



London Borough of Enfield

Report Title	Vaccination and Immunisations: Childhood immunisations focus
Report to	Health & Adult Social Care Scrutiny Panel
Date of Meeting	20 th September 2023
Cabinet Member	Cllr Cazimoglu
Executive Director / Director	Tony Theodoulou / Dudu Sher-Arami
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Ward(s) affected	All
Classification	Part 1 Public
Reason for exemption	None

1. Purpose of Report

To inform the panel of the uptake of maternity and childhood immunisations in Enfield and the work being undertaken at a borough partnership level to improve the uptake of routine childhood immunisations.

2. Main Considerations for the Panel

- Childhood vaccinations are one of the most effective and cost-effective ways to prevent disease.
- Childhood Immunisation uptake across Enfield, North Central London and London is lower than 95% (the uptake required for herd immunity).

- There is significant inequality in vaccination uptake between different communities in Enfield.
- There is concern across London including in Enfield regarding the potential for increase in cases of vaccine preventable disease, especially Measles given the low immunisation uptake.
- Enfield has an Immunisation Action Plan which includes action to increase Measles, Mumps and Rubella (MMR) vaccine uptake. Despite significant levels of activity by all partners, this is yet to result in increases in uptake.
- There is a complex commissioning and provider landscape for the provision of childhood vaccination.
- Local Authority Public Health Teams have a statutory duty regarding assurance for vaccination uptake. This is executed through leadership of the Screening and Immunisation Borough Partnership subgroup which coordinates the Immunisation Plan and aims to increase vaccination uptake and decrease disparity in vaccination uptake.

3. The success of vaccines and immunisation across the world

The World Health Organisation states that;

“Immunization is a global health and development success story, saving millions of lives every year. Vaccines reduce risks of getting a disease by working with your body’s natural defences to build protection. When you get a vaccine, your immune system responds.

We now have vaccines to prevent more than 20 life-threatening diseases, helping people of all ages live longer, healthier lives. Immunization currently prevents 3.5-5 million deaths every year from diseases like diphtheria, tetanus, pertussis, influenza and measles.

Immunization is a key component of primary health care and an indisputable human right. It’s also one of the best health investments money can buy. Vaccines are also critical to the prevention and control of infectious disease outbreaks”.

4. How is the provision of childhood immunisation organised?

Public Health Teams have an assurance role in relation to immunisation uptake. In Enfield, this translates to strategic oversight of the Enfield Childhood Immunisation Plan and Co - Chairing of the Borough Partnership subgroup on Immunisation and Screening. The use of Public Health Intelligence informs targeted activity to combat low uptake in certain areas/communities.

The national Joint Committee for Vaccination and Immunisation (JCVI) have agreed a childhood immunisation schedule that is offered to all children (see Appendix A).

Immunisation for Flu and Whooping Cough is also offered to all pregnant women between 16- and 32-weeks gestation.

A range of organisations commission and provide immunisations to children and young people.

Table 1: Commissioner and provider organisations for maternity and childhood immunisations.

Immunisation	Commissioner	Provider
Flu & Whooping Cough to pregnant women	NHS England	Maternity Services
Primary Immunisations for children aged 0-4	NHS England	Primary Care (General Practice)
Immunisations for school aged children	NHS England	School Aged Immunisation Services (NMUH for Enfield)

5. Uptake of maternity and childhood immunisations among Enfield residents

The target uptake for immunisations worldwide is 95%. Uptake at this level is known as 'herd immunity' and allows protection of those who are unable to receive vaccination. Nationally, but especially across London (including Enfield) there is lower uptake of maternity and childhood immunisations.

Routine Immunisation at 1 and 5 years-old

The following figures show current uptake of routine childhood immunisations. Generally, there is lower uptake in Enfield and London than England.

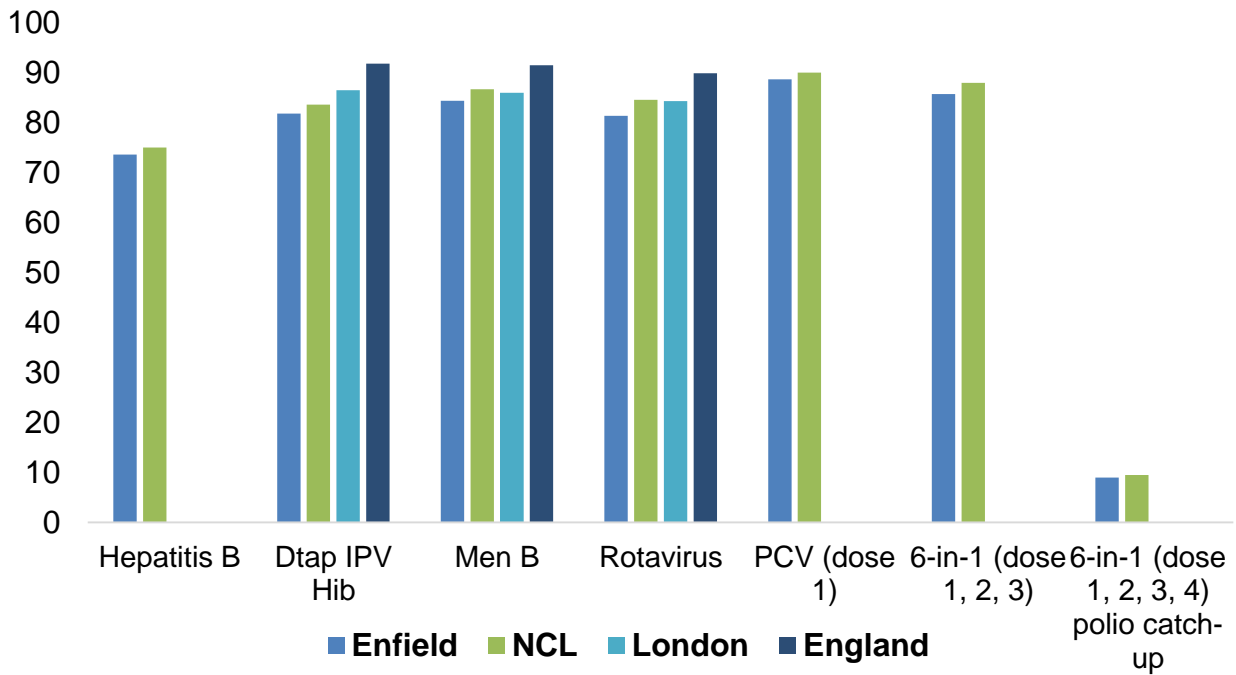


Figure 1: % uptake of immunisations by 1-year old in 23/24

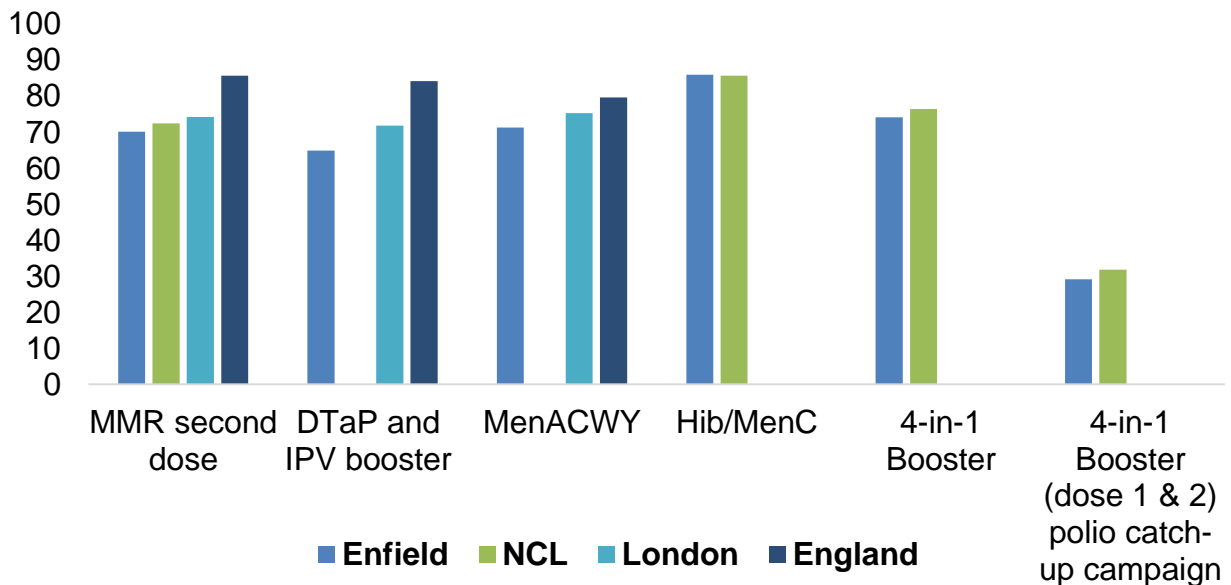


Figure 2: % uptake of routine immunisations at 5 years in 23/24

6. Inequality in vaccine uptake

All vaccines show a pattern of lower uptake in areas of higher deprivation (figures 4 to 8). Additionally, we also see lower uptake in certain ethnic groups including Gypsy Roma and Traveller communities, Black communities and White Other communities.

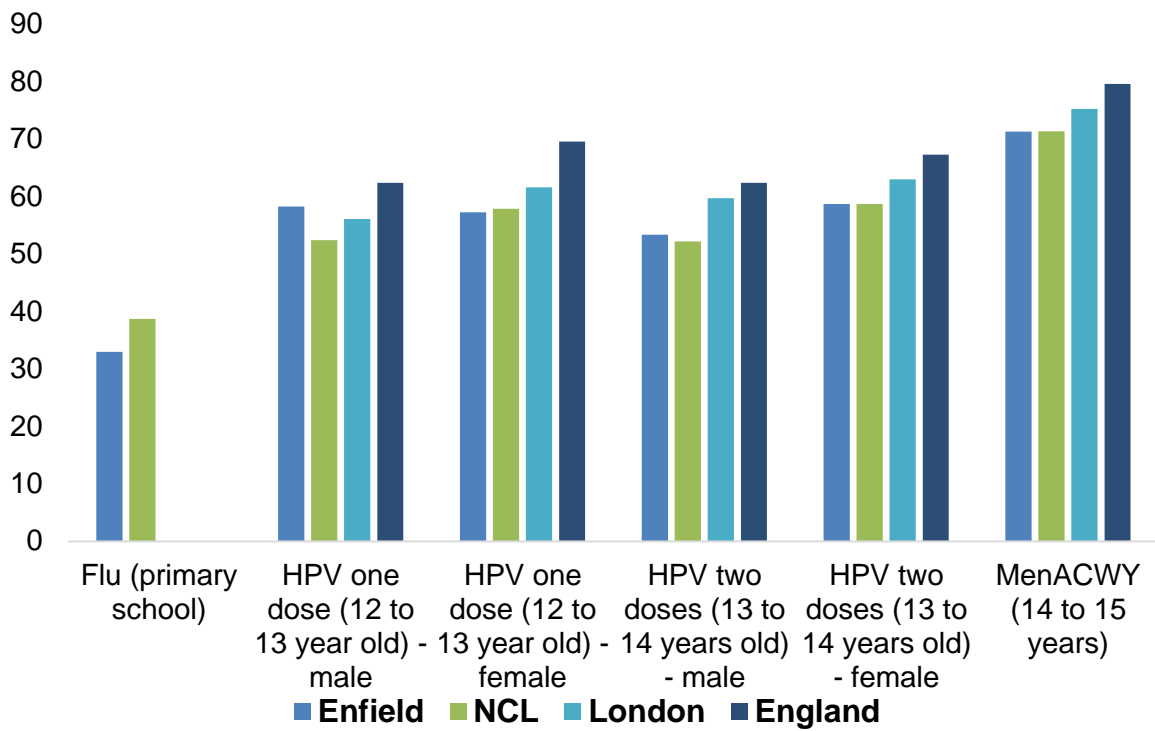


Figure 3: % uptake of all routine school-aged immunisations in Enfield, NCL, London and England in 23/24

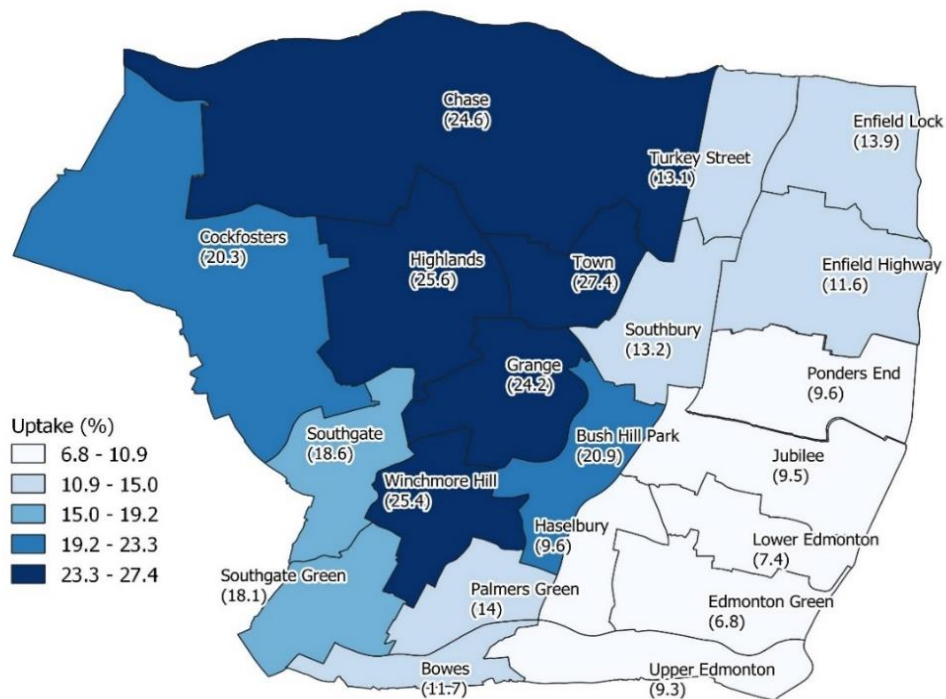


Figure 4: flu vaccine uptake in school-aged children by ward in 22/23

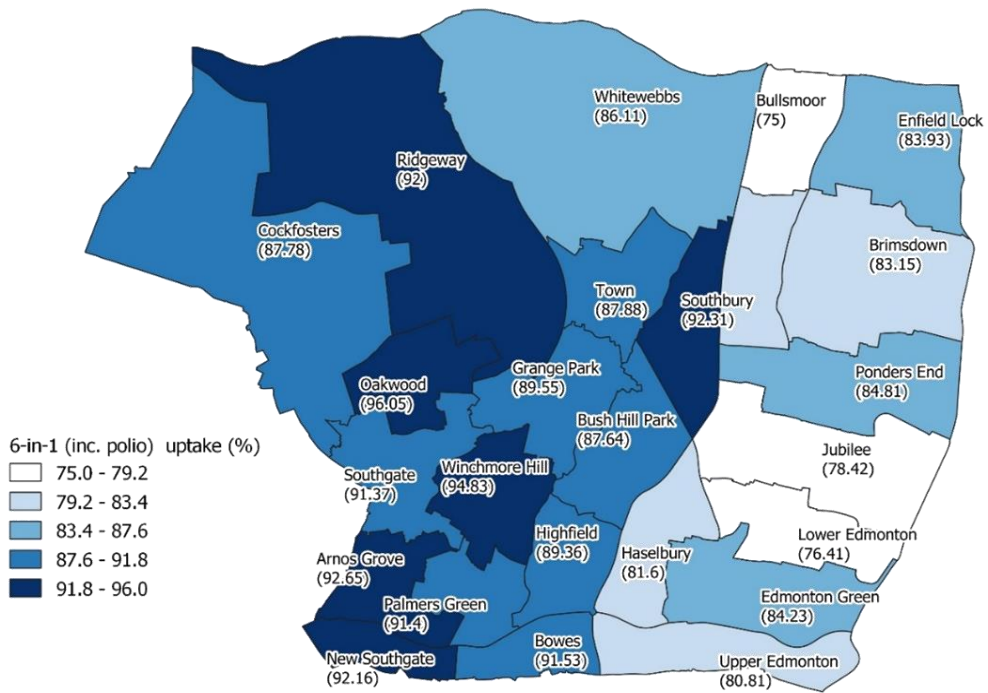


Figure 5: % uptake of 6-in 1 (inc. Polio) by ward in 23/24

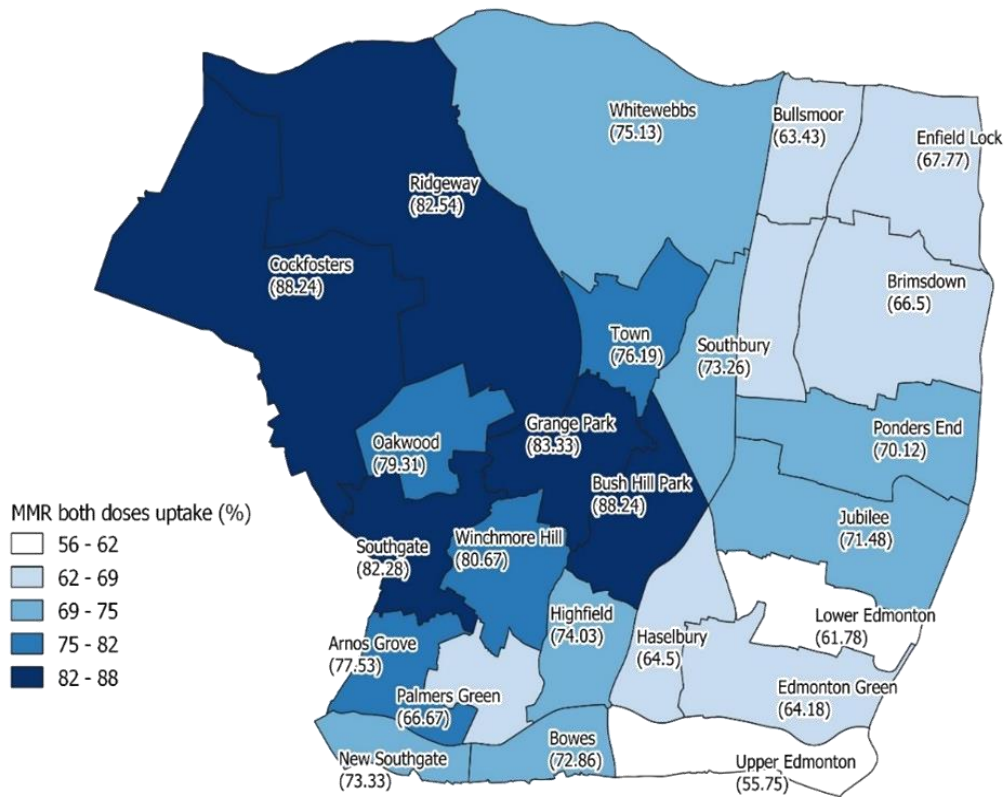


Figure 6: % uptake of MMR (both doses) by ward in 23/24

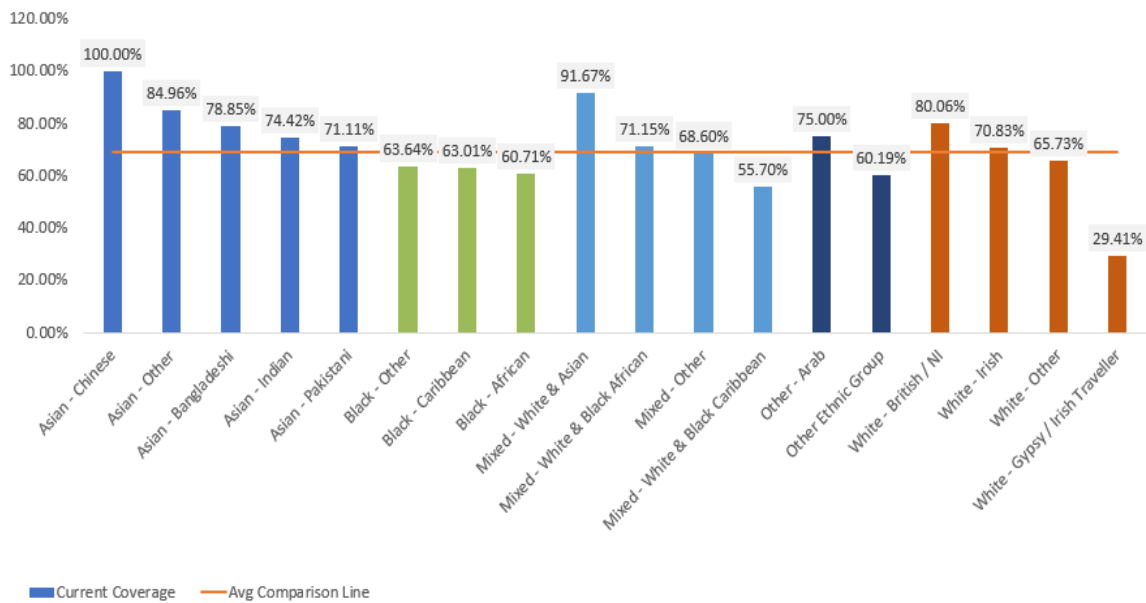


Figure 7: % MMR uptake by ethnicity

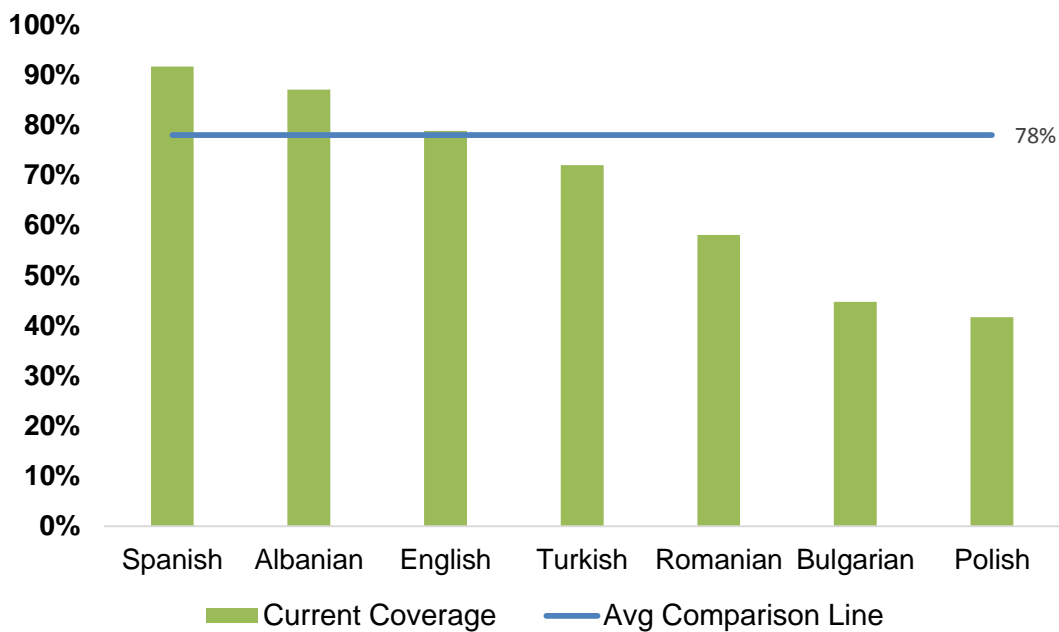


Figure 8: % uptake of all vaccinations 1 year by language spoken

7. Why is vaccination uptake low in Enfield?

There are numerous reasons why uptake is low, some of this we understand however, arguably, we don't understand fully the reasons behind low vaccination uptake for all parts of our community.

At the end of 2022, the ICS conducted a parent survey across North Central London (n=224). The key findings were;

- Access to appointments was generally good but parents wanted more after school appointments and more at weekends.
- Parents want more information about vaccines before vaccinating their child (regarding side effects, ingredients, number of vaccines given, the diseases being vaccinated against and risk)
- The trusted voice is still the GP
- A quarter of parents stated they did not get a reminder from their GP

Other issues are likely to be;

- **Misinformation and lack of trust/ opportunity to discuss with a trusted person**

Low vaccination uptake is not a new problem. In the late 1990s the discredited ex- Dr Wakefield incorrectly claimed a link between Autism and MMR. Over recent years we have seen strengthening of anti-vaccination sentiment and lack of trust regarding vaccination.

- **Data quality**

Intelligence is only as good as the data entered and there may be some level of inconsistency of data e.g. between Child Health Information System (CHIS) and primary care clinical system or when children are vaccinated abroad.

- **Access**

Whilst the parent survey did not identify access as a particular problem this may be due to some bias. Access to primary care may be more difficult for some residents.

8. Provision and activity to increase immunisation uptake

NHSE Commissioning

NHSE-London commissions school aged immunisation teams to work in Enfield and all Boroughs across London to protect primary school children from reception to year 6 and secondary school years 7 to 9 against flu, Polio, Measles Mumps and Rubella and Human Papilloma Virus (HPV).

Last year Flu uptake performance nationally, across London and in Enfield was lower than previous years due to the delayed approval from the UK Joint Committee for Vaccination and Immunisation (JCVI) for secondary schools which delayed the start date and supply availability. Additional pressures on flu delivery last year included pressure from the polio booster campaign which ran throughout the season and, disruption to some schools due to strep A cases in school aged children.

At this time there was also misinformation circulating on social media outlets about a possible connection between flu nasal vaccination and increased risk of

Strep A or that infection with flu helped children to build their immunity. This required additional information to parents and schools, additional training, and vaccination teams provided additional communications and support to parents and schools on myth-busting.

NHSE-London, working in partnership with local authorities, schools, Integrated Care Boards and community and faith groups, are taking several steps to improve school age flu uptake and to improve equitable uptake for the 2023 and 2024 flu season. Some examples of Enfield plans include:

- Providing additional catch-up clinics during weekends and after school.
- Using e-consent and digital tools to improve timely approval from parents.
- Working closely with faith-based communities and networks to understand perceptions and barriers and offering a range of appointments and products (such as non-porcine based flu vaccinations).
- Providing information in a range of languages and formats.
- Ensuring bespoke approaches for looked after children, pupil referral units, private schools and home educated children to maximise uptake.

School-aged immunisation team (SAIS)

The School-aged vaccination teams work closely with schools, school nurses and community groups and serve all schools in Enfield. There are 9 target primary schools and 6 secondary schools with particularly low uptake.

Vaccination teams are working to rectify the high variation in uptake across Enfield and are taking several steps to improve the inequality in uptake specifically with schools and community groups in Eastern and Southern areas of Enfield. Some successful measures include:

- A rolling programme of visits to schools to vaccinate children. This includes catch up visits for those children who are absent / unconsented on the day.
- A programme of catch up clinics in community sites and GP Practices for those children who have missed their vaccinations.
- Extra resource to contact those parents who have either declined consent or not consented for their child to be vaccinated to offer information.
- Improved Communications: using paper and verbal consent to bridge the digital divide for parents not wanting to e-consent. Advertising on buses, in hospitals and on websites and social media.

- Improving convenience, confidence and reducing complacency: Providing ad-hoc sessions at the NMUH paediatric A&E, working with Revival Christian Church and working with African-Caribbean community leaders to identify additional clinics, visiting local mosques and providing information in additional languages, providing after school clinics, following up non-attendees to understand reasons for missed appointments
- Behavioural Science Project: Beyond making vaccinations more convenient and accessible, vaccinators are working with community leaders and parents to understand possible concerns or barriers to uptake. The Behaviour Science Project will specifically examine the root causes of low uptake or non-consent and understand ways to improve confidence and trust in vaccination and or other health services.

Primary Care

Primary Care providers have several processes in place as part of their “business as usual” approach to childhood immunisations:

- Robust call-recall systems
- Flexible vaccine clinics hours, including weekends
- Liaising with the school aged vaccine provider to ensure records stay up to date
- Supporting with additional outreach clinics run by the SAIS provider, in two practices in the east of Enfield.
- Text message reminders of appointments and notifications of vaccinations due
- Submitted an expression of interest to NHSE re: additional access and capacity for immunisations
- Opportunistic engagement with families where appropriate

North Middlesex University Hospital (NMUH) Maternity Service

All pregnant women ‘booking in’ at NMUH maternity service are offered whooping cough immunisation between 16- and 32-weeks gestation. Whilst uptake remains low this has improved since last year. Uptake during pregnancy continues to be challenging. In July 2023, there were 343 booked attendees all of whom were offered vaccination, of which 221 accepted this offer in this month (they can book to attend in other months). Of the appointments booked 32 did not attend (DNA) and these are/have been followed up. Seventy-seven patients had their vaccine during their appointment; 25 declined of which 4 advised they had received it elsewhere.

9. Childhood Immunisation Action Plan

The Enfield Borough Partnership Screening and Immunisation Group oversees the Enfield Childhood Immunisation Action Plan. This includes actions for all parties including Local Authority, Voluntary and Community Sector partners, Primary Care, Maternity Services, Education etc. and ensures all partners work collectively. The plan is dynamic and action-focused and takes a proactive stance in addressing the multifactorial efforts of system-wide improvement.

A summary of activities currently included in the Action Plan include:

- Performance reporting
 - Provision of intelligence to ensure we target activity to lowest uptake area
- Primary Care
 - See section above
 - Staff training for nurses and non-clinical staff
- Early years settings, children centres and nurseries
 - communication with setting staff
 - staff training
 - support with consenting parents
 - regular communication with parents/ carers
- Schools
 - Regular communication with Headteachers and education staff
 - Communication with parents/ carers
 - SAIS attendance at school events
 - See School Aged Immunisation Team section above.
- Family hubs
 - Development of opportunities for immunisation provision and information through family hubs.
- Communications
 - Using all available communications channels to advocate for childhood immunisation including social media, letters to parents, items in local papers including Albanian Gazette, Ayrupa, Olay, Parikiaki, Facebook, posters and Healthy Enfield newsletter.
 - Examples of past and current campaigns can be seen in Appendix 2
 - Measles staff webinar (planned)
 - New NCL ICS Micro-site for vaccinations targeting children and families
- Voluntary and Community Sector
 - Using the concept 'Trusted Voices, Trusted People, Trusted Places' meaning health messages from trusted community leaders in

venues that residents routinely use, we disseminate accurate information and training disseminated through Voluntary and Community Sector organisations

- Training of Community Champions regarding accurate immunisation messages.
 - Proactive work with organisations such as Enfield Black Health Forum, Enfield Caribbean Association and the Revival Christian Church to engage with Black communities to encourage vaccination.
- Community Engagement
 - Childhood vaccination information sessions held at Enfield Black Health Forum
 - SAIS attendance at community events over summer
 - Childhood vaccination information session at Revival Christian Church planned
 - Planned engagement with Somali community
 - SAIS Attendance at CONEL fresher's week
 - Health Visiting
 - Ensure that Health Visitors promote immunisation, support identification of children with missing immunisations and support parents to access immunisation
 - Maternity services
 - Provide information and access to flu and whooping cough vaccines
(MMR vaccination is part of the Borough wide plan however we are focusing on this due to the greater threat of increased cases).

10. Learning

Successes

Learning from the COVID-19 vaccine programme and the subsequent vaccine champions scheme has enabled the stronger development of relationships across the health and local authority systems. Improved knowledge of communities and their distinct needs has enabled a more effective way of working and in a culturally sensitive manner.

Education sessions with professionals and parent champion groups have been well received and there is a desire from all to learn more.

The concept of “Trusted Voices, Trusted People, Trusted Places” continues to inform community engagement and communications activities, recognising and utilising the important skills and assets that communities possess; working with them and not *for* them improves trust, the reach of public health messages and involvement in campaigns to improve immunisation uptake.

Key issues / challenges

Long standing health inequalities continue to be highlighted when looking at childhood immunisations. Some of the key challenges in addressing low uptake are:

- **Complex populations** of different ethnicities, cultures, beliefs and views.
- **Disengagement** in vaccine-related communications.
- **Lack of trust** - Lack of availability of sensitive transparent information accessible in appropriate formats.
- Some residents feeling unable to ask questions or discuss concerns or know where to go for good quality information. The aim is to improve accessibility and understanding of complex matters for all in a clinical setting.
- **Funding** - During the pandemic several sources of vaccine related funding was available to both LBE and the NHS from which many interventions and projects were funded and from which many lessons were learnt. This included work to address vaccine misinformation targeted at young people and a behavioural science immunisation project led by the Enfield SAIS team. The project aimed to gain a greater insight into the behavioural patterns associated with and influential to parent's decision making for school-aged immunisations. These sources of funding are not available on an ongoing basis and the work is being built into current limited capacity.
- **Unregistered GP population** – children not registered with a GP are known to have lower vaccine uptake or be at greater risk of missing routine immunisations. Commissioners should ensure that people who are not registered with a GP practice are aware that they are eligible for vaccinations.

11. Future activity will include;

- Continuation of activity identified within the Enfield Immunisation Plan and continued engagement with residents in low uptake communities.
- Special focus on increasing uptake of MMR
- Winter planning including for Flu
- Adaptation to meet future challenges

12. Request to Health and Social Care Scrutiny

We would like to request Councillors support with the following actions;

- Write to central government to request that increased access is made to vaccination for children through pharmacies, hospital ED departments, outpatient

- clinics and other health care settings ensuring that all health services share responsibility for increasing immunisation.
- Consider contacting the Shadow Health Secretary to lobby government to focus on improving vaccination uptake by
 - Tackling misinformation
 - Improving NHS systems to collect data
 - Making it easier for residents to see what immunisations they've received e.g. through NHS App.
 - Providing additional resources to engage with communities with low vaccine uptake.

13. Relevance to Council Plans and Strategies

This work links into the “Strong, Healthy and Confident communities” priority of the Council Plan 2023-26. Immunisation is also a priority in NCL population health and integration strategy.

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Appendix 1

The routine immunisation schedule

The routine immunisation schedule				from February 2022
Age due	Diseases protected against	Vaccine given and trade name		Usual site ¹
Eight weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio, <i>Haemophilus influenzae</i> type b (Hib) and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	Meningococcal group B (MenB)	MenB	Bexsero	Left thigh
	Rotavirus gastroenteritis	Rotavirus ²	Rotarix ²	By mouth
Twelve weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	Pneumococcal (13 serotypes)	Pneumococcal conjugate vaccine (PCV)	Prevenar 13	Thigh
	Rotavirus	Rotavirus ²	Rotarix ²	By mouth
Sixteen weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	MenB	MenB	Bexsero	Left thigh
One year old (on or after the child's first birthday)	Hib and MenC	Hib/MenC	Menitorix	Upper arm/thigh
	Pneumococcal	PCV booster	Prevenar 13	Upper arm/thigh
	Measles, mumps and rubella (German measles)	MMR	MMRvaxPro ³ or Priorix	Upper arm/thigh
	MenB	MenB booster	Bexsero	Left thigh
Eligible paediatric age groups ⁴	Influenza (each year from September)	Live attenuated influenza vaccine LAIV ^{3,5}	Fluenz Tetra ^{3,5}	Both nostrils
Three years four months old or soon after	Diphtheria, tetanus, pertussis and polio	dTaP/IPV	Boostrix-IPV	Upper arm
	Measles, mumps and rubella	MMR (check first dose given)	MMRvaxPro ³ or Priorix	Upper arm
Boys and girls aged twelve to thirteen years	Cancers and genital warts caused by specific human papillomavirus (HPV) types	HPV (two doses 6-24 months apart)	Gardasil	Upper arm
Fourteen years old (school Year 9)	Tetanus, diphtheria and polio	Td/IPV (check MMR status)	Revaxis	Upper arm
	Meningococcal groups A, C, W and Y	MenACWY	Nimenrix	Upper arm

Appendix 2

Communications and engagement activities

Past campaigns

14. *Protected campaign (July-August 2022)* which targeted children and adults with the aim of supporting parents to acknowledge all the vaccinations they need for themselves as well as their children. It was advertised in:

- Clear Channel
- Newspapers
 - Albanian Gazette
 - Avrupa
 - Olay
 - Parikiaki

- Organic social media
- Facebook ad
- A4 posters in GPs and pharmacies in low take up areas
- Healthy Enfield monthly newsletter

15. *Child 1-9 Polio vaccination campaign* aimed to improve awareness of the additional polio vaccine booster being offered to all children aged one to nine across London. For some children this may be an extra dose on top of their routine vaccinations. For others it may just bring them up to date with their routine vaccinations. This will ensure a high level of protection from paralysis and help stop the virus spreading further.

Advertised:

- Letter from the leader shared
- Social media assets created and shared
- National assets used
- The Hub platform updated

16. *COVID-19 & Flu Jab campaign*

A section of this campaign was aimed at the flu nasal spray which is aimed at children. Advertised on:

- Back of buses
- Social media
- Kiosks

Current campaigns

17. *NCL ICB Summer Ready*

To create more awareness around MMR and Polio vaccines, the ICB has created summer ready assets. The assets come from the angle of the child/ young person speaking, rather than the NHS.

Advertised on:

- Organic social media
- Clear Channel boards
- A3 poster outside Civic Centre

Continuing to share social media posts organically from NHS, UKSHA, DHSC & NCL ICB. This includes:

- Measles
- Mumps
- Rubella
- HPV
- Meningitis
- COVID-19
- Flu
- Full schedule of vaccinations needed
- Forward to VCS groups where necessary

MMR vaccine summer ready social media campaign:

As part of a summer campaign to encourage parents to vaccinate their children ahead of the holidays, the NCL vaccine team created “summer ready” assets which were shared on our channels including Enfield’s channels. The campaign focussed on the MMR vaccine. This included static and animated versions of the assets. These were also shared our partners in the weekly vaccination’s newsletter.

For the month of July 2023 on twitter, our #Summerready assets were the top tweets with 590 impressions and an engagement rate of 3.3%.

Future communication campaigns

18. Winter wellness & Flu jab

19. HPV

- Sharing resources
- Working with NCL Cancer Alliance and NCL ICB
- Attend community events for young people

20. Measles

- Measles webinar for staff planned for September 2023
- Internal communications
- UKHSA resources being shared to:
 - VCS groups and faith forums
 - Community champions EVA
 - Nurseries
 - Schools
 - Children centres
 - NCL – send to all GP surgeries

New microsite for vaccinations

21. The NCL vaccine team set up a new page with information about how children aged 4 to 18 can visit a local nurse-led vaccination clinic to get any vaccines they may have missed when a nursing team visited their school, as well as any measles and polio vaccines they may have missed earlier in life. The new page signposts to the Enfield School Aged Immunisation Service (SAIS) and where parents can get their children vaccinated if they’ve missed any routine vaccines.

Enfield Black Community Health Forum

22. On the 26th July 2023 the forum hosted a session on childhood vaccinations hosted by the Enfield SAIS team. The session was attended by Enfield borough stakeholders and this was an opportunity to educate and ask questions about MMR and other routine vaccinations.

Upcoming activities

23. College of Haringey, Enfield and North East London Freshers week (21st September 2023) This is an opportunity for the Enfield SAIS team to have a stand at the event and connect directly with many students from various

academic disciplines. This will allow the team to signpost and generate awareness about the important work they do.

24. Millions of children in England will be offered a flu vaccine from September, as the NHS steps up its life-saving vaccination programme to protect against deadly viruses ahead of winter. Like in previous years, we will be creating a communications campaign around this and will be promoting flu clinics. School aged children will be able to get the flu vaccine at school or at community clinics, and those with long term health conditions can also get the vaccine at GP surgeries. Children aged two and three years will be able to get an appointment with their GP practice.
25. We are planning to carry out further engagement activities with our Enfield Somali voluntary sector organisations in September to create awareness of children's vaccinations and provide information on accurate sources of information.