



Vulnerable Populations in Health Protection

2026 ADPH WM Conference: **The Health
Protection Tapestry: Weaving Together People,
Protection, and Preparedness.**

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Lily Makurah (Public Health Consultant)
Jamie-Rae Tanner (Public Health Consultant)



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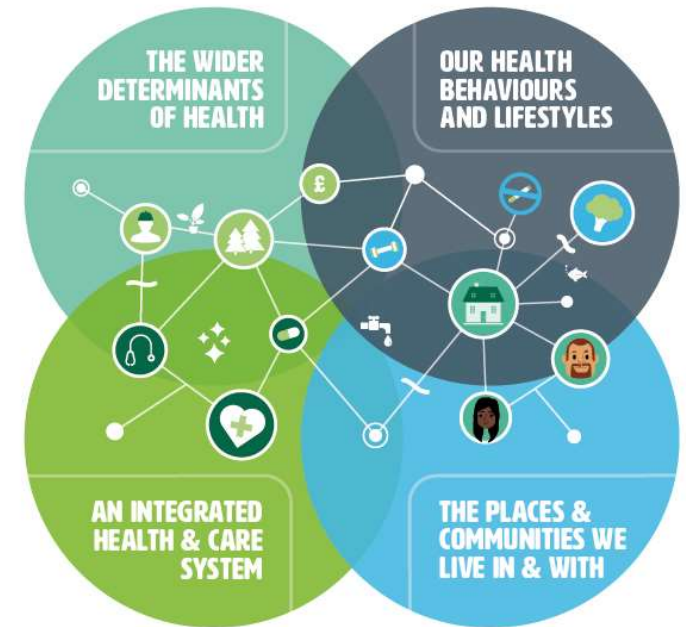
Coventry and Warwickshire Health Protection

Vision

We want all people to be protected from infectious diseases and environmental hazards

Aim

We aim to protect Coventry and Warwickshire communities by being a health protection system that is interconnected, strong, high-performing and effective in working with residents and local, regional and national partners



Source: Population Health Management approach. Image from Coventry and Warwickshire Integrated Care System's [Health Inequalities Strategy Refresh 2023-2024](#)



Aims

Participants will be able to:

- Recognise health protection vulnerabilities in transient populations
- Analyse outbreak or incident scenarios and identify effective interventions



Agenda

- **Overview of Health Protection Challenges (10 mins)**
 - Infection risks, vaccination gaps, poor continuity of care
 - Challenges with data and follow-up for transient populations (moving within or between Boroughs/regions/ICB/GP footprints)
- **Case Studies: Outbreaks & Incident Response (25 mins)**
 - Review scenarios involving mobile workers, asylum accommodation (hotels), dispersal accommodation or rough sleepers
 - Exploring gaps and opportunities in communication and cross-organisational coordination
- **Strengthening Local Response Systems (15 mins)**
 - Partnership working between voluntary and community sector, NHS and local authority (public health, social care, housing, environmental health, education)
 - Using rapid risk assessments and proportionate interventions



Overview of Health Protection Challenges

- Vaccine Preventable diseases
 - Measles, Whooping Cough, Diphtheria, Tetanus, Polio, Flu, Covid-19
- Blood Borne and sexually transmitted infections
 - HIV, Hepatitis, Syphilis, Gonorrhoea
- Skin infections
 - Invasive Group A Strep, Cutaneous Diphtheria, MRSA, Scabies
- Emerging and Travel related infections
 - Mpox, Legionella, Cholera/Vibrio species, Ebola/Marburg
- Respiratory infections
 - Tuberculosis
- Gastro-intestinal illness
 - Hep A, Enteric fevers (Typhoid and paratyphoid)
- Vector Borne Illness
 - Malaria, West Nile Virus, Lyme Disease, Dengue, Chikungunya, Zika

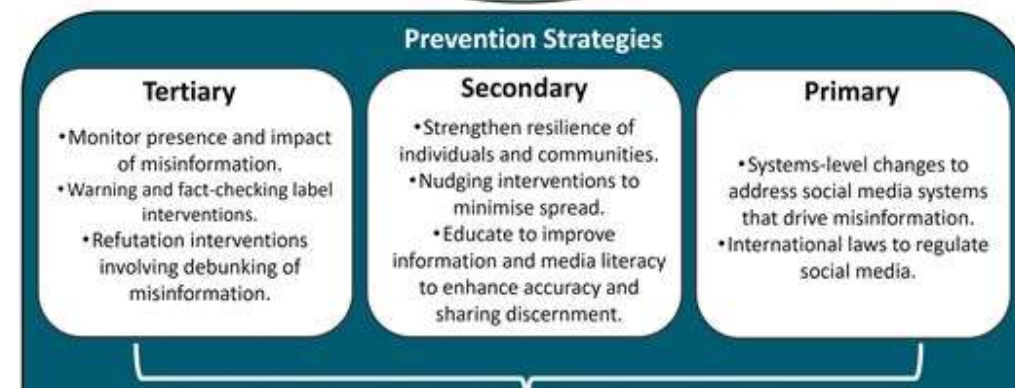
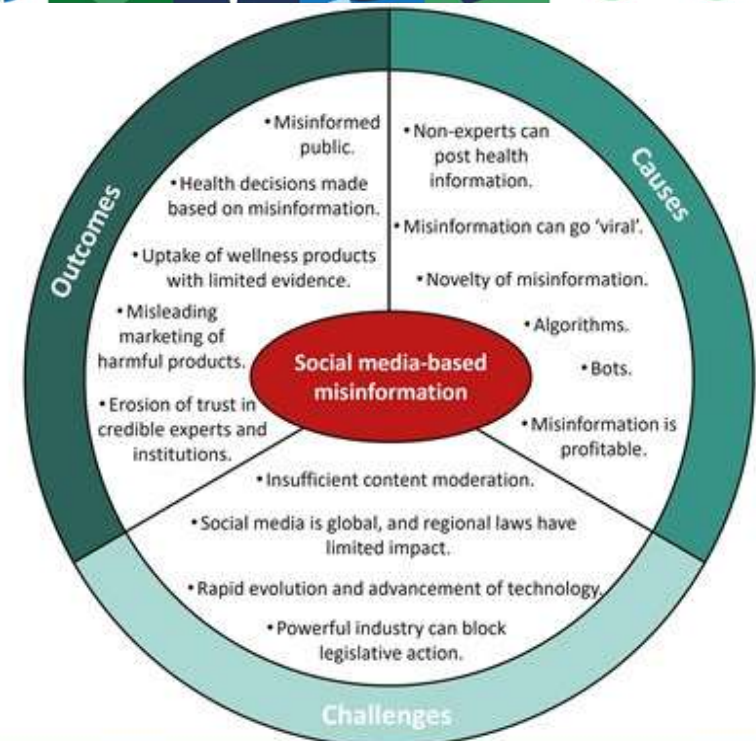


Challenges with data and follow up for transient populations

- Contributing factors include:
 - **Unstable housing**
 - **Poor living conditions**
 - **Limited access to healthcare**
 - **Geographic movement between administrative boundaries**
- Those who interact with health systems irregularly or with low continuity of care have reduced opportunities for early detection and intervention
- Housing and public health engineering (sanitation, clean water, ventilation) are fundamental to reducing infection burden. Poor or overcrowded conditions facilitate transmission of respiratory, skin and gastrointestinal diseases
- Declining vaccine uptake nationally and notes that barriers to vaccination disproportionately affect underserved groups increasing risks of outbreaks in these communities

News Media, Social Media and bots

- The news ecosystem has changed drastically
- Bots detect trending of emotionally charged content
- They then rapidly repost and can cooperate together in "Botnets" using tactics like tagging to increase visibility
- Rather than being overtly aggressive bots share lower-quality news and disinformation using less toxic language than humans
- Sentiment farming is used to promote points of view that "land well" or generate more engagement (positive or negative)
- There are warehouses full of phones which are used to generate "human" comments
- Key issues for Public Health- the list is endless but in health protection:
 - Fear provoking outbreaks (Zika, Ebola, Cholera (including non vibrio))
 - Vaccines
 - Measles
 - Influenza
 - Media coverage of Asylum seekers, Refugees and immigration





Key social media stats

- 20-30% of YouTube videos about emerging infectious diseases contain misinformation (Covid era)
- Just 45 bot accounts on X generated 440k posts garnering over 3 billion impressions (Covid era)
- UK guidance on Tuberculosis and asylum seekers is updated regularly giving a recurring news hook every time it is updated
- Research indicates that automated accounts generated 70–80% of tweets mentioning e-cigarettes, influencing smokers' buying preferences based on the content of these tweets
- Accounts on X have been observed posting 600 tweets a day using hastags like #Stoptheboats.
- Foreign run networks specifically target the UK – monetising anti immigrant sentiment through dozens of facebook pages with nearly half a million followers (2025 research)
- Health content is specifically weaponised
- The enforcement gap is stark with X being the primary platform with limited content moderation



Outbreaks & Incident Response (25 mins)

- Review scenarios involving vulnerable populations: mobile workers, asylum accommodation (hotels), dispersal accommodation or rough sleepers
- Explore gaps and opportunities in communication and cross-organisational coordination



Case Studies: Outbreaks & Incident Response

- Asylum and Refugee Hotels
- Dispersal Accommodation
- Rough Sleeping
- Gypsy Roma Traveller communities
- Sex workers
- Mobile workers
- Other vulnerable groups

- Key issues:
 - Lack of funding/no recourse to public funds
 - Comms media storms



Case Studies: Outbreaks & Incident Response

Priority themes	Sexually Transmitted Infections (STIs), HIV, and Hep B and C	Environmental Hazards
	Immunisations	Tuberculosis
Cross cutting themes	Antimicrobial Resistance	
	Health inequalities	
Business as Usual	Outbreak and Incident Management	Infection Prevention Control (IPC)
	Screening	Dental Public Health
	Emergency Preparedness, Resilience and Response (EPRR)	



Why is this important and what does the local data tell us?

Immunisations

Why is this important and what does the local data and intelligence tell us?

Immunisations protect people and communities from serious and infectious diseases enabling people to live healthier lives.

Data shows that vaccine uptake across all age groups can be improved in Coventry and Warwickshire. Monitoring vaccine coverage identifies possible drops in immunity before levels of disease rise. Childhood vaccine uptake in Coventry and Warwickshire is particularly concerning, with some indicators, such as the pre-school boosters, falling below the 95% recommended level required for herd immunity.

Whilst vaccine uptake for pneumococcal (PPV) and Shingles for adults has improved, often meeting or exceeding England averages, there is still room for improvement to achieve herd immunity levels. Improving uptake can help reduce preventable hospital admissions. For example, the PPV vaccine is protective against multiple types of pneumonia which continues to be the leading cause for hospital admission.

Vaccination coverage for Flu for over 65s, at risk individuals and for children has been declining since 2021/22. Flu vaccination uptake for at risk individuals is statistically below the target 55% in Coventry and Warwickshire. Data also shows low uptake in frontline health and care workers.

Anti-Microbial Resistance

Immunisations can prevent illness reducing the need for anti-microbial treatment in bacterial infections. Prescribing antibiotics to treat viral infections is unnecessary and ineffective; nonetheless, viral infections are one of the leading causes of antibiotic use. Viral vaccines thus have the potential to reduce the misuse of antibiotics in treating viral infections, thereby reducing the development of AMR.

Health equity and inequalities identified

Inequalities in immunisation uptake persists in our wider populations.

By using a life course approach, the strategy will use the Health Equity Assessments Tool (HEAT) and deep dive activities to systematically identify and embed action for immunisation access and delivery in pregnancy, early childhood, adolescence, frontline health and social care staff, people with pre-existing medical conditions and older adults.

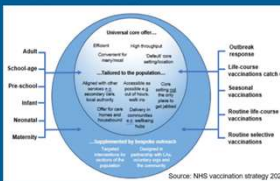
In Coventry, low vaccination rates are linked to areas of higher deprivation, GP practices with larger list size and practices located in areas with higher proportions of ethnic minority groups.

In Warwickshire, low vaccination rates are predominantly linked to GP practices located in Nuneaton and Bedworth.

Immunisation: Joint Actions

What works?

As shown below an effective population vaccination programme requires both a universal core offer and a tailored response.



What works?

COMMUNICATION AND EDUCATION

- Locally designed outreach programmes, call and recall systems, information provision and online delivery interventions with partners.
- Listening to and understanding people's concerns and barriers to vaccination, including vaccine hesitancy is central to any strategy.
- Tailored public health messaging to resonate with specific groups. The COVID-19 pandemic showed us the benefit of using local trusted community advocates to adapt and refine messages about vaccination to increase uptake.

PARTNERSHIPS & GOVERNANCE

- The ICB are responsible for the commissioning and delivery of the vaccination programmes but rely on local authorities and partners to help ensure that the approach, communication and delivery mechanisms are community focussed to maximise uptake across our diverse populations.

WORKFORCE

- Utilise the skills and knowledge of the entire healthcare workforce, including pharmacists, nurses, and community health workers

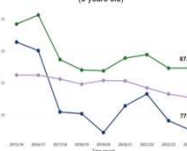
MONITORING AND EVALUATION

- Ongoing review of vaccination rates to identify gaps and adjust strategies to enhance coverage as needed.

What works?

Immunisations

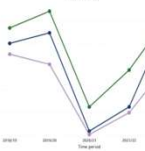
DTaP and IPV preschool booster uptake 2023/24 (5 years old)



PPV vaccine 2022/23 (at risk groups)



Shingles vaccine coverage 2022/23 (75yr old)



Area Name: Coventry Warwickshire England

Snapshot of the data

Anti-microbial Resistance

Health inequalities

Immunisation: Joint Actions

What are we currently doing?

COMMUNICATION AND EDUCATION

- Working in partnership to promote vaccination in outreach settings across the key life course stages where vaccination is offered.
- Coordinating vaccination and immunisation initiatives with NHS partners.
- Commissioning of VaxChat to support and upskill professionals and community members to have informed conversations about the importance of vaccinations.

PARTNERSHIPS & GOVERNANCE

- The ICB hold regular Immunisation board with local system partners to monitor uptake rates, review service delivery plans and ensure we have a community-focused vaccine programme that meets the needs of all our diverse communities.
- The ICB are also developing a local Immunisation Strategy which we will set out the future direction of work including key priorities, performance indicators and targeted actions.

MONITORING AND EVALUATION

- Monitoring coverage figures by geographical area and demographic groups to inform behavioural change interventions
- Working with primary care to share data and best practice to increase uptake in areas where rates are low

Measuring success

- Increased uptake of vaccinations in Coventry and Warwickshire.
- Improve / Boost vaccine uptake in targeted geographical areas to address vaccine inequalities.
- Numbers of professionals and community members trained around vaccination to enable informed decision making.

The ICB and Health Protection teams monitor annual vaccination coverage data each year, and this is broken down according to GP practice level. This data is compared to assess population coverage and determine if additional support is required. Any concerns are raised at the relevant Immunisations Board where uptake levels are monitored with key stakeholders.

What are currently doing?

Measuring success



Health Protection Strategy 2025-30

Two themes have been identified which cut across all health protection priorities.

Anti-microbial resistance (AMR)

The use of antimicrobials underpins modern medicine. Without effective antibiotics, even minor surgery and routine operations could become high-risk procedures if serious infections cannot be treated. Microorganisms which become resistant to antimicrobials, so-called 'superbugs,' do not respond or respond less well to available treatments. The emergence and spread of these superbugs affects: global public health, animal health, food security, the economy and sustainable development

Drug-resistant infections arise when the microbes (including bacteria, fungi, viruses and parasites) that cause them change over time, developing the ability to resist the drugs designed to kill them. This genetic adaptation is driven by the exposure of microbes to antimicrobials in humans, animals and the environment over time. The result of this genetic adaptation is that many antimicrobial medicines (e.g. antibiotics) are becoming less effective at treating certain infectious illnesses.

AMR is a natural phenomenon and a consequence of rapid evolution. It cannot be entirely prevented, therefore the focus is on containing, controlling and mitigating it, as set out in the UK 20-year vision for antimicrobial resistance (that by 2040 AMR is effectively contained, controlled and mitigated).

This strategy action plans will align with the Coventry and Warwickshire Integrated Care System Antimicrobial Resistance Strategy 2024-2026 and the UK 5-year action plan for antimicrobial resistance 2024 to 2029.¹

Health equity and inequalities

Health inequalities are unjust differences in health and wellbeing between different groups of people (communities) which are systematic and avoidable. Health inequalities exist across a range of dimensions or characteristics and often overlap.

Communities that experience inequalities and may be impacted by our work should be considered and engaged in the process. Engaging higher-risk, vulnerable and complex need groups is crucial to achieving this. Their lived experience should be valued and used to shape decision-making. The detrimental impact of low trust and confidence between affected communities and statutory services causes and exacerbates healthcare inequalities and overall health disparities. This can be reduced by implementing the recommendations from a [Health Equity Assessment Tool \(HEAT\)](#)² and use of this tool will be key to developing action plans for the health protection strategy.

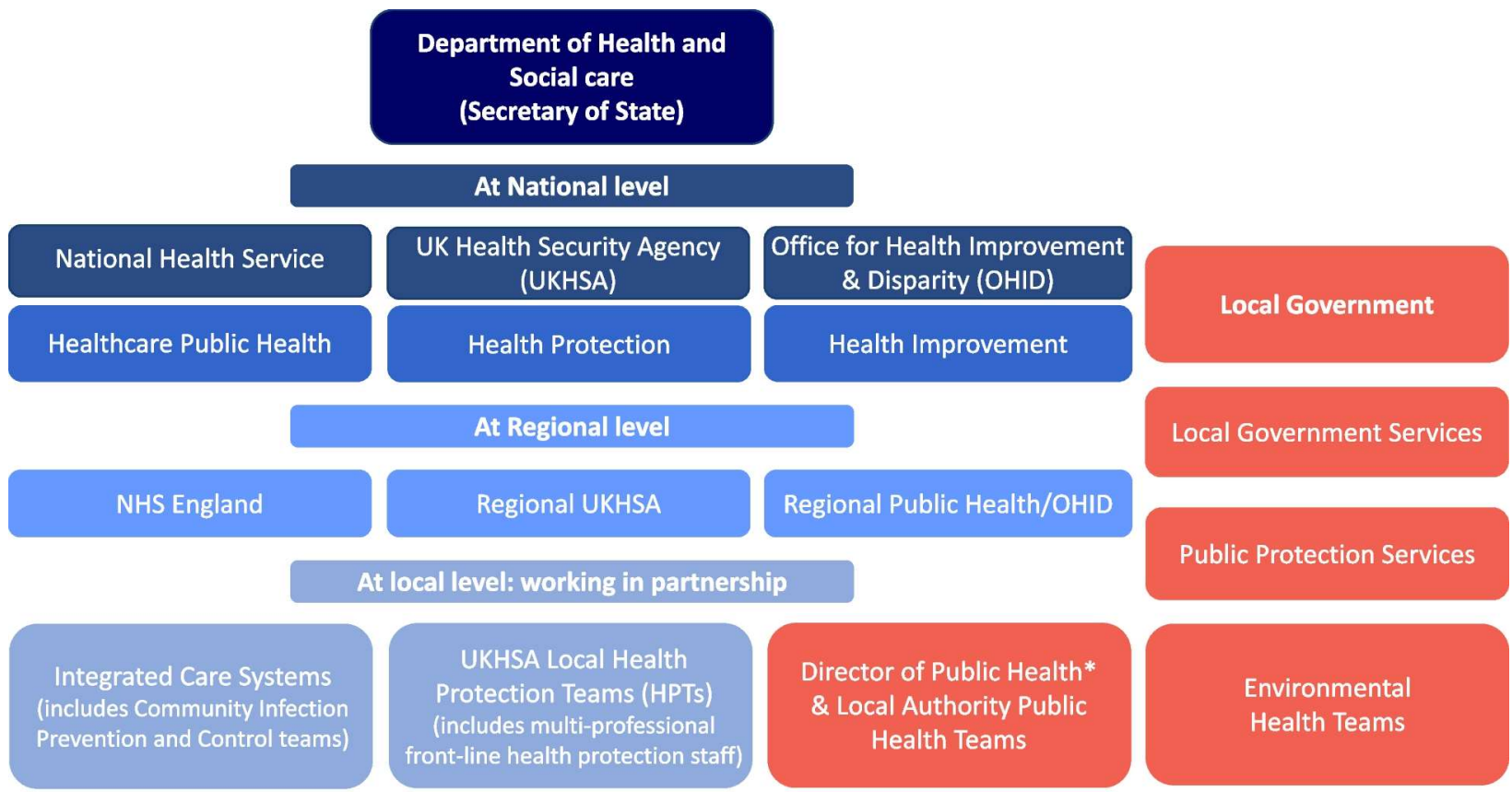


Strengthening Local Response Systems (15 mins)

- Partnership working between voluntary and community sector, NHS and local authority (public health, social care, housing, environmental health, education)
- Using rapid risk assessments and proportionate interventions



Explore gaps and opportunities in communication



*Accountable to the Secretary of State on public health protection and health improvement functions delegated to Local Authorities.



Gaps identified by attendees from previous slide diagram

- Local government and NHS are very small on diagram but hide a lot of complex detail including Fire, Police etc
- Community and local populations are missing
- Third Sector/Voluntary, Community, Faith, and Social Enterprise (VCFSE)
- Trade Unions
- Private sector

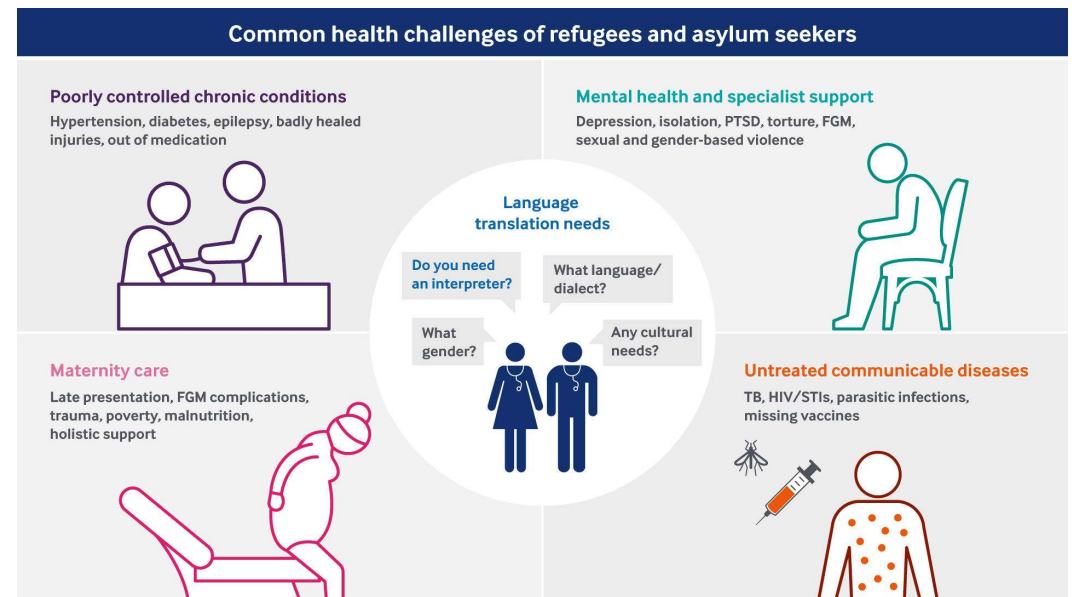


Using rapid risk assessments and proportionate interventions

- [Toolkit 3: outbreak risk assessment - GOV.UK](#)

This model considers 5 separate elements:

- Severity
- Uncertainty
- Spread
- Intervention
- Context
- [health-protection-regulations-2010-toolkit.pdf](#)
 - Part 2A Orders relating to a PERSON
 - Part 2A Orders relating to a THING
 - Part 2A Orders relating to a PREMISES
- [BMA Refugee and asylum seeker health toolkit](#)
- [Gypsy, Roma Traveller vaccination videos](#)





Using rapid risk assessments and proportionate interventions

Do you have any more great toolkits to share?

- Inclusion health dashboard [Inclusion health data and intelligence resource for England - GOV.UK](#)
- [Tackling TB in inclusion health groups: a toolkit for a multi-agency approach - GOV.UK](#)
- BMA toolkit for working with Unions



Final thoughts and reflections from discussions

- Some incredible expertise across attendees in very challenging situations
- Continued difficulties in awareness of rare/uncommon infections
- Vulnerabilities to financial exploitation are significant
- Community power in connection and building relationships with groups
- Housing first and how to ensure the building blocks are there for most vulnerable residents