

Child immunisation in London: less hype, more progress

Few areas of health policy are accompanied by as much controversy as that of child immunisation. Sometimes a little publicity is no bad thing, if it shines a light on problems and encourages improved performance. With regard to immunisation in London this is much needed, as the proportion of children vaccinated in the capital lags far behind the rest of the country, and has done for many years.

To put it bluntly, around 14 per cent of the English population lives in London, but in 2008 60 per cent of all measles cases were in the capital. This disparity also reflects the greater vulnerability of London to an epidemic, which would see the number of cases explode.

It seems that more often than not the media misses the most salient points when this issue is being discussed. First of all, we have yet to move on from the scare induced by the discredited work of Dr Andrew Wakefield, who suggested there was a link between autism and the combined Measles, Mumps and Rubella (MMR) vaccination. Wakefield's theories first began to surface in 1998 and received widespread media coverage for several years thereafter. Parents were understandably concerned.

However, while there is evidence that the reporting of Wakefield's findings contributed to a fall in take-up of the MMR vaccine, the notion – perpetuated by some – that it remains the main barrier to more comprehensive immunisation is mistaken. Even today, opinion formers concentrate on denouncing Wakefield and his supporters. While well-meaning, these interventions serve mainly to draw attention away from the more fundamental causes of poor immunisation coverage.

The clearest evidence of the deep-seated problems in London is the fact that take-up of all types of vaccination, not just MMR, is much lower in the capital than elsewhere. Look at the proportion of children receiving the Meningitis C (MenC), Diphtheria, Tetanus, Polio, Pertussis, Haemophilus Infuenzae b (DTP) and MMR vaccinations by their second birthday in 2007/08. London is significantly below the national average for all, as shown below.

Vaccination	MMR	DTP	MenC
England average	85%	94%	93%
London	74%	85%	84%

Figures for pneumococcal conjugate vaccine (PCV) also show London trailing the national average at 73 versus 84 per cent after twelve months opening up to 63.4 versus 80.8 per cent for the 13 month booster.

London stands out as a beacon of poor performance. While the capital is around 10 per cent below England for each vaccination, no other region is more than two per cent behind the rest of the country. The gap between London and the rest of the country also widens by age five, with fewer than

49 per cent fully vaccinated against MMR and 50 per cent against DTP compared to national averages of 74 per cent and 78 per cent respectively (2007/08). With peak risk for measles at ages 9 to 12, this is worrying.

Another disappointing set of statistics for London shows that its performance has actually worsened: a smaller proportion of children are vaccinated against DTP and MMR than seven years ago, as shown below.¹

Vaccination	MMR	DTP
2001/02	75%	89%
2007/08	74%	85%

It is true that the MMR immunisation level dipped in London in the early 2000s (to 70%) before rising again – as it did everywhere in the country – and this was almost certainly related to the Wakefield controversy. But this is only a minor part of the explanation. Firstly, DTP coverage has fallen even further in London than MMR. Secondly, MMR coverage across England as a whole has increased during this decade.

Where should we start to look for answers to the question of why London does so badly? The first thing to note is that performance varies across the city. For MMR, some London Primary Care Trusts (PCTs) have coverage levels in line with or better than the national average, although not very many of them: Hammersmith & Fulham (86 per cent), Kensington & Chelsea (86) and Kingston (83) are London's best performers.²

The PCTs with the lowest coverage levels in London are far below this: Lewisham (61 per cent), Camden (63) and Southwark (65). It is no surprise to know that the most deprived parts of London are the worst performers. No other region in the country has this amount of variation between its best and worst areas. The picture is similar for DTP and MenC.

It would not be entirely accurate to say London is dragged down by those areas with more deprived populations: in fact there are dual processes at work. London has major inequities between its affluent and deprived areas. But even those PCTs serving the more affluent parts of the city do not perform as well as might be expected. The situation might be summed up in the following way: London has particular issues affecting the whole city, and its poorer areas are affected more acutely.

What are these issues? For one thing, London has more children than everywhere else. Seven per cent of the capital's population is under five years old, significantly more than the rest of the country. The PCTs with the lowest immunisation coverage also tend to have younger age profiles. If nothing else, this means that there is a bigger caseload for the health services. The Department of Health's recent shift of resources to areas with older populations could hamper efforts to increase take-up.

¹ Data for MenC and PCV are not available. Vaccinations for Pertussis and Haemophilus Influenzae b were combined with DTP in 2006/07.

² Seven London PCTs were not able to provide figures to the Health Protection Agency: City & Hackney, Haringey, Hounslow, Lambeth, Redbridge, Wandsworth and Westminster

London's population is also much more mobile, which makes immunising it a much bigger task. This is not just down to high levels of migration into London, but the amount of movement between areas within the city. In such a context people are less likely to be in touch with their local health services. Ethnicity is an element, too; London has more people from ethnic minorities than elsewhere, and higher concentrations in poorly immunised areas. Language barriers, in particular, may impede take-up.

London already spends less of its money on community-based services – and more on acute care – than the rest of the country. This is a concern, because it is only with positive outreach programmes, working flexibly, with schools and other community-based organisations, that London's dangerously low immunisation levels can be remedied.

LHF
April 2009

This article is neither a statement of Forum policy nor does it necessarily reflect the views of individual members.