

# Immunisation programmes in Southwark

## Annual Report 2016/17

**Author:** Sarah Robinson, Head of Programmes: Health Protection  
Sabrina Kwaa, Public Health Analyst  
Public Health, Southwark Council

 @lb\_southwark  facebook.com/southwarkcouncil

# Contents

- **Looking back over 2016/17**
  - Achievements
  - Challenges
  - Update on changes to programmes
  
- **Priorities for 2017/18**
  
- **Governance arrangements, roles and responsibilities**
  
- **Pre-school programmes**
  - Summary
  - Uptake of routine childhood vaccinations in 2016/17
  - DTaP/IPV/Hib, MMR, Hib/Men C, Men B, rotavirus,
  - Selective programmes for children (BCG, Hep B)
  
- **School aged programmes**
  - Summary
  - Men ACWY
  - HPV
  - Td/IPV booster
  
- **Influenza**
  - Summary
  - Uptake in 2016/17 in clinical risk groups, pregnant women and children
  - Frontline social care staff
  - Coverage in healthcare workers
  
- **Adult programmes**
  - Summary
  - Shingles
  - Pneumococcal
  - Pertussis in pregnant women

# Looking back over 2016/17: achievements, challenges and changes

## KEY ACHIEVEMENTS

- The Public Health team developed a flu vaccination programme for frontline social care staff using behavioural insights techniques to increase uptake
- Successful implementation of the flu vaccination programme in school aged children to include year 3. Uptake in all school groups increased over the previous year.
- Uptake of pertussis vaccine in pregnant women increased significantly
- High HPV vaccine and TD/IPV booster uptake in Southwark schools
- Maintaining good coverage in all childhood vaccines
- The Immunisation Steering Group, with membership from all stakeholders, has been key to maintaining an overview of immunisation programmes, delivery arrangements and uptake and provides scrutiny and challenge and mitigation of risks via a risk register. This group reports directly into the Southwark CCG Quality & Safety Committee.
- Three well attended practice nurse update events were held over the year

# Looking back over 2016/17: achievements, challenges and changes

## KEY CHALLENGES

- A **measles outbreak** was declared in London in April 2016, mainly in unimmunised individuals or those who had only received one dose of MMR. During the outbreak several people were admitted to hospital and some required ITU care. It is critical to ensure that children under the age of 5 years receive two doses of MMR vaccine and that people of all ages are vaccinated to prevent further outbreaks. To protect children and the community for longer, it is safe and effective to give the second MMR dose from the age of 18 months.
- An **outbreak of hepatitis A** has been ongoing in England since July 2016; the majority of cases (63%) have been diagnosed in London. Lambeth & Southwark have seen the most number of cases in any London borough: 43 and 21 respectively (November 2016 to 10 July 2017). Three quarters of national cases are in males who identify as men who have sex with men, although transmission of the outbreak strain has spilled over into the wider community. About 2/3 of cases were admitted to hospital. A number of countermeasures and actions have been taken in London and locally to try and control the outbreak, including opportunistic vaccination of high risk men in sexual health clinics.
- There is an on going **global shortage of hepatitis A vaccines** which is affecting the continuity of supply in the UK and will impact adversely on outbreak control and also on provision of vaccine for post-exposure prophylaxis (e.g. household contacts), and pre-exposure (clinical risk groups and travel).
- There is also currently a **global shortage of hepatitis B vaccine** which has been caused by problems in the manufacturing process. PHE have put in place a series of measures so that the NHS and other providers can use the available vaccine for those at highest immediate risk. Measures are expected to continue until the beginning of 2018 and will be kept under review.

# Looking back over 2016/17: achievements, challenges and changes

## UPDATE ON CHANGES TO PROGRAMMES

- In London **BCG** is given to all babies born in a London hospital at birth, and up to 1 year old. In addition, all at risk babies and children (aged 1-5 years with a parent or grandparent who was born in a country where the annual incidence of TB is 40/100,000). As at July 2017, global supply of BCG vaccine is no longer constrained and PHE has concluded that there is sufficient stock of Intervax BCG vaccine to extend the offer to all eligible groups – including those at risk aged 5-16. Vaccine availability will be monitored closely.
- Local advice for practices is that the second dose of **MMR** is safe and effective to be given from 18 months old (rather than wait until 3 years 4 months as per the national schedule), and that giving MMR2 early confers protection for longer and achieves greater uptake.
- All babies born on or after 1 August 2017 will be eligible for a **hexavalent vaccine** which includes hepatitis B for their primary immunisations. This vaccine, called Infanrix hexa®, will replace the pentavalent infant vaccines.
- There are important changes to the delivery of the **selective hepatitis b** programme for babies born since April 2017 to Hep B positive mothers:
  - Babies will continue to receive 1 dose of monovalent Hep B vaccine at birth ( and HBIG if indicated)
  - General practice are responsible for delivering the second dose of monovalent vaccine at 4 weeks old.
  - They should then receive the standard hexavalent Hep B at 8, 12, and 16 weeks old (for babies born after 1<sup>st</sup> August)
  - They will then receive a further dose of the monovalent Hep B vaccine at 12 months and testing for HBsAg to identify any babies who have become chronically infected with Hep
  - They will no longer require the pre-school booster dose of monovalent Hep B vaccination
- Addition of school year 3 children to the **flu vaccination programme** in 2016/17. In 2017/18 4 year olds will now be vaccinated as part of the school programme instead of in general practice and Year 4 will also be included.
- From July 2016 **Men C** dose no longer given at 12 weeks of age. Combined Hib/Men C given at 1 year and Men ACWY at 14 years.

# What we hope to achieve next year

## PRIORITIES FOR 2017/18

- Review immunisation coverage and challenges for looked after children (LAC)
- Develop a sustainable process and funding source for flu vaccination in social care staff
- Close monitoring of the selective neonatal hepatitis b programme
- Maintaining good coverage for two doses of MMR
- Implementing the changes to the flu vaccination programme – 4 year olds and year 4
- Improving flu vaccination processes and uptake in mental health trusts and care homes
- Implementing the introduction of the hexavalent vaccine
- Continuing to review and improve arrangements, access to and uptake for all immunisation programmes
- Seeking assurance around the Child Health Information Service (CHIS)
- Improve shingles vaccination uptake in eligible adults
- Providing updates for practice nurses around flu and general immunisation programmes

The complete NHS immunisation schedule from Autumn 2017 can be found here:  
[www.gov.uk/government/publications/the-complete-routine-immunisation-schedule](http://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule)

# Governance arrangements, roles and responsibilities

## LAMBETH & SOUTHWARK IMMUNISATION STEERING GROUP

### Functions

- To maintain an overview of all NHS immunisation programmes
- To provide scrutiny and challenge of the arrangements of NHSE, PHE and providers.
- To provide assurance of a high quality immunisation service to the Director of Public Health and raise issues of concern.
- To monitor coverage and local immunisation data and make recommendations for action.
- To act as a local group for advising on decisions about immunisation programmes and their implementation.
- To address inequalities and improve access to under-served groups.
- To provide a forum for discussion, learning lessons from incidents and exchange of information.
- To review and update the Borough Immunisation Action Plan.
- To work alongside other stakeholders as well as cooperate on items of mutual interest.

### Accountability

Southwark CCG  
Governing Body

Southwark CCG  
Quality & Safety  
Committee

Lambeth &  
Southwark  
Immunisation  
Steering Group

# Governance arrangements, roles and responsibilities

## MEMBERSHIP OF THE STEERING GROUP

Name	Job title	Responsibility
Kirsten Watters	Consultant Public Health Southwark Council	<ul style="list-style-type: none"> <li>• Chair</li> <li>• Public Health input</li> </ul>
Marie Vieu	Consultant Public Health Lambeth Council	<ul style="list-style-type: none"> <li>• Public Health input</li> <li>• Lambeth Lead</li> </ul>
Sarah Robinson	Public Health Specialist Southwark Council	<ul style="list-style-type: none"> <li>• Joint steering group management</li> <li>• Public health input</li> </ul>
Rachel Thorn Heathcock (or other colleague from SLHPT)	Consultant in Communicable Disease Control (PHE) South London Health Protection	<ul style="list-style-type: none"> <li>• PHE programmes, updates and advice</li> </ul>
Neil Gordon-Orr	Early Help Central Strategic Manager Southwark Council	
Rachael Doherty	Southwark CCG	<ul style="list-style-type: none"> <li>• Commissioning advice and support, Southwark Council</li> <li>• Commissioning advice and support</li> </ul>
Lesley Connaughton	Primary Care Development Manager Lambeth CCG	<ul style="list-style-type: none"> <li>• Commissioning advice and support</li> </ul>
Ann Lorek	Consultant Community Paediatrician & Immunisation Coordinator, GSTT	<ul style="list-style-type: none"> <li>• Clinical advice and expertise</li> <li>• Chair of L&amp;S Childhood imms operational group</li> </ul>
Anne Macrae	Practice nurse lead Lambeth CCG	<ul style="list-style-type: none"> <li>• Primary care perspective</li> </ul>
Daniel Barnes	Information Analyst GSTT	<ul style="list-style-type: none"> <li>• Immunisation data</li> </ul>
Sobia Chaudhry	Immunisation Commissioning Manager NHSE London Region	<ul style="list-style-type: none"> <li>• Commissioning advice</li> <li>• Provide data</li> <li>• Coordinate action plan</li> </ul>
Jennifer Kasule	Immunisation Clinical Coordinator, GSTT	<ul style="list-style-type: none"> <li>• Operational support for strategic guidance</li> <li>• Clinical advice and expertise</li> </ul>
Sheila Roberts	Clinical Services Manager - Immunisations HRCH	<ul style="list-style-type: none"> <li>• School nurse imms</li> </ul>
Christiana Ogunleye	School Nurse Team Leader HRCH	<ul style="list-style-type: none"> <li>• Service advice and support</li> </ul>

# Pre-school routine vaccinations

## SUMMARY

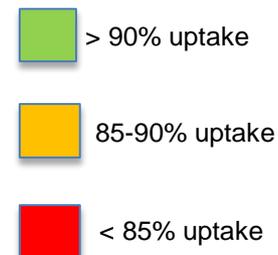
- More than 9 out of 10 babies in Southwark had received their full course of the 5 in 1 vaccine by their second birthday
- Uptake of MMR1 and MMR2 last year was higher in Southwark than the rest of London
- Southwark uptake rates for Hib/Men C primary and booster are higher than in London
- Uptake of rotavirus vaccine in Southwark in July 2016 was 84.6% - lower than in England but similar to uptake in London
- From July 1 2016, the MenC vaccine for 12-week-old babies was discontinued from the NHS childhood vaccination programme. The success of the MenC vaccination programme means there are almost no cases of MenC disease in babies or young children in the UK any longer. All children will continue to be offered the Hib/MenC vaccine at one year of age, and the MenACWY vaccine at 14 years of age to provide protection across all age groups.

# Pre-school routine vaccinations

## UPTAKE IN 2016/17

	Uptake in Southwark	Uptake in London	Uptake in England
<b>By 1<sup>st</sup> birthday</b>			
DTaP/IPV/Hib (5in1) (3 doses)	89.6%	88.8%	93.4%
Men C	88.6%	87.0%	92.1%
Men B (2 doses) (Jul 17 uptake)	88.0%	88.4%	92.6%
Pneumococcal (PCV)	89.6%	89.2%	93.5%
Rotavirus (2 doses)	85.6%	85.8%	89.6%
<b>By 2<sup>nd</sup> birthday</b>			
DTaP/IPV/Hib (5in1) (3 doses)	93.7%	91.6%	95.1%
PCV booster	88.5%	84.5%	91.5%
Hib/Men C booster	88.8%	84.2%	91.5%
MMR1	88.5%	85.1%	91.6%
<b>By 5<sup>th</sup> birthday</b>			
DTaP/IPV/Hib (5in1) (3 doses)	92.4%	92.3%	95.6%
MMR1	89.4%	91.1%	95.0%
MMR2	86.9%	79.5%	87.6%
DTaP/IPV booster	78.6%	76.9%	86.2%
Hib/Men C	88.6%	88.2%	92.6%

Target = 95%



# Pre-school routine vaccinations

## 5 IN 1 VACCINE (DTaP/IPV/Hib)

### More than 9 out of 10 babies in Southwark had received their full course of the 5 in 1 vaccine by their second birthday

- The 5 in 1 vaccine protects against diphtheria, tetanus, pertussis, polio and Hib
- In 2016/17, 89.2% of babies in Southwark received three doses of the 5 in 1 vaccine before their first birthday – a 3 percentage point increase on 2015/16
- By their second birthday, uptake has risen to 93.3%
- Uptake in Southwark is higher than that in the whole of London
- In August 2017 the 5 in 1 vaccine has been replaced by the 6 in 1 – which includes Hepatitis B

Figure 1: DTaP/IPV/Hib uptake at 12 months

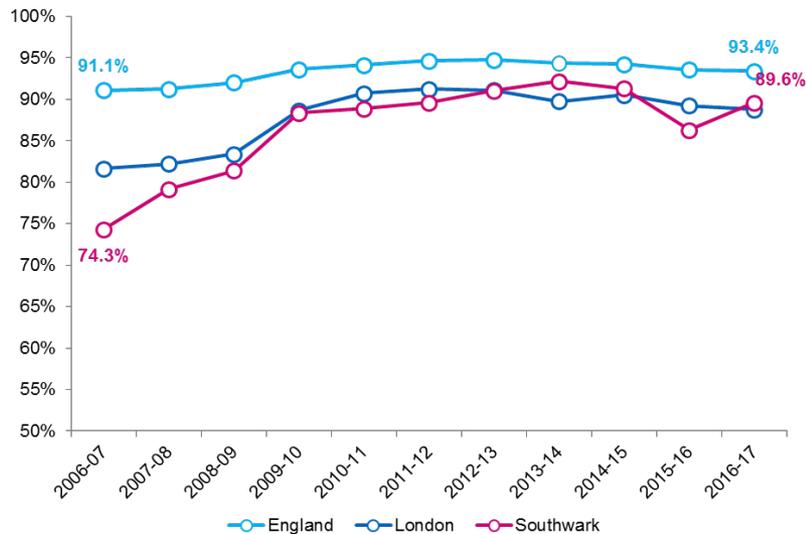
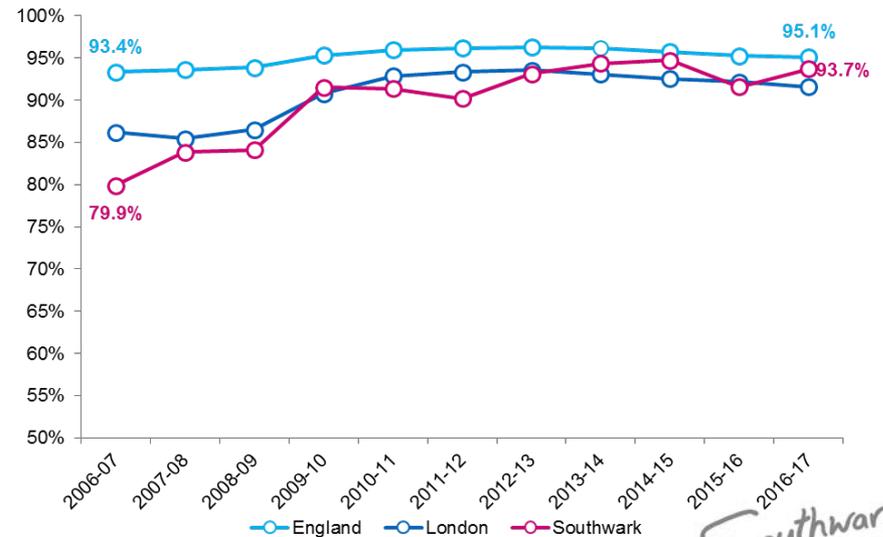


Figure 2: DTaP/IPV/Hib uptake at 24 months



# Pre-school routine vaccinations

## MEASLES, MUMPS AND RUBELLA (MMR)

### Uptake of MMR1 and MMR2 last year was higher in Southwark than the rest of London

- Babies should receive their first dose of MMR (MMR1) at around 12 months old, and their second dose (MMR2) from 18 months
- In 2016/17 in Southwark, 88.5% had received their first MMR vaccine by their second birthday
- Uptake of MMR1 and MMR2 in Southwark was 86.7% in 2016/17 – significantly higher than the London figure

Figure 3: MMR1 uptake at 24 months

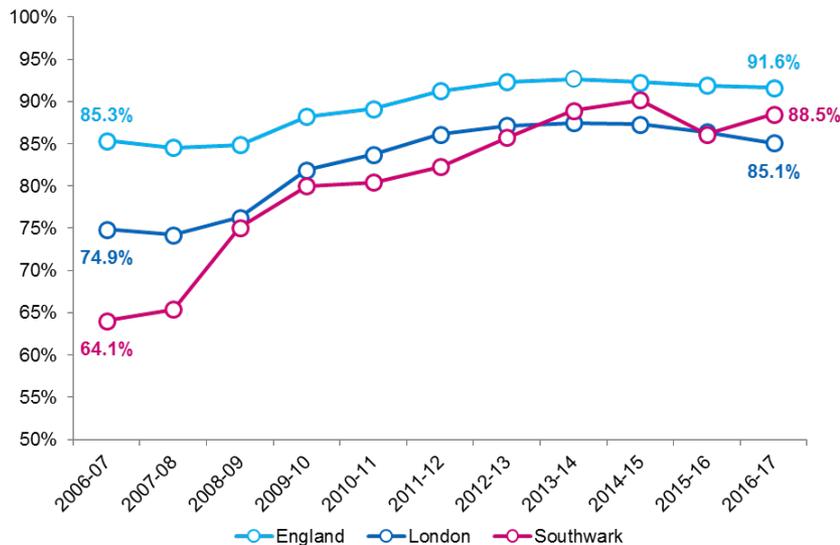
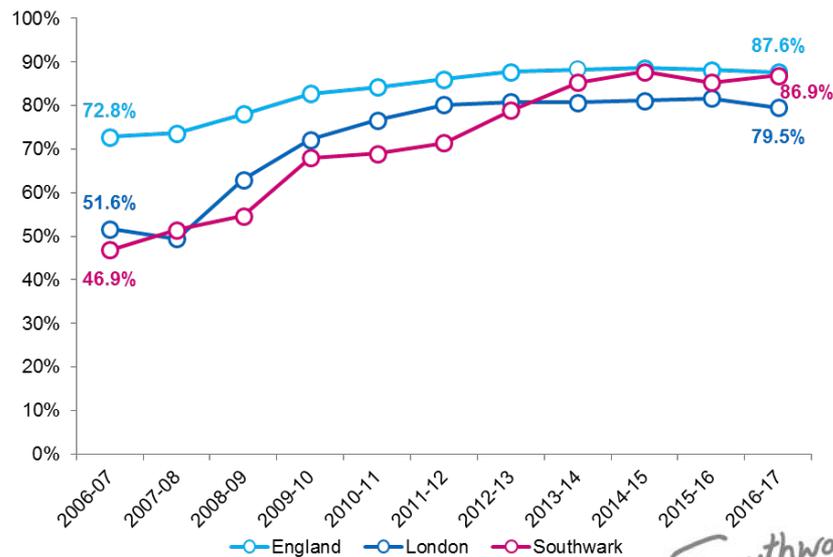


Figure 4: MMR2 uptake at 5 years

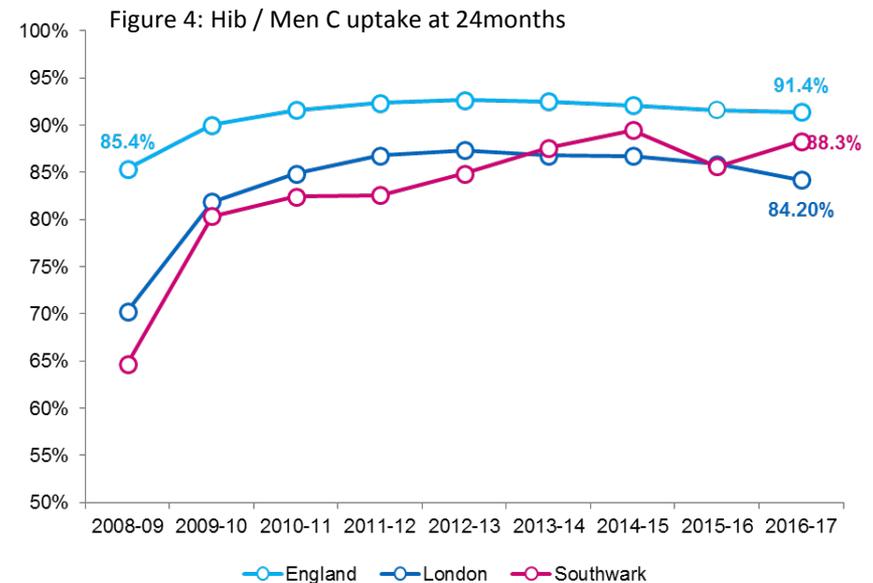


# Pre-school routine vaccinations

## Hib/MENINGITIS C

### Southwark uptake rates for Hib/Men C primary and booster are higher than for the whole of London

- Hib/MenC vaccine is given to babies at around 1 year of age
- From 1 July 2016 Infants no longer require the dose of MenC vaccination at 12 weeks of age as there are now very few cases of invasive MenC disease.
- The Hib/MenC vaccine (Menitorix) dose given at 12 months of age and the MenACWY conjugate vaccine dose given at around 14 years of age are unaffected by this change and are still given.

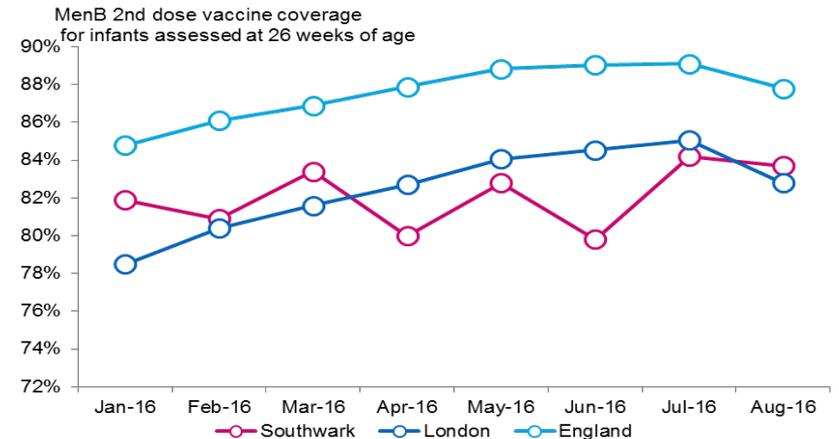
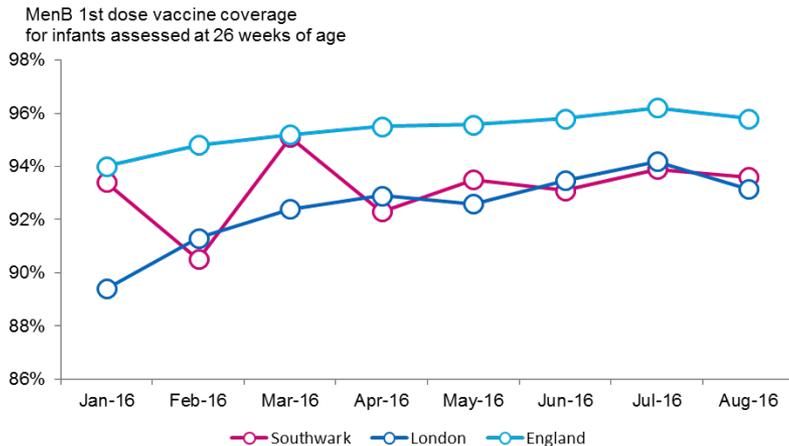


# Pre-school routine vaccinations

## MEN B VACCINE COVERAGE

### Vaccine Coverage has seen a steady increase between January and August 2016

- The Men B vaccine was introduced into the routine vaccine schedule in September 2015 and is offered to babies at 8 weeks, 16 weeks with a booster at 12 months.
- It protects against infection by meningococcal group B bacteria, which are responsible for more than 90% of meningococcal infections in young children.

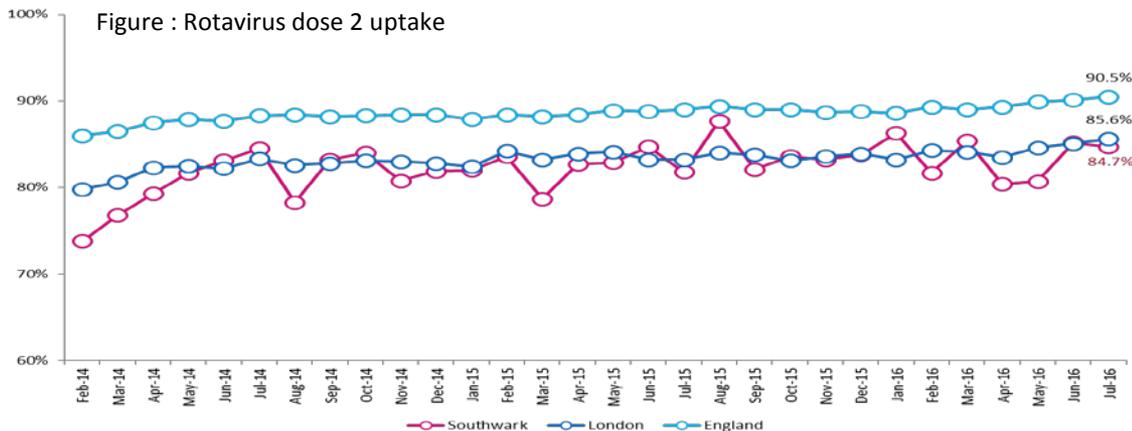


# Pre-school routine vaccinations

## ROTAVIRUS

**Uptake of rotavirus vaccine in Southwark in July 2016 was 84.6% - lower than in England but similar to uptake in London**

- Rotavirus is highly infectious and is the most common cause of gastroenteritis among children.
- Rotavirus infection in the UK is seasonal, occurring mostly between January and March. People of any age can be infected by rotavirus but most infections occur in children between one month and four years of age.
- Prior to the vaccination programme being introduced in 2013, nearly every child will have had at least 1 episode of rotavirus gastroenteritis by 5 years of age. A vaccine against the most common strains of rotavirus was introduced into the childhood immunisation schedule in July 2013.
- Infants should receive two doses of rotavirus vaccine – at 8 and 12 weeks – and is administered orally.
- Rotavirus has been responsible for high levels of GP visits and hospitalisations every year. Since the programme began, there has been a significant reduction in cases and the high coverage reported to date suggests that a rapid reduction in the burden of rotavirus is achievable.



# Pre-school selective vaccinations

## HEPATITIS B FOR HIGH RISK BABIES

- Babies born to mothers who are screened positive for hepatitis B need to be protected from becoming infected
- It is important that they receive an accelerated immunisation schedule – 4 doses (at birth, then at 4 weeks, 8 weeks and 12 months) plus a booster for children still at risk and test for infection at 12 months.
- Up until April 2017, the second dose at 4 weeks old was given by a GSTT community nurse either in hospital or in community clinics. This process was coordinated by a jointly funded L&S post and hosted by GSTT.
- Other high risk babies, for example those with Hep C mothers, Hep B fathers and IVDU were also included in this programme.
- From April 2016 the second dose must be given in general practice (as well as doses 3 & 4)
- Uptake in 2016/17 was very high – around 100%, although detailed data about when the dose was given was not available

# Pre-school selective vaccinations

## NEONATAL BCG

- Universal neonatal BCG vaccination started in February 2017 and offered BCG to all babies aged 0-28 days born in a London maternity unit as well as home births.
- In addition, vaccination is also offered to high risk babies aged 29 days to 12 months (ie those with a parent or grandparent who was born in a country where the annual incidence of TB is 40/100,000 or more).
- Due to a global BCG shortage, in June 2016, the Public Health England (PHE) national team procured InterVax, a BCG vaccine from Canada. This vaccine is unlicensed in the UK so had to be offered under a Patient Specific Directive (PSD), i.e. to named patients. Stock supplies are also restricted.
- The offer to higher risk babies and children has recently been extended to those up to the age of 6 years.
- Between October 2016 and April 2017, 2761 children received their BCG vaccination – 1531 (aged 29 days to 12 months in high risk group), plus 1230 in the universal service since Feb 17 (0-29 day olds).
- For babies born January – March 2017; of 2477 babies, more than 97% were offered a vaccination appointment and the overall uptake was 50%.

# School age vaccinations

## SUMMARY

- Uptake in Southwark for the Men ACWY vaccine is low compared to London and England
- In Year 8 girls, 2015-16 data shows Southwark 1<sup>st</sup> dose vaccine coverage rates are higher than London and England averages
- More than 9 in 10 school children received their TD/IPV teenage booster in 2015/16 – significantly higher than averages for London and England

# School age vaccinations

## MEN ACWY VACCINE

### Uptake in Southwark is low compared to London and England

- MenACWY vaccine was introduced in 2015 to respond to a rapid and accelerating increase in cases of invasive meningococcal group W (MenW) disease, which had been declared a national incident.
- It provides direct protection to the vaccinated cohort and, by reducing MenW carriage, will also provide indirect protection to unvaccinated children and adults.
- The objective of the MenACWY immunisation programme is to immunise all teenagers in school years 9 to 13 before they complete academic year 13. This is being met through replacing the routine adolescent MenC booster given in years 9 or 10 with the MenACWY vaccine since September 2015, and through a series of general practice (GP) based catch-up campaigns targeting older teenagers. All these cohorts will remain eligible for MenACWY vaccination until the age of 25.
- Additionally, MenACWY is offered to older students aged up to 25 who are in university as part of the existing time-limited 'freshers' programme.
- Cumulative national vaccine coverage for the third cohort (those born 1 September 1998 to 31 August 1999) offered MenACWY vaccine through the GP based catch-up programme from April 2017 and evaluated to the end of August 2017 was 29.4% for London 17.7% and for Southwark 10.9%.

# 5. School age vaccinations

## HPV VACCINE

**In Year 8 girls, 2015-16 data shows Southwark 1<sup>st</sup> dose vaccine coverage rates are higher than London and England averages**

- Two doses of quadrivalent HPV vaccine are offered to all girls aged 12 to 13 and protects against four types of HPV infection (6, 11, 16, 18) that can cause cervical cancer or genital warts
- Uptake rates in Southwark are good – 88.7% of girls received their first dose in 2015/16 and 84.5% had two doses
- Data for 2016/17 is not published yet but provisional data shows a higher uptake than the previous year

Figure 1: HPV 1st dose vaccine coverage in Year 8 girls

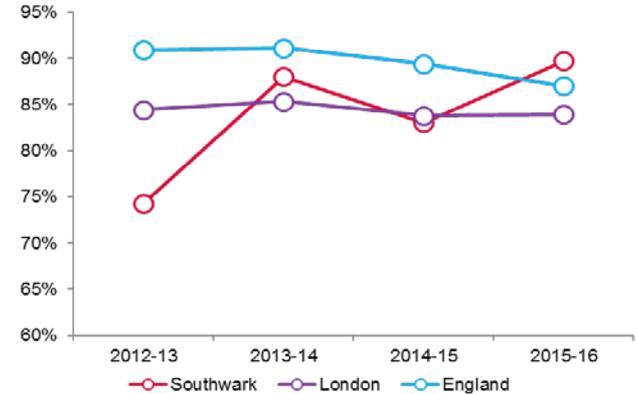
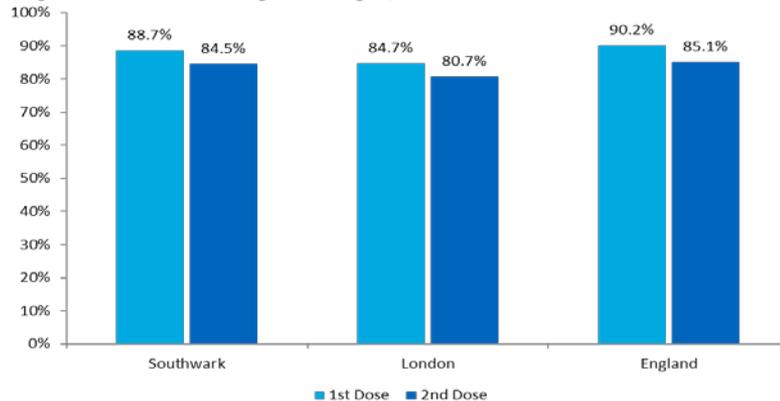


Figure 2: HPV 2nd dose vaccine coverage in Year 8 girls



Figure 3: HPV vaccine coverage in Year 9 girls, 2015/16





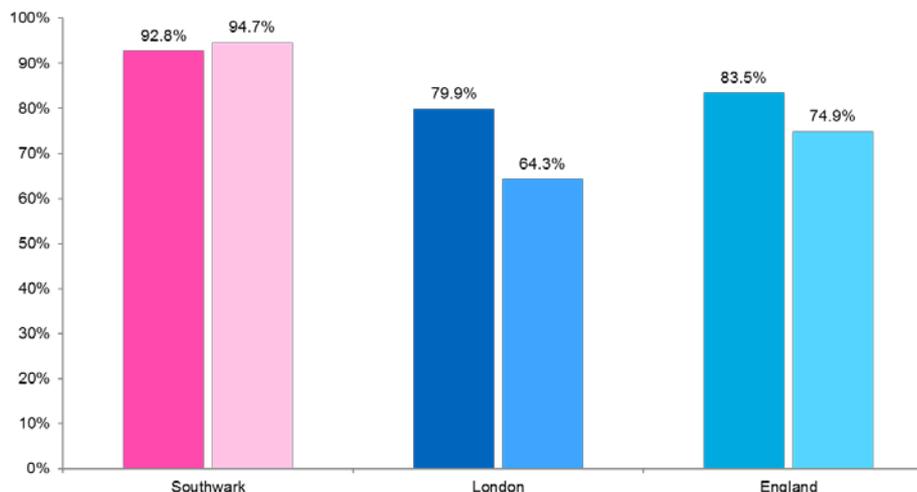
# School age vaccinations

## TD/IPV BOOSTER

### More than 9 in 10 Southwark school children received their teenage booster in 2015/16

- The teenage booster, also known as the 3-in-1 or the Td/IPV vaccine, is given as a single injection boost a child's protection against three separate diseases: tetanus, diphtheria and polio.
- The 3-in-1 teenage booster, is available routinely on the NHS for all young people aged 14 (school year 9).
- Uptake in Southwark was very high in 2015-16 – 94.7% for those in Year 10.

Figure 1: Td/IPV vaccine uptake rates, Year 9 and Year 10, August 15 – September 16



# Seasonal Flu Vaccine

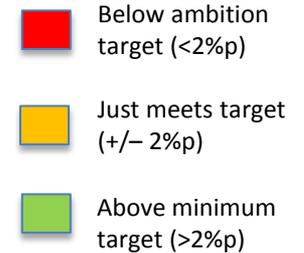
## SUMMARY

- Uptake in children aged between 2-4 years old was low in Southwark and London compared to the whole of England.
- Only about 4 in 10 at risk 2-4 year olds were vaccinated.
- The school programme for years 1 to 3 was successful with improvements in uptake from the previous year and a higher uptake than in London
- About 4 in 10 pregnant women received the vaccine
- The over 65's achieved the highest uptake of about 66%
- GSTT vaccinated 77% of its staff in 2016/17
- The frontline social care worker programme, run by Public Health, led to 96 staff being vaccinated.

# Seasonal Flu Vaccine

## UPTAKE IN 2016/17

Group	Southwark	London	England
<b>Pre-school (17/18 target 40-65%):</b>	<b>% uptake</b>	<b>% uptake</b>	<b>% uptake</b>
2 year olds	30.0%	30.3%	38.9%
(2 yr olds at risk)	(41.2%)	(44.3%)	(51.9%)
3 year olds	33.8%	32.6%	41.5%
(3 yr olds at risk)	(53.6%)	(48.5%)	(55.8%)
4 year olds	23.3%	24.9%	33.9%
4 yr olds at risk	34.2%	43.6%	50.5%
<b>School age (17/18 target 40-65%):</b>			
School year 1	47.9%	45.8%	57.6%
School year 2	46.0%	43.6%	55.3%
School year 3	46.8%	42.0%	53.3%
<b>Pregnant women (17/18 target 55%):</b>	40.9%	39.6%	44.8%
<b>6 months to under 65 at risk (17/18 target 55%):</b>	47.7%	47.1%	48.7%
<b>65 years and over (17/18 target 75%):</b>	66.1%	65.1%	70.4%



# Seasonal flu vaccine

## FRONTLINE SOCIAL CARE STAFF PROGRAMME

- The Southwark social care staff campaign in 2016/17 aimed to identify, promote and offer flu immunisation to those individuals working in frontline social care, who would typically not be offered immunisation through their General Practitioner (as not at increased personal risk) or through their organisation (not working in acute or community trusts).
- Those staff who had regular, direct contact with people in the risk groups for flu were eligible to receive a free vaccination under this scheme.
- We commissioned local pharmacies to deliver the vaccinations as a private service and retrospectively claim payment through an online pharmaceutical activity recording tool (PharmOutcomes), a system which is already used by pharmacists, Southwark Council and Southwark CCG for other pharmacy services. In this way, we could accurately assess how many vaccinations were delivered and reimburse accordingly.
- To take up the offer, staff members attended one of the 24 participating pharmacies across Southwark at a time convenient to them. They were not required to make an appointment and did not need to present a voucher, letter or ID badge. Ensuring the process was as convenient as possible helped to improve uptake.
- The programme achieved reasonable uptake, particularly in teams that had an engaged lead and received enhanced promotion. Overall uptake rate was not able to be calculated due to inadequate information on total number of eligible staff.
- Behavioural insights techniques were helpful in the health promotion setting and increased uptake of flu vaccine.
- The majority of those vaccinated during the programme did not take up the vaccine last year, which suggests that there was a change in health behaviour as a result of the promotional programme. We expect that a positive experience this year will encourage future uptake.
- The vaccination process received positive feedback from service users and providers and PharmOutcomes was very useful and easy to use.

# Seasonal flu vaccine

## COVERAGE IN HEALTHCARE WORKERS

Despite a drop in 2015/16, NHS Trusts in Southwark achieved highest recorded coverage rates in 2016/17

- GSTT saw a 33% increase in vaccine coverage rates between 2014/15 and 2016/17
- No data was submitted from SLAM NHS Trust for 2016/17

Figure 1: Influenza vaccine coverage in healthcare workers by NHS Trust over time

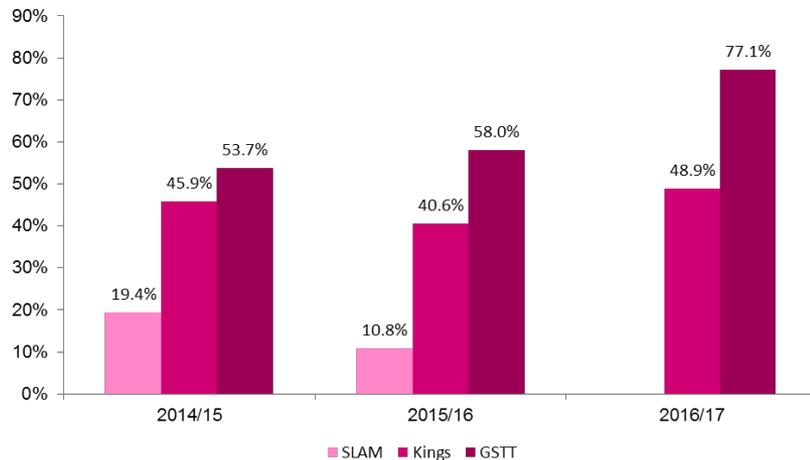
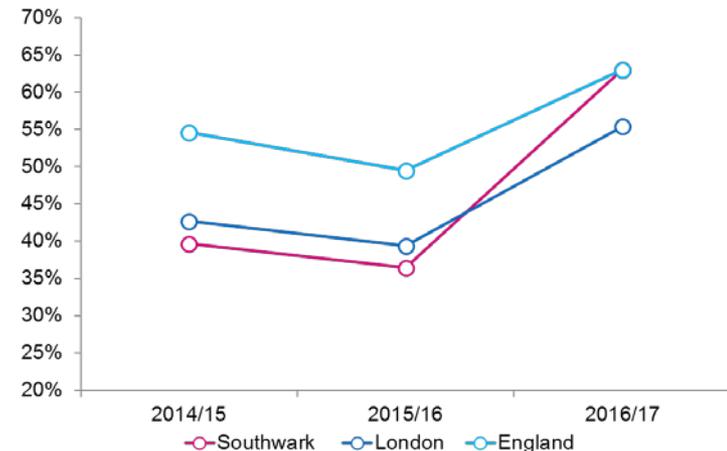


Figure 1: Influenza vaccine coverage in healthcare workers by area over time



# Adult vaccination programmes

## SUMMARY

- Uptake of shingles vaccine in Southwark is lower than the average for London and England
- Vaccination uptake in Southwark could be improved to reduce morbidity and mortality from invasive pneumococcal disease
- Uptake of pertussis vaccine in Southwark is good compared with London figures

# Adult vaccination programmes

## SHINGLES

### Uptake of shingles vaccine in Southwark is lower than the average for London and England

- Shingles is an infection of a nerve and the area of skin around it and is caused by the herpes varicella-zoster virus, which also causes chickenpox.
- Following chickenpox infection, the virus can lie dormant in the nervous tissue but may reappear following reactivation as shingles. It is possible to have shingles more than once.
- The shingles vaccination programme started in September 2013.

Figure 1: Routine shingles vaccine coverage in adults aged 70 years

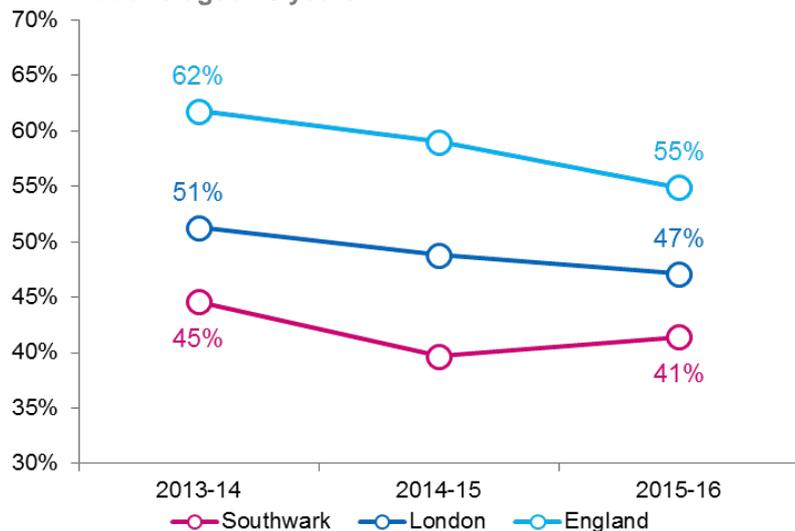
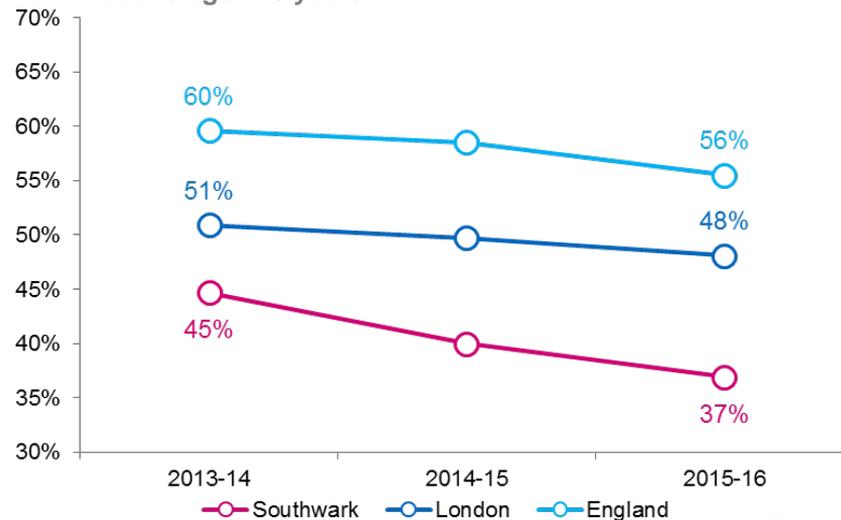


Figure 1: Catch-up shingles vaccine coverage in adults aged 70 years



# Adult vaccinations programmes

## PNEUMOCOCCAL

### Vaccination uptake in Southwark could be improved to reduce morbidity and mortality from invasive pneumococcal disease

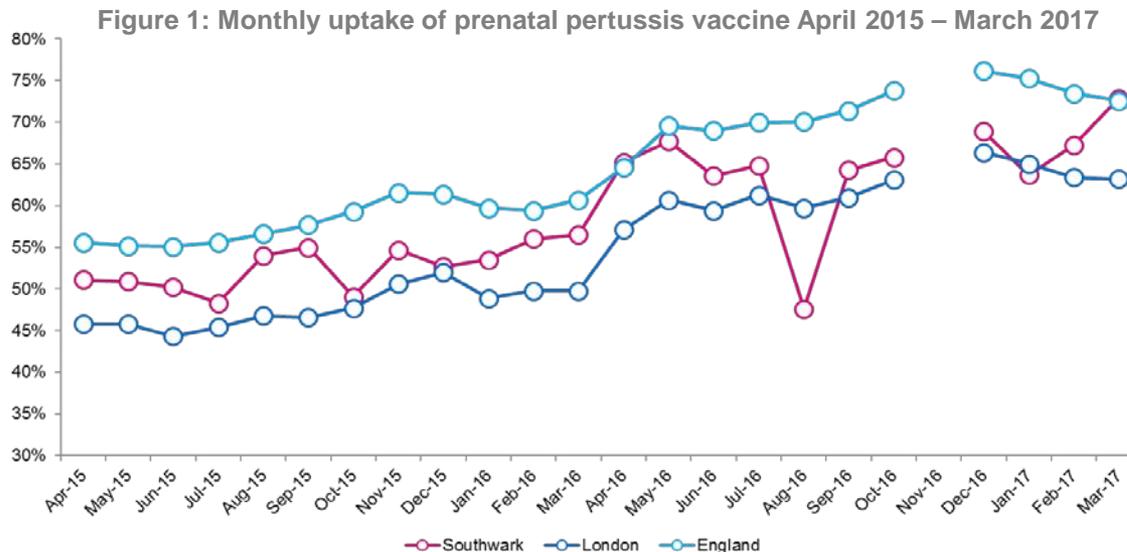
- Since 2005 adults aged 65 years and over have been offered the pneumococcal vaccine
- Pneumococcal disease can present as non-invasive or invasive infections caused by the bacterium *Streptococcus pneumoniae* (also called pneumococcus). Non-invasive disease includes middle ear infections (otitis media), sinusitis and bronchitis, whilst invasive pneumococcal disease (IPD) includes septicaemia, pneumonia and meningitis.
- IPD is a significant cause of morbidity and mortality globally and in the UK, with more than 5,000 confirmed cases reported annually in England. Young children, the elderly and people in clinical risk groups are most at risk of severe pneumococcal disease, and so all of these groups are currently offered pneumococcal immunisation.
- Coverage of PPV in adults aged 65 years and over, vaccinated any time up to and including 31 March 2017, was 57.6% in Southwark compared to 64.3% in London and 69.8% in England.
- The proportion of adults aged 65 years who were vaccinated in the last 12 months was 16% in Southwark.

# Adult vaccinations programmes

## PERTUSSIS IN PREGNANT WOMEN

### Uptake of pertussis vaccine in Southwark is good compared with London figures

- The pertussis vaccination programme was introduced in October 2012 in response to an outbreak of infection that led to a number of infant deaths. It aims to minimise disease, hospitalisation and deaths in young infants, through intra-uterine transfer of maternal antibodies, until they can be actively protected by the routine infant programme with the first dose of pertussis vaccine scheduled at eight weeks of age.
- From April 2016, advice has been to ideally offer from gestational week 16, although for operational reasons, vaccination may be offered from around 20 weeks, on or after the foetal anomaly scan.
- Uptake in March 17 in Southwark reached 72.9%.



## SOURCES OF INFORMATION

NHS Digital	<a href="https://digital.nhs.uk/article/191/Find-data-and-publications">https://digital.nhs.uk/article/191/Find-data-and-publications</a>
PHE immunisation resources	<a href="https://www.gov.uk/government/collections/vaccine-uptake">https://www.gov.uk/government/collections/vaccine-uptake</a>
NHS Choices	<a href="https://www.nhs.uk/conditions/vaccinations/pages/vaccination-schedule-age-checklist.aspx">https://www.nhs.uk/conditions/vaccinations/pages/vaccination-schedule-age-checklist.aspx</a>
Guys & St Thomas' NHS Trust	GSTT Community Immunisation Team