

**BRIEFING PAPER IN RESPONSE TO CHILDHOOD IMMUNISATION UPTAKE DURING COVID-19**

*To:* **Health Committee**

*Meeting Date:* **17th September 2020**

*From:* **Director of Public Health**

*Electoral division(s):* **All**

*Key decision:* **No**

*Purpose:* **This report provides an update requested specifically by the Committee on:**

- **The system response to promoting childhood immunisation uptake during the current Coronavirus pandemic**
- **What the early data is telling us about how the Coronavirus pandemic has impacted childhood immunisation uptake**
- **initial approach to the recovery phase and preparation ahead of the winter flu season**

*Recommendation:* **The Committee is asked to note and comment on the actions undertaken to date in responding to the impact of the ongoing Coronavirus pandemic on childhood immunisation uptake.**

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## 1. BACKGROUND

- 1.1. Immunisation is one of the safest and most effective ways of providing protection against disease as, following vaccination, people are far less likely to catch the disease if there are cases in the community. Beyond the individual level, vaccination has numerous benefits for society. If a proper immunisation schedule is implemented in a population, even those who are not vaccinated such as new-born babies, elderly people and those who are too sick to receive vaccination, can benefit from this *herd protection*<sup>1</sup>.
- 1.2. It is widely acknowledged that vaccination programmes have an enormous positive economic impact. Though vaccines require funding, they lead to long-term savings through reduction in health costs and avoidance of loss of productivity from the workforce.
- 1.3. The ability to reliably measure vaccine coverage plays an essential role in evaluating the success of a vaccination programme, identifying susceptible populations for further interventions and informing future vaccine policy decisions.
- 1.4. Children in the UK are vaccinated against a number of infectious diseases through the NHS-funded childhood vaccination programme which protects children from: diphtheria, haemophilus influenza type B (Hib), hepatitis B, Human Papilloma Virus (HPV), influenza, measles, meningococcus (ACWY and B), mumps, pertussis (whooping cough), pneumococcus, polio, rotavirus, rubella and tetanus.<sup>2</sup> In addition, children at-risk also receive the BCG vaccination against tuberculosis.
- 1.5. The aim of childhood vaccination programmes is to achieve at least 95% uptake, although the target uptake in the Public Health Outcomes Framework is 90%.

## 2. CONTEXT

- 2.1 Concerns have been raised that the Coronavirus pandemic may have caused significant reduction in childhood vaccinations uptake. It is thought that parental anxiety on attending a surgery or clinic setting and perceived access and delivery restrictions may be seen as a barrier for parents getting their child vaccinated. There are also concerns that parents will not know whether a fever in their child following immunisation is due to their immunisations or to COVID-19.
- 2.2 The UK Government's guidance throughout the pandemic is that the childhood vaccination schedule should continue during this time<sup>3</sup>. The World Health Organisation (WHO) have warned that disruption to vaccination programmes during a pandemic can result in an increase in vaccine preventable diseases, stressing the importance of immunising children<sup>4</sup>.

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<sup>1</sup> <https://www.abpi.org.uk/new-medicines/vaccines/economic-and-social-impact-of-vaccines/>

<sup>2</sup>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/899423/PHE\\_Complete\\_Immunisation\\_Schedule\\_Jun2020\\_05.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/899423/PHE_Complete_Immunisation_Schedule_Jun2020_05.pdf)

<sup>3</sup> <https://www.gov.uk/government/publications/vaccine-update-issue-306-march-2020>

<sup>4</sup> <https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/technical-guidance/2020/guidance-on-routine-immunization-services-during-covid-19-pandemic-in-the-who-european-region,-20-march-2020>

- 2.3 The NHS Phase 3 response to Covid-19 highlights prioritising immunization and screening as services are restored and Primary Care is likely to receive financial incentives to meet targets<sup>5</sup>.

### **3. PROMOTING CHILDHOOD IMMUNISATIONS DURING CORONAVIRUS**

- 3.1 On the 24<sup>th</sup> March 2020 Commissioners received notification that the School-Based Childhood Immunisation service had suspended practice whilst scoping was being undertaken to see whether the service had the capacity and capability to support General Practitioners (GPs) in administering preschool (infant) vaccinations. This disruption to delivery was further exacerbated by school closures.
- 3.2 Around this time, enquiries were also coming through to Public Health England regarding GP clinic cancellations for essential health checks including maternal mental health reviews, infant vaccinations and newborn physical examinations (NIPE).
- 3.3 A core team from across Early Help, the Healthy Child Programme providers and Public Health commissioners have continued with regular weekly meetings throughout this period to share information and communicate any changes. These concerns were escalated through this forum, resulting in a number of focused meetings regarding the concerns set out in 3.2.
- 3.4 To understand the local position, a questionnaire was circulated by the CCG to all GPs in early April 2020 seeking clarification on the following:
- Is the mother and baby 6-8 week check still happening, if so when, i.e. being combined with the 8 week immunisation appointment?
  - Are all the baby immunisations happening?
  - Is the NIPE (Newborn Infant Physical Examination) happening?
- 3.5 The outcome of this survey identified that all GP's were doing physical baby exams at between 6-8 weeks, however some had moved the appointment to 8 weeks to coincide with the immunisations. There were virtual appointments in some GP's practices but these were all followed up with an in person baby physical exam and the 1<sup>st</sup> immunisation delivered at the same time. Additionally there were no reported issues regarding vaccine supply.
- 3.6 The Healthy Child Programme has continued to promote messages via social media on the importance of immunisations and these are reiterated during mandated contacts. They have amended their caseload database recording system to include a 'quick access' function to enable staff to rapidly view immunisations history prior to a contact - it is anticipated that this will help support MECC (making every contact count) across all contacts.
- 3.7 Public Health officers have worked with colleagues in Education, Early Help and the communications team to include immunisation messages into the broader 'Keeping on Track' campaign, and building these into core 'Back to School' messages.

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<sup>5</sup> <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/07/Phase-3-letter-July-31-2020.pdf>

- 3.8 A letter has been sent out to all parents of children starting school in September encouraging them to immunise their children (pre-school booster, MMR 2<sup>nd</sup> dose and flu vaccine) and to provide information on how to arrange immunisations.
- 3.9 Work will be undertaken within the Best Start in Life programme to promote consistent messaging regarding immunisations. This includes working with Early Years settings to encourage conversations with families who may have missed vaccinations and by sending out letters to parents in early years settings (similar to the schools letter mentioned in 3.8).
- 3.10 A robust recovery and catch-up plan has been developed by the School-Based Childhood Immunisation service in conjunction with the Education Directorate and includes school and community based clinic delivery. Investigation is underway on how to reach those who are home educated.
- 3.11 The School-Based Childhood Immunisation service have received updated national guidance regarding the winter flu vaccine delivery plan, extended to children in year 7 and to families of those who have been shielding (link to letter in source documents). Hence this year the children eligible for the flu vaccine are all children aged 2-11 years, those in clinical risk groups and those in shielded families. The target is for 75% uptake.
- 3.12 Public Health officers are involved in developing the action plans for delivery of this programme. Officers attend the weekly Clinical Commissioning Group (CCG) led Flu Task and Finish Group, and an operational group looking specifically at delivering this vaccination across Children's and Maternity services has been established to ensure we maximise take up.
- 3.13 This season an inactivated flu vaccine may be offered to those children whose parents refuse the live attenuated influenza vaccine (LAIV) due to the porcine gelatine content, in order to achieve sufficient coverage to prevent localised outbreaks. Providers of children's vaccination services are waiting for further instruction on the offering of this service.
- 3.14 Health Committee queried whether immunisation against RSV (Respiratory Syncytial Virus), should be added to the childhood vaccination schedule. RSV is one of the common viruses that cause coughs, colds and bronchiolitis in winter however it can cause a severe respiratory infection in infants at increased risk. There is not however a routine vaccine available, although Palivizumab – a monoclonal antibody – can be given to high risk infants (with immunodeficiency, heart or lung disease). This is very expensive and needs to be provided via monthly injections throughout the winter season (October-March) and the Joint Committee on Vaccination and Immunisation (JCVI), currently only recommend it for high risk infants<sup>6</sup>.

#### **4. WHAT THE EARLY DATA IS TELLING US**

- 4.1 Nationally, it had been reported that there is the potential for immunisation uptake to have dropped by up to 60%, however initial data suggested that the East of England has not followed this trend although there has been some drop in coverage.

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4.2 NHS England are unable to share local coverage information that is not in the public domain, due to quality assurance and validation requirements and data for Q1 2020/21 (April-June 2020) will be available in September 2020.

4.3 The latest publically available data is from Quarter 4 2019/20 (January - March 2020)<sup>7</sup>.

**Table 1 - Vaccination coverage at 12 months (January - March 2020, children born Jan to March 2019)**

Area	DTaP/IPV/Hib 3doses (%)	PCV 2doses (%)	Rotavirus (%)	MenB (%)
Cambridgeshire	95%	95.3%	94%	94.5%
Peterborough	91.6%	92.2%	86.9%	92.1%
East of England	93.3%	94.4%	91.8%	93.9%
England	92.7%	93.3%	90.7%	92.8%

**Table 2 - Vaccination coverage at 24 months (January - March 2020, children born Jan-March 2018)**

Area	DTaP/IPV/Hib 3doses (%)	PCV 2doses (%)	Hib/MenC booster (%)	MMR1st dose (%)	MenB booster (%)
Cambridgeshire	95.2%	93.3%	93.1%	93.5%	91.8%
Peterborough	92.7%	87.5%	87.8%	87.9%	85.8%
East of England	93.6%	92.4%	92.4%	92.2%	90.4%
England	93.7%	90.7%	90.9%	90.8%	89.3%

**Table 3 - Vaccination coverage at 5 years (January - March 2020, children born Jan-March 2015)**

Area	DTaP/IPV/Hib 3doses (%)	MMR 1st dose (%)	MMR 2nd dose (%)	DTaP/IPV booster (%)	Hib/MenC (%)
Cambridgeshire	96.4%	96.1%	90.6%	89.3%	92.8%
Peterborough	94.2%	93.4%	86.6%	85.3%	89.5%
East of England	96.4%	95.9%	89.8%	88.8%	93.7%
England	95.5%	94.6%	86.9%	85.7%	92.8%

**Key:**

DTaP/IPV/Hib/HepB or hexavalent vaccine - combined diphtheria, tetanus, acellular pertussis, injectable polio, Haemophilus influenzae type b, hepatitis B vaccine

PCV - pneumococcal conjugate vaccine, MenB - Meningococcal B vaccine

MMR- combined measles, mumps and rubella vaccine

4.4 Early insights into coverage data during the Q1 2020/21 period, which will reflect the impact of Coronavirus on vaccination uptake rates suggest that there has been an increase in children not receiving their DTaP/IPV/Hib+HepB vaccination (protecting against diphtheria, tetanus, pertussis, polio, haemophilus influenza type B and hepatitis B), especially doses 2 and 3, and an increase in the proportion of children receiving zero doses. We envisage this will improve as lockdown measures are eased and parents feel more confident about taking their children to GP surgeries. Early data indicate that uptake of 1<sup>st</sup> dose MMR, Rotavirus and MenB are at similar levels to previous quarter.

## 5. ALIGNMENT WITH CORPORATE PRIORITIES

### 5.1 A good quality of life for everyone

The report above sets out the implications for this priority in sections 1 and 2.

### 5.2 Thriving places for people to live

There are no significant implications for this priority.

### 5.3 The best start for Cambridgeshire's children

The report above sets out the implications for this priority in sections 1, 2 and 4

### 5.4 Net zero carbon emissions for Cambridgeshire by 2050

There are no significant implications for this priority.

## 6. SIGNIFICANT IMPLICATIONS

### 6.1 Resource Implications

There are no significant implications within this category.

### 6.2 Procurement/Contractual/Council Contract Procedure Rules Implications

There are no significant implications within this category.

### 6.3 Statutory, Legal and Risk Implications

There are no significant implications within this category.

### 6.4 Equality and Diversity Implications

Section 4 sets out details of significant implications identified by officers.

### 6.5 Engagement and Communications Implications

Section 3 set out details of significant implications identified by officers, specifically 3.6, 3.7 and 3.8

### 6.6 Localism and Local Member Involvement

There are no significant implications within this category.

### 6.7 Public Health Implications

The report above sets out details of significant implications in sections 1 and 2

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes Stephen Howarth
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?	Yes Gus De Silva

<b>Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or LGSS Law?</b>	Yes Fiona McMillan
<b>Have the equality and diversity implications been cleared by your Service Contact?</b>	Yes Liz Robin
<b>Have any engagement and communication implications been cleared by Communications?</b>	Yes Matthew Hall
<b>Have any localism and Local Member involvement issues been cleared by your Service Contact?</b>	Yes Liz Robin
<b>Have any Public Health implications been cleared by Public Health</b>	Yes Liz Robin

<b>Source Documents</b>	<b>Location</b>
UK Government guidance related to vaccinations during Covid-19	<a href="https://www.gov.uk/government/publications/vaccine-update-issue-306-march-2020">https://www.gov.uk/government/publications/vaccine-update-issue-306-march-2020</a>  <a href="https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/07/Phase-3-letter-July-31-2020.pdf">https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/07/Phase-3-letter-July-31-2020.pdf</a>
Quarter 4 2019/20 COVER programme data	<a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/896628/hpr1220_COVER_version-2.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/896628/hpr1220_COVER_version-2.pdf</a>  <a href="https://www.gov.uk/government/statistics/cover-of-vaccination-evaluated-rapidly-cover-programme-2019-to-2020-quarterly-data">https://www.gov.uk/government/statistics/cover-of-vaccination-evaluated-rapidly-cover-programme-2019-to-2020-quarterly-data</a>
Updated national flu immunisation 2020/21 letter	<a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/907149/Letter_annualflu_2020_to_2021_update.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/907149/Letter_annualflu_2020_to_2021_update.pdf</a>

