

What are the priorities for the polio incident response?

Inequalities in coverage & vaccine engagement

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Short term priorities

Deliver IPV booster programme to children aged 1-9 in London

How? Access & engagement

Hackney as a case study with broader implications

I. Background & Context

- Demographics: United Kingdom

- 2011 Census: UK Jewish population was approx 271k

- Haredi Jews constituted 12-16%¹

- Higher total fertility rates 7 births per woman (3x national average 1.8)¹

- London Borough of Hackney: largest Haredi neighbourhood in UK²

- Approx 7% of population, but 22% of Hackney's child population

- Challenges & considerations for vaccination & primary care services

I. Background & Context

UK vaccination coverage³

- 2020-21 DTaP/IPV/Hib coverage at 1 year:
 - England: 92%
 - Hackney: 67.8%
 - Salford: 89.4%
 - Leeds: 90.7%
 - Bury: 92%
 - Gateshead: 95%
- 2020-21 DTaP/IPV/Hib coverage at 2 years:
 - Hackney: 77.8%
 - London: 89.4% / England: 93.8%

Local VPD outbreaks

- 2012-13 measles outbreak
- 2015 pertussis (whooping cough) outbreak
- 2018-19 measles outbreak
- 2022 poliovirus incident:
vulnerable

I. Background & Context

- WHO Regional Office Europe methodology to integrate research into vaccine delivery
- 2014-16 WHO Tailoring Immunisation Programme North London's Haredi minority⁴
 - Unmet information needs (less digital access and need for printed info)
 - COVID-19: Shift in digital access since TIP study
 - Barriers: inaccessible and inflexible services
 - Sunday clinics / local points of delivery
- Limited translation of recommendations into action: Commissioning and funding constraints⁵
- Less vaccine delivery via Haredi school system
- Localised and co-delivery models⁶
 - Hatzola & GPs co-delivered clinics, generate opportunity for local-level & shared delivery
 - Explore sustainability of local delivery methods to benefit routine child vaccinations

I. Background & Context

Ultra-Orthodox Londoners roll up sleeves to fight COVID

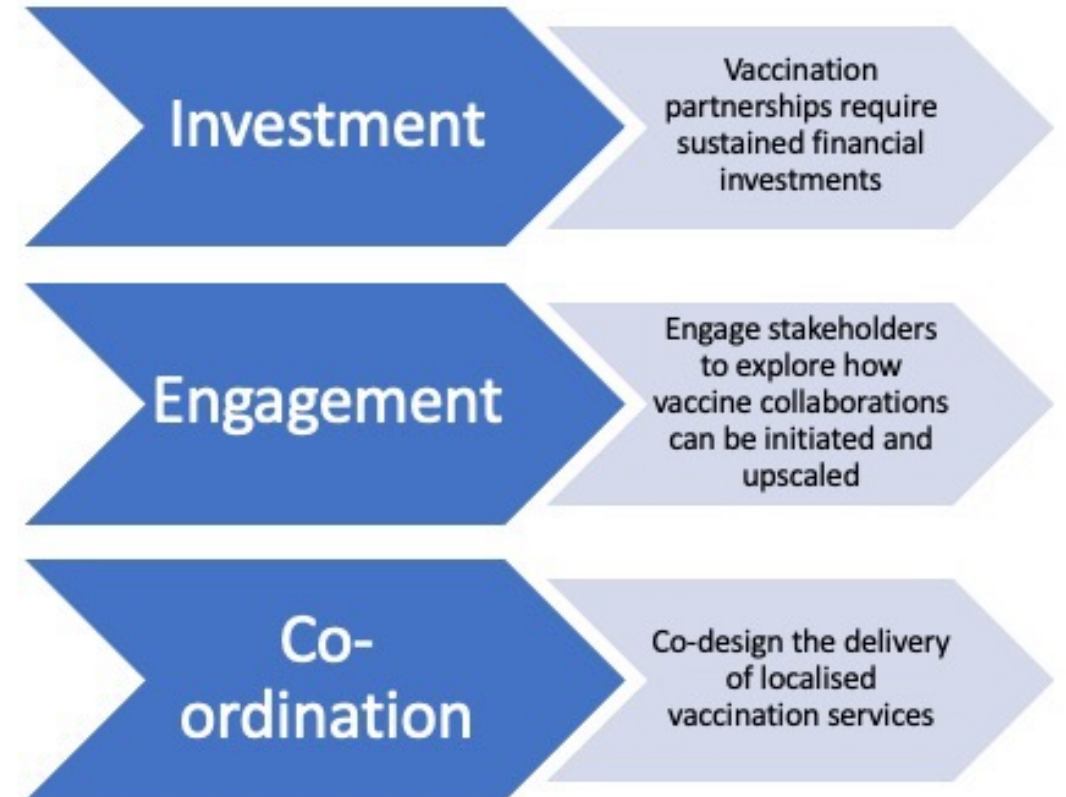
Hundreds of elderly members of particularly hard-hit community line up for vaccines, in hopes of reuniting with grandchildren

By **DANICA KIRKA**

14 February 2021, 7:45 pm | 0



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shares



Kasstan B ... Chantler T. 2022. Localising vaccination services. Vaccine. <https://www.sciencedirect.com/science/article/pii/S0264410X22002018>

II. Polio Incidents & Responses: London/UK

- IPV delivery
 - Offer children aged 1-4 IPV boosters via primary care services
 - Offer children aged 5-9 IPV boosters in designated vaccination sites / concentrated delivery-points in target areas (e.g. community pharmacies / vaccine centres)
- Designated vaccination sites can serve numbers but less equipped to address inequalities in tailored ways
- Designated vaccination sites viewed as being less convenient by local-level public health professionals during COVID-19 vaccination programme⁶
- Localised services considered to increase convenience and confidence, and hence uptake, among risk groups in Hackney⁶
- Are designated vaccination sites the most effective way to approach polio vaccine engagement in the underserved minorities that are most vulnerable to circulation?
 - Past learning and on-going incident management
 - Localised delivery is not cost-neutral but may be an investment against backdrop of VPD outbreaks

III. Vaccine Engagement

Increase in Scarlet Fever
Public Health England's (PHE) latest report shows a high number of scarlet fever notifications across England, with a total of 12,115 new cases reported in the first 6 weeks of 2015. Steep increases in scarlet fever activity are being seen across the country, with over 300 cases reported last week (2 - 9 February). Increases in scarlet fever are normal at this time of year as the winter high season between March and April. However, the numbers of cases currently being reported are above what is typical for this time of the year. Whilst this might reflect heightened awareness and improved diagnosis and/or notification practices, the high number of cases currently being notified are of concern. Last year in England, over 14,000 cases of scarlet fever were notified, the highest total since the late 1970s.

24-45%
Potential reduction in your risk of developing heart disease and stroke if you eat fruit every day. A study of half a million people in China, presented at the European Society of Cardiology Congress at the end of last year, looked at the links between cardiovascular disease and fresh fruit. The researchers found that those who ate fresh fruit every day had significantly lower blood pressure than those who rarely or never ate fruit. Eating fresh fruit daily was also linked to a lower risk of cardiovascular disease.

THE OUTBREAK OF MEASLES
In the USA and Germany recently, and the subsequent articles in the press have highlighted the importance of childhood immunisations at the prescribed times. The consensus of most poskim is that the vaccination of children to protect them from disease, and that the vaccination of children who can be medically vaccinated is absolutely the only responsible course of action. Dr Jackie Lewis of the Healthy Communities Collaborative (HCC) in Salford strongly recommends all eligible children should be fully vaccinated following the NHS schedule. This prevents outbreaks of dangerous illnesses, and ensures the safety of the whole community. The risks and worries of immunisations are far outweighed by the benefits.

Clever Mediterranean Mothers
Children who consume Mediterranean diet (Olive Oil, fish, fruit and veg, not too much meat) are 15 per cent less likely to be overweight than kids who don't, according to a study by the University of Gothenburg that was presented at the 2014 European Congress on Obesity. The study's findings were based on data - height, weight and body fat mass percentage - collected from children from eight European countries, as well as interviews with parents about their children's dietary habits.

Eating peanut products as a baby dramatically cuts the risk of allergy, a study suggests.
Trials on 628 babies prone to developing peanut allergy found the risk was cut by over 80%. The King's College London researchers said it was the "first time" that allergy development had been reduced. Specialists said the findings could apply to other allergies and may change diets around, but warned parents not to experiment at home. The research team in London had previously found that Jewish children in Israel who started eating peanuts earlier in life had allergy levels 10 times lower than Jewish children in the UK. The trial, reported in the New England Journal of Medicine, focussed on babies as young as four months who had already developed eczema - an early warning sign of allergies.

Children should eat peanut products rather than whole peanuts because of the risk of choking

When giving immunisations use Emergency Essence to stop allergic reactions and Purifying Essence to clear out toxins after vaccinations. To purchase call

Heimisher Circular, Manchester. 2022.

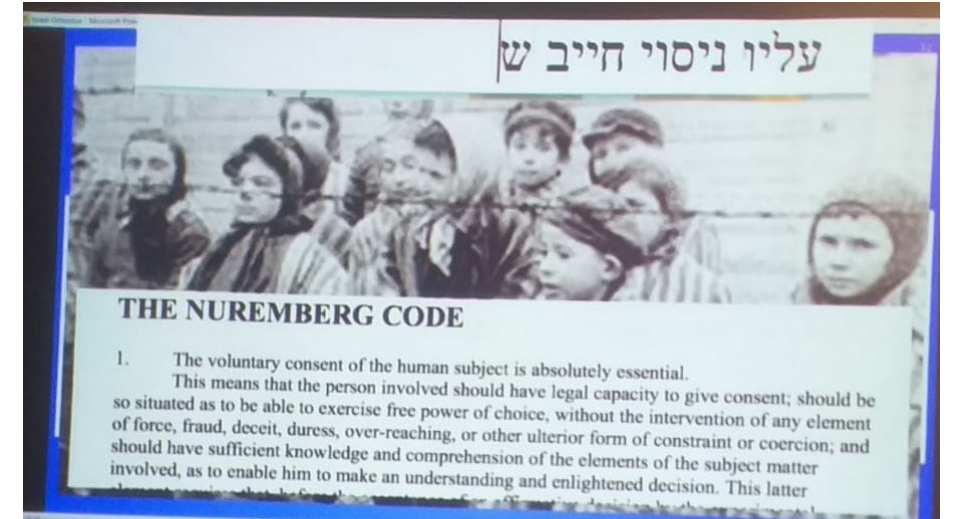
- What information is counterbalancing harmful messages?
- Sustainability/continuity in resources

■ Discontinued

Take Care, Manchester. Spring 2015

III. Vaccine Engagement

- Targeted misinformation: Israel/USA⁷
- Non-Haredi activists inspiring distrust and religious objections
- Reach/impact is difficult to measure > is this the primary issue?
 - Delayed uptake and timeliness may be a more strategic priority



"We cannot let history repeat itself, we are not the property of our governments, we are a free people, controlled only by God himself" (Jerusalem, 2019)⁷

IV. Service Evaluation

Service Evaluation of the IPV booster campaign for children aged 1-9 in London: Qualitative Study of Delivery in Hackney and Haringey

- Evaluate vaccine delivery models to increase uptake
- Has delivery of the IPV booster campaign been informed past learning in outbreak responses?
- How can the lessons of the IPV booster campaign be integrated into a long-term strategy for vaccine engagement?

Long Term Approach To Vaccine Engagement

Addressing persistent vaccine inequalities through localised approaches.

Routine services must be accessible to facilitate uptake and that is the overarching goal of delivery,

But also need to appraise what funding and provisions are required to offer tailored services for underserved populations and ensure sustainability

V. Vaccine Engagement Strategy: Developing the Knowledge We Have

- Routine delivery of vacc programme: Clear requirements of clinics (space, flexibility)⁵
- Targeted activism against vaccination (US/Israel)⁷
 - Reach is difficult to measure
 - Focusing on this 1 issue can influence interventions
- Women key decision-makers around vaccination⁸
 - Delayed uptake > timeliness rather than mass refusal
 - Parental vaccine engagement can be specific (MMR safety vs HPV adolescent sexuality > dif to IPV)
- Male religious authorities are rarely consulted and are not cited as key influences
 - Female networks consulted⁸ > placing women at the heart of the strategy

VI. Summary: Short & Long Term Goals

- **Priorities of parents**
Understand how Haredi parents perceive vaccination and poliovirus response as a priority (timeliness), whose opinions they value most
- **Targeted communications**
Urgent but reliable information. Vaccination as a way to protect the Haredi way of life. A *talmid chacham* learns best in *yeshivah*, not the sickbed
- **Sustainable and complementary delivery**
Integrate complementary delivery-pathways into existing service beyond a one-off “pop-up” clinic with specific funding arrangements
- **Healthcare systems: proactive not reactive (long-term)**
Mechanisms to translate documented knowledge into action

Thank you!

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