

Moving the Mountain

Navigating Challenges in Childhood Vaccination

“These are historic challenges. And it just seems to me that they are mountains that nobody could move for whatever reason.”
– Vaccine Delivery Partner¹

Rates of childhood vaccination in Richmond upon Thames

MMR vaccination

The MMR vaccine protects against measles, mumps, and rubella diseases.



The WHO recommends that 95% of children are fully vaccinated against MMR². In 2022/23, only 74.1% of children aged five years in Richmond were fully vaccinated against MMR³.

The proportion of children that are fully vaccinated against MMR by the age of five years has fallen over the past decade.

It is estimated that approximately one in four children in Richmond born between April 2008 and March 2018 are unprotected or insufficiently protected against MMR⁴.

In 1967 there were **460,407*** notified cases of measles⁵

*in England and Wales

In 2014 **130*** confirmed cases of measles

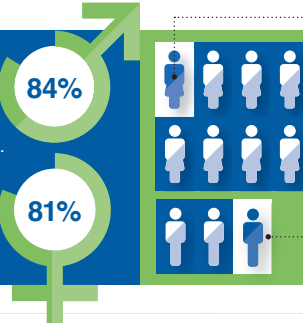
*in England and Wales

“There’s a lot of misinformation about when you got a baby. It’s quite emotional and you feel like you don’t want to do any harm to them.”
– Parent⁶



HPV vaccination The HPV vaccine protects against human papillomavirus, which can increase the risk of developing some cancers, including cervical cancer, later in life.

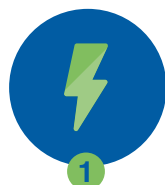
The World Health Organisation (WHO) recommends that 90% of children are fully vaccinated against HPV¹². In 2022/23, 84% of girls and 81% of boys completed their full course of HPV vaccination¹³.



It is estimated that in Richmond approximately **one in eight girls** born between September 2003 and August 2009, and **one in three boys** born between September 2006 and August 2009, may not have received HPV vaccination¹⁴.

‘How can vaccination rates be improved?’

Within our engagement, we asked residents and partners how they felt childhood vaccination rates could be improved. Their suggestions were categorised into four themes:



1 Encouraging and empowering parents to make informed decisions about vaccination



2 Enhancing the vaccine delivery system



3 Improving local vaccination data



4 Collaboration across the vaccination system

The report concludes with ten local recommendations to be prioritised and advanced by the local vaccine delivery system. The report calls for a collaborative approach with partners working at regional and national levels.

Together, we will move the mountain.

Why are target vaccination rates not achieved in Richmond upon Thames?

Public Health engagement with residents and partners highlighted many reasons why target vaccination rates are not being achieved in Richmond. Many of these challenges are not unique to Richmond and are experienced similarly across London and the UK.

- **Inequalities in childhood vaccinations** – some groups of children are less likely than others to receive vaccination.
- **Vaccine hesitancy and refusal** – some parents decide not to vaccinate their children because they do not feel confident in the safety of vaccines, have concerns about side effects, and/or are complacent about the potential risks of not providing vaccination.
- **Practical barriers** – some parents do not vaccinate their children because vaccination appointments are not available, or have not been provided in a way that is accessible or convenient to them.
- **System limitations** – partners working within the vaccine delivery system may not have the capacity, resources, and incentives to carry out work to improve vaccination rates.
- **Engagement of schools** – poor relations between schools and the school-aged immunisation provider teams can limit the success of school-aged vaccination programmes, such as HPV.
- **The COVID-19 pandemic** – as well as disrupting the delivery of some vaccination programmes such as HPV, the pandemic also impacted public attitudes to vaccines.
- **Accuracy of data records** – local investigations have shown that there are inaccuracies within NHS vaccination records, which prevents an accurate understanding of vaccination rates in Richmond.



We heard from...



322 parents



24 young people



28 GP staff



12 vaccine delivery partners

Moving the Mountain is the 2024 Annual Director of Public Health Report for Richmond upon Thames. Insights for the report were generated through comprehensive engagement with people closest to the childhood vaccination programme in Richmond.

➔ To read the full report [click here](#)

Childhood vaccinations

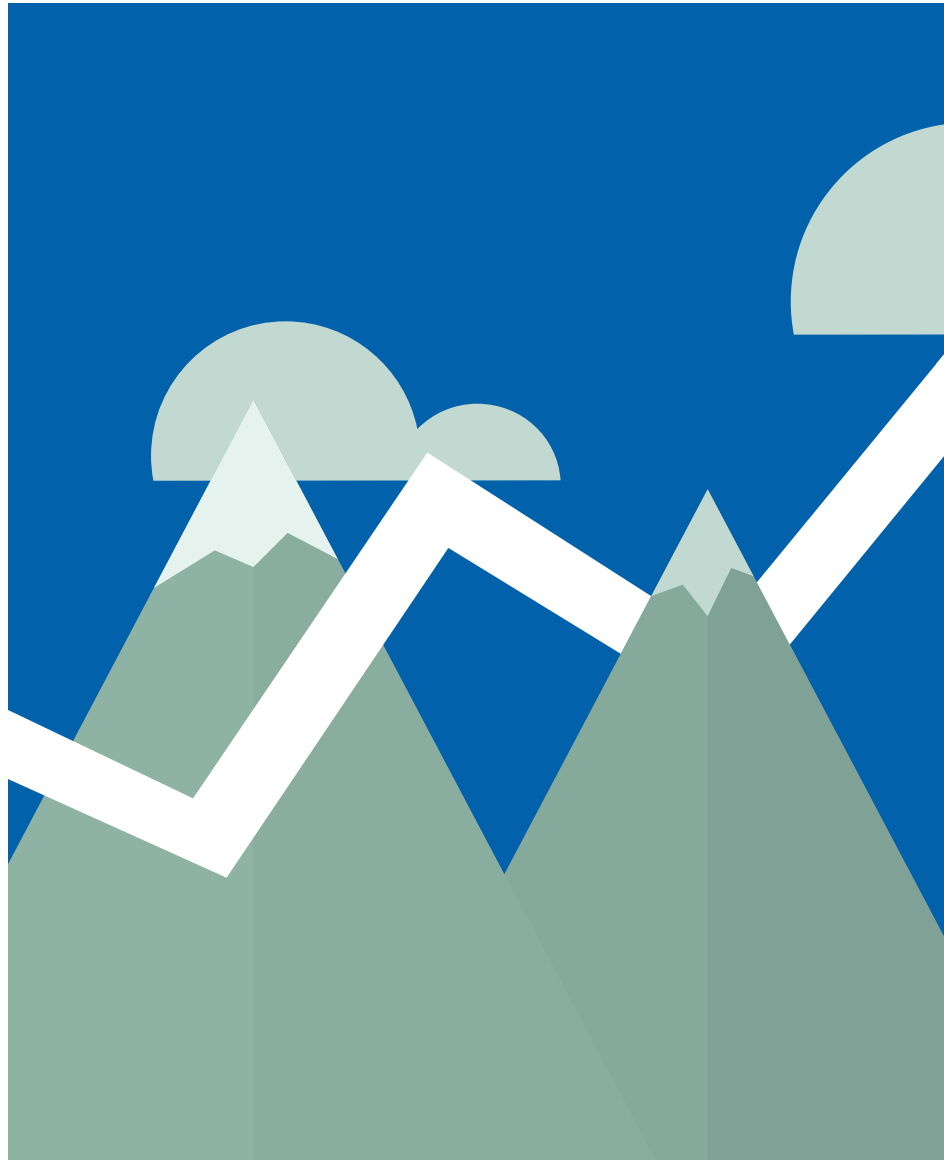
After clean water, vaccination is the most effective public health intervention for saving lives and promoting good health. It is the safest and most cost-effective way to protect individuals and communities from preventable diseases that could cause significant illness or death.

However, a global decline in childhood vaccinations is leaving our population increasingly susceptible to diseases that are preventable⁷. In 2019 the World Health Organisation (WHO) named “Vaccine Hesitancy” as one of the top ten threats to global health⁸.

Measles

Measles is a very infectious viral illness that can lead to serious, and sometimes fatal, complications, particularly in immunosuppressed individuals and young infants⁹. Public Health England (PHE) estimate that since the measles vaccine was introduced in 1967, 20 million cases of measles and 4,500 deaths have been averted in the UK¹⁰. Although the UK briefly achieved endemic measles elimination in 2016 and 2017, falling vaccination rates have led to outbreaks in recent years¹¹.

Executive summary



After clean water, vaccination is the most effective public health intervention in the world for saving lives and promoting good health. It is the safest and the most cost-effective way to protect individuals and communities from preventable diseases that can cause significant illness or death. Yet the rates of some childhood vaccinations in Richmond are falling, leaving increasing numbers of children at risk of catching vaccine preventable diseases and potentially developing severe illness, long-term disability and death.

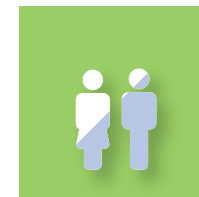
This report aims to understand the reasons for the decline in childhood vaccine uptake in Richmond, the potential impact of this on the health of children and finding solutions to help improve uptake. It focusses on two childhood vaccination programmes the Measles, Mumps and Rubella (MMR) and the Human Papilloma Virus (HPV) vaccines. These vaccines were chosen due to the complex challenges they present, and to help provide distinct insights to inform future actions.

Our understanding of the local challenge was informed through a comprehensive engagement with people that are directly involved in the childhood vaccination programme. Understanding these views and experiences is vital to guide how the system works to improve the delivery of vaccination in Richmond.

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SECTION ONE What is the mountain: Childhood vaccinations in Richmond

Section one describes the challenge with childhood vaccinations in Richmond. Target rates of vaccination are currently not being achieved for either the MMR or the HPV vaccination programmes. Since 2010/11, the proportion of children aged five that completed their full course of MMR vaccinations has declined each year. In 2022/23 only three-in-four five-year-olds were fully vaccinated. Similarly, the proportion of young people that completed the full course of HPV vaccination over the past two years was up to 10 percentage points below the target rates.

Declining vaccination rates are leaving increasing numbers of children susceptible to infectious diseases. In Richmond, it is estimated that approximately -

One in four children born between April 2008 and March 2018 are unprotected or insufficiently protected against MMR.



One in eight girls born between September 2003 and August 2009 may not have received HPV vaccination.



One in three boys born between September 2006 and August 2009 may not have received HPV vaccination.



Declining vaccination rates can have significant impacts at different levels. At an individual level, infectious diseases can make unvaccinated individuals severely unwell and may lead to serious complications. Infectious diseases can also increase pressure on the wider health and care system. An outbreak of an infectious disease runs the risk of overwhelming services beyond health, for example disrupting education and early years settings and impacting the local economy.

SECTION TWO Why we haven't moved the mountain yet: Challenges to achieving target vaccination coverage

There are many reasons why target vaccination coverage is not being achieved in Richmond currently, and why some groups of parents may struggle more than others to bring their child forward for vaccination. Many of these reasons are not unique to Richmond but also experienced at regional and national levels.

1. Inequalities in childhood vaccinations

Receiving childhood vaccinations is vital to protect children from disease and promote good health from infancy. From the outset the journey to vaccination is not equal. Some groups of children are less likely than others to receive vaccination. This includes children that have recently migrated, Traveller and Roma communities, children from Black Caribbean and Black African ethnic groups, and children from large families.

2. Vaccine hesitancy and refusal

Vaccine hesitancy is regarded by the World Health Organisation as one of the top ten threats to global health. Parents may be hesitant or refuse to vaccinate their children due to a lack of confidence in vaccines, complacency and/or inconvenience.

3. Availability, accessibility, and convenience of vaccine appointments

National studies have shown that the availability, accessibility, and convenience of vaccination appointments is an important factor in determining uptake, especially for parents who are not explicitly anti-vaccination but may be hesitant.

4. Capacity, resources, and incentives to improve vaccine uptake

Alongside vaccine delivery, most local GP practices carry out work to improve vaccination rates. However, this work can be limited by the availability, capacity, training and incentivisation of GPs to deliver it.

5. Engaging schools to support the childhood vaccination programme

Schools play a pivotal role in supporting the delivery of the school-aged vaccination programme, and their level of engagement can strongly influence the number of pupils that take up the vaccination offer.

6. The impact of the COVID-19 pandemic

The COVID-19 pandemic brought unforeseen disruption to childhood vaccination programmes. Whilst the pandemic directly impacted the delivery and uptake of some vaccination programmes, it also had indirect and enduring impacts on public attitudes to vaccinations.

7. Accuracy of vaccine data records

Studies and local investigations have shown that there are data inaccuracies within NHS vaccination records, which prevents an accurate understanding of the unvaccinated population in our borough.

SECTION THREE How we will move the mountain: Solutions to improve vaccination coverage

Across our engagement, vaccine delivery partners, local parents and young people proposed various ways to improve childhood vaccination rates in Richmond. These included:

1. Encouraging and empowering parents to make informed decisions about vaccination

The vaccination system must ensure that parents are equipped and well informed to make decisions about vaccination in the best interest of their child. This can be done through communication campaigns, provision of information and resources, and having one-to-one conversations.

2. Enhancing the vaccine delivery system capacity to improve uptake

Whilst most GP surgeries in the borough are carrying out work to improve uptake in the borough, additional actions could be taken to further enhance uptake improvement. For example staff in primary care and community pharmacies could be upskilled to have vaccine conversations.

3. Improving the quality of local vaccination data

Whilst local work is being carried out to improve the quality of vaccination data in GP records, partners proposed the need for bigger, system level improvements, for example the development of a central data source.

4. Collaboration across the vaccine delivery system

The vaccination delivery system is complex and involves multiple partners working collectively to plan and deliver vaccinations. Partnership working was highlighted as a success in the borough, but there are aspects of the system that may require additional strengthening,

It is noted that actions to improve childhood vaccination rates cannot solely be advanced by the local vaccine delivery system. Improving childhood vaccination rates is a challenge that requires a collaborative approach with partners, parents/caregivers, and children themselves at all levels.

The report concludes by proposing ten local recommendations for change.