


<p align="center">London Borough of Hammersmith & Fulham</p> <p align="center">Community Safety and Environment Policy and Accountability Committee</p> <p align="center">29 January 2019</p>	
<p align="center">MANAGEMENT OF INFECTIOUS DISEASES IN THE BOROUGH</p>	
<p>Report of the Cabinet Member for Environment, Transport and Residents Services – Councillor Wesley Harcourt</p>	
<p>Open Report</p>	
<p>Classification: For review and comment</p>	
<p>Key Decision: No</p>	
<p>Consultation: N/A</p>	
<p>Wards Affected: All</p>	
<p>Accountable Director: Sharon Lea - Director for Residents Services</p>	
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1. EXECUTIVE SUMMARY

- 1.1. Infectious disease is one of the statutory responsibilities of the Food and Health and Safety team.
- 1.2. The council has a legal duty to receive notifications of infectious diseases (*including food poisoning outbreaks*) from Registered Medical Practitioners (RMPs), monitor, investigate and take action where necessary. This report provides an overview of the systems and controls that we have in place to keep residents and other members of the public safe.

2. BACKGROUND AND INTRODUCTION

- 2.1. Dr John Snow was a physician who is generally credited as the founder of modern epidemiology. In 1854 a cholera outbreak occurred. Up to then it was thought to be airborne via 'bad air', but he considered that 'germs' were ingested. He plotted cases on a map and investigated patients' movements. They had all drawn water from the pump in Broad Street (now Broadwick Street) in Soho. The pump handle was removed, and new cases stopped. The techniques used in tracing diseases today, remain largely unchanged.

3. KEY ISSUES

What is an infectious disease?

- 3.1. An infectious disease is a disease caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi that can be spread, directly or indirectly, from one person to another. There are 31 diseases listed as notifiable, which are shown in the table below. (World Health Organization).

Acute encephalitis	Diphtheria	Malaria	Smallpox
Acute meningitis	Enteric fever (typhoid or paratyphoid)	Measles	Tetanus
Acute poliomyelitis	Food poisoning	Meningococcal septicaemia	Tuberculosis
Acute infectious hepatitis	Haemolytic uraemic syndrome (HUS)	Mumps	Typhus
Anthrax	Infectious bloody diarrhoea	Plague	Viral haemorrhagic fever (VHF)
Botulism	Invasive group A streptococcal disease & scarlet fever	Rabies	Whooping cough
Brucellosis	Legionnaires' disease	Rubella	Yellow fever
Cholera	Leprosy	SARS	

Role of the Health Protection Team (HPT)

- 3.2. The council's Food and Health and Safety team work in partnership with dedicated Consultants for the borough, from Public Health England, Health Protection Team.
- 3.3. Officers rely on the HPT for medical guidance, provided by Consultants in Communicable Disease Control (CCDC), consultant nurses, and support staff, who engage with European and world collaborating centers and laboratories.
- 3.4. The Proper Officer of the council is under a legal obligation to inform PHE and any other relevant body about notifications received. The council appoint CCDCs as Proper Officers for receiving Notifications from RMPs. The London Borough of Hammersmith & Fulham has appointed five consultants as our Proper Officers for the purpose of Regulations 2,3 & 6 of the Health Protection (Notification) Regulations 2010, and for section 48 of the Public Health (Control of Diseases) Act 1984 as amended by the Health & Social Care Act 2008.

- 3.5. Based on the statistics that are provided, PHE collates and publishes monthly details of statutory notifications of infectious diseases by borough and disease, which can be found in a NOIDs Weekly Report;
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/768549/NOIDS-weekly-report-week52-2018.pdf

Proactive and reactive work to prevent the spread of disease

- 3.6. This area of work is highly sensitive and is restricted to fully qualified Environmental Health Officers (EHOs), with a degree recognised by the Chartered Institute of Environmental Health.
- 3.7. Some areas of this work, such as monitoring and carrying out inspections are routine but work activities require immediate action because the results can be life threatening, e.g. Legionella, Tuberculosis, and Listeria.
- 3.8. Food poisoning is a notifiable condition and outbreak cases are routinely investigated where evidence is sufficient.

Officer powers

- 3.9. Environmental Health Officers (EHOs) investigate cases of Infectious Diseases, which also includes cases of food poisoning and Legionella.
- 3.10. Environmental Health Officers have the power to close any business that poses a risk to health via the Courts or exclude people from work if they pose a risk to others.
- 3.11. Officers have not needed to close any businesses formally in recent years, as the preference is to work collaboratively where possible. E.g. in a large office block which experienced a Norovirus outbreak the company agreed to close voluntarily and immediately.
- 3.12. The law provides powers for people in certain circumstances to be suspended from work, and in extreme cases to be arrested and removed to hospital, (with judicial oversight).
- 3.13. The Regulations also provide other powers over buildings and objects e.g. disinfection or decontamination, excluding a child from school, or requiring details of children at the school, restricting access to see dead bodies and allowing for discretionary compensation to those who are formally excluded from work.
- 3.14. As the Council holds various statutory powers, officers assist also Public Health England with other matters especially where patients are being uncooperative. A good example of this is Tuberculosis cases.

Infectious disease plans and desktop emergency exercises

- 3.15. PHE consults EHOs about Infectious disease plans, which are regularly reviewed and updated to ensure that plans remain robust.
- 3.16. Officers receive update training from PHE, and partake in desktop emergency exercises. Examples of desktop exercises that officers have been involved in include: an outbreak of disease at HMP Wormwood Scrubs (*the last one was control and containment of a Norovirus outbreak*), what to do in the case of an Ebola outbreak or flu epidemic/pandemic and testing plans for the Olympics.

Food hygiene inspections and sampling

- 3.17. Statutory food hygiene inspections are a principal tool in the prevention of food poisoning. Businesses are risk rated A – E, where A are premises that present the highest risk.
- 3.18. The risk rating of premises is vital to manage the programme of routine inspections. Depending on the risk rating, food businesses are inspected anything from every 6 months (for A rated premises) to once every two years (D rated premises).
- 3.19. As of 31 December 2018, there were 2040 registered food premises.
- 3.20. All businesses are awarded a food hygiene rating of 0 – 5, with a ‘5’ being ‘very good’ and ‘0’ being ‘very poor’. The ratings for all food businesses inspected, are published on the Food Standards Agency (FSA) website.
- 3.21. At the end of 2018, food businesses within the borough had the following ratings: 2 As, 104 Bs, 482 Cs, 703 Ds, and 504 Es, with some 200 new businesses registering.
- 3.22. In addition to inspections, officers have a local food sampling programme.

How infectious disease cases are managed

- 3.23. The table below illustrates the process that is followed to minimise risks and harm in the event of an outbreak.

Case Management process
LA notified about food poisoning outbreak.
The CCDC confirms the type of food poisoning outbreak.
An Outbreak Control team is established and chaired by the CCDC.
Patients are identified via GP and other RMP Notifications & hospital mostly.
Patient is visited or called as part of the routine investigation to identify source, and in gastro intestinal (GI) cases in relation to stool samples.
Food hygiene inspection carried out at all identified outlets.
Food/water/stool samples are sent to the Public Health laboratory.
Daily teleconferences with officers and PHE/HPT are held throughout.
CCDC confirms when outbreak is over.
Outbreak report produced by HPT/PHE with Council input.

Cause and responsibility identified where possible.
Appropriate action by the council: advice, additional training or legal action.

- 3.24. Where formal/legal action is needed; this would be a warning letter, Statutory Notice, formal closure, or Court action.

Other joint working with PHE to prevent the spread of disease

- 3.25. Officers can become involved with Public Health England (PHE) over a diverse range of condition and issues, not all of which are Notifiable Diseases, but where medical advice is needed, or our help has been requested.

Type of disease/issue	Possible causes or those at risk
Food poisoning	Salmonella, Campylobacter
Food borne diseases	E. coli 0157:H7 (STEC) & Listeria
Norovirus outbreaks	in an institution
Legionella	cooling towers, old plumbing systems
Tuberculosis	patients refusing medication
Pica	typically children
Carbon monoxide poisoning	wood ovens, BBQ
Travel related diseases	Shigella dysentery, Typhoid

Costs, Effects, and Risk Groups

- 3.26. The cost to businesses is significant: staff sickness, lost productivity, food waste. Businesses might face legal action and court costs, negative publicity, and significant remedial costs especially with Legionella.
- 3.27. Outbreak investigations can consume significant amounts of staff time. A previous Salmonella case resulted in 60 customers ill with 20 hospitalized and officers were involved with the case for 3 months. This would be in the region of 1500 – 2000 hours.
- 3.28. Risk groups are the very old, very young, pregnant women, those with compromised immune systems, and those already ill. People who are ill pose a risk to those in risk groups. Workplaces with multiple management structures and relying on zero hours contracts can be problematic and prolong an outbreak.
- 3.29. Nationally, Infectious diseases are a significant health & economic drain on the UK and local areas, and account for 7% of deaths and an annual cost of £30bn. The control of food hygiene standards and the investigation of infections generally with the interventions provided to us by legislation supports the council’s vision of being the best and improving the experience of our residents and visitors.

Conclusion

- 3.30. H&F is a very cosmopolitan inner London borough which has seen an increase in developments both commercial and residential. We have over

2000 food business with start-ups registering weekly The Council has a statutory duty to carry out food hygiene inspections and to investigate food poisoning outbreaks. The inspections and investigation must be made by the EHOs who are legally competent to do so. EHO time is very resource intensive in these cases and can divert staff away from 'day to day' business.

- 3.31. Significant outbreaks in local businesses can reflect poorly on the borough generally, which presents a potential reputational risk.
- 3.32. H&F has major venues and events, including 3 football clubs, Olympia, and Westfield. These bring large numbers of visitors to the borough and benefits local businesses. However, a significant outbreak in any large gathering is likely to become news worthy on social media and press.
- 3.33. Officers will continue and react as needed to situations and any changes in legislation. To reduce this area of work would have implications for health and the spread of disease, and would mean that the Council would not meet its statutory duties

4. RECOMMENDATIONS

- 4.1 This work is an essential element in maintaining the health of our residents and preventing the spread of disease.
- 4.2 It is recommended that Members note the key importance and potential impact of this work in protecting residents and visitors to the borough.

5. CONSULTATION

- 5.1 Officers consulted the borough's dedicated consultants from the NW London Borough of Hammersmith and Fulham Health Protection Team in preparing this report.

6. EQUALITY IMPLICATIONS

- 6.1 The Council, when making decisions in relation to any of its functions, must comply with its public-sector equality duty as set out in s149 of the Equality Act 2010 (the Act).
- 6.2 Diseases afflict people indiscriminately and officers treat all cases equally according to the facts of the case. This work has low relevance in relation to its impact on the areas under the statutory duties contained in the equalities impact assessment for the Food and Health & safety team, but contributes towards the corporate priorities of the council, set out in the H&F Business Plan.

7. LEGAL IMPLICATIONS

- 7.1 The legal duty for the Council is set out in the primary legislation of the Public Health (Control of Disease) Act 1984, as amended by Sections 129 and 130

of the Health and Social Care Act 2008. The Regulations applicable in these matters are the Health Protection (Notification) Regulations 2010, in particular Regulations 2,3, 6 and 7, the Health Protection (Local Authority Powers) Regulations 2010 and the Health Protection (Part 2A Orders) Regulations 2010.

The Council appoints proper officers as defined under Section 74 of the Public Health (Control of Disease) Act 1984, for the purposes of Section 48 of the Public Health (Control of Diseases) Act 1984, as amended by the Health and Social Care Act 2008 and in addition to Regulations 2,3,4 of the Health Protection (Notification) Regulations 2010.

Issues arising from investigations under the above legislation may result in actions taken under the Food Safety Act 1990, Food Safety and Hygiene (England) Regulations 2013 or Sections 2,3 and 4 of the Health & Safety at Work etc. Act 1974, in addition to the use of its powers under the Health Protection (Part 2A Orders) Regulations 2010. The Data Protection Act 2018 and General Data Protection Regulations 2018 are of central importance to the council.

Implications verified by: Champa Gurnani – Senior Solicitor, Legal Services, telephone 020 8753 2763.

8. FINANCIAL IMPLICATIONS

- 8.1 This work is already undertaken by the Food Safety team and the continuation of this statutory duty will not require any additional resources going forward.
- 8.2 The 2010 Regulations removed the duty to pay compensation to those excluded from work, but replaced it with a power to do so if considered justified (e.g. in cases of real hardship). In H&F the decision is with the Director although there have been no cases where this has been funded since these regulations were introduced.

Implications verified by: Lucy Varenne – Interim Head of Finance – Residents Services, telephone 020 7341 5777.

9. IMPLICATIONS FOR BUSINESS

- 9.1 The implications for compliant business are limited to employees absent due to sickness, or being formally excluded from work by the exercise of our statutory responsibilities.
- 9.2 The financial implications to businesses which cause outbreaks or put people's or safety at risk can be considerable by way of remedial work, Court appearances, reputational damage, the possibility of civil action by those affected, seizure of product, etc. In extreme cases Courts can impose custodial sentences upon hygiene failings.

10. COMMERCIAL IMPLICATIONS

- 10.1 None, this is a Statutory function with no general power to charge or recharge (the council may recover its costs if it agrees to carry out a disinfection of decontamination, at the owner's request).

11. IT IMPLICATIONS

- 11.1 We have in place a Data Sharing Agreement and a Memorandum of Understanding with PHE.
- 11.2 Much of our information contains personal identifiable information (PII) and is transmitted by secure email and accessed by named officers only. Named officers have personal passwords to the Pathology laboratory IT system to access results.
- 11.3 Some of our information (e.g. outbreak reports) is owned by PHE. Matters which result in prosecution go into the public domain. However, certain applications to the magistrates will be held in a closed court as they would involve medical information pertaining to an individual.
- 11.4 Freedom of Information Act responses to requests must be either redacted or refused according to the circumstances. Global anonymised data are in the public domain via the gov.uk website.
- 11.5 Weekly and monthly HPT analysis is confidential and stored securely (6 years maximum) or deleted.

12. OTHER IMPLICATION PARAGRAPHS

- 12.1 There exists a small infection risk to staff (dependent on disease) which is additional to the background risk, where contact with patients who are infectious is needed, but this is risk assessed.
- 12.2 There is a prime risk to the community if people return to work or frequent crowded places whilst infectious, especially with conditions such as Norovirus, Influenza, or Tuberculosis.

13. BACKGROUND PAPERS

None.