

Increasing uptake for vaccinations

Maximising the role of councils



Foreword

Vaccination has been one of the most important discoveries in the history of public health and medicine. It has saved lives and reduced illness. Every year an estimated two to three million lives are saved, according to the World Health Organisation.

But we should not become complacent. Despite being a force for good, the uptake of immunisations is still below what we would want it to be.

In some cases the levels of vaccination has even started falling. In England, all vaccines given as part of the pre-school programme saw falls in uptake last year.

Even where progress is being seen, significant numbers remain unvaccinated. Take HPV (human papillomavirus) for example – which is responsible for 5 per cent of all cancers worldwide. The HPV immunisation programme was launched in 2008 for teenage girls and this year is being rolled out for boys. England has been one of the world leaders in this field, but one in six girls still did not complete the course of vaccinations last year.

The flu vaccination has seen a gradual expansion of the programme across England and elsewhere in the UK. This winter marks the first time all primary school children have been eligible for the jab. However, well over a third of pupils were not vaccinated last year, while for those with long-term conditions it is around half.

Local government has an important role to play here. Councils are not directly responsible for commissioning or delivering vaccine programmes but they are in a unique position to understand the health needs of their local population, and support vaccination services to reach them.

This may be through helping immunisation teams work with frontline services such as health visitors or children's centres, or supporting pop-up vaccination clinics in under-vaccinated areas.

Through our social media and wider health promotion work we can make residents aware of the importance of vaccination and counter any misinformation that is out there.

This report contains examples of all these and more. In Slough the council has partnered with the fire service and immunisation team to run mobile clinics, while in Tower Hamlets an online video has been produced to reach out to the local Somali community.

If we can drive up vaccination rates we can save lives.

Councillor Ian Hudspeth

Chairman, Community Wellbeing Board

Councillor Judith Blake

Chair, Children and Young People Board

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Local authority health check for immunisation

Assess the state of local uptake by asking the following questions

- What is the coverage in the target populations?
- Are trends moving in the right direction?
- How does local uptake compare to the national average and statistical neighbours?
- What measures are in place to ensure the offer is embedded in routine practice in primary care?
- What measures are in place to ensure that childhood vaccinations such as the MMR check and offer are included in health visiting and in school immunisation contracts?

Assess inequalities in uptake

- What intelligence (including from NHS England and PHE) is available around particular community groups or areas that are under-vaccinated and at risk of outbreaks?
- What are the needs of these communities in terms of communication and access to services? The WHO Tailoring Immunisation Programmes (TIP)³ provides an evidence-based framework for doing this.
- What measures are in place locally to ensure that communities at risk of being under-immunised are identified (including unregistered, vulnerable, migrant, transient or mobile communities)?
- What measures are in place to engage with these communities and promote access to immunisation services that meet their needs?

Assess the ability of local services to target individuals and communities that miss routine vaccination

- Are effective protocols in place to ensure that opportunities to immunise at-risk communities are optimised, especially for those with an unknown vaccination history or likely to have incomplete schedules eg migrants?
- Can more be done to ensure that unvaccinated individuals are able to access immunisation services, across a wide variety of settings?
- Are sufficient measures being taken to ensure that local people are adequately protected from vaccine-preventable illnesses whilst abroad 'Visiting Friends and Relatives' (VFR)?

Make good use of existing local authority resource and the third sector

- Are customer-facing departments in the local authority aware of the routine immunisation programme?
- Are customer-facing local authority staff able to signpost communities to healthcare services? It is important that everyone is aware they have the right to register with a GP and access to immunisation services for free.
- Are charities and the third sector who serve under vaccinated communities aware of particular challenges around access to healthcare services and immunisation services?
- What opportunities exist to raise awareness of immunisation among communities, for example, before travel to home countries during school holidays?
- Support early response to outbreaks

Is the local authority able to support community mapping exercises during outbreaks, to better target response?

- Can resources be made available for immunisation clinics in the event of an outbreak eg children’s centres, local halls?
- Can resources for community engagement be mobilised to support communities identified as being at risk of the outbreak and encourage them to take up vaccinations?
- Are translation and interpretation services available that could be tailored to the local situation?

What you need to know?

There is mounting concern about the numbers coming forward for pre-school childhood vaccinations. NHS figures showed coverage for all the vaccines had fallen during 2018/19.

For the first dose of MMR it was the fifth year in a row that uptake had dropped. Overall just over 90 per cent of one-year-olds were immunised, well below the 95 per cent target for herd immunity.

It came after the UK lost its World Health Organization measles-free status during the summer, three years after the virus had been eliminated. During 2018 there were nearly 1,000 cases – more than double the number seen in 2016.

No part of England is achieving the 95 per cent target for the first dose, with all regions seeing a fall compared to the previous year – with the exception of the North East. Coverage rates for the second dose are also dropping – down in 2018-19 to less than 87 per cent.

For other vaccines there are more encouraging signs, although significant numbers still remain unvaccinated. For example, HPV coverage has been gradually improving since it started a decade ago. More than 80 per cent of children are now getting vaccinated – one of the highest rates seen globally.

On flu progress has been made for a number of the target groups, but only half of people with long-term conditions are coming forward. In schools, uptake is hovering around the 60 per cent mark.

What is the cause of the problem?

A number of different organisations have been looking at what has caused the drop in pre-school vaccinations – and how uptake can be improved generally.

NHS England and NHS Improvement published interim findings of its review in September 2019. The National Audit Office and Royal Society for Public Health have also drawn up their own reports.

Between them, a variety of factors have been identified as behind the low uptake. Anti-vaccination campaigns, which have been active on social media in recent years, are not considered to be a major factor. However, there is acknowledged to be some vaccine “hesitancy” among certain groups. This has been linked to religious reasons, concerns about side-effects or lack of confidence in the effectiveness of vaccines.

Fragmentation of vaccine responsibility – GPs provide the pre-school vaccines, while NHS England commission the school-aged services – has been suggested as another reason.

A lack of consistency between call and re-call procedures between GP practices is also said to be a factor. Surveys suggest parents and carers do not always find it easy to access vaccination services at GP practices because of timing and availability of appointments or competing childcare responsibilities.

Want to know more?

Vaccine uptake coverage statistics:
www.gov.uk/government/collections/vaccine-uptake

NHS England and NHS
Improvement vaccinations review interim findings:
www.england.nhs.uk/wp-content/uploads/2019/10/interim-findings-of-the-vaccinations-and-immunisations-review-2019.pdf

Moving the Needle, Royal Society for Public Health
www.rsph.org.uk/our-work/policy/vaccinations/moving-the-needle-promoting-vaccination-uptake-across-the-life-course.html

Investigation into Pre-school Vaccinations, National Audit Office
www.nao.org.uk/report/investigation-into-pre-school-vaccinations/

Making Measles History Together, Public Health England
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/741055/Measles_local_government_case_study.pdf

Case studies

ENCOURAGING VACCINATION AMONG VULNERABLE GROUPS

Vulnerable groups such as travellers and asylum seekers are known to have lower rates of vaccination than the general population.

In Brighton and Hove the local immunisation team has been working closely with health visitors, commissioned by the city council, to increase uptake.

What was done?

The services – provided by Sussex Community NHS Trust – work side-by-side as part of the Health Child Programme. Within the health visiting service, dedicated nurses work with families with extra vulnerabilities and complexities.

These families include teenage parents, asylum seekers and refugees, care leavers, those under the care of social workers and the homeless alongside traveller families.

These specialist health visitors are able to call in a link nurse from the immunisation team when they have concerns or evidence that children are unvaccinated. This often involves home visits to establish vaccination history and to provide immunisations if the family agrees.

Link nurses and health visitors hold health clinics every school holiday at the dedicated traveller sites in Brighton and Hove. One-off visits are also made to other temporary sites when the need arises, to offer immunisations alongside other health advice and support.

The impact

Immunisation Clinical Service Manager, Rosanna Raven, said: “The partnership works really well. The health visitors have developed a trusted relationship with these groups and that makes it easier to broach this subject and convince them of the need for vaccination. But, you do have to be quite tenacious – sometimes it is just about convincing and reaching out to one family at a time.

“You also have to be prepared to do your research, especially for children who have come from abroad where it can be difficult to determine their vaccination history.

“We have the schedules for lots of different countries so we know what the children would have been offered. We speak to the parents about what immunisations they believe they have had. But, if we are in doubt we vaccinate – that is the Public Health England advice to be cautious.”

The team is able to offer the full range of childhood vaccinations to these groups from the pre-school jabs such as MMR through to HPV vaccinations, which are offered to teenagers.

What else is happening?

Specialist outreach work has also been done out in the community.

An example of this is the work completed recently with a school, which has a significant Muslim population. There was a lower uptake of the flu vaccines because of concern about the pork ingredients. The immunisation service went in and spent time talking to the families and were able to encourage some families to agree to the vaccination.

Linda Evans, manager of the Healthy Futures Team, which includes the specialist health visitors, said the partnership work was proving invaluable.

“This close working relationship is essential to developing creative ways of improving the uptake of immunisations – a public health priority. Specialist health visitors working with vulnerable families are ideally placed to talk with them about the importance of immunising their children. They highly value the joint working with our colleagues in the immunisation team.”

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BREAKING DOWN BARRIERS

The fragmentation of the vaccination system has been highlighted as one of the key contributors to the low uptake of immunisations.

But in Derbyshire a strong working relationship has been established between the council's health protection team and the regional NHS England immunisation service.

What was done?

The key step to forging a close work relationship is the fact that representatives from each service attend the others' quarterly programme board meetings.

Public Health Lead for Health Protection, Jane Careless, said: "It has given us a great insight into the challenges the immunisation team is facing and has alerted us to areas where there has been low uptake or when certain issues are developing that we can help with.

"We have made sure we are positive – it is too easy to attend meetings and highlight problems without coming up with solutions. Councils are ideally placed, because of the partners we work with and services we commission, to help come up with those solutions and help the immunisation service navigate the system."

The impact

Ms Careless said the work has helped keep vaccination levels up by paving the way for a "series of small, strategic steps and measures". "It is about marginal gains – we have managed to help the service maximise their reach and work to improve uptake."

There has been a particular focus on MMR, with a working group set up by the regional NHS England team and council health protection team, as well as representatives from local GP surgeries and the 0 – 19 service, which includes health visitors and school nurses.

This has led to staff at nurseries and children's centres promoting MMR. The immunisation service has also been connected with the home education service, to ensure information is shared about when children are being educated away from school.

"We realised we needed to improve information and access to immunisation services for those who are home educated. We have worked with the immunisation service and wider council to provide home educated children and families with information regarding immunisation and improve referral processes", Ms Careless added.

Other steps taken include the sexual health service reminding clients about the HPV vaccine and the NHS 111 service introducing a flu vaccination reminder prompt as part of their call waiting messages – a step that has now been adopted nationwide.

What else is happening?

The council has also helped the immunisation service carry out a survey of parents' attitudes towards vaccination. It was promoted by health visitors, in newsletters and across council-commissioned services and media channels.

Ms Careless said: "We do not have big pots of money to spend, but that does not mean we cannot make a difference. Given how responsibility for services is divided it is really important to develop good relationships.

"The regional NHS England teams work across such large footprints that it is essential that councils use their local knowledge to help."

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MAKING GETTING THE FLU JAB EASY

Doncaster Council has worked with local NHS organisations and care providers to try to ensure high rates of flu vaccination uptake.

There has been a particular focus on care staff in recent years after they were incorporated into the winter flu vaccination campaign. Work has also been completed with other groups including council staff and pregnant women.

What was done?

For the last four years a Flu Delivery Group has been meeting regularly to ensure the public and health and care staff come forward for the jab.

The group starts to meet in the early summer to draw up plans, monthly meetings then taken place during autumn and winter.

It is chaired by Doncaster Council Public Health Consultant Dr Victor Joseph, and includes members of the Clinical Commissioning Group (CCG), local GP practices and hospital management.

Dr Joseph also attends the A&E Delivery Board meetings, which take place monthly during the winter, to monitor the impact flu is having at the local hospital.

He said: “Flu can be the cause of a lot of sickness absence at work and increased hospital attendances during the winter season. Our work on flu vaccination over the years provides a real insight into what is happening on the frontline, and helps us to constantly learn from what we are doing.”

The impact

Over the last two winters there has been a particular focus on the care sector.

Awareness-raising training has been organised for both care home and domiciliary care staff during the summer. A template

letter is provided for care home managers to give their staff entitling them to the jab from pharmacists.

Dr Joseph said: “One of the issues that was raised was that care staff would go to the pharmacists asking for the jab, but they would not always have the right ID.

“So, we thought we would make it easier for them by giving them letters they could take in demonstrating they were eligible.

“It is starting to make a difference this year – we think more are coming forward. Last year just a quarter of care staff were vaccinated so we are very keen to improve that. If we can get staff coming forward it not only protects them, but their families too and the people they are caring for.

“We get weekly or fortnightly reports from the care homes about progress – it allows us to respond to any trends that need addressing.”

What else is happening?

The proactive work also extends to other groups and a range of different initiatives have been implemented.

The council’s own workforce are now offered the flu vaccine on site, while the Flu Delivery Group has liaised with school nurses to ensure the smooth roll out of the flu vaccine in schools. Furthermore, help has been provided to set up flu clinics in maternity services for pregnant women.

Meanwhile, district nurses have also been tasked with delivering flu vaccinations direct to care home residents – last year 83 per cent of residents were vaccinated.

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THE IMPORTANCE OF FACE-TO-FACE PROMOTION

Two years ago Leeds suffered an outbreak of measles. There were more than 30 confirmed cases in just three months, prompting an emergency response to contain the spread and get unvaccinated children immunised quickly.

Since then, the city has worked hard to drive up vaccination rates more generally – and taking pro-vaccination messages direct to the public has played a key role.

What was done?

Improving uptake is now one of the recognised key priorities of Leeds' Health Protection Board, which brings together the council and local NHS.

The council's public health team, along with primary care and CCG partners, have been focussing on doing outreach work in local communities that have low uptake rates as part of this.

GP data was analysed to map vaccination rates down to a local level and helped identify key areas to focus on. In some areas of Leeds less than 70 per cent of children have had the first dose of the MMR vaccine.

Having this information allowed the team to coordinate awareness-raising across these communities. This has involved the team working with infection control nurses, doing outreach work direct with the public.

Practices have also been running workshops with local volunteers and public sector staff to up-skill and empower them to have conversations with local people. The team has worked with children's centres, schools and voluntary sector groups.

The impact

Advanced Health Improvement Specialist, Gail Evans, said: "You can't underestimate the importance of talking to people. We have produced easy-read versions of leaflets and posters and used them.

"But I think the biggest impact is from speaking to families. We have gone into children's centres, worked with voluntary sector groups and attended parent groups at primary schools.

"It has given us the chance to remind parents of the importance of vaccination and to address any concerns they have.

"We've tried to piggy-back on existing events to try to reach out to people - there was one occasion where we were invited by one group to a picnic in a park. We go where the people are."

Ms Evans said the council has learned a lot from the work done so far. She said getting the infection control nurses involved has been particularly important. "The fact they are in uniform has really had an impact – they are trusted and I think it makes a difference to parents hearing from them."

She also said the work highlighted the number of families that are simply not registered with a GP. "It is a more common issue than you would think. If you are not registered with a GP you are not going to get vaccinated before school so we have focussed on getting people to register as well."

What else is happening?

As a result of this work, Leeds is starting to explore new ways of offering vaccination in these areas. Pop-up clinics were successfully used in the immediate aftermath of the outbreak, with families offered the MMR vaccine at community venues and schools. Around 750 unvaccinated children were immunised in a matter of weeks.

“It is certainly something that we are planning to do again. I think what our work shows is the importance of three things – getting strategic senior buy-in, gathering local data and then doing outreach.”

The potential of social media is also being explored, with this winter’s flu vaccination campaign being heavily promoted digitally.

A series of videos and other social media assets have been produced by the council and NHS. These include a Horrible Histories-style short video stories about the risks of flu and need for vaccination.

“We’ve used the traditional mediums of TV and radio too, but social media offers a different route to people who may not be engaging with those. We are going to see how it works – if it is successful we could do something similar for routine childhood vaccinations,” added Ms Evans.

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RUNNING POP-UP VACCINATION CLINICS

Slough Borough Council has supported a local partnership, involving the fire service and school immunisation team, to run pop-up vaccination clinics.

What was done?

The first mobile clinic was run in late 2018 from the Royal Berkshire Fire and Rescue Service's outreach van. It visited a leisure centre and supermarket to encourage primary school children who had not yet been vaccinated against flu to be immunised.

The service was staffed by the school immunisation team, run by Berkshire Healthcare NHS Foundation Trust (BHFT), along with fire brigade officers and supported by the council's health public health team.

The clinics had a mixture of bookable appointments and walk-ins. Ahead of the event, there was a lot of marketing and promotional work, which involved engaging with the local press and radio as well as using social media.

The impact

Around 100 children were vaccinated at the two sites, as well as fire safety and oral health messages.

BHFT Health Inequalities Nurse, Nicky Smith, said: "It provided a great opportunity to reach out to those groups we were not reaching. We know in Slough we have lower uptake rates for lots of vaccines than elsewhere in Berkshire and across England.

"We used data to pinpoint which locations we felt we could have most impact in – areas with low rates of uptake and high footfall. The beauty of this sort of initiative is that the staff have the time to spend chatting with people about the concerns they have and explain about the importance of vaccination.

"The outreach vehicle helps us gain better understanding of people's attitudes towards vaccinations and an opportunity to work with the concerns of the different groups within Slough's diverse community."

What else is happening?

The project has been supported by the wider Slough Immunisation Partnership, chaired by public health, which involves seven organisations in total including NHS England, the voluntary sector, the local CCG and BHFT.

Following on from the success of the mobile clinic, the partnership has been considering ways to build on what has been achieved. There will be more mobile flu clinics this winter – with consideration being given to extending these pop-up clinics to other vaccines in the future.

Meanwhile, a six-month research project was carried out earlier this year looking at what barriers families faced in terms of other childhood vaccinations; such as MMR. The research involved surveying more than 1,600 families and doing some in-depth work with focus groups.

Slough Public Health Senior Programme Officer, Tim Howells, said: "The work has given us some really rich data about people's attitudes towards health, including some of the reasons why we have lower vaccination rates. We have been able to stratify it by ward, ethnicity and gender.

"One of the clear messages was that there are still some real myths around vaccinations – things we thought we had tackled a decade ago. So we know we have to do some work around that.

"The work with the fire service to run the mobile clinic, also shows the importance of opportunistic community work. It is something we are looking at for other vaccines."

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CREATIVE PROMOTION OF VACCINATION

The London Borough of Tower Hamlets has sought to be innovative in the way it promotes the benefits of flu and routine vaccinations to children and their families. This has included the use of online videos and storybooks.

What was done?

The council's public health team carries out both targeted and population-wide work to encourage the uptake of vaccinations.

An example of the targeted work was a project run in partnership with the local Somali community. Data analysis showed the community had low rates of uptake for the MMR jab. Evidence suggested the discredited research on MMR from two decades ago was still having an impact.

Working with the local Somali taskforce, made up of community leaders and councillors, the public health team produced a video featuring a local Somali GP explaining the importance of getting vaccinated. It was recorded in Somali with English subtitles and made available on YouTube. Leaflets have also been produced in Somali.

Meanwhile, this winter Tower Hamlets is pushing ahead with a new project aimed at the whole population in partnership with the local CCG and school immunisations team.

It involves a children's storybook that will be distributed to local primary schools, health visitors and children's centres. The idea was proposed by the school vaccination team and is a concept developed by Wolverhampton CCG.

The storybook tells the story of how germs from Planet Bogey are heading for earth and threatening the health of children. It has been specially created to incorporate Tower Hamlets landmarks with the characters in the book reflecting the diverse population in the borough.

The impact

Public Health Programme Manager for Maternity and Early Years, Sumaira Tayyab, said working in partnership like this is crucial to improving uptake.

"Vaccinations are delivered in different settings by different professionals, so the benefit of working in partnership is being more joined up on how we encourage families to get their children vaccinated.

"It helps to make sure parents are getting the same information from different sources."

What else is happening?

The public health team has also worked closely with children's centres in recent years. Staff have been given information, leaflets and crib sheets to help them answer basic questions and signpost families in the right direction.

The local area is now looking at building on the work by reviewing new ways of delivering services, including delivering catch-up clinics from the centres and other appropriate community settings. To date they have been run from health centres.

Ms Tayyab said: "We have health visitors co-located in children centre's so it could really help to have a holistic health offer. Children's centres are trusted venues – they have good relationships with parents. I think if we are going to increase uptake rates, we have to realise that vaccination is not just about health professionals, it is something all our partners can help play a role in."

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ENCOURAGING CARE HOME STAFF TO GET THE FLU JAB

Despite social care staff being eligible for the flu jab, uptake has remained low. In Wakefield only between 2 per cent and 7 per cent of staff have come forward for their jab in recent years.

But that is now changing thanks to work by the council's public health team and its partners.

What was done?

In 2018 a working group was set up by Wakefield's Health Protection Sub-group to look into the reasons for such low uptake and what opportunities there were to improve it.

The group includes representatives from the council's public health and social care teams along with officials from the local CCG, and regional teams from Public Health England and NHS England.

Discussions showed that there were a number of common barriers affecting uptake. These included:

- attitudes and beliefs – care home workers had questioned the effectiveness of the vaccine and some thought it would give them flu or that they did not need it because they were not old enough
- access – staff were not always given time to have the vaccine or had to fund it themselves or reclaim the costs
- leadership and training – there was an absence of a championing role, no advice or training given to staff and limited communication of key messages.

The working group reviewed and collated best practice tools and resources, which were disseminated to all homes across the district. Members also undertook a simple scoping exercise to explore potential models of provision including a simple cost analysis.

The impact

Pharmacists were commissioned by the council's public health team with the help of NHS England winter funding, to target a select number of care homes as part of a pilot programme to get staff vaccinated last winter.

The pharmacists contacted the care homes in advance, providing information about the importance of getting immunised against the flu virus. The care home managers had the flexibility to arrange clinics based on staff availability and working patterns to ensure maximum uptake.

Some 27 homes were prioritised, with 22 per cent of staff coming forward to be vaccinated under the scheme.

Wakefield Health Protection Manager, Emma Smith, said: "Raising awareness about the benefits of having a flu vaccination and providing free vaccinations where staff work has made a real difference to local uptake. It's about removing as many of the barriers to getting vaccinated where ever possible."

But the impact of the pilot seems to have been even greater than that. Ms Smith said: "Providing more information to care sector organisations seems to have also prompted staff to have their flu vaccination elsewhere. The records show that another 18 per cent visited either their GP or a local pharmacy to have their flu jab."

This winter Wakefield has sought to build on the progress it made last year by rolling out the scheme to the majority of care homes in Wakefield and also the neighbouring Kirklees borough, which shares the infection prevention and control team. In total around 130 care homes are being approached.

What else is happening?

The local infection prevention and control team – part of public health - has also supported domiciliary providers, said Ms Smith. “As part of our winter campaign the team attended the local domiciliary provider network meetings, to promote winter messages including the flu campaign.

“Domiciliary staff work across the community and are rarely together in one place, which often makes it difficult to ensure staff are aware they are entitled to a free flu vaccination.

“At one particular meeting the discussions subsequently prompted one manager of a domiciliary organisation to talk to their staff about the importance of getting the vaccine and they ended up arranging for a pharmacist to come to their office and ran a ‘jabathon’ – 29 members of staff were vaccinated in the end.”

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Appendix

The vaccination schedule

Pre-school vaccinations

- Six-in-one (diphtheria, tetanus, whooping cough, polio, haemophilus influenza type B and hepatitis B) given at eight, 12 and 16 weeks
- Pneumococcal given at eight weeks, 16 weeks and one year
- Rotavirus given at eight and 12 weeks
- Men B given at eight weeks, 16 weeks and one year
- Hib/Men C given at one year
- MMR (measles, mumps and rubella) given at one year and three years four months
- Four-in-one pre-school booster (diphtheria, tetanus, whooping cough and polio) given at three years four months

School-age vaccinations

- HPV given at 12 to 13 years
- Three-in-one teenage booster (tetanus, diphtheria and polio) given at 14 years
- MenACWY (meningitis and septicaemia) given at 14 years

Adults

- Whooping cough for pregnant women
- Pneumococcal given at 65
- Shingles given at 70

Winter flu vaccine

- Adults 65 and over
- Pregnant women
- Children aged 2 to 11
- People in at-risk groups aged 6 months and over, includes heart disease, diabetes and chronic respiratory problems
- Frontline health and social care workers



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