

Action to improve immunisation coverage rates across the UK



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Key messages

- The BMA strongly supports immunisation programmes as a key intervention for improving population health.
- We are concerned by declining coverage rates in some areas of the UK in recent years.
- Falling coverage rates for childhood immunisations is just one of the many wide-ranging health impacts of COVID-19. The pandemic has also raised public awareness of the role immunisation programmes have to play.
- The BMA is calling for a range of measures to improve coverage rates, including action to:
 - widen vaccine availability and target specific populations
 - ensure adequate funding to deliver fully resourced immunisation services
 - raise public awareness and understanding of immunisation programmes
 - ensure health service IT supports vaccine uptake
 - increase vaccine uptake among NHS workers.

Immunisation against infectious disease is a vital public health intervention. It has greatly reduced the burden of disease and made a major contribution to reduced mortality in the UK and across the world. The WHO (World Health Organization) note that immunisation, along with clean water, is the public health intervention which has had the greatest impact on the world's health.¹

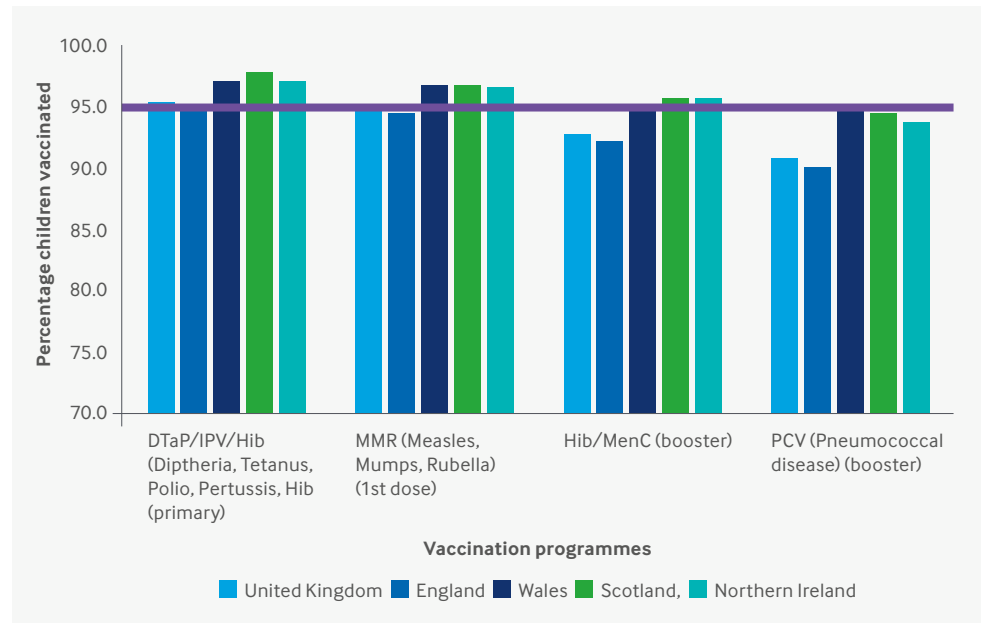
Immunisation programmes are one of many areas to have been disrupted during COVID-19 as the health service focused on responding to the immediate health needs caused by the pandemic. Despite advice that childhood immunisation should continue during COVID-19, data show the uptake of programmes have fallen by around a fifth.² The WHO has warned that this disruption to immunisation programmes could result in increases in preventable disease and death.³ There have also been worrying reports about a lack of public confidence in a potential COVID-19 vaccine and the implications this would have for uptake.⁴

The BMA has consistently highlighted the importance of immunisation for improving population health.^{5,6} In recent years we have become increasingly concerned about declining immunisation coverage rates in some areas of the UK, and the potential impact this might have on health outcomes. As the health service moves out of the immediate response to the pandemic and begins restarting routine care, it is vital that immunisation programmes are prioritised and restored to pre-pandemic levels. In the long-term, work needs to be done to increase uptake in more programmes more widely, which requires action in a number of areas including widening the availability of vaccines, providing funding for services and delivering public education.

Declining childhood coverage rates in recent years

The WHO recommend that at least 95% of children are immunised against vaccine-preventable disease.⁷ This is a key factor in shaping the expectation in the UK that there is 95% coverage of all routine childhood immunisations for those up to five years of age. However, in recent years, data show a failure to reach this target, which has contributed to increases in infectious disease.

Figure 1: Percentage of children vaccinated across the UK by their fifth birthday¹, against the 95% WHO target, 2018-19⁸



In England there has been a recent decline in all routine immunisation since 2012/13. The latest data show a particular fall in DTaP²/IPV/Hib³ and MMR⁴ coverage – below the WHO’s recommended 95% level.⁹ Cases of measles and mumps have doubled and the UK is no longer classed by the WHO as having “measles-free” status.¹⁰ This has led to a focus on understanding the cause of this fall in coverage rates in England by politicians and policy makers, which extends beyond MMR to all vaccinations. In Scotland, Wales and Northern Ireland immunisation rates for these routine childhood vaccines have remained stable and in most cases above 95% for children under the age of five.^{11,12,13}

In recent years and following lobbying from the BMA and others,¹⁴ governments across the UK have expanded the HPV programme to include adolescent boys as well as girls. Across the UK, coverage rates for the scheme remain stable around 82% to 85% for females, with further data needed for boys since the programme have been expanded.^{15,16,17,18}

1 Pneumococcal disease (PCV) (booster), percentage vaccinated by their 2nd birthday.

2 The four-in-one vaccine is also known as DTaP/IPV which includes protection against diphtheria, tetanus, pertussis (whooping cough) and polio.

3 The Hib/MenC vaccine is a single injection given to 1-year-old babies to boost their protection against Hib (Haemophilus influenzae type b) and meningitis C.

4 The MMR vaccine protects against measles, mumps and rubella.

Flu immunisation

National flu immunisation programmes – the coordinated and evidence-based approaches to planning for the demands of flu across the UK - are designed to provide direct protection to those at higher risk of morbidity and mortality associated with flu. This includes older people, pregnant women and those with certain underlying health conditions. In recent years, programmes have also been extended to children in a phased roll-out, to provide individual protection, reduce transmission across all age groups through herd immunity, and to protect vulnerable members of the population.

The WHO recommend that 75% of patients aged 65 and over receive flu immunisation. In England, flu vaccine uptake was 72% in 2018/19, a slight decrease from recent years.¹⁹ In Scotland, coverage rates are slightly higher at 73.7% in 2018/19, which has remained consistent in recent years.²⁰ In Wales, 68.3% of those aged 65 and over received their vaccination²¹, while in Northern Ireland it was 70%.²²

Across the UK, healthcare providers are being instructed to put in place steps to ensure the effective delivery of the flu programme for 2020 in order to reduce preventable pressures on the health service.²³ While it is vitally important that efforts are made to ensure high uptake of the flu programme this year and beyond, it is equally key that appropriate public health measures are taken to reduce the risk of spreading COVID-19, particularly in settings with vulnerable populations such as care homes, for example wearing appropriate PPE (personal protective equipment). Public Health England has produced guidance with the Royal College of GPs and Royal College of Paediatrics and Child Health for healthcare professionals on maintaining immunisation programmes, including appropriate PPE.²⁴

As part of efforts to address falling coverage rates, the BMA is setting out the action we believe is needed to halt the recent decline and start to improve immunisation coverage rates again.

Action to improve UK coverage rates

There is a strong case for comprehensive action to improve vaccination coverage. This will require leadership from governments and the health service, and a focused effort from all those involved in delivering immunisation programmes across the healthcare system.

Widen vaccine availability and target specific at risk-populations

Improved access and awareness of vaccine availability are key factors in determining uptake. A 2018 survey by the Royal Society for Public Health found that around half of parents responding cited the timing (49%) and availability of appointments (48%) as the most common barriers to vaccination.²⁵ Given the majority of vaccinations are received in childhood, it is important that particular attention is paid to this group, as well as individuals in seldom-heard communities. Targeting particular settings, such as children's emergency departments where evidence has shown interventions are under-utilised,²⁶ could help to drive uptake among specific groups.

With routine appointments cancelled as a result of COVID-19, it is also important that particular attention is paid to immunisation programmes and following up with individuals who may have had cancelled appointments.

We are calling for:

- vaccination to continue to be offered by health services in a diverse range of locations in the community, such as GP surgeries, schools and care homes;
- governments to take steps to ensure sufficient stocks of flu vaccination are available for all at-risk populations and staff;

- local coordinators to promote vaccination uptake, particularly among seldom-heard communities, or among groups where there are commonly differences in uptake associated with ethnicity, socioeconomic status or religious belief; and
- nurseries and schools to review immunisation status on entry and liaise with GPs and nurses to proactively provide missing vaccinations.

Ensure adequate funding to deliver fully resourced immunisation services

Effective immunisation programmes require appropriate funding and resources, with an agreed payment system for general practice and incentives for high performance.

There are particular issues with funding in England. The BMA has consistently highlighted the impact that funding cuts to local authorities in England have had on public health in recent years.²⁷ This is widely cited as one cause of falling vaccination numbers in the country.

Cuts to health visitor numbers and school nurses in England are reducing the availability of immunisation advice and services. For example, there was an 18.6% reduction in full-time equivalent health visitor numbers in the NHS from September 2015 to June 2019.²⁸ The BMA has also consistently highlighted the underfunding of general practice in England, with funding failing to keep pace with increases across the rest of the UK.²⁹ This is creating pressure on the services that general practice provides, including vaccination programmes. We have called for general practice to receive at least 11% of the total NHS budget, up from the current levels of 8.1%.³⁰

We are calling for:

- increased funding to be made available to local government to deliver high-quality children's services, specifically for health visitors and school nurses; and
- a reversal of years of underfunding in general practice to ensure there is capacity to deliver vaccination services particularly given commitments from the NHS to deliver 'the biggest winter flu campaign'³¹ and the future need to ensure rollout of any potential COVID-19 vaccine
- a payment system for general practice to be agreed in each UK nation that rewards practices for each vaccination delivered, while also incentivising high performance.

Raise public awareness and understanding of immunisation programmes

Public trust in immunisation is vital to their success. While there is currently little evidence that anti-vaccine groups and social media messaging have had a significant impact on parental confidence,³² it is important not to be complacent and to ensure that authoritative information is widely available. It is likely that the COVID-19 pandemic has raised awareness of the role and importance of vaccinations in preventing ill-health, and this opportunity should be utilised with a population-wide campaign highlighting the benefits of vaccination, with messages targeted at specific groups. Public education is key to this and the school years represent a good opportunity to emphasise the benefits of vaccination in curricula. The health service has an important role to play in delivering this message and medical students are an example of a group that can be influential in filling this educational role, given this already happens in some areas of the UK.

We are calling for:

- the benefits of immunisation and where to access it to be taught in schools as well as teaching about the history of infectious disease and the importance of vaccines;
- a national public health campaign to raise awareness of the importance of vaccine uptake, led by public health agencies across the UK, with the resources provided to community leaders to help tailor messages to individual groups;
- public health bodies and the academic community to undertake research into what drives behaviour in relation to adherence to and negative perceptions of vaccination programmes; and
- UK Governments, through the relevant health departments and associated bodies, to devise and implement binding standards that compel social media companies to actively prevent dispersal of fake or misleading vaccine information online.

Ensure health service IT supports vaccine uptake

NHS IT capability and the interoperability of IT systems between primary and secondary care is key to facilitating increased vaccine uptake. While general practice holds the patient record, it relies on all parts of the health service, including health visitors, occupational health services and school nurses, to ensure the record is up to date. This information does not routinely flow to GP clinical records, but this is vital to facilitate the call/recall GP IT service and allowing opportunistic vaccine offers to be effective.

We are calling for:

- consistency in ensuring IT systems in general practice flag patients with outstanding vaccinations and are configured with the call/recall service; and
- the NHS App⁵ in England to be configured to make electronic prompts and updated to record full immunisation status.

Increasing vaccine uptake among NHS workers

The workforce has an important role to play in helping to ensure confidence in vaccination by protecting themselves and their patients against infectious disease, like flu. In recent years, flu champions have been established across the workforce to promote uptake of the vaccine. These individuals have an important role to play and should be in place across the UK health system. There is also evidence that leadership from senior colleagues can play an important role in improving coverage rates among colleagues.³³ This should be considered as staff groups are formed to increase awareness and uptake.

We are calling for:

- the health service to provide flu vaccination, in line with NHS guidance³⁴, for all frontline health and social care staff who have direct contact with patients, including those working in the community. This should include efforts to ensure adequate time for staff to access these services, given the pressures that have become normalised in the health service;
- indemnity schemes across the UK to be extended to include GP surgeries vaccinating their own staff;
- occupational health schemes to be extended to all areas of the UK and both primary and secondary care; and
- dedicated staff to be tasked with increasing awareness and uptake among the health and social care workforce.

5 The NHS app is available to the public in England to access a range of NHS services including booking GP appointments, ordering repeat prescriptions and viewing your medical record.

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