Digital Exclusion – Does This Impact on Uptake of Immunisation Consent?

'Digital inclusion is social inclusion. Those who would most benefit tend to be those who are least likely to be online.'
100% Digital Leeds

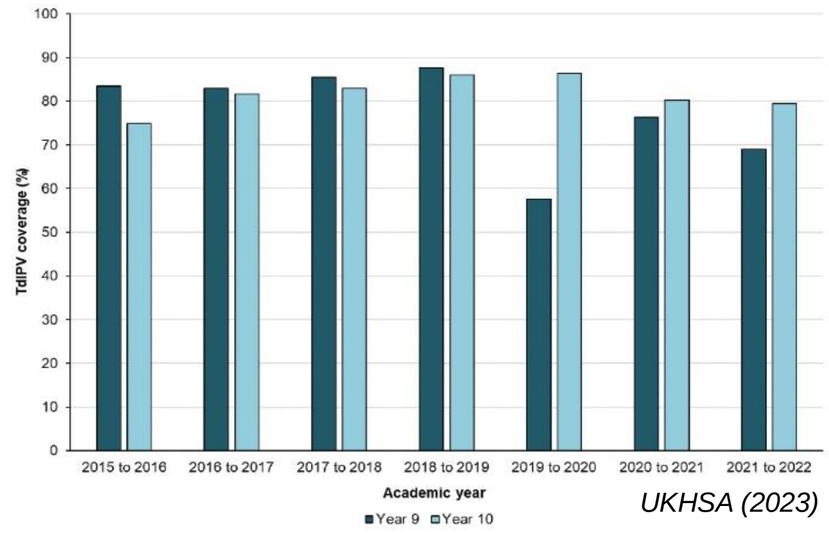
Background:

Since the beginning of the pandemic there has been a decrease in the number of school children who are receiving their routine vaccination (to protect them against tetanus, diphtheria and polio) in year 9.

This in part is due to the disruption in school attendance during the Covid-19 pandemic but immunisation rates have since failed to return to pre-pandemic levels.

This national reduction in immunisation uptake is mirrored in Leeds with some schools receiving less than 40% consent for year 9 immunisations.

Figure 1. Td/IPV coverage in adolescents in school years 9 and 10 by academic year from 2015 to 2022



UKHSA (2023)

The Project:

Year 9 vaccination uptake for the 3 in 1 teenage booster Td/IPV was the focus of this pilot project.
Working in partnership with NHS England, 100% Digital Leeds and the School Aged Immunisation Service (SAIS), a pilot was undertaken at a secondary school in Leeds with historically low consent rates, to understand the impact of digital exclusion on uptake of year 9 vaccinations.

The project aimed to:

- Identify approaches to support digital inclusion for improved health participation
- Understand if and how digital exclusion is a factor contributing to low consent
- Determine other issues that may impact on immunisation consent
- Gather insight to inform future interventions

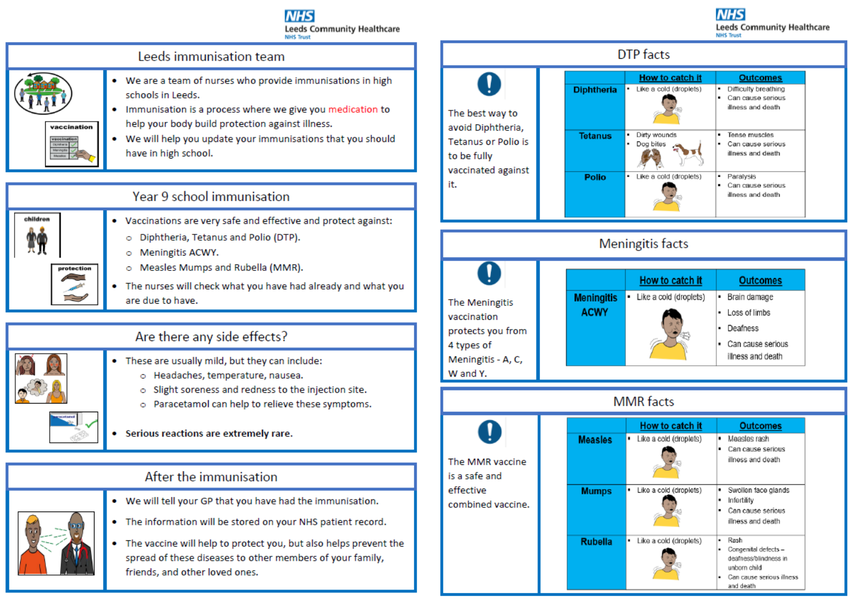


Figure 1 Easy Read Leaflets

Figure 2: QR Code Sticker

Method:

The standard school letters requesting consent for immunisation were issued via email to parents/guardians of those children eligible for their teenage booster and consent rates at the end of week 1 were monitored.

The non-digital paper resources including easy read leaflets (figure 1) and QR code stickers (figure 2) were distributed in week 2 along with a paper version of the standard consent letter.

Consent rates were monitored 1 week after this intervention to consider the impact of these resources on consent uptake.

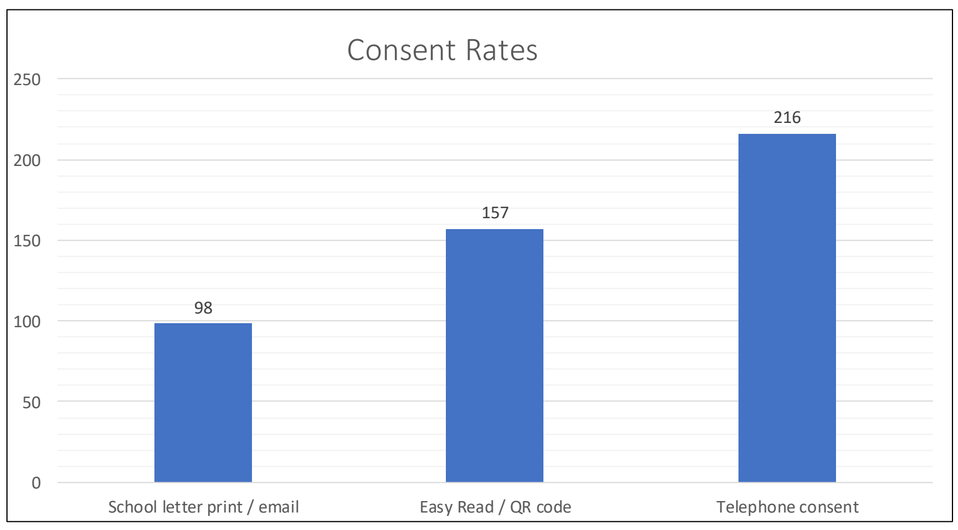
Results:

Analysis of the consent data illustrated that there was an increase in consent from 33% (when using the standard contact process in week 1) up to 52% after the non-digital intervention in week 2 (paper letter, easy read letter and QR code stickers).

Overall increase of 21% in uptake of year 9 vaccinations following intervention.

The consent for vaccination increased by a further 19.3% with the school nurses calling parents / guardians to obtain verbal consent on the day of immunisation.

Overall, 71.3% of the whole year 9 cohort were vaccinated.



Staff within the school also reported that the sessions felt much calmer than previous years and suggested this may be due to the students being more prepared and having more knowledge of the purpose of the vaccine. This is hard to associate with our intervention solely, however, is a positive to hear that the sessions ran more smoothly for both the school, pupils, and nurses involved.

Evaluation:

Overall, there was an increase of 21% in vaccination consent following our intervention. Phone calls from school nurses requesting consent on the day of vaccination resulted in a further increase of 19.3%.

Follow up phone calls with 10% of the cohort revealed that the paper resources acted as a reminder for the majority to consent rather than the fact they were non-digital; suggesting that rather than digital exclusion being an issue, it was more down to lack of time, consent not being a priority or simply forgetting to fill in the online consent form.

Funding is being sought to repeat this project in schools across Leeds with less than 40% year 9 vaccination uptake rates.

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