



Health and Wellbeing Board

An update on vaccinations for children aged 12-15 years in Lewisham

Date: 17th October 2023

Key decision: No

Class: 1

Ward(s) affected: Borough

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Outline and recommendations

The purpose of this report is to update the Lewisham Health and Wellbeing Board about the coverage of vaccinations amongst children aged 12-15 years in Lewisham. This report will specifically cover the 3-in-1 Teenage Booster (Td/IPV), the MenACWY vaccine and the Human Papillomavirus (HPV) vaccine.

Timeline of engagement and decision-making

N/A

1. Recommendations

- 1.1. The purpose of this report is to update the Lewisham Health and Wellbeing Board about the coverage of relevant vaccinations amongst children in Lewisham between the ages of 12 and 15 years.

1.2. The Health and Wellbeing Board are recommended to:

- Note the contents of the report.

2. Summary

- 2.1. This report gives the Health and Wellbeing board an update on the coverage of vaccinations among Adolescents in Lewisham.
- 2.2. The report analyses the most recent data, identifies trends and compares vaccination coverage in Lewisham to that of London and England. The objective is to offer insights into Lewisham's performance in recent years in the context of adolescent vaccinations.
- 2.3. The analyses reveal that Lewisham's vaccination coverage for both the the 3-in-1 teenage booster (Td/IPV) and MenACWY vaccines generally falls below averages for London and England
- 2.4. However, Lewisham's coverage of the Human Papillomavirus (HPV) vaccine in this age group appears to be in alignment with, and in some cases, surpasses the average for both London and England.
- 2.5. In recent years, there appears to be a decline in vaccination coverage for all three vaccinations. This trend is consistent with the decrease in vaccination uptake observed throughout England and London as well. A plausible explanation for this decline could be the disruptions caused by the COVID-19 pandemic, as these vaccines are predominantly administered within schools.

3. Background

- 3.1. Routine vaccinations are offered to children from the age of 8 weeks as part of the National Immunisation Programme.
- 3.2. Adolescents, specifically those aged between 12- 15 years (academic years 8-10), are recommended to receive three vaccines during this period: the 3-in-1 teenage booster (Td/IPV), the MenACWY vaccine and the Human Papillomavirus (HPV) vaccine.
 - The 3-in-1 teenage booster or school leaver booster is given as a single dose to boost protection against 3 separate diseases: tetanus, diphtheria and polio. It is typically given to Year 9 students alongside the MenACWY vaccine.
 - The MenACWY vaccine is a single dose vaccine which is given to provide protection against 4 strains of the meningococcal bacteria- A, C, W and Y which can cause meningitis and septicaemia.
 - The HPV vaccine provides protection against the Human Papillomavirus. It targets two high-risk HPV types associated with cancer and two types that most commonly cause genital warts.
 - The HPV Vaccine has been part of the routine vaccination programme for girls in year 8 since 2008 and for boys since 2019.
 - The dosing regimen for the HPV vaccine has transitioned to a single dose since September 2023. Consequently, this report will focus on the data and trends related to the uptake of at least one dose of the vaccine.
- 3.3. These vaccines are typically administered in secondary schools but can also be obtained through GP services. Given that vaccinations predominantly occur in schools, the denominator population includes all students attending Lewisham schools, which may include non-residents of Lewisham.

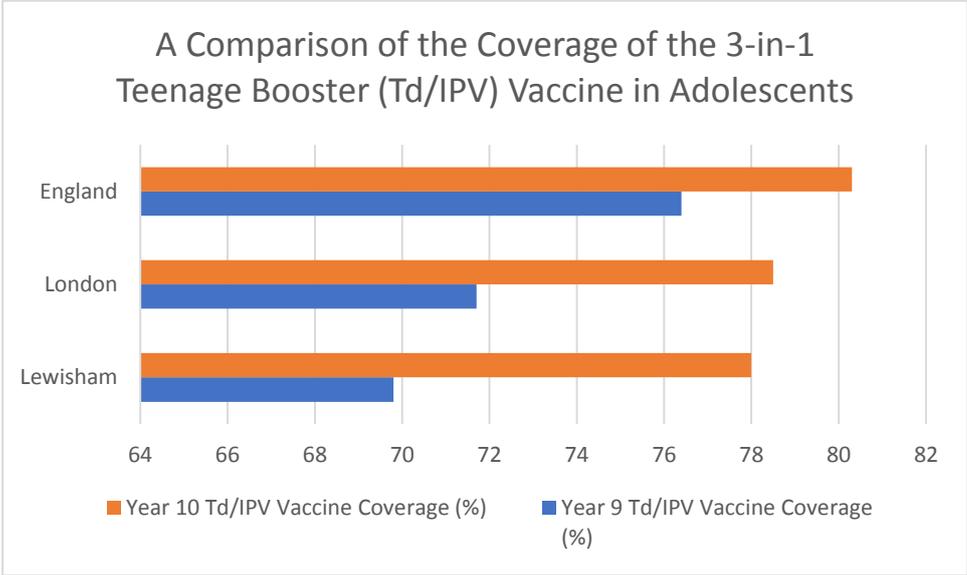
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4. Findings from the analysis of vaccine coverage in older children

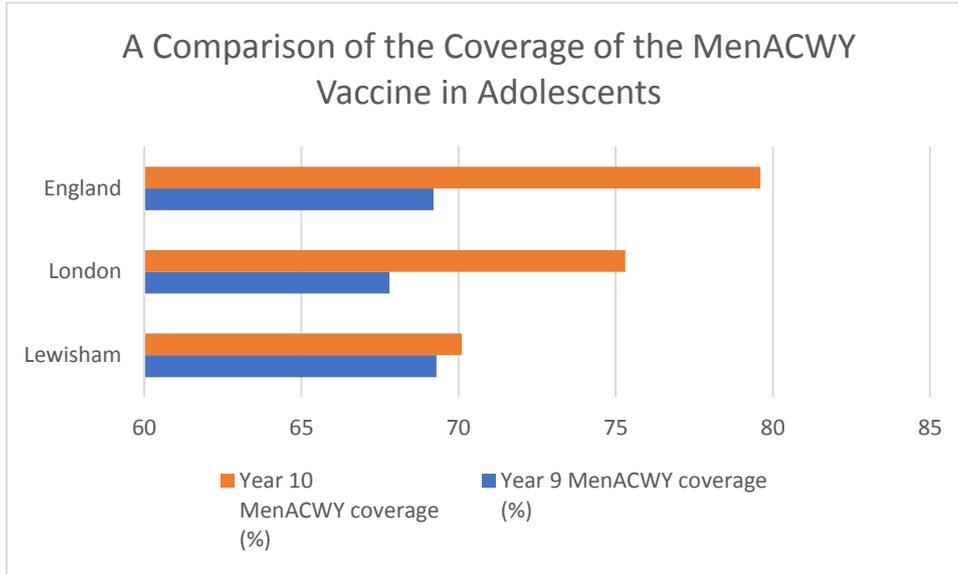
- 4.1. An examination of the most recent data available, spanning September 2021 to 31st August 2022, pertaining to the vaccination coverage of HPV, MenACWY and Td/IPV vaccines among adolescents, was conducted. This data was compared between Lewisham, London and England. Furthermore, historical data from previous years was incorporated to facilitate a comprehensive analysis and to discern prevailing trends. The subsequent findings are outlined below:
- 4.2. The Td/IPV vaccine is routinely administered to both girls and boys in Year 8 and is frequently administered concurrently with the MenACWY vaccine. In the academic year 2021 to 2022, the routine offering of the Td/IV vaccine to Year 9 students was introduced, accompanied by a catch- up vaccination campaign for the year 1 cohort. In this report, figures from both Year 9 and Year 10 will be analysed to give a more accurate representation of vaccine coverage.
- 4.3. The data highlights that Lewisham’s 3-in-1 teenage booster (Td/IPV) vaccine coverage during the period from September 2021 to August 2022 slightly trails behind the averages of both London and England, particularly within the 13-14(Year 9) age group. This difference is more pronounced among Year 9 students, with Lewisham’s coverage exhibiting an improvement in Year 10, aligning more closely with London’s figures. (See figure 1)
- 4.4. Figure 1: A comparative analysis of the 3-in-1 teenage booster (Td/IPV) vaccine coverage for both boys and girls aged 13-15(encompassing school years 9 and 10) in Lewisham, London, and England for the period spanning September 2021 to 31st August 2022



- 4.5. It is worth emphasising that data regarding the coverage of the Td/IPV in previous years was not readily accessible prior to the compilation of the report. An exploration of the trends spanning multiple years would offer a more comprehensive understanding of Lewisham’s performance in this domain.
- 4.6. In the context of the MenACWY vaccine, an examination of the 13-14 age group (Year 9) within Lewisham reveals a vaccination coverage of 69,3%, This figure slightly surpasses London’s average of 67.8% and closely aligns with England’s average of 69,2%. However, in the 14-15 age group (Year 10), Lewisham’s coverage lags behind both London (75.3%) and England (79.6%), with a vaccination rate of 70.1%. Overall,

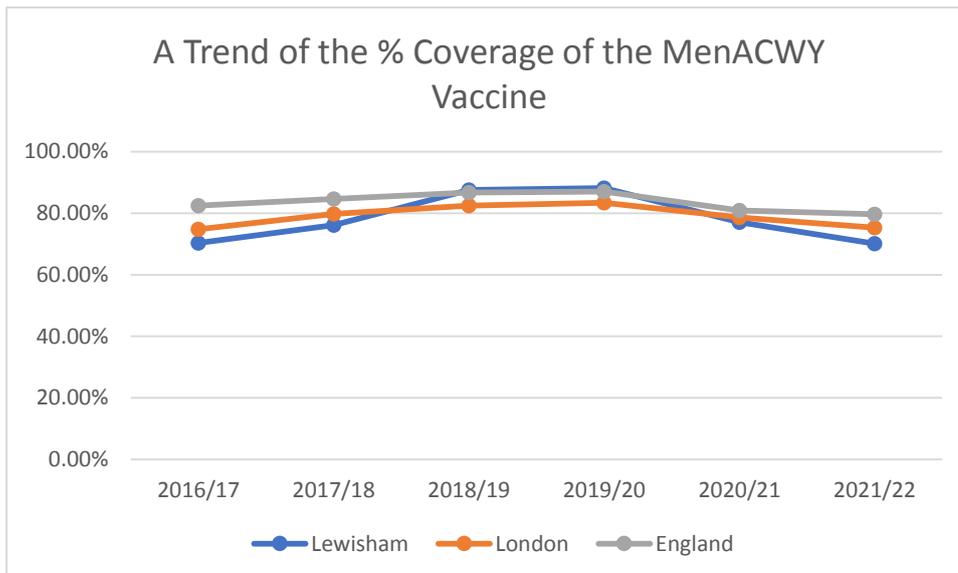
Lewisham's MenACWY vaccine coverage appears to be lower when compared to both London and England.

- 4.7. Figure 2: A comparative assessment of the coverage of the MenACWY vaccine among 13-15- year-olds (encompassing school year 9 and 10) in Lewisham, London and England, during the period of September 2021 to 31st August 2022.



- 4.8. When assessing these figures from September 2016 to August 2022, a downward trend is discernible. Notably, Lewisham has observed a significant 7% decline in vaccination uptake between 2020 and 2021 (70.1% from 77.1%), whereas England and London experienced a more modest 1.3% and 3.3% decrease respectively (See Figure 3)

- 4.9. Figure 3: An illustrative comparison of vaccination coverage trends for the MenACWY vaccine among boys and girls by the end of the Year 10 academic year in Lewisham, London and England between September 2016 and August 2022.



- 4.10. In the context of the HPV vaccine coverage, Lewisham exhibits a commendable performance compared to London and England when considering the most recent data

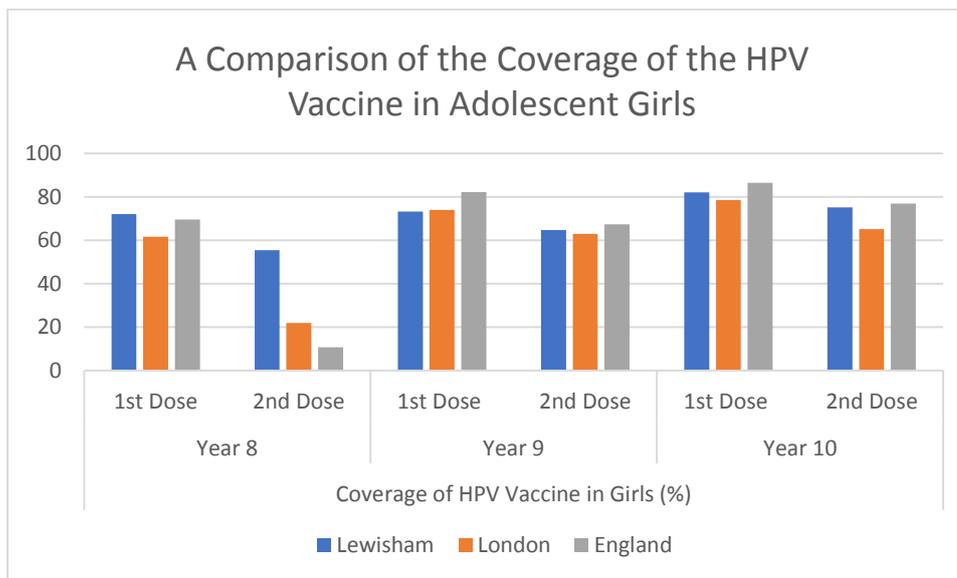
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(September 2021 to August 2022). Among girls aged 12-13 (Year 8), Lewisham leads with rates for both one dose (72%) and two doses (55.5%), surpassing London (61.6%, 21.9%) and England (69.6%, 10.7%). In the 13-14 age group (Year 9), Lewisham maintains competitive rates with 73.2% for one dose and 64.7% for two doses, outpacing London and closely aligning with England's figures. In the age group 14-15 (Year 10), Lewisham remains strong with rates of 82.1% for one dose and 75.1% for two doses, surpassing London and closely mirroring England's figures (See Figure 4)

- 4.11. Figure 4: An illustrative comparison of the HPV vaccine coverage in girls aged 12-15 (school years 8-10) in Lewisham, London, and England from September 2021 to August 31st 2022.

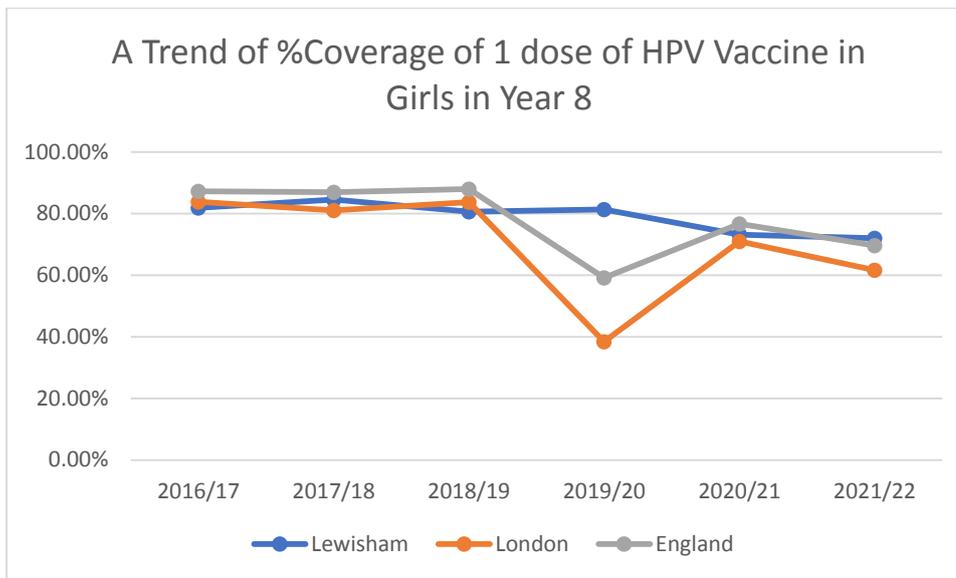


- 4.12. With recent guidance changes in mind, a review of the one-dose HPV coverage among Year 8 girls between September 2016 to August 2022 has been conducted and compared to rates in London and England. As anticipated, there was a decline in vaccine coverage during the COVID-19 pandemic. Lewisham, along with England and London, experienced an overall decrease in rates, but its coverage appears slightly higher. (See Figure 5).
- 4.13. Figure 5: An illustrative comparison of the trends in the coverage of one dose of HPV vaccine among Year 8 girls in Lewisham, London and England.

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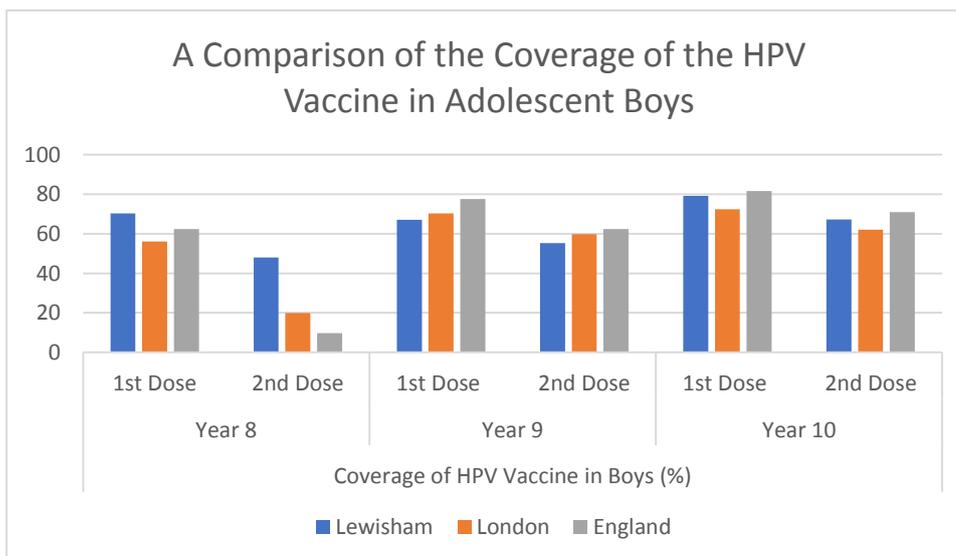
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4.14. The HPV vaccine was introduced as a routine vaccine for boys in 2019.

4.15. In the context of the HPV vaccine coverage for boys, during the period between September 2021 and August 2022, Lewisham demonstrates an impressive performance in comparison to London and England. Among boys ages 12-13 (Year 8), Lewisham’s vaccination coverage surpasses both regions, with 70.3% for one dose and 48% for two doses, while London and England lag behind in both categories. In the 13-14 age group (Year 9), Lewisham maintains a competitive coverage with 67% for one dose and 55.2% for 2 doses. London and England exhibit similar rates. In the 14-15 age group (Year 10), Lewisham’s rates of 79.2% for one dose and 67.2% for two doses continue to showcase strength. (See Figure 6)

4.16. Figure 6: An illustrative comparison of the coverage of HPV vaccines in boys aged the 12-15 (School Years 8-10) in Lewisham, London and England between September 2021 and August 31st 2022.



4.17. With recent guidance changes in mind, an evaluation of the coverage rates among Year 8 boys who received one dose of the HPV vaccine was done. This period encompasses the time when the vaccine was first introduced for boys to the most recent data available

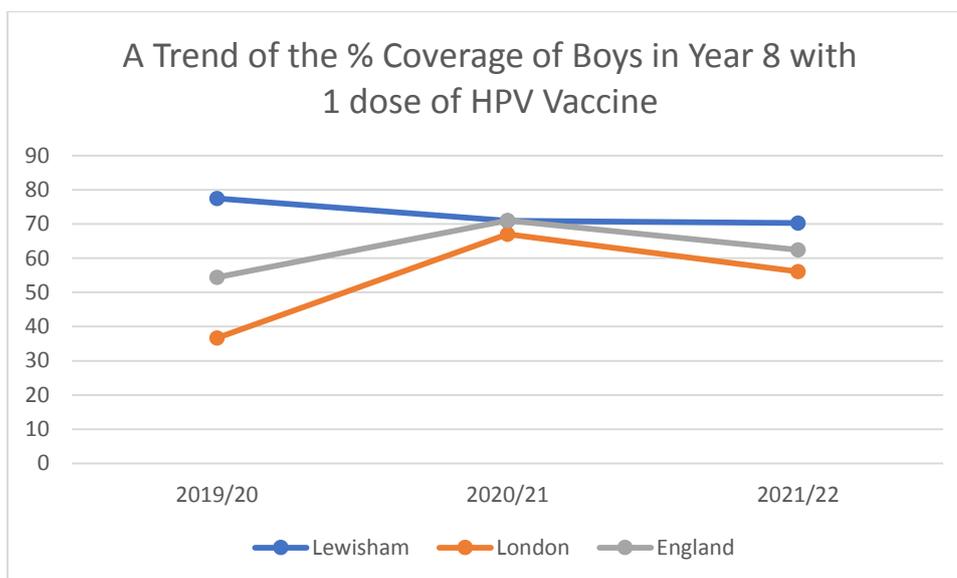
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(September 2019 to August 2022). Lewisham demonstrates consistently higher rates of coverage when compared to London and England's averages.

- 4.18. Figure 7: An illustrative comparison of the trends in vaccine coverage in Lewisham, London and England among Year 8 Boys with one dose of the HPV vaccine.



- 4.19. It is worth acknowledging that within the data available on vaccination rates, gender specific breakdowns in Td/IPV and MenACWY vaccine coverage, as well as data on uptake by school or ethnicity, are not regularly published. This presents a challenge in effectively monitoring inequalities in vaccine uptake.

5. Financial implications

- 5.1. There are no significant financial implications of this report.

6. Legal implications

- 6.1. There are no significant legal implications of this report.

7. Equalities implications

- 7.1. The equalities implications for this report are outlined in the main body of text.

8. Climate change and environmental implications

- 8.1. There are no significant climate change and environmental implications of this report.

9. Crime and disorder implications

- 9.1. There are no significant crime and disorder implications of this report.

10. Health and wellbeing implications

- 10.1. The health and wellbeing implications for this report are outlined in the main body of text.

11. Report author and contact

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