MUNICIPAL YEAR 2013/2014

MEETING TITLE AND DATE **Health and Wellbeing Board** **20 June 2013**	**Agenda - Part: 1** **Item: 4** **Subject: Immunisation** **Wards: All**
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1. EXECUTIVE SUMMARY

This report has been prepared to inform the Board of NHS England's plans to:

A) Plans to improve the childhood immunisation rates within Enfield and across London to achieve the World Health Organisation (WHO)'s recommended levels of 95% coverage
B) Deliver the national MMR-catch-up campaign for 10-16 year olds
C) Instigate the changes to the routine immunisation schedule

2. RECOMMENDATIONS

The Board is asked to note the changes to the routine immunisation schedule and to endorse the plans to protect our community from the effects of vaccine preventable diseases.

3. BACKGROUND

Immunisation is described by the World Health Organisation as one of the most effective things we can do to protect individuals and the community from serious diseases.

The effectiveness of our national childhood routine immunisation programme is carefully monitored by the Department of Health (DH) through COVER (Cover of Vaccination Evaluated Rapidly) information e.g. the percentage of the population who has received vaccination by age 1, age 2 and age 5 within certain timeframes (i.e. quarter and annual). COVER also includes the proportion of 12-13 year old girls who receive the 3 doses of HPV by year.

Rates of childhood immunisation are collated by the Child Health Information System (CHIS) in Enfield and previous to April 2013, this was done by the provider health organisation in conjunction with the Primary Care Trust's public health team. These rates were then submitted to the Health Protection Agency (HPA) and Department of Health on a quarterly and annual basis. From April 2013 onwards, NHS England are responsible for submitting the COVER returns to Department of Health.

Responsibility and roles from April 2013

NHS England commission and performance manage delivery of all immunisation programmes including childhood immunisations. In London, the majority of immunisation programmes are commissioned through primary care – i.e. GPs. In relation to school-based vaccination programmes such as HPV and the school-leavers' booster, NHS England commission the activity whilst Public Health England provide the logistics and in many areas, local authority commission the workforce (i.e. the school nursing teams).

Public Health England provides surveillance and clinical advice and works with NHS England at national and regional levels in developing strategic direction for improving coverage of immunisations and in outbreak management.

The Department of Health provides assurance that the proposed national framework is fit for purpose and will lead communications with ministers.

Directors of Public Health provide local leadership and liaise with local councillors and children & young people's services to ensure support. DsPH and their local authorities will support community and schools engagement with the programme, providing advice to the CCGs and encouraging primary care participation.

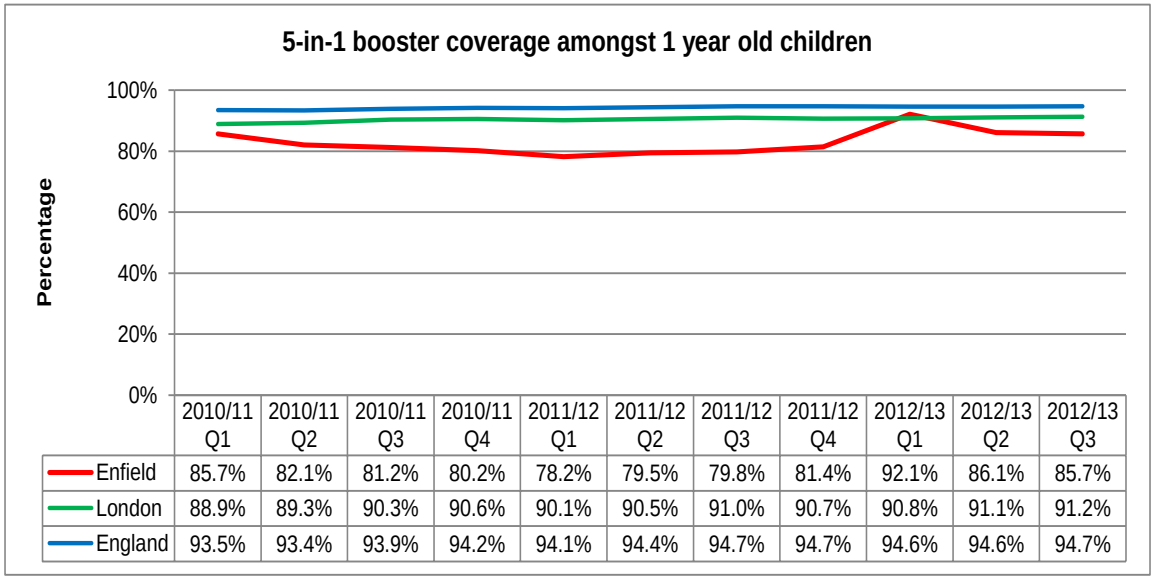
Current Position in Enfield

Although some significant improvements have been made to Enfield's reported immunisation coverage over the last few years uptake is still below the required levels to achieve herd immunity - that is the level of immunity within the community to prevent onward transmission of infection between vulnerable individuals. In the UK, the herd immunity level is 95%. It is important to ensure that all children are protected from vaccine preventable diseases. Immunisation doesn't just protect the immunised child; it also helps to protect other family members and the whole community, especially those children who, for medical reasons, can't be immunised. Despite Enfield's immunisation rates being below target the overall rate of infectious diseases is the lowest in North Central London.

In 2012 (the last full year for which data is available) ~80% of children aged 5 years had complete immunisation schedules e.g. 74.5% had received 2 doses of MMR before their 5th birthday and 80.7% had received the pre-school booster in Q3 2012/13 (September – December). This is lower than both the London and England rates.

Figures 1 – 6 illustrate the rates of uptake for the COVER cohorts from 2010 to 2012. These cohorts comprise of proportion of age 1 children who have had their primaries, proportion of two year old children who have received their PCV and Hib/MenC boosters and first dose of MMR and the proportion of age 5 children who have received their preschool booster and second dose of MMR. Throughout the graphs, the rates can be seen to increase for Enfield, reflecting the ongoing work to improve data management, public awareness and provision and access to immunisations across London.

Immunisation amongst 1-year old children

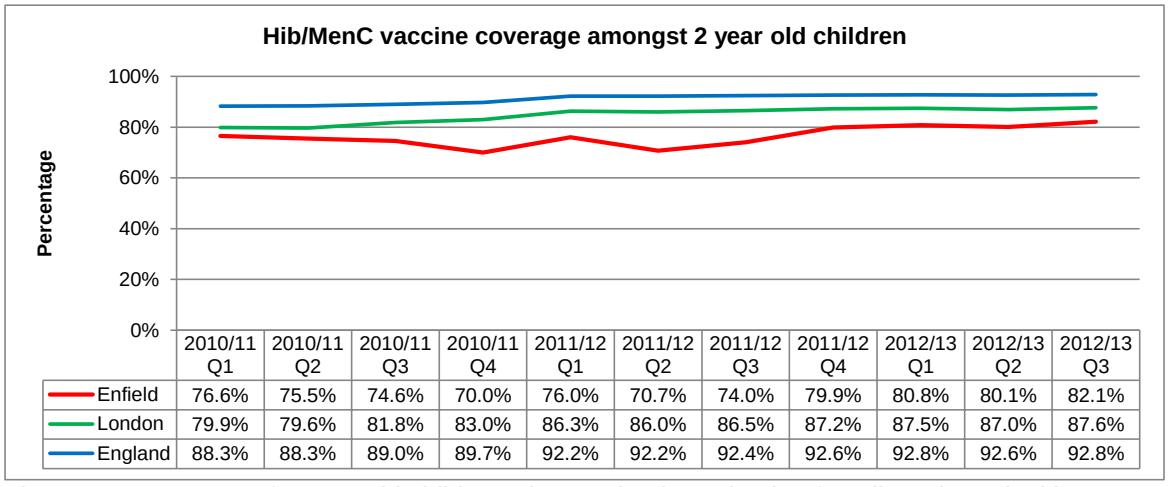


	2010/11 Q1	2010/11 Q2	2010/11 Q3	2010/11 Q4	2011/12 Q1	2011/12 Q2	2011/12 Q3	2011/12 Q4	2012/13 Q1	2012/13 Q2	2012/13 Q3
Enfield	85.7%	82.1%	81.2%	80.2%	78.2%	79.5%	79.8%	81.4%	92.1%	86.1%	85.7%
London	88.9%	89.3%	90.3%	90.6%	90.1%	90.5%	91.0%	90.7%	90.8%	91.1%	91.2%
England	93.5%	93.4%	93.9%	94.2%	94.1%	94.4%	94.7%	94.7%	94.6%	94.6%	94.7%

Figure1. Percentage of 1-year old children who received 5-in-1 vaccination (diphtheria, tetanus, whooping cough, Hib and polio)

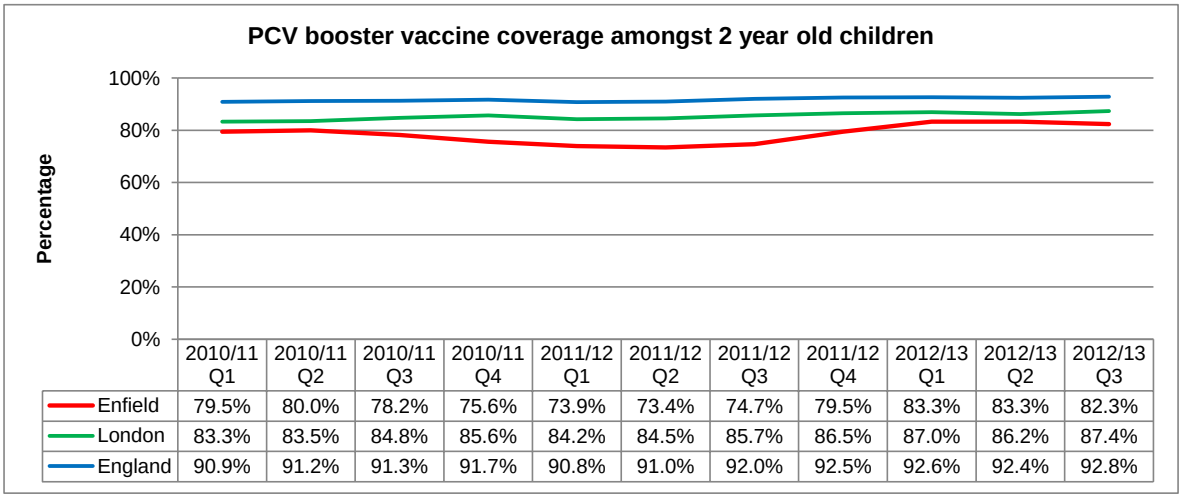
Rates of immunisation amongst 1 year old children in Enfield are lower than London and England rates.

Immunisation amongst 2-year old children



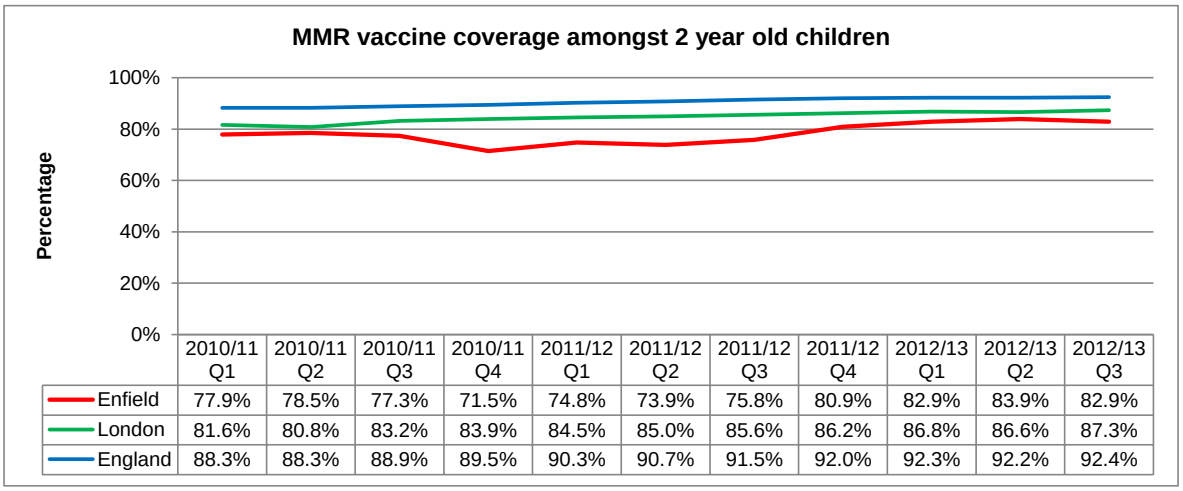
	2010/11 Q1	2010/11 Q2	2010/11 Q3	2010/11 Q4	2011/12 Q1	2011/12 Q2	2011/12 Q3	2011/12 Q4	2012/13 Q1	2012/13 Q2	2012/13 Q3
Enfield	76.6%	75.5%	74.6%	70.0%	76.0%	70.7%	74.0%	79.9%	80.8%	80.1%	82.1%
London	79.9%	79.6%	81.8%	83.0%	86.3%	86.0%	86.5%	87.2%	87.5%	87.0%	87.6%
England	88.3%	88.3%	89.0%	89.7%	92.2%	92.2%	92.4%	92.6%	92.8%	92.6%	92.8%

Figure 2 Percentage of 2-year old children who received vaccination for Hib and meningitis C (Hib/MenC



	2010/11 Q1	2010/11 Q2	2010/11 Q3	2010/11 Q4	2011/12 Q1	2011/12 Q2	2011/12 Q3	2011/12 Q4	2012/13 Q1	2012/13 Q2	2012/13 Q3
Enfield	79.5%	80.0%	78.2%	75.6%	73.9%	73.4%	74.7%	79.5%	83.3%	83.3%	82.3%
London	83.3%	83.5%	84.8%	85.6%	84.2%	84.5%	85.7%	86.5%	87.0%	86.2%	87.4%
England	90.9%	91.2%	91.3%	91.7%	90.8%	91.0%	92.0%	92.5%	92.6%	92.4%	92.8%

Figure 3 Percentage of 2-year old children who received pneumococcal conjugate vaccine (PCV) booster

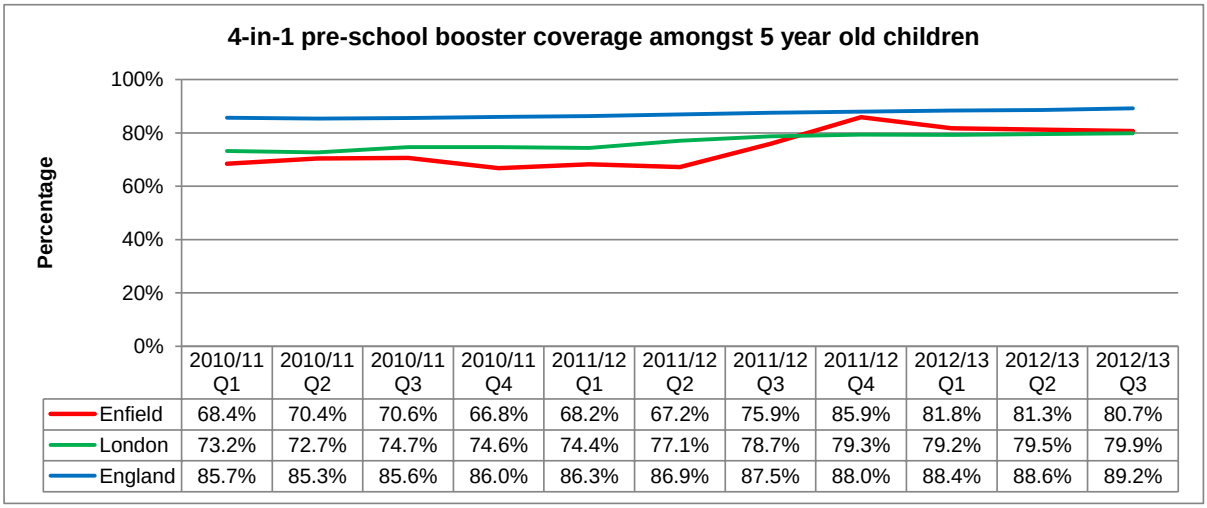


	2010/11 Q1	2010/11 Q2	2010/11 Q3	2010/11 Q4	2011/12 Q1	2011/12 Q2	2011/12 Q3	2011/12 Q4	2012/13 Q1	2012/13 Q2	2012/13 Q3
Enfield	77.9%	78.5%	77.3%	71.5%	74.8%	73.9%	75.8%	80.9%	82.9%	83.9%	82.9%
London	81.6%	80.8%	83.2%	83.9%	84.5%	85.0%	85.6%	86.2%	86.8%	86.6%	87.3%
England	88.3%	88.3%	88.9%	89.5%	90.3%	90.7%	91.5%	92.0%	92.3%	92.2%	92.4%

Figure 4 Percentage of 2-year old children who received MMR vaccination (measles, mumps and rubella)

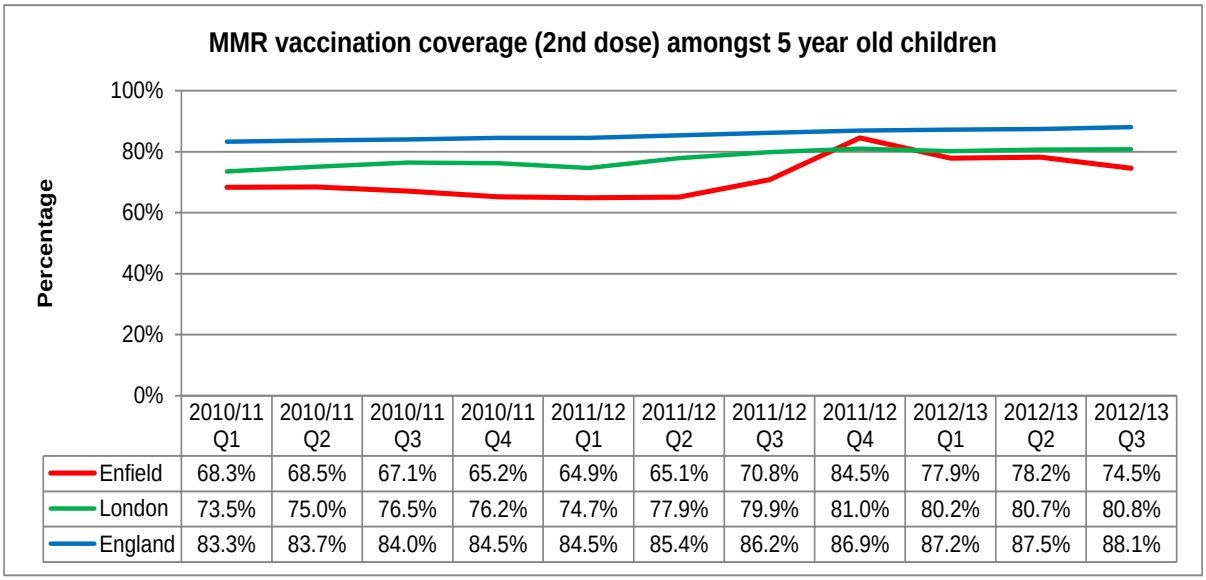
Rates of immunisation amongst 2 year olds are lower than London and England rates.

Immunisation amongst 5-year old children



	2010/11 Q1	2010/11 Q2	2010/11 Q3	2010/11 Q4	2011/12 Q1	2011/12 Q2	2011/12 Q3	2011/12 Q4	2012/13 Q1	2012/13 Q2	2012/13 Q3
Enfield	68.4%	70.4%	70.6%	66.8%	68.2%	67.2%	75.9%	85.9%	81.8%	81.3%	80.7%
London	73.2%	72.7%	74.7%	74.6%	74.4%	77.1%	78.7%	79.3%	79.2%	79.5%	79.9%
England	85.7%	85.3%	85.6%	86.0%	86.3%	86.9%	87.5%	88.0%	88.4%	88.6%	89.2%

Figure 5. Percentage of 5-year old children who received 4-in-1 pre-school booster (DTaP/IPV: diphtheria, tetanus whooping cough and polio



	2010/11 Q1	2010/11 Q2	2010/11 Q3	2010/11 Q4	2011/12 Q1	2011/12 Q2	2011/12 Q3	2011/12 Q4	2012/13 Q1	2012/13 Q2	2012/13 Q3
Enfield	68.3%	68.5%	67.1%	65.2%	64.9%	65.1%	70.8%	84.5%	77.9%	78.2%	74.5%
London	73.5%	75.0%	76.5%	76.2%	74.7%	77.9%	79.9%	81.0%	80.2%	80.7%	80.8%
England	83.3%	83.7%	84.0%	84.5%	84.5%	85.4%	86.2%	86.9%	87.2%	87.5%	88.1%

Figure 6 Percentage of 5-year old children who received 2nd dose of MMR vaccination (measles, mumps and rubella)

Rates of immunisation for 5 year old children are broadly similar to London rates but lower than England rates except for MMR which is lower than both London and England.

There were 23 confirmed cases of measles in Enfield between January 2010 and May 2013, with 4 of these being confirmed between March and May of 2013. This is higher than London and England averages.

Plans to increase COVER rates

NHS England are in the process of setting up a London wide Immunisation Commissioning Board which will be responsible for setting the strategic direction for immunisations including childhood immunisations for London. An immunisation strategy for London on attaining 95% herd immunity for routine childhood immunisations is due later this year.

In London, NHS England's immunisation and screening workforce comprises of a central team and 3 patch or area teams - North East London, North West London and central London. These teams (which comprise of immunisation and screening commissioners) have geographical responsibilities and the North East Team cover Enfield. These teams oversee and implement the commissioning of immunisations including that of vulnerable groups, monitor provision of immunisations and work closely with providers and other partners including local authority in promoting immunisations and vaccinations.

Locally, the local authority public health team will:

- Target parents of pre-school children by ensuring that an immunisation reminder leaflet is sent with the confirmation of a child's primary school place to remind parents to complete any missed immunisations.
- Ensure that during pre primary admission home visits that the importance of immunisations is discussed with parents.
- Contact all head teachers in the borough reminding them of the importance of immunisation and we will provide them with appropriate resources to display in school and on notice boards.
- Provide head teachers with a template letter that can be sent to all parents stressing the importance of immunisation.
- Fund an advertising campaign to raise awareness. JC Decaux bus stop advertising began in May.
- Send letters and immunisation posters to all Children's Centres and Public Libraries in the Borough.
- Utilise local papers for an awareness campaign
- In addition to these measures an MMR catch up campaign began in GP surgeries, aimed at children aged 10 -16years, in May. This group were the cohort most affected by the completely false medical research and resulting media coverage.
- Provide a "best practice guide" to general practitioners to enable them to increase immunisation rates.
- Work with the GP IT team to provide GP practices with search parameters to enable them to easily identify under immunised or unimmunised children registered with them

MMR Catch Up Campaign

Following publication of confirmed measles cases in England in March 2013 (whereby a peaked increase was seen in the 10-16 year old age group) and the recent outbreak in Swansea, a national MMR catch-up campaign was announced in April 2013. The aim of the programme is to prevent measles outbreaks by vaccinating as many unvaccinated and partially vaccinated 10-16 year-olds as possible in time for the next school year. (See Appendix 1 for confirmed measles of measles in Enfield and London this year).

A pan London MMR steering group was set up in early May 2013 consisting of representation from NHS England public health, primary and nursing departments, Clinical Commissioning Groups, Public Health England, London Medical Committee and Directors of Public Health. This group oversees a London-wide action plan in ensuring the increased uptake of MMR in unvaccinated and partially vaccinated 10-16 year olds. This follows the national plan to take a 3 element approach to run concurrently:

a. Vaccination of unvaccinated and partially vaccinated young people who come forward to GPs for vacation
b. A rapid programme of identification and invitation of unvaccinated and partially vaccinated young people by general practice in liaison with CHIS.
c. Targeting of vulnerable groups and sustained intervention over long term that will strengthen current routine approaches

London is not in an outbreak situation and the catch-up campaign will take place over a period of 6 months. During this time, emphasis will also continue on vaccinating the under fives as in London the majority of confirmed measles cases have been in this age group for the past 10 years.

See Appendix 1 for the work done previously to improve immunisation rates in Enfield.

Changes to the UK immunisation schedule

During 2013, the routine immunisation schedule is undergoing a number of changes. From 1st June 2013, NHS England are implementing the following changes:

- Removal of the second priming dose of Men C conjugate vaccine currently given at 4 months from the schedule from 1st June 2013. This will be replaced by a booster dose given in adolescence and to start from January 2014.

- Introduction of 2 doses of Rotavirus vaccine to be given to infants at 2 and 3 months of age from 1st July 2013

The 2nd dose is being removed because recently published studies show that vaccination against meningococcal serogroup C disease in early childhood

provides a short-term protective immune response and that vaccination later in childhood provides higher levels of antibodies that persist for longer. As a result, JCVI have recommended an adolescence booster be added to the routine vaccination schedule. There is also evidence that a single dose of some varieties of MenC vaccine at 3 months of age is sufficient to prime infants against meningococcal serogroup C disease and provide protection for the first year of life until the Hib/Men C booster is added at 12-13 months of age. JCVI has advised that the 2nd dose of Men C give at 4 months of age is removed from the schedule.

Rotavirus is the most common cause of gastroenteritis in young children. Most children will experience at least one infection with rotavirus by the time they are five years old, with some requiring hospitalization for dehydration. An oral vaccine against rotavirus is being introduced into the infant immunsiation programme at the 2 and 3 month appointments. It is crucial that the doses are given at the 2 and 3 month intervals and not beyond 6 months of age. There is a London wide action plan to implement these changes which the North East London patch team are operating to.

In addition to the above changes, there are 3 pilot sites in London for child flu vaccination in primary school children and London wide piloting of child 'flu vaccination to under twos. For adults, a new shingles vaccination will be made available later this year.

It should be noted that these changes are being introduced without a training budget which confers a level of risk.

See Appendix 2 for the new immunisation schedule which came into effect from June 1st.

4. ALTERNATIVE OPTIONS CONSIDERED

The changes to the routine immunisation schedule is a national change over which we have no control; there is not an alternative option.
The interventions proposed to increase MMR immunisation rates are based on evidence of what has worked well in the past.

No other options were considered as this is a national requirement.

5. REASONS FOR RECOMMENDATIONS

This is a national priority and immunisation rates as not at a level to confer herd immunity.

6. COMMENTS OF THE DIRECTOR OF FINANCE, RESOURCES AND CUSTOMER SERVICES AND OTHER DEPARTMENTS

6.1 Financial Implications

There are no financial implications for the Council.

6.2 Legal Implications

There are no legal implications for the Council.

7. KEY RISKS

8. IMPACT ON PRIORITIES OF THE HEALTH AND WELLBEING STRATEGY

8.1 Healthy Start – Improving Child Health
8.2 Narrowing the Gap – reducing health inequalities
8.3 Healthy Lifestyles/healthy choices
8.4 Healthy Places
8.5 Strengthening partnerships and capacity

9. EQUALITIES IMPACT IMPLICATIONS

Not undertaken

Background Papers

Cockman P, Dawson L, Mathur R and Hull S (2011) Improving MMR vaccination rates: herd immunity is a realistic goal *BMJ* 2011;343:

NICE guidance (2009) 'Reducing differences in the uptake of immunisations'

Appendix 1

Work done previously to improve immunisation rates in Enfield

- Immunisation sessions in school to give children missed MMR and Pre-school boosters; well supported by both schools and parents
- Information sessions in schools and children centres to provide advice to parents and staff
- Work with Somali community around MMR; parents still very concerned about links with autism
- Talks to foster carers
- Training to parent champions
- Training and information circulated to voluntary groups around the borough

Appendix 2

Summary of planned changes to the immunisation schedule in 2013/14 Programme	
Men C vaccine: remove one primary dose	June 3rd 'infant' dose will now be given in adolescence 2013
Rotavirus vaccine introduced	July 2013 New vaccine, rotavirus associated with diarrhoea and vomiting in infants.
MenC vaccine: adolescent dose introduced through schools	September 2013 This replaces the 3rd dose normally given at 4 months and will now be given in Year 10.
Shingles vaccine: programme begins (including catch-up)	September 2013 For those aged 70 and over with catch-up for those aged 79 this calendar year.
Flu vaccine for some pre-school aged children introduced	September 2013 To be given to all 2 year olds. There are some pilots in London this year for children aged 2 – 5 (not Enfield).

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