



**CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING**

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| DYDDIAD Y CYFARFOD: DATE OF MEETING: | 25 January 2024 |
| TEITL YR ADRODDIAD: TITLE OF REPORT: | Hywel Dda University Health Board (HDdUHB) Immunisation Report |
| CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR: | Dr Ardiana Gjini, Executive Director of Public Health |
| SWYDDOG ADRODD: REPORTING OFFICER: | Bethan Lewis, Interim Assistant Director of Public Health Megan Harris, Consultant in Public Health |

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|--|
| Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate) |
| Er Gwybodaeth/For Information |

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

Vaccination is a key public health intervention to prevent illness. The World Health Organization (WHO) estimates that vaccinations prevent up to 3 million deaths a year globally. Vaccination is an important part of eradicating or reducing the impact of a range of communicable diseases. Immunisation programmes are fundamental public health programmes, including elements of identification of eligible individuals, call and recall, quality assurance, which protect people and communities across Wales. Many of the immunisation programmes, in particular the childhood programmes, are most effective when reaching herd immunity levels, that is the level of immunity in a given population to protect vulnerable individuals or groups who cannot get vaccinated (e.g. due to health conditions like allergic reactions to the vaccine) safe and protected from the disease.

This HDdUHB Immunisation Report seeks to provide an update to the Board on the coverage and uptake rates of the national immunisation programmes in our population, on the work being undertaken, and the planned work to improve governance and vaccination uptake within the Hywel Dda region.

Welsh Government has outlined their vision for the future of immunisation programmes in Wales is high uptake of a sustainably delivered, effective vaccine, at the right time, to reduce mortality and morbidity. The National Immunisation Framework published in October 2022 outlines the aspiration for vaccination services are clear, that citizens know what vaccinations they are eligible for and how to receive them. They also seek to have high uptake and equity of access and opportunity at the core of service design and provision. The Framework states that immunisation arrangements should:

- Be fit for the future with improved patient experience
- Be focused in a person and family centred way
- Benefit from national infrastructure
- Support a once for Wales approach that is locally designed and deployed
- Produce value-based outcomes; and
- Have appropriate and robust governance

Cefndir / Background

Hywel Dda University Health Board is charged with delivering the UK Immunisation Schedule for Wales on behalf of the Welsh Government. The schedule includes vaccination throughout life and is regularly updated by the Joint Committee on Vaccination and Immunisation (JCVI), including suppliers as well as age groups and frequency of provision. Childhood vaccinations are divided into pre-school (delivered via Primary Care GP practices) and school (delivered by School Nurses and GP practices). There are also additional vaccinations linked to risk assessments that are delivered by secondary care or the Vaccination and Immunisation Team (e.g. Hepatitis B). Adult vaccinations are delivered by Primary Care and the Winter Respiratory vaccination programmes (COVID-19 and Influenza) are delivered by a mixture of Primary Care, Mass Vaccination Centres, Vaccination and Immunisation Team, and peer vaccinators recruited through Occupational Health to support delivery to health and social care staff, as well as the eligible population within Hywel Dda.

Asesiad / Assessment

The Winter Respiratory Vaccination programme for the Health Board commenced on 11 September 2023 as planned and, to date, this has been a challenging season for both COVID-19 and Flu. We delivered our programmes according to our hybrid plan, with vaccines being offered by Primary Care contractors across GP and Community Pharmacies, school nursing teams and the Health Board's immunisation team. Despite the challenges faced this season, there will be mop-up vaccination clinics offered for both Flu and COVID-19 vaccination through to March 2024.

To date, we have achieved an overall COVID-19 vaccine uptake of 48.1% against all Wales position of 51.9% uptake. Uptake across our Care Home residents has exceeded the ambition of 75% uptake, by currently reaching 82.8% uptake.

Table 1: Percentage Uptake of COVID-19 Immunisation by Eligible Group, 2023/24

| Eligible Group | HDdUHB | All Wales | ABUHB | BCUHB | CVUHB | CTMUHB | SBUHB | PTHB |
|----------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Immunosuppressed | 52.9 | 58.5 | 59.7 | 53.8 | 56.5 | 57.1 | 56.4 | 69.3 |
| Care Home Resident | 82.8 | 84.2 | 85.4 | 81.9 | 85.1 | 82.3 | 82.7 | 86.5 |
| Care Home Workers | 24.0 | 20.1 | 22.1 | 12.7 | 22.2 | 17.1 | 22.1 | 25.9 |
| 80 years and over | 68.0 | 74.5 | 76.5 | 71.9 | 76.1 | 65.7 | 73.8 | 77.6 |
| Healthcare Workers | 29.1 | 33.0 | 32.7 | 25.7 | 38.1 | 35.7 | 27.1 | 39.4 |
| Social Care Workers | 24.0 | 28.1 | 28.5 | 21.2 | 31.0 | 28.5 | 23.5 | 38.3 |
| 75-79 years old | 67.2 | 73.9 | 73.1 | 71.6 | 75.1 | 66.4 | 73.4 | 76.6 |
| 70-74 years old | 63.1 | 71.2 | 68.1 | 67.2 | 72.7 | 64.4 | 70.1 | 71.3 |
| 65-69 years old | 53.5 | 61.2 | 55.5 | 44.7 | 60.8 | 50.4 | 57.4 | 62.2 |
| Clinically 'at risk' | 25.9 | 27.5 | 24.8 | 26.7 | 27.8 | 31.1 | 29.7 | 33.4 |
| TOTAL OVERALL | 48.1 | 51.9 | 48.4 | 45.6 | 49.3 | 46.0 | 47.8 | 58.0 |

Note: uptake figures provided are correct as at 27 December 2023.

Although we have achieved an overall uptake of 29.1% in our Health Board healthcare workers, the uptake for Medical/Dental staff in this group is significantly higher at 57.2% and 46.3% in our Allied Health Professionals.

Table 2: Breakdown of COVID-19 vaccine uptake in Health Board staff groups

| Staff Group | Doses Given | Denominator | % |
|----------------------------------|-------------|-------------|-------|
| Add Prof Scientific and Technic | 50 | 413 | 12.1% |
| Additional Clinical Services | 289 | 2,661 | 10.9% |
| Administrative and Clerical | 673 | 2,470 | 27.3% |
| Allied Health Professionals | 364 | 786 | 46.3% |
| Estates and Ancillary | 198 | 1,065 | 18.6% |
| Healthcare Scientists | 63 | 210 | 30.0% |
| Medical and Dental* | 384 | 671 | 57.2% |
| Nursing and Midwifery Registered | 908 | 3,448 | 26.3% |
| Student | 26 | - | - |
| Other | 745 | - | - |
| Grand Total | 3,700 | 11,724 | 31.2% |

Target ambition of 75% uptake for seasonal flu vaccination across the population groups of '65 years and over' and '6 months to 64 years at risk' has not been reached by end December 2023, with uptake rates at 67.5% and 33% respectively. Across the children aged 2 and 3 years old in the Health Board's population uptake is currently at 34.1%, comparable to an all-Wales position of 40.4%, which again shows the same challenging picture across other eligible groups. However, there continues to be a good response from the school-based immunisation programme with both primary and secondary schools when compared to the all Wales uptake position. The school nursing service continues to offer mop up sessions into January and we continue to offer vaccines to all other eligible groups through our vaccination hubs.

Table 3: Seasonal Influenza vaccine uptake %

| Eligible Group | HDdUHB | All Wales | ABUHB | BCUHB | CVUHB | CTMUHB | SBUHB | PTHB |
|---------------------------------------|--------|-----------|-------|-------|-------|--------|-------|------|
| 65 years and over | 67.5 | 70.4 | 68.8 | 65.1 | 65.7 | 64.7 | 63.1 | 64.0 |
| 6mth to 64 years at risk | 33.0 | 36.4 | 34.8 | 33.0 | 28.4 | 29.0 | 29.0 | 34.6 |
| Children aged 2 & 3 years | 34.1 | 40.4 | 42.5 | 33.8 | 27.5 | 27.9 | 28.0 | 46.7 |
| Primary school children aged 4-10 yrs | 70.0 | 60.6 | 60.7 | 54.5 | 53.9 | 63.7 | 66.7 | 73.1 |
| High school children aged 11-15 yrs | 59.7 | 47.5 | 29.6 | 42.0 | - | 46.4 | 56.9 | 32.0 |
| Total NHS Staff | 33.7 | 33.8 | 29.2 | 21.9 | 29.7 | 24.2 | 22.2 | 34.6 |
| NHS Staff with direct patient contact | 33.9 | 33.5 | 28.7 | 21.3 | 29.5 | 23.7 | 20.6 | 30.3 |

Note: uptake figures provided are correct as at 27 December 2023.

Similar to the uptake in COVID-19 programme, the medical and dental group is leading the uptake amongst our staff groups. There have been challenges in terms of engagement with the nursing and healthcare workforce this year; however, this group is being offered vaccine regularly through contact within the wards and departments, as well as drop in opportunities at vaccine centres.

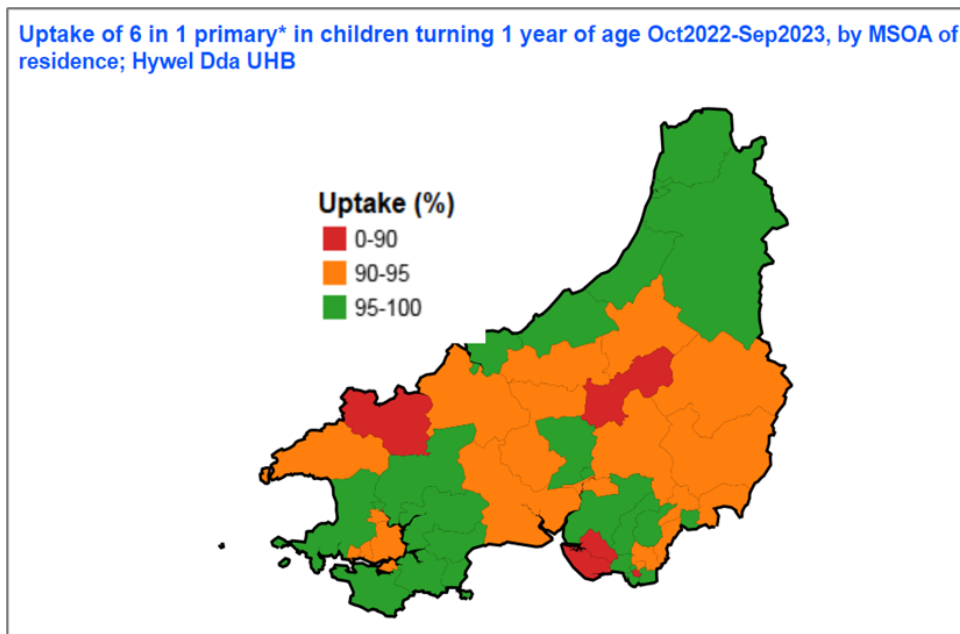
Table 4: Breakdown of Seasonal Influenza vaccination uptake in Hywel Dda UHB staff groups

| Staff Group | Doses Given | Denominator | % |
|----------------------------------|-------------|-------------|-------|
| Add Prof Scientific and Technic | 142 | 413 | 34.4% |
| Additional Clinical Services | 757 | 2,661 | 28.4% |
| Administrative and Clerical | 860 | 2,470 | 34.8% |
| Allied Health Professionals | 295 | 786 | 37.5% |
| Estates and Ancillary | 285 | 1,065 | 26.8% |
| Healthcare Scientists | 81 | 210 | 38.6% |
| Medical and Dental* | 325 | 671 | 48.4% |
| Nursing and Midwifery Registered | 1089 | 3,448 | 31.6% |
| Grand Total | 3,834 | 11,724 | 32.7% |

The Immunisation Report outlines the Childhood Vaccination uptake in Hywel Dda.

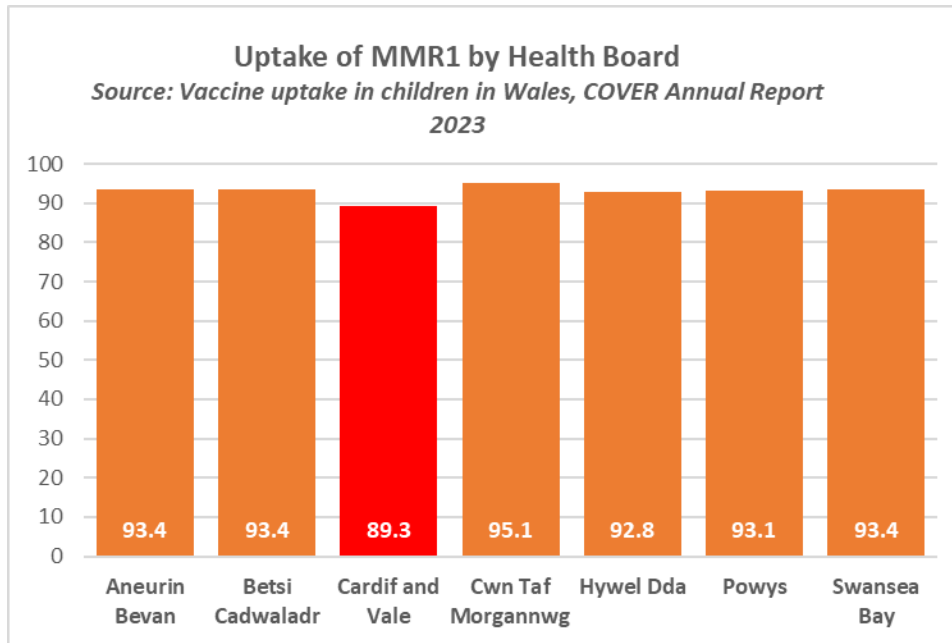
Uptake of the complete three-dose course of “6 in 1”^[1] (diphtheria, hepatitis B, Haemophilus influenzae type B (Hib), polio, tetanus, and whooping cough) has remained below 95% for this quarter in Hywel Dda, as it has across all other health boards in Wales.

Map 1: Distribution of percentage uptake of 6 in 1 vaccination by MSOA in Hywel Dda UHB



Coverage of one dose of Measles, Mumps and Rubella (MMR) at two years in Hywel Dda was 92.7%, increased from 91.8% in the previous quarter. Compared to an all Wales uptake of 93.3%.

Figure 1: Percentage uptake of first dose of MMR by health board, Quarter 2 2023

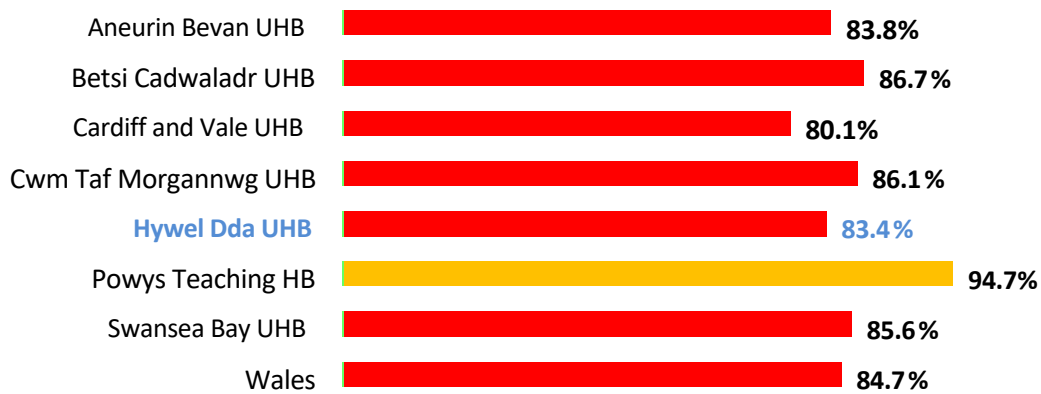


The proportion of children who were up to date with their routine immunisations by 4 years old slightly increased this quarter from 84.5% to 84.7% at an all Wales level. In Hywel Dda our uptake has increased from 82.0% in Quarter 2 of 2023 to 83.4% in Quarter 3 but still remains below the all Wales average. Uptake of two doses of MMR vaccine by the age of 5 in HDdUHB is 88.2%, compared with an all Wales uptake of 88.9%. The proportion of children who were up to date with all of their routine immunisations by 5 years old remained relatively stable across Wales but there was variation in uptake between health board areas. Although there have been some quarterly fluctuations, the long-term trend in coverage of two doses of MMR by five years of age has been gradually decreasing since the first quarter of 2021.

Figure 2, below, shows the percentage uptake of childhood vaccinations by children reaching their fourth birthday between July 2023 and September 2023 by Health Board. From the chart it is clear to see that Hywel Dda University Health Board has a rate of 83.4% of children completed the routine vaccinations, this is below the Wales rate of 84.7%.

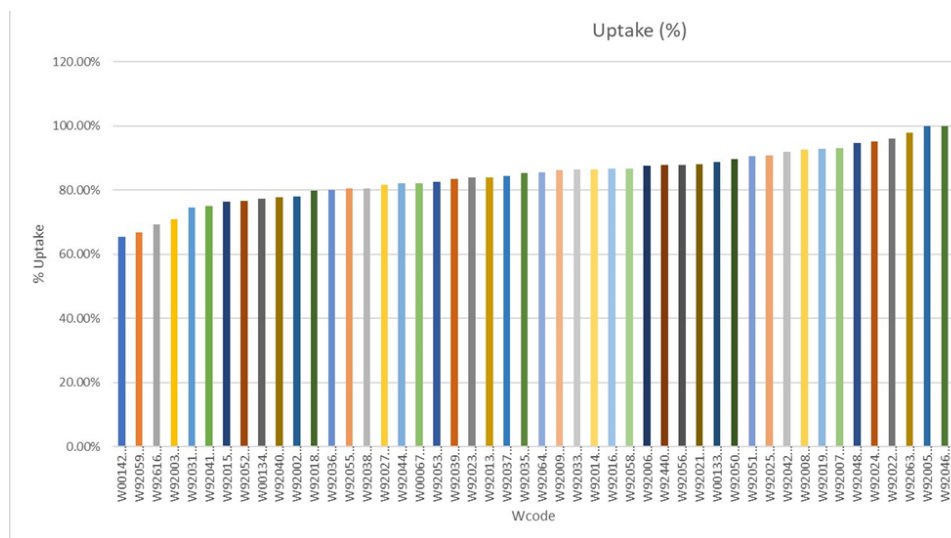
Hywel Dda University Health Board has not reached the target of 95% for the vaccination uptake for the childhood programmes. Work with schools and GP practices is currently ongoing to further understand this data, to enable a focus on increasing the uptake. It should be noted that for some schools and GP practices, these are small numbers of children, and where there may be a number of different reasons that they have not accessed vaccinations.

Figure 2. Percentage uptake of resident children reaching their fourth birthday between 01/07/23 and 30/09/23 and are up to date with all scheduled vaccines by health board.



The percentage uptake of resident children aged 4 in HDdUHB can also be demonstrated at GP level as seen in the table below.

Figure 3. Percentage of 4 year-olds up to date in all vaccines by GP Practice, October 2022- September 2023



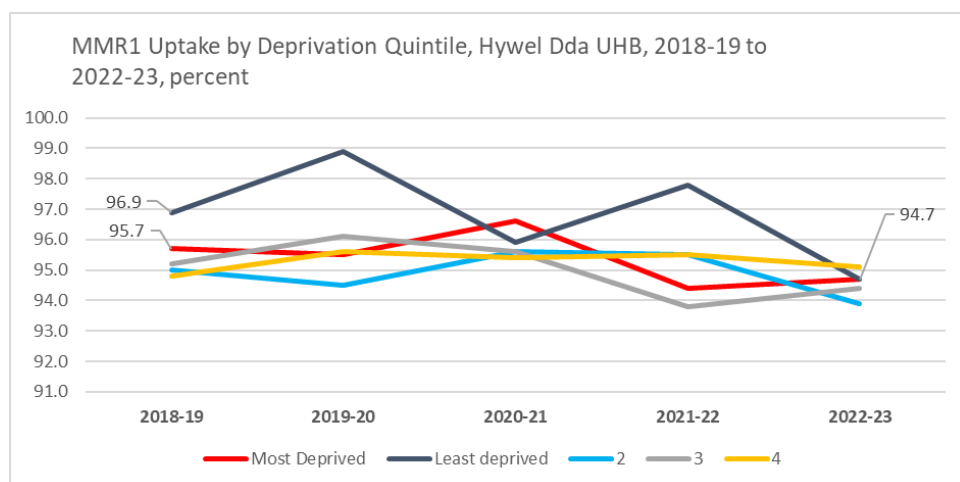
Public Health Wales published a report looking at the inequality in uptake of childhood vaccinations in 2022/23 - phw.nhs.wales/topics/immunisation-and-vaccines/cover-national-childhood-immunisation-uptake-data/cover-inequalities-reports/inequalities-in-uptake-of-routine-childhood-immunisations-in-wales-202223/. This report found that childhood vaccinations decreased overall in this time period and socio-economic inequality gaps have increased in the majority of age groups, with the exception of 1 year olds, which decreased. Socioeconomic inequalities and geographic variation in immunisation uptake remain smallest in one and two-year-olds and are greater in older children and teenagers.

Compared to 2021-22, the percentage point gap in uptake of routine immunisations in the most deprived and least deprived areas in Hywel Dda have:

- Decreased in one-year-olds by 2.6%
- Decreased in two-year-olds from 6.2% to a 5.9% gap
- Decreased significantly in four-year-olds from 10.1% to 4.9%
- Decreased in five-year-olds at from 10.1 to 7.5%
- Increased in 15-year-olds from 8.8% to 13.4%

The same pattern of reduction in inequity also exists when looking specifically at MMR1 uptake. However, it has to be noted that our overall uptake of MMR1 has decreased in the last 5 years.

Figure 4. Percentage uptake of first dose of MMR by deprivation quintile in Hywel Dda UHB, 2018-23.



It is clear to see the largest change is in 15 year olds, and shows the impact on this age group by the closure of schools during the pandemic. Whereas the inequities have decreased in the younger age groups.

Work is currently in progress on an immunisation equity plan for Hywel Dda to address and implement the recommendations of the Welsh Government National Immunisation Framework, which identified vaccine equity as one of the six focus areas. The strategy will analyse the most recent data to identify groups with low vaccination uptake and use this analysis to determine an approach which includes working in coproduction with communities and other organisations to improve the equity of vaccination throughout the Hywel Dda region. It will build on the numerous successful approaches already undertaken in the area to encourage vaccine uptake and target interventions at groups and communities to address health inequities. The strategy will also include methods for evaluating the actions and interventions. The vaccine equity strategy will be completed by the end of January 2024.

The Adult Immunisation programme is delivered in primary care on both a call, recall and opportunistic basis. The data collection and analysis of these programmes is undertaken by Public Health Wales on the uptake of both Pneumococcal Polysaccharide Vaccine (PPV23) and Shingles vaccine but does not have the same level of detail and timeliness as the childhood programmes. The data on PPV23 has not been updated since 2020/21. For Shingles, the latest data shows a steady increase in age years from 70 years (approximately 38%) to 75 years old (around 75%) and then declining again with age until 84 years (55%).

A range of different approaches was undertaken in 2023 to increase vaccination uptake in our population. Examples are below and more is outlined in the report.

- Summer childhood vaccine catch up clinics were offered across the Health Board area and were preceded by attendance of the immunisation team at play events in the week before to promote the clinics.
- Community nurse immunisers work alongside homeless outreach groups to deliver vaccines in temporary accommodation across the Health Board area.
- Working closely with the Community Development Outreach Teams to identify minority communities who may need support accessing vaccines.
- Focussing on areas of poor uptake and working with primary care to offer different delivery methods to improve uptake.
- Dedicated midwife vaccinators available at MVC's to discuss vaccines with pregnant women.

Delivering vaccine programmes requires a holistic approach, taking into consideration the wider determinants of health. Poor education, housing, and employment impacts people's health and the decisions that they make regarding their health. Vaccination might not be a priority for someone who is facing other challenges in their life such as homelessness and transport issues. The rurality of our Health Board area and relatively poor access to public transport links to primary care settings in our rural communities can also be identified as barriers to attendance at vaccination clinics. Provision of equitable vaccine services means ensuring that barriers associated with the socio-economic determinants of health are minimised to enable all communities to have access to services that can protect their health, such as immunisations. The Vaccination Equity Strategy under development will also add to the evidence of ways to improve uptake.

Argymhelliad / Recommendation

The Board is asked to **NOTE** the Immunisation Report, which provides information on the performance of the programmes, work already undertaken and planned work for 2024.

| Amcanion: (rhaid cwblhau) Objectives: (must be completed) | |
|---|---|
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score: | Not Applicable |
| Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com) | 7. All apply |
| Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com) | 1. Leadership 3. Data to knowledge |
| Amcanion Strategol y BIP: UHB Strategic Objectives: | 4. The best health and wellbeing for our individuals, families and communities |
| Amcanion Cynllunio Planning Objectives | 7a Population Health |
| Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022 | 4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives |

**Gwybodaeth Ychwanegol:
Further Information:**

| | |
|---|---|
| Ar sail tystiolaeth: Evidence Base: | COVER - National childhood immunisation uptake data - Public Health Wales (nhs.wales) phw.nhs.wales/topics/immunisation-and-vaccines/cover-national-childhood-immunisation-uptake-data/cover-inequalities-reports/inequalities-in-uptake-of-routine-childhood-immunisations-in-wales-202223/ . phw.nhs.wales/topics/immunisation-and-vaccines/immunisation-surveillance/pneumococcal-vaccination-coverage-in-wales/ppv-uptake-in-wales-in-2020-21/ National and HB level Shingles dashboard - ENGLISH Tableau Public |
| Rhestr Termiau: Glossary of Terms: | Noted within body of report |
| Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board: | Not Applicable |

| Effaith: (rhaid cwblhau) Impact: (must be completed) | |
|---|--|
| Ariannol / Gwerth am Arian: Financial / Service: | Service model delivery of all immunisation programmes will consider any financial constraints from existing budgetary allocations including non pay costs of vaccines. |
| Ansawdd / Gofal Claf: Quality / Patient Care: | It is important that there are effective plans in place for all Immunisation programmes, not only to improve overall health in the population of Hywel Dda but also to protect those at risk, prevent ill-health and minimise further impact on health and social care services. |
| Gweithlu: Workforce: | As for Quality / Patient Care impact. |
| Risg: Risk: | Risks are detailed in the report. Areas where uptake levels are lower than target will be reflected within directorate risk register. |
| Cyfreithiol: Legal: | Not Applicable |
| Enw Da: Reputational: | High potential for media and political interest. Communication team supporting the immunisation programmes. |
| Gyfrinachedd: Privacy: | Not Applicable |
| Cydraddoldeb: Equality: | Approaches already undertaken in the area to encourage vaccine uptake and target interventions at groups and communities to address health inequities and inequalities. |



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Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board



IMMUNISATION REPORT

Hywel Dda
University
Health Board

2023/24



Mae Brechu yn achub bywydau
Vaccination saves lives

DIOGEL | CYNALIADWY | HYGURCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

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Introduction

Immunisation remains one of the most successful public health interventions worldwide, preventing millions of deaths globally per year from diseases such as diphtheria, tetanus, pertussis, influenza, and measles (WHO, 2020). It promotes a healthy and productive workforce; it interrupts disease transmission ensuring cities and towns can be sustainable. It is one of the most cost-effective ways of saving lives and promoting good health and wellbeing.

Many of the immunisation programmes, particularly the childhood programmes, are most effective when reaching herd immunity levels, that is the level of immune protection in a given population to stop circulation of microorganisms (viruses or bacteria) thus protecting vulnerable individuals unable to gain immune response. Vaccines generally provide immunity similar to that provided by the natural infection, but without the risk from the disease or its complications.

Welsh Government (WG) through their National Immunisation Framework published in October 2022, have outlined their vision for the future of immunisation services in Wales. The aim being high uptake of an effective immunisation programme, delivered at the right time, to the right people, to reduce mortality and morbidity.

The Framework states that vaccination arrangements should:

- be equitable.
- be sustainable and fit for the future with improved patient experience.
- be person and family centred.
- benefit from national infrastructure.
- support a once for Wales approach that is locally designed and deployed.
- involve partnership working across sectors.
- have community-centric tailored delivery.
- produce value based outcomes.
- have appropriate and robust governance.

This report seeks to provide information on the work being undertaken, performance against targets, and planned work to improve governance and vaccination uptake in the Hywel Dda region. This data will be updated on a quarterly basis to monitor uptake and ensure timely action is deployed across all programmes to drive improvement.

Hywel Dda Population Overview

Hywel Dda University Health Board (the Health Board) serves a population of 382,700 and covers 5,780 km² of rural West Wales. This represents 12% of the total population of Wales, living in 28% of the geographical area of the country. Almost half the population live in Carmarthenshire (49.1% n = 189,117), 32.3% (n = 124,367) live in Pembrokeshire and 18.6% (n = 71,610) live in Ceredigion. For the period 2021-22 there has been a 2.4% increase in the population of the Health Board (Ceredigion 1.3%, Pembrokeshire 0.6% and Carmarthenshire 0.5%). This is due to an increase in both internal and international migration.

We are a diverse population, with Pembrokeshire housing the highest percentage of people identifying as Gypsy/Roma travellers and the 2nd highest proportion of armed forces veterans in Wales. Over 15% of our population have no car or van in their household and our population is ageing, with our over 65 yr-olds population increasing faster than our under 15 yr-olds. The age structure of the population is similar across all three counties. In 2022 there were 3,195 (0.8%) children under the age of one year, 20,813 (5.4%) under the age of five years and 67,496 (17.5%) who were under the age of 16. 25.5% (N=98,106) were over the age of 65 years. See table below for a summary by age cohort for each county.

Table 1: Breakdown of age groups by Local Authority in Hywel Dda UHB, 2022

| | <1 Year | | 0-5 Years | | 0- 16 Years | | 65+ | |
|-----------------|---------|---------|-----------|---------|-------------|---------|--------|---------|
| | Number | Percent | Number | Percent | Number | Percent | Number | Percent |
| Ceredigion | 525 | 0.7 | 3,317 | 4.6 | 10,846 | 15.1 | 18,714 | 26.1 |
| Pembrokeshire | 1,042 | 0.8 | 6,755 | 5.4 | 22,157 | 17.8 | 32,948 | 26.5 |
| Carmarthenshire | 1,628 | 0.9 | 10,741 | 5.7 | 34,493 | 18.2 | 46,444 | 24.6 |
| Hywel Dda | 3,195 | 0.8 | 20,813 | 5.4 | 67,496 | 17.5 | 98,106 | 25.5 |

Welsh Index of Multiple Deprivation (WIMD)

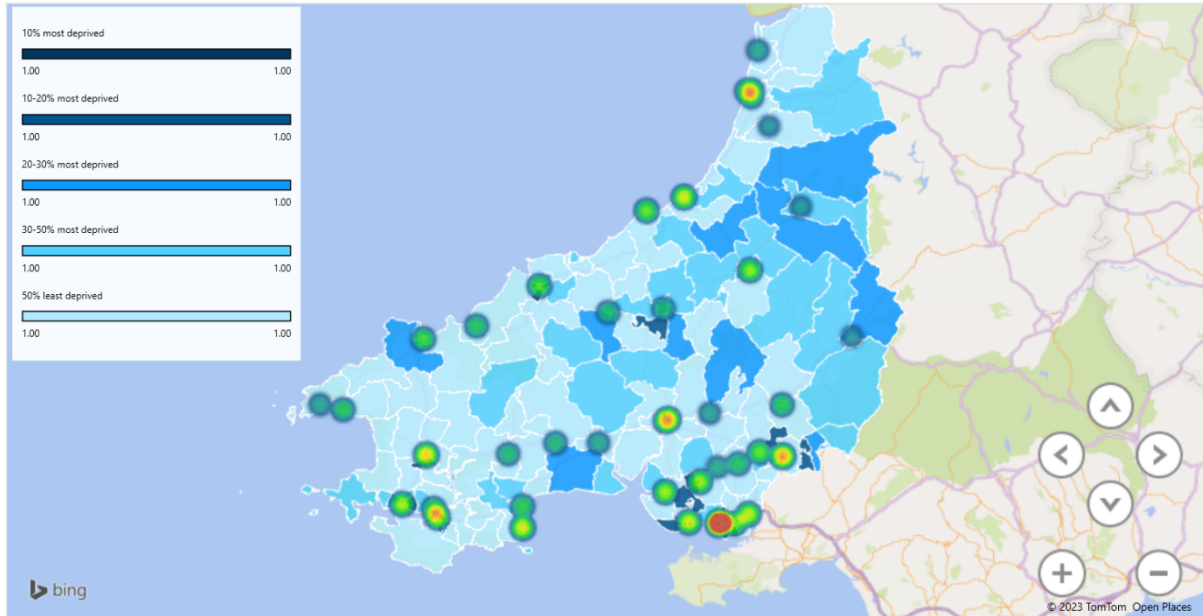
Deprivation is the lack of access to opportunities and resources, which we might expect in our society. This can be in terms of material goods or the ability of an individual to participate in the normal social life of the community. The Welsh Index of Multiple Deprivation (WIMD) is the official measure of relative deprivation for small areas in Wales (Lower Super Output Areas LSOAs). It identifies areas with the highest concentrations of several different types of deprivation for the following domains:

- Overall deprivation
- Income
- Employment
- Health
- Education
- Access to services
- Housing
- Physical environment

The Health Board contains 229 LSOAs (12% of the 1909 total LSOAs in Wales). Ten LSOAs in the Health Board are in the most deprived 10% of WIMD. This represents

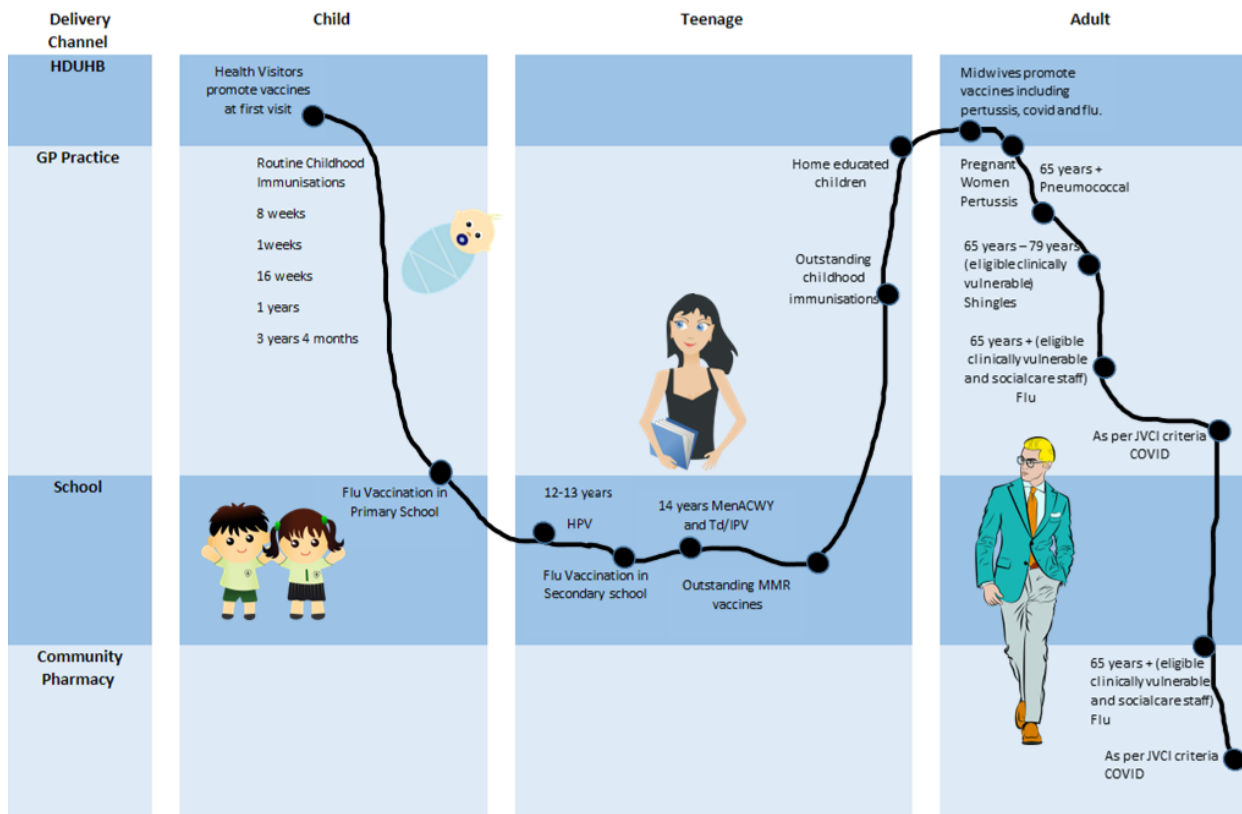
4.4% of all LSOAs for the Health Board area. The table below provides an overview of those communities in the most deprived areas in rank order. The heat map aligns GP surgeries to areas of deprivation.

Map 1: Areas of deprivation, with GP surgeries (heat map depicting number of patients registered at GP location)



Immunisation Programmes Deployment

The Health Board is charged with delivering the UK Schedule of Immunisations (Appendix 1) on behalf of the Welsh Government as either population-based call-recall programmes (e.g. childhood, teenage adult immunisations), or targeted (selected) programmes (e.g. groups at risk, e.g. Hep B, BCG, etc), or chronic conditions targeted vaccinations. The schedule includes immunisation throughout the life course, encompassing routinely scheduled vaccines, selective immunisation programmes, and additional immunisation programmes for those with underlying health conditions.



The childhood immunisation programme for infants and pre-schoolers is primarily delivered in GP practices across the Health Board with support from the Immunisation Team when required, for example, domiciliary vaccinations for those unable to access traditional ‘baby clinics’. Occasionally vaccines are delivered in secondary care when required, for example, for neonates in Special Care Baby units (primary immunisations and selective Hepatitis B vaccine for those at high-risk), and for those at risk of human tuberculosis (Bacille Calmette-Guérin vaccine) (BCG).

The school-based immunisation programmes are undertaken by the Health Board’s School Nursing Team with support, again as required, from the Immunisation Team. Programmes are delivered around a seasonal approach that is supported by education leads across our Health Board footprint. The influenza programme is delivered from September to December with opportunities for mop up vaccinations into early January. Diphtheria, Tetanus, Pertussis (DTP) and Meningitis A,C,W & Y (MenACWY) vaccines, and the Human Papillomavirus vaccine (HPV) are delivered in the Spring and Summer terms. Measles, Mumps and Rubella (MMR) vaccine is

offered to all pupils who have missed their preschool dose during the DTP, MenACWY and HPV sessions.

Adult immunisations are delivered primarily in GP practices (e.g. pneumococcal and Shingles programme) with support from the Health Board's Immunisation Team. There are also additional vaccinations linked to risk assessments that are delivered in secondary care, including those delivered by sexual health services (Monkey Pox, HPV for Gay, Bisexual and Men who have Sex with Men (GBMSM), and Hepatitis B), by Blood Borne Virus Teams (Hepatitis B), Accident and Emergency departments (Tetanus vaccines), Specialist Respiratory Nurses (BCG).

The Winter Respiratory vaccines (Influenza and COVID) are delivered by a hybrid approach through a combination of School Nursing Teams, Immunisation Team, and peer vaccinators across the Health Board, alongside Primary Care contractors - both General Practice (GP) and Community Pharmacy. As we now move into a post pandemic period there remains some uncertainty regarding the continued requirement to offer Covid-19 vaccines. This will be informed by guidance given by JCVI and Vaccine Programme Wales (VPW) national workstream with the Health Board responding to delivery need. Delivery is individualised for each programme as planning assumptions become known.

Occupational Health Vaccines are delivered via the Health Board's Occupational Health Team.

Seasonal Immunisations

The Winter Respiratory Immunisation programme for the Health Board commenced on 11 September 2023 as planned and to date this has been a challenging season for both Covid-19 and Seasonal Influenza (herewith flu) immunisation programmes. We delivered our programmes according to our hybrid plan with vaccines being offered by Primary Care contractors across GP and Community Pharmacies, school nursing teams and the Health Board's immunisation team. All offers were made to our eligible populations by end November 2023 and immunisations were carried out up until the Christmas break. Despite the challenges faced this season there will be mop up vaccinations offered for both Flu and Covid-19 vaccines across January to March 2024. Our Health Board teams will be deployed to support those areas with lowest uptakes, and we will continue to offer drop in vaccination opportunities across our vaccination centres.

Covid-19

Current Immunisation Rates

To date we have achieved an overall Covid-19 vaccine uptake of 48.1% against all Wales position of 51.9% uptake. Uptake across our Care home residents have exceeded the ambition of 75% uptake by currently reaching 82.8% uptake.

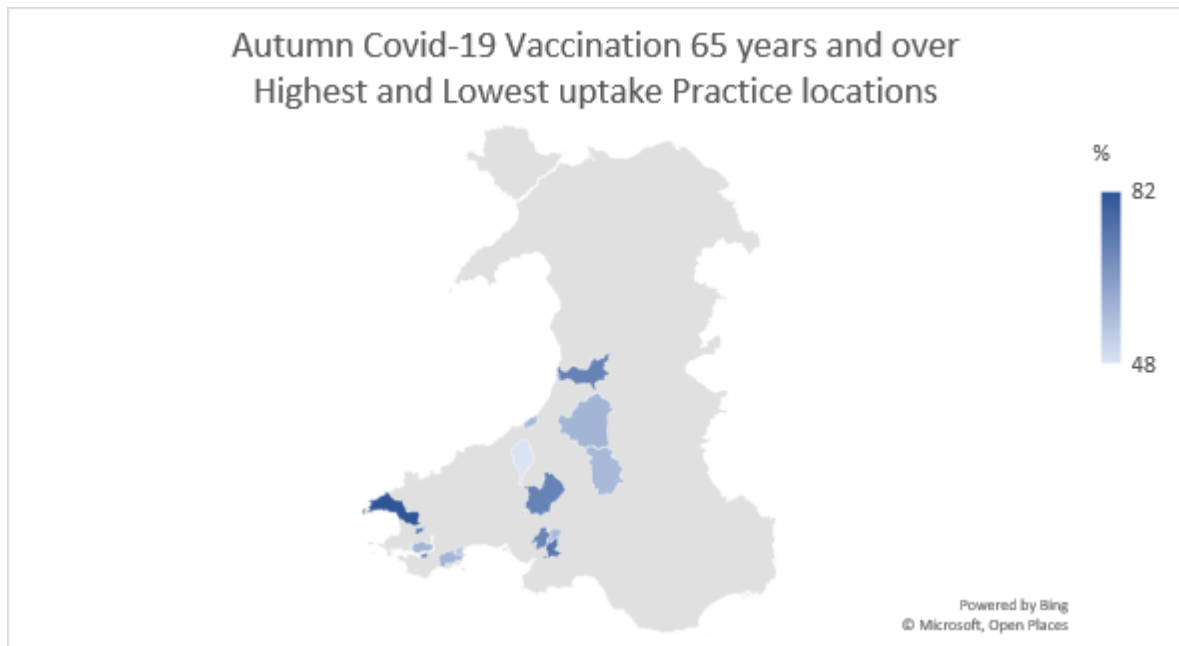
However, all other eligible groups across our population have not achieved these targets with 67.5% uptake for our 75 years and over group, 58.3% in our 65-74 years old group and 52.9% in our severely immunosuppressed group. Table 2 shows the current uptakes rates across all eligible groups compared to all Wales position.

Table 2: Percentage Uptake of COVID-19 Immunisation by Eligible Group, 2023/24

| Eligible Group | HDdUHB | All | ABUHB | BCUHB | CVUHB | CTMUHB | SBUHB | PTHB |
|----------------------|--------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| | (as at 27.12.2023) | Wales | | | | | | |
| Immunosuppressed | 52.9 | 58.5 | 59.7 | 53.8 | 56.5 | 57.1 | 56.4 | 69.3 |
| Care Home Resident | 82.8 | 84.2 | 85.4 | 81.9 | 85.1 | 82.3 | 82.7 | 86.5 |
| Care Home Workers | 24.0 | 20.1 | 22.1 | 12.7 | 22.2 | 17.1 | 22.1 | 25.9 |
| 80 years and over | 68.0 | 74.5 | 76.5 | 71.9 | 76.1 | 65.7 | 73.8 | 77.6 |
| Healthcare Workers | 29.1 | 33.0 | 32.7 | 25.7 | 38.1 | 35.7 | 27.1 | 39.4 |
| Social Care Workers | 24.0 | 28.1 | 28.5 | 21.2 | 31.0 | 28.5 | 23.5 | 38.3 |
| 75-79 years old | 67.2 | 73.9 | 73.1 | 71.6 | 75.1 | 66.4 | 73.4 | 76.6 |
| 70-74 years old | 63.1 | 71.2 | 68.1 | 67.2 | 72.7 | 64.4 | 70.1 | 71.3 |
| 65-69 years old | 53.5 | 61.2 | 55.5 | 44.7 | 60.8 | 50.4 | 57.4 | 62.2 |
| Clinically 'at risk' | 25.9 | 27.5 | 24.8 | 26.7 | 27.8 | 31.1 | 29.7 | 33.4 |
| TOTAL OVERALL | 48.1 | 51.9 | 48.4 | 45.6 | 49.3 | 46.0 | 47.8 | 58.0 |

When examining the current uptake across the eligible population in all adults aged 65 years and over the distribution of the highest and lowest uptake percentages by GP practice location are illustrated in Map 2 overleaf.

Map 2: Autumn Covid-19 vaccination All adults 65 years and over



When further examining the two practices at either aspect of the uptakes for these eligible age groups there are distinct differences in the size of their population groups. The highest achieving practices, both in North Pembrokeshire, at 82% uptake have exceeded the target uptake of 75% and are smaller communities based around a small geographical footprint and within a less deprived area. The practice who has achieved the lowest uptake so far in the programme, situated in South Ceredigion, is a much larger population both in number and geographical footprint. The practice supports population from those who are in the 10% most deprived through to those in the 30-50% most deprived.

Table 3: Practice level Covid-19 vaccinations uptake in All adults aged 65 years and over

| Practice Code | Denominator | Vaccinated | Imms needed to reach 75% | Uptake % |
|---------------|-------------|------------|--------------------------|----------|
| W92058 | 869 | 714 | - | 82 |
| W92059 | 682 | 557 | - | 82 |
| W92019 | 3177 | 1519 | 864 | 48 |

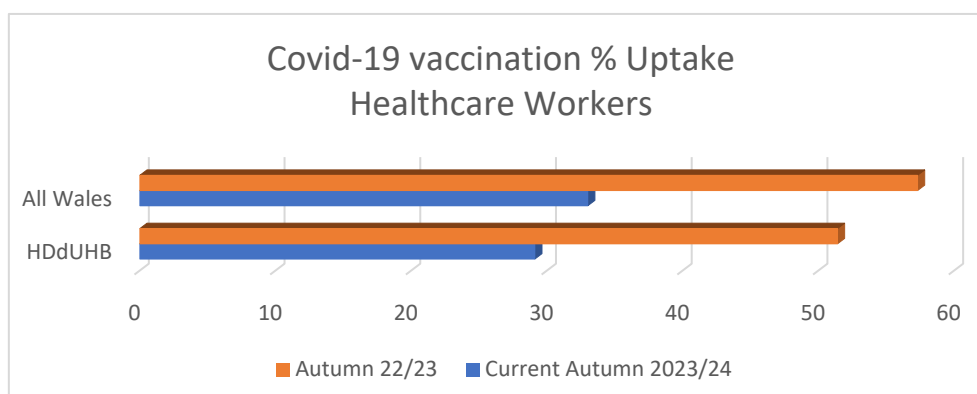
The impact of lower uptakes across these larger communities may increase the risk of the impact of another Covid-19 wave on their community. Targeted interaction with these communities is essential during the winter period to improve uptake and overall protection against Covid-19 for the most vulnerable groups.

Healthcare Workers

When examining uptake across healthcare workers the current campaign has been met with considerable hesitancy from all staff groups. Challenges in uptakes are being reflected across Wales and we had began seeing some heistancy in uptakes

in last year's programme when the healthcare worker group failed to meet to uptake target of 75%

Figure 1: Healthcare Workers eligible group uptake



It is important to note within the Covid-19 immunisation programme healthcare workers eligible for each Health Board are wider than its own staff group and uptake figures are provided against the total number eligible. However a breakdown of those healthcare workers identified as working within the Health Board have been explored further to identify uptake across our staff groups. Those groups considered frontline are highlighted in red within the table. Historically medical and dental staff groups are challenging to accept vaccination but the current position this year sees them leading the uptake across our frontline staff.

Table 4: Breakdown of Covid-19 vaccine uptake in Health Board staff groups

| Staff Group | Doses Given | Denominator | % |
|---|--------------|---------------|--------------|
| Add Prof Scientific and Technic | 50 | 413 | 12.1% |
| Additional Clinical Services | 289 | 2,661 | 10.9% |
| Administrative and Clerical | 673 | 2,470 | 27.3% |
| Allied Health Professionals | 364 | 786 | 46.3% |
| Estates and Ancillary | 198 | 1,065 | 18.6% |
| Healthcare Scientists | 63 | 210 | 30.0% |
| Medical and Dental* | 384 | 671 | 57.2% |
| Nursing and Midwifery Registered | 908 | 3,448 | 26.3% |
| Student | 26 | - | - |
| Other | 745 | - | - |
| Grand Total | 3,700 | 11,724 | 31.2% |

Annual uptake rates

Challenges in uptake across Covid-19 immunisation programmes have been experienced across the Health Board's population from the Autumn 2022/23 campaign through the Spring campaign for 2023 into the current programme. Autumn 2022/23 identified challenges for the first time across our clinically 'at risk' group who were hesitant in coming forward for the vaccine. The uptake achieved 25.4% compared to 32.7% across all Wales.

Spring 2023 programme encountered a significant challenge across these highest risk groups identified as requiring an additional vaccination. This group were accustomed to receiving a booster vaccine in the spring period as this has been offered in 2022/23. As the programme proceeded considerable hesitancy was experienced with only the care home resident group exceeding the target by achieving 81.9% uptake. The hesitancy experienced in the Health Board's regions was not replicated across all areas in Wales at this time.

Table 5: Covid-19 Vaccination Uptake % compared to previous programmes

| Eligible Group | Autumn 2023/24 (as at 27.12.23) | | Spring 2023/24 | | Autumn 2022/23 | |
|----------------------|---------------------------------|-------------|----------------|-------------|----------------|-------------|
| | HDdUHB | All Wales | HDdUHB | All Wales | HDdUHB | All Wales |
| Immunosuppressed | 52.9 | 58.5 | 40.0 | 65.9 | 76.5 | 77.0 |
| Care Home Resident | 82.8 | 84.2 | 81.9 | 95.0 | 87.8 | 89.0 |
| Care Home Workers | 24.0 | 20.1 | n/a | n/a | 41.0 | 42.0 |
| 75 years and over | 67.6 | 74.2 | 66.0 | 84.8 | 82.4 | 85.1 |
| 65-74 years old | 58.3 | 66.2 | n/a | n/a | 75.6 | 80.6 |
| Clinically 'at risk' | 25.9 | 27.5 | n/a | n/a | 25.4 | 32.7 |
| Healthcare Workers | 29.1 | 33.0 | n/a | n/a | 51.4 | 57.3 |
| Social Care Workers | 24.0 | 28.1 | n/a | n/a | 53.2 | 52.2 |
| TOTAL OVERALL | 48.1 | 51.9 | 62.6 | 81.7 | 65.0 | 68.1 |

Challenges of maintaining uptake levels across our population groups are evident from examining table 4 above. When considering this across two of our eligible groups the graphs below (Figure 2 and 3) provides a visual representation of the impact to date.

Figure 2: Immunosuppressed eligible group uptake

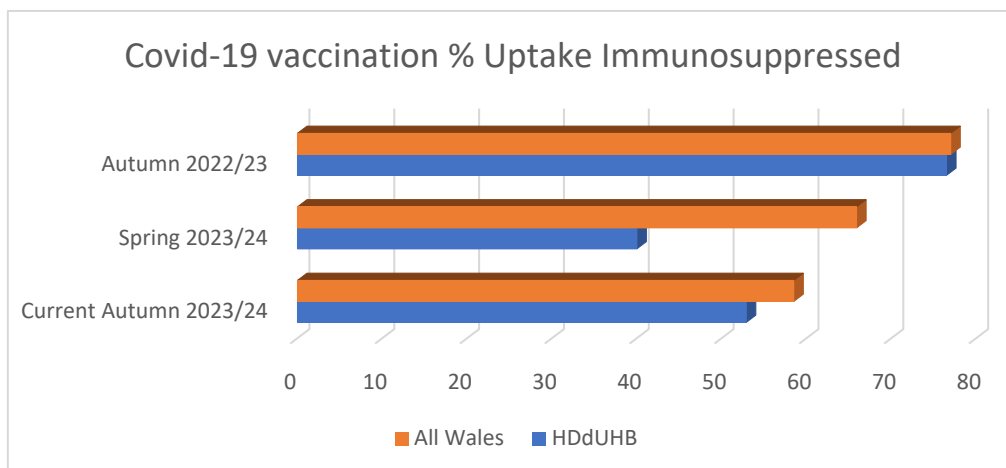
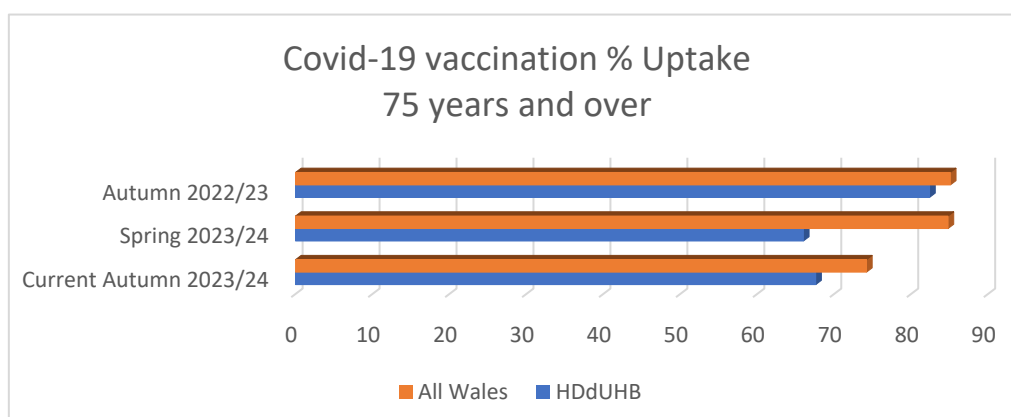


Figure 3: 75 years and over eligible group uptake



Seasonal Influenza (Flu) Immunisation programme

Current Immunisation Rates

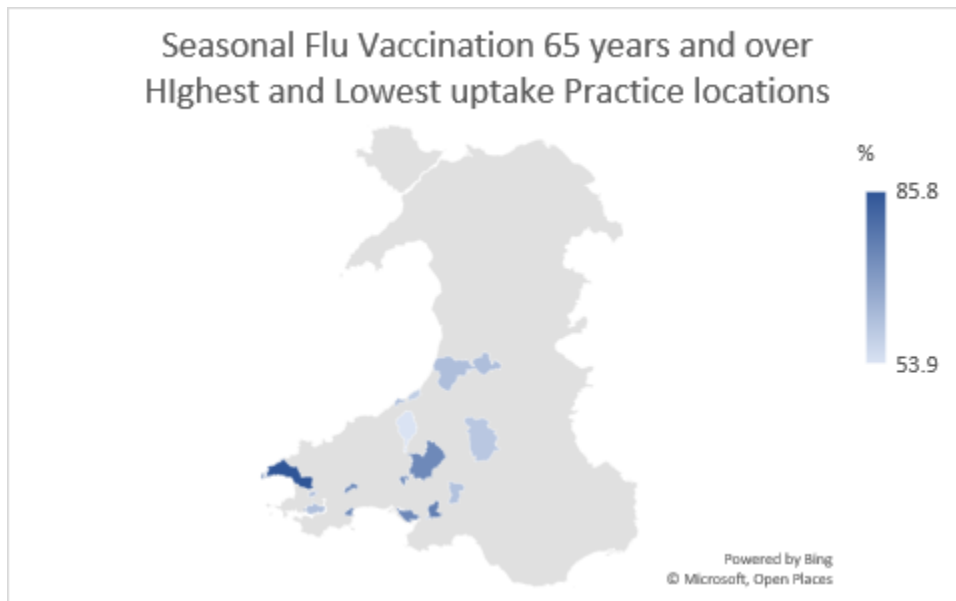
Target ambition of 75% uptake for seasonal flu vaccination for the population groups of '65 years and over' and '6months to 64 years at risk' has not been reached by end December 2023. The Health Board uptake to date in the 65 years and over is at 67.5% against the all-Wales position of 70.4%. Uptake in the 6 months to 64 years 'at risk' group is at 33% against an all-Wales position of 36.4%. Across the children aged 2 and 3 years old in the Health Board's population uptake is currently at 34.1%, comparable to an all-Wales position of 40.4%, which again shows the same challenging picture across other eligible groups. However, there continues to be a good response from the school-based immunisation programme with both primary and secondary schools achieving 70% and 59.7% respectively compared to the all Wales position of 60.6% and 47.5% respectively.

Table 6: Seasonal Influenza vaccine uptake %

| Eligible Group | HDdUHB | All Wales | ABUHB | BCUHB | CVUHB | CTMUHB | SBUHB | PTHB |
|---------------------------------------|--------|-----------|-------|-------|-------|--------|-------|------|
| 65 years and over | 67.5 | 70.4 | 68.8 | 65.1 | 65.7 | 64.7 | 63.1 | 64.0 |
| 6mth to 64 years at risk | 33.0 | 36.4 | 34.8 | 33.0 | 28.4 | 29.0 | 29.0 | 34.6 |
| Children aged 2 & 3 years | 34.1 | 40.4 | 42.5 | 33.8 | 27.5 | 27.9 | 28.0 | 46.7 |
| Primary school children aged 4-10 yrs | 70.0 | 60.6 | 60.7 | 54.5 | 53.9 | 63.7 | 66.7 | 73.1 |
| High school children aged 11-15 yrs | 59.7 | 47.5 | 29.6 | 42.0 | - | 46.4 | 56.9 | 32.0 |
| Total NHS Staff | 33.7 | 33.8 | 29.2 | 21.9 | 29.7 | 24.2 | 22.2 | 34.6 |
| NHS Staff with direct patient contact | 33.9 | 33.5 | 28.7 | 21.3 | 29.5 | 23.7 | 20.6 | 30.3 |

When examining the current uptake across the eligible population in all adults aged 65 years and over the distribution of the highest and lowest uptake percentages by GP practice location are illustrated below.

Map 3: Seasonal Influenza vaccination 65 years and over by practice locations



When further examining the two practices at either aspect of the uptakes for these eligible age groups there are distinct differences in the size of their population groups. The highest achieving practice, located in North Pembrokeshire, at 86% uptake have exceeded the target uptake of 75% and the practice who has achieved the lowest uptake so far in the programme, situated in South Ceredigion, is at 54%. This data replicates that seen in the Covid-19 immunisation data and reflect two very different communities from the aspect of size and areas of deprivation as described earlier.

Table 7: Practice level Influenza vaccinations uptake in 65 years and over

| Practice Code | Denominator | Vaccinated | Imms needed to reach 75% | Uptake % |
|---------------|-------------|------------|--------------------------|----------|
| W92058 | 883 | 758 | - | 86 |
| W92019 | 3226 | 1740 | 680 | 54 |

The impact of lower uptakes across these larger communities may increase the risk of the impact of flu circulating in their community. Targeted interaction with these communities is essential during the winter period to improve uptake and overall protection against flu for the most vulnerable groups.

Figure 4: Influenza immunisation summary weekly trends: 65 years and over (W92058)

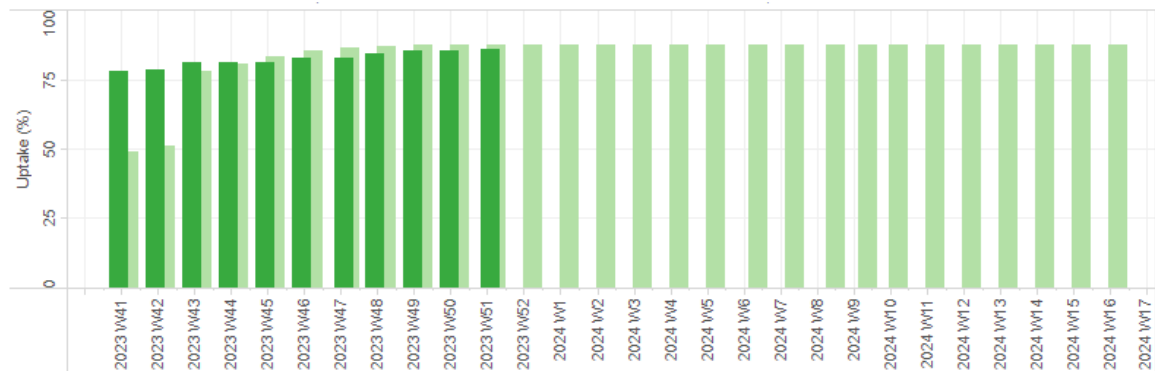
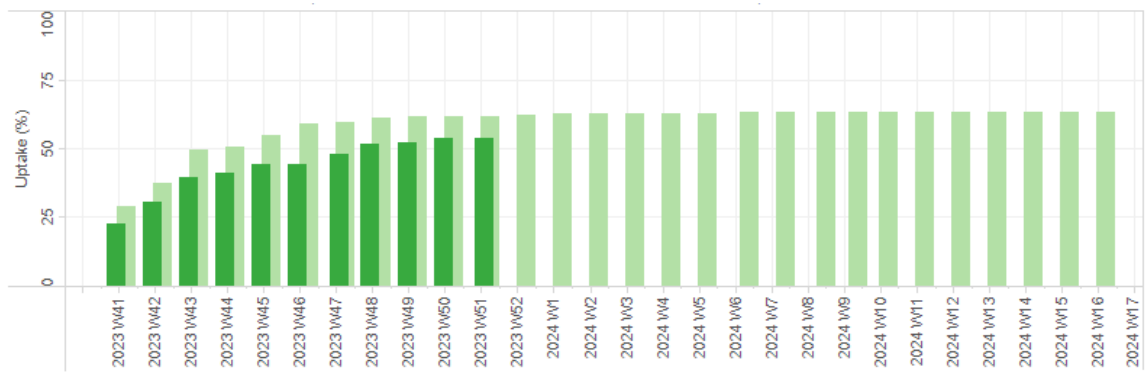


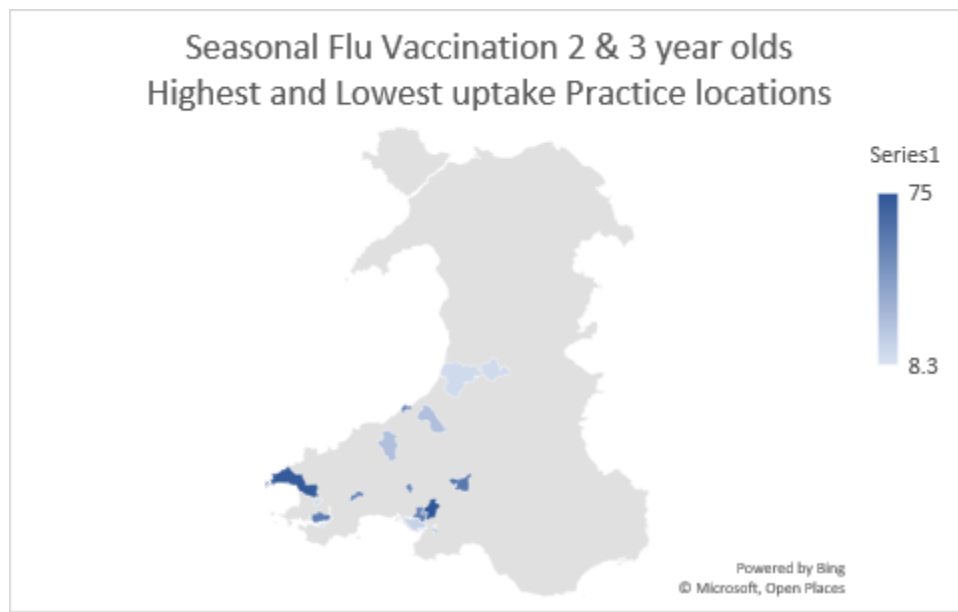
Figure 5: Influenza immunisation summary weekly trends: 65 years and over (W92019)



Given the challenges identified in achieving uptakes in the current programme a further exploration of the data, as shown in Figures 4 and 5 above, around the highest and lowest uptake areas demonstrates their position on a weekly basis against the same position in last year’s campaign. In both practice data we can see a reduction in their uptake levels at the same time last year, although only slightly less in those achieving the highest uptakes.

When examining the current uptake across the 2- and 3-year-old eligible population the distribution of the highest and lowest uptake percentages by GP practice location are illustrated in Map 4 below.

Map 4: Seasonal Influenza vaccination 2- and 3-year-olds by practice locations



When further examining the practices at either aspect of the uptakes for these eligible age groups there are distinct differences in the size of their population groups. The highest achieving practices, one in Amman Gwendraeth and the second in north Ceredigion, have achieved the target uptake of 75% and are smaller communities based around a smaller geographical footprint. When examining their population areas they are predominantly within the 50% least deprived. The practice who has achieved the lowest uptake so far in the programme, situated in Llanelli, is a much larger population in number in an urban area. The practice supports population from those who are in the 10% most deprived through to those in the 30-50% most deprived, with some small areas of population in the 50% least deprived.

Table 8: Practice level Influenza vaccinations uptake in 65 years and over

| Practice Code | Denominator | Vaccinated | Imms needed to reach 75% | Uptake % |
|---------------|-------------|------------|--------------------------|----------|
| W92046 | 76 | 57 | - | 75 |
| W92006 | 36 | 27 | - | 75 |
| W92052 | 253 | 21 | 169 | 8 |

Lower uptakes across the larger urban community will increase the risk of the impact of flu circulating in their community and increased risk in this younger age groups of co-circulating viruses impacting on their health. Targeted interaction with these communities is essential during the winter period to improve uptake and overall protection against flu for our younger children.

Figure 6: Influenza immunisation summary weekly trends: 2- and 3-year-olds (W92046)

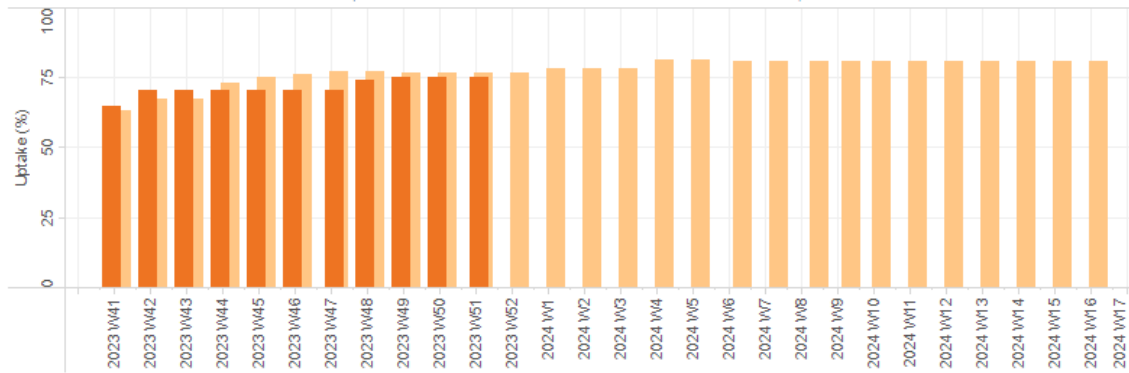


Figure 7: Influenza immunisation summary weekly trends: 2- and 3-year-olds (W92006)

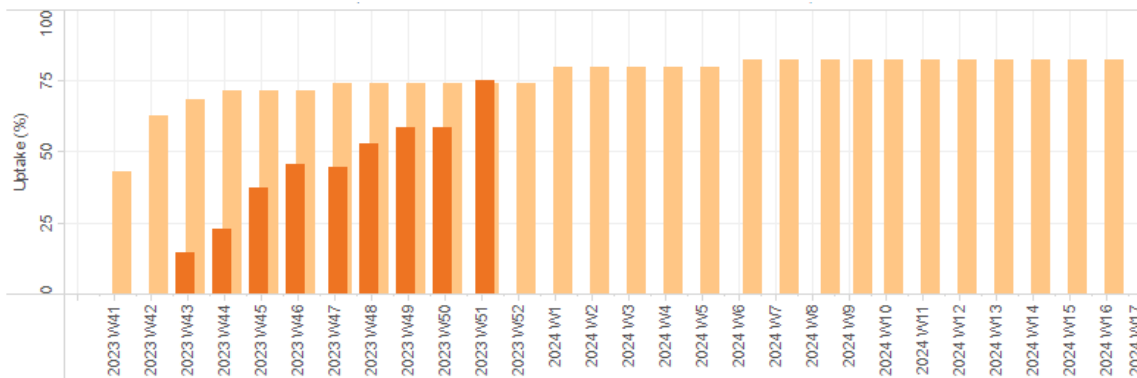
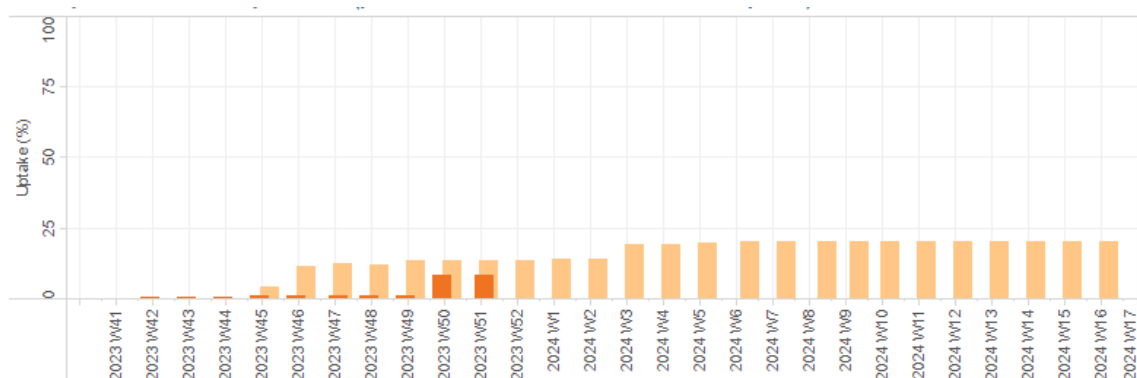


Figure 8: Influenza immunisation summary weekly trends: 2- and 3-year-olds (W92052)



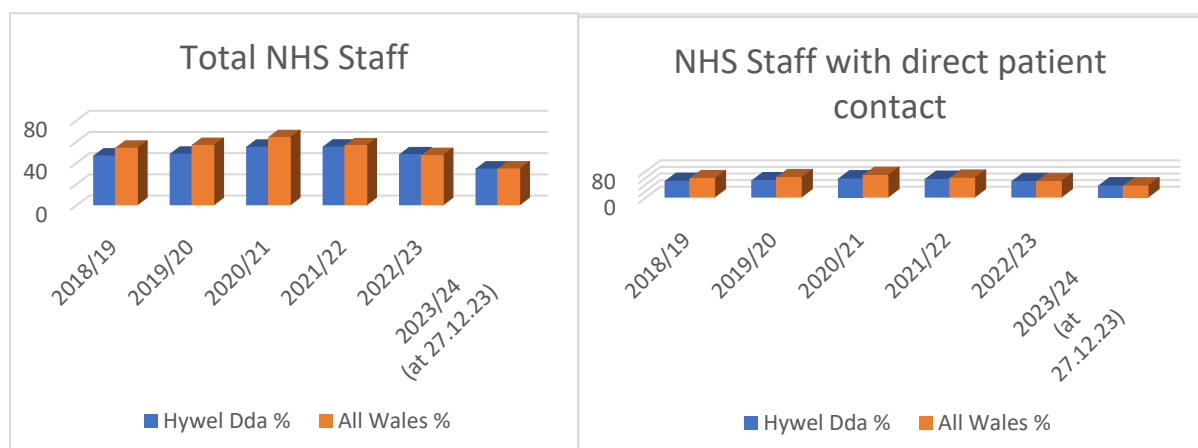
Given the challenges identified in achieving uptakes in the current programme a further exploration of the data, as shown in Figures 6 to 8 above, around the highest and lowest uptake areas demonstrates their position on a weekly basis against the same position in last year’s campaign. In both practices who have achieved the 75% target uptake they have a very different trajectory of their programme approach this year in comparison to last year. However, they are both at the same level as they achieved at this time last year. The practice who has the lowest uptake

demonstrates a challenging programme to date and are reduced on their uptake this time last year.

Frontline NHS Staff

When examining uptake across the frontline NHS staff group the current campaign has been met with the same hesitancy seen in the Covid-19 immunisation programme from all staff groups. Challenges in uptakes are being reflected across Wales and are not solely reflected in the Health Board. Last year it was felt uptake had returned to its pre pandemic level but the campaign is struggling to engage all staff groups this year to the same level.

Figure 9: Frontline NHS Staff eligible group uptake



A breakdown of the NHS staff groups across the Health Board have been explored further to identify uptake across each. Those groups considered to be in direct patient contact are highlighted in red within the table. Similar to the uptake in Covid-19 programme the medical and dental group is leading the uptake. Historically the group has been hesitant in accepting the offer of a flu vaccine. There have been challenges in terms of engagement with the nursing and healthcare workforce this year; however, this group is being offered vaccine regularly through contact within the wards and departments, as well as drop in opportunities at vaccine centres.

Table 9: Breakdown of Seasonal Influenza vaccination uptake in Hywel Dda UHB staff groups

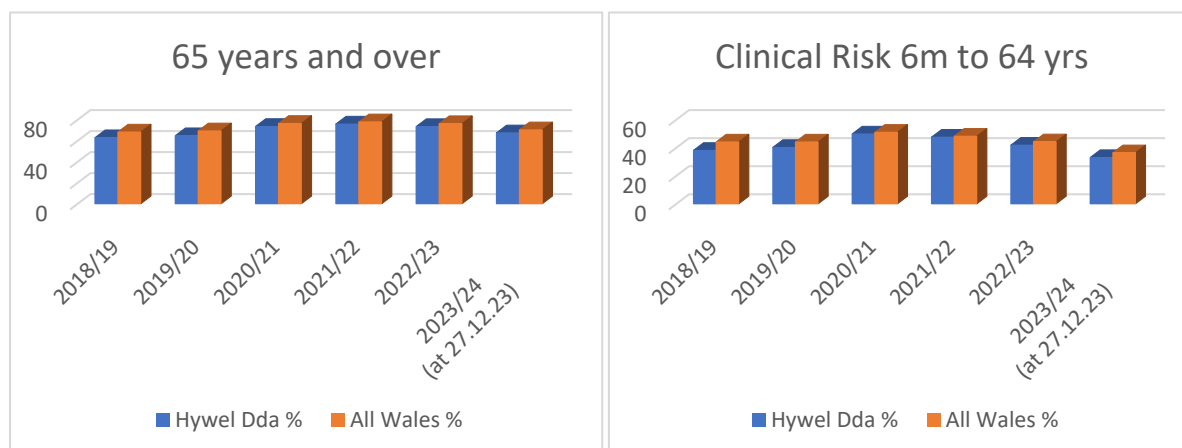
| Staff Group | Doses Given | Denominator | % |
|---|-------------|--------------|--------------|
| Add Prof Scientific and Technic | 142 | 413 | 34.4% |
| Additional Clinical Services | 757 | 2,661 | 28.4% |
| Administrative and Clerical | 860 | 2,470 | 34.8% |
| Allied Health Professionals | 295 | 786 | 37.5% |
| Estates and Ancillary | 285 | 1,065 | 26.8% |
| Healthcare Scientists | 81 | 210 | 38.6% |
| Medical and Dental* | 325 | 671 | 48.4% |
| Nursing and Midwifery Registered | 1089 | 3,448 | 31.6% |
| Grand Total | 3,834 | 11,724 | 32.7% |

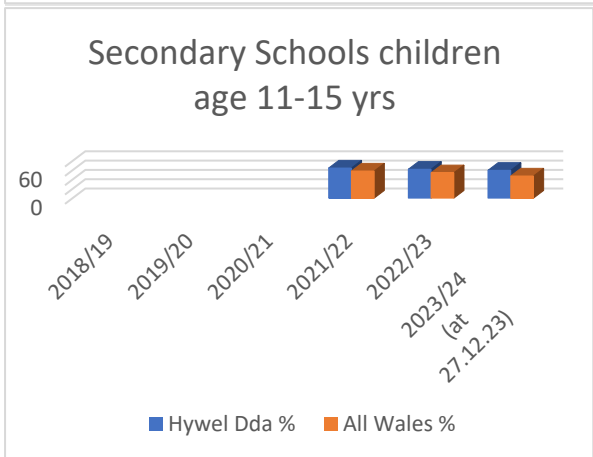
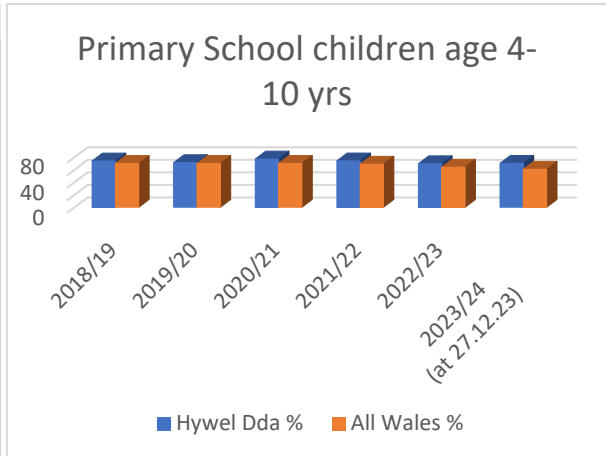
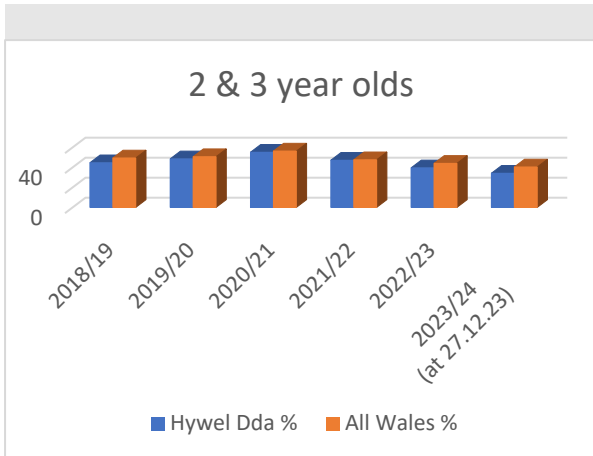
Annual Uptake Rates

Annual uptake rates for the different age groups are shown below in Figure 10. As the charts clearly show, the pattern of uptake increased across all groups annually from 2018-2022 with a reduction year on year since. This pattern is similar to the rest of Wales. A number of reasons have been discussed for this reduction including vaccine fatigue and lack of clarity over the different seasonal vaccine programmes. The Health Board's performance is in line with the rest of Wales and shows that the reasons for the lack of uptake of flu is happening across Wales and not a reflection on the work or programme delivery in the Health Board. Different approaches have been taken to increase uptake including pop up clinics, visits to care homes and inpatient areas, open sessions at the mass vaccination centres, and different streams of communication including social media.

It should be noted that there have been some issues with data clarity and accuracy in collection and analysis. The school-based flu programme ended in December 2023 and there is now scheduled mop up sessions organised in January both in schools and with GPs. A pilot was undertaken to try to increase the uptake in 3-year-olds in areas with lower uptake rates. The pilot was for vaccinators to visit the nurseries attached to primary schools in three areas of the Health Board, Pembroke Dock, Llanelli and Ammanford. Evaluation of this pilot is currently being carried out with the view to next year's school programme.

Figure 10: Percentage annual uptakes of seasonal Influenza vaccination by year, age groups, and eligible groups in Hywel Dda UHB and All Wales





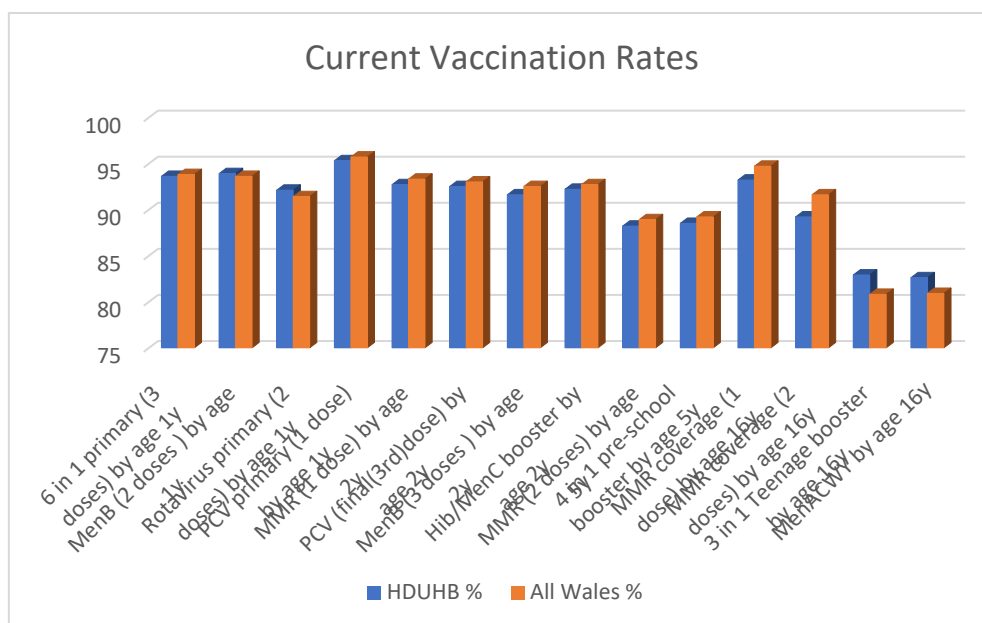
Childhood Immunisations

Surveillance of uptake and equity of routine childhood vaccinations in Wales is led by Public Health Wales Vaccine Preventable Disease Programme through the national COVER scheme (Cover of Vaccinations Evaluated Rapidly). COVER reports are published on a quarterly basis and summarise vaccination uptake for children and young people reaching key birthdays in each quarter. An annual COVER report is produced summarising coverage of vaccinations for children and young people reaching key birthdays during the 12-month period April to March.

National Institute for Health and Clinical Excellence (NICE) and Joint Committee on Vaccination and Immunisations (JCVI) recommend 95% vaccine coverage target for UK routine childhood vaccination programmes, with at least 90% coverage in each defined area (if otherwise not considered at risk).

Current Immunisation Rates

Figure 11: Vaccination rates for the childhood scheduled vaccines of Hywel Dda UHB versus all Wales Immunisation, July-September 2023



The summary report, Figure 11, shows that for the July to September 2023 quarter, uptake of immunisations in infants by the first birthday slightly decreased across all immunisations. Uptake of the complete three-dose course of “6 in 1”¹ (diphtheria, hepatitis B, Haemophilus influenzae type B (Hib), polio, tetanus, and whooping cough) has remained below 95% for this quarter in Hywel Dda, as it has across all other Health Boards in Wales.

Coverage of one dose of Measles, Mumps and Rubella (MMR) at two years in Hywel Dda was 92.7%, increased from 91.8% in the previous quarter. Compared to an All Wales uptake of 93.3%.

The proportion of children who were up to date with their routine immunisations by four years slightly increased this quarter from 84.5% to 84.7% at an All Wales level. Here in Hywel Dda our uptake has increased from 82.0% in Quarter 2 of 2023 to 83.4% in Quarter 3 but still remains below the All Wales average. Uptake of two doses of MMR vaccine by the age of 5 in HDUHB is 88.2%, compared with an All Wales uptake of 88.9%. The proportion of children who were up to date with all of their routine immunisations by five years remained relatively stable across Wales but there was variation in uptake between Health Board areas. Although there have been some quarterly fluctuations, the long-term trend in coverage of two doses of MMR by five years of age has been gradually decreasing since the first quarter of 2021.

In Figure 12, below, shows the percentage uptake of childhood vaccinations by children reaching their fourth birthday between July 2023 and September 2023 by Health Board. From the chart it is clear to see that the Health Board has a rate of 83.4% of children completed the routine vaccinations, this is below the Wales rate of 84.7%.

Tables 10-13 show the breakdown of vaccination uptake by local authority area in the Health Board. Apart from the PCV (Pneumococcal Conjugate Vaccine) at age 1, Hywel Dda University Health Board has not reached the target of 95% for the vaccination uptake for the childhood programmes. These figures are similar to the rest of Wales. Work with schools and GP practices is currently ongoing to further understand this data, to enable a focus on increasing the uptake. It should be noted that for some schools and GP practices these are small numbers of children where they may be a number of different reasons that they have not accessed vaccinations.

Figure 12. Percentage uptake of resident children reaching their fourth birthday between 01/07/23 and 30/09/23 and are up to date with all scheduled vaccines by Health Board.

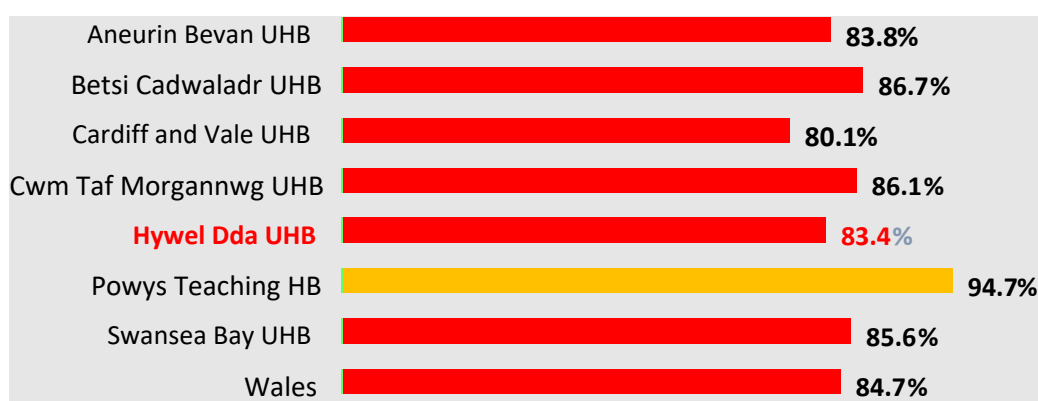


Table 10: Uptake of non resident children aged 1, July-September 2023

| Local Authority | Resident Children (n) | 6 in 1 | Men B | PCV | Rotavirus |
|---------------------------|-----------------------|-------------|-------------|-------------|-------------|
| Carmarthenshire LA | 409 | 93.9 | 94.1 | 95.6 | 92.2 |
| Ceredigion LA | 121 | 92.6 | 92.6 | 92.6 | 90.9 |
| Pembrokeshire LA | 93.7 | 93.7 | 94.1 | 96.2 | 92.4 |
| Health Board Total | 768 | 93.6 | 93.9 | 95.3 | 92.1 |

Table 11: Uptake of Vaccination in resident children aged 2, July-September 2023

| Local Authority | Resident Children (n) | MMR1 | PCV | MenB | HIB/MenC |
|---------------------------|-----------------------|-------------|-------------|-------------|-------------|
| Carmarthenshire LA | 421 | 91.7 | 91.4 | 90.7 | 91.2 |
| Ceredigion LA | 165 | 92.7 | 92.7 | 90.9 | 91.5 |
| Pembrokeshire LA | 306 | 94.1 | 93.8 | 93.1 | 93.8 |
| Health Board Total | 892 | 92.7 | 92.5 | 91.6 | 92.2 |

Table 12: Uptake of Vaccination in resident children aged 4 and 5, July-September 2023

| Local Authority | Age 4 | | Age 5 | | |
|---------------------------|-----------------------|---------------------|-----------------------|-------------|-------------|
| | Resident Children (n) | Up to Date Schedule | Resident Children (n) | MMR2 | 4 in 1 |
| Carmarthenshire LA | 466 | 85.0 | 571 | 87.0 | 87.2 |
| Ceredigion LA | 135 | 85.2 | 150 | 92.0 | 92.0 |
| Pembrokeshire LA | 306 | 80.1 | 294 | 88.4 | 88.8 |
| Health Board Total | 907 | 83.4 | 944 | 88.2 | 88.5 |

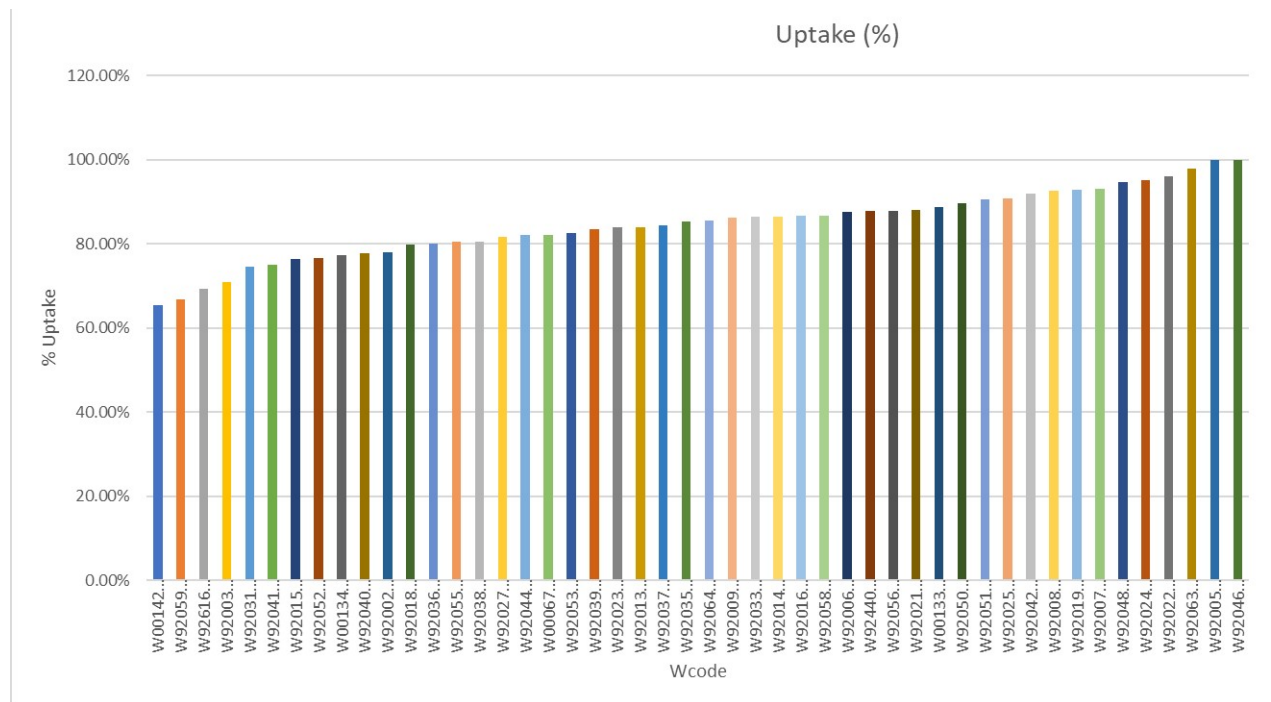
Table 13: Uptake of Vaccination in resident children aged 16, July-September 2023

| Local Authority | Resident Children (n) | MMR1 | MMR2 | MenACWY | 3 in 1 Teenage Booster |
|---------------------------|-----------------------|-------------|-------------|-------------|------------------------|
| Carmarthenshire LA | 571 | 93.9 | 90.4 | 84.4 | 84.6 |
| Ceredigion LA | 166 | 93.4 | 91.0 | 86.1 | 86.1 |
| Pembrokeshire LA | 371 | 92.2 | 86.5 | 78.2 | 79.0 |
| Health Board Total | 1108 | 93.2 | 89.2 | 82.6 | 82.9 |

Annual Uptake Rates

Figure 13 below shows the percentage uptake of all vaccines for children up to the age of 4 years in the Health Board from October 2022 to September 2023 by GP practice. The W code for the practice is included to anonymise the Practices. As the chart shows, the vaccine uptake varies greatly across the region with the variation between 65.5% uptake in W00142 to 100% in both W92005 and W90246. Further work, including data cleansing, is being undertaken to understand these numbers, for some practices this could be only a few children.

Figure 13: Percentage of 4-year-olds up to date in all vaccines by GP practice, October 2022-September 2023



6 in 1 (Diphtheria, Hepatitis B, Hib, Polio, Tetanus & Whooping Cough)

The 6 in 1 vaccine is delivered to babies at 8 weeks old, 12 weeks old and 16 weeks old. These vaccines are delivered via primary care as part of the routine immunisation programme. Figure 14 below outlines the uptake of the vaccine in the Health Board from October 2022 to September 2023 and compares this to the delivery in other Health Boards in Wales. Only one Health Board (CTMUHB) achieved the target of 95% uptake in 2022/23 with the others, including the Health Board being close to the target.

Figure 14: Percentage uptake of 6 in 1 vaccination by Health Board, 2022-23

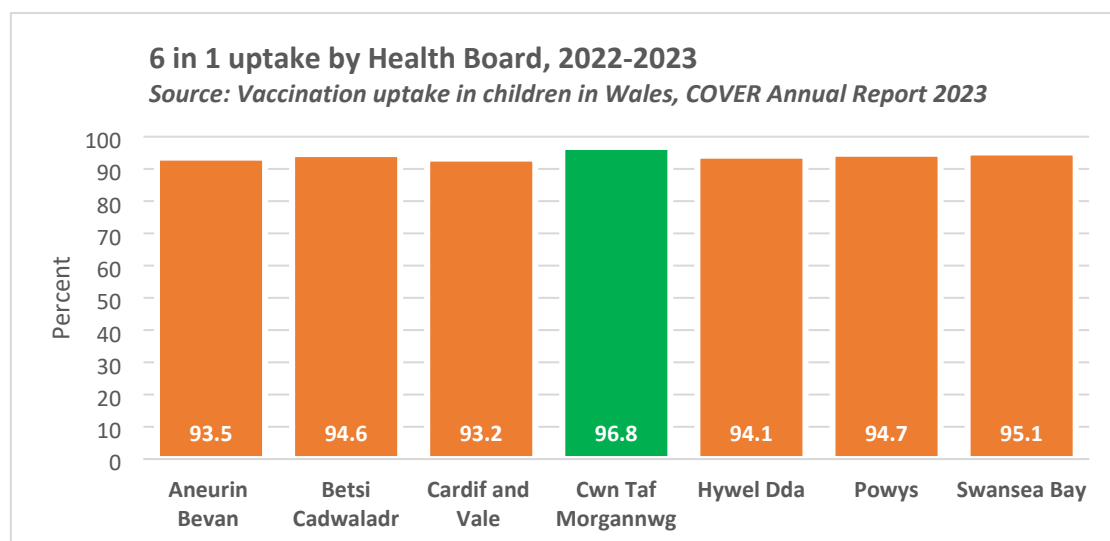


Figure 13 below highlights the change over time in the uptake of the 6 in 1 vaccine by deprivation quintile. From 2018/19 to 2022/23 there was an overall drop in vaccine uptake, with the biggest impact being seen during the pandemic. However, the greatest decrease in uptake has been in the least deprived quintile (dark blue).

Figure 13: Percentage uptake of 6 in 1 vaccination by deprivation quintile in Hywel Dda UHB from 2018 to 2023

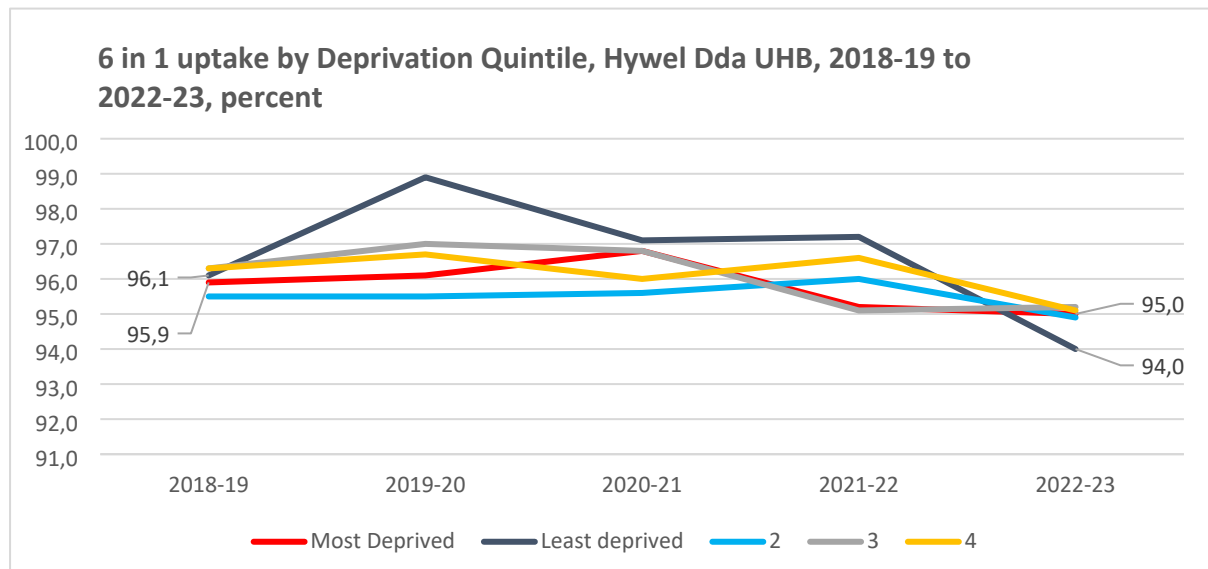
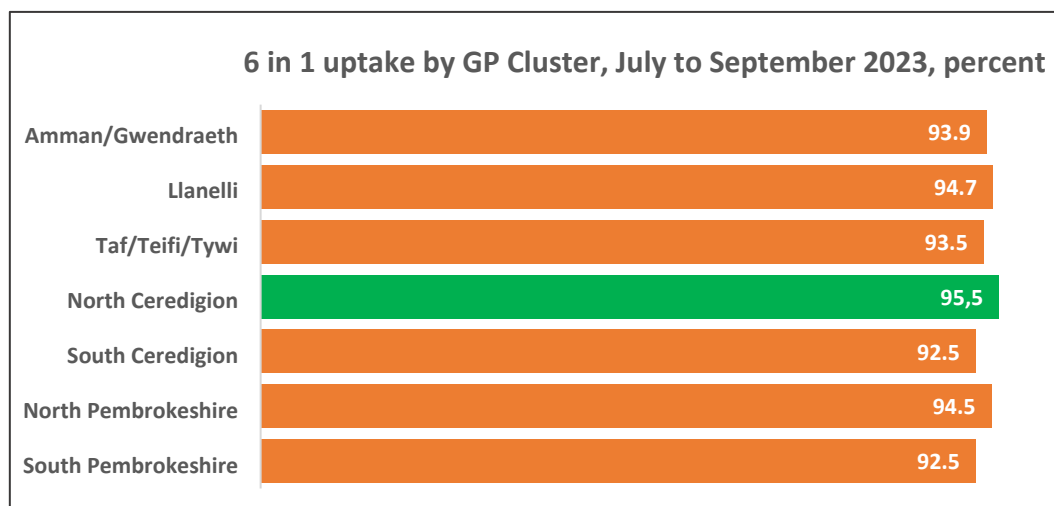
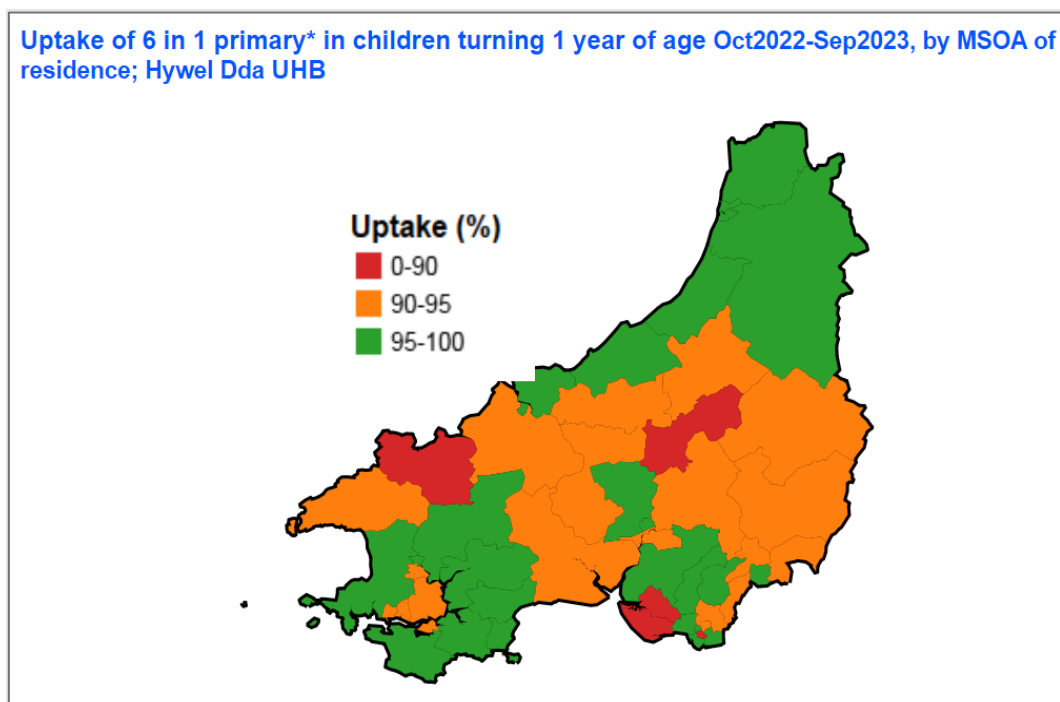


Figure 15 shows the uptake by GP cluster in Quarter 2 of 2023 (July to September). North Ceredigion has achieved the 95% target with the other areas in the amber zone of 90-94.9% range. South Ceredigion and South Pembrokeshire have the lowest rate at 92.5%. Further investigation is underway to understand any service delivery issues (e.g. access to clinics, etc) and to understand the number of children that have missed, as this may be a small number missed that impact the percentage scores. The heat map, Map 5, shows the uptake 6 in 1 by 1 year of age across the Health Board, display by MSOA of residence and not linked to GP clusters. The map clearly shows there are some areas with much lower uptake (red zones) where more work is needed to increase uptake.

Figure 15: Percentage uptake of 6 in 1 vaccination by GP Cluster Quarter 2, 2023



Map 5: Distribution of uptake of 6 in 1 vaccination by MSOA in Hywel Dda UHB



Measles, Mumps and Rubella (MMR)

Measles, Mumps and Rubella (MMR) is a combined vaccine for the three respective viral illnesses. For full protection it is advised to have 2 doses of MMR. The first dose is offered to children aged One year (on or after their first birthday) and the second dose is offered at 3 years and 4 months or shortly after. Catch up MMR vaccinations are offered to teenagers in the school-based vaccination programme, with either the second dose or both doses if not fully vaccinated.

Most people develop some immunity after the first dose, but over 99% of those who have two doses of the vaccine will be protected against measles and rubella. Although mumps protection is slightly lower, cases in vaccinated people are much less severe.

First Dose of MMR

The first dose of MMR is offered on or after their first birthday. Figure 16 shows the percentage uptake of the first dose of MMR by health board in Wales from July to September 2023. The Health Board had the second lowest uptake in this quarter of 92.8%. Figure 17 shows the percentage uptake from 2018 to 2023 by deprivation quintile and this highlights that the reduction in uptake is larger in quintiles 1 and 2 (the least deprived). The most deprived quintile in the Health Board appears to have been increasing until the pandemic and has risen slightly this year.

Figure 18 shows the percentage uptake of the first dose of MMR by GP Clusters in the Health Board in the second quarter of 2023 (July-September). It shows the fluctuations across the clusters with 2 (North Ceredigion and North Pembrokeshire)

achieving the 95% target. Map 6 is a heat map of the percentage uptake in this same time period by MSOA in the Health Board.

Figure 16: Percentage uptake of first dose of MMR by Health Board, Quarter 2 2023

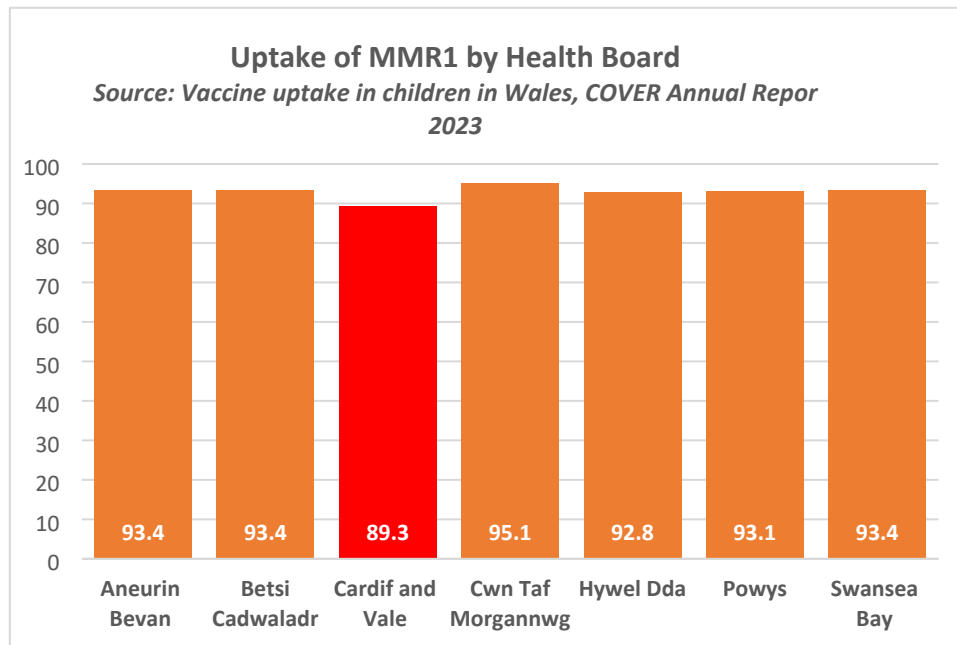


Figure 17: Percentage uptake of first dose of MMR by deprivation quintile in Hywel Dda UHB, 2018-2023

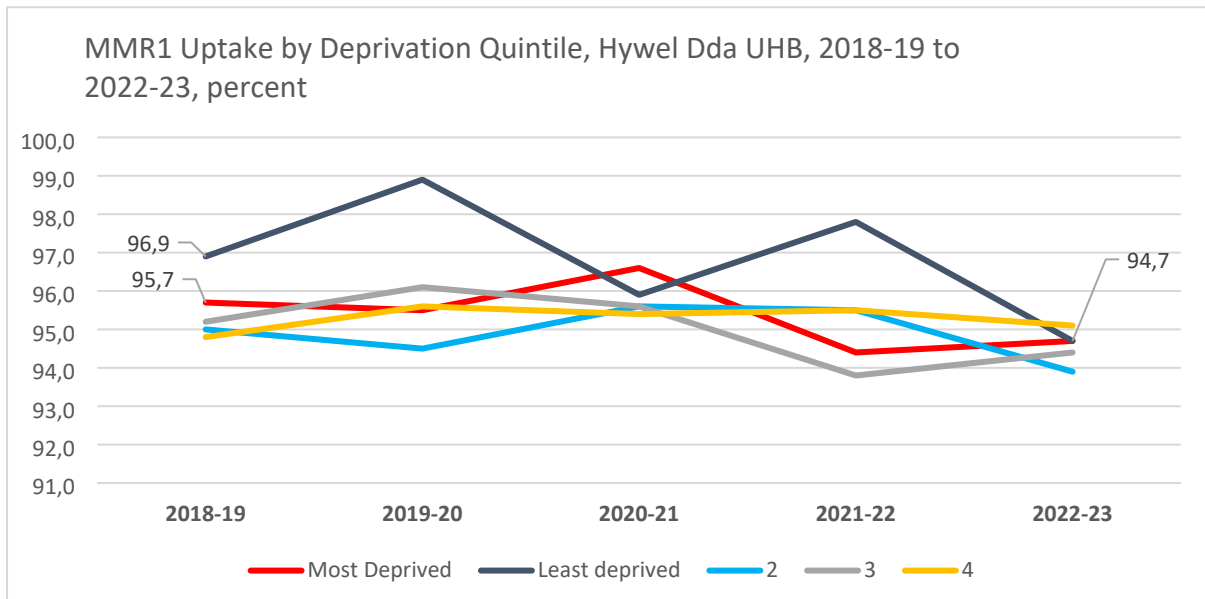
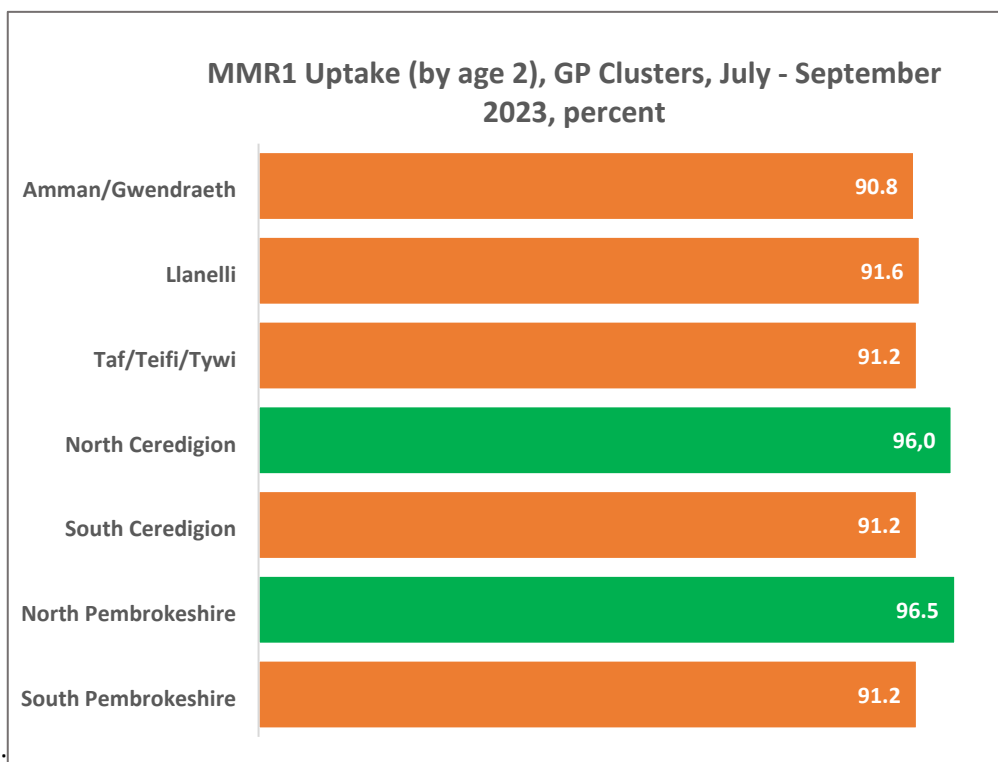
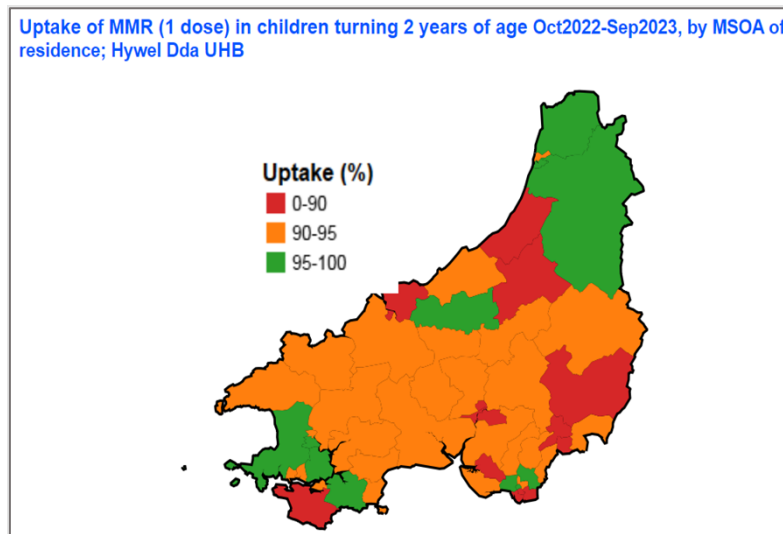


Figure 18: Percentage uptake of first dose of MMR by GP cluster in Hywel Dda UHB, Quarter 2 2023



Map 6: Percentage uptake of the first dose of MMR in Hywel Dda UHB by MSOA, 2022-23



Second Dose of MMR

The second dose of MMR is offered to children on or after the age of 3 years and 4 months. Figure 19 displays the percentage uptake of the second dose of MMR by Health Board in Wales between 2022-23. The bar chart shows the Health Board has a red rate of 88.3% which is the second lowest in Wales. Figure 20 shows the percentage uptake of the second dose of MMR by deprivation and clearly outlines, that unlike the first does of MMR, the uptake is less in the more deprived quintiles and has waned equally across all 5 quintiles over time. It appears the quintiles 5 (most deprived) and 3 are increasing slightly towards the end of 2022-23, while quintiles 1 (least deprived) and 2 continue to decline. This may mean that there are different barriers to the uptake of the second dose of MMR than the first.

Figure 19: Percentage uptake of second dose of MMR by Health Board in Wales, 2022-23

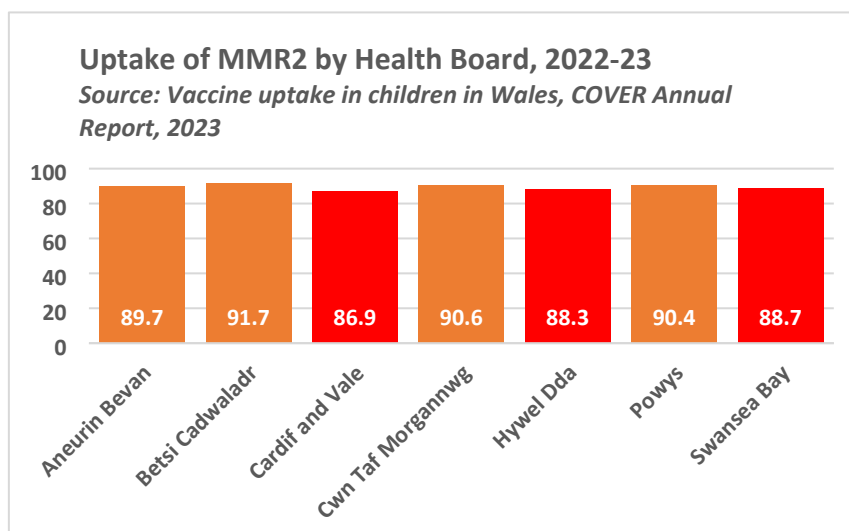
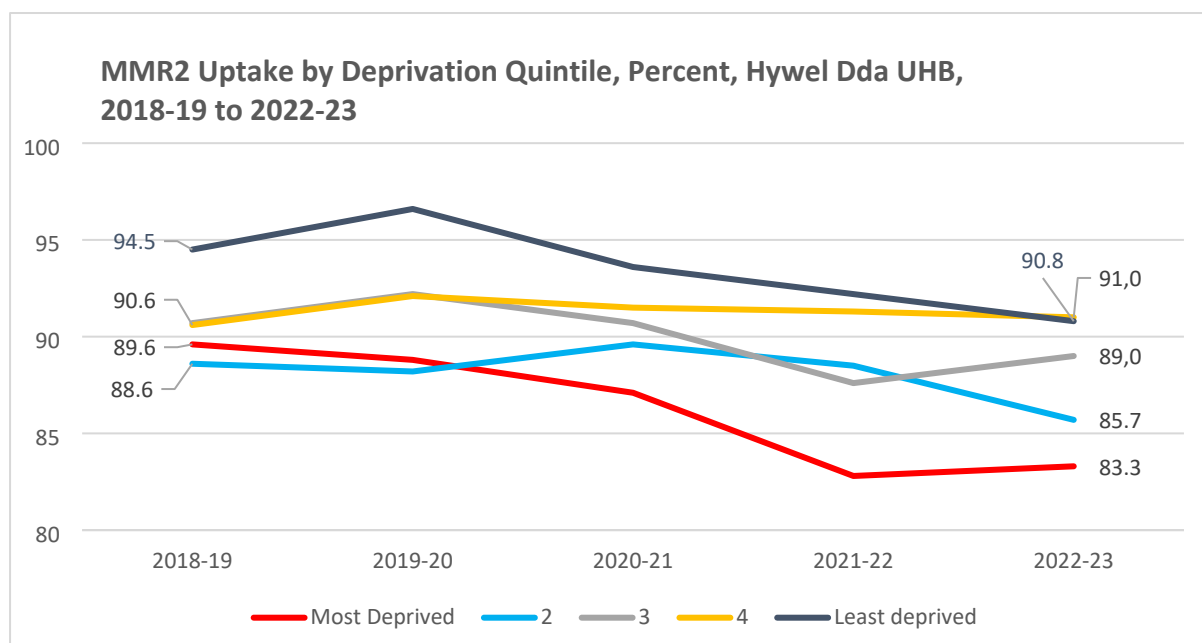
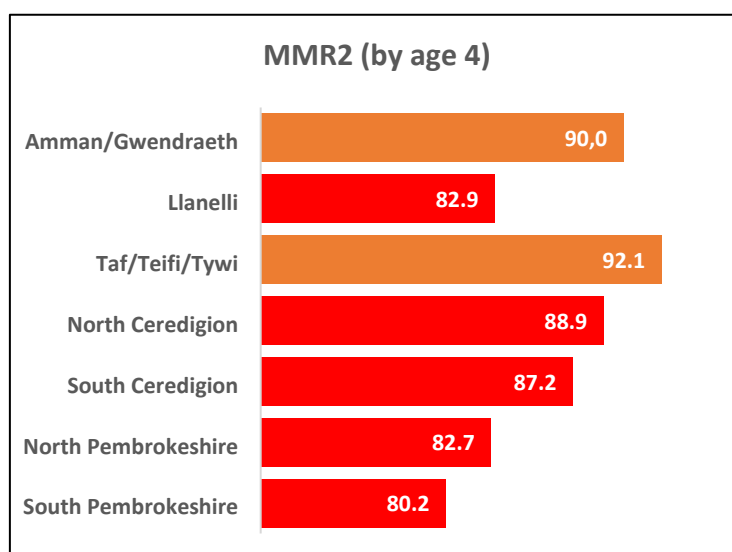


Figure 20: Percentage uptake of second dose of MMR in Hywel Dda UHB by deprivation quintile, 2018-2023

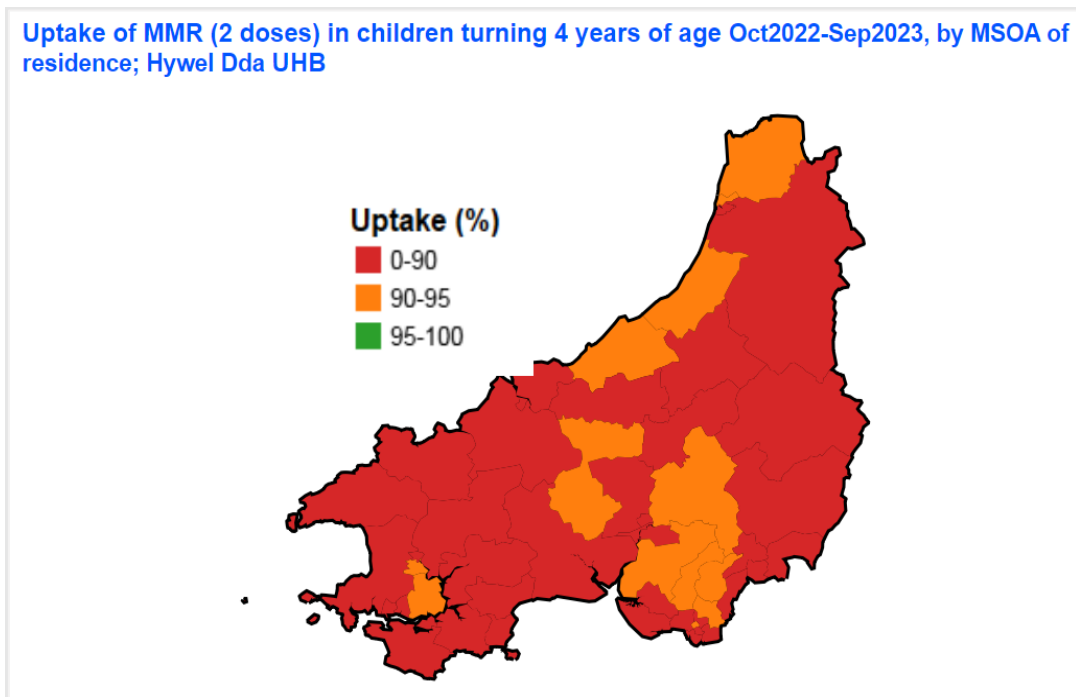


Uptake for the second dose of MMR is highly variable across the Health Board. Figure 21 shows the percentage uptake by GP cluster. Two Clusters (Amman Gwendraeth and the 3Ts) have amber status and other five are red against the Welsh Government target of 95% uptake. This is a very different pattern to the first dose delivery. The heat map of second dose uptake for Quarter 2, 2023, shown in Map 7, has more red areas than the first dose and shows there is a lot of work needed to understand the barriers for this age group to increase pre-school uptake of the second dose of MMR.

Figure 21: Percentage uptake of second dose of MMR by GP Cluster in Hywel Dda UHB in Quarter 2, 2023



Map 7: Percentage uptake of second dose of MMR by MSOA in Quarter 2, 2023



Adult Immunisations

These programmes are mostly delivered by Primary Care as outlined earlier, delivery models being both by invitation letters with scheduled appointments as well as opportunistic, with call and recall systems in place. PHW report on uptake of both Pneumococcal Polysaccharide Vaccine (PPV23) and Shingles vaccine.

Pneumococcal

Please note that the surveillance of PPV23 continues but has not been reported on by PHW since 2020/21, with the last annual report published in February 2022

phw.nhs.wales/topics/immunisation-and-vaccines/immunisation-surveillance/pneumococcal-vaccination-coverage-in-wales/ppv-uptake-in-wales-in-2020-21/

Shingles

Shingles is caused by the varicella virus, the same virus that causes chickenpox. Unlike other infectious diseases, you don't catch it from someone else. Although shingles can occur at any age, the risk and severity of shingles and its complications increases with age, especially in individuals who are immunocompromised.

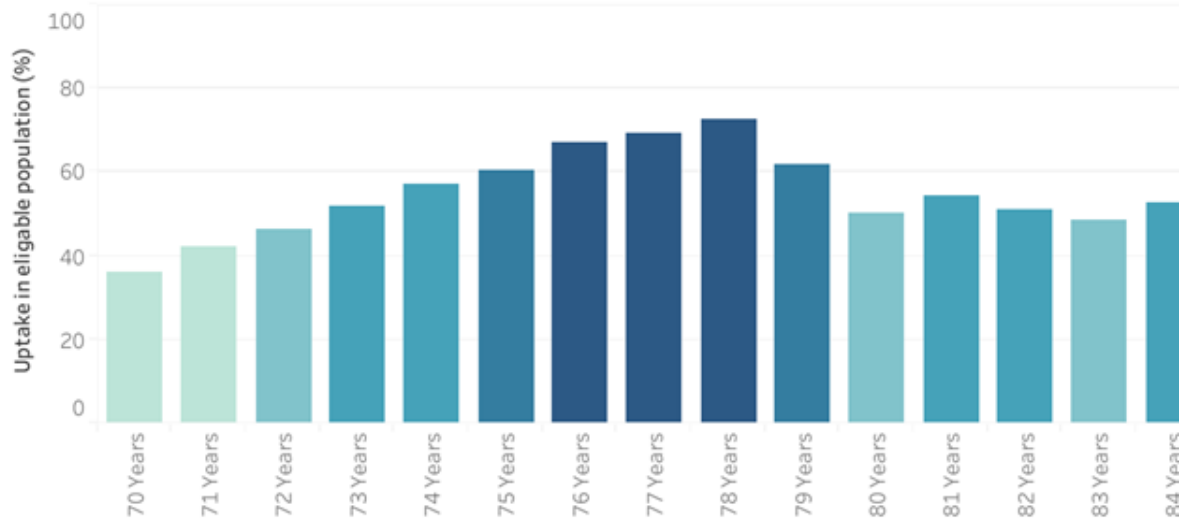
From 1 September 2023, the cohorts eligible for vaccination against shingles was expanded, so individuals can be protected from an earlier age. The eligibility was expanded to all immunocompromised individuals, (as defined by Greenbook chapter 28a [Green Book of immunisation - Chapter 28a Shingles \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/114444/green-book-immunisation-chapter-28a-shingles.pdf)) aged 50 years and over (with no upper age limit), including those anticipating immunosuppressive therapy; and for those immunocompetent individuals changed from 70 to 60 years of age, in a phased implementation over a 10-year period, beginning with those who are 65 years.

The annual shingles vaccine coverage data for the 8th year of the programme in Wales shows that uptake in newly eligible 70-year-olds is low, but cumulative vaccine coverage increases as the number of years since their 70th birthday increases. The latest data suggests signs of recovery in 2021-2022, after the programme was impacted by the COVID-19 pandemic in the year prior [National and HB level Shingles dashboard - ENGLISH | Tableau Public](#) PHW.

Figure 22 below shows the uptake for the Health Board for shingles from PHW at 25 September 2023. This data is taken from primary care data.

Figure 22: Shingles Vaccination Uptake for Hywel Dda UHB by age, as at 25 September 2023. Source PHW

**Shingles immunisation uptake data (collected through Audit+)
As at 25/09/2023 (Hywel Dda UHB)**



* Individuals remain eligible for vaccination up until 80 years of age

Current progress

Mae brechu yn amddiffyn Vaccination is protection

Mae imiwrneiddiadau yn bwysig i blant oherwydd bod eu system imiwrnedd yn dal i ddatblygu.

- ❓ A yw brechlynnau eich plentyn yn gyfredol?
- ❓ A ydych chi'n gwybod sut i wirio pa frechlynnau sydd angen i'ch plentyn eu cael?
- ❓ A ydych chi'n gwybod sut i gael mynediad at unrhyw frechlynnau nad yw eich plentyn wedi eu cael eto?

Angen gwirio cofnod brechlynnau? Sganiwch neu ffoniwch i amddiffyn eich plentyn

Immunisations are important for children because their immune system is still developing.

- ❓ Are your child's vaccines up to date?
- ❓ Do you know how to check what vaccines your child may be due?
- ❓ Do you know how to access any outstanding vaccines?

Need to check a vaccine record? Scan or call to give your child the power of protection

Mynediad brechlyn i blant sy'n cael eu haddysgu gartref



Mae imiwrneiddio yn bwysig i blant oherwydd bod eu system imiwrnedd yn dal yn anaeddfed, felly maent yn fwy agored i haint a chymhlethdodau difrifol.

- ❓ A yw brechlynnau eich plentyn yn gyfoes?
- ❓ Ydych chi'n gwybod sut i gael mynediad at y brechlynnau a gynigir fel mater o drefn gan nyrsys ysgol?
- ❓ Hoffech chi gael rhagor o wybodaeth am amddiffyn eich plentyn rhag clefydau y gellir eu hatal?

Vaccine access for home-schooled children

Immunisation is important for children because their immune system is still immature, so they are more vulnerable to infection and serious complications.

- ❓ Are your child's vaccines up-to-date?
- ❓ Do you know how to access the vaccines routinely offered by the school nurses?
- ❓ Would you like more information on protecting your child from preventable diseases?

0300 303 8322
Opsiwn 1/Option 1

Childhood immunisations:

Childhood immunisations was prioritised as of this summer with aim to reaching babies and children due for vaccinations; a series of initiatives have been undertaken:

Summer childhood vaccine catch up clinics were offered across the Health Board area and were preceded by attendance of the immunisation team at play events in the week before to promote the clinics.

A communications campaign has been running since May 2023 to encourage parents to check their child's vaccines are up to date, and use of a QR code directs families to a Microsoft form which allows immunisation nurses to check the child's records and contact the parents directly to advise. These posters are displayed in libraries, nursery schools and other community venues frequented by families.

We are also working to reach electively home educating (EHE) families using social media, local authority links, and posters displayed in venues that hold EHE events. The aim of this campaign is to raise awareness of vaccinations in this group, who are not served by our school nursing service, and not actively invited for routine immunisations. Summer childhood immunisation catch up clinics targeting the electively home -educated community and looked after children.

Vulnerable and underrepresented groups:

Community nurse immunisers work alongside homeless outreach groups to deliver vaccines in temporary accommodation across the Health Board area.

Working closely with the Community Development Outreach Teams to identify minority communities who may need support accessing vaccines.

Focussing on areas of poor uptake and working with primary care to offer different delivery methods to improve uptake.

Training Learning Disability nurses to administer covid and influenza vaccines to their clients at a time and place that works best for them.

Attendance at homeless forums to deliver fundamental vaccine training to those working with hard-to-reach clients to enable them to have vaccine conversations and signpost clients to services more confidently.

Dedicated midwife vaccinators available at MVC's to discuss vaccines with pregnant women.

Flu vaccine pilot in nurseries for 3-year-olds in our poorest uptake areas led to increased engagement and a full report will follow, along with recommendations for upcoming influenza vaccine seasons.

Domiciliary immunisation service to vaccinate our hardest to reach families.

The use of the Tenovus lorry to deliver Covid-19 and flu vaccines to gypsy traveller communities in Pembrokeshire.

General, teaching and training activities:

Attending community events to raise the awareness of vaccination and answer questions from the community.

Providing teaching for F1 and F2 doctors and pre-registration nurses in immunisation to empower them to advocate for their patients.

Training outreach workers on the importance of vaccines so they can have confident conversations with their clients and signpost them to services.

Data cleansing at Health Board and GP level to ensure accuracy in reported data.

Strengthen links between Child Health departments, primary care and local authorities to aid communication to marginalised groups.

Care Home Vaccine Champion programme to train care home staff in basic vaccine knowledge so they can have confident conversations with colleagues and promote vaccinations.

Liaising with Occupational Health leads in our three local authorities to promote MMR vaccines in school staff.

Planned Work for 2024

Inequitable vaccination uptake does not exist in isolation. When planning interventions health services must consider the healthcare landscape and the wider determinants of health which drive individual actions. Poor vaccine uptake co-exists alongside poor levels of health literacy, poor living and working conditions, poor access to healthcare services as well as unstable financial situations.

Delivering vaccine programmes requires a holistic approach, taking into consideration the wider determinants of health. Poor education, housing, and employment impacts people's health and the decisions that they make regarding their health. Vaccination might not be a priority for someone who is facing other challenges in their life such as homelessness and transport issues. The rurality of our Health Board area and relatively poor access to public transport links to primary care settings in our rural communities can also be identified as barriers to attendance at vaccination clinics.

Provision of equitable vaccination services means ensuring that barriers associated with the socio-economic determinants of health are minimised to enable all communities to have access to services that can protect their health, such as immunisations.

'Access' needs to consider physical location, timings, communications, cultural acceptability and several other factors which are important to communities.

Working alongside colleagues in national teams to ensure resources are appropriate for our communities and relay information in a way they can access is important.

Our actions will be informed by national guidance and developed through working with our communities using an asset-based approach. We will work 'with and by' our communities, not 'to and for' them.

We are developing a Vaccine Equity Strategy, to be completed by the end of February 2024 and will ensure that our work plan meets the needs of all communities in our Health Board area.

We will be guided by the data and evidence to ensure our work is targeting the areas which need it the most.

Adopting a behaviour change focus will enable us to use evidence-based approaches which consider the wider influences on behaviour relating to vaccination.

APPENDIX 1: Routine Immunisation Schedule (as at September 2023)



The complete routine immunisation schedule for Wales from September 2023

| Age due | Diseases protected against | Vaccine and name | | Usual site ¹ |
|---|---|---|---|-------------------------|
| 8 weeks old | Diphtheria, tetanus, pertussis (whooping cough), polio, <i>Haemophilus influenzae</i> type b (Hib) and hepatitis B | DTaP/IPV/Hib/HepB | Infanrix hexa or Vaxelis | Thigh |
| | Meningococcal group B (MenB) | MenB | Bexsero | Left thigh |
| | Rotavirus gastroenteritis | Rotavirus | Rotarix | By mouth |
| 12 weeks old | Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B | DTaP/IPV/Hib/HepB | Infanrix hexa or Vaxelis | Thigh |
| | Pneumococcal (13 serotypes) | PCV | Prevenar 13 | Thigh |
| | Rotavirus gastroenteritis | Rotavirus | Rotarix | By mouth |
| 16 weeks old | Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B | DTaP/IPV/Hib/HepB | Infanrix hexa or Vaxelis | Thigh |
| | Meningococcal group B | MenB | Bexsero | Left thigh |
| 12-13 months old | Hib / Meningococcal group C | Hib/MenC | Menitorix | Upper arm/ thigh |
| | Pneumococcal | PCV booster | Prevenar 13 | Upper arm/ thigh |
| | Measles, mumps and rubella | MMR | MMRVaxPRO or Priorix | Upper arm/ thigh |
| | Meningococcal group B | MenB booster | Bexsero | Left thigh |
| 2 ² and 3 years old and all school aged children | Influenza (annually from September) | Live attenuated influenza vaccine | Fluenz Tetra ³ | Both nostrils |
| 3 years 4 months old | Diphtheria, tetanus, pertussis and polio | dTaP/IPV | Boostrix-IPV | Upper arm |
| | Measles, mumps and rubella | MMR | MMRVaxPRO or Priorix | Upper arm |
| School year 8 (12 to 13 year olds) | Cervical cancer, some head and neck and ano-genital cancers, and genital warts caused by human papillomavirus (HPV) | HPV ⁴ (one dose) | Gardasil 9 | Upper arm |
| School year 9 (13 and 14 year olds) | Tetanus, diphtheria and polio | Td/IPV (check MMR status) | Revaxis | Upper arm |
| | Meningococcal groups A, C, W and Y | MenACWY | Nimenrix or Menveo | Upper arm |
| 65 years of age and older | Influenza (annually from September) | Inactivated influenza vaccine | Multiple | Upper arm |
| 65 years of age and older | Pneumococcal (23 serotypes) | Pneumococcal polysaccharide vaccine (PPV) | Pneumovax 23 | Upper arm |
| 65 years and 70 to 79 years old | Shingles | Shingles | Zostavax ⁵ (one dose) or Shingrix ⁶ (2 doses) | Upper arm |

1. Where two or more injections are required at once, these should ideally be given in different limbs. Where this is not possible, injections in the same limb should be given 2.5cm apart. For more details see Chapters 4 and 11 in the Green Book. All injected vaccines are given intramuscularly unless stated otherwise.

2. Children must be 2 years old by 31 August to receive influenza vaccine in the routine programme in autumn/winter.

3. If Fluenz Tetra is contraindicated, use a suitable inactivated flu vaccine.

4. Check the relevant chapter of the Green Book for individuals requiring a 3 dose schedule.

5. Those previously eligible for Zostavax will be offered Zostavax until supply is depleted.

6. Immunocompetent individuals require two doses of Shingrix with the second dose given 6 to 12 months after the first dose. Immunosuppressed individuals require two doses with the second dose given 8 weeks to 6 months after the first dose.

Selective immunisation programmes

| Target group | Age and schedule | Disease | Vaccines |
|--|--|------------------|--|
| Babies born to hepatitis B infected mothers | At birth and 1 month old. Boost at 12-13 months old ¹ | Hepatitis B | Hepatitis B vaccines (Engerix B / HBVaxPRO) |
| Infants in areas of the country with TB incidence \geq 40/100,000 | At birth | Tuberculosis | BCG |
| Infants with a parent or grandparent born in a high incidence country ² | At birth | Tuberculosis | BCG |
| People in a risk group for influenza | From 6 months to 64 years | Influenza | LAIV for children aged 2-17 years. Inactivated flu vaccine for other ages or if LAIV contraindicated |
| Additional groups eligible for a flu vaccine ³ | During flu season | Influenza | Inactivated flu vaccine |
| Pregnant women | From 16 weeks of pregnancy | Pertussis | dTaP/IPV (Boostrix-IPV) |
| Gay, bisexual and other men who have sex with men | Aged under 25 years ⁴ 25 years up to 45 years ⁵ | HPV ⁶ | Gardasil 9 |

- In addition to hexavalent vaccine (Infanrix hexa or Vaxelis) given at 8, 12 and 16 weeks. Take blood for HBsAg to exclude infection at 12/13 months.
- Where the annual incidence of TB is \geq 40/100,000 see www.gov.uk/government/publications/tuberculosis-tb-by-country-rates-per-100000-people.
- Refer to annual flu Welsh Health Circular (WHC) for eligibility.
- 1 dose.
- 2 doses 6-24 months apart.
- Check the relevant chapter of the Green Book for individuals requiring a 3 dose schedule.

Additional vaccines for individuals with underlying medical conditions¹

| Medical condition | Diseases protected against | Vaccines required ² |
|--|---|--|
| Asplenia or splenic dysfunction (including sickle cell and coeliac disease) | Meningococcal groups A, B, C, W and Y Pneumococcal Influenza | MenACWY MenB PCV13 (up to ten years of age) ³ PPV (from two years of age) Annual flu vaccine ⁴ |
| Cochlear implants, cerebrospinal fluid leaks | Pneumococcal | PCV13 (up to ten years of age) ³ PPV (from two years of age) |
| Chronic respiratory and heart conditions (such as moderate to severe asthma, chronic pulmonary disease, and heart failure) | Pneumococcal Influenza | PCV13 (up to ten years of age) ³ PPV (from two years of age) Annual flu vaccine ⁴ |
| Chronic neurological conditions (such as Parkinson's or motor neurone disease, or learning disability) | Pneumococcal Influenza | PCV13 (up to ten years of age) ³ PPV (from two years of age) Annual flu vaccine ⁴ |
| Diabetes | Pneumococcal Influenza | PCV13 (up to ten years of age) ³ PPV (from two years of age) Annual flu vaccine ⁴ |
| Chronic kidney disease (CKD) (including haemodialysis) | Pneumococcal (stage 4 and 5 CKD) Influenza (stage 3, 4 and 5 CKD) Hepatitis B (stage 4 and 5 CKD) | PCV13 (up to ten years of age) ³ PPV (from two years of age) Annual flu vaccine ⁴ Hepatitis B |
| Chronic liver conditions | Pneumococcal Influenza Hepatitis A & B | PCV13 (up to ten years of age) ³ PPV (from two years of age) Annual flu vaccine ⁴ Hepatitis A & Hepatitis B |
| Haemophilia | Hepatitis A & B | Hepatitis A & Hepatitis B |
| Complement disorders (including those receiving complement inhibitor therapy) | Meningococcal groups A, B, C, W and Y Pneumococcal Influenza | MenACWY MenB PCV13 (up to ten years of age) ³ PPV (from two years of age) Annual flu vaccine ⁴ |
| Immunosuppression due to disease or treatment | Pneumococcal Influenza | PCV13 (up to ten years of age) ^{3,5} PPV (from two years of age) Annual flu vaccine ⁴ |

- The list is not exhaustive. Other vaccines may be recommended for certain individuals.
- Check relevant chapter of Green Book for specific schedule and for further detail.
- If aged two years to under ten years of age and unimmunised or partially immunised against pneumococcal infection, give one PCV13 dose.
- From six months of age.
- To any age in severe immunosuppression.