Impact of the COVID-19 pandemic on meningococcal vaccine coverage and disease incidence in the UK

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BACKGROUND

In response to the COVID-19 pandemic, from 23 March 2020, physical distancing and lockdown measures were introduced across the UK, including school closures, stopping of gatherings and non-essential use of public transportation, and individuals being advised to work from home.

OBJECTIVES & METHODS

We reviewed publicly available health surveillance data (available at the time of the analysis) for the UK to understand the impact of COVID-19 restrictions on IMI incidence and coverage of routine meningococcal vaccines.

The following studies were included:

2. PHE epidemiological data for 2020/2021 (July 2020 to March 2021).
4. The COVER (Cover of vaccination evaluated rapidly) programme that analyses vaccine coverage data when children reach their first, second, or fifth birthdays; the most recent report is for January to March 2021.
5. These measures may reduce community transmission of vaccine-preventable diseases such as invasive meningococcal disease (IMD), but they also present a considerable challenge for GPs and community health-care workers to deliver immunisations.

RESULTS

Impact of COVID-19 on meningococcal vaccine coverage: COVER programme


Table 1. UK COVER quarterly statistics for meningococcal vaccine coverage: Jan-Mar 2020 and Jan-Mar 2021.

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CONCLUSIONS

The incidence of IMD cases has significantly declined during the COVID-19 pandemic, most likely due to measures implemented to prevent its spread.

However, meningococcal vaccine coverage has also decreased, potentially leaving many vulnerable once COVID-19 restrictions ease.

It is vital that routine immunisations continue to be offered/rescheduled and catch-up plans implemented to prevent outbreaks of IMD in the future.

The physical distancing and lockdown measures have continued to change throughout the pandemic, so there may be a further impact on routine immunisations and IMD incidence.

REFERENCES


ABREVIATIONS

COVID, Cover of vaccination evaluated rapidly; DTP, diphtheria, tetanus and acellular pertussis; Hib, Haemophilus influenzae type b; IMD, invasive meningococcal disease; IPV, inactivated poliovirus vaccine; MenACWY, meningococcal serogroups A, C, W and Y; MenB, meningococcal serogroup B; MMR, measles, mumps and rubella; NHS, National Health Service; PHE, Public Health England; VOR, vaccine coverage rate.

ACKNOWLEDGMENTS & DISCLOSURES

All authors are employees of Sanofi Pasteur. This paper was developed in collaboration with Sanofi Pasteur. Medical writing assistance was provided by Edge Medical Communications, UK.

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