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Dear Glenys

During the question for short debate on Vaccinations and Health Screening Services on Tuesday 14 May, you raised a question with regards to the minimum percentage uptake needed to provide herd immunity, how close we are to it, and if there are areas where coverage is less than such an uptake rate. I am sorry that I was unable to respond to you at the time and I promised to write to you.

I would firstly like to clarify that determining the level of herd immunity required in a population to prevent transmission for vaccine preventable diseases is complex and varies depending on several factors including population demographics, and how contagious the disease in question is.

Measles, for example, is the most contagious of the vaccine preventable diseases and therefore requires the highest level of vaccine coverage in a population to prevent transmission. The herd immunity threshold for measles is often quoted at 90-95% for the whole population. In the 1990s, the World Health Organization European Region derived age-specific target immunity profiles where the level of immunity necessary in different age groups to achieve elimination, based on different age groups and settings. The key message from this research was that 95% immunity needs to be achieved for each age cohort by the time they start school to guarantee elimination of measles.

Gaps in immunity can exist in older age groups, despite current high levels of MMR coverage, if coverage was lower in the past, or because of migration from countries with less robust systems. It is therefore important, as with all vaccination programmes, to maximise all possible opportunities to catch-up vaccination in older children and young adults.

Given the wider complexities, this is the only programme with a target based on a threshold needed to achieve herd immunity, however, the immunisation programme aims to achieve 95% coverage for all vaccines delivered under the age of five years of age. Public Health England is working closely with NHS England to ensure that current contracts with GPs and other providers aspire to these standards.

You also asked about the importance of school children receiving education about vaccinations and whether the Department of Health and Social Care (DHSC) had discussions with the Department for Education about this.

We fully agree that children need to know the importance of vaccinations and I can assure you that the DHSC was involved in the recent development of the new PSHE (Personal, Social, Health and Economic Education) curriculum, for a variety of health issues, including that pupils should know the facts about vaccinations and the diseases they prevent.

You also raised a concern that the public health budget has been cut in recent years. I hope you find it reassuring that, in June 2018, the Prime Minister announced her intention to work with the NHS to develop a ten-year plan for the future of the health service, underpinned by a five-year funding offer, which will see the NHS budget grow by over £20bn a year in real terms by 2023-24. NHS England invested nearly £1.2bn in NHS national public health services in 2017-18. This was an increase of over £40m from 2016-17 and spend is planned to increase by around a further £100m in 2018-19. This is delivered through the section 7A agreement which sets the outputs and outcomes to be achieved by NHS England, and arrangements for funding from the public health budget. The spirit of this agreement is a shared commitment to protect and improve the public's health.

Keeping uptake rates as high as possible is one of our top priorities and we will continually seek to improve our screening and immunisation services, seeking advice from experts and taking proactive action as necessary.

I hope that this letter goes some way to addressing your concerns. I will also place a copy in the House library.

With kind regards

Diana

BARONESS BARRAN

Baroness Thornton
House of Lords