



Bristol Health and Wellbeing Board

Title of Paper:	Immunisations across Bristol – Non Covid and Covid
Author (including organisation):	Carol Slater and Julie Northcott, Public Health, Bristol City Council
Date of Board meeting:	23rd June 2022
Purpose:	Oversight and assurance / information and discussion

1. Executive Summary

Immunisations remain one of the greatest public health developments to protect our population. Immunisations within the UK are highly regulated, by the Medicines and Health Care Products Regulatory Agency (MHRA), and clinically directed, by the Joint Committee for Vaccinations and Immunisations (JCVI), to have the biggest impact. Many of our immunisations are measured at an uptake level assessed as the 'safe standard;' the % of the population needed to not only protect the immunised individual but to also protect those individuals who are either not able to receive an immunisation or it has not been effective. Bristol has for several years seen a decline in uptake of many immunisations, this was prior to the Covid-19 pandemic but was further exacerbated by it. Our childhood immunisations are not at the safe level and are below the England average. Uptake of immunisations are not equally distributed across the city. This low and decreasing rate of immunisations creates risk of infection and further spread to a population who are already experiencing health and wellbeing inequalities. Regarding Covid vaccination Bristol uptake is similar to the England level and a little better than some of the other Core Cities, a good comparator (statistical neighbour). There are however differences in uptake with some parts of the city having lower uptake (notably the inner city area) and working age males also less likely to have been vaccinated. The BNSSG Covid-19 Maximising Uptake Group continues to work with the communities team and partner organisations to focus on Covid-19 vaccinations in lower uptake areas, as does the Flu Immunisations group. A new Maximising Immunisations Group has now been formed to provide a systems approach to reducing the gap between the current level of uptake and the safe standard. Key action includes

- Improving data collection and monitoring
- Increasing access to immunisation services
- Provision of sufficient training for professionals working within the community
- Development and delivery of appropriate and targeted information
- Increase community understanding and confidence to be immunised

2. Purpose of the Paper

This paper aims to provide information on the current profile of immunisations and share detail on the local plans to improve, and gain system support to this core infection prevention activity.

3. Background and evidence base

National clinical guidance on Immunisations is provided in the Green Book [Greenbook title page and index \(publishing.service.gov.uk\)](#) Immunisations are a core NHS offer, commissioned by NHSE with Primary Care as the main provider. It is important to note that Primary Care successfully reaches a high proportion of individuals, with around 90% of 1-year olds, over 85% of 2-year-olds and around 85% of 5-year-olds receiving their advised immunisations through their GP Surgery. During adolescence HPV and MenACWY are offered via the School Immunisation Service. Both have been below the England level for the last 5 years and lower than our statistical neighbours. For older adults there are 2 immunisations advised and provided through GP Practices; the PPV single

dose at age 65, to protect against pneumococcal bacterium and the Shingles vaccine given at age 70. Uptake of PPV is good but Shingles was under 50% in both 18/19 and 19/20.

The Royal College of Public Health undertook surveys in 2018 amongst the public and health providers and found timing and availability of appointments were key barriers in addition to concerns on side effects and misconceptions. They recommended a range of actions including improving call/recall, myth busting and considering collaborative system –wide approach to offering vaccinations in a more diverse range of locations.

The Covid pandemic and the subsequent development of the COVID-19 mass vaccination delivered an unprecedented level of vaccinations across Bristol and the UK, with 80% having a first dose, 76% a second dose and 61% a third or booster. The system drive to deliver and reach into communities where vaccine concern or access issues were more prevalent was innovative, responsive and saw more than 30,000 people attend who otherwise might not have chosen to have their vaccine. This is a positive legacy that can benefit the Maximising Immunisation Group in Bristol.

4. Community/stakeholder engagement

Pre-pandemic engagement with the Somali population was undertaken to better understand the barriers to immunisation recognising that their uptake was lower than average. The Covid Vaccination programme has developed strong relationships with key communities and has listened and adapted its approaches to facilitate engagement. This innovation continues, for example the recent outreach clinic at Temple St job centre and roving clinic at Stapleton Road (report appended).

There is opportunity to learn from the Covid-19 vaccination programme to build on the relationships forged deep into communities and target the areas and populations that are less likely to have received wider immunisations to date and do not actively seek immunisation within GP Surgeries.

5. Recommendations

- The Board accepts this report as a summary of the current position for Bristol
- The Board endorses the systems approach being planned to improve immunisation uptake to reduce inequalities and protect our population.
- The Board within its own spheres of influence promotes Immunisation as a key prevention priority

6. City Benefits

If we reach 95% coverage, then our population will be protected against preventable infections (Herd Immunity). Recognising the inequalities that exist regarding immunisations any increase to narrow the gap between the highest uptake areas and lower uptake areas will reduce the infection inequalities and wider impacts of poor health such as absence from school / work.

7. Financial and Legal Implications

Include if applicable.

8. Appendices



20220413 Routine Report%20-%20Tues

Profile of Immunisations in Bristol immunisation trends iday31May2022%20V