the SRS region to improve citizen access to healthier foods.
1, 2, 3, 4		Phase 2 - review of completed self-assessment documents, and identification of settings requiring further support.
1, 2, 3, 4	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, 4		Continue to support businesses and legacy authorities across SRS with infection control training and advice during outbreak situations, particularly across the care sector and other high-risk settings with vulnerable citizens.
1, 2, 3, 4		Actively engage with, and support, Local Health Board and allied partners through the Health Protection Partnership function, including delivery of agreed work streams.
1, 2, 3		Delivery of the special procedures licensing scheme outlined in Part 4 of the Public Health (Wales) Act 2017.
1, 2, 3, 4		Deliver the RSPH Level 2 Award in Infection Prevention and Control for Special Procedures.
1, 2, 3, 4		Delivery of infection prevention and control visits to barber shops, particularly with regard to the control of ringworm.
1, 2, 4		Engagement with schools across the 3 legacy LA areas to support preparedness for managing gastrointestinal illness ahead of the Autumn term commencing.
1, 2, 3, 4		Delivery of the Cryptosporidium intervention in accordance with project plan.
1, 2, 3		Explore the feasibility of reinvigorating and relaunching the Healthy Option Award scheme, and developing broader opportunities to tackle obesity across the SRS region to improve citizen access to healthier foods.
1, 2, 3		Phase 3 – commence follow up with early years providers requiring further assistance, and non-responders.

1, 2, 3, 4 1, 2, 3, 4 1, 2, 3, 4 1, 2, 3 1, 2, 3, 4 1, 2, 3, 4 1, 2, 3, 4 1, 2, 3, 4 1, 2, 3 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. Continue to support businesses and legacy authorities across SRS with infection control training and advice during outbreak situations, particularly across the care sector and other high-risk settings with vulnerable citizens. Actively engage with, and support, Local Health Board and allied partners through the Health Protection Partnership function, including delivery of agreed work streams. Delivery of the special procedures licensing scheme outlined in Part 4 of the Public Health (Wales) Act 2017. Deliver RSPH Level 2 Award in Infection Prevention and Control for Special Procedures. Delivery of infection prevention and control visits to barber shops, particularly with regard to the control of ringworm. Delivery of the Cryptosporidium intervention in accordance with project plan. Complete a targeted mail shot to duty holders offering animal handling/feeding activities to promote good IPC standards and mitigate the risk of zoonotic exposure to vulnerable citizens across the SRS region. Explore the feasibility of reinvigorating and relaunching the Healthy Option Award scheme, and developing broader opportunities to tackle obesity across the SRS region to improve citizen access to healthier foods. Phase 3 – continue follow up with early years providers requiring further assistance, and non-responders.
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3. Delivery and Performance 2025/26

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; supported more efficient case management; enabled early detection of outbreaks and has enabled the Authority to identify trends in infectious disease cases more successfully.

In 2025 a total of **3,884 cases** of communicable disease were notified to SRS, a significant reduction of 1385 cases from levels reported in 2024. Laboratory confirmed cases accounted for 95% of these (3,692 cases), whilst unconfirmed gastrointestinal illness (suspected food poisoning) accounted for only 5% (192 cases).

Compared to case numbers seen throughout the COVID-19 pandemic (2020-2022), figures for 2025 continued to show a significant reduction in total reported cases. Whilst such a decrease would be expected post-pandemic, it remains noteworthy that **case numbers for 2025 are still 1.7 times higher than total reported cases pre-pandemic in 2019** where a total of 2,149 cases of communicable disease were notified to SRS, with 1,786 (83%) being laboratory confirmed.

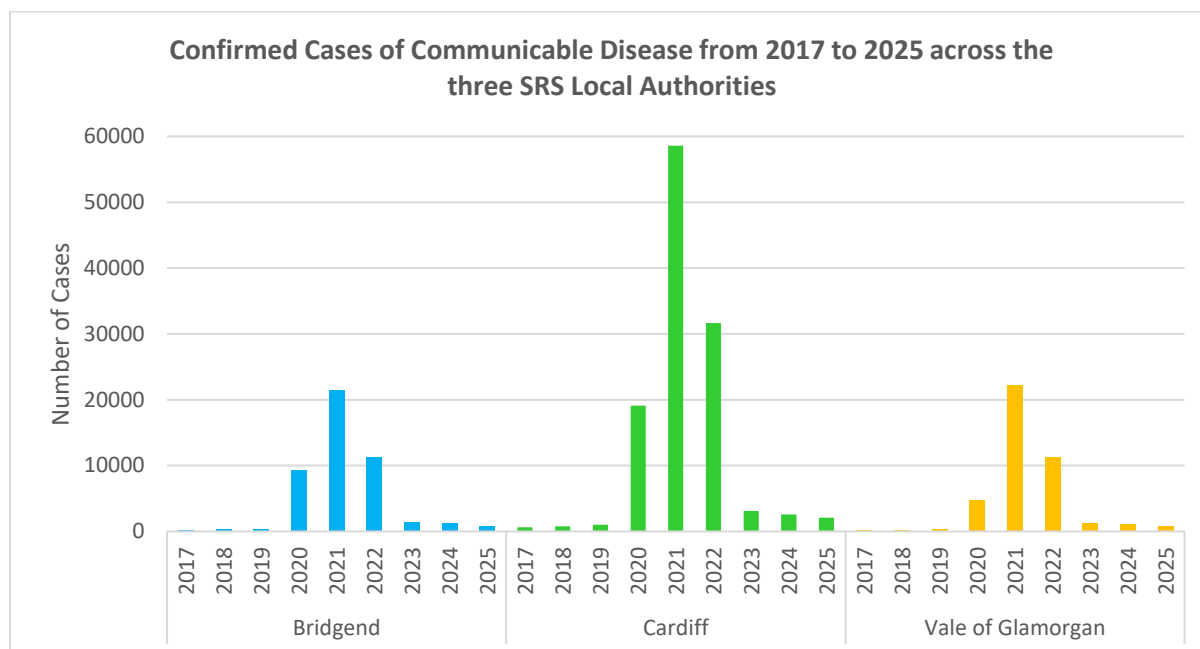
The table below shows the number of cases of confirmed and unconfirmed communicable diseases per local authority within SRS for 2025.

	Confirmed (CFP)	Unconfirmed	Total
Bridgend	777 (46)	46	823
Cardiff	2084 (118)	128	2212
Vale of Glamorgan	831 (52)	18	849
Total	3692 (216)	192	3884

(CFP) = Confirmed food poisoning as applied in the ‘Disease’ tab in Tarian

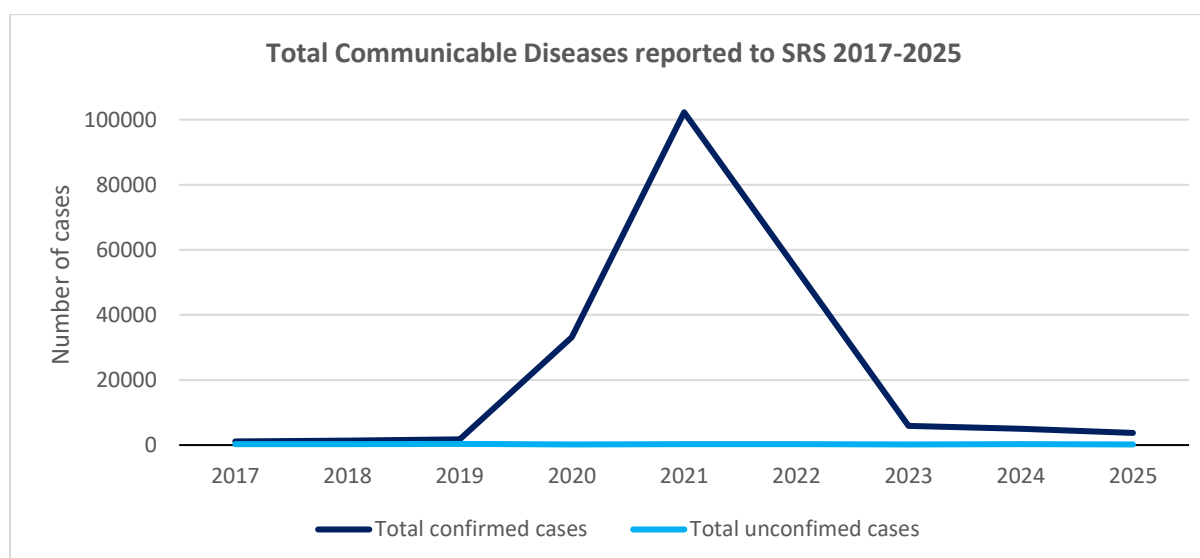
For context, cases are only deemed to be a confirmed food poisoning where no other plausible risk factors have been determined from interviewing a case.

The graph below illustrates the incidence of notified cases of communicable disease across Bridgend, Cardiff and Vale of Glamorgan between 2017 and 2025. The introduction of PCR testing in microbiology laboratories in June 2018 generated an increase in the number of cases being reported to Local Authorities, whilst the COVID-19 pandemic contributed to the substantial increase in case numbers between 2020 and 2022. Confirmed cases of COVID-19 continued to be reported in 2025, albeit at significantly lower levels.



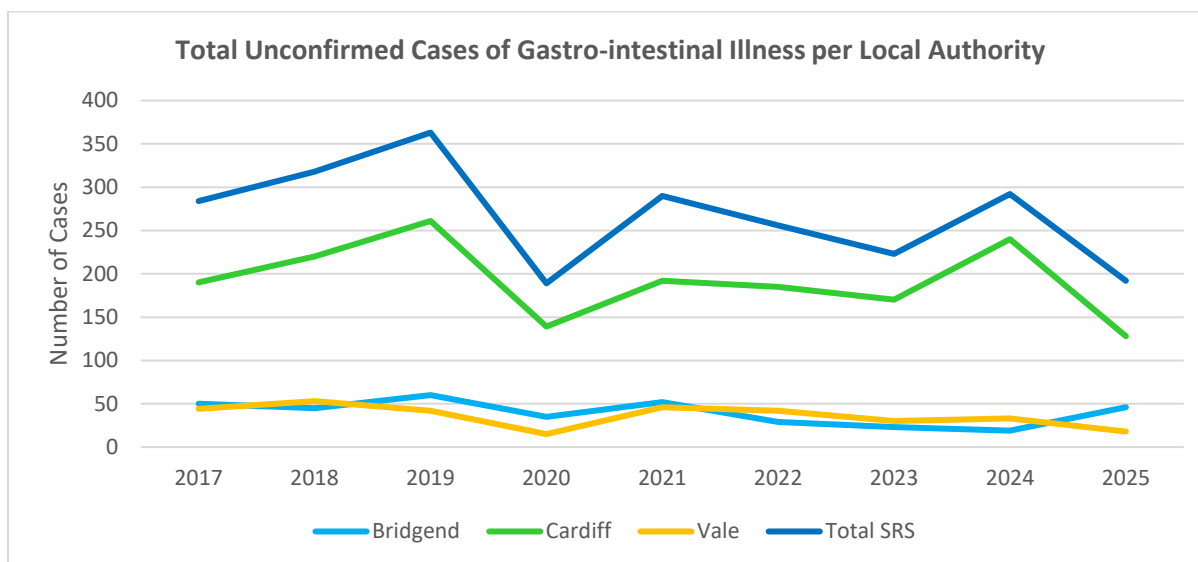
The following two line graphs illustrate how the number of confirmed and *unconfirmed cases of communicable disease has changed between 2017 and 2025.

** Unconfirmed case = allegation of gastrointestinal illness associated with a commercial business where no faecal sample has been provided for microbiological analysis.*



44% (1,610) of confirmed cases reported for the SRS region in 2025 were associated with COVID-19 infection, a 12% reduction from case numbers seen in 2024. The same period saw an increase in confirmed cases of Cryptosporidium and E. coli 0157, with most other pathogens remaining similar in number to the previous year. Only E.coli non-0157 case numbers were significantly reduced to what was reported in 2024.

Total reported **confirmed case numbers** continued to decline during 2025, potentially due to challenges accessing primary care appointments and case presentation at emergency departments not always resulting in faecal specimen samples being taken.



Reports of **unconfirmed gastrointestinal illness** (*suspected food poisonings where symptoms are reported but no faecal specimen has been analysed*) decreased across the SRS region during 2025. Case numbers significantly decreased across Cardiff and the Vale of Glamorgan, with notifications for Cardiff being at their lowest level for 10 years. Only Bridgend had an increase in reported cases, with numbers returning to a level last seen in 2021.

3.2 Performance activities

The investigation of confirmed sporadic and outbreak cases of communicable disease requires a timely and proportionate response to adequately mitigate wider risks to public health.

Sporadic cases

The document “*Local Authority and Health Protection Teams Public Health Responsibilities for Specified Pathogens*” (December 2023) specifies which pathogens require Local Authority action as part of a first response, and the expected first response timeframe, following case handover by Public Health Wales. Response times are dictated by the public health significance of the pathogen under investigation, thereby enabling Shared Regulatory Services to triage and effectively prioritise its work.

3.3 Achievements & Public Health Interventions

Illegal tobacco enforcement action - Improving health and wellbeing; safeguarding the vulnerable

The illegal tobacco industry causes great harms in the community. Not only is it heavily linked to organised crime activities and anti-social behaviours, the cheap prices are particularly attractive to younger people and those on lower incomes. This has the dual effect of encouraging more people to start smoking and vaping, whilst disincentivising exiting smokers to quit the habit. Research on counterfeit tobacco products has uncovered high levels of toxic metals, including arsenic, mercury and lead, in addition to other contaminants such as weed killer, sawdust and faecal matter. The growing availability of illicit tobacco is therefore increasingly exposing the population of SRS to a wide range of untold harms.



In October 2025, Trading Standards participated in a multi-agency operation, organised by the National Crime Agency, which targeted the criminal exploitation of high street businesses where shops were being used as a front for organised crime activities.

Shared Regulatory Services carried out 51 premises inspections and successfully removed a significant number of illegal tobacco products from the market.

- 4,260 illegal vapes were seized with a street value of £24,200.
- 3,811 packs of illegal tobacco (equating to 76,220 cigarettes) were seized with a street value of £36,480.
- 267 packs of illegal hand rolling tobacco were seized with a street value of £8,400.



In December 2025, the Trading Standards Service successfully obtained 2 closure orders made under Section 76 of the Anti-Social Behaviour, Crime and Policing Act 2014 for Cardiff-based businesses with a long history of illegal tobacco and vape sales.

A third Cardiff-based business was successfully prosecuted after Officers conducted a series of test purchases over a 12 month period, resulting in seizures of illegal tobacco products including: vape tank size infringements, and cigarettes not meant for sale in the UK with unpaid duty.

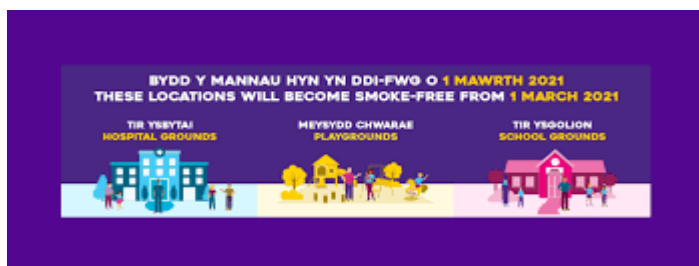
All seized goods were forfeited through the courts for destruction.

Test purchases identified the sale of alcohol without a licence in place, plus the sale of e-cigarettes to children under the age of 18 years. Two defendants were successfully prosecuted and received the following sentences.

Defendant 1 received a 12 month community order, imposed concurrently, for all offences: 10 Rehabilitation Activity Requirements days and 140 hours unpaid work (reduced from 200 hours following an early guilty plea). Costs of £1200 were awarded to the Authority, and a victim surcharge of £114 was imposed. A deprivation order was imposed for all items.

Defendant 2 received a 12 month community order, imposed concurrently, for all offences: 10 Rehabilitation Activity Requirements days and 200 hours unpaid work. A victim surcharge of £114 was imposed.

Supporting Key Partners Achieve Compliance with Smoke-Free Requirements - Improving health and wellbeing; safeguarding the vulnerable; stakeholder engagement



From 1st March 2021 the legislative framework governing smoke-free requirements in Wales has been contained within the **Public Health (Wales) Act 2017, Part 3, Chapter 1** and **The Smoke-Free Premises and Vehicles (Wales) Regulations 2020**. The updated legal framework aims to reduce smoking rates even further and de-normalise the

practice to reduce the number of young people taking up smoking. Consequently the current legislation governing smoke-free requirements across Wales now includes hospital grounds, playgrounds and school grounds.

SRS is responsible for enforcing smoke-free legislation and in doing so recognises that the requirement for all hospital sites to be smoke-free promotes healthier care environments and supports smokers using hospital services to quit.



During 2025/26, Shared Regulatory Services continued to engage with Local Health Board (LHB) partners to explore opportunities to improve compliance levels across their respective estates. Arrangements are currently in place within region to provide an educational phase in hospital grounds to identify non-compliant behaviours, sign post smokers to smoking cessation programmes,

collate data on the demographic profile of smokers, and identify any environmental issues that may encourage smoking on site. During the initial 5 months, the Service was able to directly engage with in excess of 1,100 individuals.



Recent figures circulated by Action on Smoking and Health (ASH) Wales Cymru reported that approximately 260,000 adults continue to smoke across the Principality, with 10 people dying from smoke-related illness every day. To support the dissemination of smoking cessation support, during 2025/26 the Service included contact details for the 'Help Me Quit' scheme on its letters to customers.

Enforcement Action for Breaches of Smoke-Free Requirements - Improving health and wellbeing; safeguarding the vulnerable



Tobacco smoking with a water pipe, or shisha pipe, continues to be popular within the Cardiff area, particularly among young adults. There is a growing body of evidence that shisha smoking poses a serious potential health hazard to both smokers, and non-smokers exposed to second-hand smoke, and is not a 'safe' alternative to cigarette smoking. Evidence suggests that shisha smoking detrimentally affects cardiovascular health, in particular heart rate and blood pressure. The risk of cross-infection from pathogens such as Herpes, Tuberculosis and Hepatitis significantly increases through the sharing of shisha pipes in a social context; a risk often not considered by shisha users.

A mail shot was sent to all known shisha cafes during September 2025 to remind duty holders of their legal responsibilities under smoke-free legislation applicable to Wales, and reiterate the compliance expectations of SRS. During Quarter 4 of the 2025/26 business year the Service was able to undertake unannounced visits

to 4 operational shisha lounges in Cardiff to determine if the smoking of lit tobacco was being permitted in either fully enclosed, or substantially enclosed, premises. **Non-compliances were observed in 3 of the 4 businesses, and investigations are presently underway to determine the most appropriate enforcement action in each case.**

The Service also concluded **1 successful prosecution** against a duty holder who had failed to take all reasonable steps to prevent persons smoking in a smoke-free area, as required by the **Public Health (Wales) Act 2017**, on 2 separate occasions. The limited company submitted early guilty pleas and was fined £986, required to pay prosecution costs of £365, and pay a victim surcharge of £394.

Infection Control Advice to Duty Holders - Improving health and wellbeing; safeguarding the vulnerable; stakeholder engagement



During 2025/26, Shared Regulatory Services continued to engage with barbers across the region to discuss infection prevention and control measures necessary to mitigate the risk of exposure to biological hazards, including Ringworm infection of the scalp area (*Tinea capitis*).

Improvements were supported in 11 businesses throughout the period: Bridgend (5), and Cardiff (6).

Communication of Infection Control and Wider Public Health Advice - Improving health and wellbeing; safeguarding the vulnerable; stakeholder engagement

During 2025/26 the Service reviewed and re-circulated its infection prevention and control guidance (IPC) for educational and early year's settings. Information about how to undertake enhanced cleaning and disinfection, particularly during outbreaks of gastrointestinal illness, was disseminated to all schools and early years settings at the start of the new autumn term to pre-empt peak Norovirus season.

Communications were also disseminated to early years and educational settings to signpost providers to the Public Health Wales IPC self-audit tool, guidance sheets on IPC measures for reptile handling and forestry school activities, the Access to Farms Code of Practice: Teachers Guide for organising farm visits for children, and the A-Z Common Infections Guide. To add further value, the Service was able to support Local Health Board messaging by including information about the MMR and flu vaccination programme.

The Communicable Disease Service was able to support Local Health Board partners disseminate key actions for the care home sector during late 2025 when community cases of Norovirus rapidly increased in the lead up to Christmas. This enabled providers to implement enhanced IPC measures, ensure the robust application of fitness to work protocols, and encourage the uptake of flu vaccinations to further protect their vulnerable residents, workforce and visitors accessing their premises.

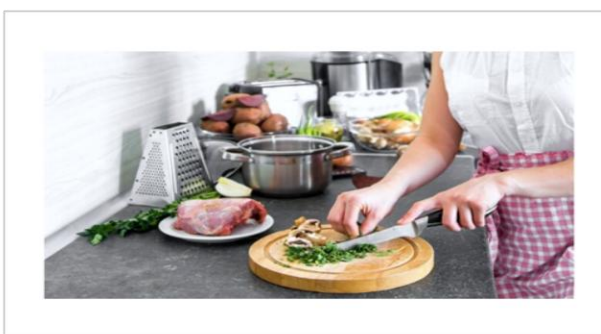
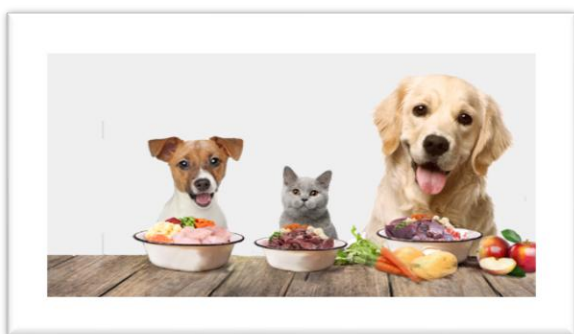
Targeted mail shots were sent to operators of animal handling and feeding venues across the SRS region during Quarters 1 and 4 to signpost duty holders to the Industry Code of Practice, "*Preventing or Controlling Ill Health from Animal Contact or Visitor Centres*", and allied resource materials, to improve control measures to mitigate the risk of vulnerable group exposures to significant pathogens such as E.coli, Cryptosporidium, Salmonella and Campylobacter.

A targeted mail shot was also circulated to 5 operators of Pick-Your-Own farms in Bridgend (2) and the Vale of Glamorgan (3) to remind duty holders of the importance of providing clear hand hygiene messaging to customers, and facilities to wash hands, as well as advising customers of the health risks associated with consuming unwashed produce.

Development of Public Health Guidance - Improving health and wellbeing; safeguarding the vulnerable; stakeholder engagement

Information provided by confirmed cases of communicable disease enabled the Service to identify trends and develop educational resources focused on key risk factors most likely to be a source of infection. Guidance sheets were developed for the following themes:

- Handling raw meat, poultry and fish products at home.
- Advice for feeding a raw pet food diet.
- Reducing the risk of illness: Handling of reptiles.
- Forestry school activities.
- Staying safe when visiting Pick-Your-Own farms.



Business Engagement – Nutritional Training; Healthy Options Award; Gold Standard Healthy Snack Award & Stakeholder Engagement

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

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



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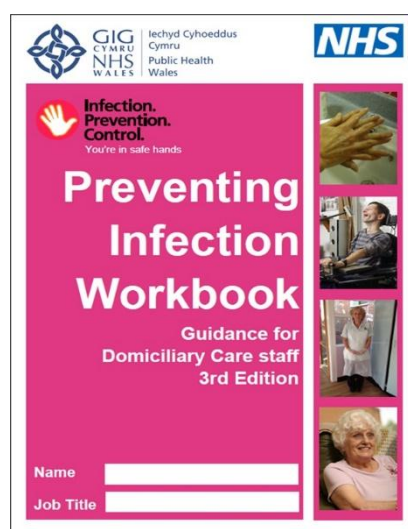
During 2025/26, **x7 Healthy Option Awards** were issued across the SRS region:

	BRIDGEND	CARDIFF	VALE
GOLD AWARD	1	3	0
SILVER AWARD	0	3	0
BRONZE AWARD	0	0	0

Nutritional training, which aims to increase knowledge and skills in food and nutrition, supports the uptake and sustainment of the Healthy Option Award in food businesses across the 3 legacy authority areas. The **Agored Cymru Level 1 Community Food and Nutritional Skills (CFNS) course** is now promoted on the SRS website and communicated to Primary Authority partners via the SRS Industry Team.

Shared Regulatory Services is a member of, and continues to support, the **Gold Standard Healthy Snack Award** and **Healthy Schools Implementation Group**, a partnership of multi-agency childcare sector stakeholders across Cardiff and the Vale of Glamorgan, with representation from the Public Health Wales Dietetics Team, Flying start, Cardiff & Vale University Health Board, dental services (Designed to Smile), Cardiff Council childcare business support, and the Council Workforce Development Team. The Service is able to support partners' access wider Environmental Health services and provide advice on infection control, cleaning and disinfection, and exclusion policies for staff sickness. This collaboration has also enabled the Service to influence documentation relating to the Dietetic Team's cookery programme, 'Little Cooks'.

Stakeholder Engagement – Contributing to Wider Public Health Initiatives



During 2025/26, the **Health Protection Partnership** in the SRS facilitated the **distribution of 2,856 IPC workbooks** to individual domiciliary care staff workers across the Cardiff & Vale and Cwm Taf Morgannwg LHB areas, a training resource developed by Public Health Wales and funded through the regional Health Protection Partnership. This engagement with duty holders across the domiciliary care sector also provided an opportunity to sign post workers to wider public health strategies, in particular the HSE 'Working Minds' campaign, and relevant resource material.

Stakeholder Engagement – Shared Learning with Colleagues

The sharing of experiences is critical for the development of knowledge across the Environmental Health profession and promoting consistency in approach. In addition to the all-Wales Lead Officer training programme, the regional task group structures enable Local Authorities to share and discuss lessons learnt from complex, multi-agency outbreak investigations. During 2025/26 Shared Regulatory Services participated in Exercise Pegasus, a pandemic preparedness exercise based on multi-agency learning from the COVID-19 pandemic.

Oversight of Exhumations in SRS.

In accordance with Section 25 of the Burial Act 1857, Environmental Health will be notified of exhumations via a Ministry of Justice (MOJ) licence for graves on land dedicated for burial, or a Bishop's Faculty (ecclesiastical permission) from the Church in Wales for burials on consecrated land, to ensure risks to public health are being effectively mitigated and standards of decency are being met. An Officer would be in attendance during all exhumations to ensure conditions are being strictly adhered to. Between 01/04/2025 and 31/03/2026, Officers from the Communicable Disease, Health and Safety Team were not required to attend any exhumations across the SRS region; however, Officer update training was provided during this period to support continual professional development.

Skin Piercing Interventions – Improving health and wellbeing; safeguarding the vulnerable



Part 4 of the Public Health (Wales) Act 2017 introduced a licensing scheme for defined skin piercing treatments which required practitioners to hold either a 7 day (*for events*) or 3 year personal licence, and operate from a premises with a 7 day (*for events*) or 3 year approval certificate.

Between **01/04/2025 and 31/03/2026**, Officers carried out **248 special procedures licensing visits** across SRS: Bridgend (37); Cardiff (171); Vale of Glamorgan (40).

Whilst compliance visits were primarily focused on infection prevention and control to mitigate the risk of client and practitioner exposure to biological hazards, the interventions also ensured that our more vulnerable citizens were not being put at any increased risk of harm (*e.g. no tattooing or intimate procedures on anyone under 18 years of age, ensuring clients had adequate capacity to consent to treatments and understand the risks involved, and that an adequate consultation was being provided prior to any treatments being performed*).

Once the 9 month transition period had concluded on 29th August 2025, the Service was able to use new enforcement powers contained within the 2017 Act to deal with non-compliant practitioners and premises. Between **30/08/2025 and 31/03/2026**, SRS issued 41 Stop Notices to prevent unlicensed people performing a defined special procedure from an unapproved premises.

	Bridgend	Cardiff	Vale of Glamorgan
No personal licence only	1	9	0
No premises approval certificate only	0	5	0
No personal licence and no premises approval certificate	2	23	1

Between **30/08/2025 and 31/03/2026**, SRS issued 2 Remedial Action Notices to address non-compliances with the mandatory conditions attached to a personal licence and a premises approval certificate.

Between 1st April 2025 and 31st March delivered **x5 RSPH Level 2 Award in Prevention and Control for Special Procedures Practitioners** courses **22 delegates** successfully completed qualification.



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Primary Authority Partnership Work – Supporting the local economy & maximising the use of resources.

National Hair & Beauty Federation (NHBF) – The 2025/26 business year enabled SRS to advise on guidance for members on barbering and hair dressing, and support further development of the ‘Beauty in a Box’ pack for beauticians. SRS was able to contribute to an article for NHBF members to highlight the requirements of the special procedures licensing regime in Wales, particularly to support NHBF members operating in the Principality. Work to review the membership packs started in 2025/26, which will provide an additional focus on aesthetics treatments and products.

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.

Between 1st April 2025 and 31st March 2026, the Communicable Disease, Health and Safety Team issued **34 'requests to co-operate'** for the following reasons:

x8 issued on unregistered/unlicensed skin piercing practitioners.	To prevent the continuation of tattooing activities without the requisite permissions in place before the end of the 9 month transition period.
x1 child household contact of a confirmed Hepatitis A cases (screening required).	To exclude children from school and nursery whilst potentially infectious.
x1 confirmed Enteric Fever case (Salmonella paratyphi or Salmonella typhi)	To exclude a food handler from work until microbiological clearance had been completed.
x2 confirmed Cryptosporidium case	To exclude a child from school, and a nurse from working, until 48 hours symptom-free, and from swimming until 14 days symptom-free.
x21 confirmed E. coli cases (0157, STEC and non-0157)	To exclude cases in a defined risk group from returning to nursery/school/work until 48 hours symptom-free or microbiological clearance had been confirmed.
x1 issued on a business implicated in a significant Cryptosporidium outbreak.	To stop all animal feeding and handling activities after IPC improvements were unsuccessful in mitigating the risk of transmission.

Whilst confirmed cases of communicable disease notified to SRS are responded to within the agreed pathogen-specific timeframes, the Service does approach the investigation of lower risk pathogens differently to those presenting a greater public health significance. The majority of cases will be interviewed by telephone to facilitate a more detailed discussion about potential risk factors and to provide appropriate and timely public health advice. Campylobacter cases are an exception to this and are routinely sent postal questionnaires with a pathogen advice sheet due to the high number of notifications received by SRS each week and the lower risk nature of the pathogen.

Local Authority target response times for more common communicable disease pathogens

Pathogen	Response time
Campylobacter	Within 96 hours (within 24 hours if part of an outbreak)
Cryptosporidium	Within 48 hours (same day if an outbreak)
Giardia	Within 48 hours (same day if part of an outbreak)
Salmonella spp.	Within 24 hours (within 4 hours 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
STEC / E. coli O157	PCR positive and evidence of HUS, bloody diarrhoea, hospital admission / culture positive for O157 - Within 4 hours Low risk STEC cases – Within 24 hours
Hepatitis E	Within 48 hours
Shigella	Shigella sonnei – Within 24 hours Other Shigella sp. - Within 4 hours All Shigella cases that are part of an outbreak – 4 hours All Shigella cases that are food handlers – 4 hours All Shigella cases in closed communities such as care homes – 4 hours
Legionella spp.	Within 4 hours
Listeria monocytogenes	Within 4 hours
Any other organism thought to be associated with foodborne illness / food poisoning (<i>e.g. Cyclospora sp</i>)	Within 24 hours
Clostridium perfringens	Within 24 hours if likely to be food borne
Bacillus cereus	Within 24 hours if likely to be food borne

Adherence to these agreed target response times is monitored by the Manager of the Communicable Disease, Health and Safety Team as part of normal daily operational arrangements. Unfortunately the current Tarian database, which is used for case management, is not able to export data with response time information of less than 1 day, preventing the Service from illustrating performance against the 4 hour target response time for the more significant pathogens.

In practice, the Service aims to respond to cases on the same working day the notification is received in Tarian. Where lower risk cases are reported over a weekend or bank holiday, the initial response to the case will be on the next working day. Where high risk cases of communicable disease are notified over a weekend or bank holiday, on-call colleagues in Public Health Wales are responsible for ensuring that appropriate public health actions are initiated to mitigate the risk of onward transmission.

It is also worth noting that response time information can be negatively impacted by factors such as:

- Time of the day a case is handed to the Local Authority by colleagues in PHW.

- A lack of current contact information for the case in the Tarian record (*i.e. telephone number or email address*) that prevents a more rapid first response.
- Where the Local Authority is requested to pause further action pending test results from the reference laboratory after a case has been formally handed over by PHW.
- Challenges interviewing certain cases where a next of kin is not available (*i.e. lack of capacity to respond, where the case is a child, delays arranging an interpreter, where a case is too ill or frail to be interviewed*).
- Where an Officer completes a task on Tarian but does not include time information.
- Where an Officer completes a task on Tarian but uses real time information, not the time the first response was actually completed.

Response rates for Campylobacter cases across the 3 local authorities were reviewed for 2025 and compared to the preceding 4 years (*% of notified cases that were successfully interviewed*).

Campylobacter response rates 2025 (2024 figures shown in brackets as a comparison)

	Bridgend	Cardiff	Vale	Total
Cases interviewed	95 (127)	240 (260)	93 (103)	428 (490)
Total cases	236 (245)	593 (582)	227 (200)	1056 (1027)
Response rate	40% (52%)	41% (45%)	41% (52%)	41% (48%)

A comparison of response rates from 2021 to 2025 is illustrated below:

	2025	2024	2023	2022	2021
Bridgend	40%	52%	59%	75%	64%
Cardiff	41%	45%	55%	76%	65%
Vale	41%	52%	50%	76%	70%
SRS	41%	48%	55%	76%	66%

Response rates for confirmed cases of Campylobacter continued to decline across the region during 2025, with Officers having to increasingly rely on postal questionnaires as the main method to gather information about individual symptoms and risk factors due to resource challenges. Whilst 67 (16%) cases were successfully interviewed by telephone, Officers regularly experienced calls not being answered or voice messages being ignored. To maximise service efficiency, 361 cases (84%) were interviewed via a combination of postal questionnaire and email.

Officers completed follow up calls to 5 cases who had returned a postal questionnaire due to data being incomplete and/or poor quality, or because customers had requested further advice about their illness.

As a methodology for data capture, postal questionnaires return a lower response rate to telephone surveys which has contributed to this decrease in customer engagement (*BMC Medical Research Methodology, August 2012 – telephone survey response rate 30.2%; personalised postal questionnaire response rate 10.5%*).

All confirmed cases of higher risk pathogens are routinely interviewed by telephone, or in some instances, face-to-face. In-person interviews may be necessary where the person has been admitted to hospital, if the case needs support from a Next of Kin when responding to questions, or to adequately support any specific needs of the case. Postal questionnaires are only sent to confirmed cases of higher risk pathogens as a last resort, namely:

- No current contact numbers or email addresses can be found for the case.
- A case has repeatedly failed to respond to calls, voicemail messages and letters requesting that they contact the Local Authority to discuss their illness.

Response rate information for confirmed cases of Cryptosporidium, Giardia and Salmonella in 2025 is detailed in the table below, illustrating that telephone interviewing does significantly improve the quantity, and quality, of data about illness across the region.

	Cases interviewed	Total Cases	Response (%)
Cryptosporidium	138	142	97%
Giardia	76	91	84%
Salmonella	94	107	88%

Confirmed Cases of Communicable Disease

The table illustrated below details the incidence of confirmed cases of communicable disease across the SRS region between 2021 and 2025.

* COVID-19 cases have been reported to SRS since May 2020.

** Since November 2024 PHW has assumed the lead role for the follow up of Hepatitis A cases, with the LA continuing to provide support and advice as a core member of the IMT and OCT mechanisms.

In 2025, organisms captured by the 'Other' category in the table below included: Norovirus, Borrelia burgdorferi (Lyme disease), Cyclospora cayetenensis, Clostridium perfringens, Entamoeba histolytica, Leptospira and Brucella melitensis.

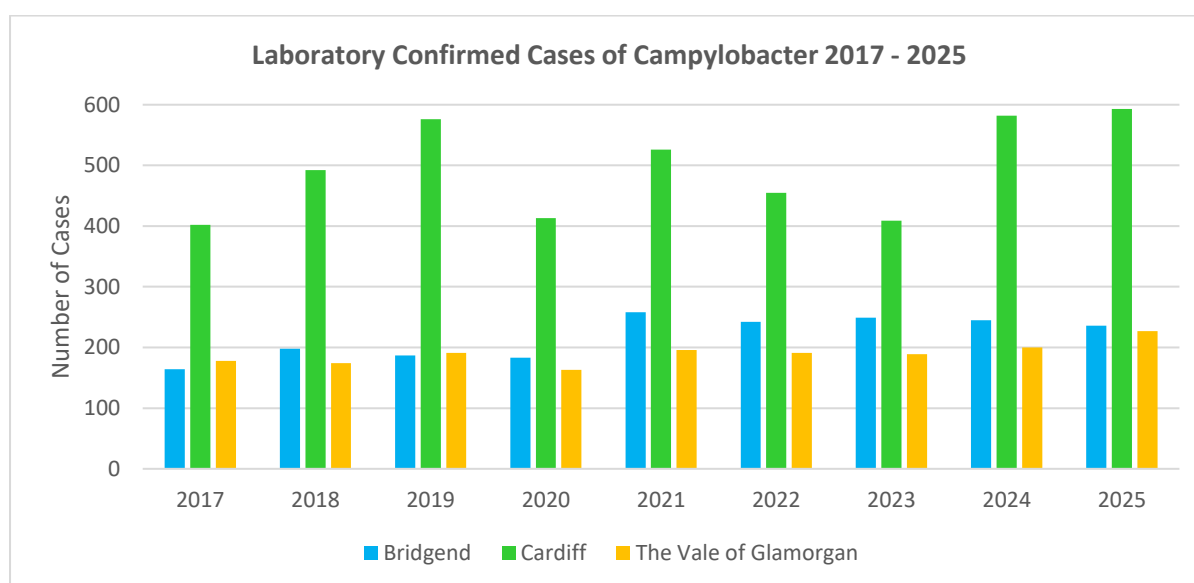
	Bridgend					Cardiff					Vale of Glamorgan				
	2021	2022	2023	2024	2025	2021	2022	2023	2024	2025	2021	2022	2023	2024	2025
Campylobacter	258	242	249	245	236	526	455	409	582	593	196	191	189	200	227
COVID-19*	21066	10958	955	792	337	57822	30865	2258	1478	896	21967	10911	956	673	377
Cryptosporidium	6	6	30	26	51	20	29	47	61	47	10	17	21	26	44
E. coli non O157	20	19	29	19	14	28	31	39	58	51	8	9	12	27	14
E. coli O157	3	7	1	2	6	3	3	4	2	7	4	2	1	0	3
Giardia	13	13	22	15	10	50	62	62	50	60	19	28	10	16	21
Hepatitis A**	1	1	1	0	0	1	2	1	6	6	0	1	0	1	1
Hepatitis E	0	7	2	3	4	2	0	5	3	6	1	1	1	1	3
Legionella	4	3	5	2	3	4	4	5	6	9	2	3	3	4	3
Listeria	0	1	0	0	0	1	1	1	1	1	0	0	0	0	0
Salmonella	10	14	21	32	27	64	54	43	64	61	7	10	24	21	19
Shigella	3	5	2	3	2	3	22	20	16	20	0	4	4	6	5
Other	42	48	115	125	87	81	119	226	266	327	32	57	83	146	114
Total	21426	11324	1432	1264	777	58605	31647	3120	2593	2084	22246	11234	1304	1121	831

Campylobacter Infection

The incidence of Campylobacter infection throughout SRS far exceeds other notifiable diseases, with the exception of COVID-19. *Campylobacter* species are the most common bacterial cause of infectious gastrointestinal disease in developed countries due to its low infectious dose (<500 organisms can cause disease) and the range of environments where the pathogen can survive and thrive.

Common risk factors associated with confirmed cases of Campylobacter include: 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; direct contact with animals/birds and their faeces; close contact with the faeces of an infected person (*i.e.* *changing nappies of an infected child*) and subsequent poor hand hygiene; cross-contamination associated with the growing popularity of feeding pets a raw meat diet; the accidental consumption of raw/part-cooked chicken products; the use of new cooking appliances at home 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*).

Reported cases of Campylobacter from 2017 to 2025 are detailed in the graph below.



In total SRS received **1,056 confirmed cases of Campylobacter in 2025** compared with 1,027 in 2024; 847 in 2023; 888 in 2022; 980 in 2021; 759 in 2020; 954 in 2019; 863 in 2018; and 741 in 2017.

All confirmed cases reported in 2025 were sporadic and not linked to any known outbreaks.

Although case numbers in Bridgend slightly decreased in 2025, they remained higher than pre-pandemic levels. Case numbers in both Cardiff and Vale of Glamorgan increased in 2025, with totals being at their highest level since the inception of Shared Regulatory Services. Reasons behind this notable upturn in Campylobacter cases are unclear since rates of illness linked to population density have not been determined; however, the increase in reported numbers is aligned with the national trend being seen across the UK.

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 surveillance

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, E.coli (STEC) O157, Legionella, Giardia, Cryptosporidium, and Listeria monocytogenes.

e.g. Ensuring confirmed cases of Giardiasis receive appropriate medication from their GP; ensuring confirmed cases of communicable disease working with food or vulnerable people only return to work after satisfying relevant microbiological clearance requirements; liaison with other relevant stakeholders to identify contaminated foodstuffs on the market.

Contrary to 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, or close contact with an infected person (including intimate contact).

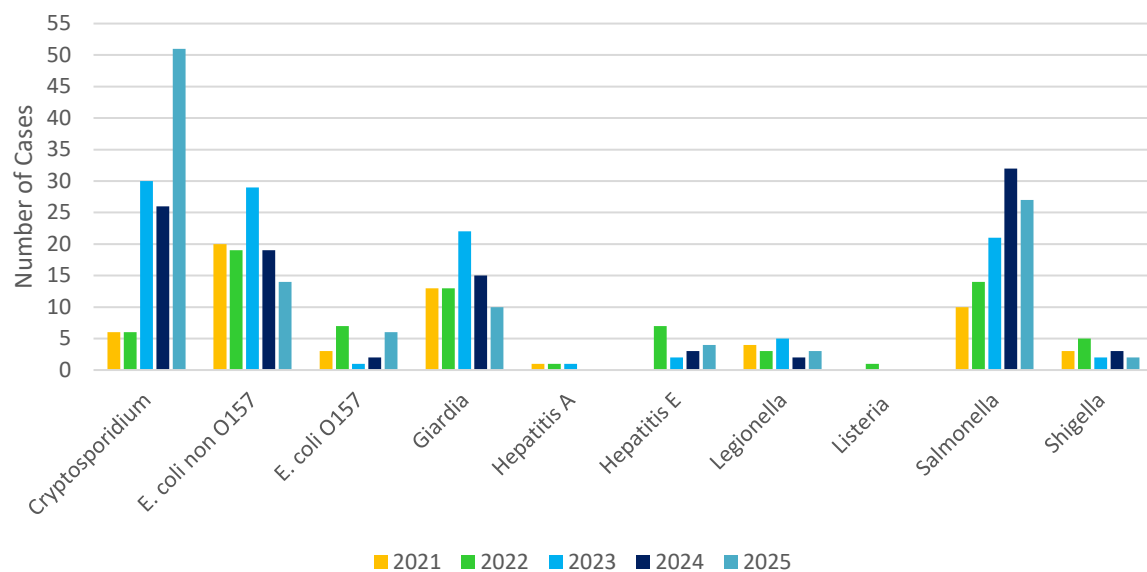
The table below illustrates the incidence of common pathogens (other than Campylobacter) which have caused illness across SRS in 2025.

	Bridgend	Cardiff	Vale of Glamorgan	Total
Cryptosporidium	51	47	44	142
E. coli non O157	14	51	14	79
E. coli O157	6	7	3	16
Giardia	10	60	21	91
Hepatitis A	0	6	1	7
Hepatitis E	4	6	3	13
Legionella	3	9	3	15
Listeria	0	1	0	1
Salmonella	27	61	19	107
Shigella	2	20	5	27
Total	117	268	113	498

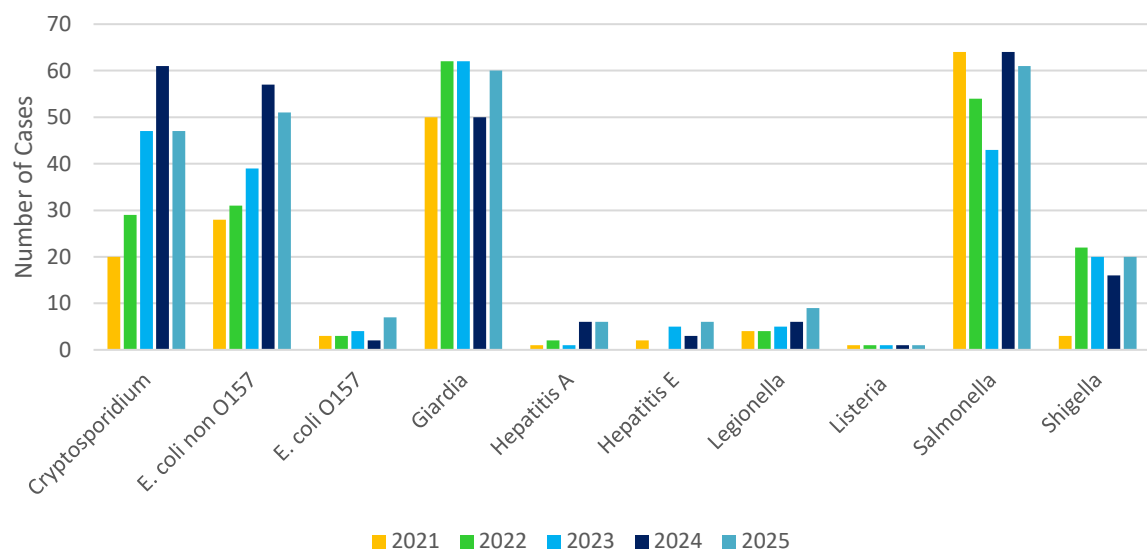
The most commonly reported significant pathogens in 2025 were **Salmonella**, **Cryptosporidium**, **E.coli non-O157** and **Giardia**, amounting to a combined total of 419 cases across the SRS region.

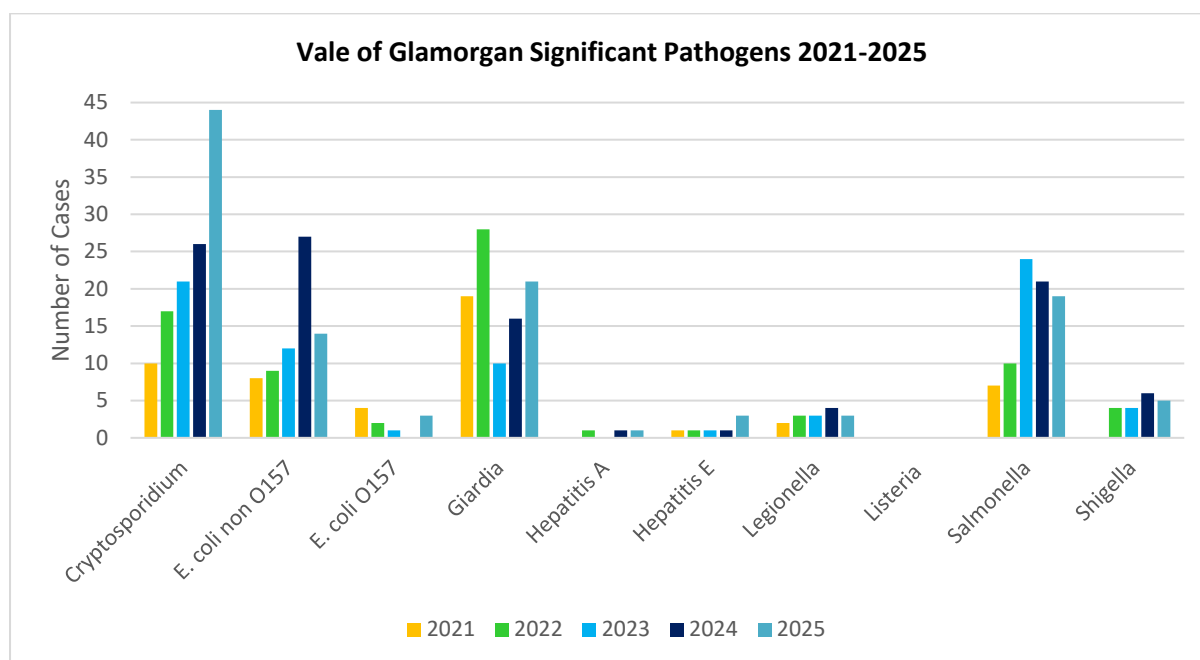
The graphs below illustrate the incidence of common pathogens (other than Campylobacter) that have caused illness across the SRS regions between 2021 and 2025.

Bridgend Significant Pathogens 2021-2025



Cardiff Significant Pathogens 2021-2025





Salmonella cases remained high across the SRS region during 2025, although all legacy authorities saw a slight reduction in case numbers when compared to 2024. The main risk factors identified through the interviewing of cases included foreign travel, water-based activities, direct contact with animals, and the consumption of food from commercial food businesses. No clear links to any national, or international, outbreaks could be determined.

During 2025, 3 cases of **Salmonella Typhi** and 3 cases of **Salmonella Paratyphi A** were reported in Cardiff, with all cases having a link to foreign travel. These high risk sub-species of Salmonella are commonly referred to as Enteric fever and are capable of causing potentially life-threatening infection. Consequently the Service is required to carry out more in-depth interviews, screen co-travellers and household contacts, facilitate microbiological clearance for all defined risk group cases and exclude risk group cases from work/childcare setting until the risk of onward transmission has been fully mitigated.

Cryptosporidium case numbers significantly increased across Bridgend and the Vale of Glamorgan in 2025, whilst Cardiff saw a reduction in cases and a return to levels previously seen in 2023. The rapid increase of Cryptosporidium cases across Bridgend and the Vale areas was largely attributed to an outbreak at a farm in the Vale of Glamorgan that had organised public animal feeding and handling activities. This outbreak is discussed in more detail in the 'outbreaks' section of this plan.

Cryptosporidium parvum, which infects both animals and humans, was confirmed in 106 (75%) of cases whilst *Cryptosporidium hominis*, which infects humans, was confirmed in 20 (14%) cases. Species reports for the remaining 16 (11%) cases were not received.

The main risk factors identified through the interviewing of cases included direct contact with animals or visiting premises where animals were being kept; swimming in pools; water activities in lakes, rivers and the sea; participation in activities involving direct contact with mud, soil or compost; and direct contact with faecal matter.

Shigella is a contagious bacterial infection which is excreted in the faeces, and predominantly spread through poor hygiene standards, contaminated food and water, and close direct contact with an infected person. An UKHSA investigation identified a dramatic rise in cases of *Shigella sonnei* in the UK from October 2025, with

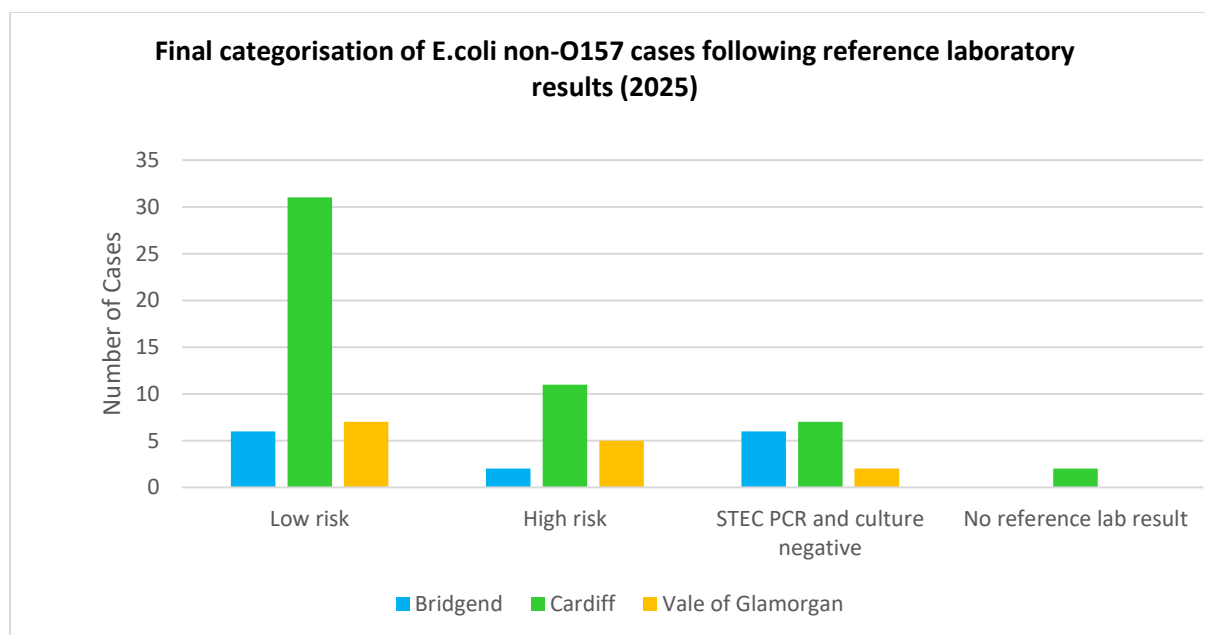
links to foreign travel to Cape Verde. During case interviews, the Service was able to determine that 3 SRS residents were linked to this international outbreak – 2 in Cardiff; 1 in the Vale of Glamorgan,

Shiga toxin-producing Escherichia coli (STEC) are bacteria that cause gastroenteritis. There are many different strains with symptoms ranging from very mild gastrointestinal disturbance to more severe symptoms (*bloody diarrhoea*) and life-threatening conditions (*Haemolytic Uraemic Syndrome*) which can cause kidney failure in our more clinically vulnerable citizens.

PCR testing in the local laboratory can confirm if a case has tested positive for a Shiga toxin producing strain of E.coli (STEC), whilst local laboratory culture techniques can only determine if the strain is O157 or not. Local testing is currently not able to identify other high-risk strains of E.coli, such as O26 or O145, that have the potential to cause serious illness.

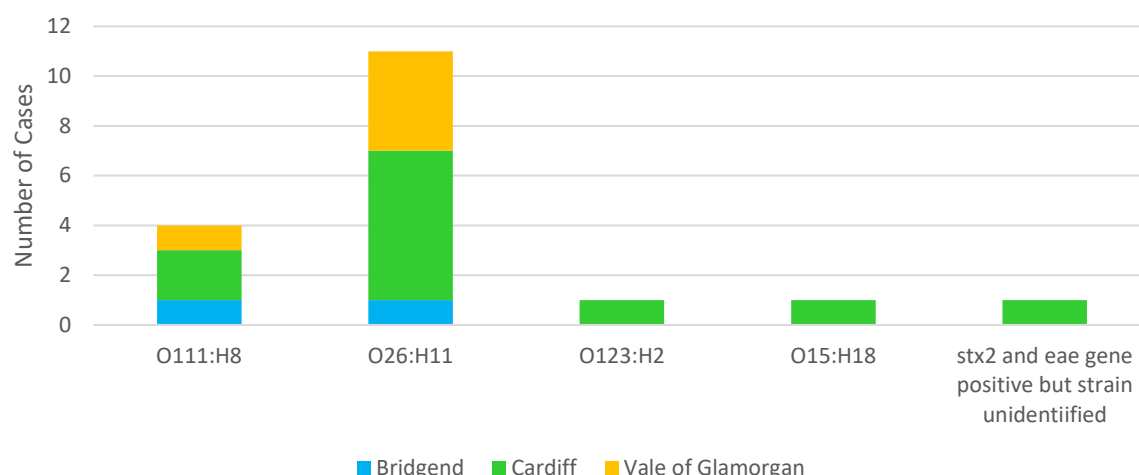
Enhanced testing by the reference laboratory can take several weeks to be reported. The Communicable Disease service therefore adopts a precautionary approach to mitigate wider risks to public health by undertaking an initial risk assessment of non-O157 cases. This enables SRS to confirm case symptomology, identify probable cases in the household, and commence microbiological clearance of those working in designated risk groups where appropriate.

The graph below shows the re-categorisation of E.coli non-O157 cases after enhanced testing.



18 (23%) cases were confirmed to be a high-risk strain following enhanced testing at the reference laboratory, as illustrated in the graph below.

High risk strains of E.coli non-O157 reported following reference laboratory analysis (2025)



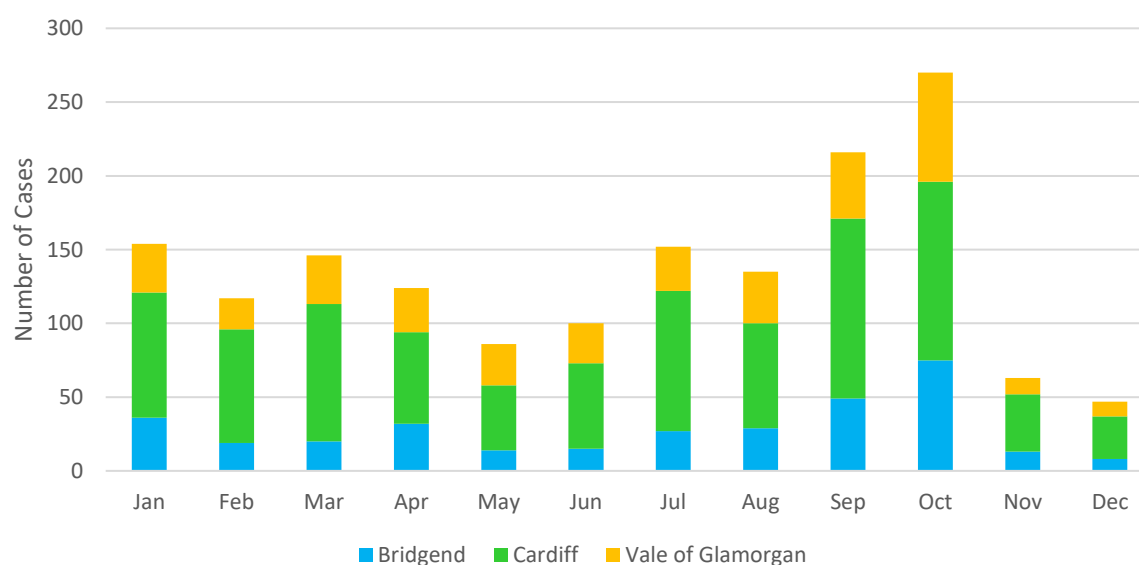
In August 2025, a case of E.coli 026:H11 in the Vale of Glamorgan was genomically linked to 4 other UK-based E.coli cases (*3 in Wales, 1 in Scotland*) who had all attended a music event in Ceredigion. The Service was able to support key partners' complete detailed investigations into all possible sources of infection, and identify potential improvements that could mitigate the risk of illness during future events.

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

Throughout 2025 oversight of COVID-19 incidents across the health and social care sector continued to be managed by the SRS Health Protection Partnership Team working in tandem with Local Health Board and Local Authority Commissioning Team partners.

The graph below highlights the distribution of confirmed COVID-19 cases across the SRS region throughout 2025, with case numbers peaking in October. As expected, case numbers continued to show a downward trend from previous years - a **total of 1,610 cases** were reported with 896 (56%) of cases in Cardiff, 337 (21%) cases in Bridgend and 377 (23%) cases in the Vale of Glamorgan.

Confirmed COVID-19 Cases by Month 2025

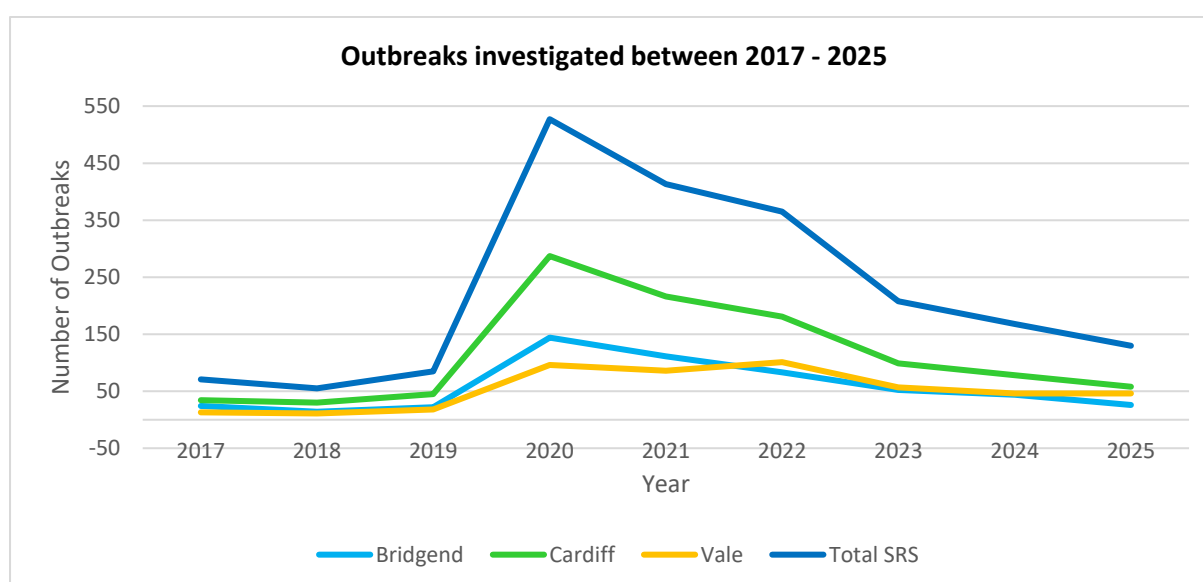


Outbreaks in 2025

130 outbreaks were investigated by SRS in 2025, compared with 168 in 2024; 208 in 2023; 365 in 2022; and 413 in 2021. The continued decline in outbreaks notified to the Local Authority since 2021 directly correlates with the significant reduction in COVID-19 circulating in the community (**only 1 COVID-19 outbreak was notified to SRS during 2025**). However, it is noteworthy that the number of outbreak investigated by the Service during 2025 far exceeds pre-pandemic levels (2019 = 85 outbreaks).

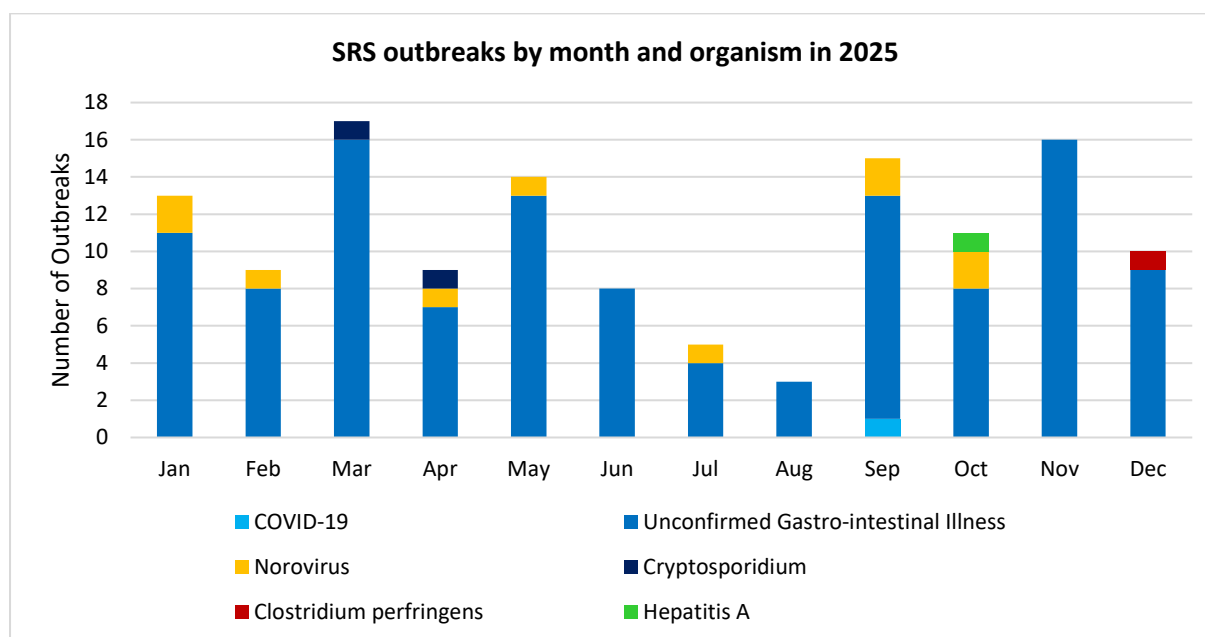
In 2025, **129 (99%) outbreaks related to gastro-intestinal illnesses**, of which, 26 (20%) were in Bridgend, 57 (45%) were in Cardiff, and 46 (35%) were in the Vale of Glamorgan.

The graph below compares the number and distribution of outbreaks across the SRS region between 2017 and 2025.

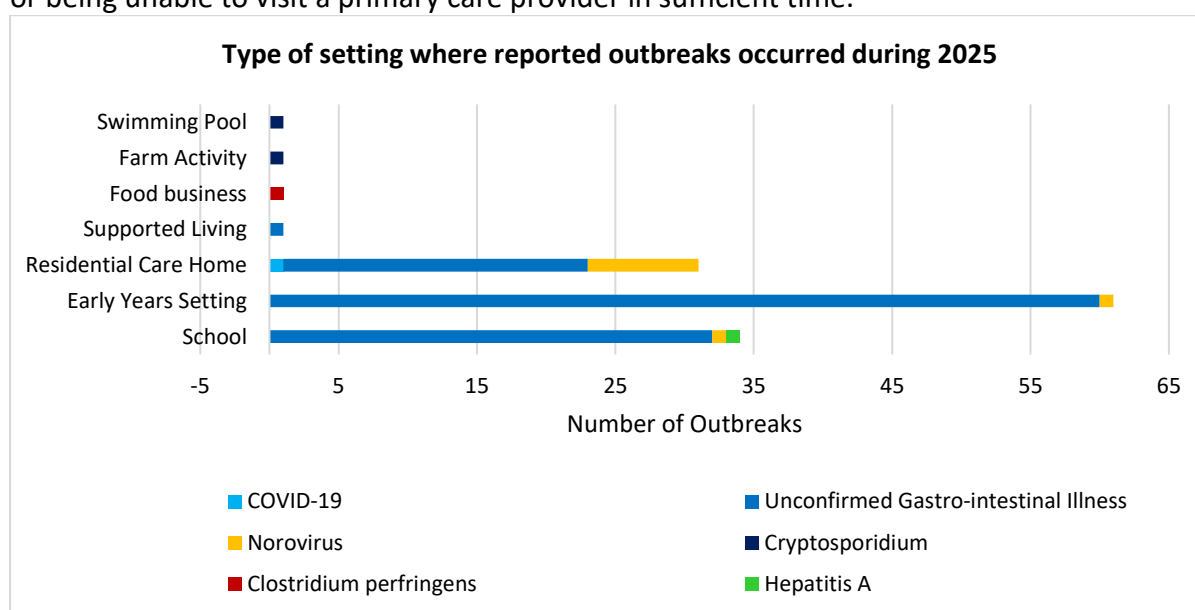


The number of outbreaks across Bridgend and Cardiff declined during 2025, whilst the situation in the Vale of Glamorgan remained unchanged from the previous year.

The graph below illustrates the number of outbreaks per month notified to SRS throughout 2025 and the causative organism.



Of the 130 outbreaks notified to the Service, 115 (88%) related to unconfirmed gastrointestinal illness. The causative pathogen could not be determined due to cases not submitting faecal samples for microbiological analysis whilst symptomatic, either because symptoms were very mild and/or short-lived, or being unable to visit a primary care provider in sufficient time.



Approximately half of all outbreaks reported in 2025 were from early years settings, including private day nurseries, wraparound care providers and sessional Flying Start facilities. An increase in reporting from this sector was not unexpected as community transmission rates of Norovirus remained high across the year, with community cases surging during late 2025. In the weeks leading up to Christmas, cases surged by 26%, with a 42% overall increase compared to the previous year's figures.

Children attending early years settings range from babies to 5 years of age, and are considered to be a risk group cohort based on age and an inability to maintain good standards of personal hygiene. In all instances, service providers were provided with detailed infection prevention and control advice to mitigate the risk of transmission in their respective settings, and provided with daily support until the outbreak had ended.

There were **3 notable outbreaks** managed by the Service in 2025, which are described in greater detail below.

Cryptosporidium outbreak linked to animal feeding and handling activities



In April 2025, the Communicable Disease Service identified that a number of confirmed cases of *Cryptosporidium* had participated in lamb feeding, and animal handling activities, at a Vale-based farm within their incubation periods.

An Officer from the Communicable Disease Service visited the farm to assess the adequacy of infection control measures to protect public health, and identified a number of concerns, which included:

Inadequate hand wash signage and hand washing instructions	Hand wash facilities in a poor state of cleanliness
Inadequate provision of liquid soap at hand wash facilities	Paper towel for drying hands inadequately protected to prevent contamination
Disinfectants used for animal areas with limited effectiveness for <i>Cryptosporidium</i>	A lack of PPE for volunteers assisting with animal handling and feeding activities

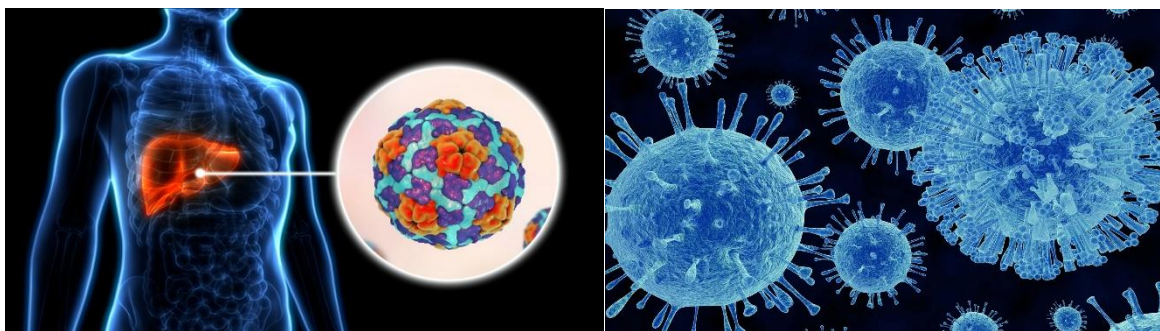
The duty holder was provided with clear instruction on what improvements were needed to mitigate the risk of harms to public health, and a referral was made to the Health and Safety Executive, as the enforcing authority for health and safety matters where the main activity is that of a working farm. Whilst the Service continued to receive notifications of further confirmed cases of *Cryptosporidium* linked to this farm, case visit dates preceded the introduction of improvements to infection prevention and control (IPC) arrangements.

Unfortunately new confirmed cases of *Cryptosporidium* continued to be reported to SRS, suggesting that IPC improvements were not effectively mitigating the risk of harms to customers, a significant number of which were very young children. Cases reported handling lambs with visible faecal contamination, lambs defecating on them during handling activities, queues to use hand wash facilities, and poor supervision of customers by staff.

Case numbers surged quickly, with a total of 151 cases of gastrointestinal illness being linked to animal feeding and handling activities at the farm. A total of 89 *Cryptosporidium* cases were confirmed to be the species *Cryptosporidium parvum*, which is zoonotic and means it can be transmitted between animals (*such as calves and lambs*) and humans. A significant number of *parvum* cases also shared the same MLVA profile, supporting the assumption that cases had a common source of infection. A further case had positive results for both *Campylobacter jejuni* and *E.coli* 0176:H4, whilst the remaining cases were unconfirmed by laboratory testing.

With continuing concerns that IPC improvements were not effectively protecting public health, all animal handling and feeding activities were suspended after the Service issued the farmer with a Regulation 8 Request to Co-operate under the Health Protection (Local Authority Powers) (Wales) Regulations 2010, as agreed with partners attending the Outbreak Control Team.

Circulating co-infections at an educational setting



A Cardiff-based educational setting was linked to sibling cases of Hepatitis A who had attended school during their incubation periods. Whilst Public Health Wales led on investigations to identify close contacts and support a community vaccination programme, Shared Regulatory Services was able to provide support with a sudden and significant surge in sickness and diarrhoea cases being reported to the school. After providing additional guidance about enhanced cleaning and disinfection, and appropriate infection control measures, Officers were able to engage with a number of parents and support faecal sampling for those unable to attend a primary care practitioner. Microbiological testing later confirmed that Norovirus was circulating throughout the setting, which enabled the Service to provide appropriate support until the outbreak concluded.

Clostridium perfringens cases linked to a commercial food business



In December 2025, the Service was contacted by a Bridgend-based food business about a number of customers who had self-reported gastrointestinal illness after eating Sunday lunch with them the previous day. The business agreed to voluntarily close to support the local authority investigations.

Whilst Food Officers visited the premises to discuss food safety practices for the Sunday lunch service, the Communicable Disease service was able to conduct case interviews to confirm what foods had been consumed, who had reported illness in their party, symptom details and onset information, and other risk factors that could be alternative sources of infection. Line list information was subsequently shared with partners in Public Health Wales to enable the Epidemiology team complete a retrospective cohort study to identify the most likely implicated foodstuffs.

The Service was able to support the collection of faecal specimens from a number of cases, 7 of which subsequently tested positive for ***Clostridium perfringens***. Out of a total of 116 diners, a further 36 people presented with unconfirmed gastrointestinal symptoms, and were classified as probable cases.

Clostridium perfringens is a gram positive, anaerobic, spore-forming bacteria found in soil, sewage, animal manure, and in the intestines of humans and animals. It can tolerate heat successfully and is often associated with meat-based products that are cooked slowly. The bacteria will subsequently multiply without the presence of oxygen as a consequence of temperature control abuse (*e.g. prolonged storage at ambient temperature, prolonged cooling, inadequate reheating, and inadequate hot holding*). Its ability to

produce a toxin in the body induces a rapid onset of typical food poisoning symptoms, usually within 6-24 hours of consumption of a contaminated food source.

Analysis of the data by the Communicable Disease Surveillance Centre Epidemiology Team in Public Health Wales concluded that beef was the most likely vehicle of infection; however, this could not be verified as food samples from that particular service were not available. Interventions completed by SRS successfully secured all necessary improvements with the food business operator to effectively protect public health and mitigate the risk of further harms.

Between 1st April 2025 and 31st March 2026, Lead Officers for Communicable Disease attended a range of Incident Management Team Meetings and Outbreak Control Team Meetings for the following pathogens:

- Cryptosporidium cases linked to animal handling and feeding activities at a Vale-based farm.
- Cases of Norovirus in educational and prison settings.
- E.coli 026 cases linked to attendance of an outdoor music event.
- Cases of Clostridium perfringens associated with the consumption of Sunday lunch at a Bridgend-based food business.
- Linked cases of Hepatitis A in a primary school in the Cardiff area.
- Community cases of TB in the Cardiff area.

3.4 Customer Evaluation Forms

Once officers have interviewed a confirmed case of communicable disease, the customer is routinely sent an evaluation questionnaire in order to gauge feedback about the service they have received and determine behavioural changes as a consequence of our contact with them. During **2025** the Service continued to encourage feedback from its customers in 2 ways – electronically via MS Forms where customers provided an Email address, or by returning a paper questionnaire in a pre-paid envelope.

Feedback from all cases:

The response rate for completed evaluation forms remained extremely low in 2025 at 2% (9/494 cases interviewed by telephone), which is the poorest response rate since the Service began.

Of the **9 evaluation forms** completed in 2025:

- 9/9 (100%) cases reported being 'very satisfied' with the service.
- 9/9 (100%) cases reported that the advice given by officers was useful.
- 5/9 (56%) cases reported changing their food preparation practices or choices as a result of the interview. **Key behaviour changes reported included more regular washing hands.**
- 9/9 (100%) cases reported that the performance of the officer was very good.
- 9/9 (100%) cases said that they were better equipped to prevent future infections.
- 9/9 (100%) cases said that the officer could not have done any more to improve the quality of the interview.
- An additional comment left by 1 case stated that the information provided by the Officer was very enlightening.

The continued decline in feedback being provided by cases will require review during 2026/27 to identify more innovative ways in which the Service can engage more successfully with its broad range of customers.

Appendix A

Corporate priorities and outcomes of partner Councils

Bridgend County Borough Council

Priorities

Outcomes/Aims



- A County Borough where we protect our most vulnerable
 - A County Borough with fair work, skilled, high-quality jobs and thriving towns
 - A County Borough with thriving valleys communities
 - A County Borough where we help people meet their potential
 - A County Borough where people feel valued, heard and part of their community
 - A County Borough where people feel valued, heard and part of their community
 - A County Borough where we support people to live healthy and happy lives.
- Protect our most vulnerable
 - Fair work, skilled , jobs and thriving towns
 - Creating thriving valleys communities
 - Helping people meet their potential
 - Responding to the climate and nature emergency
 - Making people feel valued, heard and part of their community
 - Supporting people to be healthy and happy.

City of Cardiff Council

Priorities

Outcomes/Aims



- 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
 - One Planet Cardiff
 - Modernising and integrating our public services
- 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
 - One Planet Cardiff
 - Modernising and integrating our public services

Vale of Glamorgan Council

Priorities

Outcomes/Aims



- Creating great places to live, work and visit
 - Respecting and celebrating the environment
 - Giving everyone a good start in life.
 - Supporting and protecting those who need us.
 - Being the best Council we can be.
- Creating great places to live, work and visit
 - Respecting and celebrating the environment
 - Giving everyone a good start in life.
 - Supporting and protecting those who need us.
 - Being the best Council we can be.