

AGENDA ITEM

3.2.3

POPULATION HEALTH & PARTNERSHIPS COMMITTEE

Immunisation & Vaccination Programme Update

| | |
|-----------------------------------------|------------------------------------------------------|
| Date of meeting | (06/10/2021) |
| FOI Status | Open/Public |
| If closed please indicate reason | Choose an item. |
| Prepared by | Rebecca Cushen, Consultant in Public Health Medicine |
| Presented by | Kelechi Nnoaham, Executive Director of Public Health |
| Approving Executive Sponsor | Executive Director of Public Health |
| Report purpose | FOR NOTING |

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

| Committee/Group/Individuals | Date | Outcome |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------|
| Strategic COVID19 immunisation Board | (23/09/2021) | NOTED |
| CTMUHB Immunisation Team | (22/09/2021) | SUPPORTED |
| Clare Williams, Deputy Director of Strategy and Transformation/ Senior Responsible Officer for the COVID-19 Vaccination programme | (22/09/2021) | SUPPORTED |

ACRONYMS

| | |
|-----|------------------------------------------------------------|
| CTM | Cwm Taf Morgannwg |
| BCG | Bacillus Calmette-Guérin (to protect against Tuberculosis) |



| | |
|----------|-----------------------------------------------------------------------------|
| MMR | Measles, Mumps and Rubella |
| PCV | Pneumococcal conjugate vaccine |
| Hib/MenC | Haemophilus influenzae type b/Meningococcal C |
| 6in1 | diphtheria, hepatitis B, Hib, polio, tetanus and whooping cough (pertussis) |
| MenB | Meningococcal B |
| MenACWY | Meningococcal ACWY |

1. SITUATION/BACKGROUND

1.1 Introduction

Immunisation is one of the most successful and cost-effective health protection interventions and is a cornerstone of public health.

The aims of the CTM Vaccinations and Immunisation programme are:

- To reduce preventable disease in the population by vaccinating consenting individuals at the appropriate time.
- To reduce the inequality in preventable disease distribution in CTM by increasing uptake of vaccinations in areas of deprivation and vulnerable populations.

1.2 Routine Immunisations

CTM UHB is responsible for the delivery of the UK immunisation schedule in order to protect the health of the local population. This is an extensive programme and includes the delivery of vaccinations across the life-course primarily provided within primary care.

Welsh Government have set a Tier 1 target for health boards, that 95% of all their resident children are up to date with all their routine immunisations by 4 years of age. A 95% uptake for each of the individual immunisations is required to achieve herd immunity.

Immunisation uptake at different ages for CTMUHB and the whole of Wales is outlined in table 1. CTM has achieved higher uptake than the Wales average for all key vaccinations and achieved the highest uptake in Wales for three key vaccination milestones – highlighted in red.

Routine shingles vaccination was introduced for older people in Wales in 2013 and is offered to all those aged 70-79 years. Shingles vaccine coverage across CTM is lower than the Wales average, ranging from 17% coverage in those aged 70 years to 55% in those aged 84 years.

Pneumococcal vaccination is offered to those aged 65+ years and those in clinical risk groups. The latest uptake report for pneumococcal vaccine is from 2019/20 - uptake of pneumococcal vaccine in clinical risk groups in CTM was 25.6% and in those 65+ was 59.3%, below the Wales average. There is currently no more recent uptake data of pneumococcal vaccine uptake in CTM or for Wales.

Table 1: Uptake for selected immunisations in resident children reaching their 1st, 2nd, 5th and 16th birthday between 01/01/21 and 31/03/21

| <i>Immunisation and age group</i> | <i>CTM Uptake</i> | <i>All Wales Uptake</i> | <i>Target</i> |
|-------------------------------------------------|-------------------|-------------------------|---------------|
| 6 in 1 (3 doses) by age 1 | 97.3% | 95.1% | 95% |
| Rotavirus (2 doses) by age 1 | 96.4% | 93.6% | 95% |
| MenB (3 doses) by age 2 | 95.8% | 93.9% | 95% |
| PCV (3 doses) by age 2 | 95.7% | 94.3% | 95% |
| Hib/MenC booster by age 2 | 95.5% | 94% | 95% |
| Up to date with all scheduled vaccines by age 4 | 90.4% | 88.3% | 95% |
| MMR (2 doses) by age 5 | 92.8% | 92.8% | 95% |
| 4in1 pre-school booster by age 5 | 93.3% | 93.2% | 95% |
| MMR coverage (2 doses) by age 16 | 92% | 91.3% | 95% |
| MenACWY by age 16 | 92.2% | 86.3% | 95% |
| 3 in 1 teenage booster by age 16 | 92.2% | 86.2% | 95% |

1.3 Occupational Health immunisations

The CTM Occupational Health department are responsible for providing the BCG, Hepatitis B, MMR, Varicella and Pertussis vaccinations, if required, to CTM employed staff. They are also responsible for ensuring delivery of influenza vaccinations but due to issues with capacity, the staff influenza campaign has been led by the CTM specialist immunisation team for a number of years.

1.4 Influenza Vaccination

CTM UHB is responsible for the delivery of influenza vaccinations to protect the health of the local population. This is an extensive programme to immunise those at increased risk of contracting and spreading influenza including children age 2-3 years, children in primary and secondary school, carers, healthcare workers, nursing home staff, pregnant women, people age 6 months + with specific underlying health conditions, adults in prison, all adults >50 years, and people with a learning disability.

For the 2021/22 flu season, the programme has been extended to include children in secondary school and all adults age 50+ years. In addition, Welsh Government have set challenging new aspirational uptake targets for a number of priority groups including for pregnant women (90%), health and social care workers (80%), and primary school children (80%).

1.5 COVID-19 vaccination

The COVID-19 vaccination programme was implemented across CTM in December 2020. Welsh Government gave details of how the COVID-19

vaccine should be prioritised. This followed guidance from the Joint Committee on Vaccinations and Immunisations (JCVI) which prioritised older adults' resident in a care home and care home workers; all those 80 years of age and over and health and social care workers; followed by a mainly age based prioritisation.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 Routine immunisations in CTM UHB

The CTM specialist immunisations team have been supporting planning and delivery of the COVID-19 vaccination programme since implementation in December 2020 so have had limited capacity for work on routine immunisations. School nurses have had reduced capacity to deliver the school vaccination programme due to frequent school closures/lockdowns, plus requirements for them to support delivery of the COVID-19 programme. As a result, neither delivery of routine immunisations across CTM nor addressing inequities in uptake has been prioritised.

However, in May 2021, an updated Strategic Review of Immunisations was undertaken and a number of key recommendations made. In 2022, the focus for the vaccination and immunisation programme will be implementation of these key recommendations.

2.2 Influenza Vaccination

This is a particularly challenging flu season due to Welsh Government increasing targets, expansion of the flu programme, continued delivering of the COVID-19 vaccine programme, the impact of COVID on partners delivering the flu vaccine plus issues with flu vaccine supply and delivery schedules.

A CTM overarching influenza plan has been developed with partners, with its implementation regularly monitored by the CTM specialist immunisation team. In Rhondda Cynon Taff and Merthyr Tydfil, we will again offer influenza vaccination for 3 year olds within local authority nurseries as this has been shown to improve uptake in this group by approximately 20%.

Expansion of the school programme to include secondary schools is a challenge and requires recruitment of additional vaccinators. The school nursing programme has struggled to recruit to these posts so the recruitment of permanent posts is being considered.

ILGs are leading the CTM staff influenza campaign using a mixed delivery model (central immunisation locations and peer vaccinators) and plan to offer co-administration with the COVID-19 booster where appropriate from 27 September 2021.

GP surgeries and community pharmacies are running their own community flu clinics with support from the CTM specialist immunisation team.

2.3 COVID-19 Vaccination

2.3.1 Programme progress to date

All known CTM residents age 16+ years have been offered an appointment for a COVID-19 vaccination.

Vaccine uptake for CTM residents age 12+ years (as of 20/9/21) is 84% for 1st dose and 79% for 2nd dose (note a number of 12-15 year olds have only recently been eligible for COVID vaccination).

Uptake is lower in more deprived groups, in younger populations and in pregnant women. Work to address these differences includes use of walk in clinics, pop up mobile clinics (in areas of deprivation, University of South Wales Fresher's weeks), specific outreach work (homebound individuals, people experiencing homelessness), work with CTM maternity services, plus learning from focus groups/surveys involving different communities in CTM.

2.3.2 Next phase of the programme

All 12-15 year olds with underlying health conditions or living with someone who is immunocompromised have been invited for vaccination. 12-15 year olds with no underlying health conditions will be invited to attend for vaccination from October 2021 with the aim of completion by November 2021. Children will be provided longer appointments and offered vaccination at weekends.

Individuals that are immunocompromised will be offered their third COVID vaccination from 27th September 2021.

COVID-19 boosters are recommended for priority groups 1-9 at 6 months following receipt of 2nd vaccination dose. The CTM booster campaign commenced with care home residents and staff on 18th September 2021 and CTM was the first area in the UK to provide booster vaccinations to care home residents. CTM employed Health care staff will be offered a COVID-19 booster co-administered with the influenza vaccine from 27th September 2021. CTM residents eligible for a booster will be offered an appointment 6 months following their 2nd dose.

2.3.3 CTM Vaccine Equity work stream

A CTM Vaccine Equity strategy has been developed and a vaccine equity committee set up to consider the needs of patients with protected characteristics and additional population groups with low vaccination uptake, in order to ensure there is equitable uptake across CTM.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- The complexity of running the general, influenza and COVID-19 immunisation programmes within a COVID-19 environment should be acknowledged.
- Difficulties in recruiting and retaining sufficient vaccinator capacity are shared across the school, influenza and COVID-19 vaccination programmes, and would be partially mitigated if permanent vaccinators could be recruited to support the programme as a whole.
- A business case is currently being developed to outline the resources required to deliver a sustainable vaccination and immunisation programme across CTMUHB.
- As part of that business case, employment of permanent additional vaccinators within the school nursing team is currently being considered in order to deliver the secondary school programme.
- Bridgend has not adopted vaccinating children aged three in local authority nurseries. Influenza vaccination uptake amongst 3 year olds will be monitored and results compared across local authorities.
- The seasonal flu targets are very stretching and coupled with the competing demands on ILG staff to deliver COVID-19 boosters, they will be difficult to deliver this season.
- CTM influenza vaccinations were ordered before publication of Welsh Government targets. The current vaccine supply is sufficient to vaccinate 75% of CTM staff but will not allow us to meet the aspirational target of 80%. We are currently exploring the possibility of ordering more influenza vaccinations for CTM employed staff if this is necessary.

4. IMPACT ASSESSMENT

| | |
|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Quality/Safety/Patient Experience implications | Yes (Please see detail below) |
| | Staff must be trained regularly to ensure compliance and maintain competence in vaccination procedures and management of any adverse reactions. Vaccinating healthcare workers offers protection to vulnerable patients. |
| Related Health and Care standard(s) | Staying Healthy |
| | If more than one Healthcare Standard applies please list below: |



| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</p> | <p>No (Include further detail below)</p> <p>If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below.</p> <p>If no, please provide reasons why an EIA was not considered to be required in the box below.</p> <p>No new policy or service is being delivered. Expansion to current vaccination programmes is in line with JCVI/Welsh Government guidance.</p> |
| <p>Legal implications / impact</p> | <p>There are no specific legal implications related to the activity outlined in this report.</p> |
| <p>Resource (Capital/Revenue £/Workforce) implications / Impact</p> | <p>Yes (Include further detail below)</p> <p>A business case is currently being developed to outline the resources required to provide a sustainable vaccination and immunisation service across CTMUHB.</p> |
| <p>Link to Strategic Well-being Objectives</p> | <p>Work with communities and partners to reduce inequality, promote well-being and prevent ill-health</p> |

5. RECOMMENDATION

- 5.1 The Population Health and Partnerships Committee is asked to **NOTE** the report.