

Review of Antenatal and New-Born and Immunisation Screening Programmes in Enfield 2015



Review of Antenatal and New Born and Immunisations in Enfield

Prepared by: Dr Catherine Heffernan, Principal Advisor for Commissioning Early Years, Immunisations and Vaccination Services and Dr Jane Scarlett Consultant lead for Antenatal and New Born Screening

Presented to: Health and Well Being Board, Enfield, July 14th 2015.

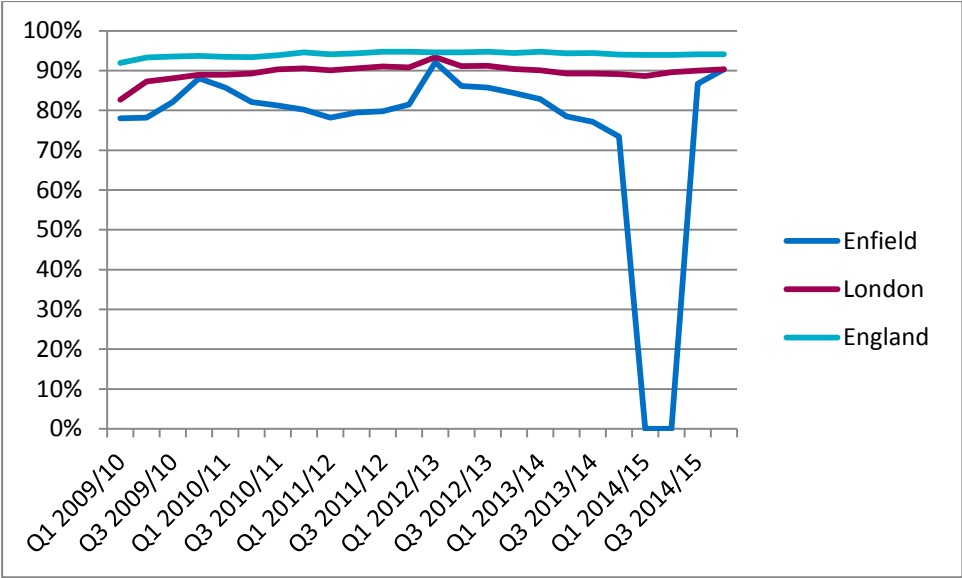
Classification: OFFICIAL

The NHS Commissioning Board (NHS CB) was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the NHS Commissioning Board has used the name NHS England for operational purposes.

Contents

Contents	3
1 Aim	5
2 Antenatal Newborn Screening Programmes	5
2.1 Impact of Antenatal Newborn Screening	5
2.2 Hepatitis B +ve mothers	6
2.3 Sickle Cell and Thalassaemia	7
2.4 Foetal anomaly screening including Down's Syndrome	8
2.5 Newborn Hearing screening	8
2.6 Newborn Infant Physical Examination	8
2.7 Newborn bloodspot testing	9
2.8 Incidents and Serious Incidents	10
3 Immunisations; Antenatal and New-born Vaccinations	10
3.1 Pertussis vaccination for Pregnant Women	10
3.2 Universal BCG vaccination	11
3.3 Neonatal Hep B vaccination	11
4 Routine Childhood Immunisation Programme (0-5 years)	12
4.1 COVER Time Trend for Enfield	12
4.2 Enfield compared to Neighbouring Boroughs	13
4.3 Rotavirus	14
5 School Age Vaccinations	15
5.1 HPV vaccination	15
5.2 Other school age vaccinations	17
6 Adult Vaccinations	18
6.1 Shingles	18
6.2 PPV	20
6.3 Seasonal 'Flu	20
7 Conclusions and Next Steps	21
Appendix 1: Vaccination Uptake in Enfield for Q1 2009/10 to Q4 2014/15 compared to London and England	22

OFFICIAL



1 Aim

- The purpose of this paper is to provide the Enfield Health and Well Being Board (HWBB) with an overview of Section 7a immunisation and screening programmes since NHS England assumed commissioning responsibilities on April 1st 2015.
- Section 7a immunisation programmes are universally provided immunisation programmes that cover the life-course and comprise of:
 - Antenatal and targeted new-born vaccinations
 - Routine Childhood Immunisation Programme for 0-5 years
 - School age vaccinations
 - Adult vaccinations such as the annual seasonal 'flu vaccination

Section 7a Screening Programmes are;

- Diabetic Eye Screening
- Abdominal Aortic Aneurism (AAA)
- Cancer; cervical screening
- Cancer; Breast Screening
- Cancer; Bowel Screening
- The Enfield HWBB are asked to note and support the work NHS England (London) are doing to increase screening and vaccination coverage and screening and immunisation uptake in Enfield.

2 Antenatal Newborn Screening Programmes

2.1 Impact of Antenatal Newborn Screening

Screening tests are used to find women & babies at higher risk of a health problem. Early intervention can reduce mortality and morbidity and economic cost of life long treatment and support from health, education and social services. The tests can help in decision making about care or treatment during pregnancy or after the baby is born. Some screening tests are offered within a matter of hours after the baby born to intervention to prevent death or limit the negative outcomes on health and development.

There are six Antenatal and Newborn (ANNB) screening programmes, screening for a total of 30 conditions:

Many of these programmes are funded wholly or partly within the maternity pathway payment, with some aspects directly commissioned by NHSE (e.g. specialist laboratories for newborn bloodspot screening). Women have a choice of maternity unit for booking. Each maternity unit holds a quarterly ANNB screening steering group meeting. ANNB screening programme standards include timescales for referral into other services (e.g. liver services for women who are Hep B positive).

There are quarterly KPIs for the programmes and a very recently established programme of Quality Assurance visits is being rolled out across London. Most of the KPI data is collected by maternity unit rather than borough of residence of

the mother. The NENCL ANNB Screening Performance and Quality Board meets every four months, and reports in to the NHSEL ANNB screening commissioning board, which also meets every four months. Enfield CCGs maternity commissioning lead attends both of these meetings and gives comprehensive feedback.

Maternity services for Enfield are provided by Barnet and Chase Farm Hospital and North Middlesex Hospital. There are no ANNB External Quality Assurance visits planned to either hospital in 2015/16. Following some concerns about the oversight of ANNB screening programmes in North Middlesex Hospital, due to several incidents with the Down's Syndrome pathway, this pathway was reviewed and there is now improved oversight and increased reporting of early alerts as soon as there is any pathway deviation.

2.2 Hepatitis B +ve mothers

Highest rate of hepatitis B+ve pregnant women is in London.

- Liver disease is the fifth biggest cause of mortality in England (1/4 due to hep infection).
- Not treated persistent hep B infection can lead to cirrhosis of the liver or liver cancer.
- Mother to baby transmission during birth accounts for 20% of all new cases.

An effective hep B antenatal screening and infant immunisation pathway for babies born to women with hep B will reduce morbidity and mortality. Without this, 90% of babies born to mothers who are highly infectious for hep B will develop hep B themselves, as will 10% of babies born to mothers who have low infectivity.

Immunisation schedule: At birth (+immunoglobulin if high risk); at 1 month; at 2 months; at 12 months; Serology check at 1 year

Hospital responsible for 1st dose, Subsequent doses delivered by a number of providers (primary care; hospital; health visitors; GPs)

CHIS responsible for monitoring immunisation for babies of Hep B positive mothers.

Timely referral of hepatitis B positive women for specialist assessment

Women found to be Hep B positive should be referred to a liver disease specialist within 6 weeks, for full assessment, treatment if indicated, and to plan for the birth of the baby. The acceptable standard for this is 70% of women seen within 6 weeks and the achievable standard is 90%. Achieving this standard is a challenge for many units. Due to low numbers of women who are Hep B positive quarterly KPI data is not published for this indicator.

HIV positive mothers – Barnet and Chase Farm screened 99.6% of women for HIV, and North Middlesex hospitals screened 99.9% in quarter 2 2014/15. Ensuring all women are screened, and that those who decline screening are aware of the benefits of treatment to both mother and baby, is important here. Recent audits of babies diagnosed with HIV show that all were born to mothers who were not screened antenatally.

Table 1: KPI ID1 - The proportion of pregnant women eligible for infectious disease screening who are tested for HIV, leading to a conclusive result.

Area	Performance %
England	98.7
London	99.8
Barnet and Chase Farm Hospitals NHS Trust	99.6
North Middlesex University Hospital NHS Trust	99.9
Royal Free Hampstead NHS Trust	100.0
The Whittington Hospital NHS Trust	99.7
University College London Hospitals NHS Foundation Trust	99.9

Source: <https://www.gov.uk/government/publications/nhs-screening-programmes-kpi-reports-2014-to-2015>

2.3 Sickle Cell and Thalassaemia

Timeliness of Sickle Cell and Thalassaemia (SCT) testing

Antenatal testing for SCT needs to be done early in pregnancy in order for partners of women who are found to be SCT carriers to be offered testing and to have a result in time for invasive diagnostic testing of the foetus to be offered by 12 weeks gestation. Testing later than this limits options for the future of the pregnancy. Because of this, an acceptable target of 50% of mothers having a result for SCT testing by 10 weeks gestation has been set, with the achievable target 75%. Barnet and Chase Farm (52.9%) met the acceptable target, and performance in North Middlesex improved considerably (8.8% in Q1, 35.7% in Q2) although they do not yet meet the acceptable target. NHSEL are monitoring performance against this target across London in 2015/16, and will also be reviewing the data collection process to ensure the information is correctly measured.

Table 2: KPI ST2 - The proportion of women having antenatal sickle cell and thalassaemia screening for whom a conclusive screening result is available by 10 weeks' gestation.

Area	Performance %
England	51.6
London	40.2
Barnet and Chase Farm Hospitals NHS Trust	52.9
North Middlesex University Hospital NHS Trust	35.7
Royal Free Hampstead NHS Trust	67.1
The Whittington Hospital NHS Trust	44.0
University College London Hospitals NHS Foundation Trust	62.3

Source: <https://www.gov.uk/government/publications/nhs-screening-programmes-kpi-reports-2014-to-2015>

2.4 Foetal anomaly screening including Down's Syndrome

Down's syndrome screening consists of an ultrasound scan and biochemical markers, results from which are combined to give the risk of a pregnancy being affected with Down's Syndrome. The Down's Syndrome KPI measures completeness of the information provided which is needed for the risk calculation. The acceptable target is 97.0% and achievable is 100%. In Q2 2014/15, Barnet and Chase Farm achieved the target but North Middlesex were below target at 94%.

Table 3: KPI FA1 - The proportion of laboratory request forms including complete data prior to screening analysis, submitted to the laboratory within the recommended timeframe of 10+0 to 20+0 weeks' gestation.

Area	Performance %
England	96.5
London	96.4
Barnet and Chase Farm Hospitals NHS Trust	98.4
North Middlesex University Hospital NHS Trust	94.6
Royal Free Hampstead NHS Trust	98.2
The Whittington Hospital NHS Trust	94.8
University College London Hospitals NHS Foundation Trust	99.5

Source: <https://www.gov.uk/government/publications/nhs-screening-programmes-kpi-reports-2014-to-2015>

2.5 Newborn Hearing screening

Newborn hearing for Enfield is provided by the North Central London programme, which covers all five maternity providers in North Central London. There are two KPIs for newborn hearing. The first is to ensure that babies receive screening soon after birth, and measures the proportion of babies eligible for newborn hearing screening for whom the screening process is complete by 4 weeks. The acceptable target for this is 95% and the achievable target is above 99.5%. In Q2 2014/15, NCL reached 96.5%, close to the overall London performance of 96.8% but below the England performance of 98.0%.

The second KPI measures the percentage of babies referred for assessment after screening who receive audiological assessment within 4 weeks of referral. The acceptable target is above 90% and the achievable target is 100%. Because of low numbers of babies referred, data is not published for individual programmes. In Q2 2014/15, the overall London performance was 91.5% and the England performance was 87.7%.

2.6 Newborn Infant Physical Examination

The NHS Newborn and Infant Physical Examination Programme offers parents the opportunity to have their baby screened for abnormalities of the eyes, heart, hips and testes. Newborn clinical examinations have been undertaken as part of routine care for a number of years. In preparation for reporting Key Performance Indicators for the NIPE programme providers are being required to

install IT systems with functionality to meet national specifications and provide failsafe for the NIPE programme by the end of March 2016. Once installed KPI data should be submitted. So far only two London providers are submitting data, both in South London.

2.7 Newborn bloodspot testing

The newborn bloodspot now tests for nine conditions, phenylketonuria (PKU), congenital hypothyroidism (CHT), sickle cell disease (SCD), cystic fibrosis (CF), medium-chain acyl Co-A dehydrogenase deficiency (MCADD), Maple Syrup Urine Disease (MSUD), Homocystinuria (HCU), Glutaric Aciduria Type 1 (GA1) and Isovaleric Acidaemia (IVA). The last four conditions were added to the national programme from January 2015, and due to the number of conditions the bloodspot samples are tested for, new standards for the bloodspot samples were set from April 2015. These standards are likely to increase the number of babies who need a repeat sample taken. Many repeat samples are considered avoidable, i.e. are due to either poor sample labelling or inadequate bloodspots. The acceptable standard for avoidable repeats is 2% and the achievable standard is 0.5%. The latest results available date from before the new guidance on sample quality was introduced, so the number and percentage of avoidable repeat tests is likely to increase. In Q2 2014/15 Barnet and Chase Farm Hospital had an avoidable repeat rate of 1.8% and North Middlesex had a rate of 2.4%. Nearly half of the avoidable repeats for both hospitals were due to inadequate samples, but samples taken when babies were too young, wrong NHS number and wrong date of birth were also common reasons for repeat samples to be needed.

NHSEL are monitoring performance against this target across London in 2015/16, in order to reduce the unnecessary distress to babies and families and to reduce unnecessary use of resources and staff time.

Table 4: KPI NB2 - The percentage of babies from whom it is necessary to take a repeat blood sample due to an avoidable failure in the sampling process.

Area	Performance %
England	2.6
London	2.0
Barnet and Chase Farm Hospitals NHS Trust	1.8
North Middlesex University Hospital NHS Trust	2.4
Royal Free Hampstead NHS Trust	0.6
The Whittington Hospital NHS Trust	2.2
University College London Hospitals NHS Foundation Trust	0.8

Source: <https://www.gov.uk/government/publications/nhs-screening-programmes-kpi-reports-2014-to-2015>

2.8 Incidents and Serious Incidents

Following some reported incidents in 2014 which raised concerns about adherence to the ANNB screening pathways, a quality assurance visit was carried out to North Middlesex Hospital in late 2014. An action plan was developed from this which has been implemented and the concerns have been resolved. Any deviation from any screening pathway is flagged in an early alert. KPI quarterly reports include exception reporting on all women to ensure that all women receive an offer of screening and all those accepting receive a screening result.

3 Immunisations; Antenatal and New-born Vaccinations

3.1 Pertussis vaccination for Pregnant Women

- In 2012, a national outbreak of pertussis (whooping cough) was declared by the Health Protection Agency. In 2012, pertussis activity increased beyond levels reported in the previous 20 years and extended into all age groups, including infants less than three months of age. This young infant group is disproportionately affected and the primary aim of the pertussis vaccination programme is to minimise disease, hospitalisation and death in young infants. In September 2012 The Chief Medical Officer (CMO) announced the establishment of the *Temporary programme of pertussis (whooping cough) vaccination of pregnant women* to halt in the increase of confirmed pertussis (whooping cough) cases. This programme has been extended for another 5 years by the Department of Health (DH) in 2014. Since its introduction, Pertussis disease incidence in infants has dropped to pre2012 levels.
- Statistics for pertussis vaccine uptake are reported monthly and by region/area. They cover those women who delivered a baby within the survey month at more than 28 weeks gestational age and who are registered on the general practitioner (GP) systems. However the submission is currently optional and 100% of Enfield GP practices submitted reports for the 2014/15 sentinel survey (ImmForm, 2015). Nationally 70% of the population of pregnant women are reflected in the sentinel surveillance data.
- In England, pertussis vaccine coverage in pregnant women reached 62.6% in December 2014 – the highest recorded since the start of the programme. Nationally, the uptake of pertussis vaccine is increasing year on year.
- There are seasonal patterns with the winter months of November and December each year reporting the highest proportion vaccinated whilst there's a drop between April and July
 - Difference attributed to pertussis given with seasonal 'flu vaccination during November and December
- London monthly averages are ~10% lower than national averages and London was one of only two area teams (Birmingham Black Country being the other) that reported coverage rates of under 50% between Oct 2012 and December 2014
- The annual average for London for 2014/15 (April 1st 2014 – March 31st 2015) was 46.1%. Enfield CCG reported an average of 32.7% uptake (ImmForm, 2015).

- NHS England has a pan-London action plan to increase uptake amongst pregnant women with a named lead. This includes a project to understand women's reasons for not being vaccinated and an audit on how well the vaccine is prompted by the health professionals involved. A maternity service level agreement (SLA) has been implemented for 2015/16 with Clinical Commissioning Groups (CCGs) specialised commissioning to enable all maternity services to administer seasonal 'flu and pertussis to all pregnant women. We are chasing sign up by Royal Free and North Middlesex Maternity Departments.

3.2 Universal BCG vaccination

- The national reporting system is currently under review so no data has been collected since 2012. However, since the London TB Board and the London Immunisation Board both recommended a universal BCG vaccination programme in London, providers of Child Health Information Systems (CHIS) are now contracted to submit quarterly data as part of the Cohort of Vaccination Evaluated Rapidly (COVER) returns. This data will be available from Q1 2015/16 onwards.
- For 2014/15, NHSE (London) commissioned a Commissioning for Quality and Innovation (CQUIN) for BCG and Hepatitis B for maternity units across London. An audit in June 2015 found that Barnet, Enfield and Haringey Mental Health Trust (the local early years provider for Enfield) reported 58% for quarter 3 (above the threshold of 50%) but 42% for Q4 2014/15 (below the 70% threshold).
- NHS England will be rolling out a 100% offer of BCG vaccine to all babies up to the age of one year across London. This offer will primarily be given in the maternity units with a community offer for those parents who missed out on the vaccine in maternity hospitals. Enfield did not have universal BCG vaccination programme prior to 2015, although all babies born at North Middlesex Hospital including those resident in Enfield are offered BCG.
- Since April 2015, there has been a shortage of BCG vaccine nationally resulting in low stocks within London. It is anticipated that providers can reorder the vaccine from September onwards and have been recommended to adhere to the Public Health England advice of prioritising those infants most at risk of TB. Further guidance will be issued from PHE to providers in regard to the lack of supplies in London.
- The current roll out of 100% offer of BCG is temporally on hold until vaccine supplies are in place. NHSE are seeking information on when that is likely to be and will work with providers accordingly on contingency plans.

3.3 Neonatal Hep B vaccination

- Babies born to mother who are Hepatitis B positive should receive a course of 4 does of Hepatitis B vaccine and a serology by 12 months of age. Mothers are identified through the antenatal screening programme and babies are followed up through primary care in Enfield.
- Numbers for babies born to mothers who are Hepatitis B positive are small so annual figures are more robust. The latest annual data available is for 2013/14 (year ending March 31st 2014). No data was available for Enfield for

the years 2013/14. The collection of data for Hepatitis B at risk babies is experimental and is done via COVER submissions. It is difficult to draw a conclusion that Enfield had no babies deemed at risk of Hepatitis B due to Hepatitis B positive mothers or whether the CHIS system was unable to record the status of the child.

- NHS England's intention is to have all babies vaccinated by their first birthday and serology conducted. This is being enacted through commissioning endeavours (including CQUIN to improve reporting) in 2014/15 and a pan-London action plan being delivered by a Hep B sub-group of the London Immunisation Board. An audit of the CQUIN in June 2015 found that Barnet, Enfield and Haringey Mental Health Trust reported 100% for all Hepatitis B at risk babies who reached the age of one year within the respective quarters had been vaccinated for quarters 3 and 4 2014/15.

4 Routine Childhood Immunisation Programme (0-5 years)

4.1 COVER Time Trend for Enfield

- Cohort of Vaccination Evaluated Rapidly (COVER) monitors immunisation coverage data for children in UK who reach their first, second or fifth birthday during each evaluation quarter – e.g. 1st January 2012 to 31st March 2012, 1st April 2012 – 30th June 2012. Children having their first birthday in the quarter should have been vaccinated at 2, 3 and 4 months, those turning 2 should have been vaccinated at 12/13 months and those who are having their 5th birthday should have been vaccinated before 5 years, ideally 3 years 3 months to 4 years.
- London has in recent years delivered significantly poorer uptake than the remainder of the country. Reasons provided for the low coverage include the increasing birth rate in London which results in a growing 0-5 population and puts pressure on existing resources such as GP practices, London's high population mobility, difficulties in data collection particularly as there is no real incentive for GPs to submit data for COVER statistics and large numbers of deprived or vulnerable groups. In addition, there is a 20-40% annual turnover on GP patient lists which affects the accuracy of the denominator for COVER submissions, which in Enfield's case inflates the denominator (i.e. number of children requiring immunisation) resulting in a lower uptake percentage. Like many other London boroughs, Enfield has not achieved the required 95% herd immunity (i.e. the proportion of people that need to be vaccinated in order to stop a disease spreading in the population).
- Figure 1 illustrates the quarterly COVER statistics for the uptake of the six COVER indicators for uptake. The primaries (i.e. completed three doses of DTaP/IPV/Hib) are used to indicate age one immunisations, PCV and Hib/MenC boosters and first dose of MMR for immunisations by age 2 and preschool booster and second dose of MMR for age 5. Quarterly rates vary considerably more than annual rates but are used for monitoring purposes. This graph only contains up to Q3 2014/15 as that was the latest available data in this format at time of writing. However Appendix 1 illustrates the time trend of Enfield compared to London and England from Q1 2009/10 to Q4 2014/15.

- Similar to the general pattern across London where coverage rates decrease as age increases, Enfield's rates decrease as the age cohort goes from age 1 to 2 and to age 5. This decrease in coverage rates is affected by data information systems not capturing movements in population (i.e. transfers in and movers out of borough) and also reflects inadequacies in call/recall systems to bring children in for the remaining vaccinations on the Routine Childhood Immunisation Schedule (i.e. calling parents/guardians for appointments and chasing those who do not attend). This is not unique to Enfield and is common across London boroughs.
- Throughout 2011/12 to 2014/15, London has consistently performed below national on all COVER indicators by ~4% for the age 1 vaccinations, ~6% for age 2 vaccinations and ~10% for the age 5 vaccinations. The rates dipped at the start of 2013/14 but have since increased to the pre-dip levels.
- Appendix 1 shows how Enfield performed comparatively to London and England for the latest published data (Quarter 4 2014/15 – i.e. January 1st - March 31st 2015). This table compares all vaccinations given within the routine childhood immunisation programme. It can be seen that Enfield performs below regional and England averages and below the World Health Organisation (WHO) recommended of 95%.
- When looking at the age one vaccines (the primaries), Enfield's figures peaked in Q1 2012/13 and have since been in decline. The complete drop for Q2 2014/15 was due to no data being submitted for that quarter. However, since then Enfield's figures have improved with an increase to 90.3% for Q4 2014/15, in line with London's average.
- The age 2 vaccinations – MMR first dose, the PCV booster and the Hib/Men C booster also show improvements for Quarter 4 2014/15 (see Appendix 1). Again all three indicators were in line with London's averages: 85.4% compared to London's 85.7% for PCV booster, 86.4% compared to London's 86.3% for Hib/Men C booster and 86% compared to London's 86.5% for MMR first dose.
- Age 5 vaccinations performed higher than London's averages in the latest available data – 88.3% for preschool booster compared to London's 77% and 82.6% for MMR 2nd dose compared to London's 80.1%. England averages were 88.4% and 88.6% for preschool booster and MMR 2nd dose, illustrating that Enfield's reported coverage rates for completed immunisation schedules are in line with national averages for Q4 2014/15. This improvement in rates was seen in Q3 2014/15 and it is NHSE (London)'s intention to maintain and continue this improvement.

4.2 Enfield compared to Neighbouring Boroughs

- Table 1 shows Enfield compared to its neighbouring boroughs in North East London (data for COVER is still reported as PCT areas) for Quarters 2 and 3 (i.e. October – December 2014). Enfield had a significant increase between Q2 and Q3 for the age 1 vaccinations of 3.2%. The other indicators remained stable with no significant changes (i.e. the confidence intervals for each indicator uptake rate overlapped with the previous quarters). Islington achieved the 95% target for age one vaccinations and for the PCV booster (though the other two age 2 vaccinations are almost there).

- Compared to London, Enfield performs below London average for the age 1 and 2 vaccinations but higher than age 5 preschool booster and slightly lower for the 2nd dose of MMR.
- When compared to quarter 3 2013/14, there are significant increases in three of the indicators for Enfield – a rise from 85.8% to 89.7% for age one vaccinations, 72.7% to 80% for the age 5 vaccination (preschool booster) and 85.8% to 89.7% for the 2nd dose of MMR.

Table 1

Enfield PCT and Neighbouring PCTs Comparisons between Q2 and Q3 2014/15

Q2 1415 & Q3 1415 Immunisations		Immunisation rate for children aged 1 who have been immunised for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib) - (DTaP/IPV/Hib)- 3Doses			Immunisation rate for children aged 2 who have been immunised for Pneumococcal infection (PCV) - (PCV booster)			Immunisation rate for children aged 2 who have been immunised for Haemophilus influenza type b (Hib), meningitis C (MenC) - (Hib/MenC)			Immunisation rate for children aged 2 who have been immunised for measles, mumps and rubella (MMR) - (MMR)			Immunisation rate for children aged 5 who have been immunised for Diphtheria, Tetanus, Polio, Pertussis (DTaP/IPV) - pre-school booster			Immunisation rate for children aged 5 who have been immunised for measles, mumps and rubella (MMR2)		
PCT Name	PCT Code	Q2 1415	Q3 1415	Signif. change	Q2 1415	Q3 1415	Signif. change	Q2 1415	Q3 1415	Signif. change	Q2 1415	Q3 1415	Signif. change	Q2 1415	Q3 1415	Signif. change	Q2 1415	Q3 1415	Signif. change
North Central & East London (NCEL)		%	%		%	%		%	%		%	%		%	%		%	%	
Barking & Dagenham PCT	5C2	89.5	92.0	➡	86.6	85.9	➡	86.2	86.5	➡	87.1	85.9	➡	83.3	80.9	➡	82.2	78.8	➡
Barnet PCT	5A9	72.5	85.0	⬆	68.6	78.1	⬆	68.9	77.9	⬆	69.6	78.3	⬆	63.9	70.7	⬆	66.4	71.6	⬆
Camden PCT	5K7	92.4	93.2	➡	86.3	86.9	➡	85.3	86.8	➡	85.3	86.1	➡	82.3	83.4	➡	82.1	81.1	➡
City & Hackney Teaching PCT	5C3	85.1	85.5	➡	90.2	88.5	➡	89.8	88.4	➡	90.2	87.6	➡	82.5	83.4	➡	88.8	87.2	➡
Enfield PCT	5C1	0.0	86.7	➡	0.0	86.0	➡	0.0	88.3	➡	0.0	87.1	➡	0.0	85.1	➡	0.0	85.1	➡
Haringey Teaching PCT	5C9	93.1	94.2	➡	87.1	85.3	➡	88.7	87.0	➡	88.0	86.5	➡	84.3	84.9	➡	83.5	84.2	➡
Havering PCT	5A4	91.0	93.8	➡	87.8	88.1	➡	88.1	88.5	➡	86.5	87.0	➡	84.4	82.5	➡	83.4	81.4	➡
Islington PCT	5K8	97.9	96.6	➡	97.6	95.0	➡	97.7	94.8	➡	95.4	94.6	➡	94.2	90.3	➡	93.2	90.1	➡
Newham PCT	5C5	92.7	92.5	➡	89.7	88.6	➡	90.1	89.0	➡	90.7	89.1	➡	84.3	81.2	➡	85.6	81.8	➡
Redbridge PCT	5NA	91.2	90.5	➡	85.5	84.4	➡	86.1	83.8	➡	85.9	83.3	➡	73.7	76.9	➡	72.4	74.6	➡
Tower Hamlets PCT	5C4	94.3	95.8	➡	93.4	90.3	➡	93.2	96.4	⬆	93.2	89.0	⬆	81.6	84.0	➡	91.7	91.5	➡
Waltham Forest PCT	5NC	85.7	89.7	⬆	82.4	83.5	➡	83.4	83.2	➡	84.2	83.6	➡	80.9	81.0	➡	80.2	80.3	➡
London	London	89.6	90.0	➡	85.8	85.5	➡	86.2	86.1	➡	86.5	86.0	➡	78.2	78.0	➡	80.8	80.5	➡

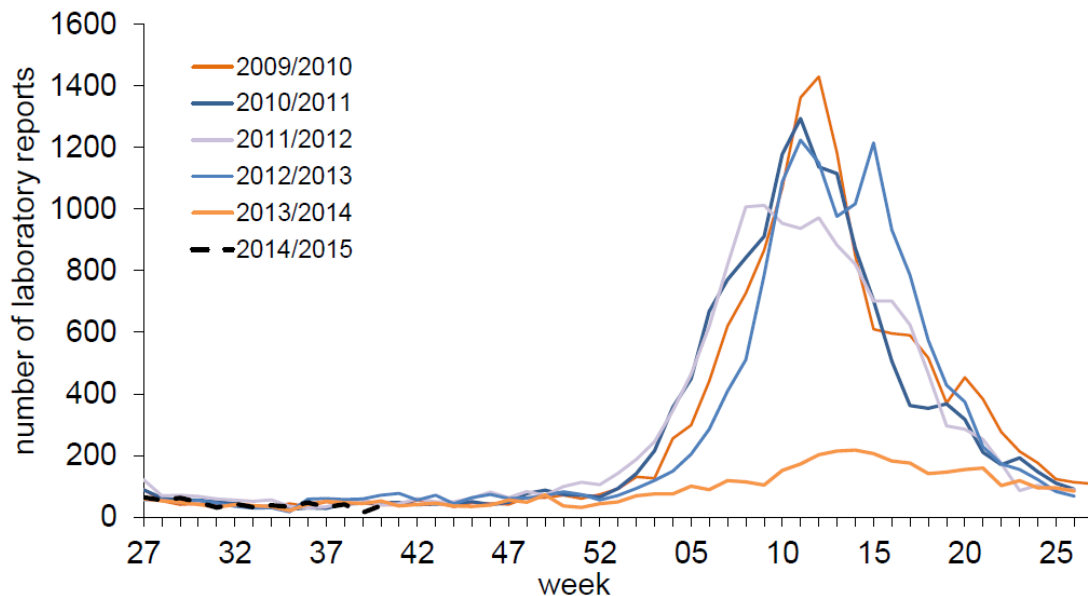
Source: PHE (2015)

4.3 Rotavirus

- Rotavirus vaccine was introduced into the Routine Childhood Immunisation Schedule in 2013/14 and is measured monthly. Since June 2014 both London and England averages have been 90% or over.
- The programme has been very successful in reducing incidences of rotavirus with laboratory reports of rotavirus for July 2013 – June 2014 being 67% lower than the ten season average for the same period in the seasons 2003/04 to 2012/13 (See Figure 1).
- The latest available figures for Enfield CCG is for May 2015 whereby 95.3% of babies received the first dose of the vaccine, 89.6% received two doses (ImmForm, 2015). Rotavirus vaccine uptake is monitored monthly and there is no national target.

Figure 1

Seasonal Comparison of Laboratory Reports of Rotavirus 2009/10 to 2014/15 for England



Source: PHE (2014)

5 School Age Vaccinations

5.1 HPV vaccination

- Human papillomavirus (HPV) vaccination has been offered to 12-13 year old girls (Year 8) since the academic year 2008/09. Originally the course was 3 doses but following the recommendation of the Joint Committee of Vaccinations and Immunisations (JCVI) in 2014 is that two doses is adequate.
- Since 2008/09, there has been a steady increase of uptake both nationally and in London. England has increase from 80.1% in 2008/09 to 86.7% in 2013/14 (the latest published data) whilst London has performed lower but still increasing from 73.8% in 2008/09 to 80% in 2013/14. However, the 2013/14 figures are still below the national target of 90%, the level set for herd immunity. Nevertheless, Data for 2014/15 will be available in December 2015.
- Table 2 ranks the performance of London's Primary Care Trusts (PCTs) comparing 2013/14 to the performance of 2012/13 (data is still published as PCT areas for comparison reasons). It can be seen that Enfield is at the bottom of the ranked PCTs with 68.3% girls completing their course of vaccinations in 2013/14. There is however a jump of 6.2% from 2011/12's 62.1%% for completed courses.
- For both years, the uptake of 1st dose was 78.5% in 2013/14 and 80.9% in 2012/13. This means a fall of 10.2% between first and third doses of HPV in 2013/14. Now that the course has been reduced to two doses, this difference

OFFICIAL

should be smaller resulting in higher reported rates for 2014/15 (second dose of HPV was 71% in 2013/14).

- NHS England (London) has just finished a re-procurement of school age vaccination services for London commencing later this year. As part of this new contracting arrangement, all providers will be required to provide monthly updates on HPV vaccination rates as well as provision of their timetables and action plans to improve uptake rates.
- Surveillance data from Public Health England (PHE) already suggest that the programme is achieving its aims. Reductions in the prevalence of HPV 16 and 18 infections (HPV strains 16 and 18 cause 70% of cervical cancers and precancerous cervical lesions) are consistent with very high vaccine effectiveness among those vaccinated and suggest that herd-protection is also lowering prevalence among those who are not vaccinated. These early findings support confidence in the programme delivering its expected impact on cervical cancer and other HPV-related diseases in due course. It is anticipated that, with the new two-dose schedule, higher coverage of the completed course should be achievable, thus increasing the potential impact of the programme

Table 2

Ranking of London Primary Care Trusts (PCTs) in relation to percentage of Year 8 girls who completed the HPV course in 2013/14 and 2012/13

Name of Organisation	% 2013/14	% 2012/13	Difference
NEWHAM PCT	92.3	90.3	2.0
SUTTON AND MERTON PCT	89.4	87.3	2.1
ISLINGTON PCT	87.1	87	0.1
WALTHAM FOREST PCT	86.8	86.5	0.3
BROMLEY PCT	86.8	85.5	1.3
HILLINGDON PCT	86.5	85.4	1.1
HOUNSLOW PCT	86.2	85.3	0.9
HAVERING PCT	86.2	84.8	1.4
SOUTHWARK PCT	85.7	83.9	1.8
HARROW PCT	83.2	83.7	-0.5
LEWISHAM PCT	82.9	83.2	-0.3
RICHMOND AND TWICKENHAM PCT	81.8	82.7	-0.9
KINGSTON PCT	81.6	81.3	0.3
BRENT TEACHING PCT	81.1	80.2	0.9
LAMBETH PCT	80.9	79.1	1.8
BARKING AND DAGENHAM PCT	79.2	78.8	0.4
WANDSWORTH PCT	79.1	78.8	0.3
KENSINGTON AND CHELSEA PCT	78.9	78.7	0.2
WESTMINSTER PCT	77.9	78.5	-0.6
GREENWICH TEACHING PCT	77.6	78.3	-0.7
EALING PCT	77.0	77.7	-0.7
CAMDEN PCT	77.0	77.4	-0.4
BEXLEY CARE TRUST	76.6	76	0.6
HARINGEY TEACHING PCT	76.4	75.7	0.7
CROYDON PCT	76.4	74.7	1.7
TOWER HAMLETS PCT	75.6	74.5	1.1
HAMMERSMITH AND FULHAM PCT	73.3	72.2	1.1
BARNET PCT	69.5	72	-2.5
CITY AND HACKNEY TEACHING PCT	69.4	66.9	2.5
REDBRIDGE PCT	69.2	66.7	2.5
ENFIELD PCT	68.3	62.1	6.2

Source: PHE (2014)

5.2 Other school age vaccinations

- To date, data is not routinely collected and published for Meningococcal C (Men C) vaccination programme and for the teenage booster.
- NHS England (London)'s procurement of immunisation services to deliver school age vaccinations will provide provision in sites outside school as well as deliver school-based vaccinations. Through the new contracts, NHS England will be routinely collecting data on coverage and uptake. The new

national Maternal and Child Health Data set Portal which is due later this year will also provide data on uptake.

- From September 2014, it is planned to deliver Meningococcal ACWY instead of Men C in Year 9 with a catch up in years 12 and 13. This is a national programme following the rise in Meningococcal W (Men W) cases in England over the last two years. A sub-group of the London Immunisation Board has been set up to deliver London's action plan to implement the new programme for 2015/16.
- Following two years of piloting delivery of child 'flu vaccination programme in primary and secondary schools, the programme is being rolled out from September 2015. Across London, all year 1 and 2 children will be offered Fluenz within their schools. GPs will continue to be responsible for vaccinating 2- 4 year olds.

6 Adult Vaccinations

6.1 Shingles

- The Shingles vaccination programme commenced in September 2013.
- Shingles vaccine is offered to people who are 70 years or 79 years old on 1st September in the given year. Data on vaccine coverage is collected between 1st September and 31st August. London has excellent reporting rates with 98.35 of GP practices submitting data returns.
- Although data for 2014/15 only covers up to February 2015, this year London and England appear to be performing lower than last year despite the national trend projecting an increase on last year. London's average for uptake amongst the 70 year old cohort is 28.6% (lower than England's 48.7% and lower than 2013/14 when it was 51.3%). For the same period, London's average for uptake amongst the 79 year old cohort is 39.6% (lower than England's 48.1% and last year's 50.9%).
- For Enfield, 49.8% of the age 70 year olds were vaccinated in 2013/14 which has slightly decreased to 32% for 2014/15. There has been a larger drop for the 79 year old cohort with 48.4% vaccinated in 2013/14 and 28.6% vaccinated so far in 2014/15.
- In 2013/14 London had 35,616 unvaccinated 70 and 79 year olds (48.5% of the total). Within Enfield, 1543 were unvaccinated (48.1% of the overall total 70 and 79 year old population).
- Table 3 illustrates the percentage uptake by CCG in London for both years of the Shingles programme for the two age cohorts. It can be seen that Enfield CCG reports uptake rates lower than London averages – in 2013/14, 49.8% of 70 year olds and 48.4% of 79 year olds had the shingles vaccine compared to 51.3% and 50.9% for London.
- Nationally and within London, there is no difference between ethnic groups in terms of uptake.
- A task 'n finish group has been set up under the London Immunisation Board with the primary aim of driving up the uptake of shingles vaccine in London. The first output of this group is to devise and promote London Shingles Awareness Week (27th July 2015 – 2nd August 2015).

OFFICIAL

Table 3

Uptake of Shingles Vaccine for the 70 and 79 age cohorts by London CCG for 2013/14 and 2014/15

CCG	% of 70 years age cohort vaccinated 2013/14	% of 70 years age cohort vaccinated 2014/15*	% of 79 years age cohort vaccinated 2013/14	% of 79 years age cohort vaccinated 2014/15*
Barking and Dagenham CCG	51.9	39.7	45.1	45.5
Barnet CCG	56.1	44.9	55.3	52.4
Bexley CCG	47	40.8	39.8	40.9
Brent	51.8	41.7	50.1	43
Bromley CCG	55.6	39.4	57.3	41.5
Camden CCG	50.3	33.2	52.6	33.3
Central London (Westminster) CCG	34.6	26.3	36.7	27.2
City and Hackney CCG	43	31.1	42.5	30.1
Croydon CCG	55.6	41.4	55.1	40.9
Ealing CCG	49.8	32	48.4	28.6
Enfield CCG	52	40.9	51.7	45.2
Greenwich CCG	51.4	40.9	48.7	34.4
Hammersmith & Fulham CCG	36.6	24.7	32.1	19.2
Haringey CCG	47.7	35.8	49.4	36.1
Harrow CCG	51	41.6	53.3	42.7
Havering CCG	54.6	45.5	55.1	45.4
Hillingdon CCG	62	45.7	60.3	48.6
Hounslow CCG	44.6	37.9	44.6	31.7
Islington CCG	51.2	38.7	45.9	42.1
Kinston CCG	52.6	46.9	56.1	42.9
Lambeth CCG	51.2	32.7	50.1	38.6
Lewisham CCG	49	39.3	48.5	43.4
Merton CCG	51.1	40.1	54.3	41.8
Newham CCG	60.7	42.1	59.1	51.5
Redbridge CCG	51.2	39.1	49.4	36.2
Richmond CCG	61.8	40.9	59.8	43
Southwark CCG	45.5	31.2	46	38.3
Sutton CCG	56.2	46	60.1	48.8
Tower Hamlets CCG	50.9	40.8	56.3	42.4
Wandsworth CCG	52	36.9	50.5	42.8

OFFICIAL

Waltham Forrest CCG	48.7	37.2	45.5	39.4
West London (K&C & QPP) CCG	42.1	19.5	42	17.4
London	51.3	38.6	50.9	39.6
England	61.8	48.7	59.6	48.1

* Collection of data still ongoing

Source: PHE (2015)

6.2 PPV

- Pneumococcal Polysachride Vaccine (PPV) is offered to all those aged 65 and older to protect against 23 strains of pneumococcal bacterium. It is a one off vaccine which protects for life.
- Vaccine uptake and reporting coverage is published cumulatively. The latest published data is for 2013/14. Up to and including 31st March 2014, 66.3% of those aged 65 years and older were vaccinated with PPV in Enfield. This is higher than London's average of 63.6% and lower than England's average of 68.9%. Reporting coverage rates are good – 92.6% for London and 92.9% for England and 92.3% in Enfield.

6.3 Seasonal 'Flu

- Table 4 illustrates the uptake of seasonal 'flu vaccine for each of the identified 'at risk' groups for Enfield CCG compared to London and England averages for the winter 2014 (September 1st 2014 to January 31st 2015). It can be seen that London performs lower than England across the groups. In relation to Enfield CCG, it performs better than London average for the 65+ age group – 72.8% compared to London's 69.2% and similar to England's 72.7% - but it is lower than London average for the other 'at risk' groups.
- Overall, the uptake rates for seasonal 'flu vaccination were down from 2013/14's performance. In England, 72.7% of 65+ year olds were vaccinated (down from 73.2% in 2013/14), 50.3% of those aged 6 months to 65 years with one or more underlying clinical risk factors (down from 52.3% in 2013/14). Vaccination rates of pregnant women increased from 39.8% in 2013/14 to 44.1% in 2014/15 for England.
- London, England and Enfield all performed below the recommended 75% uptake level for all at risk groups. This excludes the child 'flu groups of healthy 2 – 4 years olds where there is no target but GPs are encouraged to aim for 40% coverage rates.
- In relation to Health Care Workers (HCW) directly involved in patient care, 43.2% were vaccinated in London. This is a rise from 41.1% from 2013/14 but both are lower than England averages (54.9% in 2014/15 and 54.8% in 2013/14). Uptake in the acute trusts ranged from 19.6% in South London and Maudsley NHS Foundation Trust to 82.7% in Whittington Hospital. For Barnet, Enfield and Haringey Mental Health Trust, 29.5% of all health professionals directly involved in patient care were vaccinated with seasonal 'flu vaccine whilst 46.5% of health care workers were vaccinated in North Middlesex Hospital.
- In April 2015, NHS England (London) undertook a review of how the 2014/15 seasonal 'flu programme was delivered. This review was presented to the

London Immunisation Board in May 2015 and the reflections and recommendations will be incorporated in the planning for the 2015/15 'flu programme.

Table 4
Uptake of the 'at risk' Groups of Seasonal 'flu for Enfield CCG compared to London and England for Winter 2014 (September 1st 2014 – January 31st 2015)

	% uptake 65 years and over	% uptake 6 months – 65 years at risk	% uptake pregnant women	% uptake all 2 year olds combined	% uptake all 3 year olds combined	% uptake all 4 year olds combined	% of practices responding
Enfield CCG	72.8	52	37.7	29.4	33.5	21.9	100
London	69.2	49.8	39.9	30.3	32.7	23.6	100
England	72.7	50.3	44.1	38.5	41.3	32.9	99.8

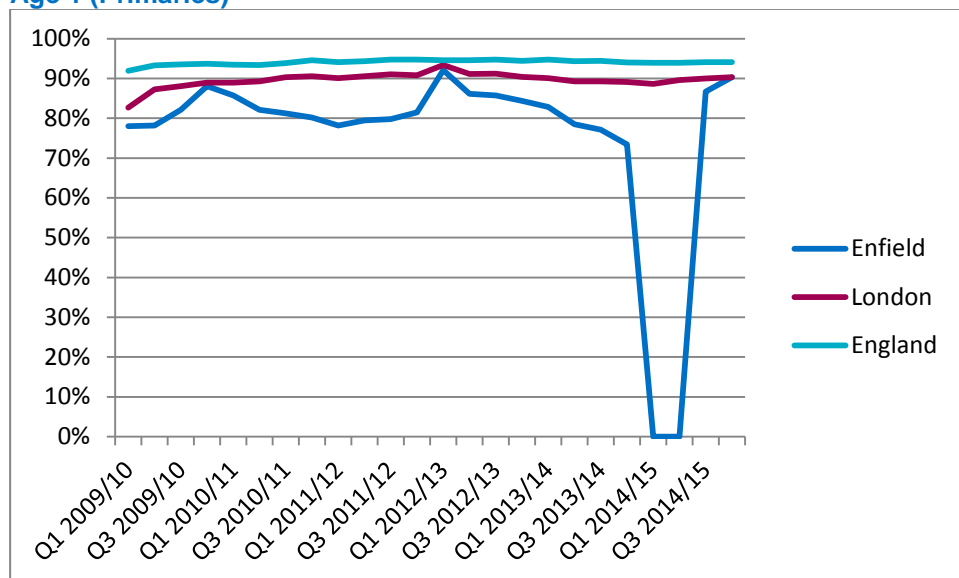
Source: PHE (2015)

7 Conclusions and Next Steps

- Enfield and London have performed below national averages on almost all the Section 7A immunization programmes. However, the London Immunisation Board is overseeing pan-London approaches to improve uptake and coverage.
- For 2015/16, each London borough has been assigned an immunisation commissioner who is responsible for delivering a multi-agency borough specific action plan. The aim of each plan is to increase uptake and vaccination coverage within the boroughs, which in turn will increase London averages. The plans will also address health equities in access to immunisations and health inequalities in uptake. Enfield has a borough specific plan and at time of writing, a draft of this plan is currently being agreed and shaped with local partners. It is due to be signed off locally in June 2015.

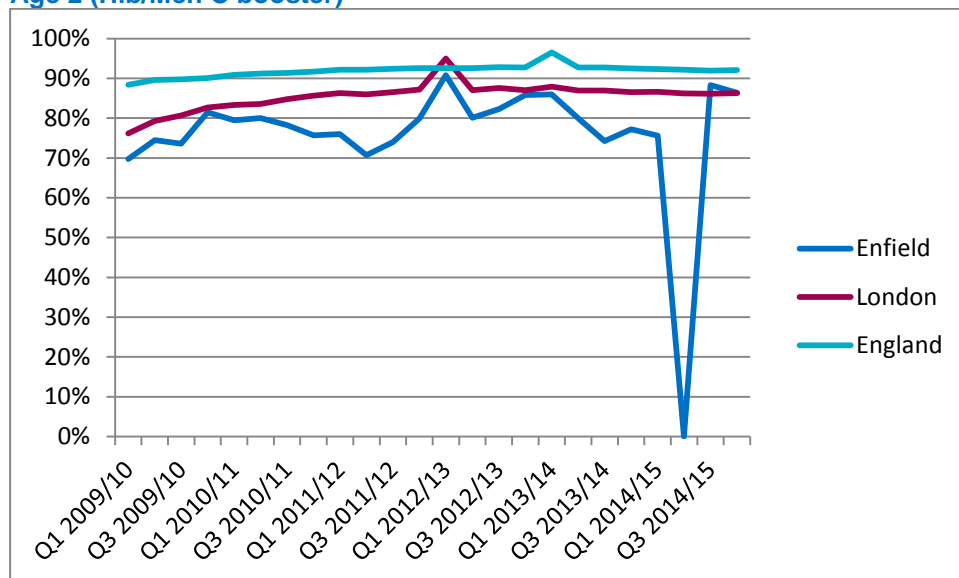
Appendix 1: Vaccination Uptake in Enfield for Q1 2009/10 to Q4 2014/15 compared to London and England

Age 1 (Primaries)



Source: PHE (2015)

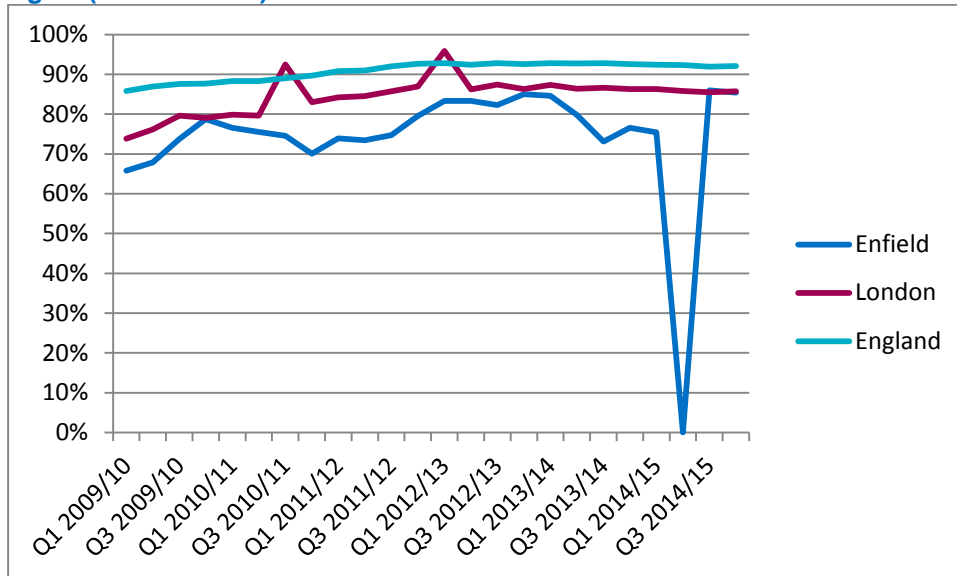
Age 2 (Hib/Men C booster)



Source: PHE (2015)

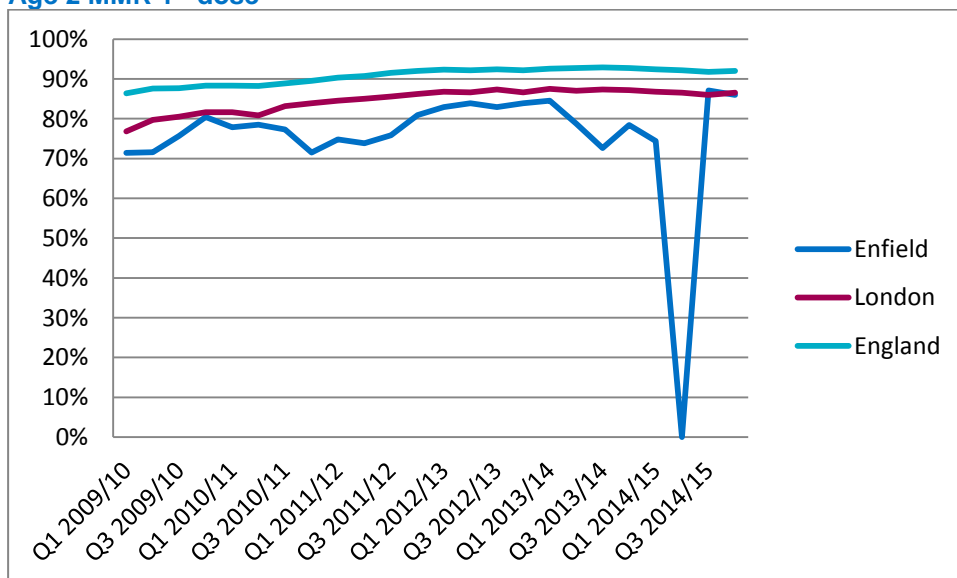
OFFICIAL

Age 2 (PCV Booster)



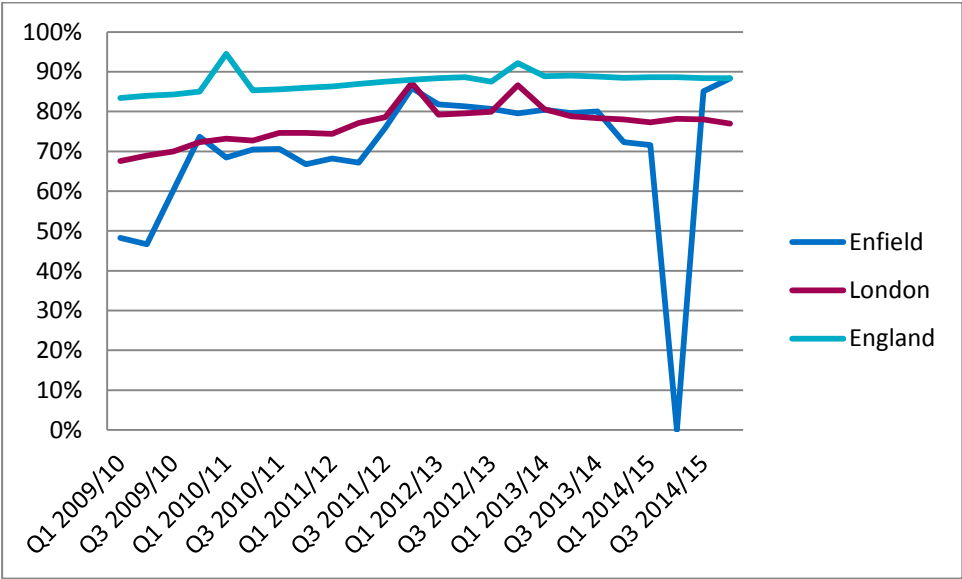
Source: PHE (2015)

Age 2 MMR 1st dose



Source: PHE (2015)

Age 5 Preschool booster



Source: PHE (2015)

Age 5 MMR 2nd dose



Source: PHE (2015)