HEALTH AND HOUSING SCRUTINY COMMITTEE

29 OCTOBER 2025

HEALTH PROTECTION ASSURANCE

SUMMARY REPORT

Purpose of the Report

1. The purpose of the report is to update the Health and Housing Scrutiny Committee on health protection arrangements in Darlington.

Summary

2. Local authorities in England have statutory health protection duties under the Health and Social Care Act 2012 and related regulations. These responsibilities are primarily exercised through the Director of Public Health (DPH) and are supported by UK Health Security Agency (UKHSA) and the NHS

3. The Director of Public Health produces a health protection assurance report annually to provide an overview of health protection arrangements and any relevant activity in the Borough of Darlington.

Recommendation

4. It is recommended that: -

   (a) Scrutiny receives and note the contents of the report.

   (b) Scrutiny is aware of the shared responsibility for Health Protection.

   (c) Note that the Director of Public Health is assured that the health protection arrangements in Darlington are both appropriate and effective in addressing the various aspects of health protection.

Lorraine Hughes
DIRECTOR OF PUBLIC HEALTH

Background Papers

No background papers were used in the preparation of this report.

Ken Ross: Extension 6200

Council Plan	This report supports the council plan priority of living well as good health protection arrangements and high uptake of screening and immunisation programmes are important to people's health and wellbeing.
Addressing inequalities	This report considers health protection arrangements, including availability and uptake of screening and immunisation programmes. Inequalities in uptake are considered where data is available, to inform future priorities and / or identify any areas of concern.
Tackling Climate Change	There are no implications arising from this report.
Efficient and effective use of resources	This report has no impact on the Council's Efficiency Programme.
Health and Wellbeing	This report has an impact on the Health and Wellbeing of the borough through the provision of the legal duties related to the protection of the health of local communities through preventing harm from communicable and infectious disease.
S17 Crime and Disorder	There are no implications arising from this report.
Wards Affected	All
Groups Affected	This report is relevant to the population of Darlington
Budget and Policy Framework	This report does not recommend a change to the Council's budget or policy framework.
Key Decision	No
Urgent Decision	No
Impact on Looked After Children and Care Leavers	This report has an impact on LAC as the authority has a statutory duty to ensure access to related services such as immunisations for children who are Looked After.

MAIN REPORT

Information and Analysis

5. Health protection refers to the coordinated activities and systems in place to safeguard the population from threats to health, including those arising from infectious diseases, environmental hazards, or chemical exposure. It involves three key components: the prevention of harm, the surveillance of potential risks, and the control of incidents when they

occur. Health protection in England is delivered through a complex, multi-agency system with clearly defined responsibilities as set out in Appendix 1.

6. Effective communication is fundamental to all aspects of health protection. Timely, accurate, and authoritative information helps to build public trust, demonstrate accountability, and support coordinated action. This is particularly important during incidents, where clear communication underpins the success of prevention, surveillance, and control efforts.

Duties and responsibilities

7. Local authorities have a legal duty to improve and protect the health of their populations. This includes providing advice on healthy lifestyles, supporting illness prevention, and addressing environmental or housing-related health risks. In line with national legislation, they are also required to deliver specific public health services such as sexual health, substance misuse treatment, and early years health services.

8. The Director of Public Health (DPH) provides strategic leadership and professional oversight of these responsibilities. As the principal advisor on population health, the DPH ensures that local systems are robust, evidence-based, and responsive to both routine and emerging threats. This includes advising elected members and senior officers, coordinating with partners such as the UK Health Security Agency and NHS bodies, and escalating concerns where necessary.

9. Local authorities also contribute to emergency preparedness and response under the Civil Contingencies Act 2004. The DPH plays a pivotal role in ensuring that public health considerations are fully integrated into multi-agency planning and response arrangements.

10. Through this leadership, the DPH ensures that the local authority meets its statutory obligations while maintaining a proactive and resilient approach to safeguarding public health.

11. At a regional and local level responsibility for aspects of health protection are shared across the system including:

    (a) NHS England is responsible for the commissioning of screening and immunisation programmes, although it should be noted that planning is underway for ICB's to take on this responsibility from April 2026.

    (b) UKHSA's Health Protection Teams (HPT) are responsible for the provision of expert functions to respond directly to incidents and outbreaks and to support the Council in understanding and responding to threats. Darlington has an identified link Consultant in Health Protection.

    (c) Local Authority DsPH have responsibility for the health protection of the local population and a local leadership role in providing assurance that robust arrangements are in place to protect the public's health.

12. A range of governance groups, data flows, and reporting mechanisms support local health protection arrangements and provide assurance to the Director of Public Health. These include regional programme boards for screening and immunisation, the Area Health Protection Group for strategic coordination, the Local Resilience Forum for civil emergency response, the Northeast Local Health Resilience Partnership for sector-wide planning, and regular surveillance reports and dashboards from NHS England, UKHSA, and OHID.

13. Given local authority responsibilities for health protection, the Director of Public Health focuses on providing assurance, supporting system planning, offering expert advice and challenge, monitoring key data and reports, and communicating risks to stakeholders and the public when required.

14. Whilst the Director of Public Health plays a key role in assuring that robust health protection plans are in place, effective delivery depends on partner agencies fulfilling their statutory responsibilities, including the commissioning and provision of related services.

Immunisations

15. Immunisation is one of the most effective public health interventions, preventing the spread of infectious diseases, reducing illness and mortality, and protecting vulnerable populations. By achieving high vaccine coverage, immunisation programmes contribute to herd immunity, reduce health inequalities, and lessen the burden on health and care systems. As a core component of health protection, they play a vital role in preventing outbreaks and maintaining population resilience.

16. The UK immunisation schedule offers a universal childhood programme covering 13 vaccine-preventable diseases, adult vaccinations for those at increased risk due to age or health conditions, and selective programmes targeting specific groups, such as for TB, hepatitis B, and pertussis in pregnancy. These programmes are essential components of the wider health protection system.

17. Over the next year, the UK's childhood vaccination schedule is being updated to improve protection and make things simpler for families. The second dose of MMR is being moved earlier to 18 months, to help increase uptake. A new appointment at 18 months will include this and an extra dose of the six-in-one vaccine that protects against diseases like diphtheria and hepatitis B. A new chickenpox vaccine will also be added and given alongside the usual measles, mumps, and rubella (MMR) vaccines at 12 and 18 months. Some other vaccines are being rescheduled to give protection earlier or reduce the number of injections at one time. These changes aim to make the system more efficient and ensure children are protected as early as possible.

18. The latest 2023/24 data (Appendix 2) shows a mixed picture for immunisation uptake in Darlington. Whilst childhood vaccination rates have remained relatively stable, take up of several key vaccines remain below the 95% target required for herd immunity, indicating areas for focused improvement.

19. Immunisation uptake rates in Darlington for 2023/24 indicate high coverage across most early childhood vaccines. The 6-in-1 vaccine (Dtap/IPV/Hib/HepB) shows uptake of 96.9% at 1 year and 97.5% at 2 years. Uptake for the pneumococcal conjugate vaccine (PCV) at one year is at 95.5%.Both of these exceed the 95% threshold, commonly associated with herd immunity.

20. Some vaccinations fall below the 95% uptake needed to ensure herd immunity, including MMR uptake at 2 years at 91.5%, the PCV booster at 2 years at 92.4% and the Hib/MenC booster at 2 years at 91.9%. These lower uptake figures highlight some vaccines where risk of disease clusters or outbreaks remain.

21. There remain challenges in uptake of other vaccines, particularly in school aged children. HPV vaccine uptake in Darlington dropped sharply during the COVID-19 pandemic, reaching a low of 56.1% in 2021/22. Since then, coverage has steadily improved, rising to 71.2% in 2022/23 and 77.1% in 2023/24. This recovery places Darlington above the national average (72.9%) and slightly ahead of the North East (75.0%), though uptake remains below pre-pandemic levels.

22. Although vaccine uptake amongst children in Darlington is similar to, or better than, the rest of the region and England, there are still some trends emerging which are of concern. Uptake of vaccines varies considerably between different GP practices and communities. This means some groups of children are missing out on protection, which puts them at greater risk of catching and spreading diseases that could have been prevented by vaccination. As a result, outbreaks or clusters of illness are more likely to happen in these groups.

23. The NHS, as the commissioner of vaccination programmes, has implemented a range of targeted measures to improve vaccination uptake. These include both broad and focused campaigns designed to raise awareness of the importance of vaccination and address issues related to vaccine hesitancy.

24. The local authority is actively supporting these initiatives through its Public Health and Communications teams, working in partnership with NHS colleagues and stakeholders across Tees Valley. These collaborative efforts are focused on ensuring that vaccination campaigns effectively reach those communities with the greatest need.

25. The public health team has been working alongside NHS England, the Integrated Care Board (ICB), and public health colleagues across Tees Valley to develop targeted actions aimed at increasing vaccine uptake and reducing inequalities.

26. A programme of behavioural insights research was commissioned and has been undertaken with local communities to identify key factors that act as barriers to vaccination for parents and young people. .

27. As a direct outcome of this work, the information leaflets and supporting resources for parents and young people have been comprehensively revised. These updated materials now reflect the specific needs and concerns identified through the research, ensuring greater relevance

and clarity. They have been distributed to providers with clear guidance for use during vaccination discussions and consent processes, supporting more informed and confident decision-making.

28. The ICB has allocated additional funding across Tees Valley to support targeted initiatives aimed at increasing vaccine uptake among vulnerable groups. In Darlington, the public health team is actively collaborating with education partners, the 0–19 service, GP practices, and community representatives to improve vaccination rates within the Gypsy, Roma, and Traveller community.

29. A targeted engagement programme is being developed to work directly with members of the Gypsy, Roma, and Traveller community to identify key barriers and enablers to vaccination. Insights from this work will inform the design and delivery of a pilot initiative launching in the new year, aimed at improving vaccine uptake through community-led solutions.

30. In Darlington, GP practices deliver infant and preschool vaccinations using a family-centred approach. They proactively invite children as they become eligible, send reminders to reduce missed appointments, and run dedicated clinics where staff offer reassurance and answer questions, as well as provide the vaccinations for individual children.

31. The school-based vaccination programme in Darlington is delivered by a specialist team commissioned by NHS England. Working closely with schools and NHS partners, the team organises clinics in schools and other settings to offer scheduled and catch-up vaccinations to eligible children and young people.

32. The local authority contributes to the governance of the vaccination programme through representation at regional and subregional meetings, including the Tees Valley Local Immunisation Group.

Infection Prevention and Control

33. Those in receipt of social care, and particularly older people living in care homes, are amongst the most vulnerable in our population. The closed setting nature of care homes makes them more susceptible to transmission of infectious diseases and the development of outbreaks. Outbreaks of common infections such as COVID-19, influenza, norovirus and Salmonella can cause significant morbidity to care home residents.

34. Outbreaks can be prevented, or their severity reduced, by good Infection Prevention and Control measures. The COVID-19 pandemic highlighted the importance of maintaining a high standard of Infection Prevention and Control (IPC) in care homes.

35. In Darlington care homes are supported by the Public Health protection Officer who works with a range of partners including the Commissioning, Performance and Transformation Team, NHS commissioners and the Care Quality Commission, and provides technical advice, information and guidance to support them in their oversight of and regulation of care homes.

36. The Public Health Protection Officer also supports care home management and staff through the provision of technical advice and support including audit, sharing best practice and dissemination of information across the sector.

37. In the past year the focus of health protection work from the Public Health Protection Officer has been on the care environment, including focusing on cleaning standards and practices, food hygiene practices and the provision and maintenance of key equipment and fixtures and fittings in care settings.

38. The Public Health Protection Officer has worked with key partners including colleagues in Environmental Health and developed and implemented a targeted action plan, emphasising provider collaboration and accountability in addressing identified issues. This work, which facilitated sustainable improvements and best practice adoption, was shared at UKHSA 5 Nations Health Protection Conference as an example of effective partnership and innovation in public health protection via a poster presentation.

39. The Public Health Protection Officer has also supported colleagues from County Durham and Darlington Foundation Trust, NENC ICB and care home providers in developing policies, procedures and actions to prevent and manage Healthcare Acquired Infections and supporting affected residents and their families in managing ongoing care.

Screening

40. The UK National Screening Committee advises on which screening programmes to offer, ensuring they are beneficial and minimise potential harm, and are commissioned by NHS England. These programmes are aimed towards a number of conditions including some cancers, such as breast and cervical, as well as a range of non- cancer conditions such Abdominal Aortic Aneurysm (AAA).

41. Screening programmes are systematic processes that identify individuals at increased risk of specific health conditions within a population. By detecting potential health risks before symptoms appear, these programmes enable early intervention or advice, helping people make informed decisions and potentially reducing the incidence or mortality of certain conditions. It is important to note that screening tests are not diagnostic, but help identify those who may need further testing or treatment.

42. Whilst NHS England have the responsibility for commissioning and managing screening programmes they work with other partners including GPs, NHS trusts and local authorities, to improve overall uptake and address inequalities in the uptake of screening.

43. The uptake of both cancer and non-cancer screening programmes in Darlington remains comparatively good, compared to both England and the North East. The latest data shows that for breast cancer screening Darlington's rate for eligible women is 72.8%, which is statistically

better than both England and the North East region and an improvement on the previous year of 71.7%.

44. Latest data for cervical cancer screening shows that Darlington's uptake is also statistically better compared to both England and the North East region, with 74.3% of eligible women aged 25 to 49 years being screened, which again is an improvement on the last data report of 73.2%

45. An example of a non-cancer screening programme is the Abdominal Aortic Aneurysm (AAA). This is a condition that usually has no symptoms where the aorta, the largest blood vessel that runs from the heart through the chest and abdomen, develops a bulge in its lower part. This bulge can be dangerous because it may grow large enough to rupture, leading to life threatening internal bleeding.

46. Screening for AAA is undertaken in men aged 65 to 74 years who are identified as most at risk. The uptake for Darlington for eligible men at 87.7%, which is statistically better uptake than England and the North East region. This has improved from its lowest point of 54.0% in 202/21 during the COVID 19 Pandemic and almost recovered to the pre pandemic rates.

47. In conclusion, Darlington compares well to both England and the North East region for the uptake of the of cancer and non-cancer screening programmes. Although there has been evidence of a long-term decline in uptake in screening from historical levels nationally, rates in Darlington have shown improvement in recent years.

Surveillance

38. UKHSA has a national and local surveillance system for communicable diseases and produces alerts for exceedances and identification of linked cases. The DPH is informed of outbreaks, incidents, and exceedances via email alerts. The DPH is represented at all local outbreak control meetings and outbreak reports are also shared.

39. Throughout the past year the Local Authority has worked closely with colleagues at the North East Health Protection Team in UKHSA, addressing a number and range of infections including flu, invasive pneumococcal disease (IPD), Group A strep, scabies, syphilis and Hepatitis.

40. The Public Health team also work closely with the UKHSA's Health Protection Team and the Environmental Health Team in the identification and investigation of cases and outbreaks of infectious diseases, particularly food borne, which are notified by GPs, the public, businesses and other local authorities.

Healthcare Associated Infections (HCAIs)

43. Healthcare-associated infections (HCAIs) are infections that people can acquire while receiving care in healthcare settings. Some, such as MRSA, Clostridium difficile (C. difficile), and Carbapenemase-Producing Enterobacteriaceae (CPE), are particularly concerning due to their

resistance to common antibiotics. UKHSA tracks these infections through national surveillance and supports healthcare professionals in tackling antimicrobial resistance.

44. Locally, NHS commissioners and providers such as County Durham and Darlington Foundation Trust work together to prevent and control HCAIs through a range of measures. These include reviewing infection control practices, monitoring antibiotic use, conducting regular audits, and providing ongoing staff training. The Health and Housing Scrutiny Committee also receives reports on HCAIs from CDDFT as part of their Quality Accounts report, to ensure continued progress and accountability.

45. Darlington Memorial Hospital has experienced a significant CPE outbreak since January 2023, with 891 cases reported, mainly affecting specific medical wards. In response, fortnightly Incident Management Team meetings were held, involving CDDFT clinical leads, UKHSA the ICB and Public Health. A comprehensive action plan was implemented, including ward closures, infection control audits, ward refurbishments, environmental monitoring, regular patient swabbing, waterless bathing, enhanced infection control measures, and staff training. Two external peer reviews were also conducted to strengthen the hospital's response. As of this report, case numbers have declined substantially, and the affected wards are now in the post-outbreak surveillance phase.

Outbreak Management

46. At a local level UKHSA plays a supportive and leadership role in infectious disease control, implementation is a shared responsibility involving multiple partners including the local authority. The Northeast Health Protection Team receives notifications of potential cases from the public, GPs, hospitals and labs; assesses the risk; and takes appropriate action to protect public health. This may include providing advice, directing healthcare staff, or convening an Outbreak Control Team (OCT). A 24/7 call system supports rapid response.

47. An OCT will be convened by the UKHSA if they decide that an outbreak or situation has potential to cause significant morbidity. The OCT coordinates an effective response to any incidents, including more serious infections such as Hepatitis, Tuberculosis, and M-Pox. A representative from the public health team would join the OCT.

48. One of the most common causes of outbreak in the UK, and Darlington, is food borne infections due to eating contaminated or unsafe food. This can cause ill health and can be particularly problematic in settings with a vulnerable group such as nurseries, schools, and care homes.

49. The Environmental Health team have a key role in health protection. They have the responsibility for certificating and inspecting over 900 food premises in Darlington. They issue Food Standards Agency (FSA) star ratings and ensure that all food outlets meet hygiene and allergy prevention standards. The team have statutory powers for investigating any complaints or outbreaks and taking any regulatory or enforcement action where required.

50. Last year the team investigated 168 food poising notifications, including 35 allegations linked to food premises and 30 outbreaks linked to care homes. The team work closely with UKHSA in

both the surveillance, investigation and control of outbreaks in Darlington. Appendix 3 shows the numbers of cases of gastrointestinal disease in care homes across the North East region, including Darlington.

51. In Q4 2024, Darlington reported 3 cases of Hepatitis B (11.1 per 100,000), 3 cases of Hepatitis C, 4 notifications of suspected Scarlet Fever (14.8 per 100,000), and 1 case of Invasive Group A Streptococcus. No cases of Hepatitis A, Legionella, Listeria, or Tuberculosis were reported in Darlington this quarter. All rates were comparable to previous quarters and regional averages, except for Scarlet Fever, which was significantly lower than last year.

52. Over the past year, the UK has experienced a rise in vaccine-preventable diseases, particularly measles. This was largely driven by a major outbreak in the North West, followed by further increases in London. As a result, other areas—including the North East and Darlington—also saw more cases and smaller clusters. However, this trend has now stabilised, with case numbers declining over the summer months. National trend data is shown in Appendix 4.

53. In Q4 2024, Darlington reported five measles notifications, resulting in a rate of 18.5 per 100,000 people. This was significantly higher than the North East regional average, where there were 36 notifications and a rate of 5.4 per 100,000, although Darlington's rate was similar to its own figure from Q4 2023

54. Despite the higher notification rate in Darlington, there were no laboratory-confirmed measles cases in either Darlington or Durham this quarter, and only two confirmed cases across the entire North East.

Summary

55. This report has outlined the statutory duties, responsibilities, and current arrangements for health protection in Darlington, with a focus on key areas including immunisation, screening, infection control, and outbreak response.

56. While challenges remain, particularly in addressing inequalities and improving uptake amongst some communities and cohorts, the report highlights strong examples of partnership working and effective leadership that continue to enhance local resilience and protect population health in Darlington.

Appendices

Appendix 1 Health Protection Responsibilities in England

Organisation	Key Responsibilities	Legal/Policy Basis
UK Health Security Agency (UKHSA)	- Lead national response to infectious diseases and environmental hazards - Provide expert advice, surveillance, and outbreak management - Coordinate vaccine procurement and distribution - Support local authorities and NHS with technical guidance	Executive agency of DHSC; Public Health (Control of Disease) Act 1984; Environmental Permitting Regulations 2016
NHS England	- Commission and deliver Section 7A services (e.g. immunisation, screening) - Ensure quality and equity in service provision - Manage contracts and performance of providers - Lead health protection in custodial settings	NHS Act 2006 (Section 7A); Public Health Functions Agreement 2025–26
Integrated Care Boards (ICBs)	- Plan and commission NHS services within Integrated Care Systems - Prepare to take on delegated responsibilities for immunisation and screening from NHS England	Health and Care Act 2022; NHS Act 2006
Local Authorities (including Directors of Public Health)	- Statutory duty to improve and protect public health - Lead local outbreak response and emergency planning - Commission sexual health, drug and alcohol services - Provide environmental health services (e.g. food safety, housing, water sampling) - Assure adequacy of local health protection arrangements	Health and Social Care Act 2012; NHS Act 2006 (Section 2B, 6C); Local Government Act 1972
Environment Agency (EA)	- Regulate high-risk environmental activities (e.g. waste, emissions) - Consult UKHSA and DsPH on permit applications - Monitor compliance and enforce environmental standards	Environmental Permitting Regulations 2016; Pollution Prevention and Control Act
Department of Health and Social Care (DHSC)	- Overall stewardship of the health protection system - Set policy and strategy - Hold NHS England and UKHSA to account - Allocate public health grants to local authorities	NHS Act 2006; Health and Social Care Act 2012

Appendix 2 Childhood and Adolescent Vaccination Coverage in Darlington Compared to Regional and National Benchmarks (2023/24)

Indicator	Period	Darlington			North East	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Population vaccination coverage: Hepatitis B (1 year old)	2023/24	–	0	-	*	*	-		- -
Population vaccination coverage: Dtap IPV Hib HepB (1 year old) <90% 90% to 95% ≥95%	2023/24	→	956	94.7%	95.2%	91.2%	63.6%		97.0%
Population vaccination coverage: PCV <90% 90% to 95% ≥95%	2023/24	–	965	95.5%	96.9%	93.2%	70.4%		97.9%
Population vaccination coverage: Hepatitis B (2 years old)	2023/24	–	3	100%	*	*	-		- -
Population vaccination coverage: Dtap IPV Hib HepB (2 years old) <90% 90% to 95% ≥95%	2023/24	→	1,042	94.7%	95.8%	92.4%	72.4%		97.8%
Population vaccination coverage: Hib and MenC booster (2 years old) <90% 90% to 95% ≥95%	2023/24	→	1,016	92.4%	93.6%	88.6%	64.2%		96.2%
Population vaccination coverage: PCV booster <90% 90% to 95% ≥95%	2023/24	→	1,011	91.9%	93.3%	88.2%	66.8%		95.7%
Population vaccination coverage: MMR for one dose (2 years old) <90% 90% to 95% ≥95%	2023/24	→	1,011	91.9%	93.9%	88.9%	67.7%		96.3%
Population vaccination coverage - Hib / Men C booster (5 years old) <90% 90% to 95% ≥95%	2017/18	→	1,178	96.0%	95.1%	92.4%	79.5%		97.6%
Population vaccination coverage: MMR for one dose (5 years old) <90% 90% to 95% ≥95%	2023/24	→	1,112	93.1%	95.1%	91.9%	78.2%		97.1%
Population vaccination coverage: MMR for two doses (5 years old) <90% 90% to 95% ≥95%	2023/24	↓	1,049	87.9%	89.7%	83.9%	60.8%		94.5%
Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) <80% 80% to 90% ≥90%	2023/24	→	502	77.1%	75.0%	72.9%	32.9%		89.2%
Population vaccination coverage: Meningococcal ACWY conjugate vaccine (MenACWY) (14 to 15 years) <80% 80% to 90% ≥90%	2023/24	↓	1,019	73.9%	68.2%	73.0%	31.9%		97.7%

Appendix 3 Number of gastrointestinal outbreaks in care homes by month and by Local Authority

		County Durham and Darlington				North East					
Year	Month	Norovirus	Sapovirus	No pathogen isolated	Total	Adenovirus	Clostridium perfringens enterotoxin	Norovirus	Sapovirus	No pathogen isolated	Total
2024	January	1	0	4	5	0	0	5	0	23	28
	February	2	0	4	6	1	0	7	0	14	22
	March	2	0	2	4	0	0	9	0	17	26
	April	4	0	1	5	0	0	16	0	26	42
	May	3	0	4	7	0	0	10	0	21	31
	June	0	0	3	3	0	1	3	0	16	20
	July	0	0	5	5	0	0	0	0	18	18
	August	0	0	0	0	0	0	0	0	10	10
	September	1	0	5	6	0	0	2	0	14	16
	October	1	0	6	7	0	0	6	0	25	31
	November	1	0	4	5	0	0	2	0	18	20
	December	1	0	7	8	0	0	5	0	21	26
	Total	**16**	**0**	**45**	**61**	**1**	**1**	**65**	**0**	**223**	**290**
2025	January	2	0	4	6	0	0	11	0	20	31
	February	0	0	2	2	0	0	3	0	16	19
	March	2	1	11	14	0	0	5	1	35	41
	April	3	0	4	7	0	0	8	0	16	24
	May	4	0	3	7	0	0	4	0	14	18
	June	0	0	5	5	0	0	1	0	13	14
	July	0	0	1	1	0	0	1	0	6	7
	Total	**11**	**1**	**30**	**42**	**0**	**0**	**33**	**1**	**120**	**154**

Appendix 4 Measles Cases by week London and England from 1st January 2025

Cases by week of symptom onset

Laboratory confirmed cases of measles by week of onset of rash or symptoms reported, London and England from 1 January 2025. The data reporting lag has greatest impact on the most recent 4 weeks. Reported figures for this period are likely to underestimate activity. These data points are within the "reporting delay" period on the chart. This chart is different to the measles "cases reported" chart on the landing page. Data affected by the reporting delay is not included in the chart on the landing page.

Up to and including week beginning 18 Aug 2025

Chart | Tabular data | Download