

4. Infectious diseases

Vaccine-preventable diseases

Public Health England (PHE) reported 108 cases of measles (62 confirmed), 34 cases of mumps (11 confirmed) and fewer than five cases of rubella in Hackney in 2012.

Table 4.1 Incidence of key vaccine-preventable diseases in Hackney and the City 2008–12, confirmed cases (PHE)

	2008	2009	2010	2011	2012
Measles	43	39	19	43	62
Mumps	32	237	87	21	11
Pertussis (whooping cough)	10	10	<5	<5	21
Pneumococcal disease	24	7	<5		<5
Rubella	<5	<5	<5	<5	<5

Hackney experienced a measles outbreak starting in December 2012. This outbreak mainly affected children and young people in the Orthodox Jewish community in Stamford Hill.

During 2012, the PHE reported a marked increase in cases of pertussis across England and Wales. This started in the third quarter of 2011 and affected mainly adolescents and young adults. Cases continued to increase in 2012 and began to affect infants under the age of three months, who were too young to have been immunised. As a result of the increase in cases in infants, the DH introduced a temporary immunisation programme for pregnant women. In Hackney, 91 cases of whooping cough were reported (21 confirmed).

For childhood vaccination rates, please see Immunisation, in chapter 5 'Children, young people and families'.

Gastro-intestinal diseases

The *Health and Wellbeing Profile 2011/12* data is up to date: [page 125](#).

Hepatitis C

The *Health and Wellbeing Profile 2011/12* data is up to date. Hepatitis C is under-reported in Hackney: in 2012 there were fewer than five confirmed notifications.

The City

Public Health England estimate that there are 77 people infected with hepatitis C in the City of London, of whom 64 are current or previous injecting drug users. This figure is based on modelled estimates and may not reflect the City's unusual population.

Seasonal flu

Seasonal flu vaccination is recommended for everyone aged 65 and over, for younger people who have chronic conditions such as diabetes, for pregnant women and for health and social care professionals.

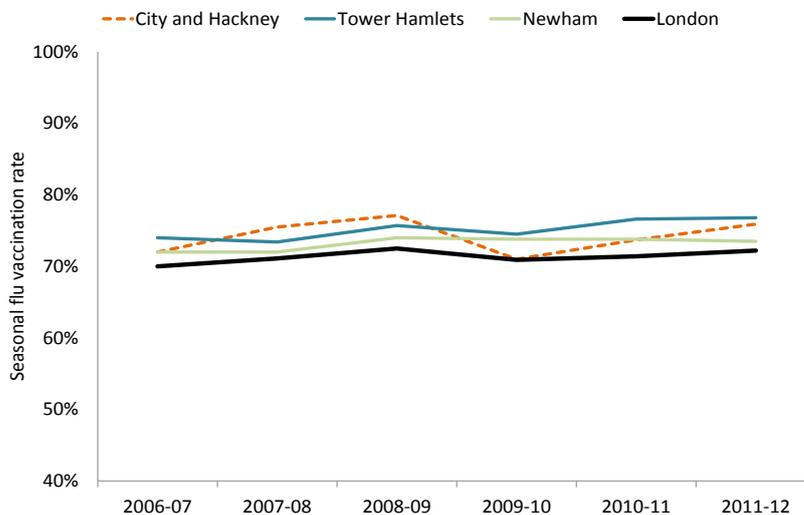
In Hackney and the City, uptake of the flu vaccination in the older age group was 73.0%, above the average rates for both London (72.2%) and England (72.3%)¹² (Figure 4.1). Uptake of the flu vaccination among at-risk individuals aged under 65 remained well above average in 2011/12 at 59.5% (Figure 4.2).

Uptake among pregnant women is reported for women in clinical risk groups and for 'healthy' women who are not in a clinical risk group. In 2011/12, uptake among pregnant women in a clinical risk group in Hackney and the City was 54.7%, well above the London average of 47.8%. Uptake among 'healthy' pregnant women was 19.4%, compared with an average for London of 22.2%.

Flu vaccination uptake among healthcare workers who have direct patient contact was relatively high at the Homerton Hospital: 53.2% were vaccinated compared with a London average of 36.0%. The rate for City and Hackney PCT was 42.7%, including an uptake of 52.2% among GPs. Vaccinations were administered during the flu season, September to February 2012/12.

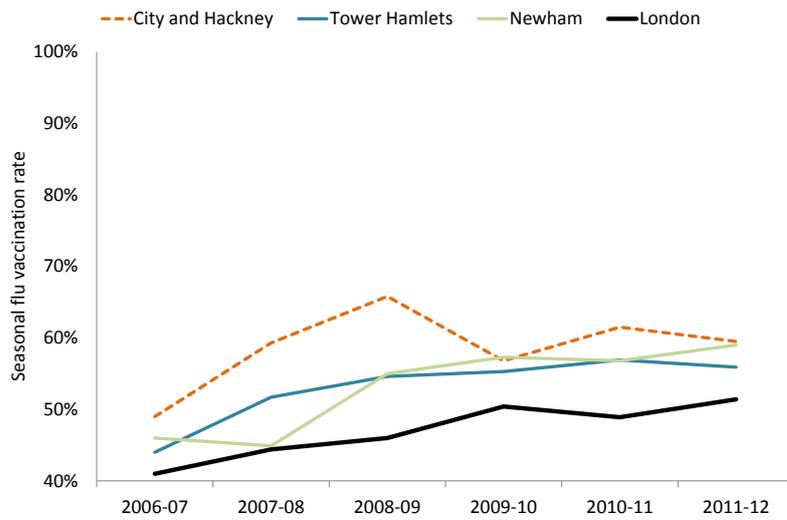
Until 31st March 2013 vaccinations were the responsibility of the Primary Care Trusts. The responsibilities for disease control have transferred to Public Health England and the responsibility for vaccinations has transferred to NHS England.

Figure 4.1 Flu vaccination uptake among those aged 65 or over (PHE)



¹² PHE/Department of Health.

Figure 4.2 Flu vaccination uptake among at-risk people aged under 65 (PHE)



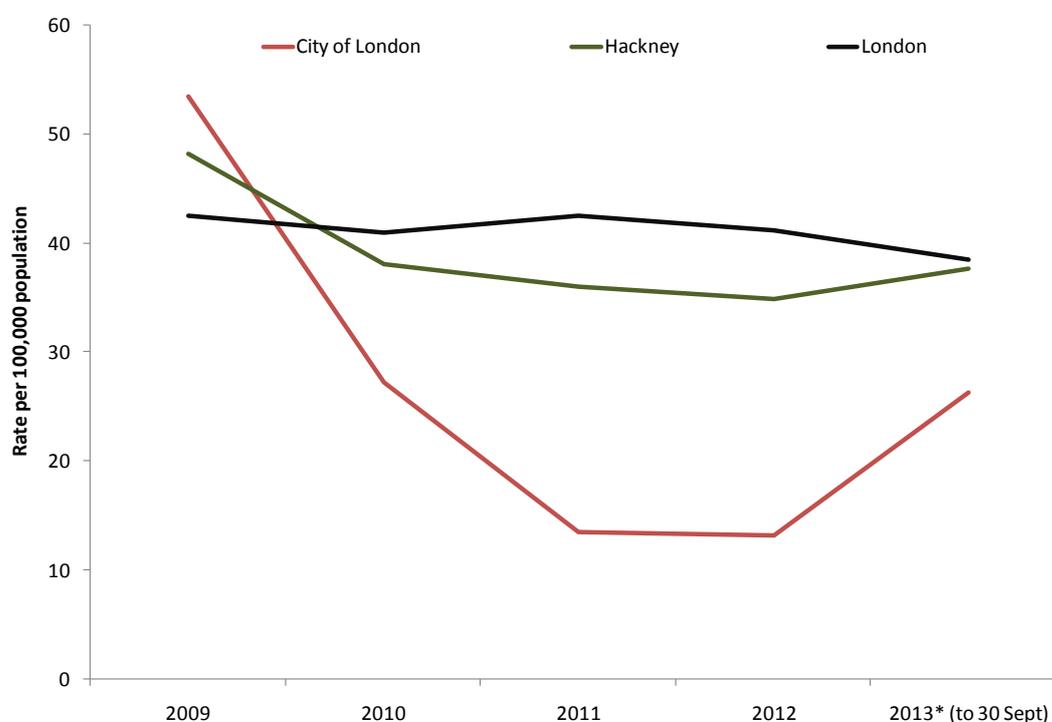
Tuberculosis (TB)

The rate of TB incidence in Hackney has been steadily declining, going from 74.2 per 100,000 population in 2004 to 35.7 per 100,000 population in 2012 (Figure 4.3).

The TB treatment completion rate in Hackney reached 91% in 2011 and 95% in 2012.¹³

¹³ Public Health England, London: *Tuberculosis in London. Annual Review* (2012 data). October 2013. publications@phe.gov.uk

Figure 4.3 Annual trend of TB incidence by local authority of residence from 2009-2013 (PHE)



Sexually transmitted infections (STIs)

5,855 acute STIs were diagnosed in residents of Hackney in 2012, of which 59% were in males and 31% in females. This equates to a rate of 2,368.7 per 100,000 residents (2,798.7 for males and 1,942.4 for females) (Table 4.2). Of these, MSM have high rates of sexually transmitted infections – it is calculated that 80% of all syphilis and over half of all gonorrhoea diagnoses in London are in this group.

Due to changes in the collection of data on chlamydia in 2012, comparisons with the numbers of acute STIs and chlamydia diagnoses in previous years are not robust, and therefore have not been included. In addition, as of 2012 the total number of acute STIs now includes diagnoses of new acute HIV infections, although these have not yet been reported separately.

Table 4.2 Rate of STI incidence per 100,000 population, Hackney 2011–12 (PHE)

	Rate 2011	Rate 2012	Increase in 2012	England rate 2012
Chlamydia	710	901	n/a	371.6
Warts	212	278	31.3%	134.6
Herpes	142	170	19.6%	58.4
Gonorrhoea	180	292	62.4%	45.9
Syphilis	27	30	10.3%	5.4
All acute STIs	2,368	2007	n/a	803.7

Reinfection with an STI is a marker of persistent risky behaviour. In Hackney, an estimated 13% of women and 18% of men presenting with an acute STI at a genito-urinary clinic during the four-year period from 2009 to 2012 became reinfected with an acute STI within 12 months. This compares with averages in England of 5% and 11% respectively.

The City

89 acute STIs were diagnosed in residents of the City of London in 2012 (81% in males and 19% in females). This equates to a rate of 1,200.8 per 100,000 residents (1,742.1 for males and 518.5 for females). Fluctuations in the rates of diagnosis and reinfection within the City from one year to another are not significant due to the small absolute numbers and low population baseline.

Chlamydia screening

Since chlamydia is most often asymptomatic, a high diagnosis rate reflects success at identifying infections that, if left untreated, may lead to serious reproductive health consequences. Public Health England recommends that local areas achieve a testing rate of at least 2,300 per 100,000 resident 15 to 24-year-olds, a level which is expected to produce a decrease in the prevalence of chlamydia. Nationally between January and December 2012, 26% of 15 to 24-year-olds were tested for chlamydia, with an 8% positivity rate. The coverage and diagnosis rate for Hackney is well above the suggested threshold, whereas in the City it is well below the suggested threshold, although the numbers involved are small.

Hackney's 2012 chlamydia diagnosis rate in 15 to 24-year-olds was 3,158 per 100,000. 40% of 15 to 24-year-olds were tested for chlamydia, with 1,090 cases diagnosed (a rate of 8% positive).

The City

The 2012 chlamydia diagnosis rate in 15 to 24-year-olds was 1,079.6 per 100,000. 17% of 15 to 24-year-olds were tested for chlamydia, with eight cases diagnosed (a positivity rate of 6%).

Human Immunodeficiency Virus (HIV)

In 2011, the diagnosed HIV prevalence rate in Hackney was 7.4 per 1,000 population aged 15–59 years, compared with 2.0 per 1,000 population in England. 1,348 adult residents of Hackney (902 males and 446 females) received HIV-related care. Of these, 44% were white, 34% black African and 6.8% black Caribbean. With regards to exposure, 46% probably acquired their infection through sex between men and 47% through sex between men and women.

Where residence information was available, 91 adult residents (aged 15 years and older) were newly diagnosed with HIV in Hackney. Among those who acquired their HIV through sex, 35 new diagnoses were among men who have sex with men, 21 among heterosexual men and 31 among heterosexual women.

The City

In 2011, the diagnosed HIV prevalence rate in the City of London was 10.8 per 1,000 population aged 15–59, compared with 2.0 per 1,000 in England. 62 adult residents received HIV-related care, fewer than five of whom were female. Of these, 90% were white. As regards exposure, 84% probably acquired their infection through sex between men and 6.5% through sex between men and women.

Where residence information was available, data showed that six adult residents (aged 15 and older) were newly diagnosed in 2011. All of these individuals were male and had acquired HIV through sex between men.

Late diagnosis of HIV

Late diagnosis is the most important predictor of HIV-related morbidity and short-term mortality. It is a component of the Public Health Outcomes Framework and monitoring is essential to evaluate the success of expanded HIV testing. Diagnosis at a late stage of infection is where a person's CD4 count is below 350 cells/mm³ within three months of them being diagnosed. The England average is 50%.

Between 2009 and 2011, 45% of HIV diagnoses in Hackney were made at a late stage of infection. The proportion was 29% for men who have sex with men and 58% for heterosexuals.

The City

Between 2009 and 2011, 32% of HIV diagnoses were made at a late stage of infection. The proportion was 35% for men who have sex with men and 0% for heterosexuals. The small numbers involved mean that differences for the City are not statistically significant.