

**LEICESTER CITY HEALTH AND WELLBEING BOARD
23 NOVEMBER 2023**

Subject:	Vaccinations & Immunisations
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EXECUTIVE SUMMARY:

An overview of the performance of the 2023/34 Covid-19 and flu vaccination programme covering the City of Leicester

An update on the new approach to shingles vaccination

Measles

NHSE as commissioners and transition to systems by 2025/26.

RECOMMENDATIONS:

The Health and Wellbeing Board is requested to: Note.

LLR City Provider Network for Autumn/Winter 2023/24 Vaccination Programme

- 17 Community pharmacies
- 6 Primary care networks representing 23 GP practices.

Programme Timings

This year's autumn flu and Covid-19 vaccine programmes started earlier than planned in England as a precautionary measure following the identification of a new Covid variant, BA.2.86, which was first detected in UK in August.

The Covid-19 vaccination programme was originally supposed to start on 2 October with care homes initially, however the start date was brought forward to September to align with the flu programme. Covid-19 vaccinations began on 11 September for those most at risk, including adult care home residents and people who are immunosuppressed.

From 18 September, other eligible patients were able to take up vaccination offers from their GP practice or could book a vaccination appointment via the National Booking System.

The Covid-19 vaccination programme is due to finish on 18 December 2023, whilst inequality work involving Covid-19 vaccinations can continue until 31 January 2024. The flu vaccination campaign is due to finish on 31 March 2024.

City Flu Vaccination Uptake by Cohort (figures correct at 1 November 2023)

Flu Cohorts	Eligible Population	Doses Administered	% Vaccinated
Over 65 years	54,257	33,264	61.31%
Care homes	1,436	1,104	76.88%
Children aged 2 & 3 years	8,769	1,856	21.17%
At risk	54,982	17,599	32.01%
Frontline HCSW (ESR)	10,275	2,262	22.01%
Frontline HCSW (self-declared)	7,474	1,301	17.41%
Frontline social care workers	5,125	595	11.61%
Household contact of IS patients	10,529	343	3.26%
Pregnant women	2,498	86	3.44%
Primary school	34,131	2,634	7.72%
Secondary school	23,379	2,064	3.24%
TOTAL	212,855	63,108	29.65%

*Leicestershire Partnership NHS Foundation Trust's School Aged Immunisation Service (SAIS) is providing flu vaccinations to children and young people across LLR in educational settings. The SAIS flu programme commenced with Leicester City primary schools on 25 September and include secondary schools, initial delivery to 25 schools. The programme is due to finish on 12 December with 102 additional schools due to be visited. Flu vaccinations were offered to children attending special educational needs schools on 25 September. Catch-up vaccination clinics to children that missed their initial flu vaccination offer will be offered. This offer will continue till to January/February based on vaccine availability.

SAIS is currently working to increase the engagement with parents and carers and children and young people, across all vaccination programmes in Leicester, Leicestershire and Rutland leading to a lower non-responder rate and increases in the vaccination uptake, with young people having vaccinations at the right timeframe, which offers them the best protection from various diseases.

As part of this SAIS have updated their offer to:

- Enable informed young people (age 12+) to participate in decision making through self-consent for vaccinations using existing Gillick competency framework.
- Clearly offer the nasal flu vaccine and alternative injectable flu vaccine.
- Create additional resources in different languages, including in video format.

SAIS also offer vaccinations for:

- 3-in-1 teenage booster and Meningitis ACWY vaccinations (starting year 9 and any outstanding till year 11)
- Human papillomavirus (HPV) vaccinations (starting year 9 and any outstanding till year 11)
- Measles, Mumps and Rubella (MMR) vaccinations for those under vaccinated (starting from year 8).

City Covid-19 Vaccination Uptake by Cohort (figures correct at 1 November 2023)

COVID-19 Cohorts	Eligible Population	Doses Administered	% Vaccinated
1. Care home residents	1,751	1,257	71.8%
2. Health care workers	20,292	3,678	18.1%
3. Social care workers	3,022	462	15.3%
4. 80+ years	11,605	6,627	57.1%
5. 75-79 years	9,519	5,355	56.3%
6. 70-74 years	12,801	6,268	49.0%
7. 65-69 years	16,363	6,261	38.3%
8. At risk	51,707	7,471	14.4%
9. 12-15 at risk	701	30	4.3%
10. 12-17 years – household contacts of immunosuppressed patients	912	5	0.5%
11. 5-11 years at risk	337	7	2.1%
12. 60-64 years	0	436	0.0%
13. 55-59 years	0	364	0.0%
14. 50-54 years	0	263	0.0%
15. 40-49 years	0	281	0.0%
16. 30-39 years	0	224	0.0%
17. 18-29 years	0	158	0.0%
18. 16-17 years	0	6	0.0%
19. 12-15 years	0	6	0.0%
20. 5-11 years	0	0	0.0%

TOTAL	129,010	39,161	29.0%
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Care home residents: This cohort has been prioritised for vaccination due to their vulnerability and providers have been incentivised accordingly. By 3 November, all the city's care homes had been visited by vaccination teams. Revisits will continue until the programme end date.

Housebound patients: From a total population of 2,875 eligible patients, 1,373 vaccinations have been administered; 159 declined, leaving a further 1,343 visits to complete. (Figures correct at 1 November). Vaccinations will continue until the programme end date.

Covid vaccinations for children aged 5-11 years and in a clinical at-risk group: This cohort are being offered a vaccination within specialist clinics at UHL. Due to appropriate vaccination supply, these clinics only opened w/c 9 October. A further four satellite sites are due to open across LLR to provide convenience/ease of access to patients.

Inequalities Offers

- **6 months to 4 years at risk:** Vaccination invitations have been issued for UHL specialist clinics and GPs can refer eligible patients, who have not had an invitation.
- **Allergy pathway:** Patients previously referred via Prism/allergy service will already have access to the VidPrevtyl Beta vaccine via UHL specialist allergy vaccination clinic. New patients thought to have PEG allergy can be referred by GP via PRISM to allergy clinic for assessment. Patients who do not suffer anaphylaxis/allergy to PEG but who are clinically severely intolerant of mRNA vaccines may be eligible for VidPrevtyl Beta and GPs can refer their eligible patients
- **Learning disability patients:** This cohort of patients can obtain their vaccinations through regular scheduled clinics. However dedicated provision is being scoped to provide a specialist service with dedicated learning disability nurses in attendance; this includes a pop-up clinic in Loughborough, drive-by vaccinations in other areas and vaccinations at home for the most complex patient.
- **Mobile vaccination units:** To make Covid and flu vaccinations as accessible and convenient as possible, a mobile vaccination unit is deployed to target communities of low vaccination uptake four days per week. An overview of locations and vaccinations to date is detailed below:

Location	Dates	Total vaccinations given
British Islamic Medical Association health & wellbeing event	16 Sept	51
Beaumont Leys Market	19 & 20 Sept	76
Horizon Medical Practice car park	20 & 23 Sept & 30 Oct	220
Humberstone Gate	25 to 27 Sept	196
City Centre (outside Primark)	7 Oct	43
Peepul Centre health festival	12 Oct	5
Christ the King food bank	13 Oct	10
City Centre (outside Lloyds Bank)	14, 21 & 28 Oct	100

MMR / Measles Elimination Plan

LLR ICB has devised a measles elimination plan to outline a series of actions that are required to reduce the risk posed by measles. Since 2022 there has been an increase in measles cases both globally and in the UK. Measles and rubella can be eliminated, and congenital rubella infections prevented by achieving high uptake of the combined measles, mumps and rubella (MMR) vaccine in national childhood immunisation programmes. This plan aims to mitigate the risk of measles, by the ICB working collaboratively with other agencies, undertaking a series of initiatives to increase uptake & reduce health inequalities.

Since 2022, measles activity has been slowly increasing. To achieve & maintain measles elimination, the World Health Organisation recommends that a 95% uptake with two doses

of MMR by 5 years of age and by using all opportunities to catch up older children and adults who missed out when they were younger. Unfortunately, current UK performance for the second dose is sub-optimal at around 88%. Due to the national concern of increasing cases, this plan aims to address any current issues, plan future objectives and be proactive at tackling this challenge.

The objectives of the plan are:

Primary Objectives

1. Ambition to achieve and sustain $\geq 95\%$ coverage with two doses of MMR vaccine in the routine childhood programme (5-years-old) by 2025
2. Ambition to achieve $\geq 95\%$ coverage with two doses of MMR vaccine in older age cohorts through opportunistic and targeted catch-up (>5 years old) by 2025
3. Improvement in uptake in key priority groups eg students (the 'Wakefield cohort'), traveller communities, women of childbearing age, underserved communities and ethnicity groups with the lowest uptake, new entrants, etc.

Secondary Objectives

1. Provide leadership and public health expertise to address the decline in MMR vaccination
2. Bring together partners to develop a multi organisational approach to increasing MMR uptake
3. Develop engagement activities that seek to understand why some people are not taking the MMR vaccination offer
4. Develop a communications campaign that will raise awareness about the risks associated with measles and promote positive messages about the importance of vaccination uptake.
5. Develop innovative interventions that will support increased MMR vaccination uptake, tailored to the differing needs of the population
6. Respond to the potential change in age of delivery of MMR2 (likely from 2025 approximately) and work with stakeholders including GPs to identify potential issues and develop appropriate capacity and engagement plan.

City Measles Outbreak

At 3 November, there has been two confirmed and two unconfirmed cases of measles involving children and young people, from two separate and unrelated families living in the city. All the individuals attend different learning establishments in the city.

Working collaboratively with the UK Health Security Agency, NHS England (NHSE) and City public health, we are mobilising the following:

- Catch-up MMR vaccinations to be offered to unvaccinated/partially vaccinated students by LPT's school age vaccination service
- Additional MMR vaccination clinics to be provided by GP practices located within the Spinney Hills area and beyond. These will be supplemented by MMR vaccinations being offered by our mobile vaccination unit, which will target areas of low MMR vaccination uptake
- Promotion of the importance of MMR vaccination to the LLR population.

Vaccination Against Shingles (Herpes Zoster)

In 2010, the Joint Committee on Vaccination and Immunisation (JCVI) was asked by the Secretary of State for Health to review the available evidence relevant to the introduction of a universal vaccination programme to protect against shingles (Herpes Zoster).

The JCVI considered a range of issues including disease epidemiology, vaccine efficacy, vaccine safety and the cost effectiveness of introducing a routine shingles vaccination programme in the UK. Based on the findings of the cost-effectiveness analysis, the JCVI recommended a universal routine herpes zoster (shingles) vaccination programme using a single dose of the live Zostavax shingles vaccine for adults aged 70 with a catch-up programme for those aged 71 to 79 years. Individuals who reached their 80th birthday were not eligible for a shingles vaccination due to the reduced efficacy of Zostavax vaccine with increased age.

From September 2013, a single dose of Zostavax shingles vaccine was offered routinely to individuals aged 70 years (born on or after 1 September 1942) with a phased catch-up programme based on age as of 1 September that year. From August 2021 Shingrix vaccine was introduced as an alternative vaccine for immunocompromised individuals.

From September 2023 Shingrix has been offered to all severely immunosuppressed individuals from 50 years of age and to immunocompetent individuals from 60 years of age over a 10-year phased introduction.

Commissioning Responsibility for National Immunisation Programmes

Since 2013, immunisation services have been commissioned by NHSE. Staff from Public Health England (PHE) were also involved, up until their transfer to NHSE when PHE ceased to exist (October 2021).

NHSE commissioning responsibility for immunisation will formally transfer to ICBs in April 2025 (as per national policy). Work is ongoing around joint commissioning arrangements in the meantime. The current PH commissioning teams will transfer from NHSE to a lead ICB from April 2025.

There will be an East Midlands Team and a West Midlands Team. It is currently unclear whether the teams will cover screening and immunisation as now or whether these functions will be separated out. The East Midlands host will be Nottingham and Nottinghamshire

ICBs will take on more of the leadership of the immunisation function, driven in part by the much-awaited national immunisation strategy.

ENDS