**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 1Rotavirus vaccine dose 1Meningococcal group B vaccine (Men B) dose 1 |
| 12 weeks | Hexavalent vaccine dose 2Rotavirus 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 1PCV 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 TextEmailThe GP or practice nurse personally asked me to make an appointmentI have not had an invitationUnsure  |
| 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?
 | YesNo  |
| 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?
 | YesNo |
| 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 COVIDUnable to attend GP e.g., abroadI 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 appointmentOther |
| 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?
 | YesNo  |
| 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 childInformation about the side effects caused by the vaccination The speed of the procedure   | Very dissatisfied Somewhat dissatisfied Neither satisfied nor dissatisfied Somewhat satisfiedVery satisfied  |
| 1. Did your GP surgery add any additional safety measures in response to the COVID-19 pandemic?
 | YesNo  |
| 1. As you answered 'Yes' to question 22, please provide further comments on what these measures were?
 | Well-spaced appointmentsWaiting at an outside location e.g., in carMember of staff collected you from outside when it was your turnMasks always wornHand sanitiser provided |
| 1. Did the COVID measures at your GP surgery make you feel safe attending your vaccination appointments?
 | YesNo  |
| 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 busyI had to wait too longSocial distancing was not well adhered toProcesses were not clear |
| 1. Was there anything that could have been added to make you or your child feel safer?
 | YesNo  |
| 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 stars4 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.*  |