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Need to increase MMR uptake

Future reporting of vaccine uptake needs to include any change in ethnic or socio-economic disparities

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We welcome Bedford and Donovan's recent call for a greater focus on childhood routine vaccinations[1] and the Office for Health Improvement and Disparities (OHID) campaign to increase

uptake of the MMR vaccine in England[2]. The need for this strategic focus accords with our estimates, which further identify widening disparities in childhood vaccine uptake[3].

Bedford and Donovan point out that - ‘Even a small decline in MMR vaccine uptake—the “canary in the coalmine”—can herald disease outbreaks’[1] with latest national data reported by UKHSA up to September 2021 showing that uptake of MMR declined on previous quarters with 88.6% coverage of first dose of MMR at 24 months and 85.5% uptake of two doses at 5 years.

We have shown similar decreases in coverage of vaccinations amongst >1 million children registered with the English national sentinel network during the pandemic. Coverage of the second dose of MMR decreased from 85.0% (95% CI 84.7% to 85.3%) at its height in September 2020 to 84.1% (95% CI 83.8% to 84.4%) by July 2021. Importantly, decreases in vaccine coverage varied by ethnicity, socioeconomic status and population density with a greater decline in non-white ethnicities, the most deprived socio-economic groups and in conurbations[3].

There are a number of possible explanations for the differential decline in coverage. Ethnic and socioeconomic differences in parents’ perception of the importance of immunisations, whether immunisations were permitted or culturally acceptable and their understanding of immunisation schedules have been shown to affect immunisation decisions[4, 5]. It is important that future reporting of vaccine uptake includes any change in ethnic or socio-economic disparities.

Competing interests: SdeL is the Director of the Oxford-RCGP Research and Surveillance Centre, engaged in vaccine research and effectiveness. Through his University he has received funding for vaccine related research from AstraZeneca, GSK, Sanofi, Seqirus, and Takeda; he has been members of advisory boards for AstraZeneca, Sanofi and Seqirus. AJP is Chair of UK Dept. Health and Social Care’s (DHSC) Joint Committee on Vaccination & Immunisation (JCVI) but does not participate in policy decisions on COVID19 vaccines. He was a member of the WHO’s SAGE until 2021. AJP is chief investigator on clinical trials of Oxford University’s COVID19 vaccine funded by NIHR. Oxford University has entered a joint COVID19 vaccine development partnership with Astra Zeneca. FDRH acknowledges the support from the National Institute for Health Research (NIHR) Oxford and Thames Valley (OTV) Applied Research Collaboration (ARC), and the NIHR Oxford University Health (OUH) Biomedical Research Centre (BRC). Other authors: None declared.

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