



## DEBATE PACK

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# World Immunisation Week

This pack has been prepared ahead of the general debate to be held in the Commons Chamber on Thursday 2 May 2019 on World Immunisation Week.

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The House of Commons Library prepares a briefing in hard copy and/or online for most non-legislative debates in the Chamber and Westminster Hall other than half-hour debates. Debate Packs are produced quickly after the announcement of parliamentary business. They are intended to provide a summary or overview of the issue being debated and identify relevant briefings and useful documents, including press and parliamentary material. More detailed briefing can be prepared for Members on request to the Library.

# 1. World Immunisation Week

There will be a general debate on World Immunisation Week in the Commons Chamber on 2 May 2019.

World Immunisation Week 2019 is a global public health campaign that aims to promote the use of vaccines to protect people from disease. The theme of the 2019 campaign is 'Protected together: Vaccines Work!' The World Health Organization sets out its objectives:

The main goal of the campaign is to raise awareness about the critical importance of full immunization throughout life

As part of the 2019 campaign, WHO and partners aim to:

1. Demonstrate the value of vaccines for the health of children, communities and the world.
2. Highlight the need to build on immunization progress while addressing gaps, including through increased investment.
3. Show how routine immunization is the foundation for strong, resilient health systems and universal health coverage.<sup>1</sup>

The World Health Organization provide information about the impact and importance of immunisation, and highlights that it is estimated to avert 2-3 million deaths a year:

Immunization is a proven tool for controlling and eliminating life-threatening infectious diseases and is estimated to avert between 2 and 3 million deaths each year. It is one of the most cost-effective health investments, with proven strategies that make it accessible to even the most hard-to-reach and vulnerable populations.<sup>2</sup>

General information on vaccination is provided by the following sources:

- WHO, [Immunisation](#)
- NHS, [Vaccinations](#) and [How vaccination saves lives](#), April 2016
- University of Oxford, [Oxford Vaccines Group: Vaccine Knowledge project](#)

## 1.1 Vaccination in the UK

The NHS website describes vaccination as “one of the greatest breakthroughs in modern medicine” and reports that it has led to the eradication of serious diseases such as smallpox and polio:

Because of vaccinations, we no longer see smallpox, and [polio](#) has almost been eradicated. No wonder vaccination is considered a modern miracle.

Vaccination is one of the greatest breakthroughs in modern medicine. No other medical intervention has done more to save lives and improve quality of life.<sup>3</sup>

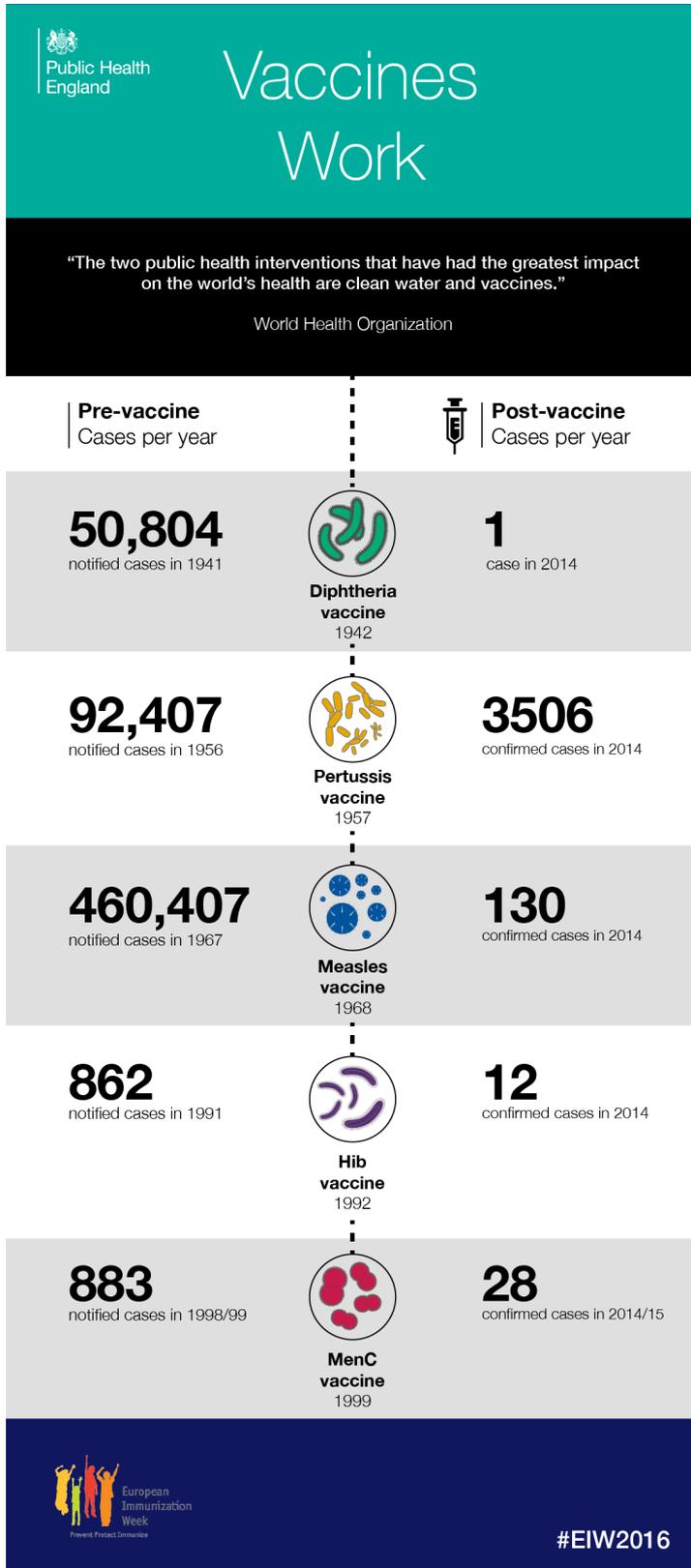
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<sup>1</sup> WHO, [World Immunisation Week 2019](#)

<sup>2</sup> WHO, [Immunisation](#) [accessed 1 May 2019]

<sup>3</sup> NHS, [How vaccinations save lives](#), April 2016

A 2016 Public Health England infographic provides further information about the impact of individual vaccines on diseases:



## The UK vaccination programme

A number of vaccines are routinely offered to everyone in the UK free of charge on the NHS – most of these are provided at various stages during childhood, although some vaccines are offered to older people, or to other specific risk groups such as healthcare workers, pregnant women and people with long-term health conditions. The overall aim of the routine immunisation schedule is to provide protection against the following vaccine-preventable infections:

- diphtheria
- haemophilus influenzae type b (Hib)
- hepatitis B
- human papillomavirus (certain serotypes)
- influenza
- measles
- meningococcal disease (certain serogroups)
- mumps
- pertussis (whooping cough)
- pneumococcal disease (certain serotypes)
- polio
- rotavirus
- rubella
- shingles
- tetanus

The [Joint Committee on Vaccinations and Immunisation](#) (JCVI) is the Independent Departmental Expert Committee which advises UK health departments on immunisation.

The schedule for routine immunisations, including the ages at which they should ideally be given, and instructions for how they should be administered are given in Table 11.1 of the [Public Health England guidance on vaccination and immunisation](#) (known as the 'Green Book'):<sup>4</sup>

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<sup>4</sup> PHE, [Immunisation against infectious disease](#), September 2014

Age due	Vaccine given	How it is given <sup>1</sup>
Eight weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B (DTaP/IPV/Hib/HepB)	One injection
	Pneumococcal conjugate vaccine (PCV)	One injection
	Meningococcal B (MenB)	One injection
	Rotavirus	One oral application
Twelve weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B (DTaP/IPV/Hib/HepB)	One injection
	Rotavirus	One oral application
Sixteen weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B (DTaP/IPV/Hib/HepB)	One injection
	Meningococcal B (MenB)	One injection
	Pneumococcal conjugate vaccine (PCV)	One injection
One year old (on or after the child's first birthday)	Hib/MenC booster	One injection <sup>2</sup>
	Pneumococcal conjugate vaccine (PCV) booster	One injection <sup>2</sup>
	Meningococcal B (MenB) booster	One injection <sup>2</sup>
	Measles, mumps and rubella (MMR)	One injection <sup>2</sup>
Eligible paediatric age groups annually (programme phased in over several years; see <a href="#">Chapter 19</a> )	Live attenuated influenza vaccine (LAIV)	Nasal spray, single application in each nostril (if LAIV is contraindicated and child is in a clinical risk group, give inactivated flu vaccine; see <a href="#">Chapter 19</a> )
Three years four months old or soon after	Diphtheria, tetanus, pertussis and polio (DTaP/IPV or dTaP/IPV)	One injection
	Measles, mumps and rubella (MMR)	One injection
Twelve to thirteen years old	Human papillomavirus (HPV)	Course of two injections at least six months apart
Fourteen years old (school year 9)	Tetanus, diphtheria and polio (Td/IPV)	One injection
	Meningococcal ACWY conjugate (MenACWY)	One injection
65 years old	Pneumococcal polysaccharide vaccine (PPV)	One injection
65 years of age and older	Inactivated influenza vaccine	One injection annually
70 years old	Shingles	One injection

1. Where two or more injections are required at the same time, these should ideally be given in different limbs. Where this is not possible, injections in the same limb should be given at least 2.5cm apart.
2. Where injections can only be given in two limbs, it is recommended that the MMR, as the vaccine least likely to cause local reactions, is given in the same limb as the MenB with the PCV and Hib/MenC boosters given into the other limb.

The Green Book also includes detailed information about the vaccines and the immunisation programmes for each of these vaccine preventable diseases.

A summary of the vaccine schedule can also be found on the [NHS website](#).

## 1.2 Concerns about immunisation rates

There are concerns that immunisation rates (especially in children) have dropped in recent years, both internationally and specifically in the UK and about the impact this could have on the prevalence of serious diseases such as measles.

Detailed information about national and regional childhood immunisation rates in the UK is provided in the Commons Library briefing paper, [Childhood Immunisation Statistics](#).

An April 2019 UNICEF analysis of international measles vaccination rates estimated that 85% of children received the first dose of measles, which is equivalent to more than 20 million children missing out on measles

vaccination each year worldwide.<sup>5</sup> It stated that lack of access, poor health systems and fear and scepticism of vaccination were responsible for a reduction in children receiving the two doses required to be protected against the disease. Of high-income countries, the United States was the country with the highest number of children not receiving the first dose of the vaccine. The UK was third highest with over 500,000 unvaccinated infants between 2010 and 2017.

The analysis also highlighted international increases in measles cases:

In the first three months of 2019, more than 110,000 measles cases were reported worldwide – up nearly 300 per cent from the same period last year. An estimated 110,000 people, most of them children, died from measles in 2017, a 22 per cent increase from the year before.<sup>6</sup>

A current measles outbreak (as of May 2019) in the United States has affected more than 700 people in 22 States. The US Centers for Disease Control and Prevention have reported that this has mainly affected unvaccinated individuals.<sup>7</sup>

Whilst generally it is reported that parental confidence in vaccination is high<sup>8</sup>, it is thought that increased vaccine hesitancy in parents has led to a reduction in immunisation rates in the UK and that this may be due to misinformation about vaccination and anti-vaccination campaigning. Misinformation of this kind is not a new issue and has impacted on vaccination rates in the past, but this is now primarily and increasingly online and on social media<sup>9</sup> and this has become a Government focus.

A [March 2019 Parliamentary question response](#) set out what the Government are doing to address misinformation of this kind:

We are aware there is a persistent minority who seek to spread misinformation about vaccinations. The Department for Health and Social Care is working with the Department for Digital, Culture, Media and Sport to explore actions to address this and a range of other online harms, including working with platforms. Collaboration with the Department for Education is underway to ensure pupils understand that vaccines protect against diseases which can cause serious long-term ill-health, including mental and/or physical disability, and death.

Public Health England annual surveys show parents have high levels of confidence in the national childhood immunisation programme and trust the advice about vaccination that comes from the National Health Service and health care workers. In contrast, trust in social media is much lower. However, we are not complacent and continue to look for ways to improve vaccine

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<sup>5</sup> UNICEF, [Press release: Over 20 million children worldwide missed out on measles vaccine annually in past 8 years, creating a pathway to current global outbreaks](#), 25 April 2019

<sup>6</sup> UNICEF, [Press release: Over 20 million children worldwide missed out on measles vaccine annually in past 8 years, creating a pathway to current global outbreaks](#), 25 April 2019

<sup>7</sup> CDC, [Measles Cases and Outbreaks](#),

<sup>8</sup> PHE, [Press release: PHE offers support to UK vaccine heroes](#), 24 April 2019

<sup>9</sup> Ed Pilkington and Jessica Glenza, [Facebook under pressure to halt rise of anti-vaccination groups](#), The Guardian, February 2019 and Hugh Pym, [Minister targets anti-vaccination websites](#), 26 March 2019

coverage and promote the facts relating to the value of immunisation and vaccination.<sup>10</sup>

More recently, the Secretary of State for Health and Social Care, Matt Hancock has said that the Government is looking at legislating to ensure social media providers have a duty of care to the people on their sites and to ensure the removal of false information about vaccines from these sites.<sup>11</sup>

According to Public Health England, recent research has shown that parents still consider health professionals the most trusted sources of information. The Chief Executive of Public Health England, Duncan Selbie, has called on healthcare workers to speak confidently to parents about the value and safety of vaccines:

In a world where mis-information is so easily spread online we must all speak confidently about the value of vaccines and leave the public in no doubt that they are safe and save lives.

It's testament to our hard-working doctors and nurses that families trust them to provide accurate facts about the effectiveness of vaccines. They're our vaccine heroes and we all have a role in supporting them.<sup>12</sup>

As well as the impact of vaccine hesitancy on vaccination rates, it has also been recently reported that the timing, availability and location of appointments have been identified as barriers to vaccination by both parents and healthcare workers.<sup>13</sup>

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<sup>10</sup> HC Written Question 233488 [Vaccination: Disinformation] 26 March 2019

<sup>11</sup> Hugh Pym, [Minister targets anti-vaccination websites](#), 26 March 2019

<sup>12</sup> PHE, [Press release: PHE offers support to UK vaccine heroes](#), 24 April 2019

<sup>13</sup> Debbie Andalo and Dawn Connelly, [Appointment availability is behind huge number of missed measles vaccinations, PHE expert says](#), The Pharmaceutical Journal, 26 April 2019

## 2. News items

Guardian

### **Killings of police and polio workers halt Pakistan vaccine drive**

30 April 2019

<https://www.theguardian.com/global-development/2019/apr/30/killings-of-police-and-polio-workers-halt-vaccine-drive-in-pakistan>

iNews

### **Students 'risking their lives' by not getting meningitis vaccine**

26 April 2019

<https://inews.co.uk/news/health/university-students-risking-lives-menacwy-vaccine/>

iNews

### **HPV vaccination linked to 'dramatic' fall in cervical disease**

4 April 2019

<https://inews.co.uk/news/health/hpv-vaccination-cervical-disease-fall-rates-scotland/>

BBC News Online

### **Debunking vaccination myths for parents**

3 April 2019

<https://www.bbc.co.uk/news/health-47787908>

Guardian

### **Measles is on the march again – but scare tactics won't improve vaccination rates**

26 March 2019

<https://www.theguardian.com/commentisfree/2019/apr/26/measles-vaccinations-immunisation-parents-children>

## 3. Press releases

### World Health Organization

#### World Immunization Week 2019

**24 – 30 April 2019**

*Theme: #VaccinesWork*

World Immunization Week – celebrated in the last week of April – aims to promote the use of vaccines to protect people of all ages against disease. Immunization saves millions of lives every year and is widely recognized as one of the world's most successful and cost-effective health interventions. Yet, there are still nearly 20 million unvaccinated and under-vaccinated children in the world today.

The theme this year is *Protected Together: Vaccines Work!*, and the campaign will celebrate *Vaccine Heroes* from around the world – from parents and community members to health workers and innovators – who help ensure we are all protected through the power of vaccines.

*Vast progress but fragile gains*

In 2017, the number of children immunized – 116.2 million – was the highest ever reported. Since 2010, 113 countries have introduced new vaccines, and more than 20 million additional children have been vaccinated.

But despite gains, all of the targets for disease elimination—including measles, rubella, and maternal and neonatal tetanus—are behind schedule, and over the last two years the world has seen multiple outbreaks of measles, diphtheria and various other vaccine-preventable diseases. Most of the children missing out are those living in the poorest, marginalized and conflict-affected communities.

In order for everyone, everywhere to survive and thrive, countries must intensify efforts to ensure all people receive the lifesaving benefits of vaccines. Additionally, those countries that have achieved or made progress towards the goals must work to sustain the progress they have made.

*2019 campaign objectives*

The main goal of the campaign is to raise awareness about the critical importance of full immunization throughout life

As part of the 2019 campaign, WHO and partners aim to:

- Demonstrate the value of vaccines for the health of children, communities and the world.
- Highlight the need to build on immunization progress while addressing gaps, including through increased investment.
- Show how routine immunization is the foundation for strong, resilient health systems and universal health coverage.

### *Why immunization matters*

Expanding access to immunization is vital for achieving the Sustainable Development Goals, poverty reduction and universal health coverage. Routine immunization provides a point of contact for health care at the beginning of life and offers every child the chance at a healthy life from the earliest beginnings and into old age.

Immunization is also a fundamental strategy in achieving other health priorities, from controlling viral hepatitis, to curbing antimicrobial resistance, and providing a platform for adolescent health and improving antenatal and newborn care.

## **Public Health England**

### **PHE offers support to UK vaccine heroes**

Survey highlights that healthcare professionals remain the most trusted source of information while social media ranks bottom of the table.

#### **24 April 2019**

This [European Immunization Week](#), Chief Executive of Public Health England, Duncan Selbie, reminds all those working in healthcare of the importance of speaking 'confidently about the value of vaccines' and urges everyone to support the vaccine heroes – those GPs and nurses who are on the frontline.

Research from Public Health England shows that health professionals remain the most trusted source of advice on immunisation (93% of parents agreed), while social media and the internet ranked as the least trusted sources of information. Overall, only 9% of parents have seen, read or heard about something that would make them doubt having their child immunised – a historically low proportion and down from a third (33%) in 2002.

Chief Executive at Public Health England, Duncan Selbie said:

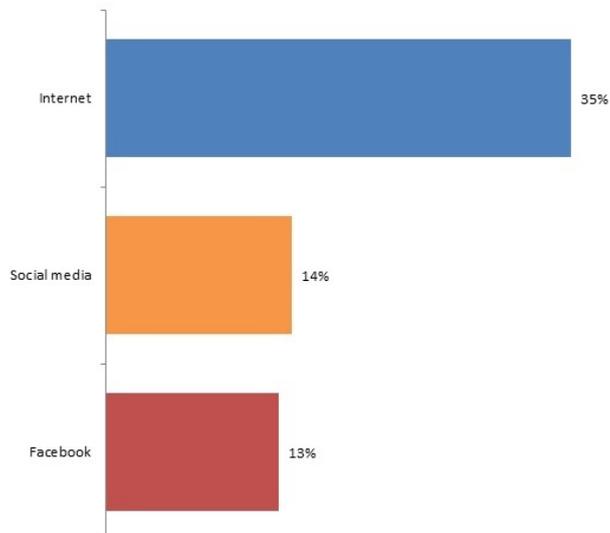
In a world where mis-information is so easily spread online we must all speak confidently about the value of vaccines and leave the public in no doubt that they are safe and save lives.

It's testament to our hard-working doctors and nurses that families trust them to provide accurate facts about the effectiveness of vaccines. They're our vaccine heroes and we all have a role in supporting them.

When asked what they had come across in the past year the majority (86%) of parents who reported seeing or hearing information about vaccines said the messages were in support of immunisation. Only 4% said the information was against vaccination.



Of the small number of parents (n=143) who had seen information to make them doubt having their child immunised, 35% had seen this on the internet and 14% mentioned social media as the main source. Information relating to side effects of vaccines was the main topic parents cited that might have persuaded them not to immunise their child.



Head of Immunisations at Public Health England, Dr Mary Ramsay, said:

We are very lucky in England to have one of the most comprehensive programmes in the world and it is really great to

see that parents trust our programme and most children are benefiting from this offer.

We know from our history that inaccurate claims about the safety and effectiveness can lead to doubts about vaccines – putting people at risk of serious illness. It's vital that all websites and social media platforms ensure accurate coverage of public health issues like vaccination.

But, we also know that there are other factors which affect vaccine uptake, such as sending out reminders and making GP appointments as convenient as possible – these things will make the biggest difference in reducing numbers of children not getting vaccinated.

We cannot be complacent, as even small groups of children missing out on or delaying their vaccines leaves them and others vulnerable to serious or even fatal infections.

The survey also shows that reported parental confidence in the immunisation programme is very high and the percentage of parents refusing one or more of their child's vaccines remains very low at only 4%. For those parents who didn't vaccinate when due, most had postponed, rather than refused vaccination, with their child going on to have it at a later date.

Vaccine coverage remains high for most childhood vaccines. The latest quarterly data suggests that vaccine coverage at 12 months of age increased by 0.4 to 0.9% for all vaccines compared with the previous quarter. This follows slow declines in uptake since 2012 to 13. According to research by the Royal Society of Public Health, these small drops may be due to timing, availability and location of appointments.

### *Background*

1. A total of 1,674 interviews (households) were achieved among parents of children aged 0 to 4. This included 1,050 parents of 0 to 2 year olds and 1,000 parents of 3 to 4 year olds, which included 376 parents who had a child in both age groups.
2. The latest UK quarterly data and commentary on coverage achieved by the [UK childhood immunisation programme](#) is available.
3. [European Immunization Week \(EIW\)](#), run by the WHO European Region, promotes the core message that immunisation is vital to prevent diseases and protect life. This year, on 24 to 30 April 2019, the campaign aims to raise awareness of the benefits of vaccines and to celebrate the "vaccine heroes" who contribute in so many ways to protecting lives through vaccination.

## 4. Parliamentary material

### Debates

#### **Vaccine Hesitancy – Lords questions**

**HL Deb 01 April 2019 | Vol 797 c2-**

<http://bit.ly/2Kh6xqH>

#### **Health: Vaccines - Lords questions**

**HL Deb 29 January 2019 | Vol 795 c994-**

<http://bit.ly/2UsPEcq>

### PQs

[Vaccination: Research](#)

#### **Asked by: Lamb, Norman**

To ask the Secretary of State for Health and Social Care, pursuant to his oral contribution on 26 March 2019 to Question 910028 on Antimicrobial Resistance: Vaccines, what funding he plans to make to stimulate research and development into vaccines as an alternative to antibiotics.

To ask the Secretary of State for Health and Social Care, pursuant to his oral contribution on 26 March 2019 to Question 910028 on Antimicrobial Resistance: Vaccines, what steps his Department is taking to stimulate research and development into vaccines, including for tuberculosis, as an alternative to antibiotics.

#### **Answering member: Seema Kennedy | Department: Department of Health and Social Care**

The United Kingdom national action plan on antimicrobial resistance (AMR), published on 24 January 2019, contains the commitment to continue to support research into new and alternative treatments, vaccines and diagnostic tests.

The Government has invested over £350 million in AMR research and development since 2014, including research funding calls with vaccination in scope, most recently the £32 million capital funding call lead by the National Institute for Health Research (NIHR), and the Small Business Research Initiative competition which announced its awards in January 2019. We would expect to consider the role of vaccines for AMR in future programmatic funding.

The UK supports the development of vaccines through UK Aid programmes such as the Global AMR Innovation Fund (GAMRIF) and the UK Vaccine Network. GAMRIF is a £50 million fund to support

innovative research and development for AMR, for the benefit of people in low- and middle-income countries, and invests £30 million into preventative measures in human and animal health, including vaccines for AMR not including tuberculosis (TB). The fund includes a £1 million work package with the Bacterial Vaccinology Network which supports early stage research and development around the world to drive the development and uptake of vaccines for AMR in humans and animals.

The UK supports TB vaccine research through the Medical Research Council (MRC), with support to the European and Developing Countries Clinical Trials Partnership, and through the Joint Global Health Clinical Trials programme represented by the Department for International Development (DFID), MRC, NIHR and Wellcome. DFID's Agriculture research team is supporting work on bovine TB vaccine development in partnership with the Bill and Melinda Gates Foundation.

**HC Deb 24 April 2019 | PQ 244040; PQ 244039**

[Human Papillomavirus: Vaccination](#)

**Asked by: Bardell, Hannah**

To ask the Secretary of State for Health and Social Care, what steps he is taking to ensure a high level of up-take of the HPV vaccine throughout the country.

**Answering member: Seema Kennedy | Department: Department of Health and Social Care**

Coverage of the human papillomavirus (HPV) vaccine in teenage girls is high with nearly 84% receiving the full course of vaccine. Public Health England (PHE) developed a range of materials targeted at teenagers and their parents to provide information about the HPV vaccination programme to help them make an informed choice. Local immunisation providers should share this information and signpost teenagers and their parents to these materials when the offer of HPV vaccination is underway in schools. These materials can be viewed at the following link:

[https://www.gov.uk/government/collections/immunisation#human-papillomavirus-\(hpv\)-for-girls](https://www.gov.uk/government/collections/immunisation#human-papillomavirus-(hpv)-for-girls)

PHE also provides information and training materials for health professionals to ensure they can adequately respond to queries or concerns. These training materials can be viewed at the following link:

<https://www.gov.uk/government/publications/human-papillomavirus-hpv-the-green-book-chapter-18a>

In addition, PHE has also worked closely with several charities such as Jo's Cervical Cancer Trust and the Teenage Cancer Trust to develop lesson plans for schools to use to teach young people about cervical cancer and the HPV vaccine. These can be seen at the following links:

<https://www.jostrust.org.uk/information-healthcare-professionals/information-teachers>

<https://www.teenagecancertrust.org/about-us/what-we-do/cancer-awareness/resources#cervicalcancer>

**HC Deb 15 April 2019 | 242896**

[Human Papilloma Virus: Vaccination](#)

**Asked by: Twigg, Stephen**

To ask the Secretary of State for International Development, what steps her Department is taking in its capacity as a board member of Gavi the Vaccine Alliance to improve access to the human papilloma virus vaccine.

**Answering member: Harriett Baldwin | Department: Department for International Development**

The UK is a longstanding member of the Board of Gavi, the Vaccine Alliance and has supported Gavi's human papilloma virus (HPV) vaccine agenda since its introduction to Gavi support in 2013.

Gavi support has seen HPV vaccine demonstration programmes occur in 30 countries, the first step to introducing the vaccine. Through our seat on the Gavi Board, the UK has encouraged this greater access for the HPV vaccine. The UK has also supported Gavi in expanding its remit to reach beyond childhood immunisations and enable adolescent girls to be eligible for the HPV vaccine.

Gavi's approach to market shaping means that all vaccines, including HPV, are more accessible and affordable. Its health system strengthening support results in better health services which can expand to include new vaccines for adolescent girls. Through our strong engagement in Gavi, we will continue to focus on ensuring that Gavi makes strong progress in improving access and coverage across all life-saving vaccines, including the HPV vaccine.

**HC Deb 15 April 2019 | PQ 241992**

[Vaccination: Children](#)

**Asked by: Ashworth, Jonathan**

To ask the Secretary of State for Health and Social Care, how many refusals, or opt outs, for vaccines in children have been registered in each year since 2010.

**Answering member: Seema Kennedy | Department: Department of Health and Social Care**

Public Health England does not hold data on the number of refusals, or opt outs, for vaccines in children.

Vaccine uptake data can be found at the following link:

<https://www.gov.uk/government/collections/vaccine-uptake>

**HC Deb 12 April 2019 | PQ 241038**

[Vaccination: Disinformation](#)

**Asked by: Cunningham, Mr Jim**

To ask the Secretary of State for International Development, what steps her Department is taking to tackle anti-vaccine misinformation abroad.

**Answering member: Harriett Baldwin | Department: Department for International Development**

The UK is deeply concerned about the spread of anti-vaccine misinformation abroad and its potential to undermine the hard-fought gains that have been made in protecting children from vaccine preventable diseases and outbreaks. We are tackling this misinformation through our strong support of the Global Polio Eradication Initiative (GPEI) and Gavi, the Vaccine Alliance. In both organisations, we work to ensure that they build trust and credibility with local communities as a core mandate.

UK support of Gavi has contributed to the safe vaccination of over 700 million children and our support to GPEI has helped reduce global cases of Wild Polio Virus by 99%. These programmes recognise the threat anti-vaccination misinformation poses to these successes and have taken active steps to address anti-vaccination movements through immunisation outreach teams and civil society groups, the first line of defence to countering false claims and misinformation. These groups monitor anti-vaccine sentiment at local levels and provide accurate information on the health benefits of immunisation. This approach provides a deeper understanding of the causes of any concerns and the populations most at risk from negative misinformation. Both organisations also support health workers with additional training to monitor and report adverse conditions and on how speak to parents about any concerns or fears.

**HC Deb 10 April 2019 | PQ 241383**

[Human Papillomavirus: Vaccination](#)

**Asked by: Cunningham, Mr Jim**

To ask the Secretary of State for International Development, what steps his Department is taking to encourage the vaccination of women against the HPV virus in countries in which that vaccination is not yet available or accepted.

**Answering member: Harriett Baldwin | Department: Department for International Development**

The UK is supporting the increased use of the HPV vaccine through Gavi, the Vaccine Alliance. The UK is the largest donor to Gavi, which has helped 30 countries take the first steps to introducing the HPV vaccine with the aim of vaccinating 40 million girls by 2020. This will protect the poorest and most vulnerable girls from the leading cause of cervical cancer.

UK support for Gavi is also helping accelerate the introduction of the HPV vaccine to more countries through Gavi's market shaping and price reduction strategy, which is making the vaccine more available and affordable.

Civil society and young girls play a key role in ensuring the vaccine is accepted and in high demand. Gavi supports these groups through positive communications and messaging about the full benefits of the HPV vaccine and the protection it offers.

The UK will host Gavi's next pledging conference in 2020, demonstrating our continued strong commitment to supporting Gavi's efforts to increase vaccinations against the HPV virus as well as other vaccine preventable diseases.

**HC Deb 09 April 2019 | PQ 240947**

[Thiomersal](#)

**Asked by: Baroness Hodgson of Abinger**

To ask Her Majesty's Government which vaccines prescribed by the NHS contain thimerosal.

**Answering member: Baroness Blackwood of North Oxford |  
Department: Department of Health and Social Care**

None of the vaccines currently recommended for use as part of the United Kingdom routine immunisation programme contains the preservative thiomersal.

The safety of thiomersal-containing vaccines has been extensively evaluated in studies which have found no evidence to suggest thiomersal is associated with any serious or long-term risks. Such studies have mostly been in young children. The most recent assessment in the *Weekly epidemiological record* was undertaken by the World Health Organization in 2012, which advised that the available evidence strongly supports the safety of the use of thiomersal in vaccines where required. A copy of the 2012 *Weekly epidemiological record* is attached.

**HL Deb 05 April 2019 | PQ HL14855**

[Human Papillomavirus: Vaccination](#)

**Asked by: Cooper, Rosie**

To ask the Secretary of State for Health and Social Care, what assessment he has made of the effectiveness of preparations to implement the extension of the HPV vaccination programme to boys.

**Answering member: Jackie Doyle-Price | Department: Department of Health and Social Care**

Preparation to implement the extension of the human papillomavirus (HPV) vaccination programme to boys is underway. NHS England has carried out a series of assurance surveys to assess the preparedness of

the system for the extension of the HPV vaccination programme to boys, specifically covering the service provision, delivery, data collection and coverage. The outcome of the exercise has shown that roll-out is on track for the 2019/20 academic year.

**HC Deb 05 April 2019 | PQ 238304**

[Vaccination](#)

**Asked by: Cooper, Rosie**

To ask the Secretary of State for Health and Social Care, what steps his Department is taking to tackle declining rates of the take-up of vaccines in England.

**Answering member: Jackie Doyle-Price | Department: Department of Health and Social Care**

Public Health England, in partnership with NHS England and the Department, is undertaking many steps to improve vaccination coverage in England.

This includes initiatives to improve access to the immunisation programme; communication with the public; data to better identify underserved individuals and populations; and training for healthcare professionals. An example of this is the 'Help Us Help You' flu vaccination campaign which can be viewed at the following link:

<https://www.nhs.uk/staywell/>

**HC Deb 05 April 2019 | PQ 238302**

[Vaccination](#)

**Asked by: Cooper, Rosie**

To ask the Secretary of State for Health and Social Care, what plans his Department has to tackle antimicrobial resistance using vaccines.

**Answering member: Jackie Doyle-Price | Department: Department of Health and Social Care**

One of the nine ambitions for change set out in 'Contained and controlled: The UK's 20-year vision for antimicrobial resistance', published on 24 January 2019, is to minimise infections in humans and animals. Optimising the use of effective vaccines will be critical in achieving this ambition.

The United Kingdom's five-year national action plan for antimicrobial resistance (AMR) includes commitments to stimulate more research into vaccines and promote broader access to vaccines for humans and animals.

A new Joint Committee on Vaccination and Immunisation (JCVI) Healthcare Associated Infections Working Group, set up to review and provide preliminary advice to JCVI on the potential use of appropriate vaccines in the UK, will provide advice on the development of better

tools to estimate and quantify the potential impact of vaccines in reducing the long-term burden of AMR.

In addition, the UK supports the delivery and uptake of vaccines overseas through UK Aid programmes, including the Global AMR Innovation Fund, the Fleming Fund and the UK Vaccine Network.

**HC Deb 04 April 2019 | PQ 238305**

[Vaccination](#)

**Asked by: Cooper, Rosie**

To ask the Secretary of State for Health and Social Care, when his Department plans to respond to the consultation on the cost effectiveness methodology for vaccination programmes.

**Answering member: Jackie Doyle-Price | Department: Department of Health and Social Care**

The Department will publish its response to the Committee on Cost Effectiveness Methodology for Immunisation Programmes and Procurement (CEMIPP) report, alongside a summary of consultation responses, in the coming weeks. It is important to ensure that rules for immunisation are fair, transparent and justifiable.

**HC Deb 04 April 2019 | PQ 238303**

[Vaccination: Disinformation](#)

**Asked by: Rosindell, Andrew**

To ask the Secretary of State for Health and Social Care, what steps he is taking to tackle anti-vaccine misinformation.

**Answering member: Jackie Doyle-Price | Department: Department of Health and Social Care**

We are aware there is a persistent minority who seek to spread misinformation about vaccinations. The Department for Health and Social Care is working with the Department for Digital, Culture, Media and Sport to explore actions to address this and a range of other online harms, including working with platforms. Collaboration with the Department for Education is underway to ensure pupils understand that vaccines protect against diseases which can cause serious long-term ill-health, including mental and/or physical disability, and death.

Public Health England annual surveys show parents have high levels of confidence in the national childhood immunisation programme and trust the advice about vaccination that comes from the National Health Service and health care workers. In contrast, trust in social media is much lower. However, we are not complacent and continue to look for ways to improve vaccine coverage and promote the facts relating to the value of immunisation and vaccination.

**HC Deb 26 March 2019 | PQ 233488**

[Influenza: Vaccination](#)

**Asked by: Shannon, Jim**

To ask the Secretary of State for Health and Social Care, if he will make an assessment of the reasons why uptake rates among groups eligible for the free influenza vaccine are low.

**Answering member: Steve Brine | Department: Department of Health and Social Care**

Provisional data for flu season 2018-19 (autumn to spring) shows that flu vaccine uptake in those aged 65 and over is at similar levels to previous years and close to the World Health Organization target of 75%.

Vaccine uptake in the children's programme is at the highest level since the introduction of the programme for two and three-year olds vaccinated in general practice and for children offered the vaccine in primary school.

For pregnant women and for those in at risk groups eligible for flu vaccine, the vaccination uptake is slightly lower compared to last year. There are many reasons for this. Many patients do not appreciate how serious flu can be and the importance of protecting themselves.

Provisional data can be viewed at the following link:

[www.gov.uk/government/collections/vaccine-uptake](http://www.gov.uk/government/collections/vaccine-uptake)

**HC Deb 12 March 2019 | PQ 228005**

[Vaccination](#)

**Asked by: Shannon, Jim**

To ask the Secretary of State for Health and Social Care, what steps the Government is taking to improve vaccination coverage rates throughout the UK.

**Answering member: Steve Brine | Department: Department of Health and Social Care**

Public Health England, in partnership with NHS England and the Department, is undertaking many steps to improve vaccination coverage in England. These steps are reviewed and monitored regularly through a regular tripartite meeting mechanism.

These steps include initiatives to improve access to the immunisation programme; communication with the public; data to better identify underserved individuals and populations; and training for healthcare professionals. An example of this is the 'Help Us Help You' flu vaccination campaign which can be viewed at the following link:

<https://campaignresources.phe.gov.uk/resources/campaigns/81-help-us-help-you/resources>

**HC Deb 12 March 2019 | PQ 228004**[Vaccination](#)**Asked by: Shannon, Jim**

To ask the Secretary of State for Health and Social Care, whether the Government is on course to meet its annual immunisation targets for at-risk groups in 2019.

**Answering member: Steve Brine | Department: Department of Health and Social Care**

Various at-risk groups are immunised with an influenza vaccine and/or a pneumococcal-polysaccharide-vaccine (PPV).

Each year influenza vaccination takes place in the autumn before influenza starts to circulate. For the 2018/19 influenza season, the targets for those aged under 65 in a clinical risk group and pregnant women was at least 55%. Provisional data for the period 1 September 2018 to 31 January 2019 indicated uptake was 46.9% for those in clinical risk groups and 45% for pregnant women in the 2018/19 season. This can be viewed at the following link:

<https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-gp-patients-monthly-data-2018-to-2019>

There are no formal coverage targets for PPV. PPV coverage estimates are published annually. The next report will be published in May 2019 and will include data for the period April 2018 – March 2019.

**HC Deb 2 March 2019 | PQ 228003**[Measles: Disease Control](#)**Asked by: Cunningham, Mr Jim**

To ask the Secretary of State for International Development, what steps her Department is taking to reduce the number of measles cases throughout the world.

**Answering member: Alistair Burt | Department: Department for International Development**

The UK is concerned about the rising number of measles cases globally and is supporting efforts to reduce these in low income countries through investment in Gavi, the Vaccine Alliance. The UK is the largest donor to Gavi, which has helped immunise over 700 million children since 2000 and prevented more than 10 million deaths from vaccine preventable diseases.

Gavi is helping to reduce the number of measles cases by supporting routine immunisation. This is supplemented by rapid vaccination campaigns to stem outbreaks when they occur and limit the spread. Over 67 million people have been vaccinated through Gavi against

measles through routine immunisation and over 370 million people have been vaccinated through campaigns.

The UK will host Gavi's replenishment in 2020, demonstrating the UK's continued strong commitment to support Gavi's efforts to save children's lives from measles as well as other vaccine preventable diseases.

**HC Deb 06 March 2019 | PQ 227365**

[Vaccination: Children](#)

**Asked by: Cunningham, Mr Jim**

To ask the Secretary of State for Health and Social Care, what estimate his Department has made of the number of children who have been prevented from receiving a vaccination due to a parent withholding their consent each year since 2010.

**Answering member: Steve Brine | Department: Department of Health and Social Care**

Public Health England does not hold data on the number of children who have been prevented from receiving a vaccination due to a parent withholding their consent.

Annual vaccine coverage statistics are available at the following link:

<https://digital.nhs.uk/data-and-information/publications/statistical/nhs-immunisation-statistics/england-2017-18>

Vaccine uptake data can be found at the following link:

<https://www.gov.uk/government/collections/vaccine-uptake>

**HC Deb 05 March 2019 | PQ 227038**

[Vaccination](#)

**Asked by: Zeichner, Daniel**

To ask the Secretary of State for Health and Social Care, what plans the Government has to work with the Joint Committee on Vaccination and Immunisation to establish a value assessment measure of antimicrobial resistance in the consideration of existing and new immunisation programmes.

**Answering member: Steve Brine | Department of Health and Social Care**

The Joint Committee on Vaccination and Immunisation (JCVI) is aware that vaccination has an important role in controlling antimicrobial resistance but considers that current models are not sufficiently developed to fully estimate and quantify the potential impact of vaccines on the burden of antimicrobial resistance. Many of the potential benefits of vaccination in relation to antimicrobial resistance

(AMR) cannot therefore be easily included in estimates of cost-effectiveness.

The JCVI has suggested that better tools need to be developed to estimate and quantify the potential impact of vaccines in reducing the long-term burden of AMR. This could then inform cost-effectiveness analyses. The National Institute of Health Research, Health Protection Research Unit, based at the London School of Hygiene and Tropical Medicine, is currently working on the development of such models.

As most resistant infections are healthcare associated, the new JCVI Healthcare Associated Infections Working Group, set up to review and provide preliminary advice to JCVI on the potential use of appropriate vaccines in the United Kingdom, will help to address this issue.

**HC Deb 22 February 2019 | PQ 221733**

### [Vaccination](#)

**Asked by: Zeichner, Daniel | Party: Labour Party**

To ask the Secretary of State for Health and Social Care, whether his Department plans to review its targets for coverage and uptake of vaccines that help prevent antimicrobial resistance as a result of the Government's new Antimicrobial Resistance Strategy, published on 24 January 2019.

**Answering member: Steve Brine | Department: Department of Health and Social Care**

Vaccines are an important tool for the prevention of infection, as highlighted in the United Kingdom Government's 20-year vision on antimicrobial resistance, which is available at the following link:

<https://www.gov.uk/government/publications/uk-20-year-vision-for-antimicrobial-resistance>

Uptake and assessment of coverage of new vaccines to help prevent antimicrobial resistance will be dependent on how successful research programmes for the development of new products in this area progress. This remains under constant review.

**HC Deb 22 February 2019 | PQ 221732**

### [Vaccination: Cost Effectiveness](#)

**Asked by: Whately, Helen**

To ask the Secretary of State for Health and Social Care, when the Government plans to publish a response to the consultation the Cost effectiveness methodology for vaccination programmes, published on 26 February 2018.

To ask the Secretary of State for Health and Social Care, what assessment he has made of the potential merits of the recommendations made by the Committee on cost effectiveness

methodology for immunisation programmes and procurement, published in February 2018.

**Answering member: Steve Brine | Department: Department of Health and Social Care**

The Department is currently considering its response to the Committee on Cost Effectiveness Methodology for Immunisation Programmes and Procurement (CEMIPP). The consultation on the CEMIPP report closed on 28 June 2018. The Department is currently considering its response to make sure that rules for immunisation are fair, transparent and justifiable.

**HC Deb 19 February 2019 | PQ 219521; PQ 219520**

[MMR Vaccine](#)

**Asked by:** The Marquess of Lothian

To ask Her Majesty's Government how they plan to reverse the declining uptake in MMR vaccines, particularly in London, in order to retain the UK's elimination status for measles and rubella.

**Answering member: Baroness Blackwood of North Oxford | Department: Department of Health and Social Care**

In January 2019 Public Health England, Public Health Wales, The Public Health Agency in Northern Ireland and Health Protection Scotland published the UK Measles and Rubella elimination strategy 2019. A copy is attached.

The strategy sets out four core components required to maintain elimination of measles and rubella: achieving and sustaining very high coverage (more than or equal to 95%) with two doses of measles, mumps and rubella vaccine (MMR) through the routine childhood immunisation programme; providing opportunities for MMR catch-up to all susceptible population groups over five years old; strengthening surveillance systems by rigorous case investigation and laboratory confirmation of suspected sporadic cases and outbreaks; and improving the availability and use of high-quality, evidence-based information for health professionals and the public on measles and MMR.

A multi-agency group has been established to take forward the actions in the strategy in England. Local teams including those in London are expected to work with local stakeholders to develop a measles and rubella elimination action plan.

**HL Deb 18 February 2019 | PQ HL13528**

[Human Papillomavirus: Vaccination](#)

**Asked by: Offord, Dr Matthew**

To ask the Secretary of State for Health and Social Care, what assessment the Department has made of the effectiveness of extending

the HPV vaccination programme to male boys to reduce incidents of cervical cancer in women.

**Answering member: Steve Brine | Department: Department of Health and Social Care**

In its review of the modelling of the impact and cost effectiveness of vaccinating adolescent boys the Joint Committee on Vaccination and Immunisation (JCVI) noted that by vaccinating boys as well as girls, additional cases of cervical and non-cervical cancer will be prevented in women.

The JCVI statement, including a review of the evidence, is available at the following link:

<https://www.gov.uk/government/publications/jcvi-statement-extending-the-hpv-vaccination-programme-conclusions>

**HC Deb 15 February 2019 | PQ 218286**

[Meningitis: Vaccination](#)

**Asked by: Baroness Finlay of Llandaff**

To ask Her Majesty's Government what consideration they have given to the use of social media to increase immunisation rates against meningitis for those aged between 15 and 25.

**Answering member: Baroness Blackwood of North Oxford | Department: Department of Health and Social Care**

Over the past three years, to increase immunisation rates for the meningitis vaccine uptake, Public Health England (PHE) has paid for a targeted social media campaign. The campaign was aimed at school leavers through social media posts, case studies and video. This campaign also included resources and messaging which targeted parents as a key driver of health behaviour.

Widespread coverage by the media has helped to encourage vaccination in this age group. This included alerting school leavers to get their vaccine before going to university through national media, student publications, targeting festivals and summer travel where we know infections such as these can spread more easily. This activity also targeted parents.

PHE also worked with three social media influencers who target this age group to generate 'back to University' vlog posts in which they highlighted the importance of vaccination.

**HL Deb 12 February 2019 | PQ HL13213**

[Influenza: Vaccination](#)

**Asked by: Debbonaire, Thangam**

To ask the Secretary of State for Health and Social Care, what assessment his Department has made of trends in the level of availability of the 2018-19 seasonal flu vaccine.

**Answering member: Steve Brine | Department: Department of Health and Social Care**

Public Health England (PHE) provides influenza vaccines centrally for the children's influenza programme. Centrally purchased influenza vaccines are carefully monitored by PHE to ensure there is equitable distribution across England and sufficient in-date vaccine for patients who present throughout the season.

General practitioners and other providers are directly responsible for the influenza vaccine supplies used to deliver the national influenza programme to the other eligible groups. PHE maintains oversight to help facilitate a constant supply of vaccine, liaising with vaccine manufacturers to ascertain whether there are any manufacturing problems which could impact the running of the programme at a national level.

This winter, eligible adults aged 18-64 were offered a quadrivalent influenza vaccine, and those aged 65 and over were offered a newly licensed adjuvanted trivalent influenza vaccine (aTIV). There were a number of short-term localised shortages of both vaccines reported, particularly for aTIV due to staggered deliveries from the manufacturer between September and November. The NHS managed these shortages locally, but some patients had to wait longer than usual to be vaccinated. However, there was no overall shortage of either vaccine.

**HC Deb 06 February 2019 | PQ 214044**

## 5. Useful links and further reading

World Health Organization *Global Vaccine Action Plan 2011-2020*

[https://www.who.int/immunization/global\\_vaccine\\_action\\_plan/GVAP\\_doc\\_2011\\_2020/en/](https://www.who.int/immunization/global_vaccine_action_plan/GVAP_doc_2011_2020/en/)

World Health Organization *2018 assessment report of the Global Vaccine Action Plan*

[https://www.who.int/immunization/global\\_vaccine\\_action\\_plan/en/](https://www.who.int/immunization/global_vaccine_action_plan/en/)

Royal College of Nursing *Immunisation*

<https://www.rcn.org.uk/clinical-topics/public-health/immunisation>

Public Health England *Vaccine updates*

<https://www.gov.uk/government/collections/vaccine-update>

GAVI, the vaccine alliance

<https://www.gavi.org/>

Joint Committee on Vaccination and Immunisation - The Joint Committee on Vaccination and Immunisation (JCVI) advises UK health departments on immunisation.

<https://www.gov.uk/government/groups/joint-committee-on-vaccination-and-immunisation>

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