

**ANNUAL GP
IMMUNISATION
CAMPAIGN
MMR CALL AND RECALL
SUPPORT SHEET FOR
VACCINATORS**

November 2023-January 2024

MMR Catch Up Campaign - Introduction

Practices are required to participate in a national vaccination and immunisation national catch-up campaign each year, as a requirement of the GP contracts. The 2023/24 national vaccinations and immunisations catch-up campaign will once again focus on measles, mumps, and rubella (MMR).

Measles cases are rising with over twice as many cases confirmed in the first half of 2023 compared to the previous year. We know that having the MMR vaccine is the best way to protect our communities and this campaign is therefore aimed at improving uptake in MMR vaccinations, improving recording of MMR vaccination status and reducing the risk of outbreaks in England.

Practices may have already attempted call and recall of patients who have not received one or both doses of MMR. This campaign requires that all patients aged 1-5 who are not fully vaccinated are again called and recalled.

Campaign timings

The campaign will run from November 2023 to March 2024 in two stages:

From November 2023 to March 2024 – practices will be required to undertake local call and recall for eligible individuals aged 12 months up to and including 5 years.

From January 2024 to March 2024 – practices are asked to support requests for vaccination from individuals aged 6 years up to and including 25 years. This cohort will be identified through phased national call and recall, and where individuals or parents/carers contact their practice following receipt of the invitation, practices are required to check the individual's vaccination status for valid vaccinations (e.g., given at the correct age and at the correct intervals) and book an appointment for vaccination if clinically appropriate.

Funding and vaccine ordering

Funding for participation in the national catch-up campaign is included in global sum payments. Practices are also eligible for an item of service payment of £10.06, in line with requirements set out in GP contracts, for each MMR vaccination administered because of this catch-up activity.

The MMR vaccine continues to be available for practices to order through IMMFORM.

Contacting patients

Practices are required to invite patients and send reminders in a variety of ways. Where a contact has not resulted in a vaccination, staff in your practice who have a patient facing role are advised to call parents/guardians and have a discussion about getting their children fully protected.

The Following section provides advice and guidance on the conversation you should have.

Recommendations for calls

Opening the call:

- Frame offer in terms of child's health, e.g.:
 - Highlight concerns about diseases
 - Offer protection for child
- Use open-ended questions to solicit opinions/guide parent to a definitive response:
 - What's the best way to arrange an appointment for [child]?
 - *People are likely to explain more in response to a "what" question*
 - What would work for you?
 - *This general question can help with eliciting preferences*
 - What information would help you reach a decision?
 - *E.g., if parent expresses uncertainty – guides them to tell you what you should provide next*
 - What would reassure you about your decision?
 - *E.g., if parent expresses concerns – guides them to tell you the type of information that would help convince them*
 - What makes you say that?
 - *E.g., if parent says "no I don't want to" – provides an opportunity to explore further if they are undecided as opposed to firmly rejecting*

During the conversation:

- Affirm parents' concerns when responding (this helps build rapport and make them feel heard)
 - Praise positive actions they have taken
 - E.g., "It's good to hear you're being careful about health risks for [child]"
 - Validate common values and priorities
 - E.g., "I agree, it's important to do the best thing for [child]."
 - Normalise parents' position
 - E.g., "Many parents also share these concerns, it's very normal."
 - Acknowledge truths in any concerns
 - E.g., "You're right that sometimes medicines can be overused."
- If parents have certain misconceptions, try and identify what's behind them and speak to that underlying motivation. Some common misconceptions and tailored responses can be found at this website (you can try searching for key words like "autism"):
<https://jitsuvax.info/search/>

- A short compendium of other resources for common concerns are at the bottom of this document.

Conversation examples

Opening:

I'm [name] from [GP practice], I'm calling about healthcare provision for [child's name]. We've been concerned lately that we're seeing more cases of measles in the local area and want to make sure [child] has the best protection available against it.

Offering immunisation:

I'd like to offer you an appointment to immunise [child] against measles. What would be the best way to arrange this for you?

Leaving a message:

Please can you call us back? I'd like to speak with you what we're offering for [child].

During conversation:

It sounds like you'd like to know more about the vaccine, that's really great. What information would be helpful for you to make your decision for [child]?

MMR Facts

Standard information

- (NHS & UKHSA; available in different languages too):
<https://www.gov.uk/government/publications/mmr-for-all-general-leaflet>
- Oxford Vaccine Knowledge Project (lots of facts, could be heavy reading):
<https://vk.ovg.ox.ac.uk/mmr-vaccine>

Misconceptions, debunked

[can add specific concerns from data here, general structure presented]

FACT: There is no link between autism and the MMR vaccine.

- The Oxford Vaccine Knowledge Project has a dedicated section detailing the many studies done to evidence this: <https://vk.ovg.ox.ac.uk/mmr-vaccine#is-the-vaccine-safe>

Where does this belief come from?

- The belief is commonly traced to a 1998 scientific article that was later retracted when the lead author had engaged in research misconduct, had serious conflicts of interests (including profiting from publishing it), and fraud (<https://www.bmj.com/content/342/bmj.c5347>)
- Since then the disinformation has still spread. A lot of anti-vaccination content, including this, is put out by a few determined individuals who profit from this activity.

- CCDH report: “The Disinformation Dozen” <https://counterhate.com/research/the-disinformation-dozen/>
- CCDH report: “The anti-vaxx industry” <https://counterhate.com/research/the-anti-vaxx-industry/>

Why is this belief compelling?

- This narrative plays on people’s “attitude roots” of fear and the need to identify causality
 - Resource for understanding attitude roots and how they relate to vaccination concerns: <https://jitsuvax.info>
 - Fear: <https://jitsuvax.info/fear-and-phobias/dreadful-injuries/>
 - Causality: <https://jitsuvax.info/unwarranted-beliefs/absurd-causality/>
- There may also be an element of distrust if we think our community is being targeted
 - If autism *seems* to be higher in our community, we naturally wonder if something is causing it ([Autism Research Centre at Cambridge](#) looks into autism prevalence in their research) - *it’s worth asking what people perceive in their communities, though!*
 - It’s natural to wonder about vaccination alongside other reasons (e.g., social disadvantage, discrimination resulting in wrong diagnoses, underdiagnoses,

Vaccination and discrimination

Roots of this concern (what we need to acknowledge...)

- Historical misuse of power can and has generated distrust in medical authorities. The “attitude root” distrust is explained more here: <https://jitsuvax.info/distrust/marginalised-groups/>
- Tuskegee Study: <https://www.cdc.gov/tuskegee/timeline.htm>
- Overview of other instances of discrimination that fuel distrust: <https://c19vax.scibeh.org/pages/vaxculture#Discriminatory-practices-in-healthcare>

Dealing with the concern: vaccination as an equity issue

- Unequal burden of disease: (global example with covid-19) <https://c19vax.scibeh.org/pages/vaxequity>
- Communities are unequally harmed by disease outbreaks. Those with less resources carry higher burdens (this was studied in Liverpool: <https://bmjopen.bmj.com/content/7/3/e014106>)

Infectiousness and herd immunity

Explaining herd immunity in general

- British Immunology Society - some basic infographics, guides, and videos about the general concept:
 - <https://www.immunology.org/public-information/vaccine-resources/childhood-vaccines/vaccine-infographics/celebrate-vaccines>
 - <https://www.youtube.com/watch?v=-J7UZqxQNN8>
 - https://www.immunology.org/sites/default/files/2023-03/BSI_GuidetoVaccinationsforAdults-March2023-v2.pdf
 - https://www.immunology.org/sites/default/files/2023-04/BSI_Guide_Childhood_Vaccinations_2023.pdf

Explaining how infectiousness of a disease affects ability to reach herd immunity

- Interactive widget: <http://rocs.hu-berlin.de/D3/herd/>
- Games:
 - <https://www.immunology.org/public-information/vaccine-resources/childhood-vaccines/activity-packs/hands-activities/herd>
 - <https://www.immunology.org/public-information/vaccine-resources/childhood-vaccines/activity-packs/hands-activities/herd-0>

Vaccine and Infection Immunity

Standard information: How does our immunity work?

- British immunology society resources:
 - https://www.immunology.org/sites/default/files/2023-03/BSI_GuidetoVaccinationsforAdults-March2023-v2.pdf
 - https://www.immunology.org/sites/default/files/2023-04/BSI_Guide_Childhood_Vaccinations_2023.pdf
 - Translations, if needed: <https://www.immunology.org/public-information/vaccine-resources/vaccine-resources-different-languages>

Misconceptions, debunked

FACT: Infection-acquired immunity is riskier than vaccine-acquired immunity

- Resources highlighting this:
 - British immunology society (COVID) - <https://www.immunology.org/public-information/vaccine-resources/covid-19/covid-19-vaccine-infographics/covid-immunity-infection-vaccine>
 - COVID-19 vaccination wiki: <https://c19vax.scibeh.org/pages/riskperception>
 - Example of measles damaging immune system: <https://vk.ovg.ox.ac.uk/measles#More-information-about-the-disease>
 - Other consequences of vaccine preventable diseases can also be found on the Oxford Vaccine Knowledge Project <https://vk.ovg.ox.ac.uk>

Why is this belief compelling?

- This narrative can make sense at face value, and plays into people's tendency to prefer "natural" solutions - see more information on this "attitude root" here: <https://jitsuvax.info/unwarranted-beliefs/natural-is-best/>

It can also be based on one's own experience of mild disease (e.g., chickenpox), resulting in an inaccurate perception of risks - see more information on this "attitude root" here:

<https://jitsuvax.info/distorted-risk-perception/disease-is-not-serious/>