# SHROPSHIRE HEALTH AND WELLBEING BOARD
## Report

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| **Meeting Date** | **17th September 2026** | | | | | |
| **Title of report** | **Health Protection Annual report** | | | | | |
| **This report is for** (You will have been advised which applies) | Discussion and agreement of recommendations | **x** | Approval of recommendations (With discussion by exception) | | Information only (No recommendations) | |
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| **Which Joint Health & Wellbeing Strategy priorities does this report address? Please tick all that apply** | Children & Young People | | Joined up working | **X** | | |
| | Mental Health | | Improving Population Health | **X** | | |
| | Healthy Weight & Physical Activity | | Working with and building strong and vibrant communities | **X** | | |
| | Workforce | | Reduce inequalities (see below) | **X** | | |
| **What inequalities does this report address?** | Health Inequalities specific to screening and vaccination. | | | | | |

**Report content -**

1. **Executive Summary**

This health protection report to the Health and Wellbeing Board provides an overview of the health protection status of the population of Shropshire. It provides an overview of the status of communicable, waterborne, foodborne disease.

Part One- Overview of health protection data and a summary of updates
Part Two- Overview of new health protection developments relevant to the system.
Part Three- Overview of sexual health

2. **Recommendations**
   a. Promote childhood vaccine uptake
   b. Promote uptake of seasonal vaccines
   c. Promote contraception and regular STI testing

3. **Report**

**Part One**

**Overview of health protection data and summary of updates**

**1.1 - Immunisation Coverage Shropshire**

- Work continues nationally and locally to improve vaccine uptake, with a particular focus on reducing inequalities across Shropshire. The NHS inequalities grant has been renewed for another year and will be used to increase uptake of winter vaccinations in eligible cohorts with lower uptake, HPV and MMR vaccination among targeted communities through education and outreach. This work includes identifying schools with the lowest vaccination uptake, delivering targeted vaccine education to pupils in Years 8 to 11, and providing ongoing vaccine education sessions for community groups across Shropshire and where appropriate to deliver additional community pop up clinics to make vaccinations more accessible.
- HPV vaccination coverage for 12- to 13-year-olds was 74.8% in 2024/25, a decrease from 79.0% in 2023/24. Although coverage in Shropshire remains above the England and West

Midlands averages, it is lower when compared the nearest statistical neighbours, and uptake continues to vary across the county. This highlights the need for sustained targeted engagement and support. The actions being taken to improve HPV vaccination uptake are summarised in section 2.2 below.

- MMR vaccination coverage for one dose by age two has remained stable at 94.2%. Childhood vaccination coverage in Shropshire remains above the West Midlands and England averages. The MMRV vaccine, which protects against measles, mumps, rubella and chickenpox, has also been introduced for young children as part of the NHS vaccination schedule.
- Coverage for the 6-in-1 vaccine (DTaP/IPV/Hib/HepB) among two-year-olds remained stable at 95.6% in 2024/25

**1.2 Autumn/winter Flu, COVID-19 and RSV Vaccination Campaign**

- Flu vaccination uptake in Shropshire remains consistently above the West Midlands and England averages across eligible age groups. This reflects strong engagement with seasonal vaccination programmes and supports efforts to reduce serious illness, hospital admissions and winter pressures across health and care services. Maintaining high uptake remains important to protect vulnerable populations and reduce health inequalities. Additional flu vaccination clinics were arranged during the winter to improve access.

| **Cohort** | 65+ | <65 | Preg | 2 years | 3 years | Primary | Secondary |
|---|---|---|---|---|---|---|---|
| | 25/26 FLU % Vaccination uptake | | | | | | |
| **England** | 74.5 | 40.6 | 38.4 | 43.5 | 44.8 | 55.4 | 47.7 |
| **Shropshire** | 77.6 | 45.6 | 47.8 | 48.4 | 50.7 | 62.7 | 50.1 |

- Eligibility for the NHS RSV vaccination programme has been extended to include adults aged 80 years and over and all residents of older adult care homes. This expansion is intended to increase protection among those most at risk of severe illness and help prevent RSV-related hospital admissions.
- COVID-19 vaccination uptake across Shropshire, Telford and Wrekin ICB continues to be monitored as part of the seasonal vaccination programme, with a focus on protecting eligible and higher-risk groups.

| | **% uptake 25/26 COVID** |
|---|---|
| **England** | 57.1 |
| **STW** | 61.8 |

**1.3 - Screening uptake Shropshire**

- Cancer screening uptake in Shropshire remains strong, with coverage rates exceeding regional and national averages for both breast and bowel cancer screening. In 2024/25, breast screening coverage was 76.6%, while bowel cancer screening coverage was 75.9%, indicating good engagement with preventive services and supporting the early detection of cancer.
- Cervical screening coverage was 72.1% among women aged 25 to 49 years and 76.4% among those aged 50 to 64 years. While uptake remains relatively high, continued efforts are needed to maintain and improve screening participation, particularly among younger eligible women, to support early identification and treatment of cervical abnormalities and reduce future cancer risk.

**1.4 - Communicable disease**

- Health protection activity remained substantial during 2025/26, with 531 new incidents and 1,050 cases managed between 1 April 2025 and 31 March 2026. Activity was driven primarily by ongoing sporadic gastrointestinal infections in the community, particularly Campylobacter, alongside a seasonal increase in diarrhoea and vomiting (D&V) and acute respiratory infection (ARI) outbreaks in care and nursing homes during the winter months.
- **Influenza** – overall influenza activity started earlier than in the 2024 to 2025 season but also declined earlier and the overall level of activity over the course of the season was lower
- **Tuberculosis** – TB incidence in Shropshire remains low and stable, with a three-year average rate of 1.8 per 100,000 population in 2022-24, compared with 10.0 in the West Midlands and 8.5 in England. While the local burden is comparatively low, ongoing vigilance is required to ensure timely diagnosis, treatment, and prevention of transmission.
- **Foodborne** – Targeted food hygiene interventions at higher-risk premises and new registrations, alongside effective follow-up and revisits, helped maintain a high broad compliance rate of 98.46%.
- **Waterborne** - During 2025/26, 236 private water supply samples (including 40 bottled water samples) were collected and nine risk assessments completed. Thirteen Regulation 18 notices were served where supplies posed a significant public health risk. These activities demonstrate a proactive, risk-based approach to protecting consumers from unsafe private water supplies.

**Part Two**

**Health Protection Developments relevant to the system**

**2.1 – MenB vaccination**

The NHS is offering MenB vaccinations to eligible young people; this became available from 20th July 2026 if you were:

- Born between 1st September 2007 and 31st August 2008, or
- Born on or after 21st July 2001 and are starting university for the first time in autumn, or
- Born on or after 21st July 2001 and are starting some residential further education colleges for the first time in autumn 2026 as a residential student.

This is a time-limited offer, with first doses available until 31 December 2026 and second doses available until 31 March 2027. Promotion of the vaccination offer is ongoing, and the number of vaccines administered is reported monthly.

**2.2 – Vaccination project**

- In October 2024, the local authority, Shropshire, Telford and Wrekin Integrated Care Board, and Telford & Wrekin Council developed a vaccination inequalities project to address variation in vaccine uptake. The project successfully secured NHS England funding to increase vaccination uptake among underserved population groups. The approach focuses on three key elements: data to identify population groups with the lowest coverage and support targeted action; education to provide training, awareness raising and vaccine confidence support for vulnerable communities; and pop-up clinics to make vaccination more accessible where access is a known barrier.
- A range of initiatives were delivered during 2025/26 to improve vaccination uptake and reduce inequalities in access. These were taken forward through the Vaccination Improvement Plan and included additional seasonal vaccination clinics in Shrewsbury and Oswestry. The clinics focused on improving access for underserved communities and higher-risk groups, helping to reduce barriers to vaccination and support more equitable uptake.
- Community-based clinics were delivered to support access to non-porcine vaccines for school-aged children from Afghan families. A targeted vaccination programme was developed to improve flu vaccine uptake among Afghan families living in the Albrighton area. The programme required close collaboration between Shropshire Council Public Health, Shropshire Supports Refugees (SSR), the School Aged Immunisation Service (SAIS), local

schools, translators and community representatives. The approach successfully established school-based clinics, secured consent, arranged interpreters and venues, and enabled vaccination delivery despite significant logistical and cultural barriers. Lessons learnt include Flexible clinic times improve access, trusted community contacts are critical, translation requirements must be built into capacity planning, and multi-agency coordination is essential.

- Targeted efforts to improve HPV vaccination uptake included educational sessions for eligible pupils in secondary schools across the county and vaccine confidence training for frontline staff working in community wellbeing, early years, and adult social care services. A survey of parents of secondary school pupils was undertaken to better understand factors influencing HPV vaccine hesitancy. In response to the findings, and informed by national evidence, an information letter was developed with support from a local GP and jointly endorsed by the Directors of Public Health for Shropshire and Telford & Wrekin councils. The letter was distributed to parents and carers of Year 8 pupils to provide clear, evidence-based information and support informed decision-making about HPV vaccination. This led to an increase in the number of consents received and vaccine delivered. Official coverage data will be release later in the year.
- Work was also undertaken to develop service specifications enabling GP practices and community pharmacists to deliver community-based flu vaccination clinics, further strengthening local vaccination infrastructure and accessibility.
- The vaccination project group continues to meet monthly, and an ICB cluster meeting has just been convened to share learning, highlight any issues and plan programme of work.

**2.3 - Communications to the wider public**

- Adverse weather campaign: press release, relating to heat health alerts and how to stay safe in hot weather was shared through various media channels and to vulnerable settings.
- Communications to education setting to update information on MenB vaccination.
- Communication campaigns related to all vaccinations are shared regularly.
- Seasonal health protection campaigns e.g. food safety during BBQ season, winter wellness campaign planned over the winter months.

**2.4 - Improving vaccination uptake**

- A new funding proposal has been accepted by the NHS for a **vaccination and inequalities programme for Shropshire, Telford and Wrekin in 2026/27**. Its main purpose is to improve vaccine uptake among underserved communities and reduce health inequalities, with a focus on Core20PLUS groups, deprived areas, ethnic minority communities, migrant populations, rural communities and groups with lower vaccine coverage.
  The proposal covers priority vaccination programmes including **flu, COVID-19, RSV, HPV, MMR/MMRV, childhood immunisations and MenACWY**. It sets out a coordinated delivery model involving local authority leadership, ICB data analysis, community outreach, targeted GP/PCN engagement, community pharmacy pop-up clinics.
  The expected outcomes are improved uptake in priority populations, reduced geographic and demographic inequalities, stronger engagement with underserved communities, reduced risk of vaccine-preventable disease and outbreaks, and improved system collaboration.
- People experiencing homelessness in England will be offered free flu jabs on the NHS, starting this autumn. A vaccination programme will support those experiencing rough sleeping and people staying in homeless hostels or night shelters, protecting a group at high risk of serious respiratory illness.

**Part Three**

**Sexual and reproductive health**

**3.1** Sexual and reproductive health services continue to be delivered to residents of Shropshire through:

- Shropshire Integrated Sexual Health Services Open Clinic
- Online Testing for people aged 16 and over.

- GPs and Pharmacies: - provide Chlamydia testing and treatment, Long-Acting Reversible Contraception (LARC), Emergency Hormonal Contraception (EHC), Chlamydia/Gonorrhoea testing, Chlamydia treatment, C-Card registration and issue of condoms.
- School nurses, Colleges, and Women's Hubs.

**3.2** Sexually Transmitted Infections (STIs):

- Sexual health outcomes in Shropshire are generally better than the England average. In 2024, the overall STI diagnosis rate was 292 per 100,000, compared with 632 per 100,000 nationally.
- Rates of gonorrhoea (46.2 vs 124 per 100,000) and HIV prevalence (1.0 vs 2.4 per 1,000) were also lower than England.
- The syphilis diagnosis rate (12.1 per 100,000) was similar to the national rate (16.5 per 100,000). However, HIV testing rates were lower (1,636 vs 2,843 per 100,000), and a higher proportion of HIV diagnoses were made at a late stage (62.5% vs 43.3%). We have an action to reduce late-stage HIV diagnosis by enhancing testing.

**3.3** Teenage pregnancy and abortion

- In 2023, the abortion rate in Shropshire was 22.5 per 1,000 women aged 15 to 44 years, broadly comparable with the England rate of 23.4 per 1,000. Among women aged under 25 who underwent an abortion, 25.0% had previously had an abortion, similar to the national proportion of 29.0%.
- In 2023/24, the proportion of births to mothers aged under 18 years in Shropshire was suppressed due to small numbers and is therefore not reported. For comparison, the corresponding figure for England was 0.6%.

**3.4** Contraception

- The higher rate of long-acting reversible contraception (LARC) prescribing in Shropshire (56.4 per 1,000 women aged 15-44 years compared with 40.0 per 1,000 in England) suggests good access to highly effective contraceptive methods and may contribute to reducing unintended pregnancies and associated health inequalities. The majority of LARC provision is delivered through primary care, with prescribing rates substantially higher than the national average (51.0 vs 23.7 per 1,000), highlighting the important role of general practice in meeting contraceptive need. However, lower levels of LARC provision through specialist and non-specialist sexual health services (5.3 vs 16.3 per 1,000) may warrant further consideration to ensure equitable access across different service settings and population groups, particularly for individuals who may face barriers to accessing primary care.

**Sexual health developments**

- NHS England added emergency hormonal contraception to the NHS pharmacy contraception service. All pharmacies in Shropshire are delivering the service and available data shows good uptake by residents.

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| **Risk assessment and opportunities appraisal** | | |
| **Financial implications** | N/A | |
| **Climate Change Appraisal as applicable** | | |
| **Where else has the paper been presented?** | System Partnership Boards | Health Protection Quality Assurance Board *(HPQA)* |
| | Voluntary Sector | |
| | Other | |
| **List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)** | | |
| **Cabinet Member (Portfolio Holder) or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead** | | |

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| **Cllr Ruth Houghton** – Portfolio Holder for Health and Adult Social Care, Shropshire Council<br>**Rachel Robinson** – Executive Director, Health, Wellbeing and Prevention, Shropshire Council |
| **Appendices**<br>Appendix A. Health Protection Report - presentation |