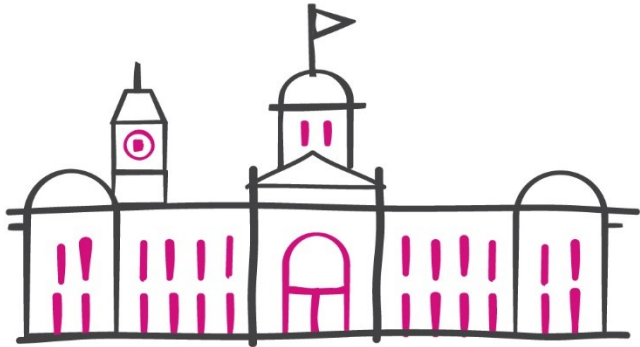


Childhood Immunisations

Birmingham Measurement Tools Webinar Series
Funmi Worrell – Public Health Service Lead (Health Protection)



 **RESET**

 **RESHAPE**

 **RESTART**

Introduction



Impact and outcome measurement should be a key part of any intervention.

Measuring the impact of what we do helps us demonstrate that what we are doing is making a difference. They help us demonstrate that an intervention is having an impact in a measurable way rather than using just stories.

Using standard tools allows us to compare different interventions impact. Combining these standard measures with standard questions on people's identity helps understand if different interventions are more effective for different groups. We can also combine them with information on the cost of an intervention and the numbers of users to look at cost effectiveness.

Without clear impact and outcome measurements it is difficult to support funding for interventions or to justify that the approach used should be continued or scaled up.



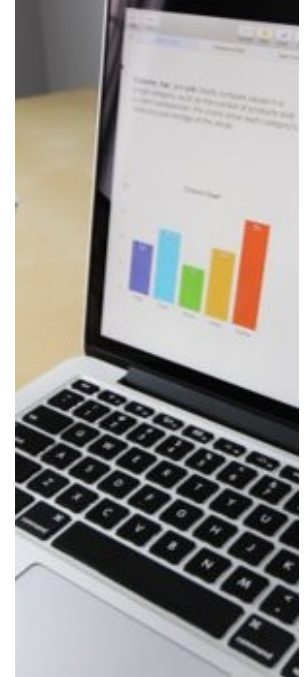
Birmingham Public Health Measurement Toolbox

The Birmingham Public Health Measurement Toolbox has been developed to standardise impact and outcome measures for interventions that are trying to improve health and wellbeing across Birmingham.

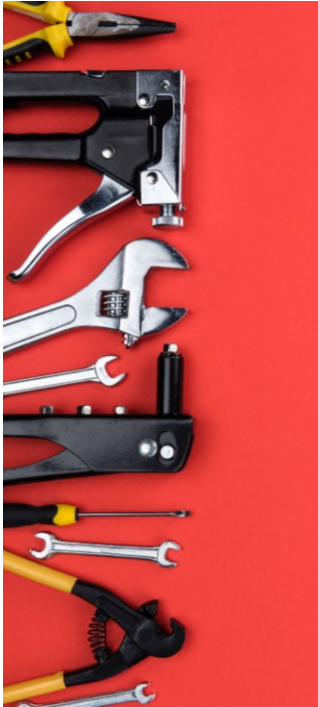
The toolbox supports organisations when they are developing projects to build the appropriate measures into their service design.

It provides clarity and transparency on how to clearly assess and measure interventions based on their focus, which can then be demonstrated clearly when applying for funding.

It allows for accurate and meaningful comparisons between different programmes and interventions to help inform decision-making.



Contents



The Tool Box is a developing set of resources to support measurement related to different areas of health and wellbeing, these include:

- Physical activity
- Smoking
- Mental Wellbeing
- High Blood Pressure/Hypertension
- Long-acting Reversible Contraception
- HIV and Hepatitis Risk Reduction

For each section there is:

- A description of the issue/topic
- Links for local or national information on the issue/topic
- A description of the tool
- Information on any registration requirements to use the tool
- Useful links to support behaviour change and evidence-based interventions related to the issue/topic
- A case study example of using the tool in practice



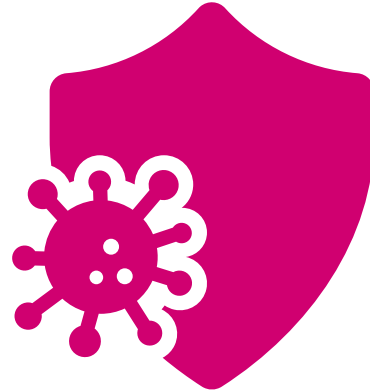
CHILDHOOD IMMUNISATIONS



Difference between vaccinations and immunisations?



Vaccination: the act of getting a vaccine



Immunisation: becoming immune or resistant to a disease (in this context through vaccination)



What are immunisations?

The World Health Organization (WHO) says: “The 2 public health interventions that have had the greatest impact on the world’s health are clean water and vaccines.

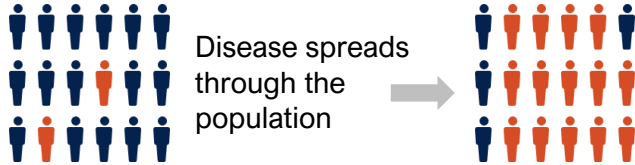
Vaccinations prevent 3.5-5 million deaths every year from diseases like diphtheria, tetanus, pertussis, influenza and measles (WHO).

Vaccines reduce the risk of getting seriously unwell from a disease by working with your body to build its own natural defences.

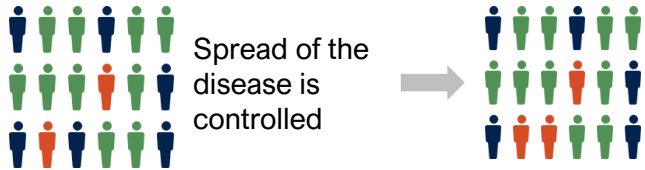





How do vaccines protect the community?

When no one is vaccinated



When 95% of the population is vaccinated



-  Not vaccinated but still healthy
-  Vaccinated & healthy
-  Not vaccinated, sick & contagious



What are childhood immunisations?

Vaccines for babies under 1 year old

Age	Vaccines
8 weeks	6-in-1 vaccine Rotavirus vaccine MenB vaccine
12 weeks	6-in-1 vaccine (2nd dose) Pneumococcal vaccine Rotavirus vaccine (2nd dose)
16 weeks	6-in-1 vaccine (3rd dose) MenB vaccine (2nd dose)

Vaccines for children aged 1 to 15

Age	Vaccines
1 year	Hib/MenC vaccine (1st dose) MMR vaccine (1st dose) Pneumococcal vaccine (2nd dose) MenB vaccine (3rd dose)
2 to 15 years	Children's flu vaccine (every year until children finish Year 11 of secondary school)
3 years and 4 months	MMR vaccine (2nd dose) 4-in-1 pre-school booster vaccine
12 to 13 years	HPV vaccine
14 years	3-in-1 teenage booster vaccine MenACWY vaccine



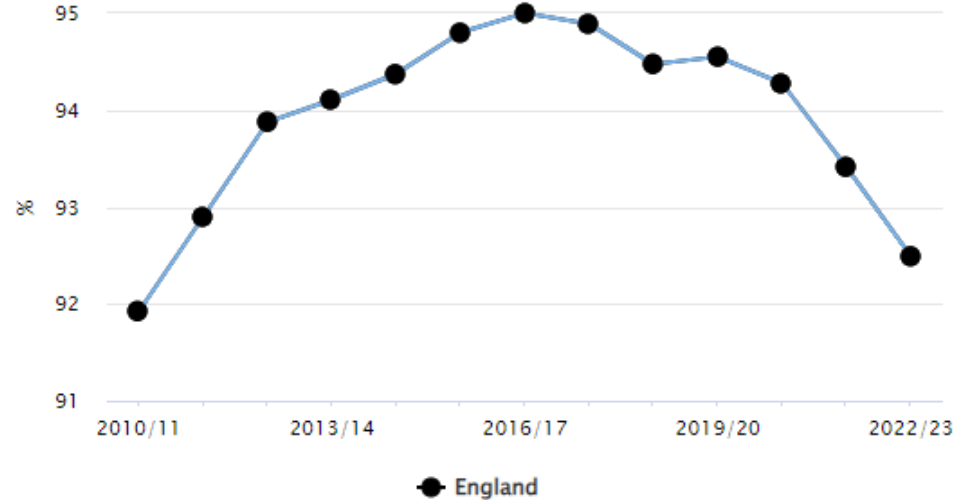
What are childhood immunisations?

- Immunisations from the UK Routine Immunisation Schedule
- For children aged from 8 weeks old to 14 years old
- Protects children from many serious and potentially deadly diseases
- Aiming for **95% uptake** of childhood immunisations to achieve herd immunity



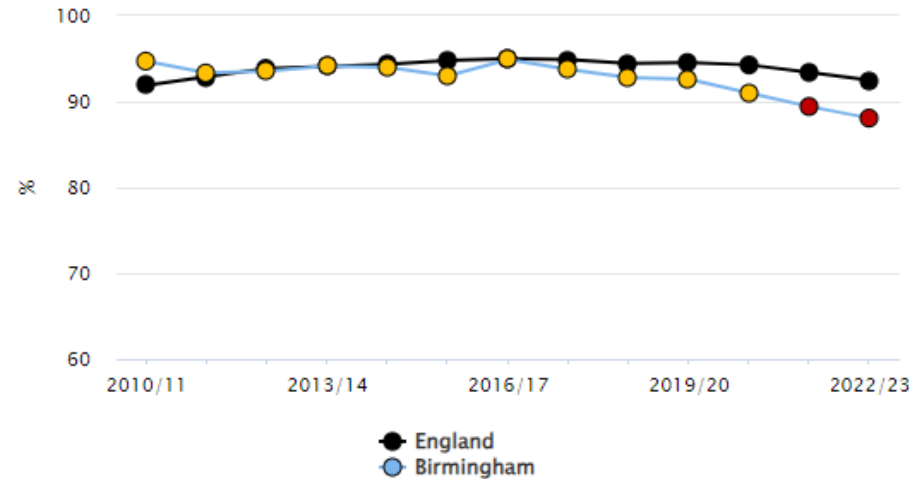
National Context

- MMR dose 1 should be given at 1 year old
- In 2022-23 only 92.5% of 5-year-olds in England have had that first dose
- This number is decreasing year by year



Local Context

- Locally, Birmingham has even lower uptake
- Only 88.1% of 5-year-olds in 2022-23 had MMR dose 1
- Measles is currently circulating in Birmingham, so increasing this number urgently is important to protect residents



CHILDHOOD IMMUNISATIONS TOOLKIT



Childhood Immunisations Checklist

Age Due	Disease protected against	Vaccine Name	Usual site	Vaccine has been received
Eight Weeks Old	Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib) and hepatitis B	DTaP/IPV/Hib/HepB	Thigh	
	Meningococcal group B (MenB)	MenB	Left Thigh	
	Rotavirus gastroenteritis	Rotavirus	By Mouth	
Twelve Weeks Old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Thigh	
	Pneumococcal	PCV	Thigh	
	Rotavirus gastroenteritis	Rotavirus	By Mouth	
Sixteen weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib) and hepatitis B	DTaP/IPV/Hib/HepB	Thigh	
	Meningococcal group B (MenB)	MenB	Left Thigh	
One Year	Haemophilus influenzae type b (Hib) and hepatitis B	Hib/MenC	Upper arm/ Thigh	
	Pneumococcal Booster	PCV	Upper arm/Thigh	
	Measles, Mumps and Rubella (German Measles)	MMR	Upper arm/thigh	
Three Years and Four Months or just after	Diphtheria, tetanus, pertussis (whooping cough) and polio	DTaP/IPV	Upper arm	
	Measles, Mumps and Rubella (German Measles)	MMR	Upper arm	
Children between 4yr and 11yrs	Seasonal Flu/Influenza	Flu	Nasal spray	
Boys and girls aged twelve to thirteen years	Cancers and genital warts caused by specific human papillomavirus (HPV) types	HPV	Upper arm	
Fourteen years old (school Year 9)	Tetanus, pertussis (whooping cough), polio	Td/IPV	Upper arm	
	Meningococcal groups A, C, W and Y	MenACWY	Upper arm	



What does the toolkit measure?

- Helps identify:
 - Any gaps in the routine childhood immunisation programme
 - Parent/guardian awareness and understanding of child's personal immunisation record
 - Vaccine-preventable diseases that children are not protected against
- Allows professionals to:
 - Open up conversations about reasons for not vaccinating children, and design interventions around those reasons
 - Vaccine related resources are responding to actual community need



Measurement tool: Childhood Vaccination Checklist Tool

Tool	Childhood Vaccination Checklist Tool
Weblink	Checklist listing all doses of childhood vaccinations from the UK's routine immunisation programme. 17 immunisation doses listed for 8 age groups (starting from eight weeks old up to fourteen years old).
Cost	N/A
Use	Checklist
Frequency	Pre & Post-intervention
Ambition	Increase number of children with completed vaccination schedule appropriate for their age
Benchmark Data	OHID Fingertips Child & Maternal Health Profiles



Using the tool

- Users can complete the tool on their own if they wish, or you may wish to work through the checklist with them
- You may need to support users with recognising each of the vaccinations listed in the checklist
- You may need to support users to contact their GP practice if they are not sure what vaccinations have been given



Specific risks and issues to consider

Parents/guardians
have no access to
Red Book

Parents/guardians
have negative
attitudes towards
vaccinations

Accessing medical
records if
parents/guardians
cannot fill checklist in



How to report the findings

- The checklist aims to increase awareness/understanding of an individual's personal immunisation record
- You may wish to collect the data from completed checklists on an excel spreadsheet or a word document



Case study – hypothetical

Issue

Who to target

- Voluntary organisation works with looked after children, children in deprived households, or the families of these children
- Organisation is aware children may not have some or all of their childhood vaccinations

Aim

What to do

- Decide to deliver a childhood immunisations intervention to increase uptake of vaccinations



Intervention

What happened:

- Service users were asked to, or supported to, complete the childhood immunisation checklist
- Organisation offered basic information, training and support on immunisations to boost awareness and confidence, in collaboration with healthcare professionals
- Checklist completed after the intervention



Findings

What was demonstrated

- Voluntary organisation demonstrated that uptake of childhood immunisations increased

Implications

Outcomes

- Increased protection against vaccine preventable disease
- Used the findings to work with local healthcare professionals to increase immunisation uptake



Additional links

- If you have any questions or queries regarding the toolkit, please contact the Public Health team
- [UK Childhood Immunisation Schedule](#)
- [Cover of vaccination evaluated rapidly \(COVER\) programme 2022 to 2023: quarterly data - GOV.UK \(www.gov.uk\)](#)
- [UK and International Vaccination Schedule comparison tool](#)
- [Welcome Trust: Effective ways to increase vaccination uptake](#)
- [NHS Health A to Z: Vaccinations](#)
- [Overview | Vaccine uptake in the general population | Guidance | NICE](#)

