



**STARTING IN A FEW MINUTES AT 15:30**

# Protecting lives: Health Visitors' role in vaccination success

**20 March 2025**

**#iHVInsights**

[www.ihv.org.uk](http://www.ihv.org.uk)



# Protecting lives: Health Visitors' role in vaccination success

20 March 2025

#iHVInsights

[www.ihv.org.uk](http://www.ihv.org.uk)



## Make the most of the opportunity

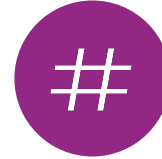
### Continue your CPD:

- Access recording of live session after the event (no recording on other devices is allowed)
- Attendance at this event and engagement with the iHV reflection template will support you with demonstrating CPD activities that align to the 2022 NMC Standards of Proficiency for SCPHN Health Visiting.



**Ask** - type your questions during the presentations using the Q&A function:

- **Name of presenter** you would like to answer your question
- **Brief question**
- **Your name** (if you wish to do so)



**Social media** - #iHVInsights



### Feedback

Participate in the poll or contact us at [events@ihv.org.uk](mailto:events@ihv.org.uk)



**Emotional wellbeing message**

**The Institute of Health Visiting is a charity and centre of excellence for health visiting. Its core purpose is:**  
To improve outcomes for children and families and reduce health inequalities through strengthened health visiting services

# Agenda



## Welcome

- Georgina Mayes – **Chair and Health Visiting Professional Lead (Quality and Policy), iHV**

## Guest speakers

- Dr Julie Yates - **Deputy Director Immunisation Programmes, UKHSA** - Changes to the UK Childhood vaccine schedule
- Dr Helen Campbell - **Lead Scientist in the Immunisation Division, UKHSA** - What do parents think about vaccines?
- Catherine Hughes - **Founding Director at The Immunisation Foundation of Australia** - Riley's story: The importance of immunisation advocacy

## Q&A with guest speakers

Facilitated by Maddie Rew - **Programme Manager (Health Visiting Professional Services), iHV**

## Close and poll

# Next speakers



## Dr Julie Yates

Deputy Director Immunisation  
Programmes, UKHSA

## Dr Helen Campbell

Lead Scientist in the  
Immunisation Division, UKHSA



Type your questions as you  
think of them during the  
presentations

Use the Zoom Q&A function

- **Name of presenter** you would like to answer your question
- Brief **question**
- **Your name** (if you wish to do so)



UK Health  
Security  
Agency

# Changes to the UK Childhood vaccine schedule

**Julie Yates<sup>1</sup> and Helen Campbell<sup>2</sup>**

**UKHSA Immunisation programme and Immunisation division<sup>1</sup> and  
Vaccine preventable diseases division<sup>2</sup>**

**iHV Insights: Health Visitors' role in vaccination success  
Thursday 20<sup>th</sup> March**

# Current schedule to 30<sup>th</sup> June 2025

- Menitorix<sup>®</sup> vaccine provides protection against *Haemophilus influenzae type b* (Hib) and invasive capsular group C meningococcal (MenC) disease
  - Currently given at 12 months of age
  - 4<sup>th</sup> Hib-containing vaccine
  - Prior 3 doses of Hib antigen are given as a component of the hexavalent vaccine (DTaP/IPV/Hib/HepB) (Diphtheria/tetanus/pertussis/polio/*Haemophilus influenzae type B*/Hepatitis B) administered at 8, 12 and 16 weeks of age
  - Currently the only remaining dose of MenC vaccine in the childhood schedule
    - Manufacturing of Hib/MenC (Menitorix<sup>®</sup>) vaccine is to be discontinued
      - Decision made by the manufacturer (GSK)
      - As this is the only Hib/MenC vaccine available, changes to the routine infant schedule are necessary
      - The UKHSA estimated that the central stock of this vaccine will be depleted by mid-2025



# Group C meningococcal vaccine

- The MenC vaccination programme, introduced in 1999, led to a significant reduction in the number of cases of invasive meningococcal C disease
- The adolescent MenACWY programme (MenC and three other meningococcal groups (A, W and Y), commenced in 2015, has further reduced the incidence of meningococcal C disease (as well as cases of meningococcal W disease)
- Further significant decline in the spread and detection of invasive meningococcal disease (IMD) was seen because of the implementation of social distancing and lockdown measures as part of the emergency response to the COVID-19 pandemic
- Modelling work found that indirect protection against MenC disease in infants is sustained by the adolescent MenACWY programme
- Over time the adolescent vaccination programme is expected to reduce carriage prevalence of groups C, W and Y to near elimination levels (group A carriage has already been almost undetectable for many years in the UK)
- Due to the reduction in carriage prevalence of these meningococcal serogroups, it is predicted that by the time Menitorix<sup>®</sup> is no longer available there will be very few IMD cases caused by meningococcus groups A, C, W and Y each year, and therefore very few cases which could be prevented by a MenC-containing vaccine in infancy
- It is therefore very unlikely that an infant or toddler MenACWY immunisation campaign would be cost effective

# Hib disease and vaccination

- Prior to the introduction of the *Haemophilus influenzae type B (Hib)* vaccine, about 1 in 600 children developed Hib disease prior to their 5th birthday
- The most common presentation of invasive Hib disease was meningitis (60% of all cases), but it also presented as epiglottitis (15%), bacteraemia (10%), septic arthritis, osteomyelitis, cellulitis, pneumonia and pericarditis
- Before Hib vaccine was introduced, 4% of pre-school children carried the Hib organism - after the vaccine was introduced, carriage rates fell below the level of detection
- As a result, since the introduction of Hib immunisation in the UK in 1992, disease incidence has fallen in all age groups, not just in those who have been vaccinated
- The Hib vaccination programme has been highly successful at greatly reducing the incidence of Hib disease
- However, as immunity following a 3-dose primary course of Hib vaccination in infancy wanes, a 4<sup>th</sup> (booster) dose during the second year of life is needed to continue to prevent transmission in the community and maintain herd immunity



# Joint Committee on Vaccination (JCVI) advice

The JCVI has advised that the following changes should come into effect nationally once the current supply of Menitorix<sup>®</sup> vaccine has been exhausted:

- An additional dose of a Hib-containing multivalent vaccine (such as the hexavalent DTaP/IPV/Hib/HepB vaccine which is given in infancy) should be administered at age 18 months.
- This replaces the Hib component of the Hib/MenC (Menitorix) given at 12 months
- This requires the introduction of a new appointment slot at 18 months of age
- The age 18 months appointment provides an opportunity for the second dose of MMR (measles, mumps, rubella) vaccine (MMR2) to be brought forward from 3 years 4 months to 18 months of age

# Infants eligible for the selective Hepatitis B vaccination programme

- As a result of the introduction of a 4<sup>th</sup> hexavalent vaccine at 18 months from 1 January 2026, JCVI have also recommended a change to the selective hepatitis B vaccination programme for children born to mothers who are hepatitis B positive
- Since hepatitis B is a component of the 18-month hexavalent vaccine dose, for children on this pathway born from 1 July 2024, the monovalent hepatitis B vaccine at 1 year will no longer be necessary

**Children born on/after 01/07/24 who are on the selective hepatitis B vaccination programme** will no longer be offered a monovalent vaccine at 12 months of age as they will now receive a further dose of hepatitis B vaccine as part of the hexavalent vaccine being offered at 18 months.

However, it is important that these children are tested for infection using the Dried Blood Spot (DBS) test. DBS testing can be performed at their 12- or 18-month vaccine appointments or any time in between.

# Varicella (Chickenpox) vaccination (policy decision awaited)

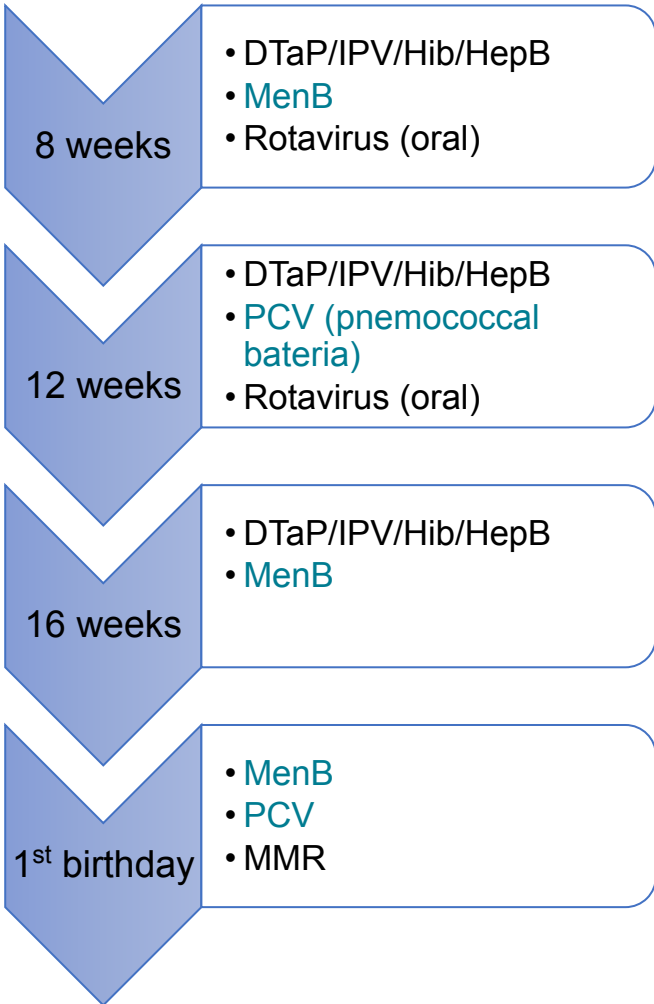
- Currently no universal varicella vaccination programme in the UK
- Vaccine recommended for certain groups e.g. healthcare workers with patient contact and household contacts of immunocompromised individuals
- Most cases of varicella infection are mild, although children are unwell and usually have 5 or more days off school or nursery (parents may also need to take time off work)
- Complications include bacterial infection of skin lesions (including group A streptococcus) and in rare cases, encephalitis, pneumonitis and stroke
- Often more serious in very young infants (under 4 weeks of age) and adults, in particular in pregnancy, and in adults who are immunosuppressed



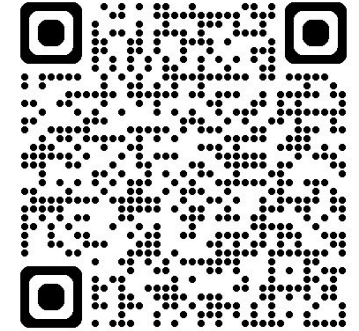
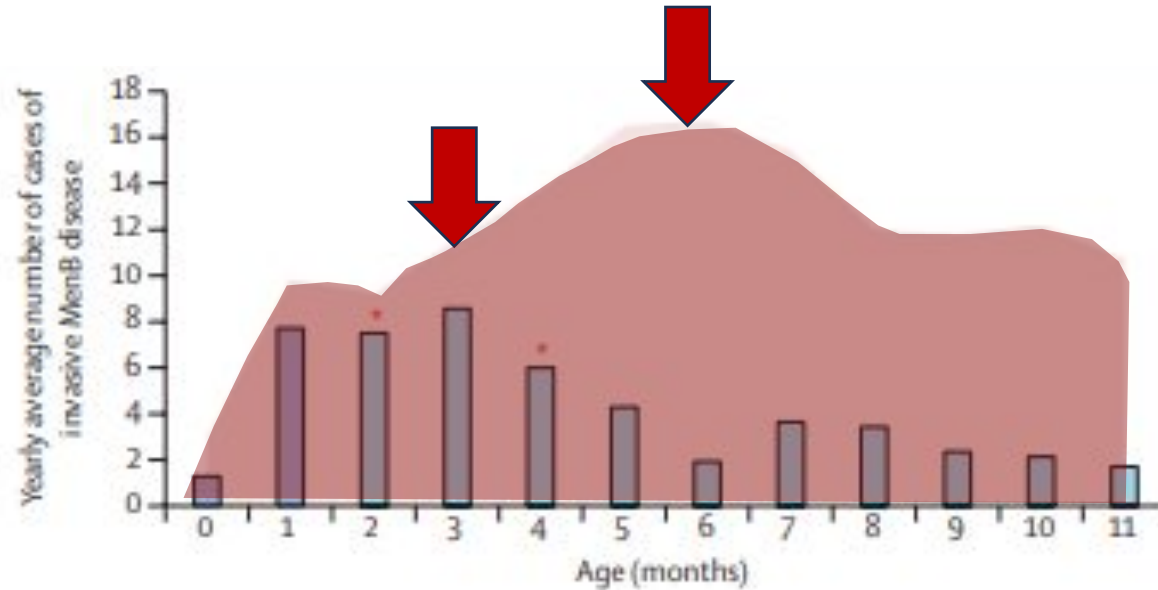
## Varicella (Chickenpox) vaccination (final policy decision awaited)

- JCVI advised a two-dose varicella schedule, with vaccination being offered at 12 and 18 months of age using the combined MMRV (measles, mumps, rubella and varicella) vaccine
- A catch-up programme should also be initiated following the implementation of the programme to prevent a gap in immunity
- Varicella vaccination is included in the routine vaccine schedules of several countries either as a 2-dose or single-dose strategy including the USA, Canada, Australia and Germany
- More information at [JCVI statement on a childhood varicella \(chickenpox\) vaccination programme](#)

# Maximising the benefit of MenB (Bexsero) vaccination



- MenB vaccine programme □ large & significant declines in MenB cases in vaccine-eligible children

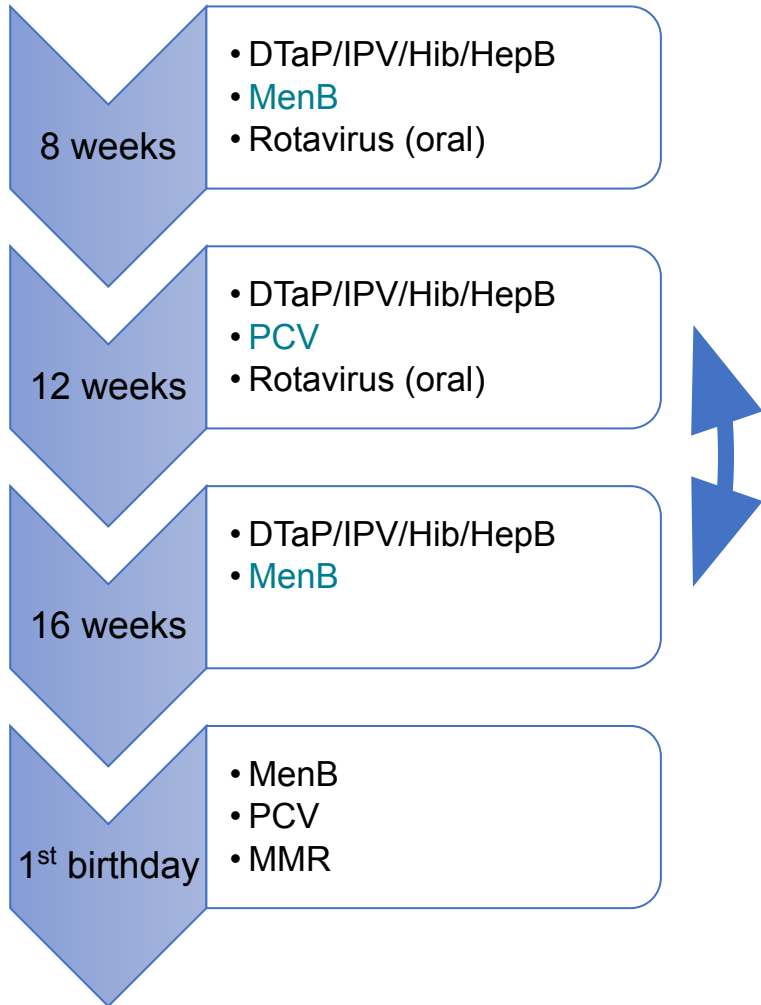


Mensah AA, Campbell H, Clark SA, Ribeiro S, Lucidarme J, Bai X, Borrow R, Ladhani SN. Outcomes of meningococcal serogroup B disease in children after implementation of routine infant 4CMenB vaccination in England: an active, prospective, national surveillance study. *Lancet Child Adolesc Health*. 2023 Mar;7(3):190-198. doi: 10.1016/S2352-4642(22)00379-0. Epub 2023 Jan 31. PMID: 36736341.

Figure: Yearly average of invasive MenB disease cases in England, pre-vaccine implementation (Sept 1, 2010, to March 31, 2015) and post-vaccine implementation (Sept 1, 2015, to March 31, 2020)

MenB=meningococcal serogroup B. \*Ineligible because of age younger than 8 weeks or because they were born before May 1, 2015.

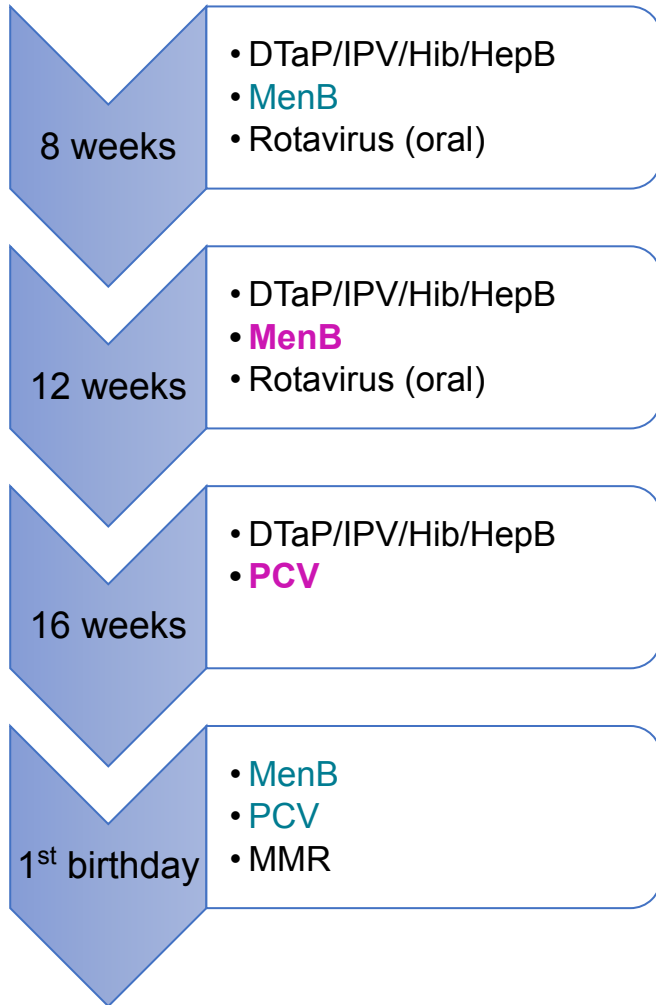
# Maximising the benefit of MenB (Bexsero) vaccination



- UKHSA study found 8- and 12-week schedule had potential to offer an additional dose □ 35/58 (58.6%) infants with MenB disease aged 10 to 18 weeks
- Lion MenB study (St Georges<sup>1</sup>) □ accelerated MenB at 8,12 weeks + 1 year and at 8,16 weeks + 1 year with PCV vaccine at 12 weeks + 1 year or 16 weeks + 1 year
  - provides earlier direct protection against MenB and does not compromise protection against invasive pneumococcal disease
  - No reactogenicity concerns

<sup>1</sup>With thanks to Paul Heath and Natasha Thorn St Georges Vaccine Institute

# Maximising the benefit of MenB (Bexsero) vaccination



- UKHSA study found 8- and 12-week schedule had potential to offer an additional dose □ 35/58 (58.6%) infants with MenB disease aged 10 to 18 weeks
- Lion MenB study (St Georges<sup>1</sup>) □ accelerated MenB at 8,12 weeks + 1 year and at 8,16 weeks + 1 year with PCV vaccine at 12 weeks + 1 year or 16 weeks + 1 year
- provides earlier direct protection against MenB and does not compromise protection against invasive pneumococcal disease
- No reactogenicity concerns

<sup>1</sup>With thanks to Paul Heath and Natasha Thorn St Georges Vaccine Institute

## Summary of the changes to the routine childhood schedule from 1 July 2025

From	Change to be implemented
01 July 2025	<p>First PCV13 dose moved from 12 weeks of age to 16 weeks of age. Second MenB dose brought forward from 16 weeks of age to 12 weeks of age</p> <p>Cessation of routine Hib/MenC (Menitorix) offer to those turning 12 months</p> <p>Removal of monovalent HepB dose at 1 year for infants on the selective HepB pathway schedule born on or after 01/07/24</p>
01 January 2026	<p>Introduction of an additional (4<sup>th</sup> dose) of DTaP/IPV/Hib/HepB (hexavalent) vaccine at a new routine appointment at 18 months for children born on or after 01/07/24</p>
01 January 2026	<p>Second MMR dose moved from 3 years 4 months to the new routine 18-month appointment</p> <p>Possible introduction of varicella</p>



UK Health  
Security  
Agency

# iHV Insights Webinar Thursday 20<sup>th</sup> March

NHS

INCLUDES SCHEDULE FROM 2022

A guide to immunisation for

**babies up to  
13 months of age**



**i**mmunisation  
the safest way to protect your child

## What do parents think about vaccines?

Helen Campbell  
Lead Scientist

UKHSA Immunisation and vaccine preventable disease division

[helen.campbell@ukhsa.gov.uk](mailto:helen.campbell@ukhsa.gov.uk)

# UKHSA attitudinal survey undertaken

3,272

Total sample size

1,730

Answering about a child aged 2 months to 3 years and 3 months

1,542

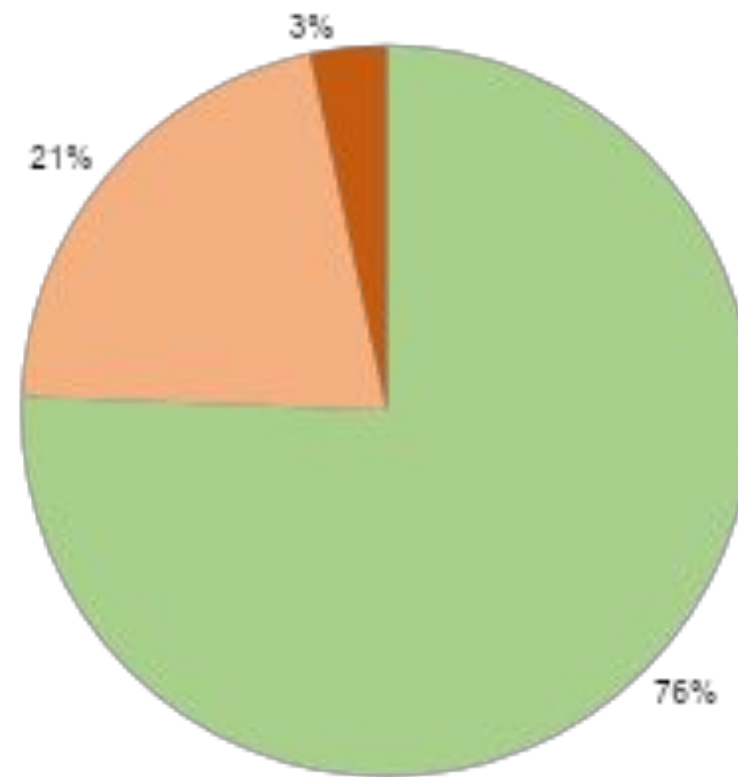
Answering about a child aged 3 years 4 months to 5 years

Nation	Sample size	
England	2,476	2181 (66.7%) white British 258 (7.9%) Other white background 718 (21.9%) Other minority background
Northern Ireland	227	
Scotland	325	624 (19.1%) Most deprived quintile
Wales	244	

Data weighted by age, work status and English region within nation (interlocking weights) so findings are representative at UK and nation level.

# Have you seen, heard, or read anything about vaccines for babies or young children in the last 12 months?

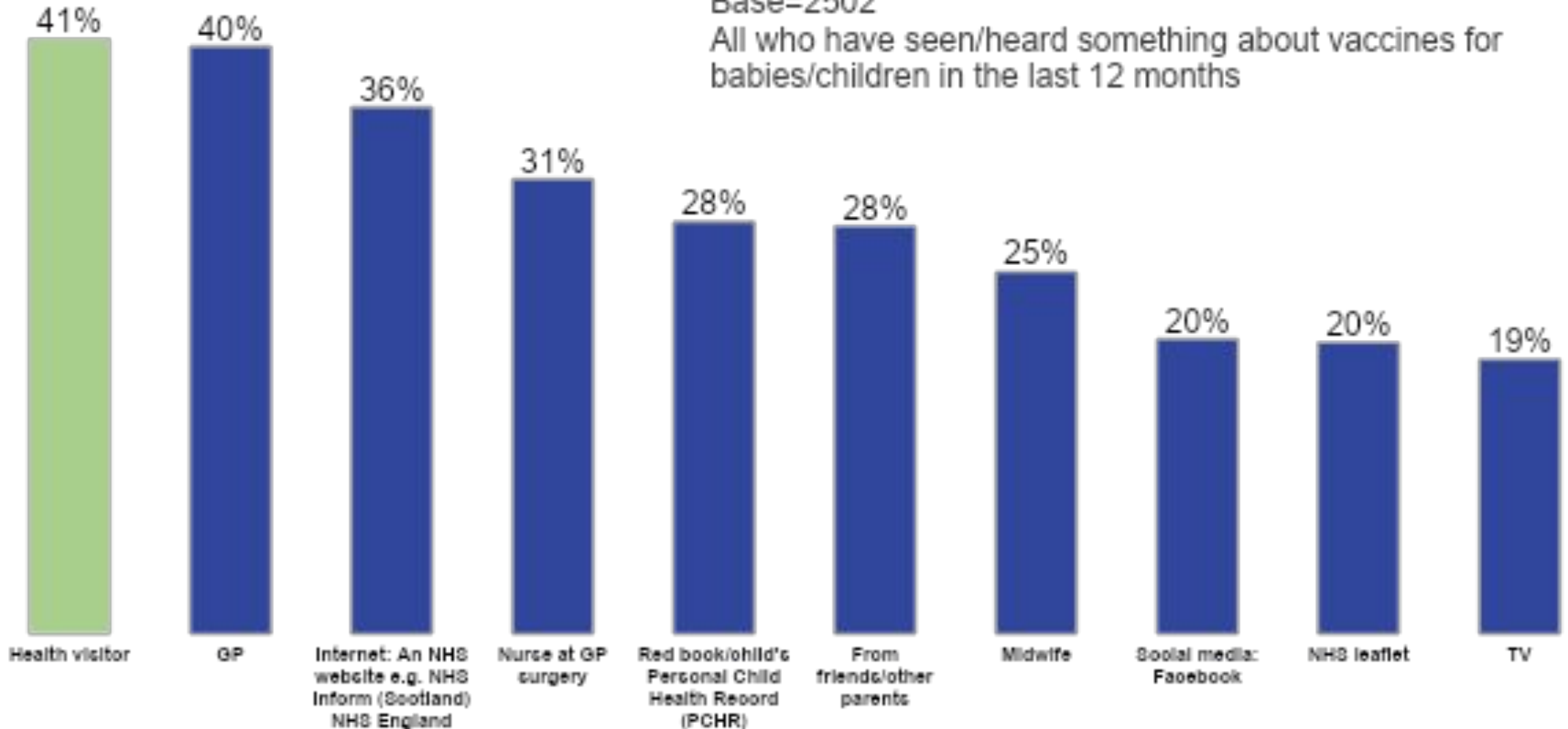
■ Yes   ■ No   ■ Don't know



# And where did you see, read or hear about vaccines for babies or young children?

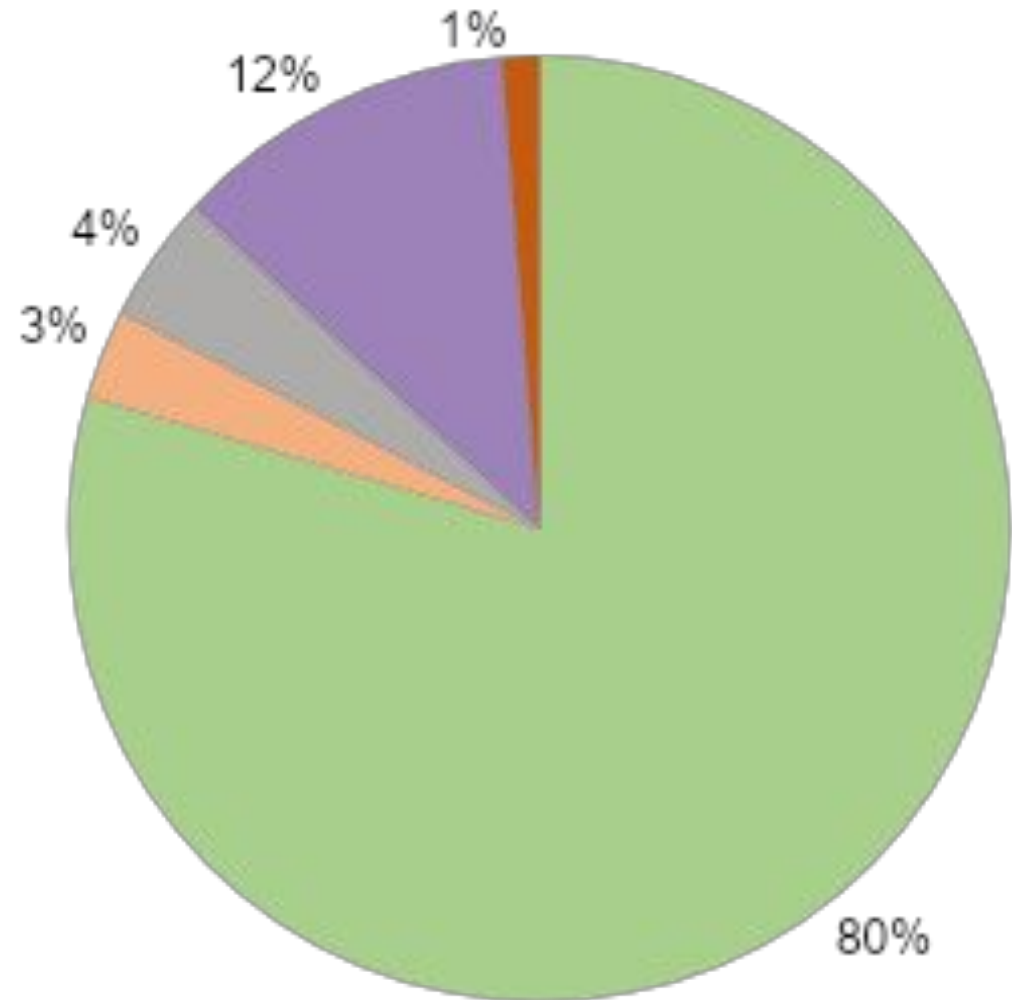
Base=2502

All who have seen/heard something about vaccines for babies/children in the last 12 months



## Overall, was the information that you saw

- In favour of vaccines
- Against vaccines
- Neither in favour nor against
- A mixture of information in favour and against vaccines
- Can't remember or don't know

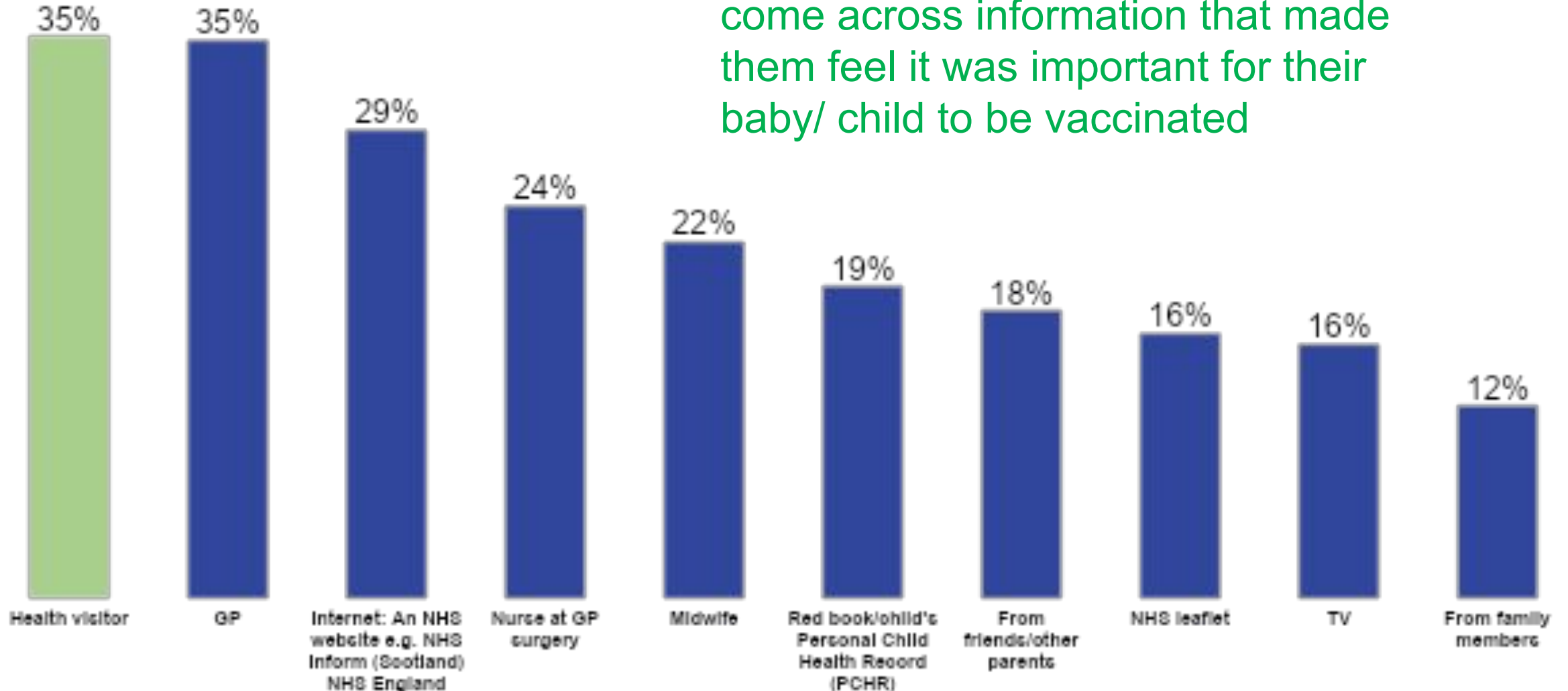


Base=2502

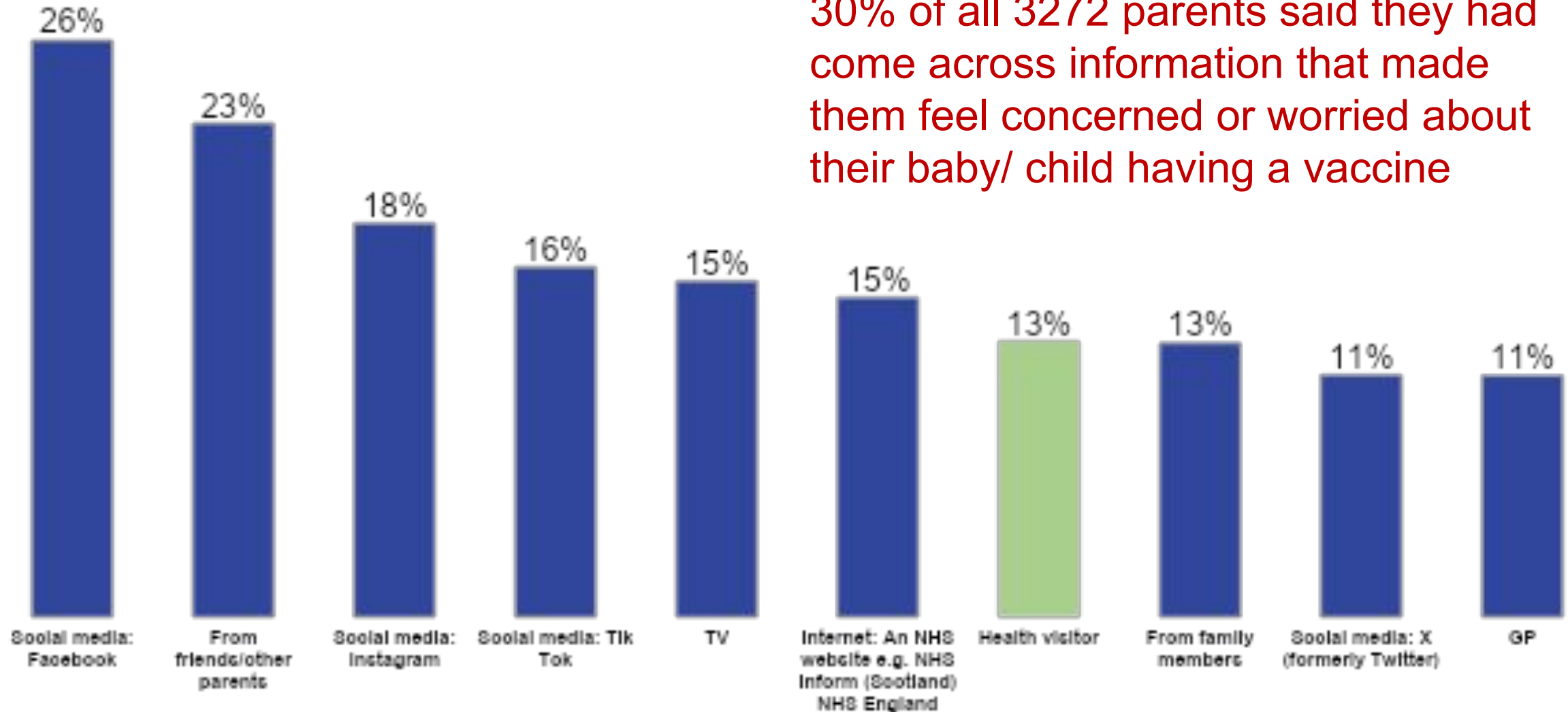
All who have seen/heard something about vaccines for babies/children in the last 12 months

# And where did you see or hear this information which made you feel it was important for your baby or young child to have their vaccine(s)?

76% of all 3272 parents said they had come across information that made them feel it was important for their baby/ child to be vaccinated

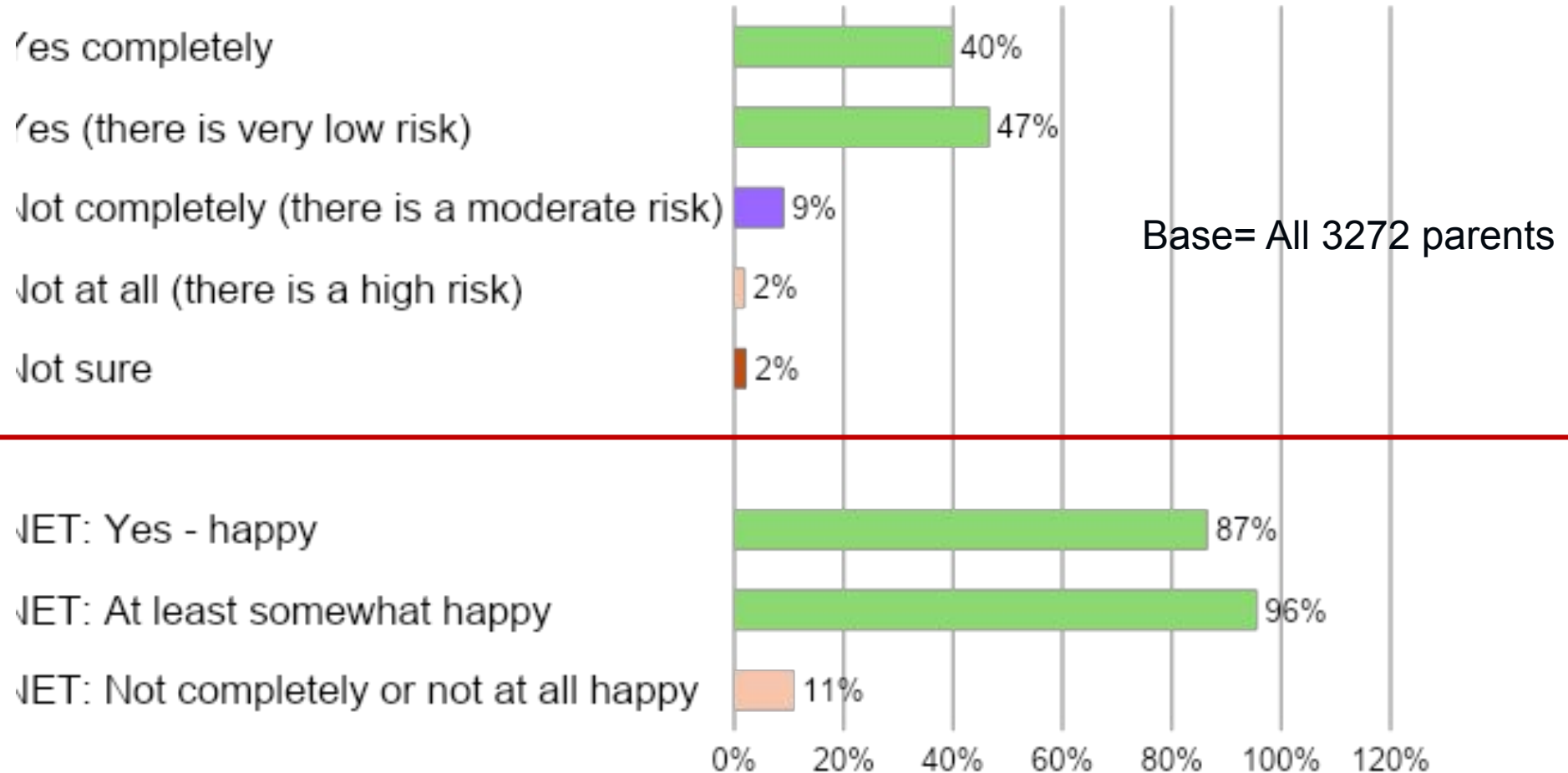


# And where did you see or hear this information which would make you concerned about your baby or young child having a vaccine?



30% of all 3272 parents said they had come across information that made them feel concerned or worried about their baby/ child having a vaccine

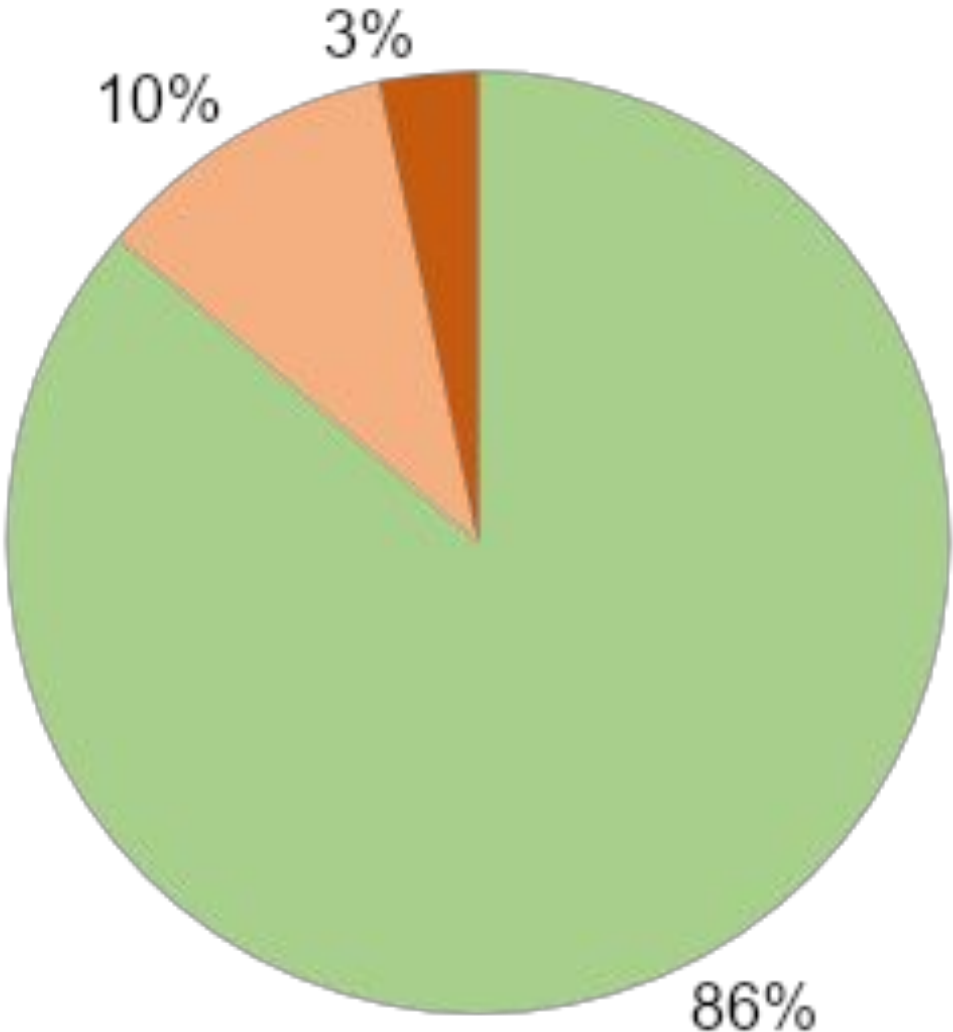
# Overall are you happy with the safety of vaccines for babies and young children?



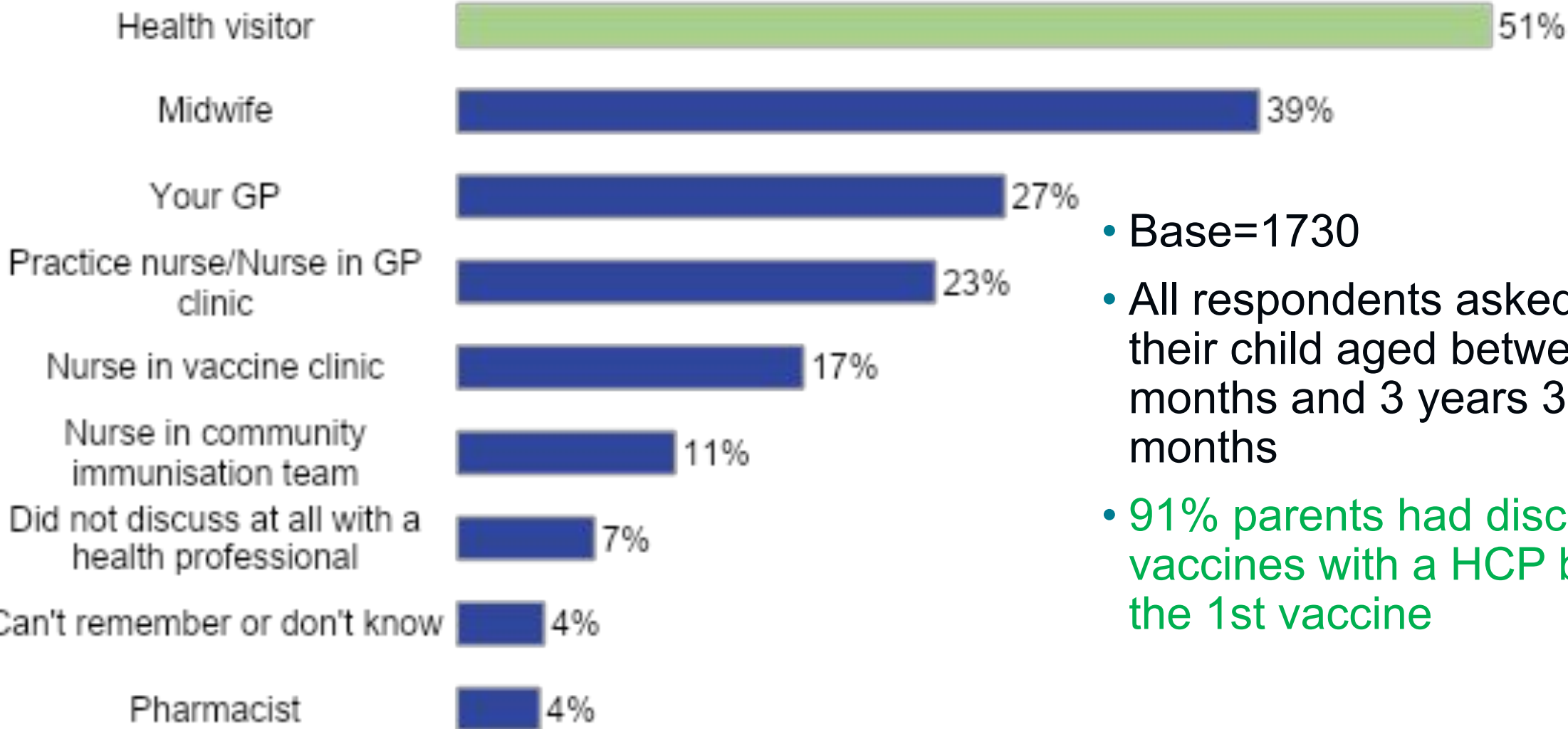
# Thinking about any vaccines that your child has been offered, did you feel that you had enough information to make an informed decision?

■ Yes    ■ No    ■ Don't know

• Base=3272

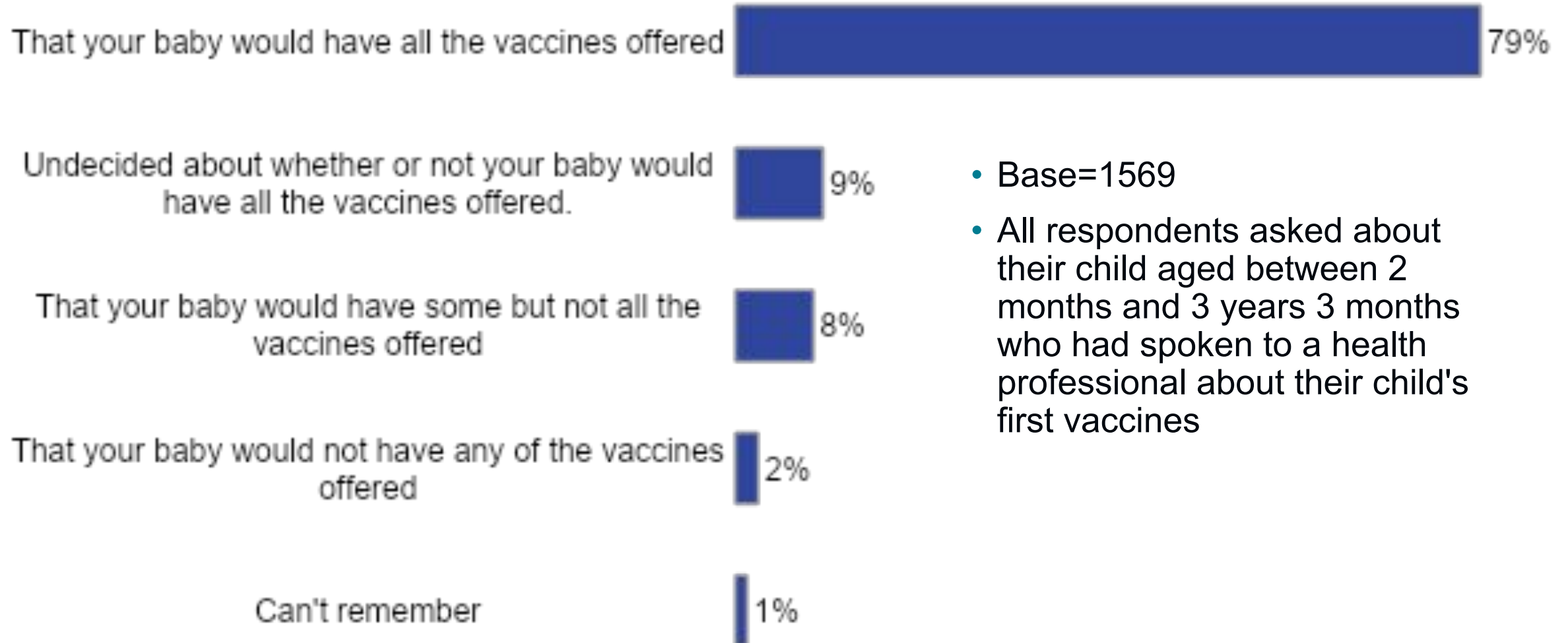


# Which health professionals did you discuss vaccines with before your child aged between 2 months and 3 years 3 months had their first vaccine vaccines



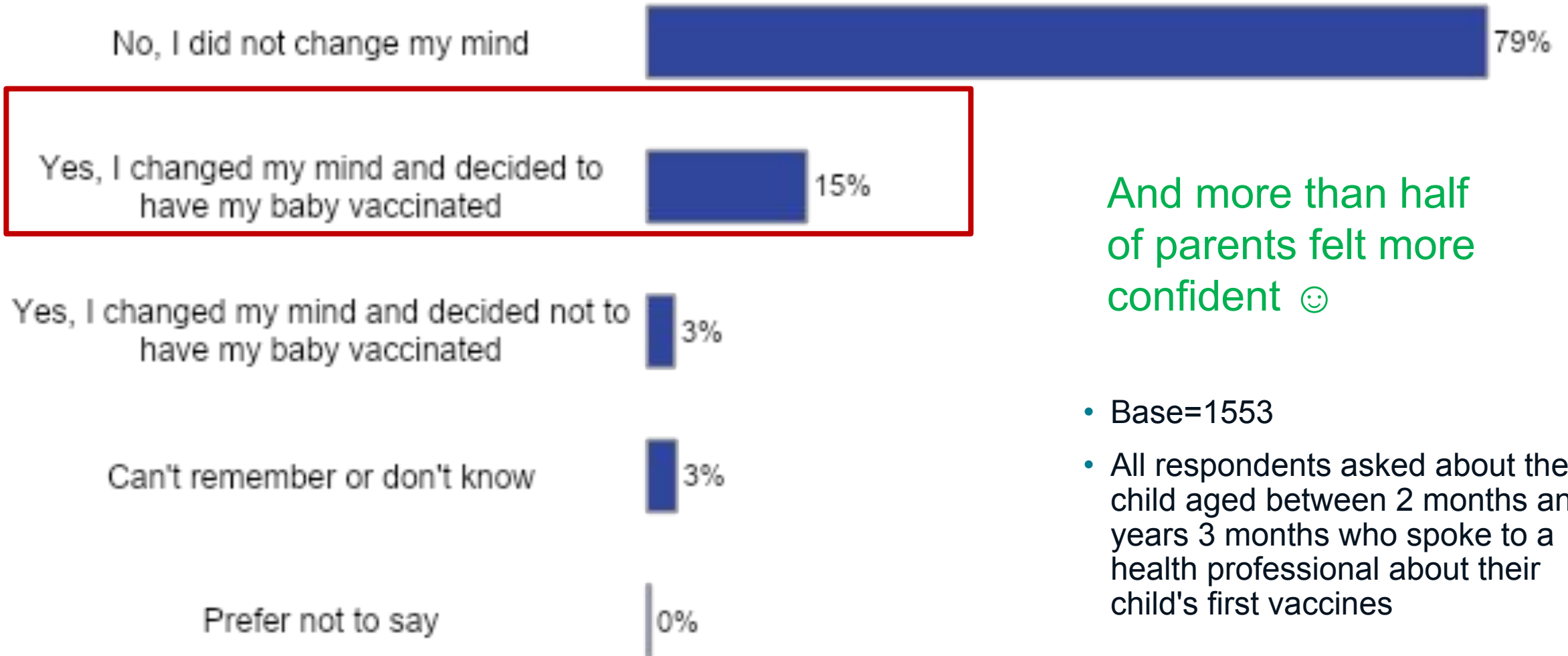
- Base=1730
- All respondents asked about their child aged between 2 months and 3 years 3 months
- 91% parents had discussed vaccines with a HCP before the 1st vaccine

# Before the discussion with this/these health professionals, which of the following best describes how you felt about your baby having the vaccines? You felt ...



- Base=1569
- All respondents asked about their child aged between 2 months and 3 years 3 months who had spoken to a health professional about their child's first vaccines

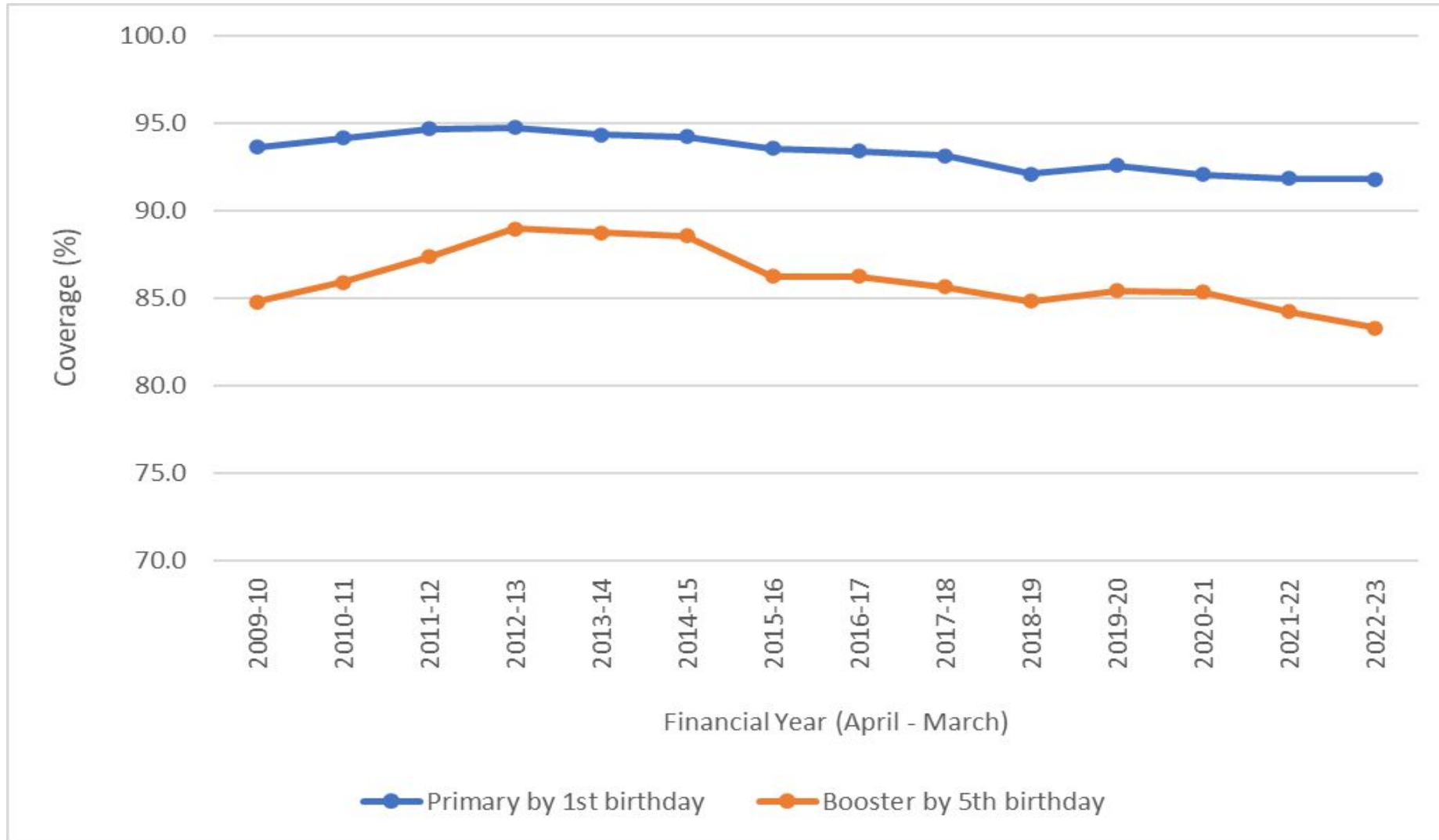
# And as a result of receiving information from a healthcare professional, did you change your mind on whether or not to vaccinate your baby?



And more than half of parents felt more confident 😊

- Base=1553
- All respondents asked about their child aged between 2 months and 3 years 3 months who spoke to a health professional about their child's first vaccines

# Childhood pertussis vaccination coverage at age 1 and 5 years



← 2.9% points lower than in 2012-13 = 17,400 infants in one annual cohort

← 5.6% points lower than in 2012-13 = 33,600 children in one annual cohort

# 2023 Survey of 280 health visitors



Health Visitors – please share your views!

The UK Health Security Agency (UKHSA) is responsible for protecting everyone in the community from the impact of infectious diseases and vaccines play an important part in this.

We would like to invite you to take part in the UKHSA survey of Health Visitors to tell us about your experiences and thoughts on vaccination and your views on possible new immunisations. We welcome all opinions.

We know that parents really value and trust your advice and this anonymous survey will help us better support you in your work.

This is not a test of knowledge and there are no right or wrong answers. It will only take about 15 minutes of your time.

The survey is being conducted in collaboration with the Institute of Health Visiting and University College London Institute of Child Health.

How to take part in the survey

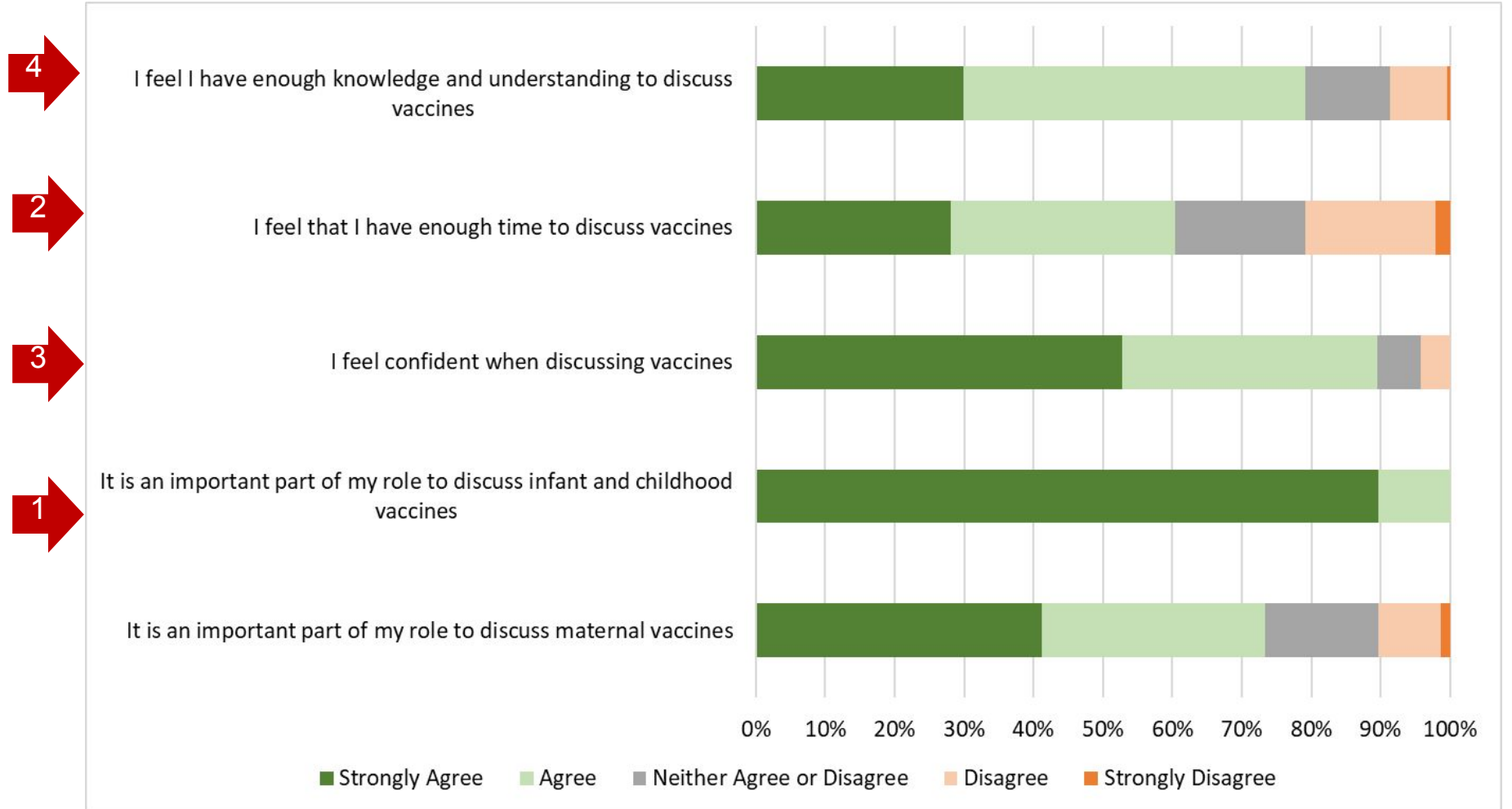
To take part use this link: [qrc0.de/hvsurv](https://qrc0.de/hvsurv)

Or use your smartphone to access the survey with this QR code



Thank you

Please indicate how strongly you agree with the following:

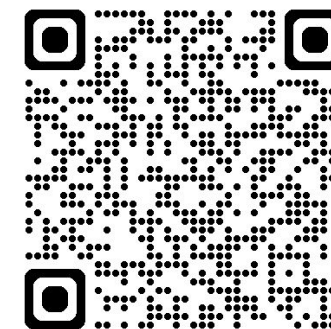


# Make every contact count!

- After clean water vaccination is the most effective health intervention available – it saves lives
- The NHS Constitution for England, 2023
  - You have the right to receive the vaccinations that the Joint Committee on Vaccination and Immunisation recommends that you should receive under an NHS-provided national immunisation programme.
- We need to ensure everyone is offered the vaccines they are eligible for, overcome barriers to access vaccines & support decisions with the information available
- Parents TRUST advice from healthcare professionals
- Training materials on immunisation are freely available on the



The screenshot shows the BBC News website. At the top, there are navigation links for Home, News, Sport, Weather, and iPlayer. Below the navigation is a red banner with the word "NEWS" in white. Underneath the banner are links for Home, InDepth, Israel-Gaza war, War in Ukraine, Climate, UK, World, Business, Politics, and Culture. The main content area features a headline "Measles outbreak prompts call for vaccination uptake" with a photo of a child's face. Below this is a link to an article titled "Whooping cough in the UK: What you need to know as outbreak kills 10 babies" from the European Centre for Disease Prevention and Control (ECDC). The ECDC article includes a sub-headline "More than 2,700 whooping cough cases have been reported across England so far in 2024" and a byline "Abi Jackson". The ECDC logo and name are also visible.



## Measles on the rise again in Europe: time to check your vaccination status

News  
11 Mar 2025



Translate this page

Data on measles cases in the European Union and European Economic Area (EU/EEA) for the last twelve months show a considerable rise in notifications compared to 2023. This indicates that the virus is circulating in the region and the number of cases will probably increase during the spring of 2025. Immunisation with two doses of the Measles, Mumps and Rubella (MMR) vaccine is the safest and most effective way to protect against this highly contagious disease. However, eight out of ten people who were diagnosed with measles in the EU/EEA in the last year were not vaccinated. Adults and parents are encouraged to check their vaccination history and, if in doubt, consult a healthcare professional.

# Next speaker



## Catherine Hughes

Founding Director at The  
Immunisation Foundation of  
Australia



Type your questions as you  
think of them during the  
presentations

Use the Zoom Q&A function

- **Name of presenter** you would like to answer your question
- Brief **question**
- **Your name** (if you wish to do so)



**Immunisation**  
Foundation of Australia  
Supporting Immunisation, Saving Lives

# Riley's story:

# The importance of immunisation advocacy

**Catherine Hughes AM**  
Founding Director, Immunisation Foundation of Australia



# Admitted to hospital: 4 weeks of age



**Day 1**



**Day 2**



**Day 3**



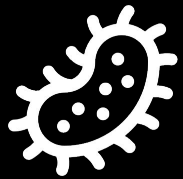
**Day 4**





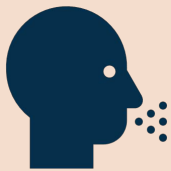
# What Is Whooping Cough?

Also known as pertussis, whooping cough is one of the most infectious diseases in the world and is caused by the bacterium *Bordetella pertussis*.



## The Basics

Characterised by severe coughing fits followed by a “whooping” sound. Can lead to serious complications such as pneumonia, especially in infants.



## Key Symptoms

Spread through airborne droplets from coughing or sneezing.



## How it spreads

Vaccination is the most effective way to prevent whooping cough. Vaccines are offered as part of routine childhood immunisations, and in pregnancy.



## Prevention



# The West Australian

Thursday, March 19, 2018 [thewest.com.au](http://thewest.com.au) \$1.50

**TheGame**  
**AFL PREVIEW MAGAZINE**

**WA'S RICHEST FOOTY TIPPING IS BACK**  
SEE PAGE 116 FOR DETAILS

**UP TO \$300,000 IN PRIZES TO BE WON**

Register NOW at [thewest.com.au/footytipping](http://thewest.com.au/footytipping) and you could win early bird prizes



## IN OUR HEARTS

Four-week-old Riley Hughes lost his battle with whooping cough this week. Now his family are pleading with other parents to ensure they and their children are immunised to prevent more tragedies. **NEWS P6-7**





# Immunisation Foundation of Australia

Supporting Immunisation, Saving Lives

“  
**A world where every  
child and adult is  
protected from  
vaccine-preventable  
diseases.**  
- IFA vision  
”

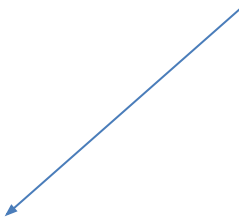


[www.ifa.org.au](http://www.ifa.org.au)

### Pertussis vaccine coverage in pregnancy

There were 21 studies reporting maternal pertussis vaccine coverage, ten of which derived from Victoria (Box 4). Vaccination status was collected by self-report in nine studies; one was presumed self-report,<sup>24</sup> based on prior report methods;<sup>23</sup> four had records validated from a vaccine provider, the hand-held antenatal medical record, immunisation register or other medical document, and seven were based on a perinatal database (with either sighted evidence of vaccination in pregnancy and/or self-report) (Box 4).<sup>45,46</sup>

Of the 21 studies, 17 provided information on maternal pertussis vaccine coverage (or proportion vaccinated) that was predominantly greater than 70% for the period 2016–2021 (Box 4 and Box 5). The lowest reported coverage of maternal pertussis vaccine of 49% was from a study in the Northern Territory in 2016 (Box 5).<sup>48</sup> The highest coverage observed was from Western Australian population surveillance data: 88%, 89% and 88% annually for 2019, 2020 and 2021, respectively,<sup>51</sup> and 89% in 2019 from a multijurisdictional survey ( $n = 81$ )<sup>43</sup> (Box 4 and Box 5).



 The Guardian

## Another baby dies after contracting whooping cough, says UKHSA

Data from government body shows England cases passed 10000 in year to June with 10 deaths in current outbreak.

8 Aug 2024



 Australian Broadcasting Corporation

## Whooping cough cases break records, surpassing 40,000

Cases of whooping cough in Australia this year have surpassed 40000 as vaccination rates decline.

8 Nov 2024



# 10 Tips for Effective Immunisation Advocacy



1. Be **welcoming** of questions and concerns
2. Use a **guiding** communication style
3. Steer discussion to risks and **effects of disease**, using **storytelling** and imagery to highlight impact of disease
4. Reinforce the **social norm** of vaccination
5. Focus conversation on protection of **infant** rather than protection of parent
6. Use **family friendly language**, eg “whooping cough” vs pertussis
7. Address safety concerns with **empathy** and **evidence**
8. Provide suitable, up-to-date **resources**
9. Provide practical details of **how, when** and **where** to get vaccinated
10. Most important: a **clear and confident recommendation** from a trusted healthcare provider





**On behalf of families impacted by  
vaccine-preventable diseases...**

**Thank you for your commitment  
to advocate for immunisation.**



[www.ifa.org.au](http://www.ifa.org.au)



**We will aim to answer as many questions as possible during the live session.**

Use the Zoom Q&A function

- **Name of presenter** you would like to answer your question
- **Brief question**
- **Your name** (if you wish to do so)

# Future iHV Member Benefit Event Dates

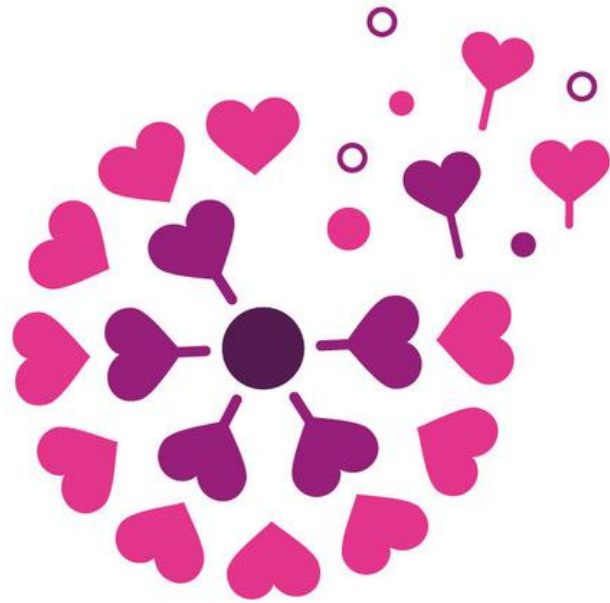


TOPIC	DATE
Research Networking event	2 April 2025
iHV Insights   Our Air, My Lungs	17 April 2025
Retired Member networking event	14 May 2025

All future dates can  
be found at:  
[bit.ly/4enHn2H](https://bit.ly/4enHn2H)



Join us again!



# Our Air, My Lungs



Our Air, My Lungs

17 April 2025 at 3:30pm

#iHVInsights

[www.ihv.org.uk](http://www.ihv.org.uk)



Thursday 8 May 2025



Manchester | King's House Conference Centre



# Healthier Beginnings



iHV Evidence-based Practice Conference



Hybrid Conference

# Over to you!



## Help us to tailor our events to meet **your** needs!

- Submit your anonymised responses to the poll
- What more can we do to support you in your practice?
- Email [events@ihv.org.uk](mailto:events@ihv.org.uk) with any suggestions



# Thank you so much for joining us



Contact us

Search

About us

Log in

Covid-19

iHV Learn



Our work Health Visitors Families Training & Events News & Views Membership Support us



Watch #ShapingUs - The Princess of Wales spotlights the vital role of Health Visitors



## Continue your CPD!

After this event you will be able to access the following resources on the iHV website:

- A recording of this live session (no recording on other devices is allowed)
- This slide set
- Links and background reading
- A link to download a Record of Attendance & reflection template

Log in at [www.ihv.org.uk](http://www.ihv.org.uk) and head to the Insights page

#iHVInsights

Protecting lives: Health Visitors' role in vaccination success

© Institute of Health Visiting