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Ready to roll out

Improving routine vaccination uptake in the UK, post-pandemic

Immunisation
Health and care
Prevention
Inequalities
Diseases and conditions

Policy briefing

Acknowledgements

MSD has initiated and fully funded this programme of work.

ILC would like to thank all the individuals and organisations who took part in our expert working groups on immunisation in the UK for their ongoing input and advice:

Camden Council

Digital Health and Care Alliance

Digital Health & Care Innovation Centre

Echo

Hanover

NHS England

NHS Gloucestershire Clinical Commissioning Group

Public Health England

Royal College of General Practitioners

Royal College of Nursing

Royal Society for Public Health (RSPH)

University of Stirling

Warwickshire County Council

Wigan Council

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Executive summary

Immunisation is a tried, tested and effective way to prevent disease throughout everyone's lives; it saves an estimated six million lives and tens of billions of dollars worldwide every year.[1]

In the last 18 months, we've seen the impact of infectious diseases on public health and finances all too starkly, as this was brought to the fore by the COVID-19 pandemic. So far, the pandemic has caused over 150,000 deaths[2] and cost the UK economy over £300 billion.[3]

The UK has responded with an immunisation programme that has been in many respects an international example of best practice. As of July 2021, the programme has seen an uptake rate of over 86.6% for the first dose of the COVID-19 vaccination among those aged 18 and over.[4]

But we can't afford to become complacent. During the pandemic, uptake for routine vaccinations, such as influenza (flu), pneumococcal and herpes zoster, has dropped among adults across the world,[5] Furthermore, despite having relatively high uptake for routine vaccinations at a national level, we continue to see inequalities in uptake rates among people from certain geographic, socioeconomic, ethnic and religious backgrounds. For example, uptake of the COVID-19 vaccine is 27% lower among those who identify as Black Caribbean and 15% lower for those identifying as Pakistani, compared to those identifying as White British.[6]

Despite the benefits of immunisation, not everyone sees themselves as at risk from vaccine-preventable diseases, and not everyone thinks vaccines are for them. Many older people tend to associate "vaccination" with the jabs that children and babies receive, such as MMR, polio and flu – an assumption supported by the fact that the WHO's target for uptake of routine vaccines among children is 95%, but only 75% for the flu vaccine among older people.[7]

Finally, there are currently at least 21 different electronic systems for keeping medical records in use by NHS Trusts across the UK, and as many as 23% of those bodies still use paper records. This makes data sharing a major barrier to the monitoring and delivery of vaccination.[8]

Recommendations

1. Raise awareness of routine vaccinations and their benefits

Integrate messaging about routine immunisation into existing COVID-19 communications:

- The UK Health Security Agency (UKHSA) should publish regularly updated information on the infection rates of vaccine-preventable diseases
- The Foreign Office should include information on vaccine uptake for all vaccine-preventable diseases in its travel guidance
- The NHS should expand the Making Every Contact Count (MECC) approach to all primary health care workers delivering immunisation

Co-produce targeted immunisation messaging:

- UKHSA should work with targeted communities to co-produce the messaging

Work with community leaders to deliver targeted immunisation messaging:

- The NHS should employ community champions, such as religious leaders, teachers and celebrities, to disseminate targeted immunisation messaging to marginalised groups

2. Use personal medical data effectively for immunisation

Improve the use of data for the detection and monitoring of vaccine-preventable diseases:

- UKHSA should make better use of NHS numbers as a universal form of identification to help improve the interoperability of data
- The NHS should train healthcare professionals to use the National Immunisation Vaccination System (NIVS) to send targeted text, email and written prompts for vaccination to marginalised groups
- Community pharmacists and care workers should be granted the ability to directly input the details of vaccinations they have administered into digital health records

Improve access to personal vaccination data:

- All vaccination records should be available via the NHS app and an easy-to-access web-based portal

3. Enable effective collaboration on immunisation at national and local levels

Make it clear who has responsibility for each element of immunisation:

- Strategic decisions should remain under the control of UKHSA, including those on the development, procurement, approval, monitoring and supply of vaccinations
- Integrated Care Systems (ICSs) should be given autonomy over how and where vaccination is delivered

Make vaccination more convenient:

- ICSs should use familiar local settings, such as supermarkets, pharmacies and leisure centres, to deliver vaccinations
- Individuals should be able to book and manage their vaccination appointments online
- All vaccination appointments should be offered at home when necessary

Use the expanded healthcare workforce to deliver immunisation:

- The NHS should commission community pharmacists, school nurses, care workers and midwives to deliver more vaccinations
- These healthcare professionals should not only be reimbursed for each vaccination they administer, but should also be given extra monetary rewards for hitting uptake targets

As we continue to respond to the COVID-19 pandemic and begin to recover from the damage of the last 18 months to our health, social and economic systems, national and local health authorities have the opportunity and obligation to do everything in their power to better protect our population from the threat of vaccine-preventable diseases, and to ensure people live healthy lives through routine immunisation.

Introduction

Immunisation is a tried, tested and effective way to prevent disease throughout everyone's lives; it saves an estimated six million lives and tens of billions of dollars worldwide every year.[9]

In the last 18 months, we've seen the impact of infectious diseases on public health and finances all too starkly, as this was brought to the fore by the COVID-19 pandemic. So far, the pandemic has caused over 150,000 deaths[10] and cost the UK economy over £300 billion.[11]

> "I think the COVID lesson has taught us how serious the threats might be to health, independence wellbeing at all ages, but particularly as we get older."
>
> **Professor Ian Philip**
> **Professor of Global Ageing Studies, University of Stirling**

The UK has responded to the pandemic with an immunisation programme that has been in many respects an international example of best practice. As of July 2021, the COVID-19 vaccination has seen an uptake rate of over 86.6% for the first dose among people aged 18 and over.[12] Many have also seen the weakening relationship between infection rates and hospitalisations since the rollout of vaccination as evidence of the effectiveness of immunisation as a form of prevention.[13]

But we can't afford to become complacent. During the pandemic, uptake among adults for routine vaccinations, such as flu, pneumococcal and herpes zoster, has dropped across the world. This is largely because governments have diverted attention and funding towards the COVID-19 vaccine, and because people have avoided healthcare settings due to the risk of catching COVID-19.[14]

The content of this report has been drawn from meetings with key stakeholders from national health bodies, local authorities and healthcare professionals at both a national and local level. In March 2021, ILC held a series of working group meetings, in which we received input from these experts on what has worked and what hasn't in the delivery of vaccination in the UK.

This report now builds on this expertise to set out the lessons of the COVID-19 pandemic and what the UK healthcare system should do to improve uptake of routine vaccinations across the life course.

Barriers to the uptake of routine vaccinations in the UK

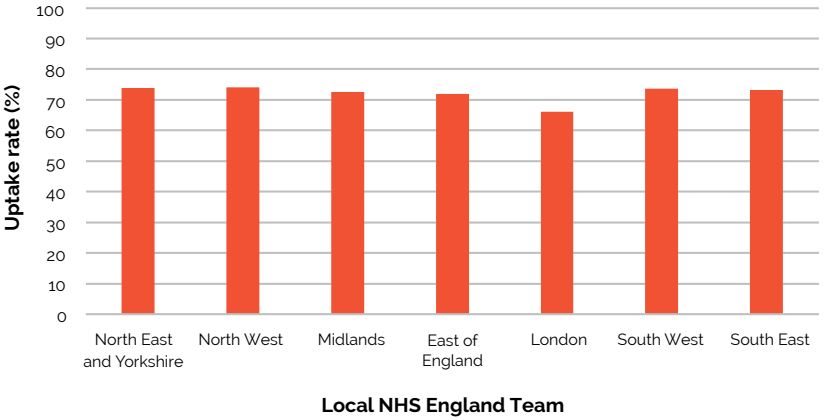
Inequality of access

Despite having relatively high vaccine uptake at a national level, vaccination uptake rates are far from equal throughout the UK – something which has been further exposed during the COVID-19 pandemic. Uptake rates continue to vary according to many factors. These include but are not limited to:

Geography

Vaccine uptake varies between regions in the UK, with London typically seeing the lowest rates. During the 2019/2020 flu season, coverage rates for the flu vaccine varied from 74% in the North West to 66.2% in London (Figure 1). Uptake the COVID-19 vaccine has varied even more from region to region - ranging from a high of 85% in the South West to a low of 65.7% once again in London (Figure 2).

Figure 1: Seasonal flu vaccine uptake by Local NHS England Team in England 2019-20



Source: Gov.UK (2021)[15]

Figure 2: COVID-19 vaccine uptake by region, in England, Dec 2020 - Aug 2021

Source: Gov.UK (2021)[16]

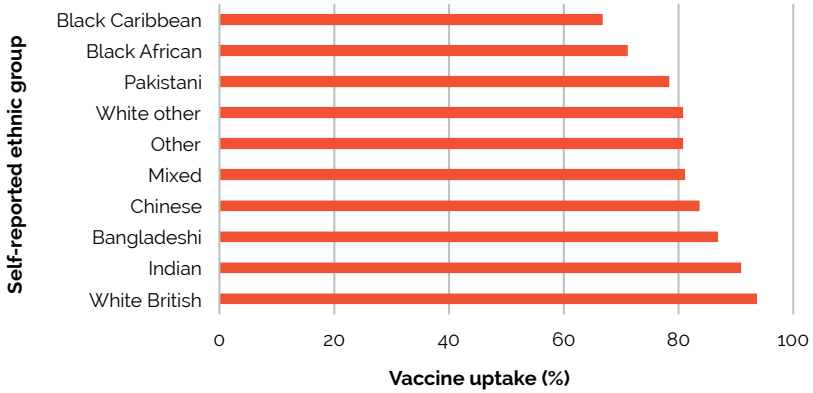
Socioeconomic status

Older adults living in more deprived areas; those who have never worked or are long-term unemployed; those with no qualifications; and those who don't own their home, are all less likely to have had their first dose of the COVID-19 vaccine and more likely to be vaccine hesitant.[17,18]

Ethnicity

Uptake rates among older adults for the first dose of the COVID-19 vaccine are lower among those who identify as Black Caribbean (66.8%) or Pakistani (78.4%), compared to those identifying as White British (93.7%) (Figure 3). Likewise, according to the Office for National Statistics (ONS), nearly a third of Black or Black British adults in the UK are "vaccine hesitant" – more than four times the national average.[19] Studies have also found lower uptake rates for the flu and herpes zoster vaccines among those of non-White ethnicities.[20,21]

Figure 3: COVID-19 vaccine uptake rates of adults aged 50 years and over, by self-reported ethnic group, in England, Dec 2020 to Apr 2021

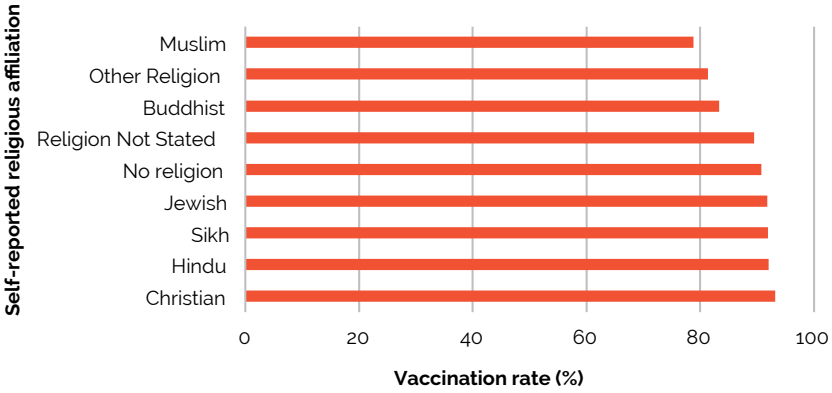


Source: ONS (2021)[22]

Religion

Lower uptake rates for the COVID-19 vaccine than the national average have been found among older adults who identify as Muslim (78.8%) and Buddhist (83.3%) compared to those identifying as Christian (93%) or no religion (91%) (Figure 4).

Figure 4: COVID-19 vaccine uptake rates of adults aged 50 years and over, by self-reported religious affiliation, in England, Dec 2020 to 12 Apr 2021



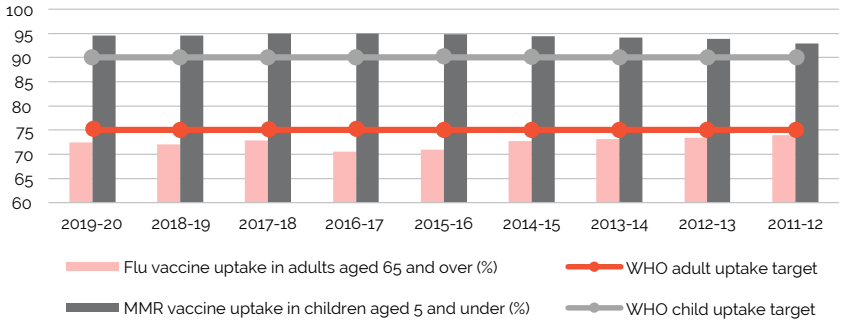
Source: ONS (2021)[23]

A lack of awareness of routine vaccinations and their benefits

Although immunisation is widely seen as a crucial intervention by the global medical community and by health authorities in the UK, attitudes among the public towards routine vaccinations vary. Not everyone sees themselves as at risk from vaccine-preventable diseases, and not everyone thinks vaccines are for them.

Previous ILC research found that many older people tend to associate the word "vaccination" with childhood vaccination schedules, such as MMR, polio and flu.[24] This assumption is supported by the fact the WHO's target for uptake of routine vaccines among children is 90%, but only 75% for the flu vaccine among older people.[25,26]

Figure 5: Uptake of flu vaccine among older adults and MMR vaccine among children, in England, 2011-2021



Source: NHS Digital (2020)[27], Public Health England (2020)[28]

Similarly, uptake is generally lower for routine vaccinations among adults than for childhood vaccines (Figure 5). Provisional data from the winter of 2020-21 shows that uptake of the influenza vaccine among those aged 65 and over reached a record 77%, surpassing the WHO's 75% target.[29] However, this was the first time this target had been met, let alone surpassed, in the last ten years. On the other hand, uptake for the MMR vaccine among children aged 5 and under has consistently surpassed the 90% WHO target over the last decade (Figure 5).

There was hope among some participants in our working groups that the pandemic would raise awareness of immunisation and the importance of uptake. According to data from the ONS, 96% of adults say they have now either received the COVID-19 vaccine or would be likely to have a vaccine if offered.[30]

"I'd like to think immunisation in future will be pushed up the agenda and up the priority list because it's been shown to be so important"

Neil Penny
Health and Social Care Commissioning Manager, NHS Gloucestershire Clinical Commissioning Group

However, we can't expect people to automatically show the same positive sentiment towards other vaccine-preventable diseases, especially those not currently causing national lockdowns. This means there's growing concern that routine immunisation will slip back down the political agenda post-pandemic.

"I do think that the importance of immunisation will decline in everybody's lives and what people think about in the future, unless we have a big public health threat."

Pauline MacDonald
Independent Consultant Nurse

A lack of accessible health data

Back in 2016, the UK Health Secretary Jeremy Hunt promised that every patient in England would have online access to their medical records by the end of the year.[31] Likewise, when he was appointed Health Secretary, Matt Hancock listed improving the NHS use of technology as one of his three key priorities.[32] Despite these promises, we must still make a request to our GPs to access our health records.[33] For hospital health records, we must contact the records or patient services manager at our hospital trust.[34] And even when we can access our records, it's often only a short synopsis rather than the full details.

"Most citizens are really shocked when they find out the NHS doesn't share their data."

George Crooks
CEO, Digital Health & Care Innovation Centre

Healthcare professionals also have difficulty accessing patient records. There are currently several health data systems in operation across the UK, many of which aren't interoperable with each other.

Research from the Institute of Global Health Innovation at Imperial College London found that NHS Trusts use at least 21 different electronic medical record systems, and as many as 23% still use paper records.[35] As a result of this lack of interoperability, between April 2017 and April 2018 there were more than 11 million cases where a hospital was unable to access medical data recorded in another hospital.[36]

Different electronic medical record systems are currently in use by NHS Trusts.

Of NHS Trusts still use paper records.

Cases where a hospital was unable to access medical data recorded in another hospital.

Entering data into patient records is even more complicated for the expanded healthcare workforce, such as community pharmacists and care workers. Despite being given more responsibility for immunisation during the COVID-19 pandemic, these professionals remain unable to directly enter data into a access patients' health records without first going through a GP, which contributes to a slow, cumbersome process of data collection as well as the risk of missing or incomplete records.

Recommendations

1 Raise awareness of routine vaccinations and their benefits

2 Use personal medical data effectively for immunisation

3 Enable effective collaboration on immunisation at national and local levels

1 Raise awareness of routine vaccinations and their benefits

Integrate routine immunisation and COVID-19 messaging

During the pandemic, we have seen the Government place unprecedented focus on public health communications, including daily news briefings and regularly updated figures on new infections, hospitalisations and deaths.

As the new UK Health Security Agency (UKHSA) takes over from Public Health England (PHE) as "our national hub for expertise and evidence on vaccine-preventable diseases", UKHSA should extend this focus to other vaccine-preventable diseases.[37] For example, weekly reporting on the flu infection rate during flu season would build awareness of the threat of vaccine-preventable diseases and encourage uptake of routine vaccinations. Similarly, UKHSA should use the COVID-19 dashboard website,[38] through which the public can easily access data on infection, hospitalisation, and vaccination uptake rates, as a model for similar online hubs for other infectious diseases.

Furthermore, the Foreign Office red, amber and green coding for countries based on their COVID-19 infection rates has been a useful indicator for people concerned about their safety when travelling. Moving forward, this guidance should be expanded to include information about infection rates for all vaccine-preventable

diseases. This would prompt people to ensure they're up to date with routine vaccines if visiting a country with high infection rates.

Finally, the NHS should encourage and support primary healthcare professionals to use the MECC approach to behaviour change, which uses everyday interactions between people to help individuals make positive changes to their health.[39] Primary healthcare professionals should take a MECC approach to immunisation by prompting patients to seek out routine vaccinations during other appointments, such as blood pressure checks or when giving blood.

Where possible, routine vaccinations should also be delivered during these appointments, to avoid individuals having to make repeated visits. This would be especially effective should the NHS commission top-up COVID vaccinations during the 2021/22 flu season. If this becomes the case, healthcare professionals should encourage patients receiving their COVID-19 top-up to get their flu jab as well, or even administer it at the same time – if this is proven to be safe and effective.

COVID-19 vaccination by Gateshead Council

Gateshead Council has worked with a network of 40 MECC partners across the public, private and voluntary sectors to promote general immunisation during the rollout of the COVID-19 vaccine.

The Council has trained staff using a presentation with basic information on immunisation, such as how vaccines work. It has also employed NHS staff who took part in vaccine trials to answer questions from the public on the efficacy and safety of vaccines.[40]

Co-produce targeted immunisation messaging

UKHSA immunisation messaging should be designed and co-produced with the people at which it's aimed, to maximise uptake. For example, previous ILC research has found that the majority of older people are aware of the benefits of a healthy lifestyle and take part in multiple activities to maintain one.[41] Framing immunisation as a way to protect our health, independence and wellbeing as we age, rather than as an intervention for infants or people with underlying health conditions, is likely to encourage uptake among this demographic.

Similarly, ILC research found there a strong consensus among older people that we have a personal responsibility to keep ourselves healthy[42] and that highlighting the importance of protecting others from the impact of flu encouraged their uptake of the flu vaccine.[43] Emphasising our collective social responsibility to get vaccinated to protect our loved ones, as well as public health as a whole, is therefore likely to increase their uptake. The COVID-19 pandemic is likely to have further increased this effect, as it has acted as a brutal showcase for the risk of infectious diseases.

> "The first thing that we actually learnt [from the COVID-19 pandemic] and people have realised very well is that vaccines can save lives. They have seen it with their own eyes."
>
> **Dr George Kassianos CBE**
> **Immunisation lead, Royal College of General Practitioners**

To identify the messages that will resonate with other groups of the population, and marginalised groups in particular, UKHSA should run focus groups with members of these groups, as has been done for the delivery of the COVID-19 vaccine. This would enable UKHSA to deliver immunisation messaging that is co-produced with those it is aimed at.

Work with community leaders to deliver targeted immunisation messaging

In some cases, the person who delivers messaging can be as important as the content of the message. In ILC research, interviewees cited information from, and discussions with, peers, family and friends as key prompts in encouraging their uptake of the flu vaccine.[44] This is particularly true for many marginalised groups who may lack trust in, or have limited contact with, the healthcare system.

Community champions, such as religious leaders, teachers and celebrities, therefore have a key role in the dissemination of targeted immunisation messaging. During the pandemic, the NHS has effectively enlisted celebrities, religious leaders and influencers to encourage people to get the vaccine.

Sir Lenny Henry's letter to black Britons	Cookery show celebrities' video message for British Bangladeshi citizens	Senior NHS figures' statement for British Muslims
Actor, comedian and television presenter Sir Lenny Henry, supported by the NHS, wrote an open letter urging black Britons to get the COVID-19 vaccine. This was published on the Government website.[45]	Nadiya Hussain from *Great British Bake Off*, Asma Khan from *Chef's Table* and Saliha Mahmood from *MasterChef* recorded a video urging members of the British Bangladeshi community to get the COVID-19 vaccine. This was published on the NHS England website.[46]	Imam Yunus Dudhwala, Head of Chaplaincy at Barts Health NHS Trust, and Dr Farzana Hussain, a senior GP, published statements on the NHS England website stressing that getting the COVID-19 vaccine would not break Ramadan.[47]

These messages were effectively delivered by members of the targeted communities. The NHS should continue this practice for other vaccines. However, celebrities must be selected carefully, as non-credible sources may trivialise the message and have a negative impact on uptake. Furthermore, the NHS should back up these messages with clear, accurate and understandable information to encourage uptake among marginalised groups.

2 Use personal medical data effectively for immunisation

Improve the use of data for the detection and monitoring of vaccine-preventable diseases

Personal medical data has driven the UK's COVID-19 immunisation programme; it has been used to identify and target people with risk factors, such as being older or having underlying health conditions.

One of the key functions of UKHSA will be "detecting and monitoring infectious diseases though world-class health surveillance, joined-up data, horizon scanning and early warning systems"[48], which will require data sharing to be improved significantly. To support this, UKHSA should make better use of NHS numbers as a universal form of identification, which would help improve the ability of different systems to share data and enable all vaccine records to be integrated into the NIVS.

Having a single data source for vaccine records would enable UKHSA to effectively integrate uptake data with clinical and other information, including geography, membership of risk groups and age, and thus allow the identification and targeting of groups which have typically had low uptake. Healthcare professionals would be able to send targeted text, email and written vaccination reminders and prompts to these groups through the NIVS; several studies have found that targeted messages increase vaccination coverage.[49,50]

The NIVS should also allow GPs to access data from within their practice and compare it to other practices/regions, to identify best practice for reaching these groups in areas with similar demographics.

Lack of interoperability between different health systems also hinders community pharmacists and other members of the expanded healthcare workforce in delivering immunisation. Subject to a thorough vetting process, community pharmacists, care workers and other healthcare professionals involved in immunisation delivery should not only have access to standardised data, but should also be trained and allowed to input the details of any vaccination they administer directly into online health records.

> "We need to work on everybody who can give someone a vaccine being able to access a patient's records to see a) are they eligible and b) have they had it already.
>
> **Pauline MacDonald**
> **Independent Consultant Nurse**

Improve access to personal immunisation data

When sharing data, privacy concerns cannot – and should not – be ignored. We should work to instil the public's trust in the sharing of

health data by giving them ownership of their own data. This should include the ability to access their health record directly via an online portal, rather than through their GP.

> "We need to empower citizens to actually be part of the system as opposed to being seen as consumers of service."
>
> **George Crooks**
> **CEO, Digital Health & Care Innovation Centre**

The COVID-19 vaccination programme is demonstrating how effective data sharing can be. 4.8 million people have downloaded the NHS app;[51] over 1 million of these downloads occurred after COVID-19 vaccine passports were added on 17 May 2021,[52] showing the demand for access to personal vaccine records. All vaccination records should be added to this app, allowing people to be more aware of their eligibility for vaccinations and better able to keep track of their vaccination history. Several studies in the UK, US and Australia have found that people who can access their health records are more likely to get vaccinated for the flu, pneumococcal infections and herpes zoster.[53,54,55] This means that expanding the vaccine record feature of the NHS app is likely to have a positive impact on uptake.

Ensuring that everyone has access to their vaccine records via the NHS app is likely to benefit not just immunisation, but public health as a whole. Since the introduction of COVID-19 vaccine passports, other services on the NHS app have been used more as well, such as booking appointments, ordering prescriptions and registering an organ donor preference. The number of appointments booked through the app doubled in May 2021 compared to the previous month.[56]

However, the Government must bear in mind that not everyone will be able to use a mobile app, or be comfortable with viewing their health data that way. Therefore, to cater to different levels of digital literacy, there must also be an easy-to-access web-based portal for digital vaccination records.

3 Enable effective collaboration on immunisation at national and local levels

Make it clear who has responsibility for each element of *immunisation*

Immunisation cannot be delivered by activity at the national level alone. Actors at all levels of the health system must collaborate effectively to ensure maximum vaccination uptake. To do this, we need clarity around the responsibilities of different actors in the healthcare system. This will ensure the right balance between central co-ordination and local delivery – especially as we transition from CCGs to ICSs and from PHE to UKHSA.

> "If COVID has taught us one very important lesson, it's that the healthcare system cannot deliver a response to a health protection issue on its own. It requires the logistical skill and tactical knowledge of communities that local government and voluntary sectors have in particular."
>
> **Kate Ardern**
> **Director for Public Health, Wigan Council**

The Government intends UKHSA to "act to strengthen health protection capability from top to bottom, ensuring clear roles, relationships and accountabilities to enable a 'whole system response' to health threats".[57] This division of responsibilities should ensure strategic decisions, including on the development, procurement, approval, monitoring and supply of vaccinations, remain at a national level under the control of UKHSA. This will allow for coordinated national immunisation strategies and prevent regional differences in the availability of certain vaccines.

Immunisation delivery, on the other hand, is best driven locally. CCGs, Directors for Public Health and local governments play a crucial role in administering vaccination efforts, drawing on their extensive knowledge of the infrastructure and demography of their communities. Moving forward, ICSs should be given autonomy over how and where vaccinations are delivered to capitalise on this expertise.

Make vaccination more convenient

Vaccination must be brought to people, rather than vice versa. This can be achieved by offering vaccines in local community settings, such as supermarkets, pharmacies and leisure centres, which would make use of existing transport infrastructure and enable people to fit their jabs into their everyday routines.

Individuals should also be able to book and manage vaccination appointments online, as successfully implemented during the COVID-19 immunisation programme, so that they can fit in getting their jabs around their schedule.

COVID-19 vaccination by Wigan Council

Wigan Council have used four vaccination centres to deliver the COVID vaccine in convenient locations: two leisure centres, a community centre and a conference centre.[58]

This has allowed 81.9% of those in this borough aged over 18 to be vaccinated as of 7 July 2021.[59]

COVID-19 vaccination by St Albans Council

During the COVID-19 vaccination programme, St Albans Council has used Batchwood Hall – a disused nightclub in St Albans – as a mass vaccination centre due to the convenience of its location.

The Council has also used a drive-through service at this venue to offer people the opportunity to receive a vaccination without having to leave their vehicle.

This approach has allowed the Council to administer 1,500 vaccines per day at this site alone.[60]

But not everyone can leave their home to get vaccinated; people in care homes or retirement housing communities who lack the mobility to go to a GP or pharmacy should have the option to have their vaccines administered via home visits. Home visits have helped us to offer everyone living in care homes the COVID-19 vaccine.[61] Therefore, all vaccine appointments should be offered at home when necessary.

"I do not believe in hard to reach people or hard to reach groups. We have hard to reach services."

Pauline MacDonald
Independent Consultant Nurse

Use the expanded healthcare workforce to deliver immunisation

Immunisation cannot be delivered by primary care alone. During the pandemic, we've seen how effectively the expanded healthcare workforce, such as community pharmacists, school nurses, care workers and midwives, can work together to administer vaccinations. From our conversations with members of the expanded healthcare workforce, it was clear that they have the will, capacity and ability to do more to deliver immunisation.

"Pharmacy has got the capacity. We've got 12,000 pharmacies in England. We've got nearly 1,800 pharmacies in London. If they could be used properly, they could provide such a lot of the capacity that is the shortfall that is always being talked about."

Rekha Shah
CEO, Pharmacy London

As well as relieving some of the pressure on GPs, studies have found that administering vaccinations through pharmacists can improve uptake rates. One study in the US found that allowing pharmacists to administer the herpes zoster vaccine led to an increase in uptake rates among those aged over 60 over a period of three months. The increase levels were 745% in Massachusetts, 377% in Florida and 803% in New York.[62] This may be thanks to the fact that people are often more familiar with the location and staff of community pharmacies.

The role of school nurses in delivering HPV vaccines

A 2012 study on the delivery of HPV vaccination by school nurses found uptake increased among children who had previously not attended or missed doses of the vaccine.

This was attributed to their familiarity and established relationships with the students and their backgrounds.[63] Administering vaccinations in schools is also less disruptive to everyday routines, as it does not require an extra journey for parents.

Despite this, a barrier to greater collaboration remains in the form of a lack of clear responsibilities and financial incentives for this expanded workforce. The NHS should commission these healthcare workers to administer more routine vaccinations.

Alongside this greater responsibility, members of the expanded healthcare workforce should be given targets for vaccination uptake. They should not only be reimbursed for each vaccination they deliver, but also be given extra monetary rewards for hitting these targets to encourage maximum uptake.

Conclusion

We can't afford to become complacent when it comes to the threat of infectious diseases and the importance of routine immunisation.

There are several barriers to the uptake of these routine vaccinations – not least ongoing inequalities in access to vaccinations involving people from certain ethnic, religious, geographic and socioeconomic backgrounds. In addition, attitudes towards routine immunisation vary in the UK, with some people being unaware of the full benefits of vaccinations. Finally, the lack of easily accessible health data, and poor interoperability between health systems, stands in the way of individual ownership of personal medical records and the effective targeting of immunisation programmes.

To address these barriers, UKHSA must improve public awareness of the threat of infectious diseases, as well as the benefits of immunisation. It could do this using the communication infrastructure built for COVID-19 and working with community champions to deliver tailored messages to marginalised groups. It's also vital that UKHSA makes better use of data than its predecessor, PHE, both through better monitoring of the spread of infectious diseases, and by ensuring that everyone in the UK has access to their personal vaccination record.

Following the introduction of ICSs and UKHSA, the Government must find the right balance between national strategy and local delivery to ensure we're bringing vaccinations to people, rather than vice versa.

As we continue to respond to the COVID-19 pandemic and begin to recover from the damage of the last 18 months to our health, social and economic systems, national and local health authorities have the opportunity and obligation to do everything within their power to better protect our population from the threat of vaccine-preventable diseases and to ensure people live healthy lives through routine immunisation.

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About the ILC

The International Longevity Centre UK (ILC) is the UK's specialist think tank on the impact of longevity on society. The ILC was established in 1997, as one of the founder members of the International Longevity Centre Global Alliance, an international network on longevity.

We have unrivalled expertise in demographic change, ageing and longevity. We use this expertise to highlight the impact of ageing on society, working with experts, policy makers and practitioners to provoke conversations and pioneer solutions for a society where everyone can thrive, regardless of age.

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Published in August 2021 © ILC-UK 2021
Registered Charity Number: 1080496.