IMMUNISATION DEEP DIVE WORKSHOP

In Partnership with the London Jewish Community

SEPTEMBER 2022

working with

UK Health Security Agency

CONTENT

INTRODUCTION

Thank you for joining us at the London Immunisation Deep Dive in partnership with the Jewish Community hosted by the London Jewish Health Partnership.

The aim of today is draw on the expertise of partners working with and from the Jewish Community to understand what the challenges are to improving vaccination uptake. Together we will be focusing on creative and practical solutions that we can adopt at regional and local levels. Please think big and differently- there will be no such thing as a bad idea! Do take the time to read the briefing material and to fully contribute to the workshop and breakout discussions. During the COVID-19 pandemic a phenomenal amount of hard work was done at all levels across the system to support both COVID-19 and routine vaccinations across London with communities. We can build on the legacy of the work during the pandemic, to identify both successful programmes of work and what we can take forward into our business as usual.

Immunisation in London: Immunisation uptake has decreased across in London in recent years. London has the lowest childhood immunisation uptake of any region in the UK. Across most immunisations, uptake in recent years has fallen and coverage for all routine immunisations is below the World Health Organisation targets, with persisting inequalities highlighted by lower vaccine uptake in areas of high deprivation and for some ethnicities. Making sure there is a high uptake of all recommended childhood immunisations is critical to ensure vaccine-preventable infections do not spread and cause serious illness.

Polio Campaign: The UK Heath Security Agency (UKHSA), working with the Medicines and Healthcare products Regulatory Agency (MHRA) recently found closely related poliovirus in sewage samples collected from the London Beckton Sewage Treatment Works between February and May 2022**.** The detection of the virus suggested spread between closely-linked individuals in North and East London with the potential to spread further, particularly in communities where vaccine uptake is lower. The poliovirus can cause serious illness on rare occasions, such as paralysis, in people who are not fully vaccinated. A case of Polio recently presenting in New York has been linked by genetic analysis to poliovirus samples discovered in London and Jerusalem. No associated cases of paralysis or notified cases of polio have been reported – but investigations will aim to establish if any community transmission is occurring. There has therefore been a particular campaign in place to support polio vaccination in Jewish communities in London- both with production of

targeted communications and the workshop today to determine further steps for working in partnership, not only for the Polio booster programme but more generally.

The London Jewish Health Partnership: is a partnership of health and care organisations, local councils and community leaders and partners that was set up to provide support for the health issues that matter to the Jewish community and to bring health organisations directly together with the community. The London Jewish health partnership has been working on a number of key areas including supporting vaccinations, screening, and good mental health. In the current focus on polio and broader vaccines it allows fast facilitation of activity and ensuring that the community is at the heart of any activity. The London Jewish Health Partnership is an initiative of the COVID Legacy and Equity Partnership. This NHS funded partnership, led jointly by UKHSA and the NHS has been established to apply the learning from the last two years, of partnerships and community engagement to the challenge of closing the equity gap in vaccines, screening and access to good health.

AGENDA

Item			Time
1.	**Welcome and Introductions**	***Dr Leonora Weil*** *UKHSA* ***Daniel Kosky and Andrew Gilbert*** *London Jewish Forum and London Jewish Health Partnership*	12.30-12.35
2.	**Short Interject: The Current situation**– Polio and other immunisations across London and in the Jewish community	***Vanessa Saliba*** *Consultant Epidemiologist at UKHSA.*	12.35-12.45
	Short Interject: Routine childhood vaccine in the Jewish Community, what have we learnt?	***Dr Ben Kasstan*** ***Tracey Chantler*** *London School of Hygiene and Tropical Medicine*	
	Short Interject: Lessons from Israel	***Professor Michael Edelstein*** *Associate Professor of Public Health at Bar-Ilan University & Research director, Ziv Medical Centre*	
	Questions to the panel	*All speakers*	12.45-12.50
3.	**Breakout rooms: CHALLENCE AND ACTION – where next for the community? (see also survey for further detail)** • Room 1: Communications • Room 2: Vaccinations in Schools • Room 3: Access • Room 4: Charedi community and immunisations *Questions for discussion in each room* ▪ What potential is there for change or improvement in these areas ▪ What Ideas are there for change over the short medium and the long term? ▪ What do you need to make this happen? ▪ What can you/we do?	***All*** ***Expert and community leads for each group*** *Chaired by* ***Dr Leonora Weil*** *UKHSA and the COVID Legacy and Equity Partnership* ***AND*** ***Janine La Rosa*** *NHS and the COVID Legacy and Equity Partnership*	12.50-13.30
4.	**Short Spotlight: Communications on vaccinations** **Short Spotlights: Vaccinations in the community** • Director of Public Health perspective	***Andrea Gordon*** *Deputy Head of Strategic Communications (London)NHSE* ***Dr Tamara Djuretic****, Joint Director of Public Health and Prevention, Barnet Council and the Royal Free Group*	13.30-13.40
5.	**Interactive live activity with MIRO** • What examples are there of good practice? • What are you doing? • What would you like to do?	***All***	13.40-13.55
6.	**Summary and close**		13.55-14.00

DELEGATE LIST

Delegates cover a range of organisations, roles and scope across local, regional and national perspectives.

- NHSE/I London colleagues and National NHS colleagues
- London Jewish Forum
- Directors of Public Health (DsPH)
- Association of Directors of Public Health London (ADPH London)
- Public Health team from Boroughs of London
- UK Health Security Agency (UKHSA), National and Regional
- Greater London Authority (GLA)
- Office of Health improvement and Disparities (OHID) which is part of the Department of Health and Social Care
- London Councils- Barnet, Hackney, Haringey, Hertfordshire
- ICS Immunisation leads
- Clinical Commissioning Groups
- School age vaccination services
- General practitioners
- Academics
- Interlink
- Bikur Cholim
- Union of Orthodox Hebrew Congregations
- United Synagogue
- Reform Judaism
- Liberal Judaism
- The Federation of Synagogues
- Hatzola
- COVID Legacy and Equity Partnership

CHAIRS AND SPEAKERS

Opening Speakers

***Daniel Kosky** is Director of the London Jewish Forum and co-Chair of the London Jewish Health Partnership*

Daniel joined LJF from his role as Head of Campaigns at the Union of Jewish Students where he represented Jewish students to government, universities, students' unions and the media in a bid to tackle antisemitism on university campuses. Daniel attended the University of Nottingham where he studied politics and international relations. Daniel was active in political advocacy during his time on campus, representing his students' union at the National Union of Students and serving as Campaigns Officer of Nottingham Jewish Society. Daniel is now a co-Chair of the London Jewish Health Partnership.

***Andrew Gilbert** is the Co-Chair of the London Jewish Forum. Andrew is also an executive member and Vice Chair of the Communities, Education & Interfaith Division of the Board of Deputies and co-Chair of the London Jewish Health Partnership*

Andrew was for many years the Chair of the UK Programme of the UJIA focusing on young people, young adults and their engagement with Israel. He is a former national Chair of Reform Judaism. He is communally well known as one of the builders of Limmud both in the UK and worldwide. His involvement in the development of Limmud was recognised with an award from JVN. He was a founding member of the Jewish Leadership Council in 2003. Andrew is now a co-Chair of the London Jewish Health Partnership

Dr Leonora Weil is a Public Health Consultant at the UK Health Security Agency, London and is Co-Director and founder of the NHS London COVID Legacy and Equity Partnership with a focus on closing the equity gap in routine immunisations, screening and access to good health. She is currently leading a multi-stakeholder pan London Task and Finish Group for UKHSA and the NHS to increase rates of uptake for all Childhood vaccinations. She is also leading on engagement activities with communities in London to increase uptake of the polio vaccine including the Jewish community. She established and is co-chair of the London Jewish Health Partnership bringing health professionals across the capital together with the Jewish community.

During the COVID Pandemic she led on COVID-19 Response, Prevention and Control leading on COVID-19 vaccination response for Public Health England, London. Nationally, she has held senior roles leading on Public Health strategy and policy in NHS England, Public Health England and the Department of Health. She builds on local experience working as a doctor at Barnet, Chase Farm and the Royal Free Hospitals, and as a Public Health Doctor for North West London Health Protection team. She has also worked for local government, including leading on immunisation approaches with the Orthodox Jewish Community in Hackney Council. Leonora has an honorary Clinical Lectureship at University College London and has delivered numerous talks and webinars and published in books, peer reviewed journals, magazines and newspapers on the subject of vaccinations, young people and community engagement.

Janine La Rosa is the Strategic Head of Equality and Inclusion, for the NHS in London, providing proactive leadership, expertise and direction for Equality, Diversity and Inclusion (EDI) activity across the Region. She has been instrumental in the development of the London Workforce Race Strategy and is now leading the implementation of this work. As an EDI expert, she has led culture transformation programmes across large and complex public, private and third sector organisations.

Janine is the Co-Director for The COVID Legacy and Equity Partnership, established jointly by NHSE London and UKHSA is focused on closing the equity gap in vaccines, screening and access to good health. Working with and alongside community groups, GLA, London Councils and other key partners to achieve this vision.

Previously she was the Diversity Lead for Sky and also chaired the BSkyB Diversity Comms Board which was responsible for aligning diversity and inclusion initiatives to ensure that Sky represented the UK community. As a member of the Creative Diversity Network she was instrumental in developing diversity monitoring on and off screen, ensuring representation on and off screen. Before moving into EDI Janine was a management consultant and programme manager working in the UK and overseas delivering multi million pounds infrastructure and transformation programmes.

Janine is the proud mum to a 7 year old boy and a 1 year old girl, is of Black Caribbean Heritage and is a Londoner.

Michael Edelstein will talk about the Charedi population in Israel –differences and similarities with the UK Charedi population, and some of the immunization related challenges within this group.

Michael Edelstein is a Public Health doctor specialised in infectious disease and vaccine epidemiology. His expertise and interests include vaccine epidemiology and policy, and inequalities in vaccination. Previously at Public health England's (now UKHSA) immunization division until 2020, Michael is an associate professor at Bar Ilan University, Israel where his research focuses on reducing infectious disease related health inequalities in the multi-ethnic population of Northern Israel. Michael is also a core member of the advisory committee on immunization and vaccination to the Israeli Ministry of Health. You can follow him on Twitter: @epi_michael

Ben Kasstan and Tracey Chantler will provide an overview of vaccine engagement with Charedi neighbourhoods in north London. They will discuss some of the key implications of the Tailoring Immunisations Programme (TIP) concerning childhood vaccinations, and the delivery of the COVID-19 vaccination programme. The presentation will signpost next steps for the poliovirus vaccination response.

***Ben Kasstan** is a medical anthropologist at the University of Bristol and London School of Hygiene and Tropical Medicine (LSHTM).*

Over the past 10 years Ben has examined vaccine engagement among Charedi families in the UK, US and Jerusalem, as well as programme delivery following the COVID-19 pandemic. In 2022, Ben was invited to review the public health response to the polio incident in Rockland County, and inform long term strategies to address inequalities in vaccination coverage. His research has been featured on GAVI's Vaccine Works, and he has been invited to serve as an expert review for policy documents for the UK Parliamentary Office on Science & Technology on COVID-19 vaccination coverage and targeted interventions to improve uptake.

***Tracey Chantler** is an Assistant Professor in Public Health Evaluation at the London School of Hygiene and Tropical Medicine (LSHTM) and the Vaccine Centre Co-Director*

Tracey has over 20 years' experience of programmatic and immunisation related research. She is a medical anthropologist with a background in nursing, and coordinating community health and immunization programmes in Haiti, which included supervising and training community health workers. Her methodological expertise includes paediatric clinical vaccine trials, ethnographic, qualitative and mixed methods research and she has investigated the following issues in England, China and East Africa; health systems factors affecting the delivery of vaccine programmes, vaccine trial participation and acceptance of new vaccines, co-development of vaccine educational interventions, community engagement and ethics, evaluation of interventions aimed at reducing vaccine inequalities. Tracey teaches on medical anthropology and social science masters modules and is the LSHTM Programme Director for the MSc in Health Policy, Planning and Financing, a joint programme provided by LSHTM and the London School of Economics & Political Science.

Tamara has 30 years of experience in Public Health Medicine arena ranging from health protection, healthcare public health, health improvement and academic public health at local, regional and national level. Expertise include strategic, whole system leadership for complex and innovative service transformation and using evidence, insight and intelligence to inform effective and efficient policy making. Currently holding unique joint Director of Public Health post between Local Authority and the Acute Trust that has been a great platform for tackling health inequalities all the way from the causes of causes to equal access to services.

***Dr Tamara Djuretic**, Joint Director of Public Health and Prevention, Public Health Directorate of Barnet Council and The Royal Free London Group*

SUMMARY DATA

Foreword

This workshop aims to discuss how to improve vaccinations in the Jewish community across London, however the current available data in routine childhood immunisation is very limited and does not allow to explore vaccination uptake by religion. In this summary we present the latest official statistic data reported by UKHSA and NHS statistics to provide an overview of the available data as the experiences of the Childhood Immunisations programme, the Covid Vaccination Programme and the Winter Flu Vaccination Programme have all underlined the importance of being data and insight led in order to understand the different dimensions of inequality and to work with communities to codesign and develop interventions to help increase uptake.

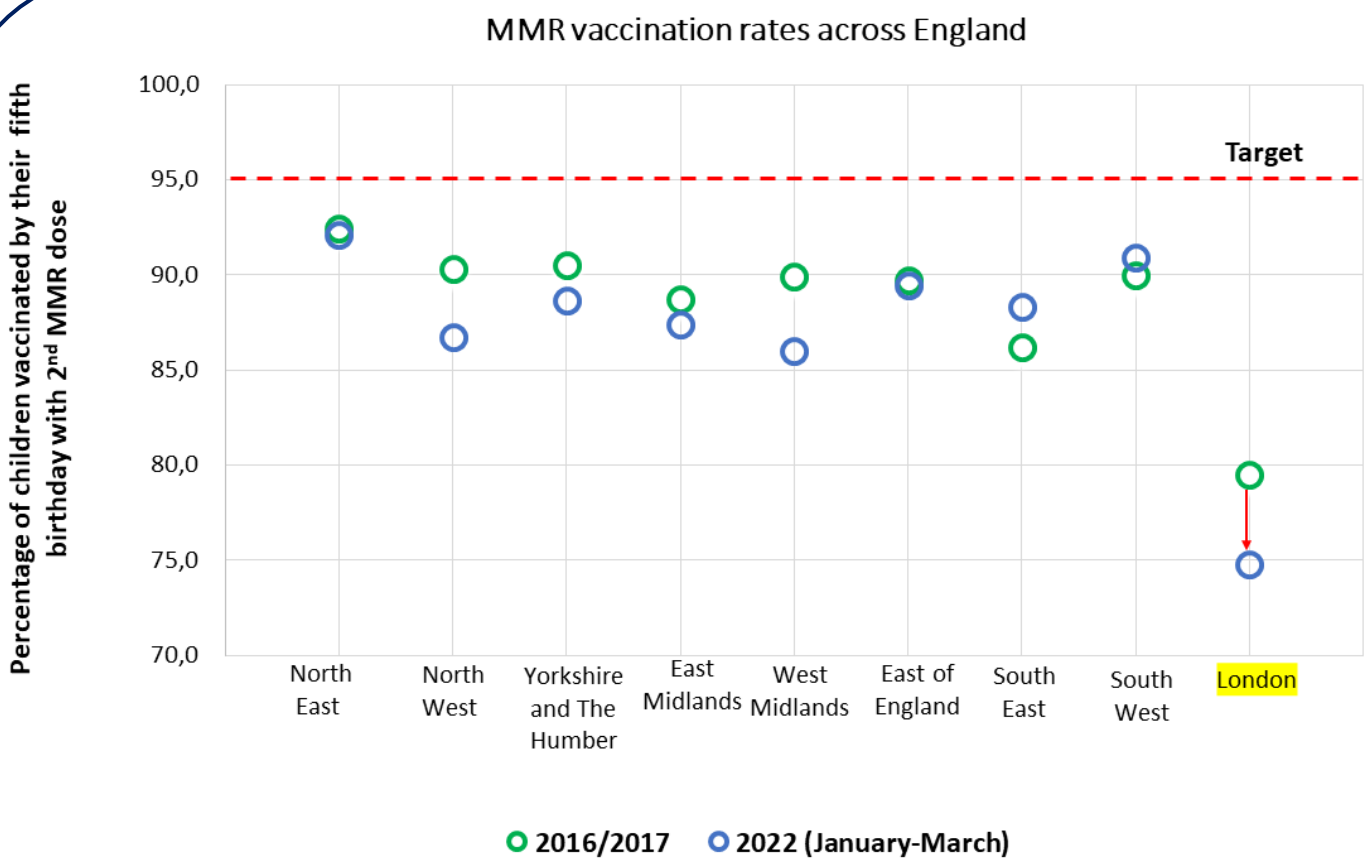
Background

London has historically had lower uptake of childhood immunisations compared to the rest of the country. However, since the start of the coronavirus (COVID-19) pandemic, in March 2020, there has been a significant drop in the numbers getting their children vaccinated against routine childhood vaccines at the right time.

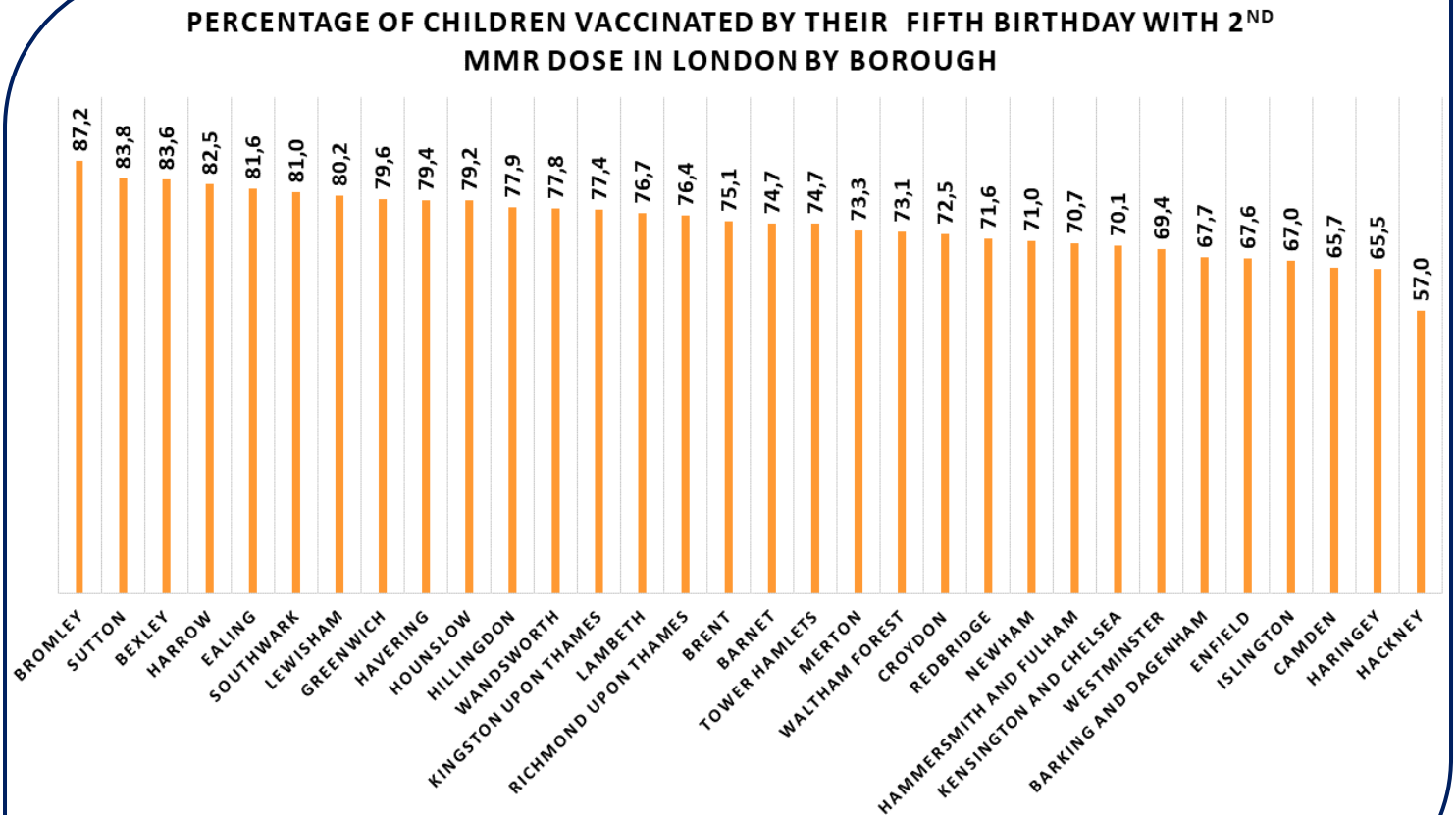
MMR

Coverage of the first dose of the MMR vaccine in 2-year-olds in London has dropped from 85% in 2016-17 to 81%. Coverage for the 2 doses of MMR vaccine in 5-year-olds in London is currently 74.8%, well below the 95% World Health Organization's (WHO) target needed to achieve and sustain measles elimination.

Vaccine coverage of MMR2 at five years varies across London. From 87.2% in Bromley to 57% in Hackney. Boroughs with lowest MMR2 uptake in London are Hackney, Haringey, Camden, Islington and Enfield.



Source: UKHSA COVER data **January to March 2022**



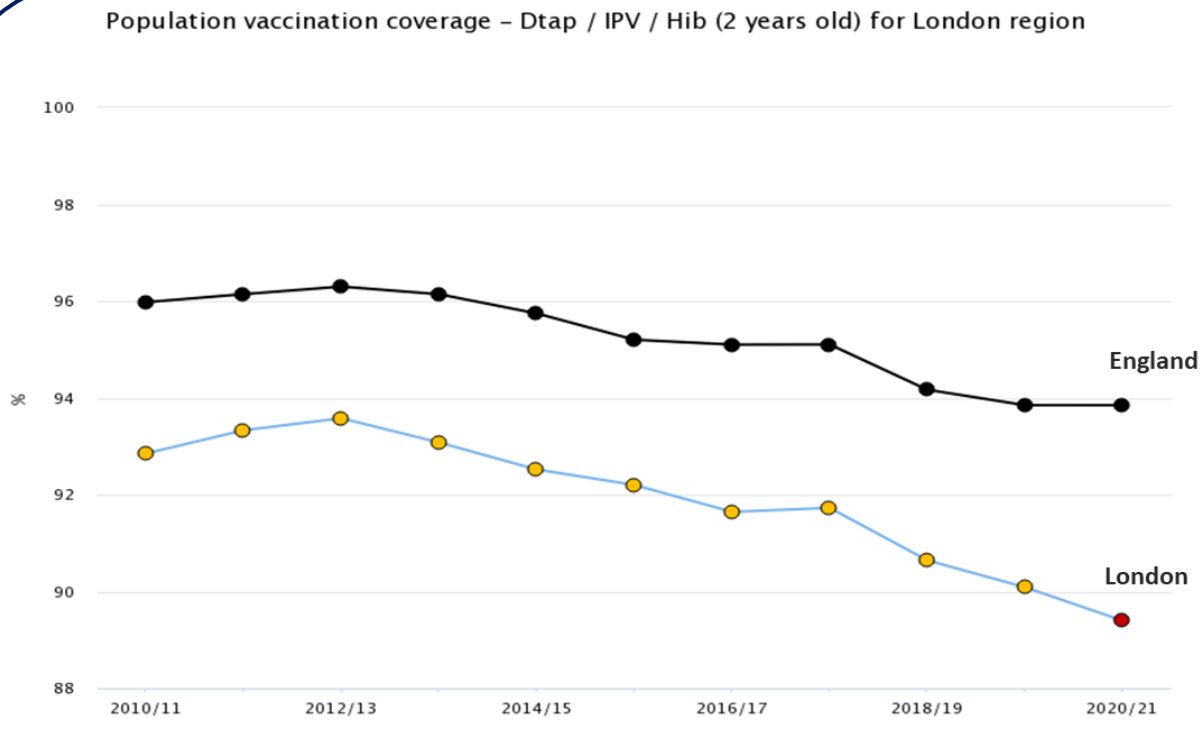
Source: NHS Statistics/ UKHSA COVER data **January to March 2022**

DTaP/IPV/Hib

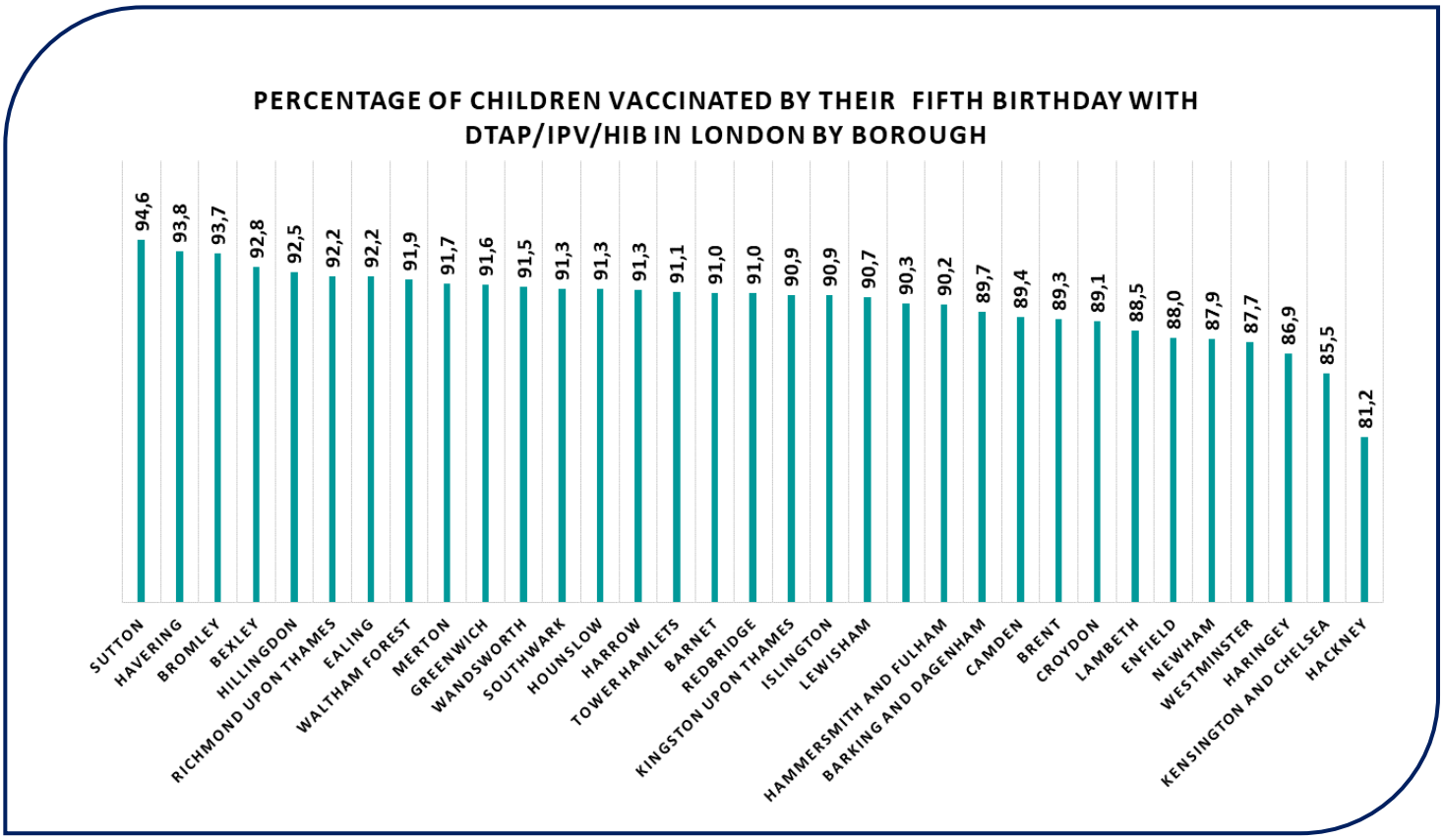
In England, almost each region has seen a reduction in overall uptake variations in DTaP/IPV/Hib vaccine uptake for the first dose at 12 months, 24 months and 5 years in the period following the pandemic. However, London has the highest proportion of decrease in DTaP/IPV/Hib vaccine uptake for the first dose at 24 months and 5 years when compared with the rest of the regions. The gap between London and other regions is smaller than for MMR coverage.

The vaccination coverage for poliovirus in London is about 87% at 12 months. Coverage for children evaluated at 24 months (87.4% coverage) and 5 years (90% coverage) continues to show a decline compared with recent years. The preschool booster drops to 72.8%. All of them are lower than the World Health Organisation target of 95% coverage.

Vaccine coverage of DTaP/IPV/HiB at five years varies across London. From 94.6% in Sutton to 81.2% in Hackney. Boroughs with lowest DTaP/IPV/HiB uptake in London are Hackney, Kensington and Chelsie, Haringey, Westminster, Newham, and Enfield.



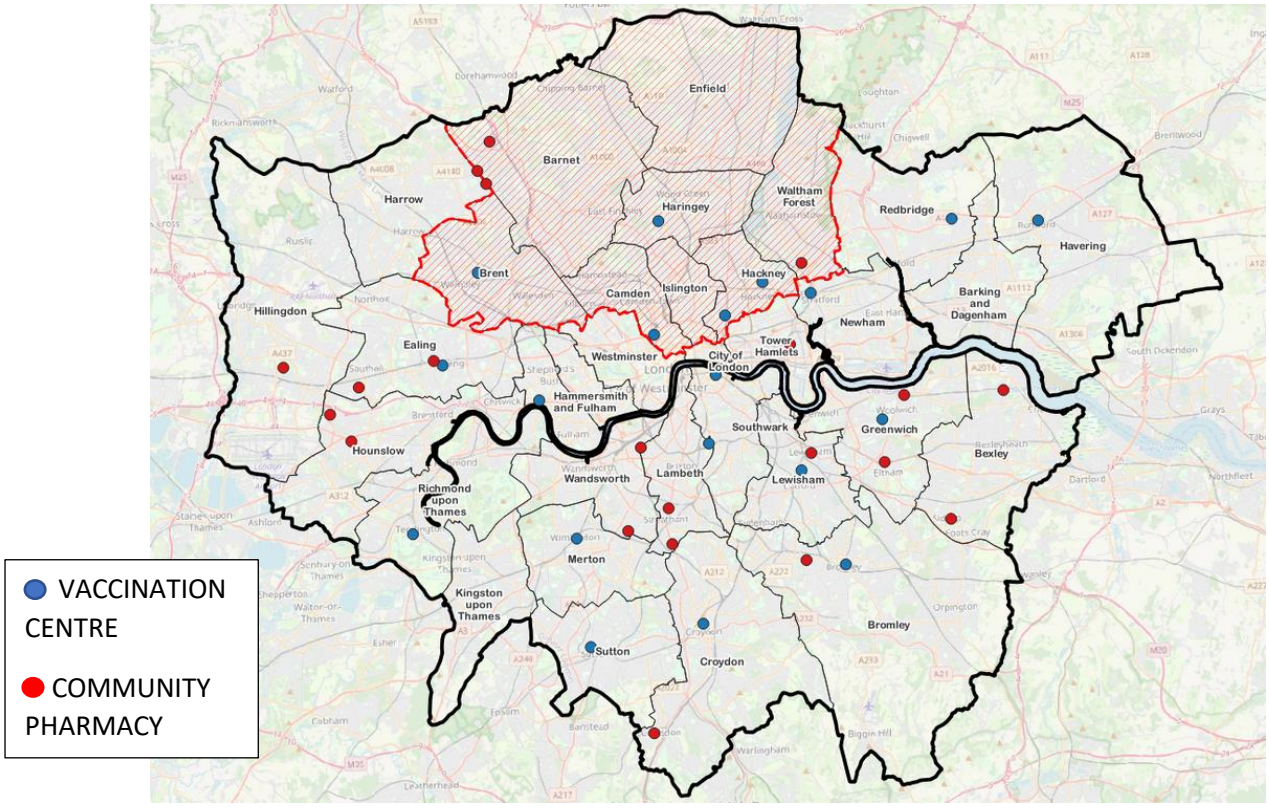
Source: https://fingertips.phe.org.uk/



Source: UKHSA COVER data **January to March 2022**

This London map includes vaccination centres (blue) and community Pharmacies (red) delivering the booster polio campaign. Red hatched area indicates those boroughs felt to be at higher risk based on wastewater sampling.

***Caveat**: **This map was updated on the 8th of September. There are daily updates as new sites opening every day at the moment. It also doesn't capture activity taking place in GP practices or delivered by SAIS providers.**



Source: ttps://www.nhs.uk/conditions/polio/vaccination-sites/

RESOURCES AND COMMUNICATION ASSETS

Tailored for the Jewish community

UKHSA Polio Digital Poster

https://www.healthpublications.gov.uk/ViewArticle.html?sp=Spolioisspreadingdigitalposters

Polio is spreading in London

What is Polio?

Polio is a disease caused by the poliovirus. The virus can infect the spinal cord and cause permanent paralysis or even death. Polio is preventable, only by immunisation. **There is no cure for polio.**

Who is at risk?

newborn babies

children under 2 years
who have not completed their polio immunisation schedule

anyone not fully immunised
including children, adults and pregnant women

immunocompromised individuals

Check your child's Redbook, or speak to your GP practice and make sure they are up to date with their routine vaccinations.

See www.nhs.uk/conditions/vaccinations/nhs-vaccinations-and-when-to-have-them for more information

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UK Health Security Agency

NHS

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UKHSA infographic

Polio is spreading

in London, US and Israel

What is Polio?

Polio is a disease caused by the poliovirus. The virus can infect the spinal cord and cause permanent paralysis or even death. Polio is preventable, only by immunisation.

There is no cure for polio.

There are now over
[figure] children
under 10 who are at risk in
[insert borough]
because they are not up to date with their routine polio vaccines

75% of people (approximately) who are infected with polio will not experience any symptoms and will not know they are contagious

For every case of paralysis, between **one hundred and one thousand** people have been infected

Why is polio circulating in sewage in London?

This is happening because not enough people are being vaccinated. That is why we are offering a booster dose of polio vaccine to all children aged 1 to 9 in London. For more information about the vaccines you can read the leaflet in English here **www.gov.uk/government/publications/polio-booster-campaign-resources** and in Yiddish.
See bottom of leaflet more more information.

Who is at risk?

- **newborn babies**
- **children under 2 years** who have not completed their polio immunisation schedule
- **anyone not fully immunised** including children, adults and pregnant women
- **immunocompromised individuals** speak to your doctor if the polio booster is right for you

The only protection is immunisation

The only protection for your or your child is immunisation. Check your child's red book or contact your GP practice to make sure your child is up to date.

Polio is spreading

The polio immunisation is proven highly effective

1950s
There are around 4000 polio cases each year in UK

1955
The polio immunisation developed by Dr Jonas Salk is licensed

1956
Polio vaccine is introduced in UK

1970s
The last outbreak of polio in the UK

1984
Last natural case of Polio in the UK

2003
Europe declared polio free

Polio spreads through:

contact with the fecal matter (poo) of an infected person

droplets in a sneeze or cough from someone with infection

Symptoms

Approximately 25% will experience flu-like symptoms such as:

- fever
- fatigue
- stomach pain
- sickness
- sore throat
- headache.

More serious symptoms can take up to 30 days to appear and include:

severe headache

severe muscle pains

stiffness in the neck & back

dislike of bright lights

paralysis or even death

2022
Children in London offered a polio booster. This follows a highly successful polio booster campaign in Israel. All families asked to check if their child is up to date with their routine vaccinations now.

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NHS MMR


NHS
ונשמרתם מאוד
©POTENTIAL
Most problems aren't this easy to solve
Measles, Mumps and Rubella can be dangerous for children. Avoid the risk with just one call and two doses.
If you've missed your child's immunisations over the lockdowns, now is the time to ensure they're protected. Contact your local GP to get your child's MMR vaccine, free.
For further support and information visit nhs.uk/MMR

Polio engagement Flyer -Hackney

Poliovirus can be carried without showing any symptoms and easily transmitted from person to person.

- Poliovirus is a life-threatening infection of the nerves that can cause serious disability, permanent paralysis or even death
- Polio is preventable. Immunisation is the best protection against this disease. (Please note that the Polio vaccination is combined and not a single vaccine)

This is an opportunity to immunise your children against preventable childhood illnesses such as measles, polio, meningitis and pneumonia. Remember it's never too late to have your first vaccine.

Clinics will be held in September at the following locations or book in with your GP Practice.

Location	Date	Time	Contact
Spring Hill Practice 57 Stamford Hill, N16 6XP	Sunday Sep 4, 11, 18 & 25	10:30am – 4:00pm (Walk in or book)	Catherine (Childhood Lead Immunisation Nurse) 07469 351 784
Lubavitch Children's Centre 1 Northfield road, N16 5RL	Thursdays Sep 8, 15, 22	1:30pm – 5.30pm (Bookings only)	Make an appointment at reception 020 8809 9050

For more information about the polio booster campaign visit: hackney.gov.uk/polio

Hackney Vaccination UK Lubavitch Children's Centre NHS Springfield Park Primary Care Network

Protect and keep your children safe with our immunisation clinics this summer

Attend our special event on Sunday 31 July or the additional clinics

This is an opportunity for children in the Charedi community who have not been vaccinated. It is important for your family to immunise your children against preventable childhood illnesses such as measles, polio, meningitis and pneumonia.

Infectious diseases are reemerging due to a reduction in vaccine uptake nationally. To prevent an outbreak, immunise your children in a timely way.

To discuss or book an appointment, please contact the Childhood Lead Immunisation Nurse Catherine on 07469 351 784

Childhood and School Aged Children's Special Event

Location	Date	Time	Contact
Spring Hill Practice 57 Stamford Hill, N16 6XP	Sunday July 31	10.30am – 6.00pm (Walk in or book)	Catherine 07469 351 784
Vaccination UK Do you have children aged 14 – 18 years that are due or have missed school based vaccinations such as Polio	Above clinics		Vaccination UK 020 7613 8370

Bike Mechanic Service / Dental Health Advice - July 31 only

Dr Bike — A bike mechanic service, will diagnose and adjust your bikes for free

Visit the dental health stall for advice and free toothbrush packs for children

Additional Immunisation Clinics - Booking only

Lubavitch Children Centre 1 Northfield road, N16 5RL	Thursdays, July 28, August 4 & 11	1.30pm – 5.00pm	Lubavitch Children's Centre 020 8809 9050
Spring Hill Practice 57 Stamford Hill N16 6XP	Sunday August 28	10.30am – 3.00pm	Catherine 07469 351 784

Do not forget to bring your child's red book with you!

You can also book an appointment with your GP practice

Protect your child! Keep your family and community safe

Vaccination UK

Springfield Park Primary Care Network

NHS North East London Community Dental Services

Don't let Polio and other infectious diseases into your child's world!

Poliovirus is spreading in North and East London. Keep your children safe as they return to school and before the Yomim Tovim.

Poliovirus can be carried without showing any symptoms and easily transmitted from person to person.

- Poliovirus is a life-threatening infection of the nerves that can cause serious disability, permanent paralysis or even death
- Polio is preventable. Immunisation is the best protection against this disease.

This is an opportunity for children who have not been vaccinated to be immunised against preventable childhood illnesses such as measles, polio, meningitis and pneumonia. Remember it's never too late to have your first vaccine.

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Lubavitch Children's Centre 1 Northfield Road N16 5RL	Thursdays Sep 15 & 22	1:30pm – 5.30pm (Bookings only)	Make an appointment at reception 020 8809 9050
Stamford Hill Practice 2 Egerton Road N16 6UA	Sunday Sep 18	2.00pm - 8.00pm (Bookings only)	Central Recall Centre 020 3816 3648 / 3644 / 3640

For more information about the polio booster campaign visit: hackney.gov.uk/polio

Hackney · Vaccination UK · Lubavitch Children's Centre · NHS · Springfield Park Primary Care Network

Jewish press

News

Campaign launched to boost polio vaccination rates in strictly Orthodox Stamford Hill

Hackney Council working on plan to spread awareness in the community after deadly virus was detected in sewage in the capital

Campaign launched to boost polio vaccination rates in strictly Orthodox Stamford Hill - The Jewish Chronicle (thejc.com)

JEWISH TRIBUNE

JT 4 NEWS SPONSORED BY THE Met Office כ' מנחם אב 5782 17 AUGUST 2022

All London children aged 1-9 to be offered polio vaccine

Following the discovery of type 2 vaccine-derived poliovirus in sewage in north and east London, the Joint Committee on Vaccination and Immunisation (JCVI) has advised that a targeted inactivated polio vaccine (IPV) booster dose should be offered to all children between the ages of 1 and 9 in all London boroughs.

This will ensure a high level of protection from paralysis and help reduce further spread of the virus.

Nationally, the overall risk of paralytic polio is considered low because most people are protected from this by vaccination.

Many countries globally provide an additional dose of polio-containing vaccine as part of their childhood vaccination schedule. The NHS in London will contact parents when it's their child's turn to come forward for a booster or catch-up polio dose – parents should take up the offer as soon as possible.

The programme will start with the areas affected, where the poliovirus has been detected and vaccination rates are low. This will be followed by rapid rollout across all boroughs.

This booster dose will be in addition to the NHS childhood vaccination catch-up campaign across London, where childhood vaccination uptake is lower than the rest of the country. It's important all children aged 1 to 9 – even if up to date with their vaccinations – accept this vaccine when offered to further strengthen their protection against the poliovirus.

Following the findings earlier this year of type 2 poliovirus (PV2) collected from the Beckton sewage treatment works, further upstream sampling undertaken by the UK Health Security Agency (UKHSA) and the Medicines and Healthcare products Regulatory Agency (MHRA) has now identified at least one positive sample of the poliovirus, currently present in parts of the following boroughs:

- Barnet
- Brent
- Camden
- Enfield
- Hackney
- Haringey
- Islington
- Waltham Forest

The sampling has also detected the virus in lower concentrations and frequency in areas adjacent to the Beckton catchment area to the South (immediately below the Thames) and to the east of Beckton. However, it is not clear whether the virus has established itself in these areas or if the detections are due to people from the affected area visiting these neighbouring areas.

The level of poliovirus found and the high genetic diversity among the PV2 isolates suggests that there is some level of virus transmission in these boroughs which may extend to the adjacent areas. This suggests that transmission has gone beyond a close network of a few individuals.

A total of 116 PV2 isolates have been identified in 19 sewage samples collected in London between 8 February and 5 July this year, but most are vaccine-like virus and only a few have sufficient mutations to be classified as vaccine derived poliovirus (VDPV2).

VDPV2 is of greater concern as it behaves more like naturally occurring 'wild' polio and may, on rare occasions, lead to cases of paralysis in unvaccinated individuals.

UKHSA is working closely with health agencies in New York and Israel alongside the World Health Organisation to investigate the links between the poliovirus detected in London and recent polio incidents in these 2 other countries.

Dr Vanessa Saliba, Consultant Epidemiologist at UKHSA, said:

No cases of polio have been reported and for the majority of the population, who are fully vaccinated, the risk is low. But we know the areas in London where the poliovirus is being transmitted have some of the lowest vaccination rates. This is why the virus is spreading in these communities and puts those residents not fully vaccinated at greater risk.

Polio is a serious infection that can cause paralysis but nationally the overall risk is considered low because most people are protected by vaccination. The last case of polio in the UK was in 1984, but decades ago before we introduced the polio vaccination programme around 8,000 people would develop paralysis every year.

JEWISH TRIBUNE

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Polio outbreak reveals rare risk of oral vaccine

For years, global health officials have used billions of drops of an oral vaccine in a remarkably effective campaign aimed at wiping out polio in its last remaining strongholds – typically, poor, politically unstable corners of the world.

Now, in a surprising twist in the decades-long effort to eradicate the virus, authorities in Jerusalem, New York and London have discovered evidence that polio is spreading there.

The original source of the virus? The oral vaccine itself.

Scientists have long known about this extremely rare phenomenon. That is why some countries have switched to other polio vaccines. But these incidental infections from the oral formula are becoming more glaring as the world inches closer to eradication of the disease and the number of polio cases caused by the wild, or naturally circulating, virus plummets.

Since 2017, there have been 396 cases of polio caused by the wild virus, versus more than 2,600 linked to the oral vaccine, according to figures from the World Health Organization and its partners.

"We are basically replacing the wild virus with the virus in the vaccine, which is now leading to new outbreaks," said Scott Barrett, a Columbia University professor who has studied polio eradication. "I would assume that countries like the U.K. and the U.S. will be able to stop transmission quite quickly, but we also thought that about monkeypox."

The latest incidents represent the first time in several years that vaccine-connected polio virus has turned up in rich countries.

Earlier this year, officials in Israel detected polio in an unvaccinated 3-year-old, who suffered paralysis. Several other children, nearly all of them unvaccinated, were found to have the virus but no symptoms.

In June, UK authorities reported finding evidence in sewage that the virus was spreading, though no infections in people were identified. Last week, the government said all children in London ages 1 to 9 would be offered a booster shot.

In the U.S., an unvaccinated young adult suffered paralysis in his legs after being infected with polio, New York officials revealed last month. The virus has also shown up in New York sewers, suggesting it is spreading. But officials said they are not planning a booster campaign because they believe the state's high vaccination rate should offer enough protection.

Genetic analyses showed that the viruses in the three countries were all "vaccine-derived," meaning that they were mutated versions of a virus that originated in the oral vaccine.

The oral vaccine at issue has been used since 1988 because it is cheap, easy to administer – two drops are put directly into children's mouths – and better at protecting entire populations where polio is spreading. It contains a weakened form of the live virus.

But it can also cause polio in about two to four children per 2 million doses. (Four doses are required to be fully immunized.) In extremely rare cases, the weakened virus can also sometimes mutate into a more dangerous form and spark outbreaks, especially in places with poor sanitation and low vaccination levels.

These outbreaks typically begin when people who are vaccinated shed live virus from the vaccine in their faeces. From there, the virus can spread within the community and, over time, turn into a form that can paralyze people and start new epidemics.

Many countries that eliminated polio switched to injectable vaccines containing a killed virus decades ago to avoid such risks; the Nordic countries and the Netherlands never used the oral vaccine. The ultimate goal is to move the entire world to the shots once wild polio is eradicated, but some scientists argue that the switch should happen sooner.

"We probably could never have gotten on top of polio in the developing world without the (oral polio vaccine), but this is the price we're now paying," said Dr. Paul Offit, director of the Vaccine Education Center at the Children's Hospital of Philadelphia. "The only way we are going to eliminate polio is to eliminate the use of the oral vaccine."

Aidan O'Leary, director of WHO's polio department, described the discovery of polio spreading in London and New York as "a major surprise," saying that officials have been focused on eradicating the disease in Afghanistan and Pakistan, where health workers have been killed for immunizing children and where conflict has made access to some areas impossible.

Still, O'Leary said he is confident Israel, Britain and the U.S. will shut down their newly identified outbreaks quickly.

The oral vaccine is credited with dramatically reducing the number of children paralyzed by polio. When the global eradication effort began in 1988, there were about 350,000 cases of wild polio a year. So far this year, there have been 19 cases of wild polio, all in Pakistan, Afghanistan and Mozambique.

In 2020, the number of polio cases linked to the vaccine hit a peak of more than 1,100 spread out across dozens of countries. It has since declined to around 200 this year so far.

Last year, WHO and partners also began using a newer oral polio vaccine, which contains a live but weakened virus that scientists believe is less likely to mutate into a dangerous form. But supplies are limited.

To stop polio in Britain, the U.S. and Israel, what is needed is more vaccination, experts say. That is something Columbia University's Barrett worries could be challenging in the COVID-19 era.

"What's different now is a reduction in trust of authorities and the political polarization in countries like the U.S. and the U.K.," Barrett said. "The presumption that we can quickly get vaccination numbers up quickly may be more challenging now."

Oyewale Tomori, a virologist who helped direct Nigeria's effort to eliminate polio, said that in the past, he and colleagues balked at describing outbreaks as "vaccine-derived," wary it would make people fearful of the vaccine.

"All we can do is explain how the vaccine works and hope that people understand that immunization is the best protection, but it's complicated," Tomori said. "In hindsight, maybe it would have been better not to use this vaccine, but at that time, nobody knew it would turn out like this."

GP Polio letter from Stamford Hill practices

4th August 2022
Dear Resident,

We are writing to you as a collective of doctors and nurses who work in North Hackney. As you may know, poliovirus has recently been detected in London Beckton Sewage Treatment Works. This suggests there has been some spread between closely linked individuals in North and East London who are now shedding the poliovirus strain in their stool. You may also have heard about several recent cases of polio infection in unvaccinated individuals residing in New York and Israel, leading to paralysis (being unable to move).

We are particularly worried about our residents due to our very low childhood vaccination uptake in North Hackney. This leaves our residents vulnerable to an outbreak of polio and other vaccine-preventable infections such as measles. You will remember the measles outbreak which affected 400 children in Hackney & Haringey in 2018-19 and led to countless hospital and intensive care admissions.

The pressure on the NHS due to the continuing COVID-19 pandemic and a surge in other viral infections is contributing to unprecedented demand and a backlog in care. An outbreak of polio and/or measles will affect our ability to provide care for our residents in the coming months. We urge you to check that both you and your children are up to date with all routine vaccinations and contact your GP surgery (or this helplineXXX) if you need to book a vaccine. Vaccination is the safest and most effective way to protect yourself and others against serious infections and their complications. It's never too late to be vaccinated, even if you've never had a single dose.

Symptoms of polio infection

Poliovirus can cause polio infection, the symptoms of which are:

- a high temperature
- extreme tiredness (fatigue)
- headaches
- being sick (vomiting)
- a stiff neck
- muscle pain

Polio can lead to more serious symptoms that affect the brain and nerves, such as weakness in your muscles (paralysis), usually in the legs. This can happen over hours or days.

If the paralysis affects the muscles used for breathing, it can be life-threatening.

Most people will recover, and movement will slowly come back over the next few weeks. Some people can be left with permanent disabilities.

How can I protect myself and my family from polio?

The best way to prevent polio is to make sure you and your child are up to date with your vaccinations. The polio vaccine is part of the NHS routine childhood vaccination schedule.

The polio vaccine is given to children at:

- 8, 12 and 16 weeks old as part of the 6-in-1 vaccine
- 3 years, 4 months old as part of the 4-in-1 (DTaP/IPV) pre-school booster
- 14 years old as part of the 3-in-1 (Td/IPV) teenage booster

You need all 5 of these vaccinations to be fully vaccinated against polio.

You can contact your GP to check if you, or your child, are up to date with your polio vaccinations. For children and babies, you can also check their personal child health records (red book).

If you or your child are not up to date, book an appointment with your GP surgery to get vaccinated free on the NHS.

Yours sincerely

Dr Tehseen Khan, GP Spring Hill Practice & Joint Clinical Director Springfield Park Primary Care Network

Dr Vinay Patel, GP Stamford Hill Group Practice & Joint Clinical Director Springfield Park Primary Care Network

Dr Laurence Blumberg, GP Stamford Hill Group Practice

Dr Fiona Sander, GP The Heron Practice

Dr Kirsten Brown, GP Spring Hill Practice & Primary Care Clinical Lead for City and Hackney

Dr Leela Jayapal, GP Allerton Road Medical Centre

Dr Emma West, GP Statham Grove Surgery

Dr Eleanor Jacob, GP Nightingale Practice, Clinical Director Hackney Downs Primary Care Network

RESOURCES AND COMMUNICATION ASSETS

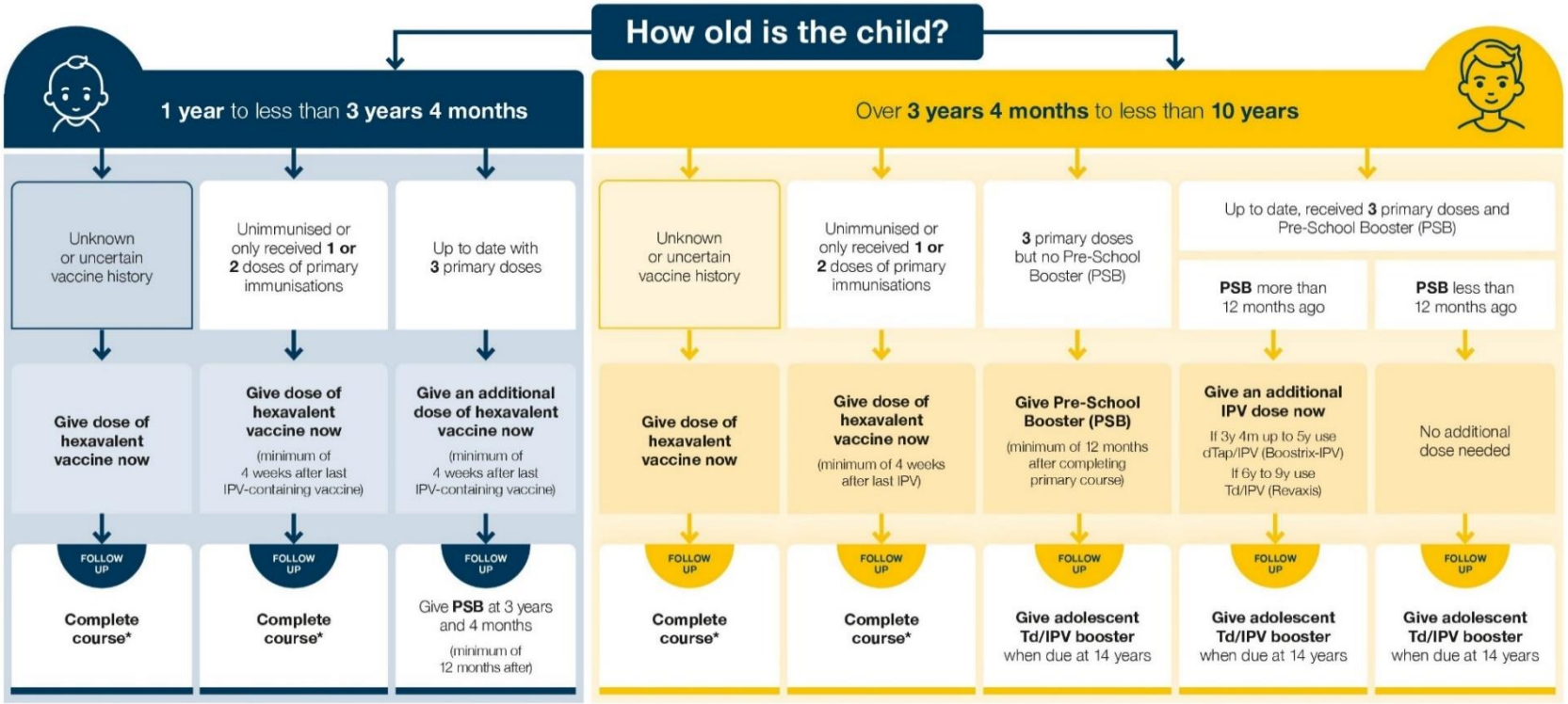
Wider Population

UK Health Security Agency

NHS

IPV Booster campaign

for children aged 1 year (turn 1 by 31 August 2022) to less than 10 years of age



*Follow 'Vaccination of individuals with uncertain or incomplete immunisation status' guidance **www.gov.uk/government/publications/vaccination-of-individuals-with-uncertain-or-incomplete-immunisation-status**

Primary course = 3 doses of primary polio containing vaccine i.e. hexavalent vaccine – DTaP/IPV/Hib/HepB – Infanrix hexa or Vaxelis. **PSB** = Pre-School Booster – dTaP/IPV – Boostrix-IPV. **Teenage booster** = Td/IPV – Revaxis

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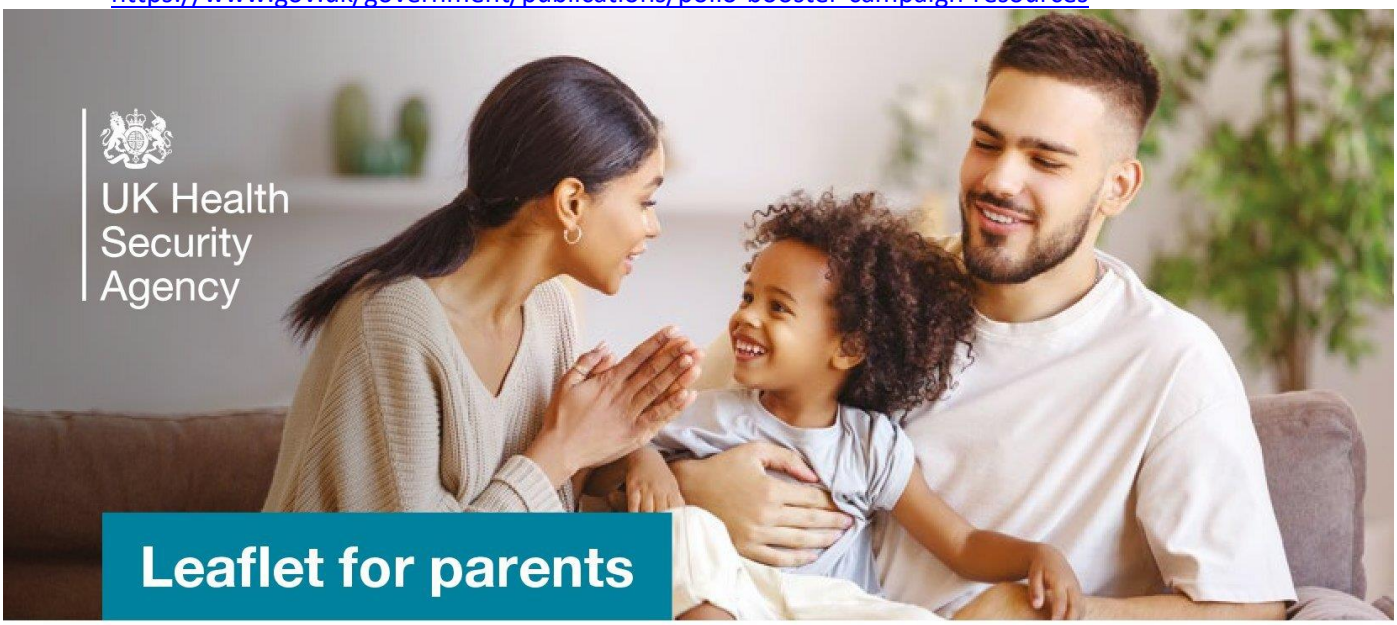
UKHSA LEAFLET

https://www.gov.uk/government/publications/polio-booster-campaign-resources



Have your polio vaccine now

Who is being offered a polio booster?

All children aged 1 to 9 years in London need to have a dose of polio vaccine now. For some children this may be an extra dose of polio vaccine, on top of their routine vaccinations. In other children it may just bring them up to date.

Why is my child being offered a polio booster?

Since February 2022, we have found a type 2 polio virus in sewage samples taken from north London. This suggests that the virus is now spreading between people. This has probably happened because vaccine uptake for the infant and toddler vaccinations in London is lower than it should be.

By giving an extra polio vaccine dose we aim to boost each child's protection, starting with the areas of London where the virus has been detected. Boosting immunity in those who are already vaccinated should also help to reduce the risk of the virus continuing to spread.

What is polio?

Polio is an infection caused by a virus that attacks the nervous system – it can cause permanent paralysis of muscles. Before the polio vaccine was introduced, there were as many as 8,000 cases of polio in the UK in epidemic years.

Because of the success of the polio vaccination programme, there have been no cases of natural polio infection in the UK for over 30 years (the last case was in 1984) and polio was eradicated from the whole of Europe in 2003.

The polio virus found in London should not pose any risk to those who are fully vaccinated. However, whilst it is spreading, there is a small chance that those who have not been fully vaccinated, or those who cannot respond well to vaccines, could be at risk of catching polio.

The good news is that we have picked this virus up early and we want to act now to protect as many children as we can. Please come forward as soon as you are invited.

How can my child get the polio booster?

The NHS will contact you to ask you to book an appointment for your child's polio vaccine.

Is there anyone who cannot have the vaccine?

There are very few reasons why children cannot receive the polio vaccine. If your child had a serious allergic reaction to a previous vaccination or to certain uncommon antibiotics (neomycin, polymyxin or streptomycin) you may want to check with your doctor.

Which vaccine is my child being offered?

We are using 3 different types of vaccines that all provide excellent protection against polio – they are already used in the routine programme and safely given to millions of children each year.

The only difference between the 3 vaccines is the other infections that they protect against. They all provide protection against polio, tetanus and diphtheria, but some may also top up protection against whooping cough and hepatitis B. It does not matter which of the 3 vaccines your child gets, unless they have missed out on some earlier vaccines.

Are there any side effects from this vaccine?

Your child may have some redness, swelling or tenderness in the arm where they had the injection, this will usually disappear in a few days. Rarely, a hard lump may appear in the same place but this will also resolve on its own, usually over a few weeks.

Occasionally, children may be unwell and irritable and develop a temperature and a headache.

You can also report suspected side effects of vaccines and medicines online by searching for the Yellow Card scheme or by downloading the Yellow Card app. See below.

Polio booster campaign

The vaccine you are offered will be the right one for the age of your child.

Age group	Polio vaccinations your child should have already had	Recommended polio vaccinations for this campaign
1 to less than 3 years and 4 months	3 doses of polio vaccine	A single polio booster vaccine – (Infanrix hexa or Vaxelis). At least 4 weeks after their last dose
3 years 4 months to 9 years	4 doses of polio vaccine	A single polio booster vaccine – (Boostrix-IPV or Revaxis) unless they had received their pre-school booster in the past 12 months

After your child has had this extra dose, you still need to complete or catch up on the routine doses at the recommended age (or as soon as possible afterwards). Check with your GP practice.

For more information, you can read these leaflets:

- **Immunisations for babies up to 13 months**
- **Immunisations for pre-school children**
- **Immunisations for young people**

Read the **Infanrix Hexa** or **Vaxelis** product information leaflets (PIL), the **Boostrix-IPV PIL** or the **Revaxis PIL** for more details on your vaccine, including possible side effects.

Scan me

www.mhra.gov.uk/yellowcard

You can also report suspected side effects on the Yellow card site or by calling 0800 731 6789 (9am to 5pm Monday to Friday)
www.mhra.gov.uk/yellowcard

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This leaflet is also offered as a translated version in Albanian, Arabic, Bengali, Bulgarian, Chinese (simplified), Chinese (traditional, Cantonese), Estonian, Farsi, French, Greek, Gujarati, Hindi, Italian, Latvian, Lithuanian, Panjabi, Pashto, Polish, Portuguese, Romanian, Romany, Russian, Somali, Spanish, Tagalog, Tigrinya, Turkish, Twi, Ukrainian, Urdu, Yiddish and Yoruba. It is available as a BSL video, braille and large print. Please visit **www.healthpublications.gov.uk** or call 0300 123 1002 to order more copies. Updated 05.08.2022

Other online resources

All vaccines

- NHS vaccinations and when to have them: https://www.nhs.uk/conditions/vaccinations/nhs-vaccinations-and-when-to-have-them/
- Vaccination tips for parents: https://www.nhs.uk/conditions/vaccinations/vaccination-appointment-tips-for-parents/

Polio vaccine

- Polio vaccine: https://www.nhs.uk/conditions/polio/
- Extra polio vaccine dose for **children:** https://www.nhs.uk/conditions/polio/vaccination-sites/
- Booster polio: https://www.gov.uk/government/news/all-children-aged-1-to-9-in-london-to-be-offered-a-dose-of-polio-vaccine
- Get your child vaccinated against poliovirus, urges London's NHS: https://www.england.nhs.uk/london/2022/07/20/get-your-child-vaccinated-against-poliovirus-urges-londons-nhs/
- Polio C&H. Dr Tehseen (GP in Spring Hill, Joint Clinical Director Springfield Park Primary Care Network, Clinical Director City & Hackney COVID-19 Vaccination Centres, Senior Clinical Advisor Covid Vaccination Programme NHSE London) record a video talking about Polio https://vimeo.com/747725944

MMR vaccine

- MMR (measles, mumps and rubella) vaccine: https://www.nhs.uk/conditions/vaccinations/mmr-vaccine/
- What do I need to know about the MMR vaccine? https://ukhsa.blog.gov.uk/2022/02/01/what-do-i-need-to-know-about-the-mmr-vaccine/

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