

# Managing an Outbreak in an Initial Accommodation Centre

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# Site History and Background



# Chickenpox Facts



- Generally, a mild illness which commonly occurs in childhood.
- Mode of transmission is respiratory (droplets and airborne) but also direct contact with lesions
- Average incubation period is 14 days (range 17-21 days)
- Infectious period is 2 days before the rash appears to 5 days after (when all lesions scabbed over and fallen off)
- Routine exclusion advice to children is to avoid school or nursery until 5 days after the onset of rash to avoid the risk of spread to others
- Some people are at risk of more severe illness
  - Neonates particularly in the first 10 days after birth
  - Pregnant women particularly 5 days prior to 2 days after delivery
  - Immunosuppressed individuals

# Outbreak Description

- 1<sup>ST</sup> IMT convened 25 April 23, ending on 17 July (11 meetings over a 12-week period)
- Initial risk assessment determined transmission was occurring on site, generally low-risk infection for children but higher for the at-risk groups
- **Partners**
  - Wakefield Council (Public Health and IPC)
  - Urban Housing
  - Mears
  - SWYFT
  - MYHT
  - Migration Yorkshire
  - ICB
  - UKHSA
- 47 Cases (March to July 23), last cases reported 6 July 23.

# Control Measures

- **Management of vulnerable residents**
- **Identification of cases**
- **Isolation**
- **IPC support**
- **Supporting resources**
- **Drop in sessions**

# Reflections, Lessons Learned

- **Outbreak was prolonged and difficult to control**
- **Illustrates the easy of spread in IA due to many risk factors**
  - **Large numbers of people living in close proximity**
  - **Shared facilities and communal areas**
  - **Ongoing large numbers of arrivals and dispersals including pregnant women and babies**
  - **Individuals unfamiliar with local healthcare systems**
  - **Language barriers**
- **No adequate isolation facilities available on site**
- **Limited or no access to digital devices and data at times**

# Reflections, Lessons Learned

- The closure of the accommodation to new admissions along with the reintroduction of the isolation corridor proved critical in bringing the outbreak to an end
- Rehousing cases to prevent spread is difficult to implement quickly and is not sustainable option during an outbreak
- Rehousing cases caused tensions amongst residents
- Compliance with isolation was often low and difficult for families
- Use of services is frequently uncontrolled and represents a risk of spread in waiting areas particularly in A&E departments etc
- Education and support for residents to change behaviour is extremely important

# Reflections, Lessons Learned

- Difficult to balance competing partner priorities
- Trusted relationships amongst multiple partners and wider workforce
- IPC specialist support



Thank you for listening.