**APPENDIX A**

UK Vaccination Schedule

In the UK childhood vaccinations are given according to a schedule. The childhood vaccination schedule currently is: 1

|  |  |
| --- | --- |
| 8 weeks | Hexavalent (6-in- 1 vaccine containing diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b, hepatitis B) dose 1  Rotavirus vaccine dose 1  Meningococcal group B vaccine (Men B) dose 1 |
| 12 weeks | Hexavalent vaccine dose 2  Rotavirus vaccine dose 2  Pneumococcal vaccine (PCV) dose 1 |
| 16 weeks | Hexavalent vaccine dose 3 and Men B dose 2. |
| 1 year | Haemophilus influenzae type b/ Meningococcal group C (Hib/Men C)  Men B dose 3, measles, mumps, rubella vaccine (MMR) dose 1  PCV dose 2 |

All infants born before and including 31st December 2019 remain on the 2 + 1 schedule, with two pneumococcal vaccines given at 8 weeks and 12 weeks and a booster at 1 year. However, those born from the 1st of January 2020 onwards receive a 1+1 schedule, with a dose of PCV at 12 weeks and a booster at 12 months. 2

References:

1. The complete routine immunisation schedule from February 2022: Gov.uk [Internet]. UK Health Security Agency. 2022 [cited 2023 Feb 7]. Available from: https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule/the-complete-routine-immunisation-schedule-from-february-2022
2. Public Health England. Changes to the infant pneumococcal conjugate vaccine schedule: Information for healthcare practitioners. London: PHE Publications; 2019 p. 4. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/849646/PCV\_schedule\_change\_HCP\_information.pdf

**APPENDIX B**

Questionnaire

|  |  |
| --- | --- |
| 1. What is the name of the GP practice your child is registered at? | *Free text box.* |
| 1. What was the sex assigned to your child? | Male  Female  Other |
| 1. What is the ethnicity of your child? | WhiteMixed or Multiple ethnic groupsAsian or Asian BritishBlack, African, Caribbean, or Black BritishOther ethnic group |
| 1. Has your child received their 8-week vaccinations? | Yes No Unsure |
| 1. Has your child received their 12-week vaccinations? | Yes No Unsure |
| 1. Has your child received their 16-week vaccinations? | Yes No Unsure |
| 1. Has your child received their 1-year vaccinations? | Yes No Unsure |
| 1. How were you invited to take your child to have their most recent vaccines? You may select as many as apply. | Letter via post  Text  Email  The GP or practice nurse personally asked me to make an appointment  I have not had an invitation  Unsure |
| 1. Did you receive any reminders to attend your vaccination appointment? | Yes, by text  Yes, by phone call  Yes, I was asked by a GP or practice nurse  No, I had already booked my appointment No, I did not receive any reminders to book my appointment |
| 1. Did you have any delays to vaccination appointments? | Yes No |
| 1. Did you experience any problems booking for your child's vaccinations? | Yes  No |
| 1. As you answered ‘Yes’ to question 11, which option best explains the reason you had problems booking your vaccination appointment? | Inability to book an appointment at the GP surgery at a convenient date or time  I was unable to get through to the surgery via telephone to make an appointment  Self-isolating or unwell with COVID-19 at the time my child’s appointment was due  Other |
| 1. As you answered ‘Other’ to question 12, please provide further comments on what the causes were for your problem with vaccination appointments.   Please do not disclose any identifiable information. | *Free text box.* |
| 1. Did you experience any problems attending your child’s vaccination appointment? | Yes  No |
| 1. As you answered ‘Yes’ to question 14, which option best explains the reason you had problems attending your vaccination appointment? | I postponed my appointment  The GP surgery postponed my appointment  Fear of attending a clinical setting such as GP surgery due to COVID  Unable to attend GP e.g., abroad  I did not want my child to be vaccinated for another reason  Self-isolating or unwell with COVID-19 at the time of my child’s appointment  Other |
| 1. As you answered 'Other' to question 15, please provide further comments on what the causes were for your problems attending vaccination appointments.   Please do not disclose any identifiable information. | *Free text box.* |
| 1. Did you feel COVID-19 impacted the vaccination process? | Yes  No |
| 1. As you answered 'Yes' to question 17, please provide further comments on how you feel COVID-19 impacted the vaccination process.   Please do not disclose any identifiable information. | *Free text box.* |
| 1. Please provide any further comments on COVID-19 impacted your experience of your child’s vaccinations.   Please do not disclose any identifiable information. | *Free text box.* |
| 1. Using the scale below how satisfied were you with the following:   Behaviour or attitude of health professional  Concerns about pain, distress to my child  Information about the side effects caused by the vaccination  The speed of the procedure | Very dissatisfied  Somewhat dissatisfied  Neither satisfied nor dissatisfied  Somewhat satisfied  Very satisfied |
| 1. Did your GP surgery add any additional safety measures in response to the COVID-19 pandemic? | Yes  No |
| 1. As you answered 'Yes' to question 22, please provide further comments on what these measures were? | Well-spaced appointments  Waiting at an outside location e.g., in car  Member of staff collected you from outside when it was your turn  Masks always worn  Hand sanitiser provided |
| 1. Did the COVID measures at your GP surgery make you feel safe attending your vaccination appointments? | Yes  No |
| 1. As you answered ‘No’ to question 24, please provide further comments on why you did not feel the GP surgery provided additional safety measures. | The surgery was too busy  I had to wait too long  Social distancing was not well adhered to  Processes were not clear |
| 1. Was there anything that could have been added to make you or your child feel safer? | Yes  No |
| 1. As you answered ‘Yes’ to question 25, please describe the additional measures which would have made you feel safer.   Please do not disclose any identifiable information. | *Free text box.* |
| 1. Were you aware GP surgeries continued to provide routine vaccinations during the COVID-19 pandemic? | Yes  No |
| 1. How important do you feel childhood vaccinations are? *(where 1 is not at all important and 5 is very important)* | 1 star  2 stars  3 stars  4 stars  5 stars |
| 1. Which COVID-19 vaccinations have you received? | 1 vaccine  2 vaccines  2 vaccines and a booster  I am medically except from COVID-19 vaccinations  I have not received any COVID-19 vaccinations |
| 1. To what extent has COVID altered your opinion of vaccinations | 1. Not at all 2. To some extent 3. Greatly 4. Completely changed |
| 1. In what way has your opinion of vaccinations changed? | Negatively  Positively  My opinion is unchanged |
| 1. Please provide any further comments on how COVID has altered your opinion of vaccinations.   Please do not disclose any identifiable information. | *Free text box.* |