

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

16 APRIL 2024

ROUTINE IMMUNISATION

Summary

1. The Health Overview and Scrutiny Committee (HOSC) has requested an overview of routine immunisation to demonstrate the importance of immunisation in reducing the risk and exposure of our population cohorts to infectious diseases.
2. Representatives from Herefordshire and Worcestershire Integrated Care Board (HWICB), NHS England (NHSE) and from the Worcestershire County Council's Public Health Team have been invited to the meeting to respond to any questions the HOSC may have.
3. This report provides the committee with an overview on the Autumn Vaccination Programme 2023, the Integrated Care System's response to the recent increase in measles cases nationally and an update on Pertussis (Whooping Cough) vaccination.

Background

4. Vaccinations rank second only to clean water as the most effective public health intervention to prevent disease. For example, in 1941 there were around 51,000 cases of diphtheria annually in England compared to only 1 case in 2014 in the post-vaccination period.
5. The aim of vaccination programmes is to reduce suffering, illness and death from vaccine-preventable diseases. Some vaccine programmes are universal (e.g. MMR given to all children) whilst others are available only to those at highest risk of disease (e.g. Flu vaccines for pregnant women).
6. NHS commissioned vaccines are offered by a range of providers including GP Practices, School Age Immunisation Services (SAIS), Community Pharmacies and Maternity Services. Babies are offered essential vaccines mainly through GP practices to protect them from diseases such as diphtheria, whooping cough, measles and meningitis. Adolescents and young adults are offered vaccines against cervical cancer, meningitis and septicaemia in secondary school by dedicated SAIS Providers. Pregnant women are offered a range of vaccines to protect themselves, their pregnancy and the newborn baby. Older people are offered vaccines including Flu, Covid-19, Pneumococcal and Shingles vaccines.
7. Overall, the evidence suggests that the level of confidence in vaccines is high and healthcare professionals are trusted sources of information provision. There has however been a slow but steady decline in vaccine uptake over the last 5 to 10 years although this is less pronounced in Worcestershire than some other areas (see charts below). Vaccine hesitancy refers to those who delay or refuse

immunisations despite good vaccination services. Causes include complacency (where risk of vaccine preventable disease is perceived as low), low confidence (e.g. in the safety or effectiveness of vaccines or providers) or lack of convenience.

Charts showing trends in select childhood immunisation coverage for Worcestershire and a range of statistical neighbours, West Midlands and England (2013/14 – 2022/23)



8. There are certain groups who are at-risk of lower uptake. These include deprived communities, some ethnicities, homeless individuals, Drug and Alcohol Service Users, those with physical disabilities, individuals with learning disabilities and those with Severe Mental Illness. These groups require a more tailored approach including appropriate information provision and a potential outreach delivery model.

9. There is strong collaboration between NHSE regionally and Herefordshire and Worcestershire Integrated Care System (HWICS) in planning and decision-making ahead of planned delegation of services to Systems in April 2025. The newly published NHSE Vaccine Strategy provides a framework for improving vaccination services in the next few years taking learning from Covid-19

vaccination where appropriate whilst recognising the many strengths of the traditional model.

Measles

10. During 2023 there was a resurgence of measles in England. From 1 January to 31 December 2023 there were 368 laboratory confirmed measles cases, 122 (33%) of these in London and 160 (44%) in the West Midlands, however all Regions have reported cases. While the London cases have remained consistent monthly, the West Midlands cases were extremely low until December 2023
11. From 1 October 2023 to 30 January 2024, there was a rapid escalation of activity with 347 confirmed measles cases reported [National Measles Standard Incident - measles epidemiology](#). Cases have predominantly been in Birmingham with smaller numbers in other West Midlands local authority areas. Most of the cases were unvaccinated against measles. Worcestershire has had one confirmed measles case.
12. The MMR vaccine is the safest and most effective way to protect against measles, mumps, and rubella. Coverage of 95% or greater of 2 doses of measles-containing vaccine is needed to create herd immunity to protect communities and achieve and maintain measles elimination.
13. Coverage for MMR vaccine in the UK has fallen to its lowest level in a decade. The national uptake of MMR1 in 2-year-olds is currently at 89.4% and MMR2 is at 83.8% in 5-year-olds. There are therefore large pockets of susceptible children and young people, particularly in inner-city areas and in under vaccinated communities (e.g. traveller, ultra-orthodox Jewish and migrant populations).
14. Worcestershire has one of the highest MMR uptake rates in the West Midlands, with over 90% of children being vaccinated with two doses by the time they are 5 years old. However, there are still around 4,000 primary school-aged children in Worcestershire who haven't had their MMR vaccination and could be at risk of getting measles.
15. To support the ongoing system response to the recent measles cases in the West Midlands, during February 2024, the HWICS delivered MMR Pop up clinics in Evesham, Malvern, Worcester, Kidderminster, Redditch and Wythall. 144 people attended and had an MMR vaccination. Others also attended to seek advice and to ask the health care professionals on site to check their MMR status. HM Prison Hewell has also provided MMR vaccination clinics and all prisoners have now had an MMR vaccination, unless they chose to decline.
16. Routine and opportunistic MMR vaccinations are being delivered by General Practice through the NHSE call and recall programme. Additional support is being wrapped around those GP practices with the lowest MMR uptake to develop and mobilise plans to improve uptake rates. As a result, the HWICS is seeing MMR doses increase on a weekly basis. Worcestershire has a specialist infectious disease team who can respond quickly in the event of an outbreak and carry out appropriate testing and swabbing in partnership with UK Health Security Agency (UKHSA).

Fig 1 - MMR Uptake

Comparison data for Quarter 2 (July – Sept 2023) and Quarter 3 (Oct -Dec 2023)

ICB name	24m MMR 1 %	5y MMR1 %	5y MMR2 %	
NHS Herefordshire And Worcestershire ICB	94.1	95.8	89.6	Q2
NHS Herefordshire And Worcestershire ICB	94.1	96.3	91.8	Q3

17. The HWICS is planning delivery of MMR pop up clinics to populations who have lower uptake rates such including Gypsy, Roma and Traveller communities. The Council’s traveller site leads will communicate with families resident on Council traveller sites about these clinics. ‘Your Health Your Wellbeing’ vans working in collaboration with Vaccination UK are expected to deliver vaccination alongside other interventions such as NHS Health Check. Muslim communities will also receive a targeted MMR offer, with a pilot in Worcester City being planned.

Autumn Immunisation Programme

18. Autumn 2023 was the HWICS’s third year of delivering the Covid-19 vaccination programme to support a reduction in individuals presenting with Covid-19 and developing significant health concerns resulting in hospitalisation or them accessing health services. Figures 2 and 3 show the performance across HWICS. The stars in Figure 3 denote best performance in the region.

19. The Autumn programme was delivered at a range of venues to ensure ease of access for all. This included General Practice, Pharmacy, Community Outreach Venues and Hospitals. The ‘Your Health Your Wellbeing’ outreach van provided opportunistic vaccination at a range of community venues across Worcestershire, targeting those from underserved communities and areas of high deprivation.

20. Across the HWICS, partners have consistently performed well, exceeding all national and regional averages and in many cohorts, being one of the top performing systems nationally. Across the HWICS, partners are continuously looking at ways of reducing the gap in uptake across the least and most deprived areas.

21. The HWICS has made good progress through dedicated outreach programmes targeting rural areas and the most deprived wards (Index of Multiple Deprivation areas 1 to 3), however there is still work to be done. Another area the HWICS is looking to improve for 2024 is the Covid-19 and flu vaccine uptake across the health and social care workforce groups. A dedicated steering group to focus on improving uptake of the health and social care workforce will be set up in May 2024.

Fig 2 - Covid-19 uptake across eligible cohorts

Cohort	England	Midlands	H&W	Worcestershire
Care homes	81.1%	80.8%	85%	81.7%
Healthcare workforce	43.7%	39.7%	46.9%	44.1%
65+	74.1%	73.8%	80%	81.2%
Learning Disabilities	n/a	n/a	51.6%	50%

Fig 3 - Covid-19 uptake by IMD Decile

IMD Decile	England	Midlands	BSOL	BC	CW	Derby	HW	LLR	Lincs	Nhants	Notts	STW	SSOT
1	39.2%	34.7%	26.6%	31.5%	35.7%	40.0%	44.5%	34.0%	★ 54.7%	41.8%	38.1%	45.6%	45.3%
2	43.1%	42.2%	34.6%	34.8%	41.3%	48.9%	55.0%	34.4%	★ 57.1%	43.4%	42.9%	47.5%	50.7%
3	47.1%	48.6%	45.2%	40.9%	46.4%	53.9%	58.0%	37.5%	★ 59.3%	48.0%	48.0%	53.7%	53.4%
4	52.5%	53.5%	47.0%	44.7%	49.3%	56.5%	★ 66.2%	44.4%	61.4%	51.9%	52.1%	58.0%	56.5%
5	56.9%	57.2%	50.9%	47.9%	54.4%	57.9%	★ 67.9%	51.6%	64.6%	53.6%	53.4%	61.2%	61.1%
6	59.8%	59.8%	52.8%	▶ 48.9%	59.4%	60.4%	★ 69.7%	55.1%	65.7%	59.9%	56.3%	60.3%	62.0%
7	62.3%	62.5%	57.5%	▶ 56.7%	63.1%	65.7%	★ 69.3%	57.1%	67.0%	62.2%	60.3%	63.0%	63.7%
8	63.9%	64.4%	62.5%	▶ 58.6%	61.9%	66.3%	★ 70.6%	63.9%	67.3%	63.6%	63.0%	63.2%	64.9%
9	66.3%	65.9%	63.9%	61.1%	67.0%	68.6%	★ 69.5%	63.1%	69.3%	64.8%	63.1%	65.5%	66.8%
10	69.7%	68.1%	67.4%	64.3%	70.6%	69.9%	★ 70.8%	67.3%	69.3%	64.3%	67.9%	64.0%	68.8%

22. The HWICS flu vaccination programme ran from September 2023 through to March 2024. As seen in Figure 4 below, overall performance was good with a HWICS performance uptake of 75.54% and a Worcestershire uptake of 77%, higher than the regional average. 41% of flu vaccines administered were co-administered with Covid-19 vaccine.

Fig 4 - Flu vaccination uptake

Cohort	Midlands Average	H&W
Care homes	76.8%	85%
Healthcare workforce	41%	42.1%
65+	73.7%	75.1%

Pertussis

23. Vaccination of pregnant women against Pertussis helps protect their baby from contracting whooping cough once born. There has been a national increase in the number of Pertussis cases, this is largely down to a reduction in the uptake of this vaccine in pregnant women. The HWICS reports 60% uptake against a national average of 61%. A data cleansing exercise is currently underway to understand the data in more detail and ascertain if the 60% uptake includes vaccination given by midwives in secondary care as well as primary care. Work is currently underway with system partners to review maternal immunisation pathways and develop an action plan to increase uptake.

Legal, Financial, and HR Implications

24. From April 2025, the contracting arrangements for School age Immunisations, Sexual health Immunisations and Maternity Immunisations will devolve down to the HWICB. Plans and local strategies are currently being developed to support this process.

25. Across the HWICS, local plans are being aligned to the national strategy which was published last Autumn to enhance the current offer around 3 core areas:

- Access to All – having a flexible system offer to support tackle Health inequalities, including a data driven outreach programme for all vaccinations.
- Multi-Disciplinary approach – integrate vaccination into existing clinical pathways – for example Primary Care, acute and community trusts, Local Authority and Public Health.

- Develop a vaccination workforce with a skill mix that makes best use of trained, unregistered staff where clinically appropriate and subject to the appropriate legislation.

Purpose of the Meeting

26. The HOSC is asked to:

- consider and comment on the information provided on Immunisation and
- determine whether any further information or scrutiny on a particular topic is required.

Contact Points

Catherine Sinclair, Director of EPRR and Immunisation, HWICB
(catherine.sinclair9@nhs.net)

Matt Fung, Consultant in Public Health, Worcestershire County Council
(mfung@worcestershire.gov.uk)

Emma James/Jo Weston, Overview and Scrutiny Officers
Tel: 01905 844964 / 844965
Email: scrutiny@worcestershire.gov.uk

Background Papers

In the opinion of the Proper Officer (in this case the Assistant Director for Legal and Governance) there are no background papers relating to the subject matter of this report.

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