

Shared Regulatory Services

Communicable Disease and Health Service Plan

2025/26



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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. The post-COVID years have witnessed 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.

SRS remains committed to supporting Local Health Boards and allied partners in the collaborative management of infectious disease and wider determinants of health via the regional Integrated Health Protection Partnerships. Horizon scanning and preparedness for other likely pandemic scenarios, continues to be at the front and centre of this multi-agency work, as reflected in the recently published Health Protection Framework for Wales.

Following the implementation of special procedures licensing across Wales on 29th November 2024, the Service will be continuing to prioritise the delivery of this critical piece of work until the end of the 9 month transition period. Potential demands on Local Authority resources to effectively address public health risks posed by unlicensed practitioners and unapproved premises post-29th August 2025 remains unclear at this juncture, however, a review of current application numbers would suggest that non-compliance levels could be significant.

This service plan therefore outlines our current arrangements and proposed interventions and actions to be delivered during the 2025/26 business year. Whilst these may be subject to change, we remain committed to protecting and improving the health of people across the region.

Christina Hill

Operational Manager Health and Public Protection

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:

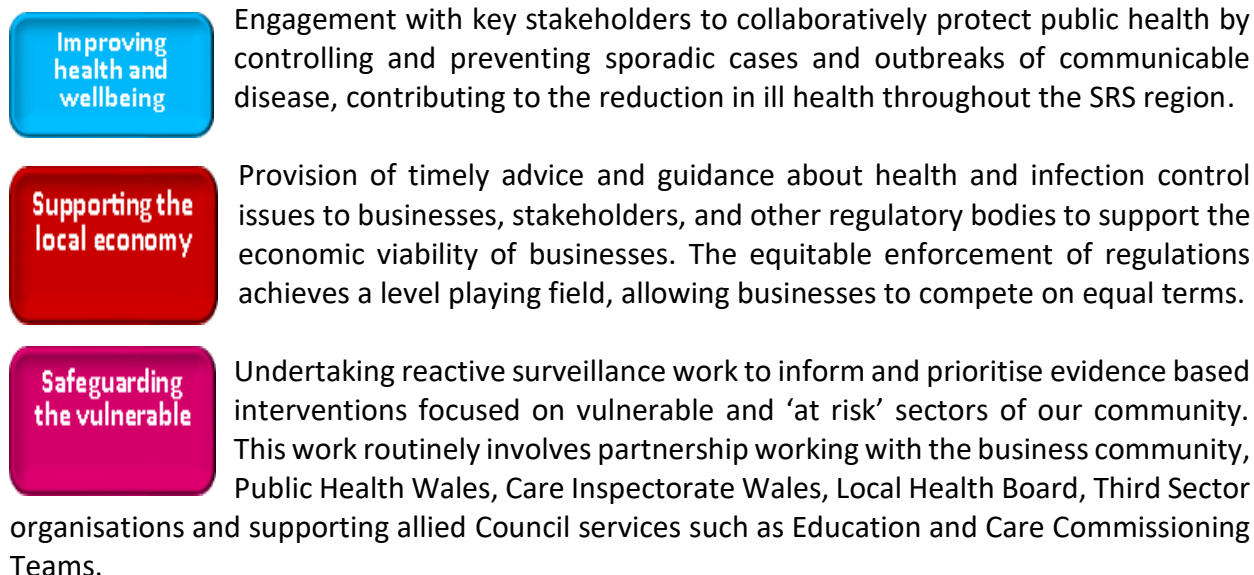
- The timely investigation, surveillance, control, and prevention of sporadic and outbreak cases of communicable disease - including the development and implementation of related public health intervention strategies – as directed by the Communicable Disease Outbreak Plan for Wales
- The enforcement 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:



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

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

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

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

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

Shared Regulatory Services continues to actively engage with partners in the Cardiff & Vale University Health Board and Cwm Taf Morgannwg University Health Board through its Health Protection Partnership Team (HPPT), a separate team of Clinical Leads and Health Protection Officers uniquely funded to support the regional Integrated Health Protection Partnership. The work of the HPPT during the 2024/25 financial year has included:

- Continuation of support to care home providers to protect vulnerable members of the population and mitigate the potential for widespread transmission of acute respiratory illness, including COVID-19.
- Engagement with residential care home providers via over-the-threshold visits, and distribution of fully funded IPC training workbooks, to improve operational efficiencies and support the development of a workforce experiencing post-pandemic recruitment and retention challenges.
- Maintenance of a COVID-19 surveillance system that is accessible to partners across SRS, Public Health Wales and Local Authority Commissioning Teams. The system enables agencies to rapidly identify situations that may present a significant public health concern, and instigate appropriate mitigation and support measures in a timely manner.

- Preparedness work for future pandemics of acute respiratory illness alongside partners as part of a multi-disciplinary Health Protection Team.
- Bolstering regional resilience by upskilling HPPT staff in areas of work not normally managed by the Local Authority – Measles training was completed during 2024/25.
- Active collaboration with regional partners to identify opportunities to share resources across services to support the 'One Health', all hazards approach to health protection.
- Representing SRS 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 the Service

2.1 Area profile

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



Bridgend is situated on the south coast straddling the M4 corridor. It comprises an area of 28,500 hectares and a population of just over 140,000 residents. To the north of the M4, the area consists of mainly ex-coal mining valley communities with Maesteg as the main centre of population. To the south of the M4, the ex-market town of Bridgend is the largest town, the hub of the economy and its employment base. To the south west on the coast lies Porthcawl, a traditional seaside resort, a traditional seaside resort with a high proportion of elderly residents, which is subject to a major influx of tourists during the summer period.



Cardiff is the capital city of Wales and is continuing to grow faster than any other capital city in Europe. In population terms, it is the largest city in Wales with a population of 370,000. 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 and the commercial, financial and administrative centre of Wales. Cardiff boasts one of the most vibrant city centres in the UK and on a typical weekend, Cardiff's night time economy can attract over 40,000 people and sometimes more than 100,000 when the City's Millennium Stadium hosts international events.



The Vale of Glamorgan is bounded to the north by the M4 motorway and to the south by the Severn Estuary. It covers 33,097 hectares with 53 kilometres of coastline, and a population of over 130,000 residents. The area is predominantly rural in character, but contains several urban areas of note such as Barry, Penarth, Dinas Powys and the historic towns of Cowbridge and Llantwit Major. Barry is the largest town, a key employment area and popular seaside resort. The rural parts of the Vale provide a strong agricultural base together with a quality environment, which is a key part of the area's attraction. The area includes Barry Docks area and Cardiff International Airport.

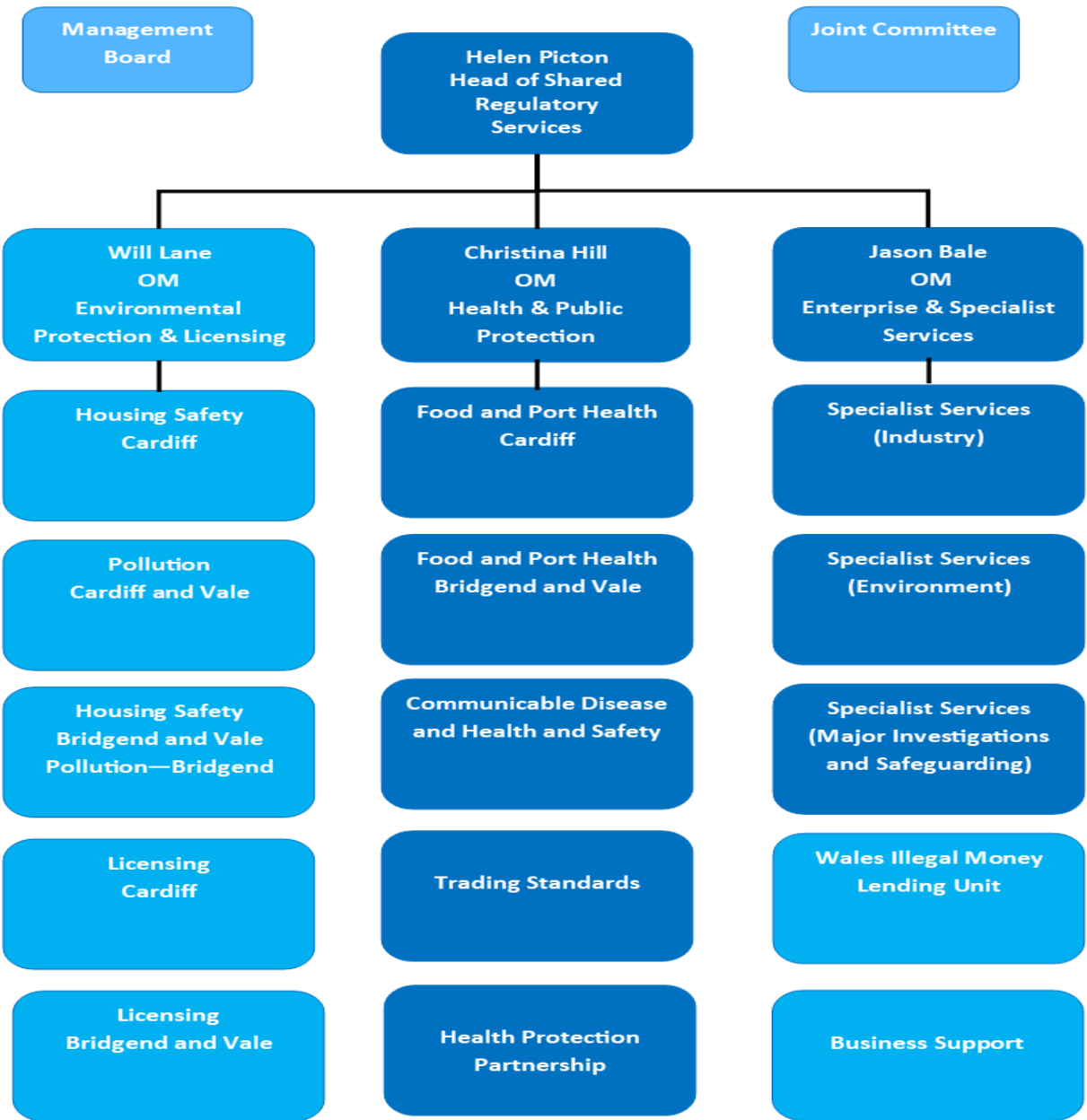


2.2 Organisational Structure

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 2024/25 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. Wider engagement with external stakeholders on the effective management of acute respiratory illness in health and social care settings across the region is overseen with by the Health Protection Partnership Team. 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 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.
- During 2024/2025 this continued to include the investigation and management of COVID-19 incidents in the health and social care sectors.
- 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 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 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 gastrointestinal illness.

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

[SRS.wales](http://srs.wales)

Tel: 0300 1236696



[@SRS_Wales](https://twitter.com/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 2025/2026 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	Management of Shared Regulatory Service.	0.05
Operational Manager, Health & Public Protection x 1	Management of Health & Public Protection	0.30
Team Manager Communicable Disease, Health and Safety x 1	Management and delivery of the Communicable Disease Service.	0.50
Lead Officers for Communicable Disease x 3 2 FT EHOs have 50/50 split for H&S:CD work 1 FT EHO has a 20/80 split for H&S:CD work	All aspects of communicable disease investigation, enforcement, control and prevention.	1.8
Environmental Health Officer (Communicable Disease, Health & Safety) x 4 2 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.	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>	1.0
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 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.

The table below illustrates the number of posts in the Health Protection Partnership Team (HPPT) in terms of full time equivalents (FTE). Whilst this function falls within the Health & Public Protection arm of Shared Regulatory Services, it is reliant on separate funding from the Local Health Boards (LHBs), namely Cardiff & Vale University Health Board and Cwm Taf Morgannwg University Health Board (*Bridgend area only*).

Position	Function	FTE
Health Protection Partnership Team Manager	Oversight of the HPPT function, representing SRS at strategic level meetings, operational level meetings, and the Integrated Health Protection Partnership.	1.0
2 x Clinical Leads (EHOs)	Oversight and investigation of cases and outbreaks of COVID-19 in health and social care settings, liaison with LHB partners, and delivery of wider health protection initiatives.	2.0
3 x Health Protection Officers	Investigation of cases and outbreaks of COVID-19 in health and social care settings, provision of IPC advice and support to care home operators, and delivery of wider health protection initiatives.	3.0
1 x Health Protection Officer (Smoke free education and enforcement)	A unique education and enforcement role focussing on smoking in hospital grounds in Cardiff and Vale health board.	1.0

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 and HPPT 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 have also started the Lead Officer training programme in 2025 to further broaden knowledge, skills and Service resilience.

To further strengthen resilience across both LHB regions, arrangements have been put in train to upskill HPPT staff in communicable diseases not normally managed by the Local Authority. Officers have recently received training about Measles and public health measures needed to successfully mitigate risks of transmission.

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 & Safety Team and HPPT additionally have access to the technical support and expertise of the local CCDC (Consultant in Communicable Disease Control) and Health Protection Team (AWARe) in Public Health Wales, particularly when dealing with outbreaks 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 have been a new addition since 2023/24 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 Shared Regulatory Services in the future

We continue to deliver the SRS in a climate of on-going financial cuts to Local Government services, 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.

The new financial year will require SRS to review and dynamically adapt its service delivery model to ensure that the needs and priorities of service users can continue to be managed effectively and in a meaningful way.

Recruitment, Retention and Succession Planning

“At the moment, there are not enough students graduating from environmental health degrees to meet demand and not enough local authorities able to take on environmental health trainees and apprentices, in order to help graduates gain the vital practical experience and become fully qualified practitioners.” ~ Dr Phil James, Chief Executive of the Chartered Institute of Environmental Health (CIEH)

As a profession, Environmental Health is experiencing a number of challenges - reduced central government funding is impacting local authority budgets, whilst a lack of qualified professionals continues to affect local authority recruitment and retention. From an all-Wales perspective, all Authorities are ‘fishing from the same small pool’ when trying to attract new staff. 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.

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 implementation of special procedures licensing in Wales on 29th November 2024 has required the SRS to prioritise this new statutory duty to ensure all premises and practitioners are issued with their approval certificates and personal licences within the 9 month transition period. As predicted, this created a 3-fold increase in applications during February and March 2025, and it is anticipated a similar spike will be repeated in July and August 2025. It is further expected that the Service will be required to issue a significant number of enforcement notices from 1st September 2025 to stop businesses and practitioners performing defined skin piercing treatments where the requisite permissions have not been obtained, thus creating an added burden of work for the Service.



In Wales, the sale and supply of single-use (disposable) vapes became illegal on 1st June 2025. This ban applies to all businesses, prohibiting them from selling or offering single-use vapes, regardless of whether they contain nicotine or not. The Environmental Protection (Single-use Vapes) (Wales) Regulations 2024 aims to address both environmental concerns related to waste and the incorrect disposal of single-use vapes, and health concerns surrounding increased youth vaping. This new legislative requirement is likely to generate an increased volume of

complaints for SRS to investigate as businesses adjust to this regulatory shift.

Cardiff's City Status

Cardiff is the capital city of Wales and the Local Authority with the highest population density in the Principality; its population of 370,000 swelling by approximately 70,000 each day from commuters, students and visitors. The popularity of the city as a higher education, leisure, entertainment and sporting event destination continues to grow and it's anticipated that visitor numbers will continue to increase throughout 2025/26. This status presents a range of public health risks whose control and prevention is the responsibility of the Communicable Disease Service in partnership with Public Health Wales.

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. 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*).



The rapidly burgeoning aesthetics industry is also an area of significant concern for Local Authorities, with many pseudo-medical procedures being performed by poorly skilled practitioners in inappropriate premises.

28 May 2025 – a judge granted an injunction against Ricky Sawyer, a “beauty consultant” found to be performing high risk Brazilian butt-lift treatments in a rented office block and providing medication to clients illegally.

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

With the sale and supply of single-use (disposable) vapes being illegal from 1st June 2025, it is likely that businesses will identify alternative products to fill that market gap.



Nicotine pouches are small, tea bag-like pouches filled with a fibrous powder that contains nicotine, flavourings, and other ingredients. They do not contain tobacco. The pouches are placed between the upper or lower lip and gum where the nicotine is absorbed through the oral mucosa.

While nicotine pouches may be deemed to be safer than smoking or chewing tobacco, there are potential health risks associated with their use, including oral health problems such as gum recession, mouth ulcers, and potential for addiction due to nicotine's addictive nature.

In the UK, nicotine pouches are currently legal to sell and use, but are regulated under general product safety regulations, not specific tobacco or e-cigarette regulations. This means the products are not subject to the same advertising restrictions, retail display controls, or age restrictions as tobacco products. There are growing concerns about their safety and marketing, particularly towards young people, and the UK government is currently considering new legislation to address these concerns.

Although the reported use of nicotine pouches in the UK remains low, survey data has highlighted a rise in people trying them (2.7% in 2020 which increased to 5.4% in 2024). A UK market analysis report for 2023 also reported a significant growth in the nicotine pouches sector for the second consecutive year, with the 2 most popular brands (Velo and Nordic Spirit) growing by 121% and 54% respectively.

2.7 Action Plan 2025/2026

The following action plan is evidence based and has been developed for 2025/2026 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 2025/2026		
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	Commence and complete the Communicable Disease service plan for 2025/2026.
1, 2		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.
1, 2, 3, 4		Actively engage with, and support, the Local Health Board and allied partners through the Health Protection Partnership Team.
1, 2, 3		Continue 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		Cascade educational materials about infection prevention and control measures in barber shops, particularly with regard to the control of ringworm.
1, 2	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 situation.
1, 2, 3, 4		Actively engage with, and support, the Local Health Board and allied partners through the Health Protection Partnership Team.
1, 2, 3		Continue 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		Cascade educational materials about infection prevention and control measures in barber shops, particularly with regard to the control of ringworm.
1, 2, 4		Prepare educational materials about seasonal activities such as soft fruit picking, pumpkin picking, forest school activities and community gardens to raise awareness about the risks from pathogens such as Campylobacter, Cryptosporidium, and E.coli.
1, 2, 4		Phase 1 delivery of the IPC intervention with the early years sector – dissemination of self-assessment tool kit and guidance.
1, 2	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.
1, 2, 3, 4		Actively engage with, and support, the Local Health Board and allied partners through the Health Protection Partnership Team.
1, 2, 3		Continue 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		Cascade educational materials about infection prevention and control measures in barber shops, particularly with regard to the control of ringworm.
1, 4		Prepare educational material about the handling, storage and preparation of raw pet food to raise awareness about the risks from Campylobacter, E.coli and Salmonella.
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, 4		Phase 2 delivery of the IPC intervention with the early years sector – review of completed self-assessment documents, and identification of settings requiring further support.
1, 2, 3, 4		IPC intervention with domiciliary care sector – distribution of IPC workbooks and signposting of duty holders to the HSE Working Minds campaign resources.
1, 2	Q4	Undertake timely investigations of sporadic cases of communicable disease; outbreaks and suspected food poisonings, and apply appropriate control and preventative measures.
1, 2, 3, 4		Continue to support businesses and legacy authorities across SRS with infection control training and advice during outbreak situations.
1, 2, 3, 4		Actively engage with, and support, the Local Health Board and allied partners through the Health Protection Partnership Team.
1, 2, 3, 4		Continue 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	IPC intervention with domiciliary care sector – distribution of IPC workbooks and signposting of duty holders to the HSE Working Minds campaign resources.
1, 2, 3	Phase 3 delivery of the IPC intervention with the early years sector – ‘over-the-threshold’ visits to early years settings identified as requiring further support.

3. Delivery and Performance 2024/25

a. 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 2024 a total of **5,269 cases** of communicable disease were notified to SRS, a reduction of 810 cases from levels reported in 2023. Laboratory confirmed cases accounted for 94% of these (4,977 cases), whilst unconfirmed gastrointestinal illness (suspected food poisoning) accounted for only 6% (292 cases).

Compared to case numbers seen throughout the COVID-19 pandemic (2022, 2021 and 2020), figures for 2024 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 2024 are approximately 2.5 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.

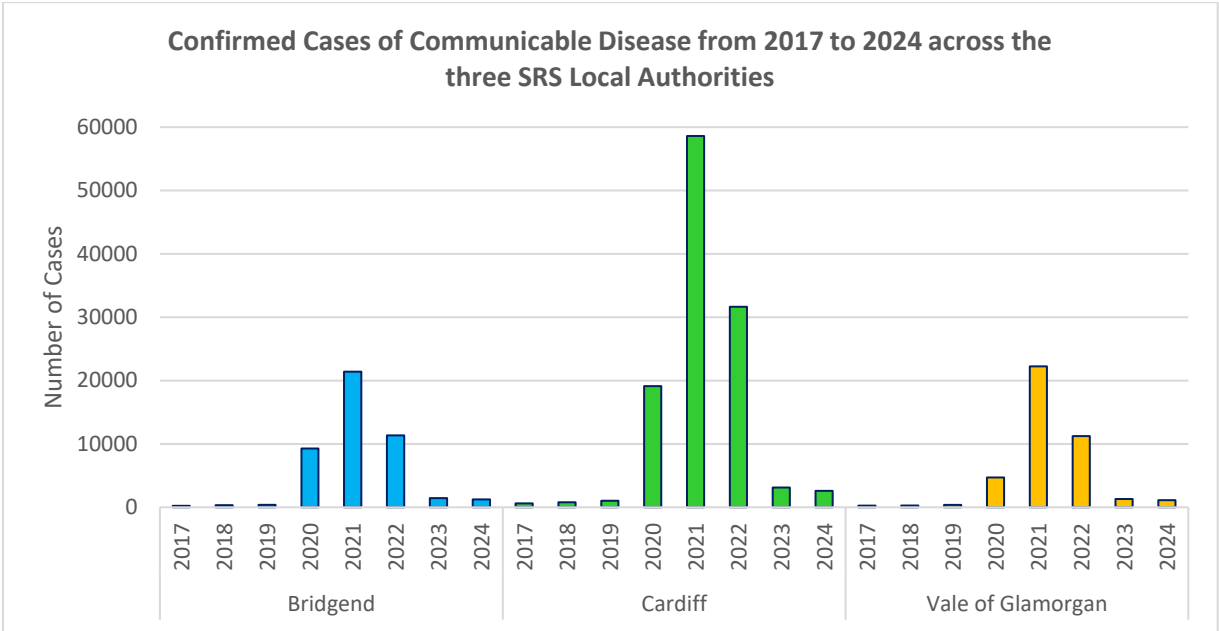
The table below shows the number of cases of confirmed and unconfirmed communicable diseases per local authority within SRS for 2024.

	Confirmed (CFP)	Unconfirmed	Total
Bridgend	1264 (52)	19	1283
Cardiff	2592 (147)	240	2832
Vale of Glamorgan	1121 (49)	33	1154
Total	4977 (48)	292	5269

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

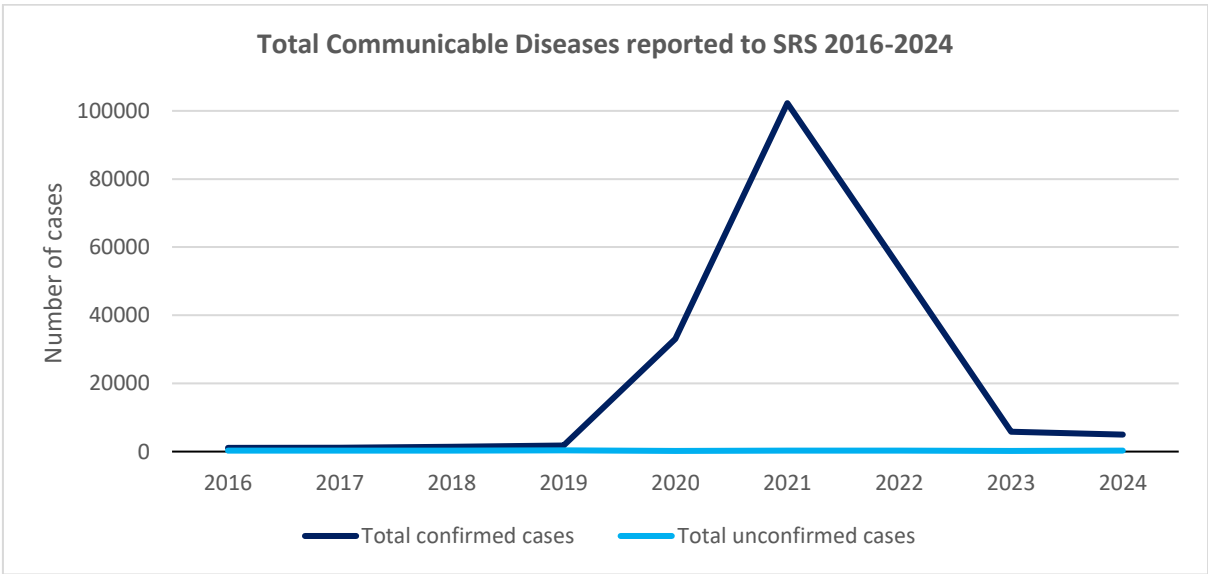
For context, cases are only deemed to be a confirmed food poisoning where no other plausible risk factors have been determined from interviewing a case.

The graph below illustrates the incidence of notified cases of communicable disease across Bridgend, Cardiff and Vale of Glamorgan between 2017 and 2024. 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 2024, but only for health and social care settings.



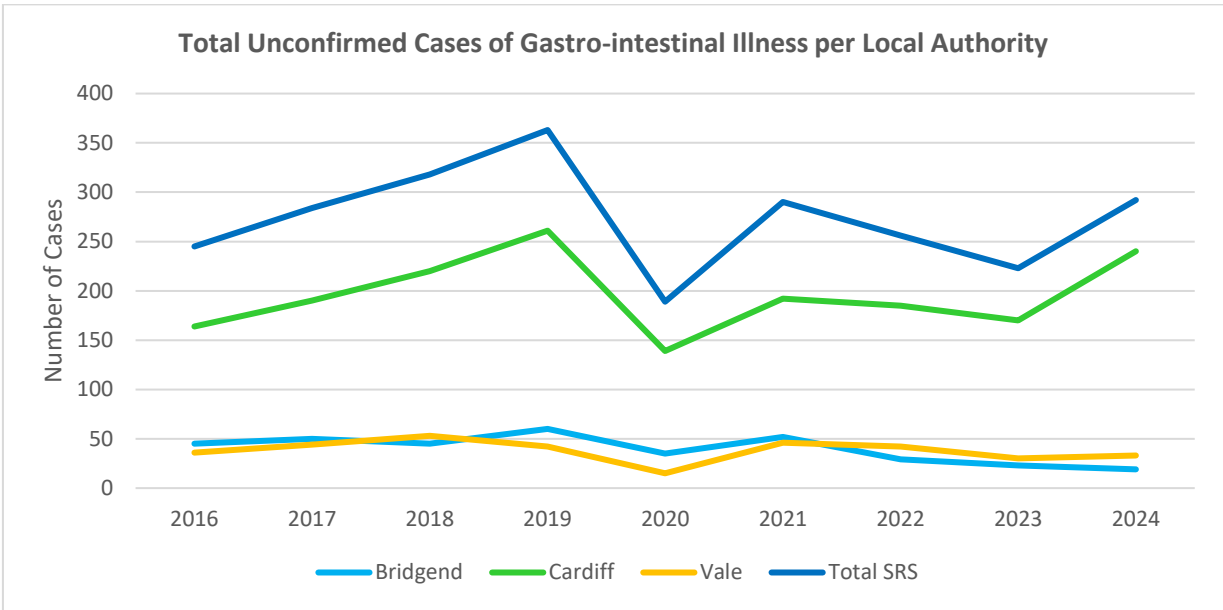
The following two line graphs illustrate how the number of confirmed and suspected cases* of communicable disease have changed between 2016 and 2024.

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



56% (2,945) of confirmed cases reported for the SRS region in 2024 were associated with COVID-19 infection. The same period also saw an increase in confirmed cases of other significant pathogens including Salmonella, E.coli non-O157, Cryptosporidium and Campylobacter.

Total reported **confirmed case numbers** have declined slightly when compared to 2023, largely due to a reduction in confirmed COVID-19 cases and on-going challenges accessing appointments with local GP surgeries to submit faecal sample pots for microbiological analysis.



Reports of **unconfirmed gastrointestinal illness** (*suspected food poisonings where symptoms are reported but no faecal specimen has been analysed*) increased during 2024, which breaks the downward trend seen in the previous 2 years. Whilst the totals for Bridgend and the Vale of Glamorgan remained relatively stable, the total for Cardiff was impacted by a significant number of reports of illness linked to participation in an outdoor water based activity between the months of June and September.

b. 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.

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 (unless 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 A	Within 4 hours (<i>investigations are now led by PHW following a change to the standard operating procedure</i>)
Hepatitis E	Within 48 hours
Shigella	Shigella sonnei – Within 24 hours Other Shigella sp. - Within 4 hours Shigella cases that are part of an outbreak – 4 hours
Legionella spp.	Within 4 hours
Listeria monocytogenes	Within 4 hours

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, 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.

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 contact information for the case (*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.

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

Campylobacter response rates 2024 (2023 figures shown in brackets as a comparison)

	Bridgend	Cardiff	Vale	Total
Cases interviewed	127 (147)	260 (225)	103 (94)	490 (466)
Total cases	245 (249)	582 (409)	200 (189)	1027 (847)
Response rate	52% (59%)	45% (55%)	52% (50%)	48% (55%)

A comparison of response rates for Campylobacter cases across the 3 legacy Local Authority areas between 2020 and 2024

	2024	2023	2022	2021	2020
Bridgend	52%	59%	75%	64%	84%
Cardiff	45%	55%	76%	65%	76%
Vale	52%	50%	76%	70%	77%
SRS	48%	55%	76%	66%	78%

Response rates for confirmed cases of Campylobacter continued to decline in Bridgend and Cardiff during 2024, with a slight increase in responses seen in the Vale of Glamorgan area. Of all responses received, 69 (14%) were interviewed by telephone (*due to Officer capacity, case co-infection with a more significant pathogen, linked cases*) whilst 420 (86%) were from the return of completed postal questionnaires. Officers had to complete follow up calls to 15 cases who had returned a postal questionnaire due to poor quality and incomplete data.

As a methodology for data capture, postal questionnaires return a lower response rate to telephone surveys which has contributed to the lower response rate seen since 2020 (*BMC Medical Research Methodology, August 2012 – telephone survey response rate 30.2%; personalised postal questionnaire response rate 10.5%*).

Confirmed Cases of Communicable Disease

The table illustrated below details the incidence of confirmed cases of communicable disease across the SRS region between 2020 and 2024.

* COVID-19 cases started to be reported to SRS from May 2020

** 'Other' includes Entamoeba histolytica/dispar, Borrelia burgdorferi (Lyme disease), Leptospira, Vibrio cholera, Taenia, Cyclospora cayetenensis, Clostridium perfringens, Mycobacterium chelonae, Chlamydia psittaci, Sapporovirus and Norovirus.

	Bridgend					Cardiff					Vale of Glamorgan				
	2020	2021	2022	2023	2024	2020	2021	2022	2023	2024	2020	2021	2022	2023	2024
Campylobacter	183	258	242	249	245	413	526	455	409	582	163	196	191	189	200
COVID-19*	9021	21066	10958	955	792	18530	57822	30865	2258	1478	4461	21967	10911	956	673
Cryptosporidium	7	6	6	30	26	37	20	29	47	61	15	10	17	21	26
E. coli non O157	10	20	19	29	19	21	28	31	39	57	10	8	9	12	27
E. coli O157	3	3	7	1	2	1	3	3	4	2	1	4	2	1	0
Giardia	11	13	13	22	15	35	50	62	62	50	11	19	28	10	16
Hepatitis A	0	1	1	1	0	4	1	2	1	6	1	0	1	0	1
Hepatitis E	1	0	7	2	3	1	2	0	5	3	1	1	1	1	1
Legionella	3	4	3	5	2	2	4	4	5	6	3	2	3	3	4
Listeria	1	0	1	0	0	2	1	1	1	1	0	0	0	0	0
Salmonella	13	10	14	21	32	14	64	54	43	64	6	7	10	24	21
Shigella	0	3	5	2	3	3	3	22	20	16	3	0	4	4	6
Other**	29	42	48	115	125	58	81	119	226	266	30	32	57	83	146
Total	9282	21426	11324	1432	1264	19121	58605	31647	3120	2592	4705	22246	11234	1304	1121

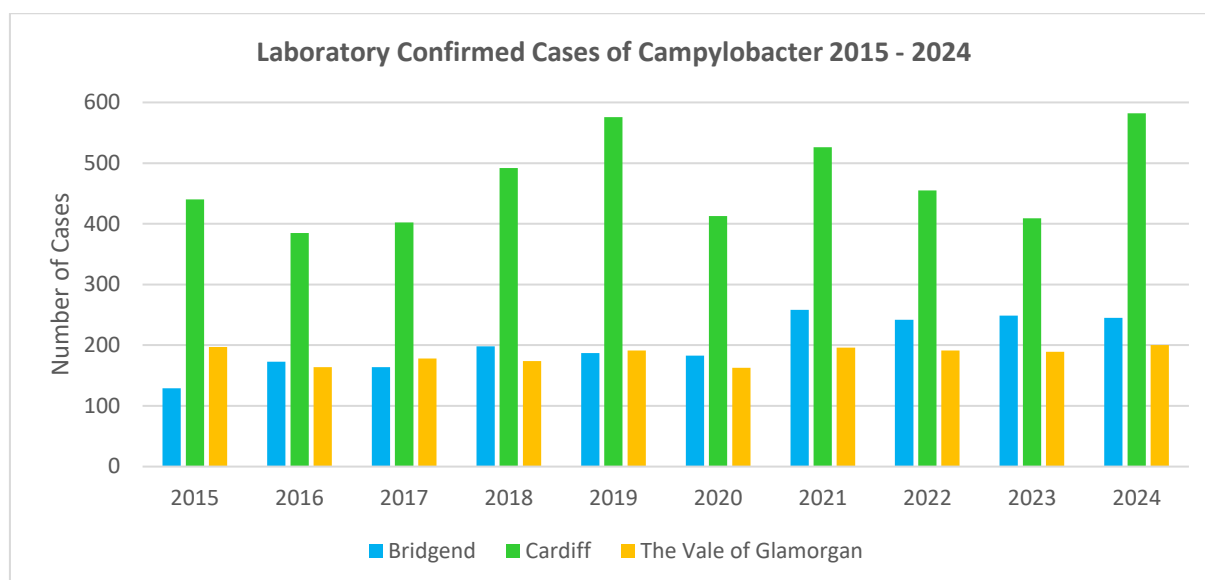
In 2024, organisms in the 'Other' category included: Norovirus, Bacillus cereus, Borrelia burgdorferi, Clostridium perfringens, Entamoeba histolytica, Leptospira and Sapporovirus.

Campylobacter Infection

The incidence of Campylobacter infection throughout SRS far exceeds other notifiable diseases, with the exception of COVID-19, which reflects the national trend observed across the UK. *Campylobacter* species are the most common bacterial cause of infectious gastrointestinal disease in developed countries due to its small 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 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 2015 to 2024 are detailed in the graph below.



In total SRS received **1027 confirmed cases of Campylobacter in 2024** compared with 847 in 2023; 888 in 2022; 980 in 2021; 759 in 2020; 954 in 2019; 863 in 2018; 741 in 2017; 722 in 2016 and 766 in 2015.

All confirmed cases reported in 2024 were sporadic and not linked to any known outbreaks.

Since 2021 Bridgend has seen a notable increase in confirmed cases when compared to pre-pandemic numbers, whilst case numbers in the Vale of Glamorgan have remained relatively stable throughout the 10 year period. Whilst reported cases in Cardiff were showing a downward trajectory in post-pandemic years, the number of reported cases in Cardiff during 2024 saw a return to levels previously seen in 2019. Reasons behind this notable upturn in Campylobacter cases in Cardiff 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 interview questionnaires to identify close contacts of a case, determine potential sources of infection and potentially instigate wider public health interventions is particularly true for pathogens such as: Shigella; E.coli (STEC) O157; Legionella; Giardia and Listeria monocytogenes.

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

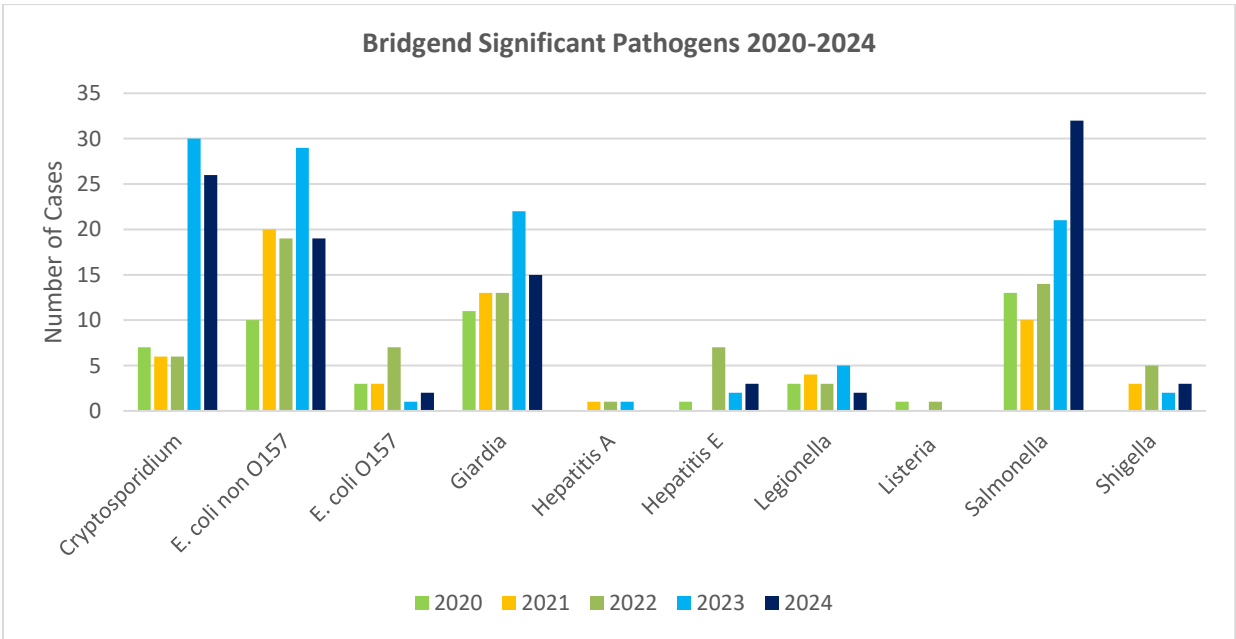
Contrary to general public perception, most communicable diseases are not necessarily caused from consuming contaminated food despite the case having traditional 'food poisoning' symptoms. Risk factors are often associated with the consumption of (or exposure to) contaminated water, direct contact with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

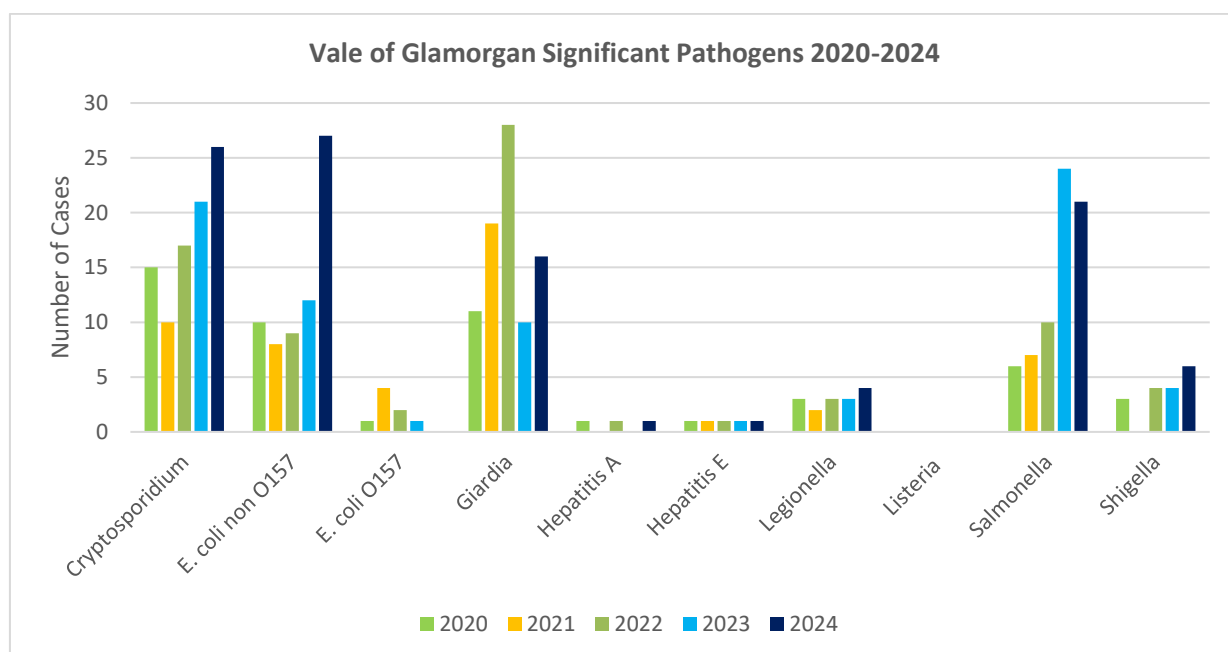
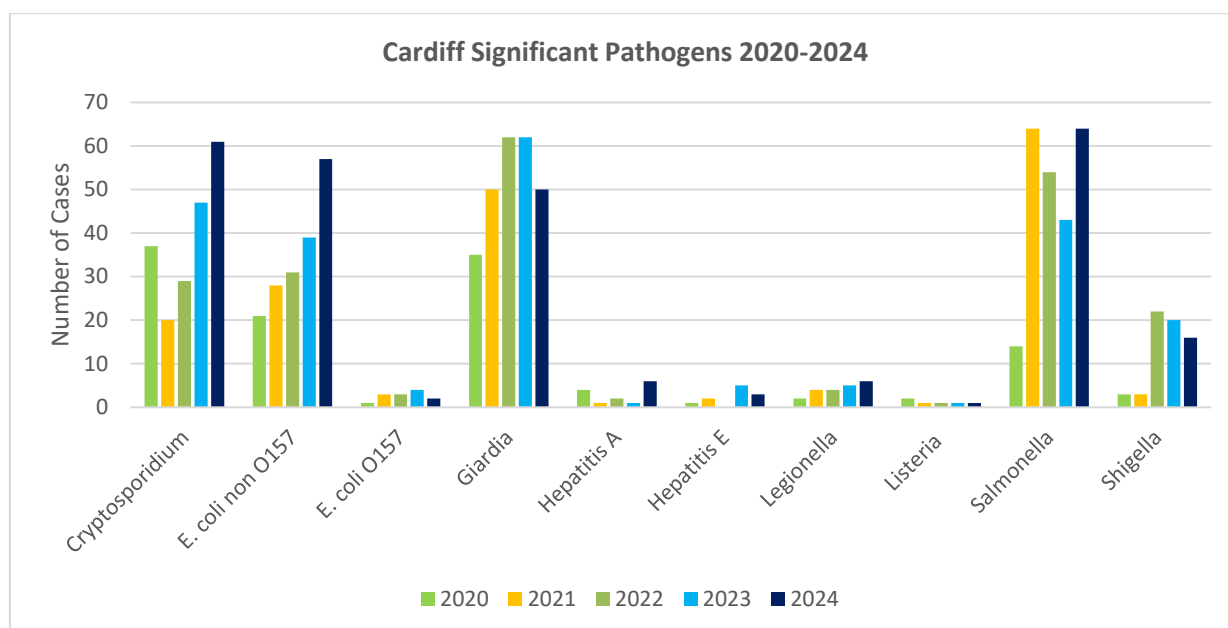
The table below illustrates the incidence of common pathogens (other than Campylobacter) which have caused illness across SRS in 2024.

	Bridgend	Cardiff	Vale of Glamorgan	Total
Cryptosporidium	26	61	26	113
E. coli non O157	19	57	27	103
E. coli O157	2	2	0	4
Giardia	15	50	16	81
Hepatitis A	0	6	1	7
Hepatitis E	3	3	1	7
Legionella	2	6	4	12
Listeria	0	1	0	1
Salmonella	32	64	21	117
Shigella	3	16	6	25
Total	102	267	102	470

The most commonly reported significant pathogens in 2024 were **Salmonella**, **Cryptosporidium**, **E.coli non-O157** and **Giardia**, all of which had 81 or more cases reported.

The graphs below illustrate the incidence of common pathogens (other than Campylobacter) that have caused illness across the SRS regions between 2020 and 2024.





Salmonella cases remained high across the SRS region during 2024, with Bridgend reporting a significant increase in case numbers compared to previous years. 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 outbreaks could be determined.

During 2024, 3 cases of **Salmonella Typhi** and 1 case of *Salmonella Paratyphi A* were reported in Cardiff where cases had recently returned from 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 continued to rise across Cardiff and the Vale of Glamorgan in 2024, whilst cases in Bridgend dipped slightly compared to 2023. *Cryptosporidium parvum*, which infects both animals and humans, was confirmed in 69 (61%) cases whilst *Cryptosporidium hominis*, which infects humans, was confirmed in 34 (30%) cases. Species reports for the remaining 10 (9%) cases were not received.

A number of cases reported for the SRS region were linked to outbreaks in other Local Authority areas, namely:

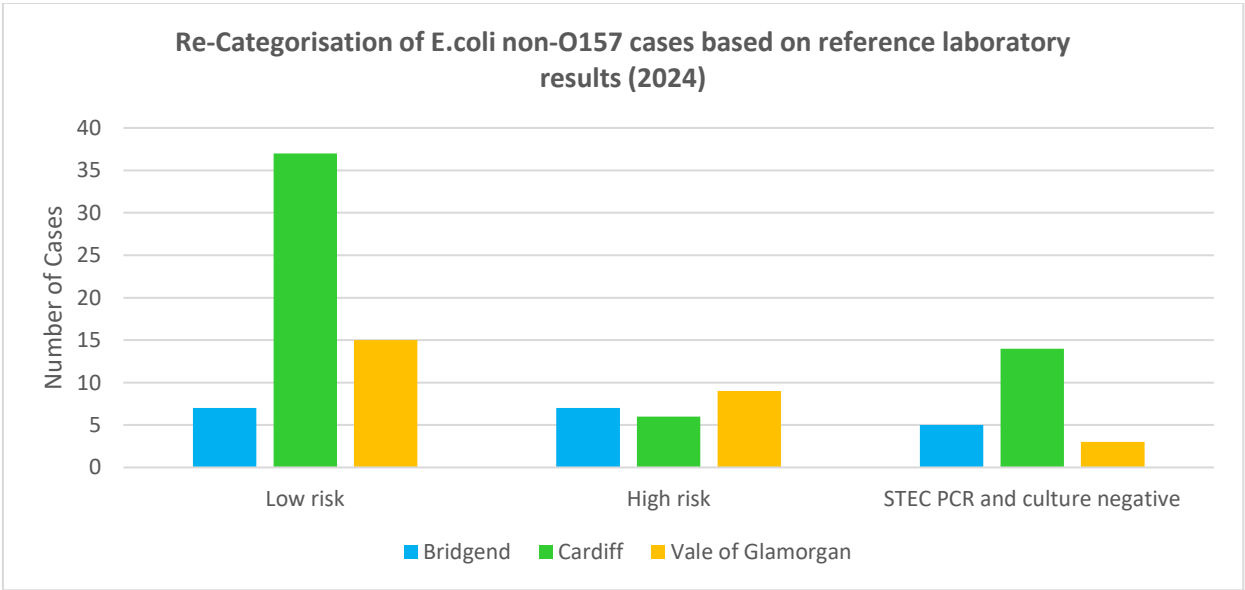
- A public swimming pool in Swansea.
- A farm offering animal handling and feeding activities in Caerphilly.
- A contaminated mains water supply in Brixham, Devon.

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.

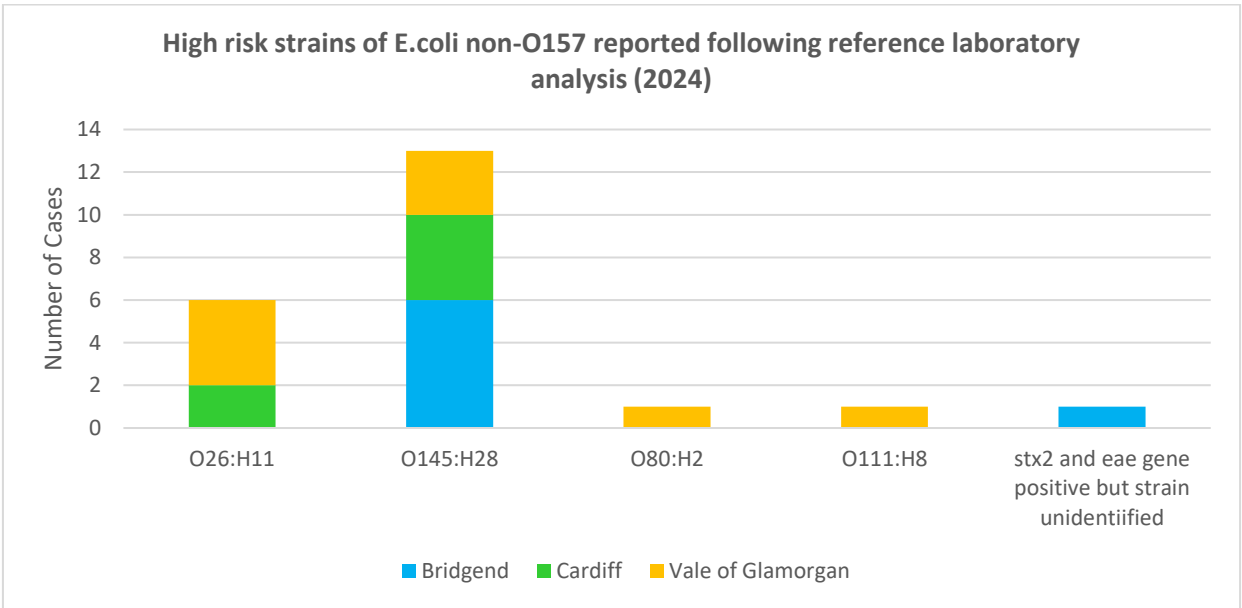
E.coli non-O157 - PCR testing in the local laboratory can confirm if a person has tested positive for a Shiga toxin producing strain of E.coli (STEC), whilst local laboratory culture techniques can only determine if the strain is O157 or not. Local testing is not able to identify other high-risk strains of E.coli, such as O26 or O145, that have the potential to cause serious illness, particularly in vulnerable cohorts such as the immunocompromised, very young or very old. Approximately 10% of STEC E.coli cases go on to develop Haemolytic Uraemic Syndrome (HUS), which is a life threatening condition that can result in kidney failure.

Enhanced testing by the reference laboratory can take several weeks to be reported. The Communicable Disease service 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.



Of all reported E.coli non-O157 cases, 22 (21%) cases were confirmed to be a high-risk strain following enhanced testing, as illustrated in the graph below.

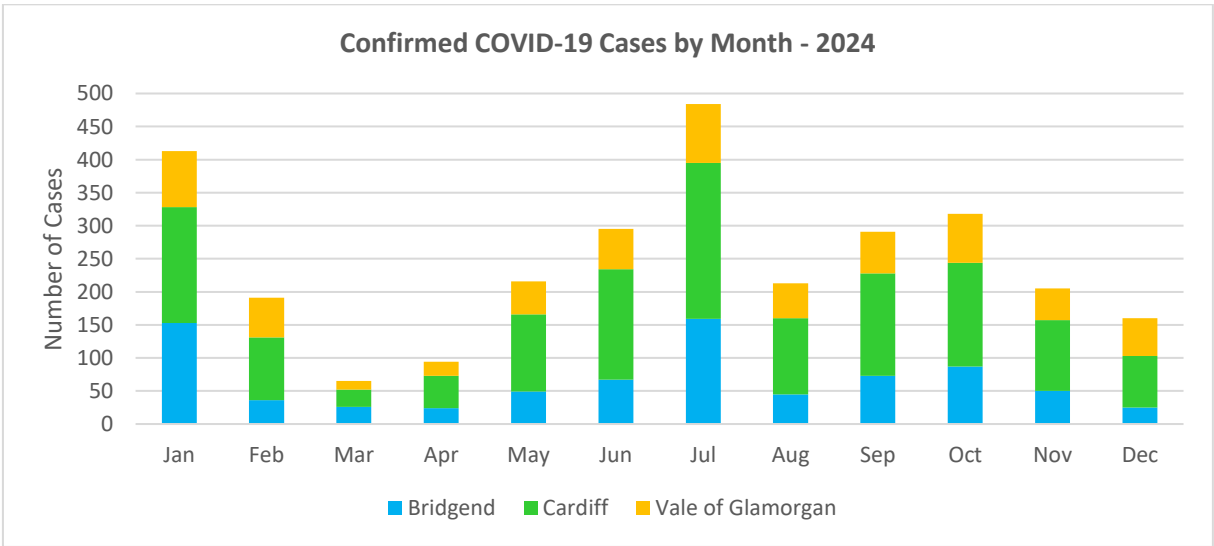


In May-June 2024, 5 confirmed cases (1x Bridgend; 4x Cardiff) were determined to be part of a UK-wide cluster of E.coli O145:H28 (t5.206), associated with more severe illness and an increased likelihood of HUS due to a virulence gene profile stx2a and eae+. Investigations by UK Public Health Agencies, Local Authorities and the Food Standards Agency centred on the supply of pre-packed sandwiches, with lettuce suspected to be the likely contaminated ingredient.

COVID-19 Virus (SARS-CoV-2)

Throughout 2024 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 2024. As expected, case numbers remained relatively - a **total of 2,945 cases** were reported with 1,477 (50%) of cases in Cardiff, 794 (27%) cases in Bridgend and 674 (23%) cases in the Vale of Glamorgan.

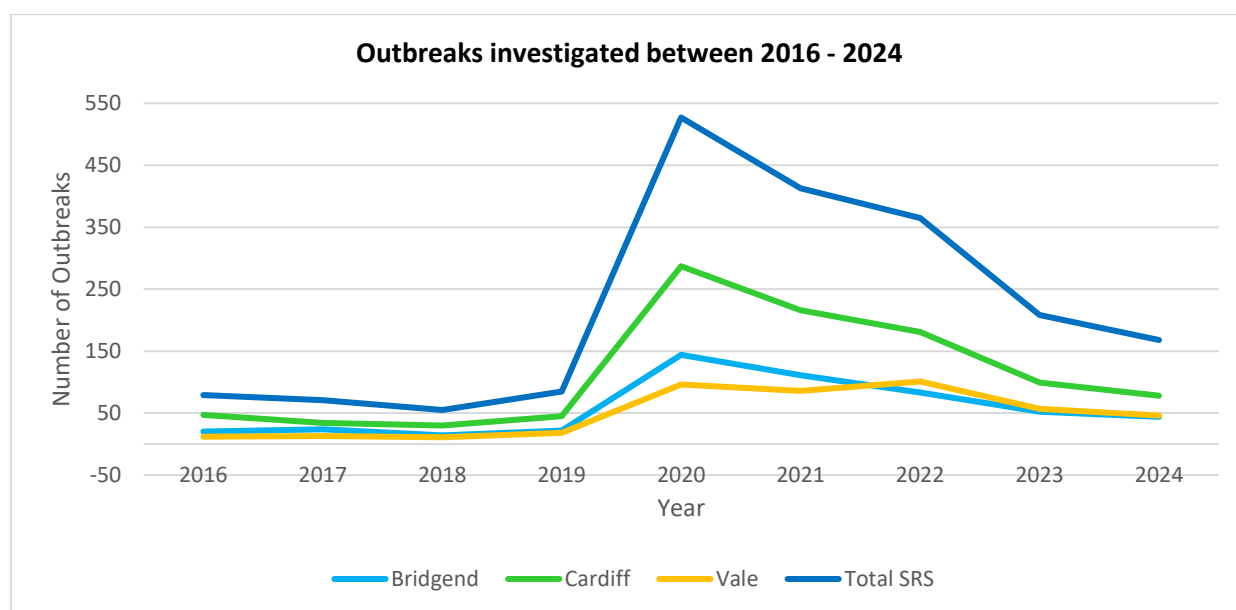


Outbreaks in 2024

168 outbreaks were investigated by SRS in 2024, compared with 208 in 2023; 365 in 2022; 413 in 2021; and 527 in 2020. Unsurprisingly the main reason for the continued decline in outbreak numbers has been the significant reduction in COVID-19 outbreaks in the community.

Just under half (78, 46.4%) of outbreaks were in Cardiff, just over a quarter in Bridgend (44, 26.2%) and just over a quarter in the Vale of Glamorgan (46, 27.4%). This distribution of outbreaks across the 3 legacy authorities mirrors what was reported for 2023.

The graph below compares the number and distribution of outbreaks across the SRS region between 2016 and 2024.

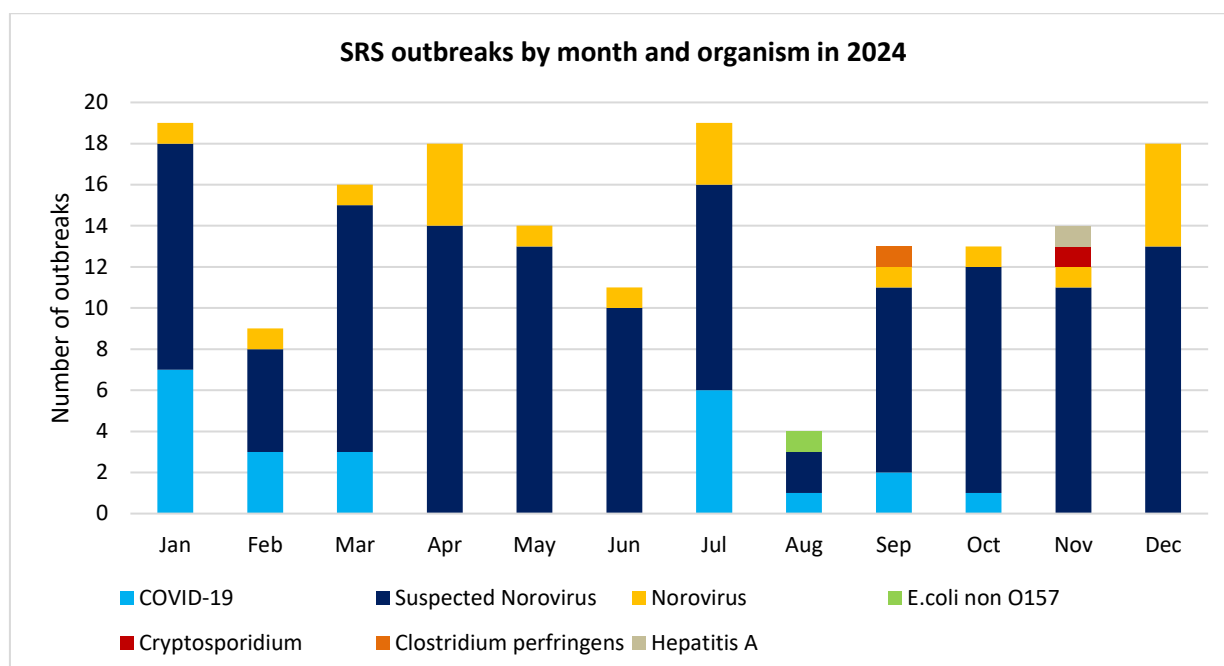


Cardiff had approximately twice as many outbreaks as Bridgend and the Vale of Glamorgan in 2024, with all 3 legacy authorities showing a continuing decline in the number of outbreaks since 2020.

Of note, **COVID-19 accounted for 23 (14%) of outbreaks reported to SRS in 2024**, with the total number of other pathogen outbreaks being significantly higher than pre-pandemic levels (2024 = 145; 2019 = 85; 2018 = 55; 2017 = 71; 2016 = 79).

Throughout 2024, a total of **121 (72%) outbreaks** were reported to SRS by enclosed settings - including schools, early year's settings and care homes – relating to **gastrointestinal symptoms from an unconfirmed organism**. A total of **20 (12%) outbreaks were confirmed to be Norovirus infection**, primarily in the residential care sector.

The graph below illustrates the number of outbreaks per month notified to SRS throughout 2024 and the causative organism.



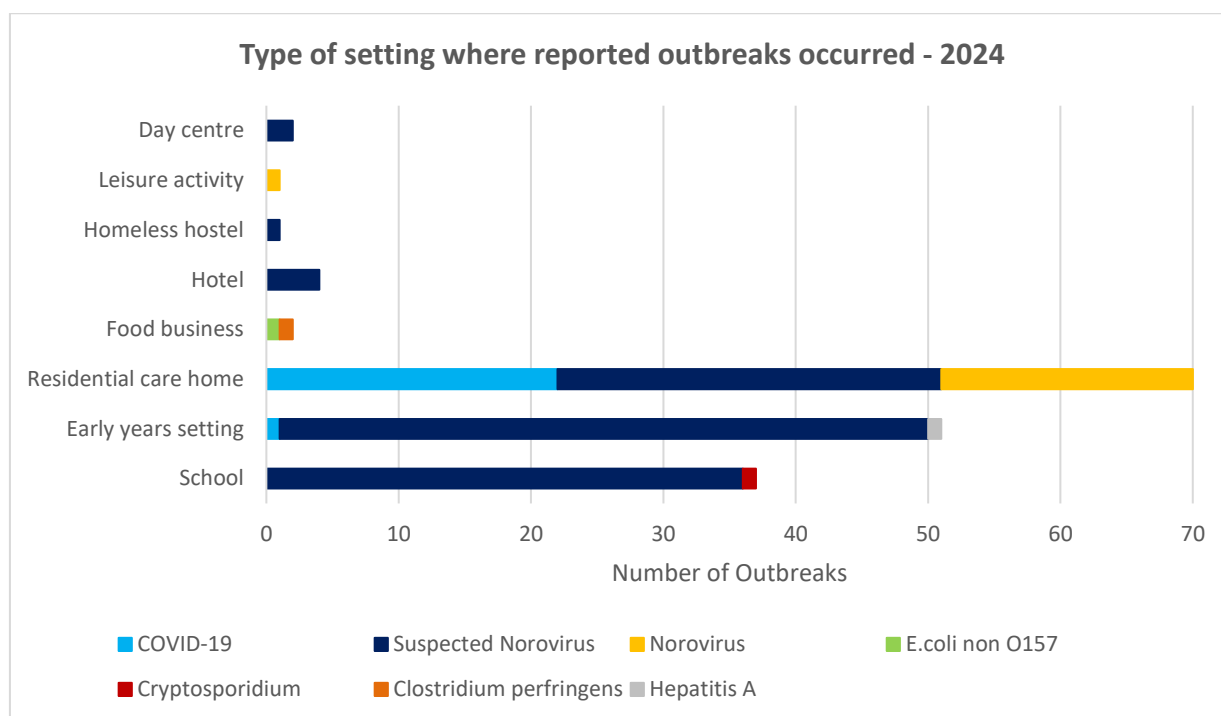
"We expect to see an increase in norovirus cases at this time of year, as it is a common stomach bug that circulates during the winter months. However, we are concerned about an uptick in cases this winter (2024/25) compared with last year."

Wendi Shepherd, Deputy Director in Health Protection for Public Health Wales

In 2024, Wales experienced a rise in Norovirus cases, with significant increases observed in certain periods compared to the previous year. Specifically, the 12-week period from June 3rd to August 25th 2024, saw a **125.6% increase** in confirmed cases compared to the same period in 2023. Similarly, the 12-week period from July 1st to September 22nd 2024 showed a **138.8% increase**. Between September 30th and December 22nd 2024 cases were **42% higher** than the same period last year.

Whilst Shared Regulatory Services saw a dip in reported outbreaks of Norovirus, and gastrointestinal illness suspected to be Norovirus, during February and August 2024 – possibly influenced by school holiday periods – a minimum of 10 outbreaks were reported to the Service for all remaining months throughout 2024. Since Norovirus is an illness generally associated with colder months, this trend was unusual and presented an unexpected burden of work throughout the year, particularly during the summer months when the Service managed a significant outbreak of gastrointestinal illness linked to participation in an outdoor water activity in the Cardiff area – further information is included later in this report.

The types of settings that were affected by outbreaks during 2024 is illustrated in the graph below.

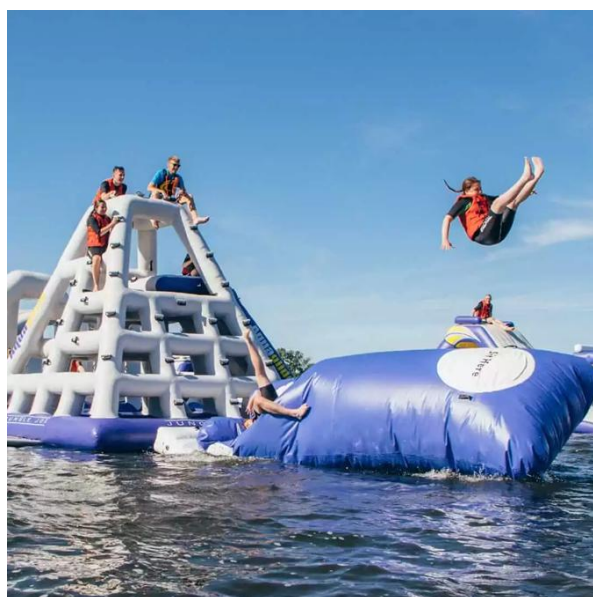


The greatest number of outbreaks managed by the Communicable Disease Service in 2024 were associated with residential care homes (70, 42%), followed by early years settings (51, 30%) and schools (37, 22%). The majority of these outbreak were either unconfirmed gastrointestinal illnesses, confirmed Norovirus or COVID-19.

There were **5 notable outbreaks** managed by the Service in 2024, which are described in greater detail below.

Outdoor Leisure Water Activity in Cardiff

The Communicable Disease Service became aware of cases of gastrointestinal illness being reported by participants of a Cardiff-based water park between July and September 2024. Whilst participants were routinely issued with buoyancy aids, customers were still able to become fully immersed in the body of water after jumping from the inflatable equipment.



A total of 184 reports of sickness and diarrhoea were reported, with 7 cases returning a positive result for Norovirus, many of whom reported swallowing water whilst participating in the water park activities.

Whilst the body of water in question was not classified as designated bathing water, it was monitored to EU Bathing Water Quality Standards (*i.e. sampling for E.coli, total Coliforms and Enterococci*) and subject to daily monitoring via a predictive model that was set to default to 'fail' as a precautionary principle.

An initial visit to the venue identified opportunities for improving personal hygiene arrangements, which the operator quickly addressed and maintained, however reports of illness continued to be received. A multi-agency Incident Management Team (IMT) meeting was convened in July 2024 to help manage and respond to the situation.

This outbreak provided a number of challenges for IMT stakeholders, namely:

- Whilst a significant number of people were reporting gastrointestinal symptoms, engagement to provide faecal samples to identify the causative pathogen was poor.
- No legal requirement to monitor for viruses in bathing waters.
- Lack of accredited testing methods, or defined thresholds, to quantify and benchmark viruses in bathing waters.
- Variations in rainfall levels and river flow rates would continually impact the extent of urban run-off, agricultural run-off, and combined sewer overflow spills into the water courses feeding into the body of water being used by the water park.
- All customers had to read and sign a waiver prior to participating in the water park activities which did communicate that using natural bodies of water could never be considered to be risk-free.
- Signage had been provided at the venue to reiterate messaging included in the waiver.
- Variation in customer perception, and acceptance, of risk associated with the use of natural bodies of water.

By the end of the 2024 season, which had seen a throughput of approximately 20,000 patrons, the number of reported cases of illness associated with the water park equated to less than 1% of the operator's customer base. However, this still meant that a significant number of people had reported illness after participating in the water-based activity. A final report was prepared by the IMT, which considered a number of unresolved issues and how Wales could potentially influence the inclusion of virological criteria in the Bathing Water Quality Standards.

Raw Milk Sales in Bridgend

In August 2024 the Service investigated an outbreak of STEC E.coli 0145 where 3 cases from different households were genomically linked at 5 SNP level, suggesting that they had been exposed to the same source of infection. A fourth, probable case was also identified from the same household as case #1. Since cases were identified across more than 1 Local Authority area, a multi-agency Incident Management Team meeting was convened to help manage and respond to the situation. Case interviews determined that the common exposure that linked all cases was the consumption of raw milk from a Bridgend-based producer. Purchases of the raw milk had been made at a Cardiff-based farmers market, and directly from an on-farm milk vending machine.



The Communicable Disease Service engaged with colleagues in the Food Safety Team who conducted visits to both the farmers market and farm where the raw milk was sold. Concerns were identified with elements of the dairy hygiene process, personal hygiene arrangements, and measures in place to effectively mitigate the risk of cross-contamination. Whilst SRS Officers worked with the duty holder to secure all necessary

improvements for elements of the process that fell within the remit of the Local Authority, the FSA Dairy Inspectorate simultaneously inspected the milk production side of the operation and took a number of formal samples to test for the presence of E.coli bacteria in the raw milk. One of the raw milk samples taken from the bulk storage tank subsequently confirmed the presence of E. coli O145:H28 stx subtype: stx2a and eae gene positive, the SNP address being consistent with the t5:621 STEC O145 strain identified in the human faecal samples.

To eliminate risks to public health, all raw milk sales were suspended with immediate effect until investigations had identified the root cause of the contamination, improvements had been secured, and 3 consecutive negative STEC samples had been obtained.

Food Festival in Cardiff



In September 2024, the Communicable Disease Service became aware of 7 people reporting symptoms of gastroenteritis after visiting a food festival in the Cardiff area, some living within the SRS region whilst others resided in Newport, Caerphilly and Merthyr Tydfil. All cases reported eating cooked pork products from the same vendor, and an onset of symptoms with approximately 12 hours of eating the food.

The Service was able to obtain faecal specimens from 4 of the cases, 3 of which subsequently tested positive for ***Clostridium perfringens***.

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.

One (1) of the 3 cases also tested positive for ***Staphylococcus aureus***, a gram positive bacteria frequently found in the upper respiratory tract and on the skin of humans. The bacteria can cause a range of illnesses, from minor skin infections such as abscesses, cellulitis and folliculitis, to life threatening conditions such as pneumonia, endocarditis, toxic shock syndrome and sepsis.

It can also cause food poisoning symptoms, usually as a consequence of poor personal hygiene by food handlers.

Further investigation and product sampling by colleagues in the Food Safety team confirmed the presence of *Clostridium perfringens* in 2 pork joints that had been frozen down after the food festival, with 1 sample being categorised as ‘unsatisfactory for human consumption’ and potentially injurious to health. Consideration of all evidence gathered enabled SRS to secure all necessary improvements to protect public health, and issue the Food Business Operator with a formal departmental warning.

Linked Cryptosporidium Cases in a Cardiff School

A school outbreak in November 2024 centred around 4 teaching staff testing positive for *Cryptosporidium parvum*, all with identical MLVA profiles suggesting exposure to a common source of infection. The only common link between all cases was the consumption of food from the school canteen, including salad items and meals prepared from fresh ingredients. The only unusual event that occurred during the incubation period of all 3 cases was the kitchen dishwasher not working, resulting in staff having to use disposable plates on that day. Whether this event was a contributory factor could not, however, be substantiated.

Linked Cases of Hepatitis A

A Cardiff-based early year’s setting was linked to sibling cases of Hepatitis A, one of whom attended the nursery whilst the older sibling attended a different primary school. Both children were linked to foreign travel where it is thought they were exposed to the virus. Vaccination was offered to nursery children and staff by the Local Health Board, whilst the Communicable Disease Service arranged the microbiological screening of several children who had also reported gastrointestinal symptoms. A further case was later confirmed at the primary school of the older sibling (index case), however investigations could not determine if these cases were linked.

Between 1st April 2024 and 31st March 2025, Lead Officers for Communicable Disease attended a total of **37** meetings to manage on-going incidents and outbreaks for a range of significant pathogens.

- Legionella cases in the Cwm Taf Morgannwg region.
- Cryptosporidium cases linked to a public swimming pool in the Swansea area.
- Cases of Norovirus and unconfirmed gastroenteritis associated with participation in outdoor water-based activities in the Cardiff area.
- E.coli 0145 cases linked to the consumption of raw milk from a Bridgend farm.
- Cases of *Clostridium perfringens* associated with the consumption of pork products at a food festival in the Cardiff area.
- Cryptosporidium cases with identical MLVA profiles linked to school and early years settings in the Cardiff area.
- Linked cases of Hepatitis A in an early years setting and primary school in the Cardiff area.

c. Achievements & Public Health Interventions

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.

The Service concluded 2 successful prosecutions against duty holders who had failed to prevent persons smoking in a smoke-free area, as required by the Public Health (Wales) Act 2017, and assisted people to commit an offence by supplying them with shisha pipes in a smoke-free area. Details of fines imposed by the court, and costs awarded to the Local Authority, are illustrated below.

Director of Business A	Attended court; pleaded guilty to 2 offences – failing to take reasonable steps to stop people smoking in a smoke-free area & assisted 13 people commit an offence by supplying them with shisha pipes in a smoke-free area. Total fine: £924 Costs awarded to Local Authority: £400 Victim Surcharge: £146
Business B	Failed to attend court; found guilty of 2 offences under the Serious Crime Act in their absence (assisting people to commit an offence by supplying them with shisha pipes in a smoke-free area). Total fine: £1,100 Costs awarded to Local Authority: £400 Victim Surcharge: £888
Director of Business B	Failed to attend court; found guilty of 2 offences under the Serious Crime Act in their absence (assisting people to commit an offence by supplying them with shisha pipes in a smoke-free area). Total fine: £1,100 Costs awarded to Local Authority: £400 Victim Surcharge: £888



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.

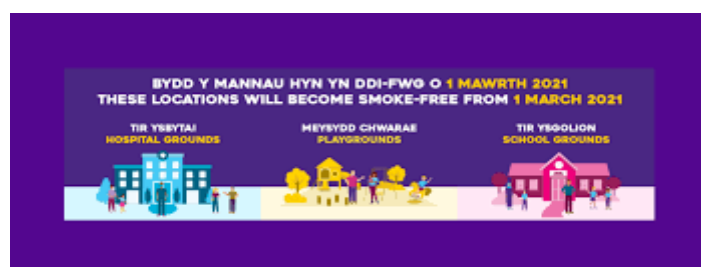
From 1st April 2024 to 31st March 2025, Trading Standards Officers carried out a number of test purchases and multi-agency operations specifically focused on the illegal tobacco trade. A summary of the outcomes of these interventions is detailed in the table below.

NON COMPLAINT E-CIGARETTES	Test purchase attempt	Sale	Number of seizures	Total product seized	Retail value
Cardiff	39	25	29	3,486	£34,860.00
Vale of Glamorgan	0	0	0	0	0
Bridgend	6	1	2	307	£3,070.00
ILLEGAL TOBACCO	Test purchase attempt	Sale	Number of seizures	Total product seized	Retail value
Cardiff	18	12	15	2,736 packets (54,720 sticks)	£54,720.00
				Hand rolling tobacco – 247 packs (12.35Kg)	£9,880.00
Vale of Glamorgan	1	1	0	0	0
Bridgend	0	0	2	1,591 packets (31,820 sticks)	£31,820.00
				Hand rolling tobacco – 352 packs (17.6 Kg)	£14,080.00

Trading Standards successfully concluded a number of prosecutions against duty holders retailing illicit tobacco products during the 2024/25 business year. Details of the penalties imposed by the court are illustrated below.

Business A	Retail of non-compliant e-cigarettes on 4 separate occasions, despite receiving multiple warning letters from the Local Authority. Guilty plea entered by the defendant. Total fine: £2,000 Costs awarded to Local Authority: £1,336 Victim Surcharge: £500
Business B	Repeated retail sales of nicotine inhaling products to persons under the age of 18 years. Guilty pleas entered by 3 defendants and the company. Total fine: £320 each Costs awarded to Local Authority: £284 each Victim Surcharge: £128 each
Business C	5 charges of retailing non-compliant e-cigarettes. Guilty pleas entered by the defendant and the company Total fine: £5000 (company) + £1400 (defendant) Costs awarded to Local Authority: £1048 (company) + £1048 (defendant) Victim Surcharge: £560 Forfeiture of the illicit goods was also granted.
Business C & D	Test purchase operations found 2 retail shops selling counterfeit tobacco, illegal e-cigarettes and duty free cigarettes that had been smuggled into the UK. Anti-social behaviour closure orders were issued by the court, requiring both shops to cease trading with immediate effect for a period of 3 months.

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.



During 2024/25, Shared Regulatory Services continued to engage with Local Health Board (LHB) partners in the Cardiff & Vale and Cwm Taf Morgannwg regions to explore opportunities to improve compliance levels across their respective estates.

A detailed smoking audit was undertaken at a principal hospital site in the Cwm Taf Morgannwg University Health Board area as part of this engagement process which enabled the Service to highlight key areas of focus needed by our Local Health Board partner in the review of their management arrangements. Discussions with the Cardiff & Vale University Health Board have continued to explore the feasibility of delivering an enforcement service at their hospital sites via our Waste Enforcement colleagues in the Vale of Glamorgan Council.

The Service was also able to support partners in the Vale Education team by reviewing, and commenting on, their smoke-free policy for Vale of Glamorgan schools.

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



Throughout 2024/25, 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 (3); Cardiff (6); and Vale of Glamorgan (2).

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

During 2024/25 the Service reviewed and re-circulated its **infection prevention and control guidance for educational and early year's settings**. Information about how to undertake enhanced cleaning and disinfection, particularly during Norovirus outbreaks, was disseminated to all schools, via the 3 legacy LA Education Departments, at the start of the new autumn term to pre-empt peak Norovirus season. The same support was provided to our early year's sector through the dissemination of information via the Workforce Development Team in Cardiff Council, the Social Care Information Team in the Vale of Glamorgan Council and the Healthy schools lead at Bridgend Council.

During 2024/25, the Service was able to support the delivery of a hand washing intervention at a Cardiff primary school to raise awareness about personal hygiene and infection control, and complete an infection control support visit to a primary school in Bridgend which was experiencing a prolonged outbreak of gastrointestinal illness. This visit enabled the Service to assess the infection prevention and control (IPC) measures being implemented, and influence changes which subsequently led to a reduction in the number of new cases of illness. A similar IPC support visit was made to a hotel being re-purposed as temporary accommodation for the

homeless which had reported a number of residents with gastrointestinal symptoms. This visit enabled the Service to advise the duty holder about correct enhanced cleaning and disinfection procedures and appropriate cleaning products to use.



The investigation of 2 confirmed cases of *Cryptosporidium parvum* in the same primary school reception year determined that participation in **forest school activities** had not been fully risk assessed. These activities actively encourage hands-on contact with mud, water, plants, animals and other living things found in the natural environment.

The Service was able to promote widespread improvements across the sector via engagement with the Corporate Health and Safety Team who developed robust protocols to support the continuation of these valuable learning experiences in a way that mitigated the risk of harm to a vulnerable cohort of our community.

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

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

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



During 2024/25, **x8 Healthy Option Awards** were issued across the SRS region:

	BRIDGEND	CARDIFF	VALE
GOLD AWARD	0	6	1
SILVER AWARD	0	0	1
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. During 2024/25, an Officer worked alongside the Dietetics Team in Public Health Wales to re-establish offering the **Agored Cymru Level 1 Community Food and Nutritional Skills (CFNS) course**. This qualification is now promoted on the SRS website and communicated to Primary Authority partners via the SRS Industry Team.

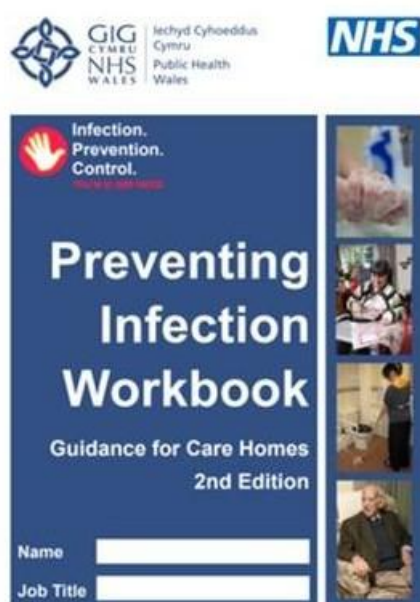
Shared Regulatory Services is a member of, and continues to support, the **Gold Standard Healthy Snack Award** and **Healthy Schools Implementation Group**, a partnership of multi-agency childcare sector stakeholders across Cardiff and the Vale of Glamorgan, with representation from the Public Health 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'.

During 2024/25 the Service has been able to actively support the Cardiff & Vale University Health Board **Healthy Workplaces Partnership** which focuses on public health strategies for both public and third sector organisations. SRS has been able to use this forum to raise awareness about the Healthy Options Award and promote nutritional training for catering staff and workplace champions with a health promotion remit. Membership of this strategic partnership includes: Cardiff & Vale College, South Wales Fire and Rescue Service, South Wales Police, Cardiff & Vale University Health Board hospitals, Cardiff and Vale Council Human Resource representatives, Welsh Ambulance Services University NHS Trust, and Cardiff Third Sector Council.

Stakeholder Engagement – Contributing to Wider Public Health Initiatives

The Service was able to influence change to the content of Food Standards Agency (FSA) guidance concerning the use of raw flour and flour products in childcare settings. After receiving several queries from childcare providers about the guidance, the Service identified credible research which suggested that bacteria in flour, particularly E.coli, would not be killed by an application of dry heat at 70°C for 2 minutes. After communicating this research to the FSA, the guidance was updated and re-issued to highlight the risk of illness from consuming raw flour or anything containing raw flour (*e.g. dough prepared for play and craft activities*). This enabled childcare providers to amend their risk assessments and in-house control measures.



During 2024/25, the **Health Protection Partnership Team** in the SRS successfully engaged with **113 care providers** across the Cardiff and Vale region and **distributed 1600 free IPC workbooks** to individual staff members, a training resource developed by Public Health Wales and funded through the regional Health Protection Partnership. This engagement with the care sector also provided an opportunity to provide verbal advice concerning winter preparedness, to reinforce communication pathways for acute respiratory illnesses, and identify additional training needs. Feedback from this intervention was overwhelmingly positive – care providers liked the quality, consistency and convenience of the individual workbooks, and smaller providers particularly valued access to the free training resource.

One care home manager reported that “the training had proved useful when they had an outbreak of Norovirus this winter, and had helped them manage the outbreak”

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 2024/25, one of the SRS Lead Officers prepared and delivered a presentation to the South East Wales Communicable Disease Task Group about a cluster of STEC E.coli 0145 cases linked to the consumption of raw milk supplied by a farm in the Bridgend area.

Oversight of Exhumations in SRS.

Between 01/04/2024 and 31/03/2025, Officers from the Communicable Disease, Health and Safety Team were required to attend **4 exhumations** across the SRS region (Cardiff x4). In accordance with the provisions of the Burial Act 1857, Environmental Health was notified of the exhumations via a Ministry of Justice licence (MOJ) to take any necessary actions in the interests of public health and decency. An Officer was in attendance at the time of the exhumations, which also provided an opportunity to assist with the training of new Bereavement Services staff and develop their understanding of requirements specified by the MOJ.

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



The 2024/25 business year saw the regulatory shift from a one-off registration scheme for practitioners and premises of defined skin piercing treatments - in accordance with the Local Government (Miscellaneous Provisions) Act 1982 and bye-laws made thereunder - to a renewable licensing scheme set out in **Part 4 of the Public Health (Wales) Act 2017**. This transition enabled the implementation of an all-Wales legislative framework rather than relying on the continued application of an outdated

scheme that permitted variations in standards across all Welsh Local Authority areas.

From **29th November 2024**, all defined skin piercing practitioners were required 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. To support those practitioners and businesses with pre-existing registrations, Welsh Government included a 9 month transition period for everyone to submit their new applications and successfully complete a compliance visit. This transition period is set to conclude on 29th August 2025.

This has required Officers to successfully navigate the challenges of implementing 2 distinct regulatory regimes for defined skin piercing treatments during 2024/25, communicate changes to practitioners across the sector in a timely manner, and effectively plan for procedural changes within the Service.

Between **01/04/2023** and **28/11/2024**, Officers carried out **73 skin piercing registration visits** across SRS: Bridgend (20); Cardiff (41); Vale of Glamorgan (12).

Between **29/11/2024 and 31/03/2025**, Officers carried out **204 special procedures licensing visits** across SRS: Bridgend (42); Cardiff (127); Vale of Glamorgan (35).

These visits primarily focus on infection prevention and control arrangements to ensure the risk of harms to customers is either removed or being effectively mitigated.

Between 1st April 2024 and 31st March 2025, SRS delivered **x14 RSPH Level 2 Award in Infection Prevention and Control for Special Procedures Practitioners** courses where **all 157 delegates** successfully completed the qualification.



Throughout the 2024/25 business year, the SRS continued to be represented at the all-Wales Special Procedures Implementation Group, and subsequently the Special Procedures Consistency Group, which enabled the Service to actively contribute to discussions concerning delivery of the new scheme across the Principality.

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

The following Primary Authority Partnership work was completed during 2024/25.

Studex – In 2024/25, SRS has worked with Studex and their key partners, including Claire's Accessories and Superdrug, to assist them prepare for the new special procedures licensing regime in Wales. This also included delivery of the RSPH Level 2 Infection Prevention and Control for Special Procedures qualification for employees of key partner organisations.

National Hair & Beauty Federation (NHBF) – SRS have reviewed the health and safety elements of the 'Beauty in a Box' which is a health and safety tool produced by the National Hair & Beauty Federation. SRS has additionally provided them with guidance relating to special procedures for their members who work in Wales which will become incorporated into their 'Beauty in a Box' health and safety pack.

Please note that this partnership is still in the process of being agreed and finalised with NHBF and the Office of Product Safety and Standards (OPS&S).

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 2024 and 31st March 2025, the Communicable Disease, Health and Safety Team issued **29 ‘requests to co-operate’** for the following reasons:

x1 issued on an international flight courier	To release passenger list information to facilitate contact tracing after 5 people were ill on a return flight into Cardiff airport.
x3 issued on unregistered/unlicensed skin piercing practitioners.	To prevent the continuation of tattooing activities without the requisite permissions in place.
x2 confirmed Tuberculosis cases	To secure improved engagement with the TB control service.
x2 confirmed Shigella flexneri cases & x1 confirmed Shigella sonnei case.	To request engagement with the Service to determine risk factors and mitigate the spread of infection to other people.
x3 confirmed Hepatitis A cases	To exclude children from school and nursery whilst infectious.
x1 confirmed Salmonella case	To exclude a food handler from work until 48 hours symptom-free.
x2 confirmed Salmonella paratyphi and Salmonella typhi cases	Including the exclusion of a health/social care worker until microbiological clearance had been completed.
x1 confirmed Cryptosporidium case	To exclude a child from school until 48 hours symptom-free, and from swimming until 14 days symptom-free.
x13 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.

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 **2024** 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:


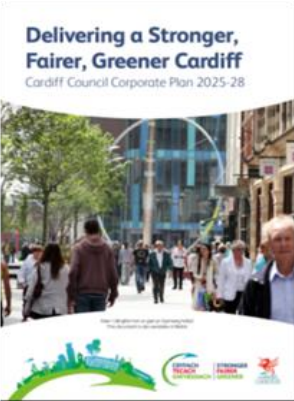

The response rate for completed evaluation forms remained extremely low in 2024 at 5% (17/367 cases interviewed by telephone), which is comparable to the last 2 years – 2023 6% and 2022 4%.

Of the **17 evaluation forms** completed in 2024:

- 17/17 (100%) cases reported being 'satisfied' with the service, of which 15/17 (88%) reported being 'very satisfied'.
- 16/16 (100%) cases reported that the advice given by officers was useful (*one case failed to complete an answer for this question*) and 17/17 (100%) reported that the advice was easy to understand.
- 10/17 (59%) cases reported changing their food preparation practices or choices as a result of the interview. **Key behaviour changes reported included washing hands more thoroughly, washing salad produce prior to consumption, and not washing raw poultry packaging before discarding it in the bin.**
- 17/17 (100%) cases reported that the performance of the officer was good, 16 (94%) of which reported that the performance of the officer was very good.
- 15/17 (88%) cases said that they were better equipped to prevent future infections.
- 16/17 (94%) cases said that the officer could not have done any more to improve the quality of the interview. The one customer that felt that the officer could improve, did not provide any suggestions as to what improvements could be made.

Appendix A

Corporate priorities and outcomes of partner Councils

Bridgend County Borough Council	Priorities	Outcomes/Aims
	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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
	<ul style="list-style-type: none"> • Cardiff is a great place to grow up • Cardiff is a great place to grow older • Supporting people out of poverty • Safe, confident and empowered communities • A Capital City that works for Wales • One Planet Cardiff • Modernising and integrating our public services 	<ul style="list-style-type: none"> • Cardiff is a great place to grow up • Cardiff is a great place to grow older • Supporting people out of poverty • Safe, confident and empowered communities • A Capital City that works for Wales • One Planet Cardiff • Modernising and integrating our public services
Vale of Glamorgan Council	Priorities	Outcomes/Aims
	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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.