VACCINATIONS AND IMMUNISATIONS

What’s the issue?

Specific vaccines are offered to children, young people, pregnant women, older people and other adults with specific long-term health conditions. All children are offered vaccines against key diseases to prevent them getting serious diseases that can kill or cause long-term health consequences. A small number of vaccines are just offered to a selected group of children and adults who are at risk owing to their personal circumstances. Older people and other at risk groups are offered the seasonal influenza vaccination to reduce the likelihood of influenza. There is also a vaccine for shingles offered to specific older age groups. NHS Choices provides a full list of vaccines routinely offered [168].

What’s our situation?

From the Public Health Outcomes Framework dataset [26], during 2014/15, among one-year olds in Hull, just under half (11 out of 22) of those eligible had received their Hepatitis B vaccination, and during 2015/16, 96% had received their diphtheria, tetanus and pertussis (DTP) / inactivated polio vaccine (IPV) / haemophilus influenza type b (Hib) vaccinations, 98% had had their meningococcal C (MenC) vaccination and 96% had received the pneumococcal conjugate vaccine (PCV). Immunisation rates among two year olds in Hull in 2015/16 for DTP/IPV/Hib, measles, mumps and rubella (MMR), Hib/MenC booster and PCV booster were 98%, 95%, 95%, 95% respectively. Immunisation rates among five year olds for 2015/16, among one dose, MMR 1st dose, MMR 2nd dose were 94%, 97% and 93% respectively. All uptake rates were higher than England and the average of 10 comparator areas. The human papillomavirus (HPV) types 16 and 18 uptake rate for young girls in Hull in 2015/16 was 79% for one dose and 73% for two doses (considerably lower than England at 87% and 85% respectively). From the Child Health Profile 2017 [18], in 2016, 87% of children in care were up-to-date with their immunisations which was the same as England. Previous local analysis also showed relatively large variations at ward and GP practice level among the uptake rates for different childhood immunisations [169].

From the Public Health Outcomes Framework dataset [26], during 2015/16, vaccination rates against influenza in Hull was 71% among those aged 65+ years (England 71%) and 43% among at-risk groups (England 45%). For 2015/16, among at-risk groups in Hull 76% on coronary heart disease registers, 72% on stroke and transient ischaemic attack registers, 73% on diabetes registers and 75% on chronic obstructive pulmonary disease registers had received the influenza vaccine including 'exceptions' (see QOF on page Error! Bookmark not defined.) [93]. The vaccination uptake rates against influenza among 2–4 year olds was 33% in Hull only just lower than England (34%) [26]. The pneumococcal polysaccharide vaccine (PPV) uptake rate in Hull among those aged 65+ years in 2015/16 was 72%, higher than England (70%) [26].

The uptake rate for the vaccine against shingles given to 70 year olds was slightly lower in Hull (52%) compared to England (55%) for 2015/16 [26].

For more detailed information, see the JSNA Toolkit: Vaccinations and Immunisations report.

What are the strategic needs?

It is necessary to have a relatively high uptake rate particularly for contagious diseases that are easily passed from one person to another, particularly for children who socialise much more closely and are more likely to pass the disease to another child or a parent.

Whilst rates are relatively high and generally higher than the national average among children, there are relatively large variations in uptake rates within primary care practices, perhaps associated with the characteristics of the patients within those practices. Furthermore, the rates in Hull are lower than the national average of young girls offered the HPV, at risk populations who are offered the influenza vaccine and among those aged 65+ years. It may be useful to work with practices with
relatively low uptake rates to improve their rates, and undertake some local work to improve the rates among teenagers, at risk populations and older people.

References