



UK Health  
Security  
Agency

# Management of outbreaks and incidents in Immigration Removal Centres

Health and Justice Team, UKHSA

# Definition of an outbreak

An outbreak is defined as:

- an incident in which 2 or more people affected by the same infectious disease are linked by time, place, or common exposure
- a greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred

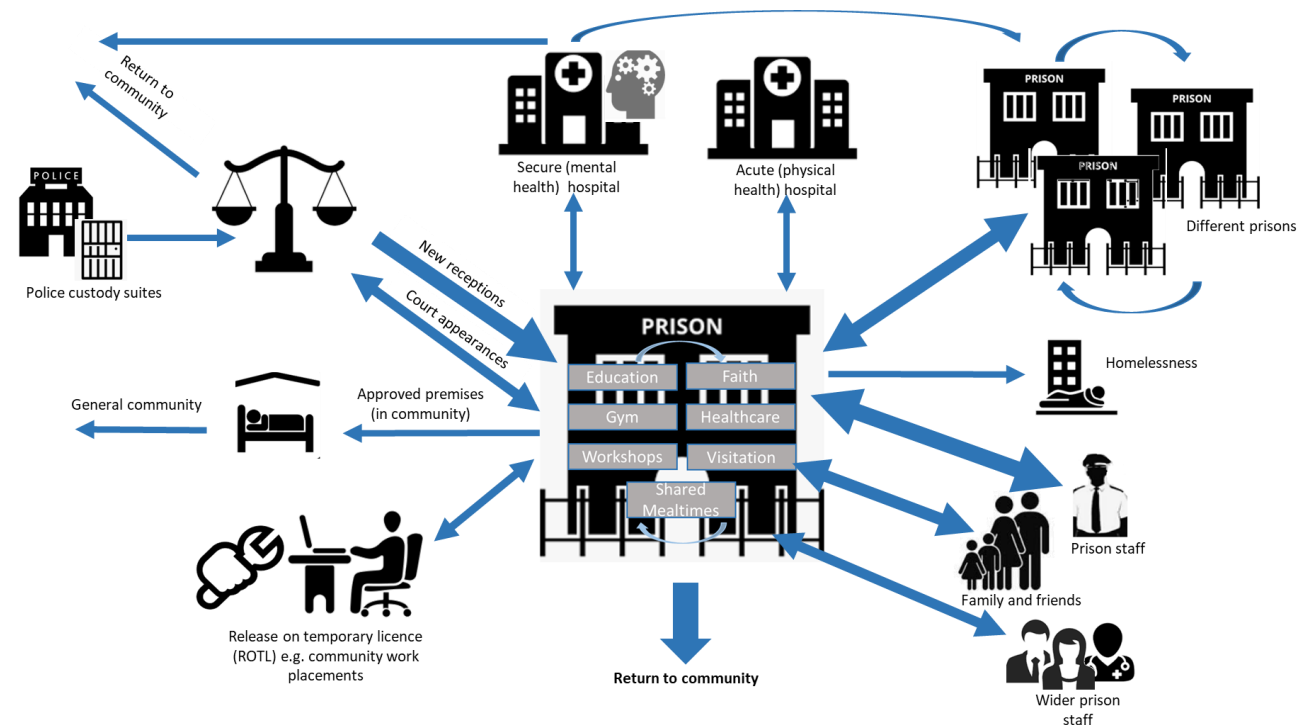
# Why do we see outbreaks in secure settings?

## Residents tend to experience higher burdens of disease

- Poorer access to healthcare in the community
- Engagement in high-risk behaviours e.g. injecting drug use
- Social risk factors e.g. history of homelessness
- Previous residency in a country with higher incidence of disease e.g. tuberculosis
- Lower uptake of preventative measures such as vaccination

## Settings exacerbate risk of transmission

- Communal, crowded settings with high levels of movement



# Health Protection (Notification) Regulations (HPNR)

- Medical practitioners, including those working in IRCs **must notify UKHSA of suspected or confirmed cases of notifiable diseases**
- The current list of 'notifiable diseases' is set out in [schedule 1 of the regulations](#).
- As part of this, the HPNR **requires registered medical practitioners to notify cases of other infections or of contaminations not included in schedule 1 which they believe present, or could present, a significant risk to human health**

## Health Protection (Notification) Regulations (2010)

### 2) Duty to notify suspected disease, infection or contamination in patients

(1) A registered medical practitioner (R) must notify the proper officer of the relevant local authority *[delegated to UKHSA Health Protection Teams]* where R has reasonable grounds for suspecting that a patient (P) whom R is attending—

- (a) has a notifiable disease;
- (b) has an infection which, in the view of R, presents or could present significant harm to human health; or
- (c) is contaminated in a manner which, in the view of R, presents or could present significant harm to human health.

### 3) Duty to notify suspected disease, infection or contamination in dead persons

(1) A registered medical practitioner (R) must notify the proper officer of the relevant local authority *[delegated to UKHSA Health Protection Teams]* where R has reasonable grounds for suspecting that a person (P) whom R is attending has died whilst—

- (a) infected with a notifiable disease;
- (b) infected with a disease which, in the view of R, presents or could present, or presented or could have presented (whilst P was alive), significant harm to human health; or
- (c) contaminated in a manner which, in the view of R, presents or could present, or presented or could have presented (whilst P was alive), significant harm to human health.

# Role of UKHSA

- UKHSA are here to help
- There is no one size fits all approach to managing infectious disease, recommendations on vaccinations, isolation, contact tracing and screening can be highly nuanced and require specialist public health understanding
- UKHSA HPTs will use evidence-based guidance, knowledge of the local context and their significant experience and expertise to make recommendations to reduce risk and improve outcomes, to residents **and** staff
- Recommendations will always seek to be operationalisable as well as providing the best protection for people involved
- UKHSA guidance is managed nationally and reviewed frequently in line with the changing evidence base. Locally held guidance will quickly go out of date and is a **significant risk**

# How UKHSA manages incidents and outbreaks

## Regionally

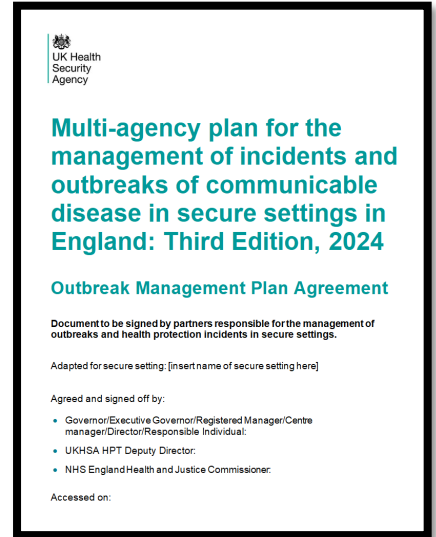
- Most incidents are managed locally by the regional UKHSA health protection team (HPT)
- Depending on the complexity or size of the incident a local incident management team (IMT) **may** be established, chaired by UKHSA
- HPTs have mechanisms to escalate concerns to national incident structures if they feel the situation is worsening or it requires national coordination
- If required UKHSA H&J team join regionally led IMT meetings

## Nationally

- UKHSA national response centre (NRC) leads on the establishment of national incidents following HPT escalation or identification of a significant national threat (e.g. mpox clade I)
- A dynamic risk assessment (DRAs) will be undertaken by a senior medical expert and a decision made as to whether to establish a national incident.
- National incidents can be 'standard' or 'enhanced'.
- National incidents are managed via formal incident structures with a UKHSA incident director and associated 'cells'.
- UKHSA H&J are often asked to join national incidents to represent interests of H&J populations

# Multi-agency outbreak guidance

- To support settings UKHSA publishes outbreak guidance for secure settings
- Guidance published by UKHSA but developed in collaboration with system partners – *NHSE, HMPPS, HO, YCS, IPC*
- Provides overarching information on outbreak management, not specific disease guidance
- Covers those who are resident or working in:
  - Prisons
  - Immigration Removal Centres (IRCs)
  - Children and Young People Secure Estate (CYPSE)
  - Approved Premises (probation)



# Sections in the guidance

- Roles and responsibilities of partner agencies
- Specific considerations for CYPSE and IRCs
- Prevention and infection prevention and control (IPC)
- Outbreak definitions
- Required actions for different partner agencies
- Establishment, membership and role of the incident management team
- Population management (including specific setting considerations)
- Communication, reporting and data sharing
- **8 Annexes** e.g. outbreak management plan agreement, notification algorithm, HMPPS operational risk assessment template



# Notification

- Vital that notification is made promptly to UKHSA local health protection team (24/7) – for some diseases this is required by legislation (notifiable diseases)
- Notification can be done by Governors, directors, centre managers, health professionals or other responsible individuals
- Notifications may include:
  - A case of a notifiable disease *e.g. measles* – confirmed or **suspected**
  - A suspected or confirmed outbreak
  - Seemingly high/increasing cases of people with similar symptoms/infection
  - More than one infection circulating within the same group of people *e.g. Covid-19 and flu*

This may trigger.....

# The incident management team (IMT)

- Multi-agency forum established and chaired by UKHSA Health Protection Team (HPT)
- Formally minuted with decisions and actions noted
- Remains established for as long as required
- All members have responsibility for managing and resourcing the outbreak
- Core members include:
  - UKHSA health protection specialists
  - Nominated lead from the setting (HMPPS/HO)
  - Healthcare lead from the setting
  - Communication leads
  - Director of Public Health or representative
  - Administrative support

# Role of the incident management team (IMT)



Establish whether an outbreak or incident really exists, agree case definition and monitor epidemiological data



Public health risk Assessment – including residents, staff and visitors



Decide on public health actions required and seek resources and operational support to implement



Agree on declaring outbreak closure



Act on lessons learnt, outbreak reports

# Risk assessment

## UKHSA HPT risk assessment

- Considers epidemiological data e.g. number and timing of cases
- Considers the vulnerability of the setting and people living and working within it e.g. *age, pregnancy*
- Considers potential exposure and transmission opportunities
- Assesses severity/potential severity e.g. *is anyone hospitalised, is there a high risk of death*
- Will consider risks related to travel/deportation

# Public health advice

- Must be mindful and try to balance harms, operational impacts and risks
- Recommendations for implementation could include:

## Isolation

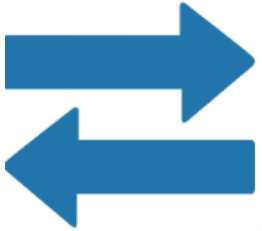
Reducing opportunities for mixing  
Provision of antivirals  
Gathering info on vaccination status  
Restricting transfers in/out  
Personal protective equipment

## Cohorting

Testing  
Vaccination  
Stopping visits  
Enhanced cleaning  
Contact tracing

- IRCs should be aware of these potential for these recommendations and have plans in place that allow them to support e.g. *contact tracing people who have moved between STHF and IRCs*

# Specific considerations for Immigration Removal Centres (IRCs)



More freedom of movement within the setting and between the setting and the community.



Different living conditions to those in prisons e.g. dormitory style accommodation



Individuals may only be in an IRC for a short period before returning to the community or removal to another country (IHR considerations).



Equitable access to healthcare e.g. culturally appropriate public health advice, translated materials, human rights (diagnosis -> treatment)

# Agreed and documented plan – supported by other guidance



## Multi-agency plan for the management of incidents and outbreaks of communicable disease in secure settings in England: Third Edition, 2024

### Outbreak Management Plan Agreement

Document to be signed by partners responsible for the management of outbreaks and health protection incidents in secure settings.

Adapted for secure setting: [insert name of secure setting here]

Agreed and signed off by:

- Governor/Executive Governor/Registered Manager/Centre manager/Director/Responsible Individual:
- UKHSA HPT Deputy Director:
- NHS England Health and Justice Commissioner:

Accessed on:

Guidance

### Mpox (monkeypox): prisons and places of detention

Public health advice for prisons and other prescribed places of detention.

From: [UK Health Security Agency](#)  
Published 31 May 2022  
Last updated 19 April 2023 — [See all updates](#)



Guidance

### Managing flu, COVID-19 and other acute respiratory infections (ARI) in prisons and other prescribed places of detention (PPDs)

Updated 25 March 2024



Guidance

### Preventing and managing cases and outbreaks of acute respiratory infection (ARI) in the Children and Young People Secure Estate (CYPSE)

Updated 25 March 2024

National measles guidelines July 2024

### Annexe 4. Management of measles in prisons and other places of detention (PPD)

Please note that the text with blue font in this document within brackets refer to the main guidance.

This guidance provides operational recommendations to assist staff, local UK Health Security Agency (UKHSA) health protection teams (HPTs) and other stakeholders if an incident or outbreak of measles is reported in a prison or other place of detention (PPD). Operational practice may vary due to setting specific considerations.

The following establishments in England are included within the definition of PPDs used in this guidance:

- prisons (both public and privately managed)
- Immigration Removal Centres (IRC)
- Young Offender Institutions (YOI)
- Secure Children's Homes (SCH)
- Secure Training Centres (STC)
- Secure Schools (SS)



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# Measles and Tuberculosis Case studies for IRCs

Dr Claire Ferraro

Public Health Speciality Registrar, Health & Justice Team

8th May 2025 – Outbreak Management Webinar for IRCs



# Measles

- Measles is highly infectious, acute, systemic viral illness
- It is spread through respiratory route
- Measles can be very serious in young infants, adults, immunosuppressed individuals and pregnant women
- Incubation period is ~10 days (7 to 21 days)
- Infectious period is from 4 days before and 4 days after the onset of rash
- The MMR vaccine is safe and highly protective
- **Measles is a notifiable disease**

<https://www.gov.uk/government/publications/national-measles-guidelines>

## Measles: How to Stay Safe

The best protection is 2 doses of the safe, effective MMR vaccine at 1 year of age, and 3 years, 4 months



If you have not had two doses, you can get them free from your GP surgery



Know the symptoms!  
Keep people with symptoms away from others



Call ahead before going to A&E or your GP



### Symptoms

Rash



Temperature



Runny Nose



Red Eyes



Cough



# Measles - Public Health Actions

- Risk assessment – ‘case definition’
  - Epidemiological link
  - Vaccination status
  - Typical symptoms
  - ? Laboratory Test
- Advise isolation of case during infectious period
- Identify ‘close contacts’ – definition of exposure
  - Household contact
  - Any length of time face-to-face
  - 15 mins in same room
- Advise isolation of unvaccinated close contacts for 21 days after exposure
- Offer MMR vaccination to all those who are unvaccinated
- Offer post-exposure prophylaxis to vulnerable close contacts (within 6 days)
- Warn & Inform advice for setting – ‘vulnerable’ individuals can self-identify



# URGENT Incident Management Team meeting

- Health Protection Team recommend an IMT in this scenario
- Attended by all stakeholders
- Discuss index case / outbreak and risk in the setting
- Discuss appropriate actions
- Formal Minutes and Actions as record of decision making

# Measles - summary

It's **very easy** to catch measles compared to other infections

- MMR vaccine is safe and highly protective
- Urgent action is required
- Public Health actions based on a risk-assessment, considering a lot of different factors
- Your UKHSA local HPT is here to support you
- [Find your local health protection team in England - GOV.UK](#)

National measles guidelines July 2024

## Annexe 4. Management of measles in prisons and other places of detention (PPD)

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[National measles guidelines July 2024](#) – page 56

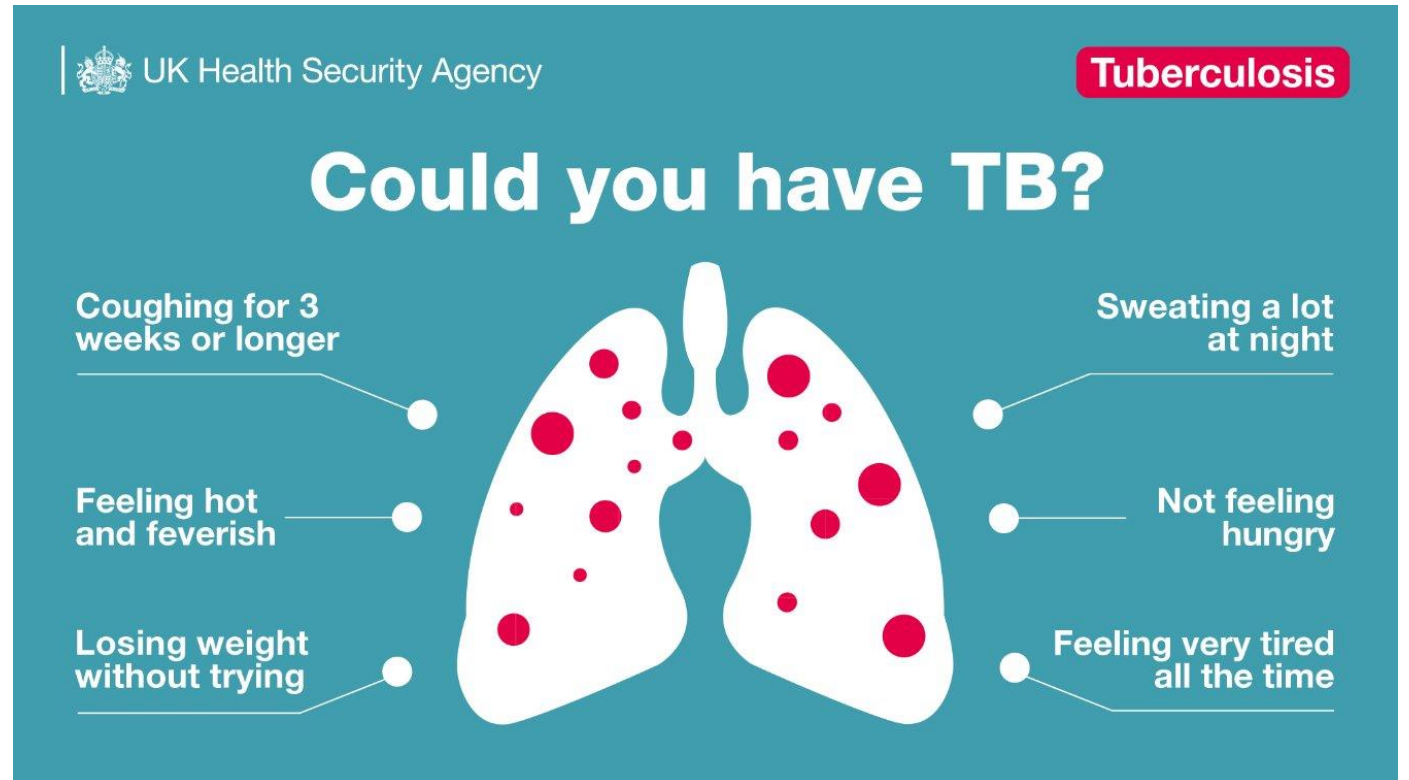
# Tuberculosis

TB is a bacterial infection spread in the air  
TB disease in the lungs or larynx is infectious

TB causes a spectrum from latent to active disease; it can lie 'dormant' before showing symptoms

IRC population is at greater risk of TB depending on:

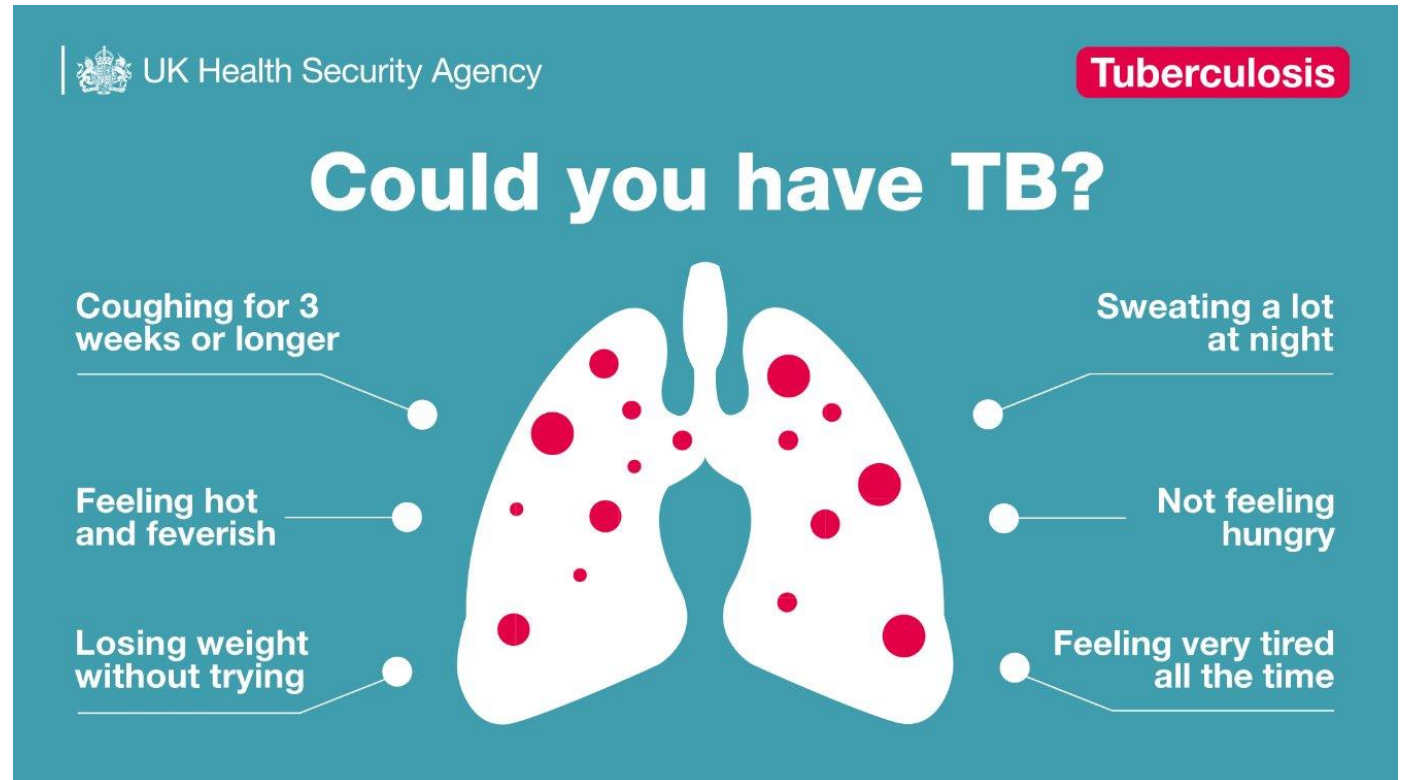
- ? Country of origin
- ? Social risk factors
- ? Poor access to healthcare previously



# Tuberculosis

It's **difficult** to catch TB compared to other infections

- 'Close contacts' at risk
- Cumulative exposure over 8 hours in a week
- People with weak immune systems (or other vulnerabilities) may be at greater risk of acquiring TB
- Takes time for symptoms to develop





# Tuberculosis – current management in IRCs

- Healthcare reception screen (verbal symptom check) on arrival at IRC, often misses cases
- If someone presents with symptoms, **THINK TB** and isolate individual to avoid transmission to others
- Those in close contact (i.e. escorts) should wear **personal protective equipment**
- **TB is a Notifiable Disease** (don't wait for confirmation, we need to know when investigating possible TB)
- The local Health Protection Team (HPT) may:
  - Ask about PPE and isolation facilities for person with infectious TB
  - Ask to identify close contacts in staff and residents
  - Advise Warn & Inform information to be circulated to staff to improve awareness of signs & symptoms of TB

# Incident Management Team meeting

- Health Protection Team chair an IMT
- Attended by all stakeholders
- Discuss index case / outbreak and risk in the setting
- Discuss appropriate actions
- Formal Minutes and Actions as record of decision making



# UKHSA Management of TB in Secure Settings Guidance

- FINAL DRAFT currently out for consultation
- Aiming for publication in the summer
- Your UKHSA local HPT is here to support you
- [Find your local health protection team in England - GOV.UK](#)



## Management of Tuberculosis in secure settings in England

Guidance for custodial and healthcare teams in secure settings, NHS TB services and UKHSA health protection teams



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# Outbreak management governance - IRCs

Joe Harper – Public Health Specialist – UKHSA

# Outbreak management guidance – Appendix

1. Operational dynamic risk assessment template (HMPPS)
2. IMT membership and contact template
3. Roles and responsibilities
4. Outbreak record (resident)
5. Outbreak record (staff)
6. Outbreak report template
7. Notification algorithm
8. Command, control, coordination and communication (National)
9. Outbreak management plan agreement

# Appendix 2: IMT membership and contact list



## Appendix 2: IMT membership and contact list template

### IMT membership

- consultant in health protection (chair)
- governor/director/centre manager/responsible individual or nominee
- health protection specialist/practitioner depending on locality
- nominated press officer(s)/communications managers. Please see section 6
- director of public health (DPH) or representative
- administrative and secretarial support
- head of health services for secure setting

Dependent on the location, nature and size of the outbreak/incident others may need to be invited to be members of the IMT.

### Possible inclusions for the IMT are:

- environmental health officer
- consultant microbiologist
- occupational health adviser
- pharmaceutical advisers
- Youth Justice Services
- UKHSA National Health and Justice team member
- HMPPS health and care team
- the Local Authority
- representative from health and safety
- Home Office Detention Services representative
- secure setting IPC Lead
- NHS England Health and Justice commissioner
- UKHSA national experts (for example, health and justice and IPC)
- representative from the UKHSA Field Services (FS) team
- NHS regional health and justice public health lead
- SWCU
- UKHSA Laboratory Public Health Services Manager or Regional Head of Operations

UKHSA HEALTH PROTECTION TEAM	CONTACT NAME	CONTACT DETAILS	
		DAYTIME	OUT OF HOURS

LEAD HEALTH AND JUSTICE COMMISSIONER	CONTACT NAME	CONTACT DETAILS	
		DAYTIME	OUT OF HOURS

ENVIRONMENTAL HEALTH	CONTACT NAME	CONTACT DETAILS	
		DAYTIME	OUT OF HOURS

ACUTE HOSPITAL TRUSTS AND MICROBIOLOGY DEPARTMENT NUMBERS	CONTACT NAME	CONTACT DETAILS	
		DAYTIME	OUT OF HOURS
Local General hospital number: Microbiology:			
UKHSA laboratory number:			

OTHER TELEPHONE NUMBERS	CONTACT NAME	CONTACT DETAILS	
		DAYTIME	OUT OF HOURS
secure setting			
governor/director/centre manager/ responsible individual			
Deputy governor/director/centre manager/ responsible individual			
Healthcare lead			
Health and safety manager			
Occupational health adviser			

# Appendix 3: Roles and responsibilities

## NHS healthcare in secure setting

- implement recommendations as agreed by an IMT which could include contact tracing of certain diseases (for example, sexually transmitted infections)
- follow up contacts as agreed by the HDT
- collect and document relevant information
- organise and coordinate the response

## NHSE health and justice commissioners

- support providers with the delivery of services and IMT recommendations
- ensure that providers are required to deliver IMT actions

## Director of Public Health (DPH)

The DPH should be alerted to an incident/outbreak as soon as possible. It is likely that a representative should attend, and they should be sighted in all communications.

## Communications managers/press officers

- advise and assist in the preparation of communications for the media and seek authorisation for communications where this is required for example from the lead organisation press offices
- ensure that a spokesperson(s) for the incident response has been identified and agreed and to support them as required in preparing materials for press release or in preparing for interviews
- communicate with the media if directed by the IMT
- liaise closely with press/communications officers of partner organisations as appropriate to ensure that all information is agreed and consistent

## Environmental health officer

- provide specialist expertise and advice on the environmental aspects of the outbreak
- ensure that an environmental investigation is undertaken
- coordinate environmental health services including

## Administrative and clerical support to the IMT

- take minutes of each IMT and to produce a timely written record of the meeting
- capture information for decision making during an incident or outbreak following best practice
- be involved in other administrative and clerical functions as appropriate to the incident/outbreak

## Consultant microbiologist

- organise appropriate laboratory investigation of the outbreak

microbiological aspects of the outbreak/incident  
for laboratories, including reference laboratories, and for the public health laboratory



# Roles and responsibilities cont'

## NHSE regional health and justice public health leads

- provide public health support and advice to regional system partner governor/director/centre manager/responsible individual
- communicate with appropriate regional and national colleagues and accurate knowledge management
- ensure learning is applied within settings who have experience implement preventative actions to prevent from future outbreaks
- support assurance to ensure that IMT actions are implemented
- encourage settings to undertake early reporting of potential

## Consultant in Health Protection: UKHSA

- chair the IMT (this may be done by other senior members of the HPT such as nurse consultants or senior health protection practitioners)
- to determine, in consultation with the HPT, the status of the outbreak/incident and therefore whether to institute the plan
- to provide expert support to the governing governor/director/centre manager/responsible individual in determining whether:
  - an outbreak/incident control team should be established
  - how often it should be convened during an event
  - when it can be stood down
- in partnership with the governor/director/centre manager/responsible individual, and any appropriate others, to co-ordinate the management of the outbreak/incident
- take the lead in the public health risk assessment of the incident, and advise on the need for, and interpretation of, clinical and epidemiological investigations
- provide public health advice to the team, covering the measures necessary to manage the public health risks
- to define a contact as set in the context of the outbreak or incident and complete a risk assessment of any contacts identified
- ensure that information about the outbreak/incident is communicated to those who need to know, including other members of the UKHSA, the integrated care system (ICS) and DPH
- communicate with other parts of UKHSA including Field Service (FS), UKHSA labs and escalate concerns as required
- co-ordinate the written final report on the outbreak/incident and ensure that the response to the outbreak/incident is audited if required
- ensure that the lessons identified are communicated to the management of partner organisations as relevant

## Infection control nurse

- provide specialist infection prevention and control advice on, and input into, outbreak/incident
- prison/place of detention to ensure that all appropriate control measures are implemented

# Outbreak management plan agreement



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- UKHSA HPT Deputy Director:
- NHS England Health and Justice Commissioner:

Accessed on:

- Agreement of outbreak management framework
- Signed by each setting along with regional DD and commissioner.
- Not to replace local plans.