

# Vaccination in people with learning disabilities

## Turning eligibility into access

Influenza and pneumococcal vaccination

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IDENTIFY  
INVITE  
ADJUST  
VACCINATE  
RECORD

# What do you think most often prevents vaccination?

**Poor identification  
and recall**

**Needle fear  
or distress**

**Poor  
communication**

**Lack of consent and  
capacity**

**Time and service  
inflexibility**

**Add your answer to the chat**

## Three outcomes for today

1

### Explain risk

Why influenza and pneumonia may be more severe—and which risks vaccination cannot address

2

### Check protection

How influenza and pneumococcal eligibility differ within the UK  
worked example

3

### Improve access

How identification, supported decisions and reasonable adjustments change the pathway

**UK policy is the example; equitable access is the transferable lesson.**

## Around 1.5 million people in the UK have a learning disability

**1.5 million**

people with a learning disability  
in the United Kingdom

≈ 1.3 million live in England

Adults

**1.2 million**

2.16% of UK adults

Children

**349,000**

2.5% of UK children

Alex is one of approximately  
1.5 million people.

# Learning disability is more than an IQ score

## Three core features

**1**

### Intellectual functioning

Lower intellectual ability—usually including an IQ below 70

**2**

### Adaptive functioning

Significant difficulty with everyday social or practical skills

**3**

### Developmental onset

Begins before adulthood and has lasting effects

**Mild • Moderate • Severe • Profound**

These terms describe differing support and adaptive-functioning needs. They do not summarise a person's strengths, communication or individual health risks.

# Meet Alex



Alex, 34

## CLINICAL CONTEXT

**Moderate learning disability, epilepsy and supported living**

## ACCESS BARRIER

**Becomes highly distressed around needles**

## INFORMATION GAP

**Vaccination record is incomplete**

**Where could the pathway fail—and what would good care change?**

# Adults with a learning disability die nearly 20 years younger

## Nearly 20 years

younger than the general population

Deaths considered avoidable

**38.8%**

LeDeR reviews

**21.6%**

England overall

## Learning from Lives and Deaths (LeDeR)

- Reviews reported deaths of patients with LD and autism in England
- Identifies factors that may have been preventable or treatable
- Turns recurring findings into priorities for safer care

**Context for action—not proof of a vaccine effect.**

# Respiratory disease caused 16.5% of deaths reviewed in 2023

## Influenza

Viral infection that can cause severe illness and primary viral pneumonia

## Bacterial pneumonia

May occur independently or follow influenza; pneumococcus is one cause

## Aspiration pneumonia

Food, saliva or gastric contents enter the lungs; vaccination does not directly prevent aspiration

**Vaccination is one part of respiratory-risk reduction—not a substitute for dysphagia care or early recognition.**



# Risk accumulates across the person, environment and service

## Clinical vulnerability

- Dysphagia and aspiration
- Weak cough or secretion clearance
- Cardiac, respiratory and neurological comorbidity
- Reduced physiological reserve

## Exposure

- Close personal care
- Shared residential environments
- Frequent service contact
- Outbreak transmission

## Healthcare barriers

- Atypical presentation
- Communication differences
- Diagnostic overshadowing
- Delayed treatment or escalation

# Vaccination reduces risk—but cannot prevent every pneumonia

## Established evidence

- Influenza vaccination reduces influenza and severe complications
- Pneumococcal vaccines help reduce specified pneumococcal disease
- People with learning disabilities may face greater clinical risk and poorer access

## Important limits

- Few outcome studies focus specifically on learning-disability populations
- Not all excess respiratory mortality is vaccine-preventable
- Aspiration prevention and early treatment remain essential

**Clinical rationale combines vaccine efficacy, increased vulnerability and unequal access.**

# Influenza eligibility must be translated into an invitation

**All adults aged >18  
with a learning  
disability are eligible  
for annual Influenza  
vaccination under the  
2026/27 GP enhanced  
service in England**

## Eligibility still fails when...

- The learning disability is not recorded
- The invitation is inaccessible
- The clinic cannot provide required adjustments

**For international practice: check the current national programme.**

# Pneumococcal eligibility depends on more than the diagnosis

## Ask three questions

**1 Is the person covered by the routine age-based programme?**

**2 Do they meet a defined clinical-risk criterion?**

**3 What have they already received—and when?**

### Relevant risk may arise from

Neurological or neuromuscular disease affecting respiratory function

Chronic heart, respiratory, kidney or liver disease

Diabetes, immunosuppression or another listed criterion

**Offer in the same appointment when indicated—not as a blanket rule.**

# The Green Book defines clinical risk—not learning disability alone

Table 25.2 Clinical risk groups who should receive pneumococcal immunisation

| Clinical risk group                                                                                         | Examples (decision based on clinical judgement)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Asplenia or dysfunction of the spleen                                                                       | This also includes individuals with coeliac disease who are diagnosed with splenic dysfunction and all haemoglobinopathies including homozygous sickle cell disease                                                                                                                                                                                                                                                                                                                                                                                               |
| Chronic respiratory disease (chronic respiratory disease refers to chronic lower respiratory tract disease) | <p>This includes chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema; and such conditions as bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD). Individuals in whom respiratory function may be compromised due to neurological or neuromuscular disease (such as cerebral palsy).</p> <p>Asthma is not an indication, unless so severe as to require continuous or frequently repeated use of systemic steroids (as defined in Immunosuppression below).</p> |

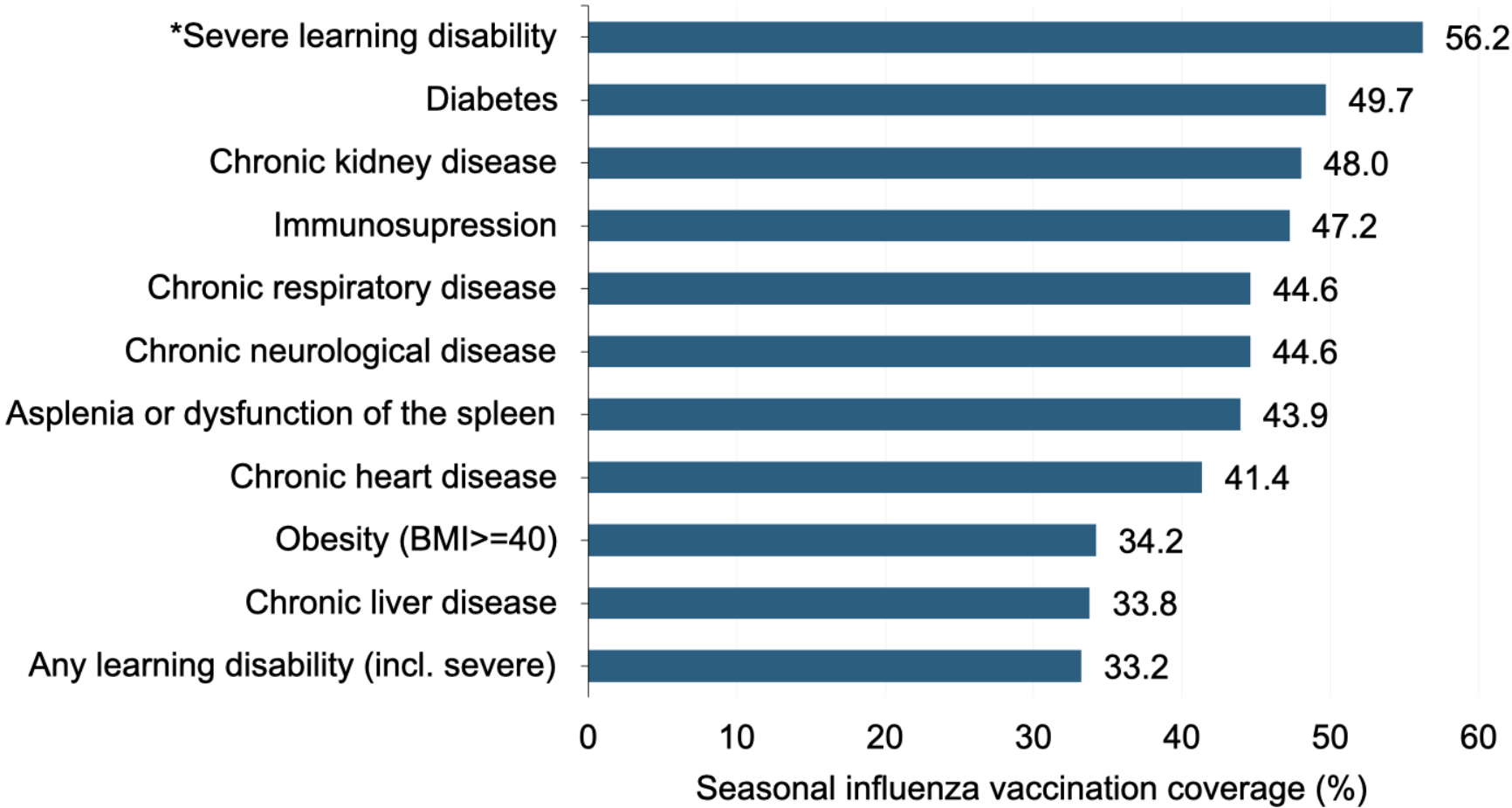
## Key interpretation

**Learning disability is not a blanket indication.**

Check for respiratory compromise from neurological or neuromuscular disease—or another clinical-risk criterion in the table.

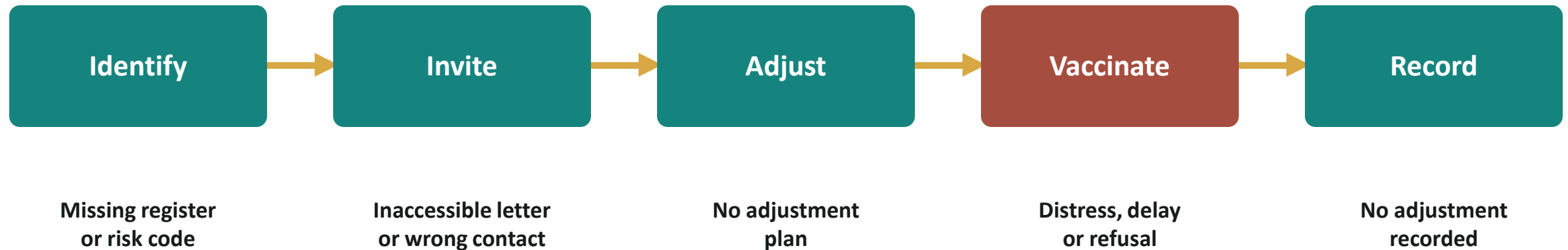
**Always check the current national schedule and vaccine history.**

# “Learning disability” masks a 23-point uptake gap



\*Severe learning disability is a subcategory of chronic neurological disease. Coverage data do not explain the cause of the difference.

## Vaccination can be lost at every step of the pathway



**A system designed around the 'standard patient' can manufacture non-attendance.**

# Formulate distress before trying to overcome it: the 4 Ps

## Predisposing

Anxiety, sensory sensitivity, communication needs or blood–injection–injury phobia

## Precipitating

Pain, unfamiliar equipment, a crowded clinic or unexpected touch

## Perpetuating

Avoidance, rushed encounters, repeated failed attempts or loss of control

## Protective

A trusted supporter, predictability, successful rehearsal and meaningful choice

**Forced procedures can traumatisate and increase future avoidance.**



# Accessible communication should be designed with people



## Language matters

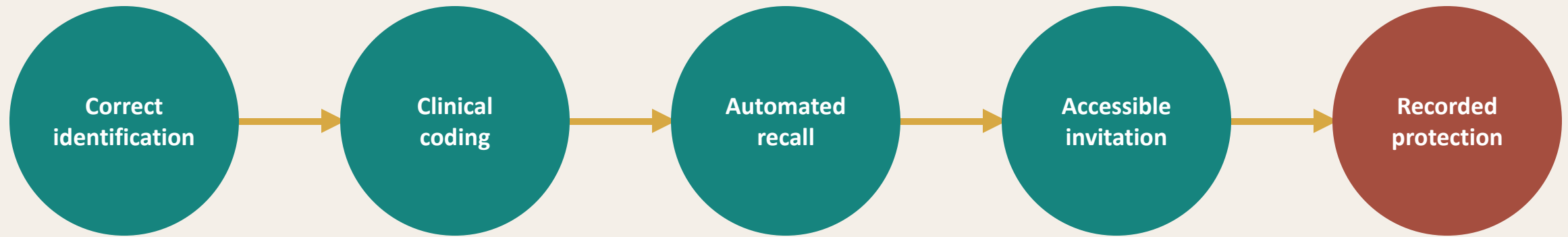
Experts by experience reported disliking the words “jab” and “injection”; campaign wording focused on “vaccine”.

## Ask the audience

**What features make this resource more usable—and what would still need to be personalised for Alex?**

**Easy read is an option—not a substitute for individual communication preferences.**

## Coding is caring



**Also record communication needs and adjustments that worked.**

# Prepare the person—and the service—before the appointment

## Ask

Speak to the person and chosen supporters about previous experiences

## Plan

Agree communication, sensory and distress-management needs

## Prepare

Use easy-read information, photographs or a familiarisation visit

## Book

Offer a quiet time, longer slot, familiar clinician or suitable setting

## Escalate support—not pressure

1

### Prepare and adjust

Predictability • quiet setting • comfort positioning • trusted supporter • alternative form of vaccination

2

### Reduce fear and pain

Distraction • topical analgesia • rehearsal • graded exposure where appropriate

3

### Specialist input

Learning-disability team • psychology • specialist vaccination service

4

### Selected pharmacological support

Only after assessment, with consent or lawful authority, monitoring and governance

**If the procedure cannot be completed safely, stopping may protect future engagement.**

# A best-interests decision does not automatically authorise force

## Decision 1: vaccination

- Support the person to decide
- Assess capacity for this decision now
- If capacity is lacking, apply the legal best-interests framework

## Decision 2: how it is delivered

- Is any restraint necessary and proportionate?
- Could delay, preparation or another setting avoid it?
- What are the risks of trauma and future avoidance?

**Benefit alone is insufficient: use the least restrictive practicable approach and document the reasoning.**

# What should happen first for Alex?

**A**

**Book a standard  
walk-in clinic**

**B**

**Prescribe sedation  
before assessment**

**C**

**Contact Alex and  
identify  
what support works**

**D**

**Assume his supporter  
will decide**

**Vote, then explain your reasoning in one sentence**

# Five actions for accessible vaccination

1

## Identify

Find eligible people  
and code accurately

2

## Invite

Use accessible  
communication and a  
clear offer

3

## Adjust

Plan time,  
environment and  
support

4

## Vaccinate

Deliver indicated  
vaccines safely

5

## Record

Document the vaccine  
and what worked

IDENTIFY → INVITE → ADJUST → VACCINATE → RECORD

**Eligibility protects people only when the pathway is accessible.**

# Policy, surveillance and practical guidance

- Mencap. How common is learning disability in the UK? (PHE 2016 prevalence; ONS 2024 population data).
- NHS England. Learning from lives and deaths (LeDeR).
- NHS England. Learning Disability and Autism Programme update (2025).
- NHS England. RightCare learning disability and aspiration pneumonia scenario.
- UKHSA. National Immunisation Programme Health Equity Audit 2025.
- UKHSA. Seasonal influenza uptake in GP patients, 2024–2025.
- UKHSA. Green Book: Influenza, chapter 19 (updated May 2026).
- UKHSA. Green Book: Pneumococcal, chapter 25.
- UKHSA. Flu programme 2025–2026: practitioner information.
- UKHSA. Protect yourself from flu—Easy Read leaflet (2022).
- Mental Capacity Act 2005 and Code of Practice, chapters 5–6.



# Research informing uptake and needle-distress care

- Emerson E, Robertson J, Baines S, Hatton C. Vaccine coverage among children with and without intellectual disabilities in the UK. BMC Public Health. 2019;19:748. doi:10.1186/s12889-019-7106-5.
- Rava J, Rosenau KA, Wilkie K, et al. The Needle Anxiety Program: a patient-centered initiative for individuals with developmental disabilities. Cureus. 2023;15:e42253. doi:10.7759/cureus.42253.
- McMurtry CM, et al. Interventions for individuals with high levels of needle fear: systematic review. Clin J Pain. 2015;31:S109–S123. doi:10.1097/AJP.0000000000000273.
- McMurtry CM, et al. Exposure-based interventions for high levels of needle fear: clinical practice guideline. Cogn Behav Ther. 2016;45:217–235. doi:10.1080/16506073.2016.1157204.