

MMR Vaccine Uptake: Bridging the Gap in Deprived Communities

Emily Strong (Public Health, Barnsley Council),
Rebecca Clarke (Public Health, Barnsley Council), Sue Norman (School-age Immunisation Service/Child Health Information Service, South West Yorkshire Partnership NHS Foundation Trust)

Introduction

- Measles remains a highly infectious disease associated with serious complications.
- In 2018, the World Health Organisation (WHO) declared that the transmission of measles had been re-established.
- In 2023, several cases of measles have been confirmed nationally and regionally.
- The MMR vaccine is recommended to protect against measles.
- In Barnsley, we have observed a decline in routine childhood vaccinations uptake and the WHO target for MMR (95%) is not currently met.

Aim(s)

- To analyse MMR vaccination coverage for school-age children in Barnsley
- To support the implementation of interventions to increase vaccine uptake

Methods

- We analysed data of school-age children (Reception to Year 11) who had not received the full MMR vaccination schedule.
- The Barnsley School-age Immunisation Service (SAIS) (South West Yorkshire Partnership Foundation Trust) organised community outreach interventions to address vaccine uptake discrepancies in this population.
- GP surgeries have been increasingly proactive offering flexible appointments for their school-age patients who are their missing any of their immunisations.
- Communications highlighting the importance of MMR vaccine were cascaded to a variety of forums.
- We measured the impact of community outreach by completing a follow-up evaluation.

Results

- We identified 1496 (4.2%) school-age children who had not received the full MMR vaccine schedule.
- The data analysis identified school-age children living in the most 20% deprived areas were more likely to be missing the second vaccination (see Figure 1).
- We collected qualitative feedback from Public Health Nursing staff and identified the following themes for vaccine barriers: access an availability of appointments, MMR vaccine stigma, parent education and cultural beliefs.
- We received active engagement in communications and a positive response to the SAIS outreach offer (including home visits) (see Figure 2).
- Following the SAIS outreach offer for school-age children who had not received the full MMR vaccine schedule, we found:
 - A 5% increase in vaccinated school-age children living in IMD decile 1
 - An almost 10% increase in vaccinated school-age children living in some our most disadvantaged wards

Figure 1

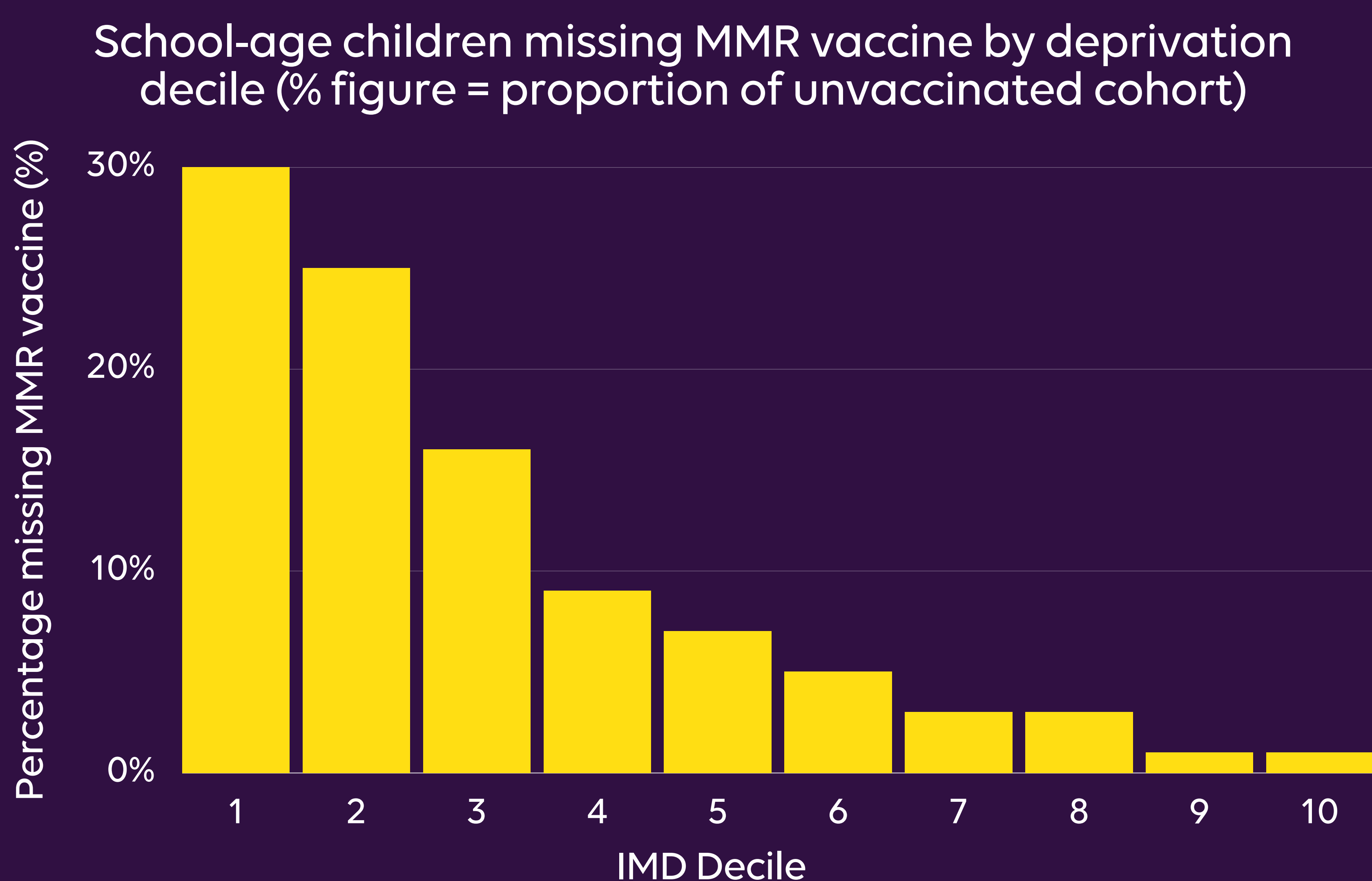


Figure 2

"A single parent new to the area contacted the SAIS/Child Health Information Service. They had not re-registered with the local GP and found accessing the practice challenging. Parent and family were offered a home visit and all pre-school booster vaccinations were delivered successfully".

Conclusion

MMR vaccination coverage remains a national priority. By adopting a targeted approach, using clear communications, and offering a community outreach intervention, Barnsley have addressed a national priority at a local level. The Barnsley SAIS will continue to provide an intelligence-led targeted community offer to increase MMR vaccination uptake. This type of offer can also be applied to the delivery of other routine programme vaccinations and public health interventions.

Acknowledgments

On behalf of Barnsley Council, we would like to acknowledge Health Protection partners for supporting this work.

Contact information

HealthProtectionTeam@barnsley.gov.uk