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JSNA Blackpool

Joint Strategic Needs Assessment

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Adult vaccinations



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Introduction

The overall aim of the routine immunisation schedule is to provide protection against the following vaccine-preventable infections:

- diphtheria
- tetanus
- pertussis (whooping cough)
- Haemophilus influenzae type b (Hib)
- polic
- meningococcal serogroup C disease (MenC)
- measles
- mumps
- rubella
- pneumococcal disease (certain serotypes)
- human papillomavirus types 16 and 18 (also 6 and 11)
- rotavirus
- influenza
- shingles

Childhood vaccinations have been designed to provide early protection against infections that are most dangerous for the very young. Further vaccinations are offered at other points throughout life to provide protection against infections before eligible individuals reach an age when they become at increased risk from certain vaccine-preventable diseases.

The complete routine immunisation schedule is published annually by the UK Health Security Agency and is available at the link below:

Complete routine immunisation schedule - GOV.UK (www.gov.uk)

Information on immunisation from the UK Health Security Agency's 'Green Book' recommends that five doses of diphtheria, tetanus and polio vaccines ensure long-term protection through adulthood. Selective vaccines against diseases including measles, mumps and rubella should be offered to young adults who have not received routine childhood immunisations. In addition, MenC should be considered in those under 25 years who are unvaccinated and for younger cohorts where the routine adolescent dose has been missed. Other vaccinations should be considered for any adult with underlying medical conditions and those at higher risk because of their lifestyle. These vaccinations include Hib, MenB, MenC, MenACWY, influenza, pneumococcal and hepatitis B. Older adults (65 years or older) should be routinely offered a single dose of pneumococcal polysaccharide vaccine, if they have not previously received it. Annual influenza vaccination should also be offered. Adults aged 70 years should also be offered shingles vaccine. People of any age who fall into certain risk groups may be offered vaccines to protect them from infectious diseases. The risk might be because of a medical condition, treatment, occupation or pregnancy.

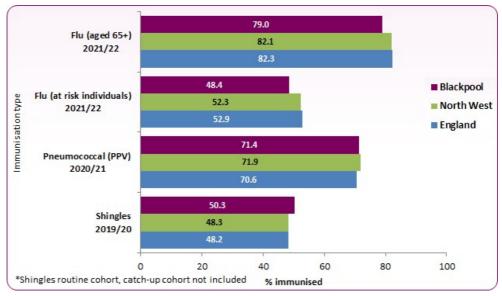
Information on childhood immunisations can be found at Childhood immunisations (0-4 years) and Childhood immunisations (5 years and over). Further information on infectious diseases and other noncommunicable health threats is available in the Health Protection section. For COVID-19 vaccinations, please see the section at the end of this page.

Facts, figures and trends

Data published by the Public Health Outcomes Framework shows that in Blackpool:

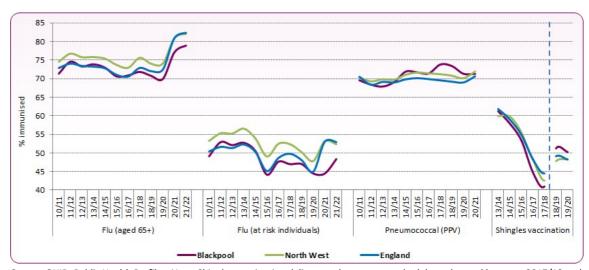
- The number of adults aged 65 and over who received the seasonal flu vaccination in 2021/22 was 28,440 (79.0%)
- The number of 'at risk' individuals who received the seasonal flu vaccination in 2019/20 was 15,023 (48.4%)
- The number of adults aged 65 and over who received PPV in 2019/20 was 25,351 (71.4%)
- The number of adults turning 71 between 1st April 2019 and 31st March 2020 who were vaccinated for Shingles by the end of June 2020 was 912 (50.3%).²

Figure 1: Proportion of adults immunised: 2019/20 to 2021/22, Blackpool , England and North West³



Source: OHID, Public Health Profiles. Statistics are most recent at time of publication.

Figure 2: Trend in percent of adults immunised, Blackpool compared to England and the North West

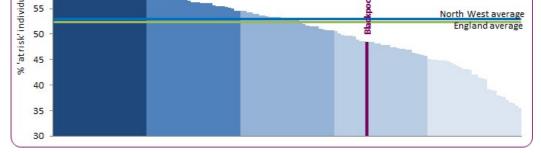


Source: OHID, Public Health Profiles. Note: Shingles vaccination delivery and coverage methodology changed between 2017/18 and 2018/19 and historic data is not comparable with 2018/19 onwards.²

In Blackpool the proportion of adults vaccinated against flu, pneumococcal disease and shingles has followed the national trend over the last few years (figure 3) though is consistently lower than the North West average for flu vaccinations. Flu vaccine uptake rates for those aged 65+ years in Blackpool were close to the WHO target of 75% for a number of years, but fell slightly between 2017/18 and 2019/20 before increasing during the COVID-19 period. Take-up rates for other at risk groups have been persistently lower, falling further in the early COVID-19 period before rising to around pre-Covid levels in 2021/22. 15,023 (48.4%) 'at risk' individuals were vaccinated in Blackpool in 2021/22 (figure 4) which is below the average for English local authorities (52.9%).

Figure 3: Proportion of 'at risk' individuals immunised against flu, 2021/22 - Blackpool compared to upper tier local authorities in England



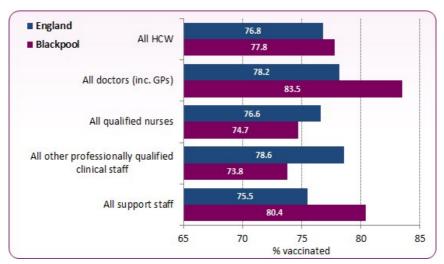


Source: OHID, Public Health Profiles

Frontline health care workers (HCW) involved in direct patient care have for some time been encouraged to receive the seasonal influenza vaccination. The 2021/22 programme guidance now states that "all frontline health and social care workers are expected to have influenza vaccination to protect those they care for".⁴

Nationally 76.8% of all frontline HCWs were reported to have received the 2020/21 seasonal influenza vaccine. Across Blackpool 4,828 (77.8%) HCWs involved in direct patient care received the flu vaccination in 2020/21. Figure 5 shows vaccination uptake by HCW group.

Figure 4: Proportion of health care workers (HCW) immunised against flu, 2020/21 - Blackpool compared to England



Source: PHE, Seasonal influenza vaccine uptake amongst frontline healthcare workers in England, Winter season 2020 to 2021

At risk groups

In response to the COVID-19 pandemic the flu vaccination programme was expanded for 2020/2021, and was revised again for 2021 to 2022 in anticipation of a potentially larger flu season. Current national policy advises that the seasonal flu vaccine should be offered to:

- all children aged 2 to 15 (but not 16 years or older) on 31st August 2021
- those aged 6 months to under 50 in clinical risk groups
- pregnant women
- those aged 50 years or over
- those in long-stay residential care homes
- carers
- close contacts of immunocompromised individuals
- frontline health and social care staff

At risk groups who should also receive the influenza vaccine include individuals with:

- Diabetes
- Chronic respiratory disease
- Chronic heart disease
- Chronic kidney disease
- Chronic liver disease
- Chronic neurological disease
- Individuals who are immunosuppressed

COVID-19 vaccinations

On the morning of 8 December 2020, the NHS made history when 82-year-old Agnes Lovatt became the first person on the Fylde

Coast and one of the first people in the world to receive the COVID-19 vaccination. This momentous occasion sparked the beginning of the biggest and most highly anticipated immunisation campaign in the history of the NHS. Following the announcement from the Medicines and Healthcare products Regulatory Agency (MHRA) that the Pfizer/BioNTech vaccine was authorised for use in the UK, NHS staff worked around the clock to manage the huge scale logistical challenge of deploying the vaccine.

- In Blackpool the vaccination programme began at Blackpool Victoria Hospital's hub on 8 December 2020 and was followed a week later by the first primary care network (group of family GPs) site in Blackpool. This was followed by a further four primary care network sites across Blackpool through December and early January 2021.
- On 25 January 2021, the large-scale vaccination centre at Blackpool Winter Gardens launched and began providing the newly-approved Oxford/AstraZeneca vaccine. A community pharmacy site was also set up at Moor Park Health and Leisure Centre, Bispham in February 2021. This became the eighth vaccination location in the Blackpool area.

The roll-out of the vaccination programme was determined by the Joint Committee on Vaccination and Immunisations (JCVI) with a focus on preventing COVID-19 mortality and the protection of health and social care staff and systems. With this in mind, the programme was split into three phases with the first phase focusing on the most vulnerable members of the population and those with the highest risk of developing serious complications from the virus and was complete by 31 March 2021. Phase two, beginning in the first quarter of 2021/22, focused on 18 to 49-year-olds – again adopting a staged rollout across descending age-related cohorts. Phase three saw the rollout of the booster vaccine in September 2021. Initially offered to those groups prioritised in phase one, it was accelerated across all groups following the emergence of the Omicron variant in November 2021. Boosters in spring 2022, autumn 2022, spring 2023 and autumn 2023 have also been offered to individuals at high risk of complications from COVID-19.⁵

Following the spring 2022 campaign the JCVI recommended a move to regular, planned and targeted boosting as the most important strategy to control COVID-19. For the 2022 autumn booster programme, the primary objective was to augment immunity in those at higher risk from COVID-19 and thereby optimise protection against severe COVID-19, specifically hospitalisation and death, over winter 2022/23.

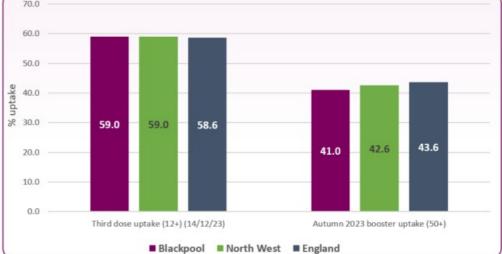
After the autumn 2022 campaign, the offer of a pandemic booster dose (in place since 2021) for persons aged 16 to 49 years (not in a clinical or other high-risk group) stopped. From the end of the spring 2023 campaign, the primary course COVID-19 vaccination was a targeted offer only to those at higher risk of severe COVID-19 - mainly older adults and those in a clinical risk group. The primary offer is now only available to eligible individuals during the planned seasonal booster campaigns.⁵

Vaccine uptake has been high right across the country:

- Over 90% of Blackpool residents aged 50 and over received at least the first dose of the vaccine and this was in line with the rate we saw across England as a whole
- Blackpool's second dose uptake in people aged 12+ was slightly higher than average, 74.3% compared to 73.8% nationally
- More recently, by autumn 2023, 62.6% of adults aged 65 and over in Blackpool had received a vaccination

70.0 60.0 50.0

Figure 5: COVID-19 vaccine uptake - third dose uptake at December 2023 (ages 12+) and autumn 2023 booster uptake (ages 50+)



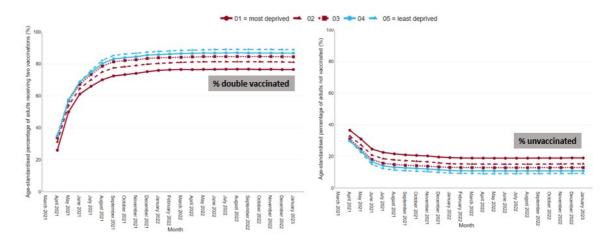
Source: Coronavirus (COVID-19) in the UK (data.gov.uk)

There were clear inequalities in the uptake of the vaccine. Lower vaccine uptake was heavily concentrated in the centre of Blackpool and was associated with existing disadvantage, such as the concentration of houses in multiple occupation and social isolation. Figure 6 shows the proportion of Blackpool's population who had been double vaccinated and who remain unvaccinated over time by deprivation quintile.

Only 76.5% of adults in the most deprived quintile were double vaccinated (to January 2023), compared to 88.9% in the

- least deprived quintile
- Conversely, almost a fifth (19%) remained unvaccinated in the most deprived quintile, whereas less than 10% were
 unvaccinated in the least deprived quintile (to January 2023).

Figure 6: cumulative age-standardised percentage of adults (age 18+) who received two COVID-19 vaccinations and those who are unvaccinated in Blackpool by deprivation quintile, April 2021 to January 2023



Source: OHID, COVID-19 Health Inequalities Monitoring for England (CHIME) tool

Analysis also identified lower uptake in males than females and although Blackpool has relatively very small non-white populations, the uptake is lower in Black and Asian ethnic categories. Vaccine uptake also drops consistently in younger ages. Through the second half of 2021, Blackpool Council and the NHS encouraged vaccination uptake through campaigns, recall, working with employers and community engagement.

One element employed to increase uptake was the launch of a vaccine bus by Blackpool Council in its fight against COVID-19. The bus was used as part of the local walk-in site offer, which allowed the vaccination programme to continue from an indoor mobile base, in the heart of local community areas (figure 7).

Figure 7: Blackpool Council's vaccine bus



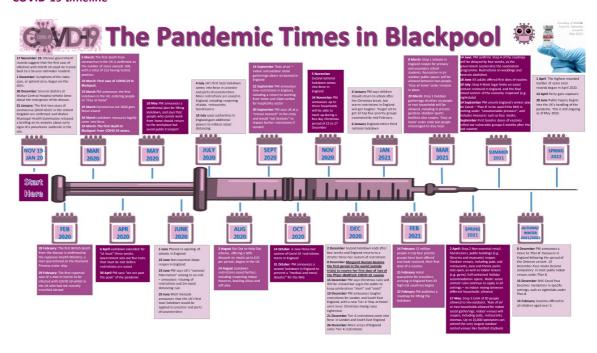
COVID-19 - future outlook

Vaccines enabled the removal of restrictions on everyday life and underpins the Government's approach to living with the virus, enabling the country to manage COVID-19 like other respiratory illnesses, while minimising mortality and retaining the ability to respond if a dangerous new variant emerges

The emergence of new variants will be a significant factor in determining the future path of the virus, though the Government expects that the population's defences will continue to strengthen as immunity increases through advances in vaccine technology and repeated exposure to the virus. As with other human coronaviruses, children will very likely be exposed to COVID-19 during

their childhood and future generations are likely to become progressively more protected by the combination of vaccination and infection.⁶

COVID-19 timeline



National and local guidance

'The Green Book' has the latest information on vaccines and vaccination procedures, for vaccine-preventable infectious diseases in the UK.

The PHE Annual Flu Plan sets out a coordinated and evidence-based approach to planning for, and responding to, the demands of influenza across England.

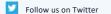
Recommendations

Practices should aim to deliver the nationally expected threshold of 75% for both those over 65 years and those under 65 years who are at risk. Adults with certain pre-conditions are recommended by the Joint Committee on Vaccination and Immunisation and the Department of Health (DH) to get the adult influenza immunisation to protect against illness.

- [1] OHID, Immunisation against infectious disease, the 'Green Book'
- [2] The Shingles vaccination programme revised its eligibility in April 2017 so that adults become eligible on their 70th birthday and remain eligible until their 80th birthday. PHE has revised its reporting to measure coverage in the first year of eligibility of the programme. This measure is not comparable to previous years' data and is presented in trend data (Figure 3) with this caveat.
- [3] PHE Shingles data for 2019/20 not published at time of production 2018/19 selected for comparisons.
- $\hbox{[4] Department of Health and Social Care, National Flu Immunisation Programme 2021 to 2022 letter.}\\$
- [5] UKHSA, The Green Book COVID-19: the green book, chapter 14a, April 2023
- $\hbox{\small [6] HM Government, COVID-19 Response: Living with COVID-19, February 2022}\\$

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