

Children and Young People's Overview and Scrutiny Committee

08 November 2024

Maternity and Childhood Vaccinations



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Electoral division(s) affected:

Countywide

Purpose of the Report

- 1 To provide Overview and Scrutiny with the latest children's and young people's vaccinations uptake data for County Durham and an overview of the communications and engagement work to maximise uptake of all vaccinations.

Executive summary

- 2 Immunisation remains one of the most effective public health interventions for protecting individuals and the community from serious infectious diseases. Whooping cough, respiratory syncytial virus (RSV) and flu vaccines are recommended for pregnant women because the protection from the vaccine is passed to your baby, so that they are protected from birth. The national routine childhood immunisation programme currently offers protection against 13 different vaccine-preventable infections. In addition to the routine childhood programme, selective vaccinations are offered to individuals reaching a certain age or with underlying medical conditions or lifestyle risk factors.
- 3 The NHS National Vaccination Strategy was published in December 2023. The strategy draws together the learning from the COVID-19 vaccination programme, which was transformative in its approach, engaging with and delivering into communities in new and innovative ways, and to address the decline in the take-up of life-course vaccinations such as MMR, by enabling local systems to build an effective, flexible, integrated local delivery network in collaboration with a range of local partners.
- 4 County Durham benefits from the strong collaborative working relationships in place with key stakeholders to ensure there are clear lines of sight, escalation and governance arrangements in place to

provide continued health protection assurance (including the provision of vaccinations) which seek to reduce health inequalities and maximise opportunities for improved population health outcomes.

- 5 County Durham continues to demonstrate good overall uptake of vaccinations. This report highlights a number of significant improvements and achievements, these include sustained performance across all but three of the 0-5 year old childhood vaccinations (>95% coverage), improved performance for the school aged immunisations and work to maximise MMR uptake in light of the recent national resurgence of measles cases.
- 6 A significant amount of work is taking place locally to sustain the strong performance for vaccination programmes and maximise uptake across all programmes, including engaging with schools, parents and carers to gain behavioural insights to inform new and innovative methods of delivery and targeted communications and to increase understanding and maximise vaccination uptake.
- 7 The governance arrangements for vaccinations and immunisations are through the County Durham Immunisation Steering Group. This is a multi-organisational group accountable to the Health Protection Assurance and Development Partnership (HPADP), which in turn reports to the Health and Wellbeing Board.

Recommendation(s)

- 8 Children and Young People's Overview and Scrutiny Committee is recommended to:
 - (a) note that the report provides broad assurance that effective partnerships and processes are in place to delivery all maternity, childhood and adolescent vaccines to County Durham residents.
 - (b) ask Elected Members to advocate for and support vaccination programmes in their areas and across their roles, for example as school governors.

Background

- 9 The roles of NHS England, local government and the NHS in the public health system are complementary. The organisations work closely as part of a single public health system to ensure effective delivery of vaccination programme for the population, providing protection for the residents of County Durham against vaccine preventable infections and diseases.
- 10 NHSE is responsible for the routine commissioning of national immunisation programmes under the Section 7a agreement of the Health and Social Care Act 2012. NHSE commission services provided through general practice, school aged immunisation services, pharmacies and maternity services to deliver the [Complete routine immunisation schedule from 1 September 2024 - GOV.UK](#). NHSE is responsible for ensuring local providers deliver against the national service specification and meet agreed population uptake and coverage levels as specified in the Public Health Outcomes Framework and Key Performance indicators.
- 11 The Director of Public Health is responsible for monitoring local vaccine uptake rates and providing independent scrutiny, where necessary challenging local arrangements and providers to increase equitable uptake among their local populations.
- 12 Primary Care Networks and General Practice continue to play a key role in the delivery of vaccination programmes, including education, promotion and delivery for patients.
- 13 IntraHealth are the NHSE commissioned provider of the School Aged Immunisation Service (SAIS) to deliver all adolescent vaccinations within schools.

Maternity vaccinations

- 14 Some vaccines are recommended during pregnancy, these are the inactivated seasonal flu vaccine and the whooping cough vaccine to protect the health of you and your baby. The RSV vaccine was also recommended for pregnancy women from September 2024 to protect their babies from Respiratory Syncytial Virus.
- 15 The flu vaccine primarily protects the mother as pregnant women are more likely to flu complications (such as pneumonia) than women who are not pregnant, and are more likely to be admitted to hospital.
- 16 To note, the UK Health Security Agency (UKHSA) advise that accurately identifying the denominator of women already pregnant or becoming pregnant in the year is challenging. As a result vaccine uptake for pregnant women is likely to be underestimated.

- 17 In 2023/24 the coverage for flu in pregnant mothers was 32.2%, compared to 32.1% across England as a whole. The coverage for the whooping cough vaccine is presented as a monthly percentage coverage figure for each sub integrated care boards (ICB) in England. For the County Durham sub-ICB (84H), each month between April 2023 to March 2024 was reported as between 63% and 68% coverage. The England annual coverage was approximately 58.6% in 2023/24. There is no data for RSV due to the recent commencement of this programme.
- 18 The following NHS website provides clear information on [Vaccinations in pregnancy - NHS \(www.nhs.uk\)](https://www.nhs.uk/healthcare/vaccinations-in-pregnancy)

Childhood vaccinations

- 19 Overall, the universal 0-5 years childhood immunisation programmes demonstrate high coverage rates across County Durham, with rates above the national averages. In 2023/24 the following coverage was achieved.
- 20 At 1 year:
- 96.4% of the 6-in1 (combined diphtheria, hepatitis B, Hib (Haemophilus influenzae type b), polio, tetanus and whooping cough) vaccine
 - 97.4% of the PCV vaccine
 - 94.6% of the rotavirus (Rota) vaccine
 - 96.1% of the Men B vaccine
- 21 At 2 years:
- 97.5% of the 6-in1 (combined diphtheria, hepatitis B, Hib (Haemophilus influenzae type b), polio, tetanus and whooping cough) vaccine
 - 95.5% of the PCV (booster) vaccine
 - 95.7% for one dose of MMR vaccine
 - 95.9% for the Hib / Men C vaccine
- 22 95.4% for the Men B (booster) vaccine
- 23 At 5 years:

- 97.4% of the 6-in1 (combined diphtheria, hepatitis B, Hib (Haemophilus influenzae type b), polio, tetanus and whooping cough) vaccine
 - 93.7% of the 4-in1 (booster) (combined diphtheria, polio, tetanus and whooping cough)
 - 97.0% for one dose of MMR
 - 94.2% for two doses of MMR
 - 95.0% for the Hib / Men C vaccine
- 24 Coverage met the performance standard (95%) for all vaccines at 1 year except rotavirus. For rotavirus at 12 months the County Durham coverage was the 6th highest out of 149 local authorities and one local authority met the 95% target.
- 25 Coverage met the performance standard (95%) for all vaccines at 2 years.
- 26 Coverage met the performance standard (95%) for three out of the five vaccines at 5 years. For the 4-in-1 (booster) at 5 years the County Durham coverage was the 3rd highest out of 149 local authorities and no local authority met the 95% target. For two doses of MMR at 5 years the County Durham coverage was the 3rd highest out of 149 local authorities and no local authority met the 95% target.
- 27 In light of the predicted (and now present) measles outbreaks in England and informed by a previous study within County Durham of variation in MMR2 vaccine uptake and the publication of the [Risk assessment for measles resurgence in the UK](#), the Director of Public Health requested an MMR rapid assurance exercise be completed for County Durham. This work reviewed and shared current best practice within primary care noting the significant effort to encourage vaccine uptake and engage those hardest to reach. It also recommended targeted work to under-vaccinated and susceptible cohorts within the population, these include the Gypsy Roma and Traveller community (GRT), asylum seekers and recent migrants, students, prison populations and maintaining high 0-5 years vaccination coverage.
- 28 In January 2024, due to rising measles case numbers in England the UK Health Security Agency (UKHSA) declared a national incident. The above work was a timely intervention and has informed further local enhanced work. Significant work has been undertaken across system partners to prevent and ensure preparedness to respond to cases. Locally, the public health team worked closely with NHSE, NHS, UKHSA, School Aged Immunisation Service SAIS and community

partners via a coordinated communications and engagement plan to raise public awareness and maximise MMR uptake amongst residents.

- 29 The BCG vaccine for tuberculosis (TB) is not routinely given as part of the NHS vaccination programme. Some areas, where there is a high incidence of TB offer a universal BCG vaccine to 0 to 12 month olds; County Durham is not a high incidence local authority.
- 30 The following NHS website provides clear information on the vaccination schedule [NHS vaccinations and when to have them - NHS](#).

Adolescent vaccinations

- 31 NHSE completed the procurement of the SAIS contract in 2023. This resulted in a change of provider from Harrogate and District Foundation Trust (HDFT) to IntraHealth on 1st September 2023.
- 32 The school age immunisation programme delivers three routine immunisations to adolescents. The human papilloma virus (HPV) vaccine is offered in two doses in Year 8 pupils (dose 1) and Year 9 (dose 2) to protect against different types of cancers and genital warts (please note below the change to one dose). Year 9 pupils are offered the final booster for diphtheria, tetanus and polio vaccine and they are also offered the Meningitis vaccine (MenACWY) to protect against strains A, C, W, & Y of the disease.
- 33 HPV vaccination coverage for females and males has increased compared to last year for 1 dose for 12-13 year olds although remains below the optimal performance target (90%) and efficiency standard (80%) for the period 2022/23 academic year. In 2022/23 the coverage for females was:
- (a) 68.6% for one dose at 12-13 years (10.8 percentage point increase on previous year);
 - (b) 43.6% for two doses at 13-14 years.
- For 2022/23 the coverage for males was:
- (a) 60.4% for one dose at 12-13 years (15.1 percentage point increase on previous year);
 - (b) 31.8% for two doses at 13-14 years.
- 34 In August 2022, the Joint Committee on Vaccination and Immunisation (JCVI) recommended that, following a detailed review, the evidence is now very strong that one dose provides similar protection to that

induced by 2 doses. Therefore, from 1 September 2023, the HPV vaccine programme changed from a 2 dose to a one dose HPV vaccine schedule for eligible adolescents.

- 35 Data for the 2022/23 MenACWY and Td/IPV coverage has only recently been made available in the public domain. The lag in the publication of timely data for these programmes is to be noted. Despite the lack of published data we were aware, through our multi-agency working practices that the adolescent vaccination programme was particularly impacted by school closures and pupil absences during the COVID-19 pandemic. This meant that larger than usual proportions of eligible cohorts required catch up vaccinations. We have been working in collaboration with the provider and NHS England (see paragraph 47) to accelerate and support the recovery of the programme, recognising the protection against potential serious illness and death that these vaccines provide for County Durham young people as they transition into adulthood.
- 36 In 2022/23 the coverage for MenACWY for those in Year 10 (who have been eligible for the routine and catch-up programmes) was:
- (a) 57.8% (compared to 73.0% the previous year)
 - (b) Lower than the average across England of 73.4%
- 37 In 2022/23 the coverage for Td/IPV for those in Year 9 (who have been eligible for the routine programme) was:
- (a) 70.8% (compared to 55.5% the previous year)
 - (b) Higher than the average across England of 68.6%
- 38 In 2022/23 the coverage for Td/IPV for those in Year 10 (who have been eligible for the routine and catch-up programmes) was:
- (a) 57.5% (compared to 73.0% the previous year)
 - (b) Lower than the average across England of 74.1%
- 39 In 2022/23 the coverage for Td/IPV for those in Year 9 (who have been eligible for the routine programme) was:
- (a) 70.6% (compared to 55.1% the previous year)
 - (b) Higher than the average across England of 68.3%
- 40 Throughout 2023, Public Health worked closely with NHSE, the previous SAIS provider HDFT, now IntraHealth, and schools to identify and address the concerns regarding low rates of vaccine coverage in

the school aged vaccination programmes. Key learning from the previous contract with HDFT were shared with the new provider. These included increased frequency of meetings to analyse data with commissioners and local partners, the use of web-based and paper-based consent processes to maximise responses, increasing the number of accessible, community catch-up clinics and enhanced communications with schools via the Headteacher briefings. However, during the transition period the new providers experienced some challenges including staffing and the development of new delivery models. Public health escalated these concerns to the commissioner and remedial actions took place resulting in improved performance.

- 41 The following NHS website provides detailed information on school aged immunisations, [A guide to immunisation for teenagers and young people \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/100000/a-guide-to-immunisation-for-teenagers-and-young-people.pdf)

Children's flu vaccine

- 42 Seasonal influenza (flu) is an unpredictable but recurring pressure that the NHS faces every winter. Vaccination offers the best protection. For most healthy people, flu is an unpleasant but usually self-limiting disease with recovery generally within a week. However, there is a particular risk of severe illness from catching flu for older people, the very young, pregnant women, those with underlying disease or long-term conditions and those who are immunosuppressed. It is those at-risk cohorts who are offered the free flu vaccine each year between September and February. The children's flu vaccine is offered to children aged 2 to 3 years, school-aged children (Reception to Year 11) and children with certain long-term health conditions.
- 43 Flu vaccination coverage rates for the 2023/24 season are provided below.
- (a) 2-3 year-olds **51.7%**
 - (i) compared to 44.4% across England; and
 - (ii) 49.2% in 2022/23
 - (b) Primary school age (ages 4 to 11 yrs) **54.5%**
 - (i) compared to 55.1% across England; and
 - (ii) 56.5% in 2022/23
 - (c) Secondary school age (in years 7 to 11) **40.3%**
 - (i) compared to 42.8% across England; and

(ii) 45.2% in 2022/23 (in years 7 to 9 only due to focus of programme)

44 Following a drop in 2-3 flu vaccination uptake in 2021/22 an innovative pilot programme was designed to test a more flexible delivery model, and was informed by the 'leaving no-one behind' approach. Flu vaccination clinics were located in 15 nurseries as well as in community venues in areas of low uptake or areas of deprivation. 308 vaccinations were given at these clinics, with nurseries being the most effective model for delivering vaccinations. Uptake increased for this age group compared to the previous year, the highest performing in the region. This programme is currently being repeated supported by the ICB Place, Public Health and the Early Years teams.

Case Study: Horden Nursery School Flu Clinic

In October 2023 we welcomed the opportunity to hold a 2-3 year flu clinic on site within the nursery, located in an area of consistently low flu vaccine uptake. We worked closely with the Early Years team in Durham County Council, Public Health, ICB Place and Durham Dales Health Federation to organise a vaccination clinic in our nursery. This provided us with the opportunity to talk positively to the parents and children to alleviate any concerns, talk about the benefits of the vaccine, what was going to happen, and it really put them at ease.

We got a great response - 38 children vaccinated. Parents fed back that having the clinic at nursery was very convenient as they had found it difficult to get appointments and didn't want to take their child out of nursery to attend. It was also a really good way to support our working parents.

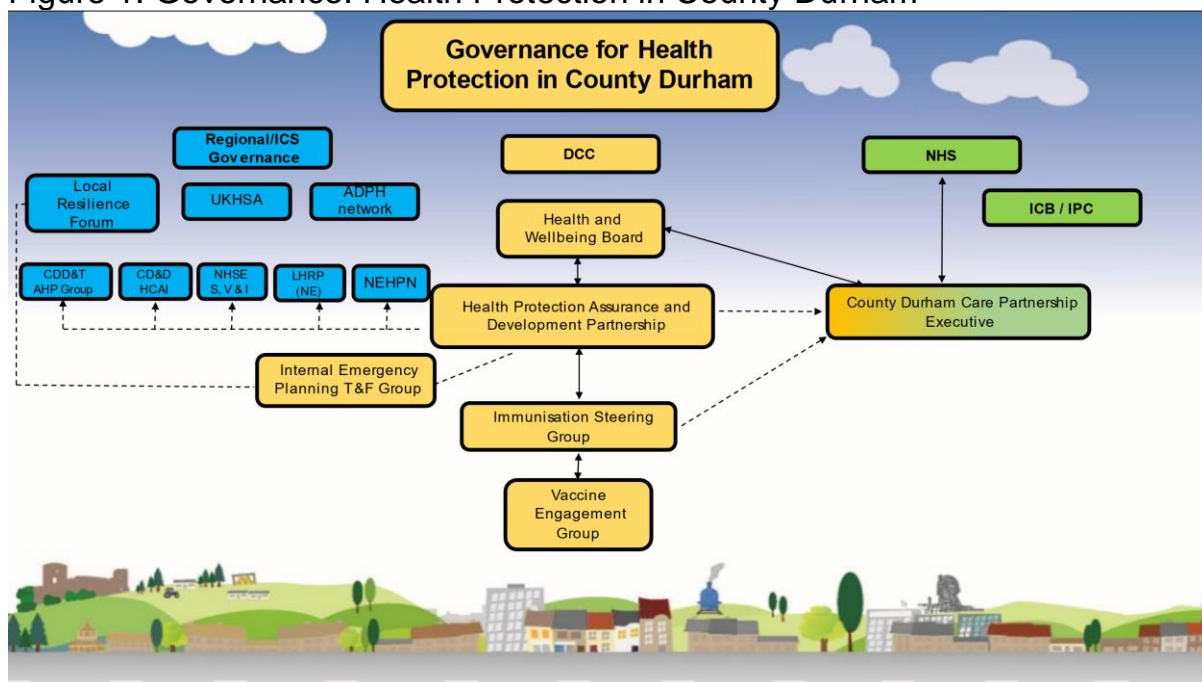
Children who had additional needs were able to have the vaccination in an environment that they knew and felt comfortable in. This was a really positive experience, and we would welcome the opportunity to continue to hold the clinic again next year.

Governance

45 Robust governance arrangements are in place, identified and shared as best practice model across the region.

46 The Health Protection Assurance and Development Partnership provides assurance to the County Durham Health and Wellbeing Board that adequate arrangements are in place for the delivery of vaccination programmes and the prevention of communicable diseases.

Figure 1: Governance: Health Protection in County Durham



Communications

- 47 Marketing and communications play a key role in the planning and delivery of vaccination campaigns. Joint communications are established across regional and local partners to enhance the vaccination programmes reach and uptake.
- 48 A coordinated and consistent approach to communications locally amplifies planned UKHSA/NHS campaigns, these include all the childhood immunisations mentioned in this report. North East North Cumbria communications colleagues are key members of the County Durham Vaccine Engagement Group and design localised, targeted communications informed by local knowledge and insights, see example below.
- 49 These campaigns have been shaped by behavioural insights work that inform the design, message, and mode of delivery of messages ensuring relevance to the target audience and facilitating community-based asset approaches to be strengthened.
- 50 An example of this is research commissioned to scale up a successful proof of concept exercise from one Middlesbrough school to a trial expansion across four North East local authorities including County Durham. The findings of this include:

- (a) Behavioural science-informed communications, both in content and timing, consistently worked to nudge more parents to return consent forms.
- (b) Heads Teachers buy-in and an established lead member of staff who is the contact person for IntraHealth has led to improved consent rates.
- (c) Utilising Headteachers and Public Health Directors as the key messengers, leveraging their positions of authority and trust, to aid parents' willingness to accept and act on the content of the communications.

51 The Public Health Team have a close working relationship with the Children and Young People's Team. Key messages are shared via the Headteacher briefing to raise awareness and promotion of upcoming vaccination programmes in a timely manner to all education settings, including early years, primary, secondary and SEND schools.

Communication Examples



52 National UKHSA and NHS campaign materials were used widely across County Durham this year in the response to the national measles outbreaks to raise awareness and encourage MMR vaccination uptake.



- 53 Collaborative regional work across vaccine and immunisation networks produced a highly successful and award-winning 'Be Wise. Immunise' campaign.

Conclusion

- 54 This report demonstrates continued high uptake of vaccinations in this age group, areas of innovation, data-led interventions, local research activity and sharing of best-practice.
- 55 The Immunisation Steering Group and the Health Protection and Development Partnership routinely analyse the data to monitor any reductions in vaccine uptake and respond accordingly with targeted communications and interventions. These groups will continue to work together to further develop the plan and deliver to achieve maximum vaccine uptake and protection for County Durham residents.

Background papers

- None

Other useful documents

- None

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Appendix 1: Implications

Legal Implications

Section 2B NHS Act 2006 places a duty on each local authority to take such steps as it considers appropriate for improving the health of the people in its area.

The steps that may be taken include:

providing information and advice; providing services or facilities designed to promote healthy living; providing services or facilities for the prevention, diagnosis or treatment of illness; providing financial incentives to encourage individuals to adopt healthier lifestyles; providing assistance (including financial assistance) to help individuals to minimise any risks to health arising from their accommodation or environment; providing or participating in the provision of training for persons working or seeking to work in the field of health improvement; making available the services of any person or any facilities; providing grants or loans (on such terms as the local authority considers appropriate).

Finance

There are no financial implications as the provision of vaccinations is commissioned by NHS England. Occasional funding is allocated to Local Authorities by the Integrated Care Board to supported targeted vaccination clinics to address equity of access or key under-vaccinated cohorts.

Consultation and Engagement

There is no requirement for consultation in relation to this report.

Equality and Diversity / Public Sector Equality Duty

Ongoing monitoring of childhood and adolescent vaccination uptake seeks to identify and provide interventions to maximise vaccination in vulnerable groups.

Climate Change

Exposure to potential harms arising from the effects of climate change would fall within the umbrella of health protection. Adverse weather and climate change may increase the transmission and susceptibility to vaccine preventable diseases.

Human Rights

This report has no implications for human rights.

Crime and Disorder

This report has no implications for crime and disorder.

Staffing

This report has no implications for staffing.

Accommodation

Not applicable.

Risk

Reduced vaccination rates in the population increase the risk of infection and outbreaks, which in turn places pressure on health and care providers and long term health outcomes.

Procurement

Not applicable.