

<b>Meeting:</b>	Health and Wellbeing Board
<b>Meeting date:</b>	21 June 2022
<b>Title of report:</b>	Vaccine Update
<b>Report by:</b>	Steven Senior
<b>Decision Type:</b>	<b>No decision</b>
<b>Ward(s) to which report relates</b>	<b>All</b>

## **Executive Summary:**

1. Vaccines are among the most effective public health interventions.
2. Overall, coverage of routine vaccinations in Bury is comparable to similar local authorities, although there are some vaccines for which coverage is lower.
3. Inequalities in vaccine coverage between more and less deprived communities and between residents of different ethnicities exist, but the gaps are generally smaller in Bury than for other areas in Greater Manchester.
4. Current priorities for improvement are:
  - a. Improve COVID-19 spring booster uptake (and data quality) among care home residents and immunosuppressed people;
  - b. Improve uptake of adult influenza immunisations and reduce inequalities, particularly those affecting Asian and Asian British people, and reduce the extent of inequality in uptake by deprivation for people with long term illnesses;
  - c. Improve flu vaccine uptake among pre-school children;
  - d. Improve uptake of pneumococcal and shingles vaccines among eligible older people;
  - e. Continue to minimise inequality in COVID-19 vaccine uptake; and
  - f. Improve uptake of hepatitis B vaccine among people entering drug treatment.

## **Recommendation(s)**

5. **That Health and Wellbeing Board note the contents of this paper**

## **Background**

6. Vaccines are among the most successful public health interventions. The COVID-19 vaccine and recent use of the smallpox vaccine against monkeypox<sup>1</sup> reinforced the importance of vaccines for tackling public health threats. However, the success of many vaccine programmes in controlling infectious disease can mean that the demand for a vaccine declines as people become less aware of the health impacts of the disease it protects against. Inequalities in vaccine uptake are particularly problematic because they can lead to localised outbreaks even where a disease is controlled across most of the population. Because of this, vaccine programmes need constant monitoring.
7. Vaccination programmes in England are commissioned by NHS England under section 7a of the NHS Act 2006. For Bury, this means that the commissioner of all our

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<sup>1</sup> The smallpox vaccine – which uses a weakened version of the cowpox virus – is effective and approved for use against monkeypox due to the similarity of the three viruses.

vaccine programmes is the Greater Manchester Health and Social Care Partnership (soon to be NHS Greater Manchester Integrated Care System).

8. Most vaccinations are provided by general practices. This includes pre-school children's vaccinations, and adult influenza, pneumococcal, and shingles vaccines. School-aged immunisations, such as influenza, human papillomavirus (HPV), and meningitis ACWY, are provided in schools by school aged immunisation teams – Intrahealth for the flu vaccine and the school immunisation service provided by the Northern Care Alliance for other school-based vaccine programmes. Community pharmacy also delivers a range of vaccinations, including COVID-19 and influenza vaccines, travel vaccination, and hepatitis B vaccines. Sexual health services also provide some vaccinations, such as HPV vaccination for men who have sex with men, and the smallpox vaccine in response to the current monkeypox epidemic.
9. Guidance from the Department of Health and Social Care states that for vaccination programmes, "DsPH are expected to provide appropriate challenge to arrangements and also to advocate for an emphasis on reducing health inequalities and improving access in underserved groups in the work of commissioners, providers and other key stakeholders."<sup>2</sup>
10. COVID-19 has posed a significant challenge to the delivery of vaccination programmes. The reduced access to primary care could have affected uptake of a wide variety of routine vaccinations. And the demands created by delivering the COVID-19 vaccine programme risked affecting both primary care and school aged immunisation services' ability to deliver other programmes. Because of this it is important to review uptake across all programmes to establish what the impact has been and whether remedial action is needed.

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<sup>2</sup> Department of Health and Social Care (2020) Directors of Public Health in Local Government: Roles, Responsibilities and Context. Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/860515/directors-of-public-health-in-local-government-roles-responsibilities-and-context.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/860515/directors-of-public-health-in-local-government-roles-responsibilities-and-context.pdf)

## Overall Performance

11. The table below shows population vaccine coverage for key vaccine programmes for Bury compared to England as a whole.



12. Across most programmes population coverage in Bury is broadly the same as to the England average. Immunisations for children in care, MMR, HPV, and Meningitis ACWY are better than average. Bury also has COVID-19 vaccine uptake above average for GM in all cohorts except care home residents for the spring booster (this may be a data quality problem). However, coverage for pneumococcal, influenza (for older adults, adults in risk groups, and children aged 2-3 years), rotavirus, and shingles vaccine coverage are lower than the English average and below target levels

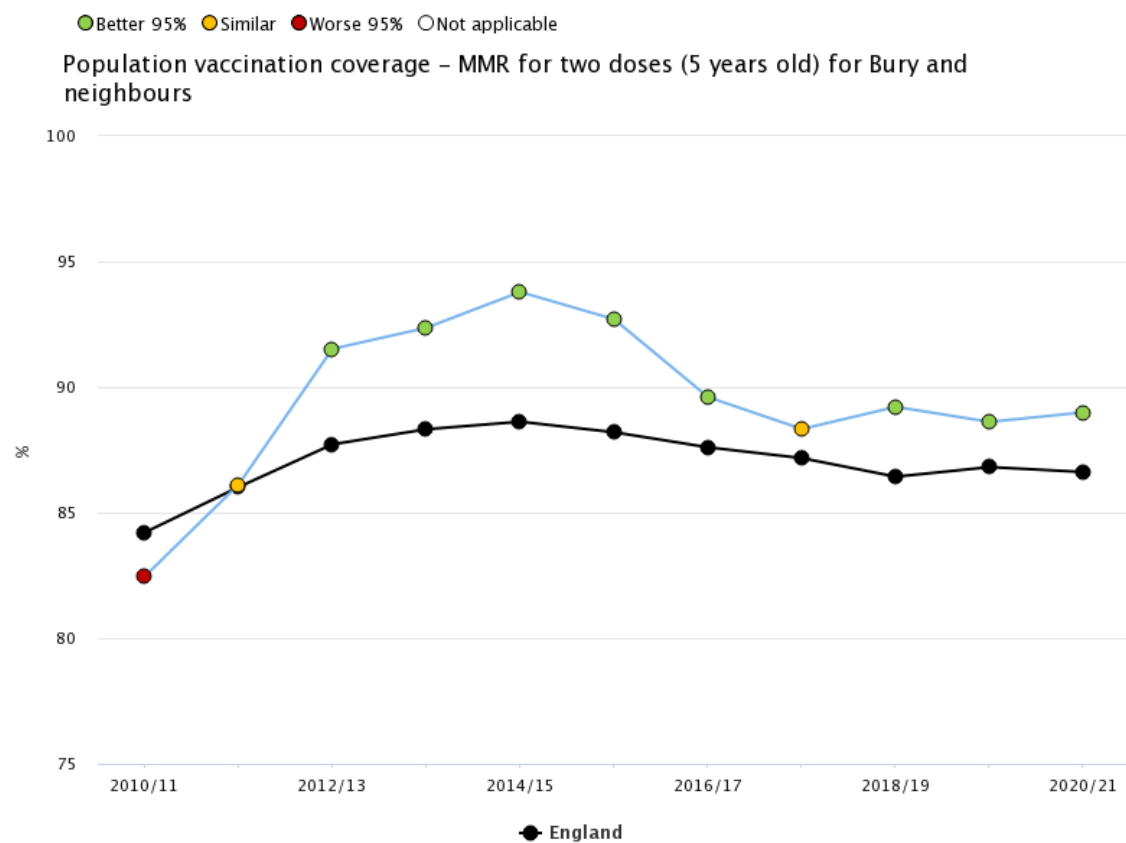
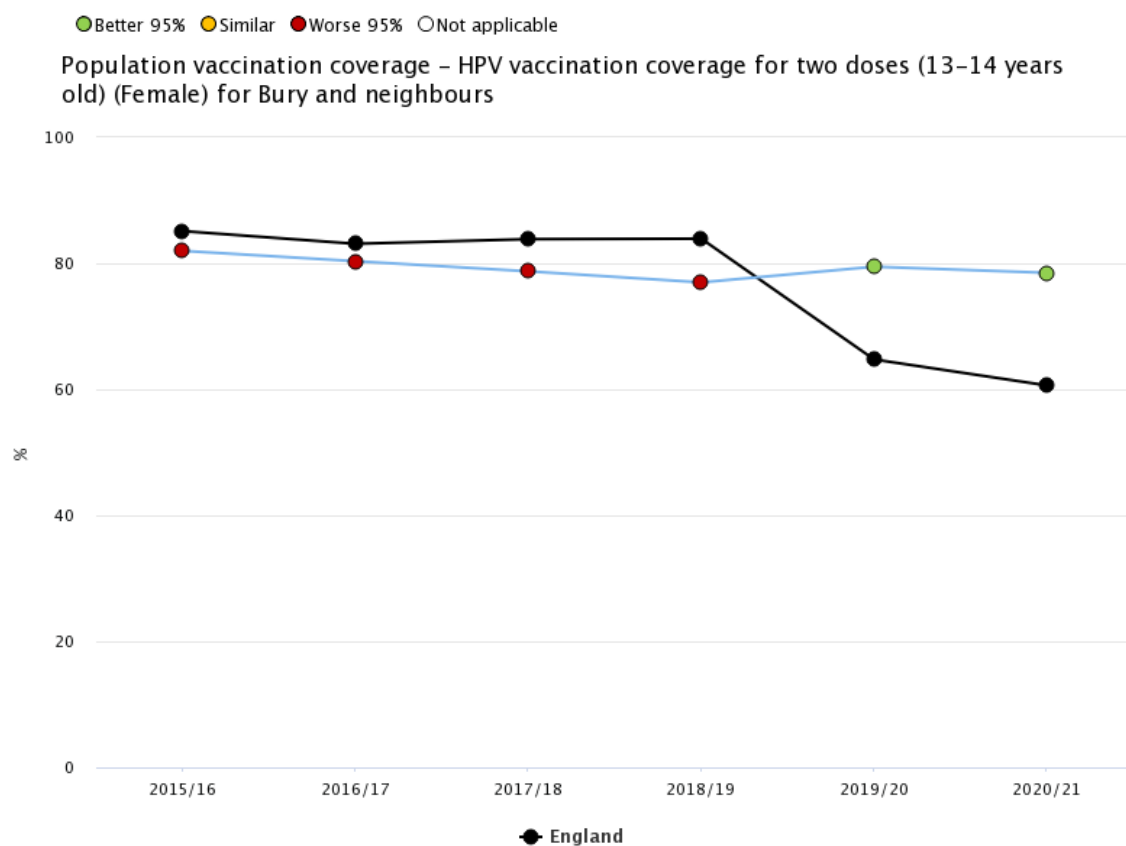
(although rotavirus and influenza vaccine uptake in 2-3 year old children have both improved markedly over the past four to five years).

### **Inequalities**

13. For COVID-19 vaccines there is clear evidence of inequalities in uptake between people living in more and less deprived areas and between different ethnic groups, although the extent of inequalities within Bury is less than in many other areas in Greater Manchester. COVID-19 vaccine uptake for people with learning disabilities in Bury is good compared to Greater Manchester.
14. For influenza vaccines among people aged 65 and over, there are marked inequalities in uptake by deprivation, although coverage is better than average for Greater Manchester at each level of deprivation. Uptake among Bury's ethnic minority residents is lower than for its White British residents, but the gap is smaller than average for Greater Manchester apart from Bury residents from Asian or Asian British communities. The lower uptake among Asian and Asian British people in Bury appears to be mainly due to lower uptake among these communities in Bury and Horizon PCNs.
15. Data on inequalities in coverage for vaccines other than COVID-19 and influenza is very limited. Bury has the highest coverage for childhood immunisations for children in care in England. Data are available for individual GP practices. These data show that there is relatively little difference in coverage between practices serving more and less deprived population for childhood immunisations like MMR, diphtheria, tetanus, and pertussis (DTaP), and haemophilus influenza type B (HiB). However, influenza vaccine uptake for people in risk groups (such as people with coronary heart disease, diabetes, or chronic obstructive pulmonary disease) decreases as the degree of deprivation in the practice population increases. Note that data on coverage for GP practice populations hide inequalities that are likely to exist between patients registered at the same practice.
16. The COVID-19 vaccine programme has shown that it is possible to provide local public health teams with highly detailed data on vaccine uptake according to age, sex, deprivation, ethnicity, and other aspects of inequality. This should set the standard for vaccine uptake data in future. The emerging approach to health data in the Greater Manchester Integrated Care System would appear to support this by enabling secure access to health records for local authority public health analysts. This would support much better analysis of inequalities in vaccine uptake and inequalities.

### **COVID-19 impacts**

17. There is little evidence that COVID-19 and the disruption it caused to healthcare services has affected vaccine uptake in Bury. This is in contrast with national and regional trends and in the face of significant pressures on general practice and school aged immunisations providers created by the COVID-19 vaccine programme. The charts below provide trends for the human papillomavirus (which causes cervical cancer) and measles, mumps, and rubella vaccines to illustrate this.



## Priority Areas for Improvement

18. The evidence above suggests the following priorities for action to improve uptake:

- a. Improve COVID-19 spring booster uptake (and data quality) among care home residents and immunosuppressed people;
- b. Improve uptake of adult influenza immunisations and reduce inequalities, particularly those affecting Asian and Asian British people, and reduce the extent of inequality in uptake by deprivation for people with long term illnesses;
- c. Improve flu vaccine uptake among pre-school children;
- d. Improve uptake of pneumococcal and shingles vaccines among eligible older people;
- e. Continue to minimise inequality in COVID-19 vaccine uptake; and
- f. Improve uptake of hepatitis B vaccine among people entering drug treatment.

19. Work is already being done to address some of these priorities.

- g. The COVID-19 vaccine programme is running new searches to identify immunosuppressed patients and will text and write to those patients who have not been vaccinated;
- h. COVID-19 spring booster delivery to care homes has been prioritised and work has been done to improve reporting of vaccine delivery in care homes (this depends on care homes reporting through the NHS capacity tracker system);
- i. More mobile 'pods' have been bought for the COVID-19 vaccine programme that will enable more flexibility about where vaccine clinics are delivered;
- j. Closely linking delivery of COVID-19 and influenza vaccines for the autumn programme is likely to maximise uptake of influenza vaccines as uptake of COVID-19 vaccines has tended to be higher than influenza vaccines.
- k. A protocol is being developed to enable pre-school flu vaccines to be delivered in early years settings to reach children who would not have been able to attend vaccination clinics in a GP practice;
- l. Commissioners of drug treatment services have been in contact with local drug treatment providers to understand why hepatitis B vaccine uptake is low and explore options to increase it.