

OSCE Alliance Conference on Combatting Trafficking in Persons: UK statement, 6 April 2022

The UK continues to value the OSCE's role in combatting trafficking in human beings – as a convener, a thought-leader, and delivery partner – all of which have been demonstrated over the past three days. We were pleased to be able to support the Office of the Special Representative during the financial year just ended with the second phase of their project on supply chains – an area where many victims of trafficking are hidden. And we stand ready to support the Office in their response to the war in Ukraine.

As we sit here, and others have said before me, Russia continues its war of aggression, violating the borders of another country and causing widespread suffering. Among the many terrible tragedies resulting from this conflict are the massive displacement and refugee flows that are creating conditions that – as UNICEF have said – could lead to a significant spike in human trafficking and an acute child protection crisis.

Two million children have now fled Ukraine, and an additional 2.5 million children have been displaced. And as the barbarism of Russia's actions is being laid bare, there is also the risk that criminals exploit the appalling humanitarian situation.

As we heard earlier this week, human rights organisations are starting to register the first cases of suspected sex traffickers and pimps preying on Ukrainian women near refugee shelter points. They report women as having been accosted under the guise of offers of transport, work or accommodation. As more people start to flee individually, rather than in groups, individuals who need protection are sadly even more vulnerable to abuse.

I commend the work of the OSCE in documenting the testimony of those who have fled President Putin's war of aggression in Ukraine. [As our Minister for the United Nations said recently at the UN General Assembly](#), we must all listen carefully to the most vulnerable in our societies, and to come together regionally and internationally to ensure this generation of trafficking victims is the last.

Thank you.

Increase in hepatitis (liver

inflammation) cases in children under investigation

Latest

The UK Health Security Agency (UKHSA) has published an [epidemiological update](#) on the UK-wide investigations into a rise in cases of sudden onset hepatitis in children, updating data and findings on cases resident in the UK up to 13 June 2022.

This update is produced by UKHSA to share data useful to other public health investigators undertaking related work. Detailed technical briefings will continue to be published when appropriate.

Working alongside Public Health Scotland, Public Health Wales and the Public Health Agency, active investigations have identified a further 11 confirmed cases since the last update on 9 June, bringing the total number of cases in the UK to 251, as of 13 June.

Of the confirmed cases, 180 are resident in England, 32 are in Scotland, 17 are in Wales and 22 are in Northern Ireland. While new cases continue to be identified across the UK, there is an apparent overall decline in the number of new cases per week.

The cases are predominantly in children under 5 years old, who showed initial symptoms of gastroenteritis illness (diarrhoea and nausea) followed by the onset of jaundice.

No child resident in the UK has died. A report of one further liver transplant is included in the update, bringing the total number of children who have received a transplant to 12, since 21 January.

There is no evidence of any link to the coronavirus (COVID-19) vaccine. The majority of cases are under 5 years old and too young to have received the vaccine.

The investigation continues to suggest an association with adenovirus. Adenovirus is the most frequently detected virus in samples tested and a formal epidemiological study using 4 nations data is ongoing.

Additional research studies are also being undertaken to understand the mechanism of liver injury.

Dr Alicia Demirjian, Incident Director at UKHSA, said:

We are continuing to investigate what may be behind the increase in hepatitis but recent findings continue to indicate that adenovirus infection is playing a role.

It's important to remember that it's very rare for a child to develop hepatitis so parents should not be unduly concerned. Maintaining normal hygiene measures, including making sure children regularly wash their hands properly is good practice all year round. It helps to reduce the spread of many common infections, including adenovirus.

We continue to remind everyone to be alert to the signs of hepatitis – particularly jaundice, look for a yellow tinge in the whites of the eyes – and contact your doctor if you are concerned.

Previous

Thursday 9 June 2022

The UK Health Security Agency (UKHSA) is continuing to investigate and confirm cases of sudden onset hepatitis in children aged 10 and under that have been identified since January 2022.

Working alongside Public Health Scotland, Public Health Wales and the Public Health Agency, active investigations have identified a further 18 confirmed cases since the last update on 27 May, bringing the total number of cases in the UK to 240, as of 7 June.

Of the confirmed cases, 170 are resident in England, 32 are in Scotland, 17 are in Wales and 21 are in Northern Ireland. The cases are predominantly in children under 5 years old who showed initial symptoms of gastroenteritis illness (diarrhoea and nausea) followed by the onset of jaundice.

As part of the investigation, a small number of children over the age of 10 are also being investigated. No children have died.

There is no evidence of any link to the coronavirus (COVID-19) vaccine. The majority of cases are under 5 years old and too young to have received the vaccine.

The investigation continues to suggest a strong association with adenovirus. Adenovirus is the most frequently detected virus in samples tested and a formal epidemiological study is underway. Preliminary findings will be published on 16 June.

Additional research studies are also being undertaken to understand possible immune factors and the effect of recent or concurrent infections.

Dr Sophia Makki, Incident Director at UKHSA, said:

The likelihood of children developing hepatitis remains extremely low. Maintaining normal hygiene measures, including making sure children regularly wash their hands properly, helps to reduce the spread of many common infections, including adenovirus.

We continue to remind everyone to be alert to the signs of hepatitis – particularly jaundice, look for a yellow tinge in the whites of the eyes – and contact your doctor if you are concerned.

Friday 27 May 2022

The UK Health Security Agency (UKHSA) is continuing to investigate and confirm cases of sudden onset hepatitis in children aged 10 and under that have been identified since January 2022.

Working alongside Public Health Scotland, Public Health Wales and the Public Health Agency, active investigations have identified a further 25 confirmed cases since the last update on 20 May, bringing the total number of cases in the UK to 222, as of 25 May.

Of the confirmed cases, 158 are resident in England, 31 are in Scotland, 17 are in Wales and 16 are in Northern Ireland. The cases are predominantly in children under 5 years old who showed initial symptoms of gastroenteritis illness (diarrhoea and nausea) followed by the onset of jaundice.

As part of the investigation, a small number of children over the age of 10 are also being investigated. No children have died.

There is no evidence of any link to the coronavirus (COVID-19) vaccine. The majority of cases are under 5 years old and too young to have received the vaccine.

The investigation continues to suggest a strong association with adenovirus. Adenovirus is the most frequently detected virus in samples tested and a formal epidemiological study is underway.

Working closely with academic partners, additional research studies are also being undertaken to understand possible immune factors and the effect of recent or concurrent infections.

Dr Renu Bindra, Senior Medical Advisor and Incident Director at UKHSA, said:

Our investigations continue to suggest an association with adenovirus, and we are exploring this link, along with other possible contributing factors including prior infections such as COVID-19.

We are working with other countries who are also seeing new cases to share information and learn more about these infections.

The likelihood of children developing hepatitis remains extremely low. Maintaining normal hygiene measures, including making sure children regularly wash their hands properly, helps to reduce the spread of many common infections, including adenovirus.

We continue to remind everyone to be alert to the signs of

hepatitis – particularly jaundice, look for a yellow tinge in the whites of the eyes – and contact your doctor if you are concerned.

Friday 20 May 2022

UKHSA has published its [third detailed technical briefing](#) on the UK-wide investigations into a rise in cases of sudden onset hepatitis in children, updating data and findings on cases resident in the UK up to 16 May 2022.

Since the last update on 6 May, investigations have identified a further 34 confirmed cases, bringing the total number of UK cases to 197 as of 16 May. Of the cases to date, 11 have received a liver transplant. No cases resident in the UK have died.

The investigation continues to suggest an association with adenovirus. Adenovirus is the most frequently detected virus in samples tested.

Amongst 197 UK cases, 170 have been tested for adenovirus of which 116 had adenovirus detected. In 31 cases where adenovirus was not detected, 13 had not had whole blood sample testing, and therefore it is not possible to definitively rule out adenovirus in these cases.

So far, SARS-CoV-2 has been detected in 15% of UK patients with available results, reflecting testing on or around the time of admission.

There is no evidence of any link to the coronavirus (COVID-19) vaccine. The majority of cases are under 5 years old and too young to have received the vaccine.

Following further investigation, there is no evidence linking dog ownership and cases of hepatitis in children.

[Standard hygiene measures](#), including covering your nose and mouth when you cough and sneeze, thorough handwashing and making sure children wash their hands properly are vital in reducing the spread of many common infections, including adenovirus.

Jaundice and vomiting are the most common symptoms experienced by the children affected.

Dr Renu Bindra, Senior Medical Advisor at UKHSA, said:

It's important that parents know the likelihood of their child developing hepatitis is extremely low. However, we continue to remind everyone to be alert to the signs of hepatitis – particularly jaundice, look for a yellow tinge in the whites of the eyes – and contact your doctor if you are concerned.

Our investigations continue to suggest that there is an association with adenovirus infection, but investigations continue to unpick the exact reason for the rise in cases.

Thursday 12 May 2022

The UK Health Security Agency (UKHSA), working with Public Health Scotland, Public Health Wales and the Public Health Agency, are continuing to investigate cases of sudden onset hepatitis in children aged 10 and under that have been identified since January 2022.

The usual viruses that cause infectious hepatitis (hepatitis A to E) have not been detected. The cases are predominantly in children under 5 years old who showed initial symptoms of gastroenteritis illness (diarrhoea and nausea) followed by the onset of jaundice.

Active case finding investigations have identified a further 13 confirmed cases since the last update on 6 May, bringing the total number of cases in the UK to 176, as of 10 May. Of the confirmed cases, 128 are resident in England, 26 are in Scotland, 13 are in Wales and 9 are in Northern Ireland. No children have died. As part of the investigation, a small number of children over the age of 10 are also being investigated.

UKHSA continues to investigate possible causes and will regularly publish technical updates. The investigation continues to suggest an association with adenovirus. Adenovirus is the most frequently detected virus in samples tested and a formal epidemiological study is continuing. Research studies of the immune system are also being undertaken to determine if changes in susceptibility or the effect of prior or concurrent infections could be contributing factors.

Normal hygiene measures, including thorough handwashing and making sure children wash their hands properly, help to reduce the spread of many common infections, including adenovirus.

Dr Meera Chand, Director of Clinical and Emerging Infections at UKHSA, said:

It's important that parents know the likelihood of their child developing hepatitis is extremely low. We continue to remind everyone to be alert to the signs of hepatitis – particularly jaundice, look for a yellow tinge in the whites of the eyes – and contact your doctor if you are concerned.

Our investigations continue to suggest that there is an association with adenovirus and our studies are now testing this association rigorously.

We are working closely with the NHS and academic partners to actively investigate the role of other contributors, including prior SARS-CoV-2 and other infections.

Friday 6 May 2022

The UK Health Security Agency (UKHSA) has published its second [detailed technical briefing](#) on the UK-wide investigations into a rise in cases of

sudden onset hepatitis in children, updating data and findings on cases resident in the UK up to 3 May 2022.

Since the last update on 29 April, active case finding investigations have identified a further 18 confirmed cases, bringing the total number of UK cases to 163 as of 3 May. Of these children, 11 have received a liver transplant. None have died.

Jaundice and vomiting are the most common symptoms experienced by the children affected.

The investigation continues to suggest an association with adenovirus. Adenovirus is the most frequently detected virus in samples tested.

However, as it is not common to see hepatitis following adenovirus infection in previously well children, investigations are continuing into other factors which may be contributing. These include previous SARS-CoV-2 or another infection, a change in susceptibility possibly due to reduced exposure during the pandemic, or a change in the adenovirus genome itself.

These possibilities are being tested rapidly. The association with adenovirus is undergoing a formal epidemiological study.

Research studies of the immune system are being undertaken to determine if changes in susceptibility or the effect of prior infections could be contributing factors.

There is no evidence of any link to the coronavirus (COVID-19) vaccine. The majority of cases are under 5 years old, and are too young to have received the vaccine.

Normal hygiene measures, including thorough handwashing and making sure children wash their hands properly, help to reduce the spread of many common infections, including adenovirus.

Dr Meera Chand, Director of Clinical and Emerging Infections at UKHSA, said:

It's important that parents know the likelihood of their child developing hepatitis is extremely low. However, we continue to remind everyone to be alert to the signs of hepatitis – particularly jaundice, look for a yellow tinge in the whites of the eyes – and contact your doctor if you are concerned.

Our investigations continue to suggest that there is an association with adenovirus and our studies are now testing this association rigorously.

We are also investigating other contributors, including prior SARS-CoV-2, and are working closely with the NHS and academic partners to understand the mechanism of liver injury in affected children.

Friday 29 April 2022

The UK Health Security Agency (UKHSA), working with Public Health Scotland, Public Health Wales and the Public Health Agency, are continuing to investigate the cases of sudden onset hepatitis in children aged 10 and under that have been identified since January 2022.

The usual viruses that cause infectious hepatitis (hepatitis A to E) have not been detected. The cases are predominantly in children under 5 years old who showed initial symptoms of gastroenteritis illness (diarrhoea and nausea) followed by the onset of jaundice.

Active case finding investigations have identified a further 34 confirmed cases since the last update on 25 April, bringing the total number of cases to 145. Of the confirmed cases, 108 are resident in England, 17 are in Scotland, 11 are in Wales and 9 are in Northern Ireland.

Of these cases, 10 children have received a liver transplant. No children have died. As part of the investigation, a small number of children over the age of 10 are also being investigated.

Findings continue to suggest that the rise in sudden onset hepatitis in children may be linked to adenovirus infection, but other causes are still being actively investigated.

As it is not typical to see this pattern of symptoms from adenovirus, we are investigating other possible contributing factors, such as another infection – including coronavirus (COVID-19) – or an environmental cause.

We are also exploring whether increased susceptibility due to reduced exposure during the COVID-19 pandemic could be playing a role, or if there has been a change in the genome of the adenovirus.

UKHSA is working with scientists and clinicians across the country to answer these questions as quickly as possible.

Dr Meera Chand, Director of Clinical and Emerging Infections at UKHSA, said:

We know that this may be a concerning time for parents of young children. The likelihood of your child developing hepatitis is extremely low. However, we continue to remind parents to be alert to the signs of hepatitis – particularly jaundice, which is easiest to spot as a yellow tinge in the whites of the eyes – and contact your doctor if you are concerned.

Normal hygiene measures, including thorough handwashing and making sure children wash their hands properly, help to reduce the spread of many common infections.

As always, children experiencing symptoms such as vomiting and diarrhoea should stay at home and not return to school or nursery until 48 hours after the symptoms have stopped.

Monday 25 April 2022

Today, the UK Health Security Agency (UKHSA) published a [detailed technical briefing](#) on the investigations into a rise in cases of sudden onset hepatitis (liver inflammation) in children, with data and findings on cases resident in England, up to 20 April 2022.

UKHSA, working with Public Health Scotland, Public Health Wales and the Public Health Agency, are continuing to investigate the cases in children aged 10 and under that have occurred since January 2022. The usual viruses that cause infectious hepatitis (hepatitis A to E) have not been detected. The cases are predominantly in children under 5 years old who showed initial symptoms of gastroenteritis illness (diarrhoea and nausea) followed by the onset of jaundice.

Active case finding investigations have identified a further 3 confirmed cases since the last update on 21 April, bringing the total number of cases to 111. Of the confirmed cases, 81 are resident in England, 14 are in Scotland, 11 are in Wales and 5 are in Northern Ireland.

Of these cases, 10 children have received a liver transplant. No UK cases have died. A small number of children over the age of 10 are being investigated.

There is no link to the coronavirus (COVID-19) vaccine. None of the currently confirmed cases in under 10 year olds in the UK is known to have been vaccinated.

Information gathered through the investigations increasingly suggests that the rise in severe cases of hepatitis may be linked to adenovirus infection but other causes are still being actively investigated. Adenovirus was the most common pathogen detected in 40 of 53 (75%) confirmed cases tested. Sixteen per cent of cases were positive for SARS-CoV-2 at admission between January and April but there was a high background rate of COVID-19 during the investigation period, so this is not unexpected.

Routine NHS and laboratory data show that common viruses circulating in children are currently higher than in previous years and there is a marked increase of adenovirus, particular in the 1 to 4 age group.

Dr Meera Chand, Director of Clinical and Emerging Infections at UKHSA, said:

Information gathered through our investigations increasingly suggests that this rise in sudden onset hepatitis in children is linked to adenovirus infection. However, we are thoroughly investigating other potential causes.

Parents and guardians should be alert to the signs of hepatitis (including jaundice) and to contact a healthcare professional if they are concerned. Normal hygiene measures such as thorough handwashing (including supervising children) and good thorough respiratory hygiene, help to reduce the spread of many common

infections, including adenovirus.

Children experiencing symptoms of a gastrointestinal infection including vomiting and diarrhoea should stay at home and not return to school or nursery until 48 hours after the symptoms have stopped.

We are working with partners to further investigate the link between adenovirus and these cases.

Hepatitis symptoms include:

- yellowing of the white part of the eyes or skin (jaundice)
- dark urine
- pale, grey-coloured faeces (poo)
- itchy skin
- muscle and joint pain
- a high temperature
- feeling and being sick
- feeling unusually tired all the time
- loss of appetite
- tummy pain

Thursday 21 April 2022

The UK Health Security Agency (UKHSA), Public Health Scotland, Public Health Wales and the Public Health Agency are continuing to investigate a rise in cases of sudden onset hepatitis (liver inflammation) in children aged 10 and under since January 2022, where the usual viruses that cause infectious hepatitis (hepatitis A to E) have not been detected.

Our active case finding investigations have identified a further 34 cases since our last update, bringing the total number of cases to 108. All the children affected presented to health services between January 2022 and 12 April 2022.

Of the confirmed cases, 79 are in England, 14 are in Scotland and the remainder are in Wales and Northern Ireland.

Of these cases, 8 children have received a liver transplant.

There is no link to the coronavirus (COVID-19) vaccine. None of the currently confirmed cases in the UK is known to have been vaccinated.

The investigation, including information from patient samples and surveillance systems, continues to point towards a link to adenovirus infection. Seventy-seven per cent of cases tested were positive for adenovirus. However, as it is not usual to see this pattern of disease from adenovirus, we are actively investigating other possible contributing factors, such as another infection (including COVID-19) or an environmental cause.

We are also investigating whether there has been a change in the genome of the adenovirus. UKHSA is working with scientists and clinicians across the country to answer these questions as quickly as possible.

Dr Meera Chand, Director of Clinical and Emerging Infections at UKHSA, said:

We are working with the NHS and public health colleagues in Scotland, Wales and Northern Ireland to swiftly investigate a wide range of possible factors which may be causing children to be admitted to hospital with liver inflammation known as hepatitis.

Information gathered through our investigations increasingly suggests that this is linked to adenovirus infection. However, we are thoroughly investigating other potential causes.

Normal hygiene measures such as thorough handwashing (including supervising children) and good thorough respiratory hygiene, help to reduce the spread of many common infections, including adenovirus.

We are also calling on parents and guardians, to be alert to the signs of hepatitis (including jaundice) and to contact a healthcare professional if they are concerned.

Tuesday 12 April 2022

Public health doctors and scientists at the UK's public health agencies are continuing to investigate 74 cases of hepatitis (liver inflammation) in children since January 2022, where the usual viruses that cause infectious hepatitis (hepatitis A to E) have not been detected.

Of the confirmed cases, 49 are in England, 13 are in Scotland and the remainder are in Wales and Northern Ireland.

One of a number of potential causes under investigation is that a group of viruses called adenoviruses may be causing the illnesses. However, other possible causes are also being actively investigated, including coronavirus (COVID-19), other infections or environmental causes.

There is no link to the COVID-19 vaccine. None of the currently confirmed cases in the UK has been vaccinated.

Adenoviruses are a family of common viruses that usually cause a range of mild illnesses and most people recover without complications. They can cause a range of symptoms, including colds, vomiting and diarrhoea. While they don't typically cause hepatitis, it is a known rare complication of the virus.

Adenoviruses are commonly passed from person to person and by touching contaminated surfaces, as well as through the respiratory route.

The most effective way to minimise the spread of adenoviruses is to practice good hand and respiratory hygiene and supervise thorough handwashing in younger children.

Dr Meera Chand, Director of Clinical and Emerging Infections at UKHSA, said:

We are working swiftly with the NHS and public health colleagues in Scotland, Wales and Northern Ireland to investigate a wide range of possible factors which may be causing children to be admitted to hospital with liver inflammation known as hepatitis.

One of the possible causes that we are investigating is that this is linked to adenovirus infection. However, we are thoroughly investigating other potential causes.

Normal hygiene measures such as good handwashing – including supervising children – and respiratory hygiene, help to reduce the spread of many of the infections that we are investigating.

We are also calling on parents and guardians, to be alert to the signs of hepatitis – including jaundice – and to contact a healthcare professional if they are concerned.

UKHSA, working with partners, will continue to make the public aware of findings throughout the course of the investigation.

Wednesday 6 April 2022

Hepatitis is a condition that affects the liver and may occur for a number of reasons, including several viral infections common in children. However, in the cases under investigation the common viruses that cause hepatitis have not been detected.

UKHSA is working swiftly with the NHS and public health colleagues across the UK to investigate the potential cause. In England, there are approximately 60 cases under investigation in children under 10.

Dr Meera Chand, Director of Clinical and Emerging Infections, said:

Investigations for a wide range of potential causes are underway, including any possible links to infectious diseases.

We are working with partners to raise awareness among healthcare professionals, so that any further children who may be affected can be identified early and the appropriate tests carried out. This will also help us to build a better picture of what may be causing the cases.

We are also reminding parents to be aware of the symptoms of jaundice – including skin with a yellow tinge which is most easily

seen in the whites of the eyes – and to contact a healthcare professional if they have concerns.

Hepatitis symptoms include:

- dark urine
- pale, grey-coloured poo
- itchy skin
- yellowing of the eyes and skin (jaundice)
- muscle and joint pain
- a high temperature
- feeling and being sick
- feeling unusually tired all the time
- loss of appetite
- tummy pain

[New measures to restrict access to corrosives and knives](#)

Measures in the Offensive Weapons Act 2019 to prevent young people buying and possessing weapons and corrosive substances come into force today (Wednesday 6 April), as part of the government's continued efforts to tackle youth violence under the [Beating Crime Plan](#).

The Act places new responsibilities on retailers and delivery companies during the online sale and delivery of knives and corrosives, as packages containing these items are now only handed over to the recipient when it has been verified that the customer is over 18. The sale of corrosive substances has also been banned to anyone under the age of 18.

To tackle acid attacks, the government has also made possessing a corrosive substance in a public place an offence, with those found guilty facing up to four years behind bars.

Minister for Crime and Policing, Kit Malthouse, said:

Too many lives have already been lost to youth violence and we are doing everything we can to stop young people accessing, carrying and using dangerous weapons.

The measures coming into force today will help prevent these weapons getting into the wrong hands and will give the police extended powers to ensure that potentially dangerous weapons such as knives and acids are taken off our streets.

Graham Wynn, Assistant Director for Consumer, Competition and Regulatory Affairs at the British Retail Consortium said:

The BRC has been working closely with the Home Office and welcomes the commencement of these measures introduced in the Offensive Weapons Act. We have been working with retailers to ensure they are ready to implement the guidance from today.

We strive to protect the public and close all loopholes which allow young people to access prohibited products and this guidance will support us to do this.

Furthermore, current laws around the possession of knives or offensive weapons on school premises have been extended to cover sixth form colleges and other further education colleges as well.

Enforcement powers for trading standards bodies have also been strengthened for those who do not adhere to the new regulations on the sale of knives, corrosive products and offensive weapons. The government has also changed the definition for the offence, threatening with an offensive weapon in public, to make prosecutions easier.

We have already seen the impact that the Offensive Weapons Act can have. Prior to the ban on the possession of certain knives, offensive weapons and firearms coming into force in July 2021, a successful surrender and compensation scheme ran for three months.

This led to over 1,100 firearms and almost 15,000 knives and offensive weapons being surrendered. The additional measures from the Offensive Weapons Act that come into force today will go even further in restricting access to dangerous weapons, and will help to keep our streets safe.

Ben Kinsella's Trust CEO, Patrick Green said:

Knife crime has an impact on us all, and it is vital to do all we can to remove knives from our streets.

The importance of this act in helping to do this cannot be overstated. It will put in place measures to ensure that irrespective of whether you buy a knife on the high street or online, you will be subject to an age verification process.

Alongside this, the act will also ban the sale of some dangerous knives and increase police powers to seized knives. These are critically important changes to the law that will help in our fight against knife crime.

National Police Chiefs' Council lead for Knife Crime, DAC Graham McNulty said:

The harm caused by knife crime to families and communities is devastating and the issue remains a top priority for policing but is not something that can be solved by policing alone.

We are working closely with schools, charities, community schemes and partners to help people understand why carrying a knife is never the right choice. Early intervention plays a vitally important role in preventing young people from turning to a life of crime.

We welcome the final changes to legislation being introduced by the Offensive Weapons Act 2019, complementing those that were brought into effect last year.

Great War soldiers' graves rededicated in France

On Tuesday 5 April and Wednesday 6 April, the graves of Rifleman (Rfn) Albert George Sleet, Lieutenant (Lt) Wilfrid Ashton Piercy and Serjeant (Sjt) James Gration DCM, who died during the Great War whilst serving with battalions of The London Regiment, were rededicated after more than a hundred years.

The services, which were organised by the MOD's Joint Casualty and Compassionate Centre (JCCC), also known as the 'MOD War Detectives', were held at the Commonwealth War Graves Commission's (CWGC) Arras Road Cemetery, Dud Corner Cemetery and Lebusquiere Communal Cemetery Extension respectively, all in the Pas-de-Calais region of France.

The graves of all three men were identified after researchers submitted evidence suggesting that their graves had been located. After further research by CWGC, the National Army Museum and MOD JCCC, it was confirmed as part of MOD JCCC's adjudication that these men had in fact been found.

Rosie Barron, from MOD JCCC, said:

"It has been a privilege to work with The London Regiment to organise these rededication services and to meet the families of these men. Rfn Sleet, Lt Piercy and Sjt Gration all paid the ultimate sacrifice in the pursuit of our freedom and it is vital that their sacrifice is not forgotten."

Rfn Sleet was killed in at Hulluch, north of Loos-en-Gohelle, on 15 October 1915 aged 30. He was commemorated on the Loos Memorial which surrounds Dud Corner Cemetery. His family who attended the rededication service, had previously visited the memorial to pay their respects unaware that he was buried as an unknown soldier in the same cemetery.

The rededication service at Dud Corner Cemetery was attended by multiple generations of the Sleet family.

Rfn Sleet's great niece, Nancy Wright, who attended the service with her family, said:

"Albert Sleet was killed before he married or had a family of his own. As grandchildren and great grandchildren of Albert's brothers and sisters, who loved him dearly and who always remembered him, we are honoured to be representing his family.

"We wish to thank all those whose dedication and hard work enabled his final resting place to be identified and who have organised a such a fitting rededication service for him. It is a great comfort for us to know that he was never missing, but buried beside his comrades all along. May they all rest in peace."

Lt Piercy was killed aged 35, near Loos-en-Gohelle on 26 September 1915, the second day of the Battle of Loos. He was commemorated on the Loos Memorial. The rededication service at Arras Road Cemetery was attended by members of his family.

Angela Ridge, the great great niece of Lt Piercy, stands at his graveside.

Angela Ridge, a great great niece of Lt Piercy, said:

"We're proud to be able to represent Wilfrid's immediate family and are immensely grateful to those who did the research and enabled the rededication service to take place."

The Reverend Richard Terrado-Reardon CF, Chaplain to The London Regiment, leads the rededication service for Lt Piercy.

Sjt Gration was killed on 24 March 1918, shortly after the beginning of the German Spring Offensive as British forces were overwhelmed and in retreat. Sjt Gration was recorded as missing and commemorated on the Arras Memorial.

Following his death, Sjt Gration was awarded the Distinguished Conduct Medal. The citation published in the London Gazette of 21 October 1918 stated:

'For conspicuous gallantry and devotion to duty during an attack. When his officer had become a casualty, he led his platoon with great courage and determination, reaching his objective and personally killing three of the enemy. During the whole time he set a fine example to his men.'

The services were attended by serving soldiers of The London Regiment and The Rifles, and were conducted by the Reverend Richard Terrado-Reardon CF Chaplain to The London Regiment.

The Reverend Reardon said:

“In being asked to officiate at these rededication services for Rfn Sleet, Lt Percy and Sjt Gration, these men were family members of the London regiment. This reintegration into the family of the London regiment draws us evermore close to the sacrifice of all those who lost their life in World War One, and in doing so we enrich not only our sense of heritage, but our own identity as we recognise our shared values that inspired these men to serve.

“We cannot bring them home, but we can provide a home as we rededicate not only their lives but our own commitment to them and those personnel serving this day.”

The headstones over their graves will now be replaced by the CWGC, who will care for their final resting places in perpetuity.

Commemorations Case Manager at the CWGC, Mel Donnelly, said:

“The Commonwealth War Graves Commission ensures all those who served and fell are commemorated by name. It truly is a privilege to be able to mark the graves of these three brave men with headstones bearing their names, more than 100 years after they died in the First World War. We will care for their graves in perpetuity.”

[National Highways funding gives the ‘green’ light to Cornwall eco improvements](#)

The company, responsible for England’s major A roads and motorways, has secured over £³/₄ million to work with Cornwall Wildlife Trust to deliver environmental and biodiversity schemes bordering the A30 in mid-Cornwall.

As part of its Designated Funding programme, National Highways has confirmed £785,000 from its Environment and wellbeing fund for the Trust to restore and recreate 16.8 hectares of woodland, orchard, grassland and heathland around Ladock to Gwills and Benhaven to Lambourne Mill, north of Truro.

The Environment Agency is also providing £50,000 towards the ‘green ribs’ projects, which will help to tackle decreasing biodiversity within the county by:

- creating and enhancing habitat areas for wildlife
- improving the quality, condition and connectivity of landscape features in Cornwall
- mitigating severance impacts of the A30 by creating stronger habitat

connections, safely channelling wildlife away from the road

Roads Minister Baroness Vere said:

It's great to see Government money invested in boosting biodiversity in our beautiful Cornish countryside, alongside delivering these vital upgrades as we build on our commitments to build back both better and greener from the pandemic.

Tina Barrington, National Highways' Environment Funding Manager, said:

We're pleased to announce this additional funding for further environmental projects around the location of the scheme, and working with our partners on various enhancements which will bring long-lasting benefits for Cornwall.

We're delighted to be working with Cornwall Wildlife Trust and Cornwall Council on these projects – a glowing example of how this funding and partnership working can make life better for communities, wildlife and the environment around our roads.

We're really proud of the work we're undertaking to protect and enhance the ecology and environment in the area, and we're currently forecasting a net gain of over 10% in biodiversity as part of the work we're doing on the A30 Chiverton to Carland Cross scheme in the county.

The design of the road scheme is also being carried out in the most sympathetic way for both local people, the travelling public, wildlife and the environment.

The 'green ribs' work, to take place in the second roads investment period up to 2025, builds on previous design and construction work within the first roads investment, particularly between Benny Mill and Boswiddle.

This programme included tree works, planting of species-rich grassland and wet meadow, pond and wet habitat restoration and boundary works.

Cornwall Council and Natural England jointly funded initial technical work ahead of the National Highways investment and the council has also been steering development to align with its nature recovery, climate resilience and Forest for Cornwall ambitions.

Martyn Alvey, Cornwall Council's Portfolio Holder for Environment & Climate Change, said:

It's great news that the Green Ribs project has secured further funding to continue delivery, creating vitally important habitat down the spine of Cornwall.

Cornwall Council has declared an ecological emergency in a bid to tackle the decline of wildlife and nature, which works alongside the plan to help Cornwall become carbon neutral by 2030.

This project showcases how responding to the ecological emergency is best served by close partnerships to ensure that the recovery of nature is prioritised alongside efforts to reduce impact on the climate.

Tom Shelley, Conservation Manager for Cornwall Wildlife Trust, said:

The Green Ribs project provides continued investment from National Highways to the Cornish landscape to help grow habitats and protect existing nature networks.

This is helping restore biodiversity and also allows neighbouring landowners to have a combined positive impact in the long term. This is a key part of the Trust's strategic plan for at least 30% of Cornwall's land and sea to be connected, recovering and protected for nature by 2030.

National Highways manages four designated funds, allocated by the Government, to deliver benefits above and beyond building, maintaining and operating England's strategic roads.

From protecting the environment and enhancing the landscape around roads, to improving safety, reducing congestion, and supporting communities, the aim is to make a positive difference to people's lives.

The A30 Chiverton to Carland Cross scheme has also been designed to protect the environment and as part of construction, a total of 33 multi-species crossing points, including a 'green bridge' at Marazanvose, are being constructed to assist the habitats and journeys of animals such as otters, badgers, bats and reptiles.

The scheme will also see over 28 miles of new drainage to protect the local area and water courses, new filtration ponds, native tree planting, the creation of new landscape boundaries and the construction of earth barriers and sound-absorbing fencing.

Further information on environmental mitigation and other details are available on the [A30 Chiverton to Carland Cross scheme webpage](#).

Read more information on [funded projects around the A30 upgrade](#).

Learn more about National Highways' wider [designated funds programme](#).

General enquiries

Members of the public should contact the National Highways customer contact

centre on 0300 123 5000.

Media enquiries

Journalists should contact the National Highways press office on 0844 693 1448 and use the menu to speak to the most appropriate press officer.