

# **Health and Well Being Board Enfield December 2016**

## **Review of Immunisation Programmes**



## **Review of Immunisations in Enfield**

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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.

## 1 Summary

- The purpose of this paper is to provide the Health and Well-being Board with an overview of immunisation programmes delivered in Enfield.
- 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 influenza vaccination
- The Health and Well-being Board are asked to note and support the work NHS England (London) are doing to increase vaccination coverage and immunisation uptake in Enfield.

### Background:

Immunisation is the most effective method of preventing disease and maintaining the public health of the local population and vaccination and immunisation service exists to ensure the safe and effective delivery of all vaccine programmes. The Enfield Immunisation Plan sets out actions to be undertaken by all key stakeholders in support of coordinated immunisation activities thereby ensuring that vaccines are available and given to the eligible groups at the recommended times.

NHS England, Public Health England, Clinical Commissioning Groups (CCG) and Local Authorities all have a defined role to play, with NHS England assuming the lead commissioning role in line with the Section 7A mandate.

The roles and responsibilities of the partners are:

### NHS England (NHSE):

- Commissioning of all national immunisation and screening programmes described in Section 7A of the mandate
- Commission immunisation and vaccination services from primary care, community providers (e.g. school nursing teams) and other providers which are specific to national standards
- Monitoring of provider's performance and for supporting providers in delivering improvements in quality and changes in the programmes when required
- Accountable for ensuring local providers meet agreed population uptake and coverage levels against the national service specification and as specified in the Public Health Outcome Indicators
- Work with the Department of Health and Public Health England in national planning and implementation of immunisation programmes and in quality assurance
- Emergency Planning Responses and Resilience (EPRR) where this involves vaccine preventable diseases.

### Public Health England (PHE):

- Lead the response to outbreaks of vaccine preventable disease and provide expert

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advice to NHS England in cases of immunisation incidents. PHE will provide access to national expertise on vaccination and immunisation queries.

- Professional support to the PHE staff embedded in the NHSE Area Teams including access to continuing professional appraisal and revalidation system
- Provide information to support the monitoring of immunisation programmes
- Publishes Cohort of Vaccination Evaluated Rapidly (COVER) data

### **Clinical Commissioning Groups (CCGs):**

- Have a duty of quality improvement and this extends to primary medical care services delivered by GP practices (such as immunisation and screening) – as such, they should be able to provide support where NHSE need to liaise or contact specific primary care facilities.
- CCGs have a crucial role in commissioning pathways of care that effectively interface with screening services, have adequate capacity to treat screen positive patients and meet quality standards
- CCGs hold the contracts for maternity services, and are providers of antenatal and new-born screening (neonatal BCG and infant Hepatitis B).

### **Local Authorities:**

- Leader of the local public health system and is responsible for improving and protecting the health of local population and communities.
- Provide information and advice to relevant bodies within its areas to protect the population's health (whilst not explicitly stated in the regulations, this can reasonably be assumed to include immunisation)
- Provide local intelligence information on population health requirements e.g. JSNA
- Independent scrutiny and challenge of the arrangements of NHSE, PHE and providers.
- Local authorities will need to work closely with Area Teams including arrangements for the NHS response to the need for surge capacity in the cases of outbreaks.

### **General Practitioners (GPs):**

- General practices are contracted by NHSE to deliver the Childhood Routine Immunisation Schedule to their registered child population. They are the main mode of delivery in England.

### **Community Services Providers:**

- Child Health Information System (CHIS) is housed within community service providers and holds clinical records on all children and young people. COVER data is submitted from CHIS to PHE quarterly.
- The community provider may have an immunisation team that provides outreach or 'catch-up' for childhood immunisations (e.g. for unregistered populations) and for BCG.
- Health visitors have a role to play in promoting the importance of vaccinations to parents and 'making every contact count.'
- Some community service providers have immunisation clinical leads or coordinators who provide clinical advice and input into immunisation services locally.

### **Enfield action plan**

- Achieving high levels of immunisation coverage in London remains challenging.

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- This action plan has been developed as part of NHS England's ongoing work to improve immunisation coverage in London and outlines ways in which partner organisations could contribute to the work to ensure high levels of immunisation coverage are achieved and sustained in Enfield. This is in recognition of the key elements and partnerships that are essential to the delivery of an effective, equitable and quality assured immunisation service.
- The 2016/17 Enfield Immunisation Action Plan is underpinned by NHS England's immunisation strategic objectives which are:
  1. To achieve improved immunisation coverage across London.
  2. To reduce inequalities in immunisation uptake between GP Practices and populations.
  3. To improve patient choice and access to immunisations across London.

## 2 Antenatal and New-born Vaccinations

### 2.1 Pertussis vaccination for Pregnant Women

- In 2012, a national outbreak of pertussis (whooping cough) was declared by the Health Protection Agency. 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 the increase of confirmed pertussis (whooping cough) cases. This programme has since been extended for another 5 years by the Department of Health (DH). 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 now cover those women who delivered a baby within the survey month at more than 20 weeks gestational age and who are registered on the general practitioner (GP) systems.

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### Pertussis in Enfield October 2015-March 2016

CCG Name	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
ENFIELD	32.6	28.8	30.6	29.1	34.1	36.7
<b>LONDON</b>	<b>47.7</b>	<b>50.6</b>	<b>52.0</b>	<b>48.9</b>	<b>49.8</b>	<b>49.8</b>
<b>ENGLAND</b>	<b>59.3</b>	<b>61.6</b>	<b>61.4</b>	<b>59.7</b>	<b>59.4</b>	<b>60.7</b>

- 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 influenza 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
- NHS England has a pan-London action plan to increase uptake amongst pregnant women. A maternity service level agreement (SLA) has been implemented to enable all maternity services to administer seasonal influenza and pertussis to all pregnant women.

## 2.2 Universal BCG vaccination

- NHSE (London) has been rolling out a 100% offer of BCG vaccine to all babies up to the age of one year across London. This action had been recommended by the London TB Board and the London Immunisation Board. This offer is commissioned to be given in all maternity units in London with a community offer for those parents who missed out on the vaccine in maternity hospitals or who have recently moved into London.
- Since April 2015, a global shortage of the BCG vaccine resulted in vaccine supply issues within Europe. As a result, the roll-out of the universal offer of BCG was temporarily stalled in London. Once stock was made available again in October 2015, NHSE (London) continued to work with providers across London to deliver the universal offer. A catch up programme was also implemented for those infants who missed out on a vaccine due to the shortage. As per PHE guidance, infants most at risk were prioritised.
- The global shortage has continued into 2016 and in June 2016, PHE national team procured InterVax, a BCG vaccine from Canada. This vaccine is unlicensed in the UK and as a result has to be offered under a Patient Specific Directive (PSD), i.e. to named patients.
- Since July, NHSE (London) team have held fortnightly teleconference calls with providers to support them to deliver BCG vaccine and keep up to date with the continuing changes in PHE policy.

•A pathway for delivery of InterVax was developed and presented to the London Immunisation Board on 28th September 2016. The intention is to clarify and simplify the delivery of the Section 7a Targeted BCG Immunisation programme (<https://www.england.nhs.uk/commissioning/pub-hlth-res/>) in London whilst we have vaccine stock restrictions.

## 2.3 Neonatal Hep B vaccination

- Infants born to Hepatitis B positive mothers are at risk of acquiring Hepatitis B. NHS England commissions a neonatal hepatitis B vaccination programme targeted at these at risk babies to ensure that they receive the 4 doses of the vaccine schedule by 12 months of age and have their status tested either by serology or by a dried blood test.
- Within London there are five models of delivery - GP, hospital based, community based or combination models. Because of this mixed economy, there is a need to have an integrated care pathway across London to ensure that every at risk infant completes the vaccination schedule. However, in October 2015, delivery of the neonatal Hep B programme became the responsibility of general practice. London therefore needs to reduce its models of delivery and roll-out the primary care based model across all boroughs.
- In Enfield plans are for GP's to begin vaccinating from January 2017. Numbers are very low across the borough and training has been provided to practices.

## 3 Routine Childhood Immunisation Programme (0-5 years)

### 3.1 COVER Time Trend for Enfield

- Cohort of Vaccination Evaluated Rapidly (COVER) monitors immunisation coverage data for children in the UK who reach their first, second or fifth birthday during each evaluation quarter. 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 months and those who are having their 5<sup>th</sup> 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

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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).

- Table 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.
- 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.

*Table 1  
Enfield CCG and Neighbouring CCGs Comparisons between Q4 2015/16 and Q12016/17*

Immunisation - 16-17 Q1 compared to 15-16 Q4	Diphtheria, Tetanus, Polio, Pertussis and Haemophilus influenza type b (DTaP/IPV/Hib) - 3 Doses		Pneumococcal infection (PCV booster)		Haemophilus influenza type b and meningitis C (Hib/MenC)		Measles, mumps and rubella (MMR)		Diphtheria, Tetanus, Polio, Pertussis (DTaP/IPV) - pre-school booster		Measles, mumps and rubella (MMR2)	
	12 Months		2 Years		2 Years		2 Years		5 Years		5 Years	
PCT Name	15-16 Q4	16-17 Q1	15-16 Q4	16-17 Q1	15-16 Q4	16-17 Q1	15-16 Q4	16-17 Q1	15-16 Q4	16-17 Q1	15-16 Q4	16-17 Q1
Barnet PCT	88.8%	89.70%	83.6%	84.2	84.5%	85.1%	85.3%	86.2%	76.6%	73.8%	79.6%	79.5%
Camden PCT	91.1%	85.4	83.5%	83.1	84.9%	83.6	83.8%	82.6	74.6%	68.2	71.8%	73.9
<b>Enfield PCT</b>	<b>88.6%</b>	<b>90.6</b>	<b>84.5%</b>	<b>84.1</b>	<b>84.6%</b>	<b>83.6</b>	<b>84.9%</b>	<b>84.2</b>	<b>91.6%</b>	<b>91.7</b>	<b>84.7%</b>	<b>82.3</b>
Haringey Teaching PCT	89.2%	88	85.2%	85.8	86.2%	86.3	86.4%	85.9	86.7%	85.3	86.3%	84.8
Islington PCT	95.1%	96.8	92.4%	92.5	92.5%	92.6	91.9%	92.5	88.5%	89.3	87.2%	88.9
<b>London</b>	<b>88.4%</b>	<b>88.8</b>	<b>84.8%</b>	<b>83.7</b>	<b>85.1%</b>	<b>84.8</b>	<b>85.3%</b>	<b>84.4</b>	<b>77.4%</b>	<b>77</b>	<b>80.4%</b>	<b>80.2</b>

Source: PHE (2016)

From 1<sup>st</sup> April 2017 the Enfield Child Health Information Service, who currently report on COVER, will be moving to the North East London Trust. This is part of the current mobilisation to consolidate 21 local CHIS's into 4 central hubs for London.

### 3.2 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 incidence of rotavirus but there is currently no national target
- The latest available figures for Enfield CCG is for January 2016 whereby 92.1% of babies received the first dose of the vaccine, 83.3% received two doses (ImmForm, 2016). Rotavirus vaccine uptake is monitored monthly and.

School Age Vaccinations

### 3.3 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 two doses are now adequate for protection.
- Table 2 ranks the performance of London's Primary Care Trusts (PCTs) comparing 2013/14 to the performance of 2014/15 (data is still published as PCT areas for comparison reasons). It can be seen that Enfield has improved by 4.4% but still remains one of the lowest boroughs in London.

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*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 2014/15*

Name of Organisation	% 2014/15	%2013/14	Difference	% of Difference
BARKING AND DAGENHAM	83.5	79.2	4.3	5.4
ENFIELD	72.6	69.5	3.1	4.5
BEXLEY	80.5	76.6	3.9	5.1
BRENT	81.0	81.1	-0.1	-0.1
BROMLEY	84.5	86.8	-2.3	-2.6
CAMDEN	73.5	77.0	-3.5	-4.5
CITY OF LONDON	85.1	85.4	-0.3	-0.4
CROYDON	79.2	76.4	2.8	3.7
EALING	81.3	77.0	4.3	5.6
<b>ENFIELD</b>	<b>72.7</b>	<b>68.3</b>	<b>4.4</b>	<b>6.4</b>
GREENWICH TEACHING	79.7	77.6	2.1	2.7
HACKNEY	64.1	68.2	-4.1	-6.0
HAMMERSMITH AND FULHAM	75.1	73.3	1.8	2.5
HARINGEY	80.5	76.4	4.1	5.4
HARROW	77.6	83.2	-5.6	-6.7
HAVERING	86.3	86.2	0.1	0.1
HILLINGDON	86.7	86.5	0.2	0.2
HOUNSLOW	83.5	86.2	-2.7	-3.1
ISLINGTON	84.1	87.1	-3.0	-3.4
KENSINGTON AND CHELSEA	62.6	78.9	-16.3	-20.7
KINGSTON	85.3	81.6	3.7	4.5
LAMBETH	78.9	80.9	-2.0	-2.5
LEWISHAM	73.4	82.9	-9.5	-11.5
MERTON	85.4	87.6	-2.2	-2.5
NEWHAM	90.9	92.3	-1.4	-1.5
REDBRIDGE	79.2	69.2	10.0	14.5
RICHMOND	76.0	81.8	-5.8	-7.1
SOUTHWARK	77.3	85.7	-8.4	-9.8
SUTTON	87.7	90.4	-2.7	-3.0
TOWER HAMLETS	74.1	75.6	-1.5	-2.0
WALTHAM FOREST	73.3	86.8	-13.5	-15.6
WANDSWORTH	82.7	79.1	3.6	4.6
WESTMINSTER	74.7	77.9	-3.2	-4.1

Source: PHE (2015)

### 3.4 Other school age vaccinations

- To date, data is not routinely collected and published for Meningococcal ACWY vaccination programme and for the teenage booster but NHSE London collect monthly data in order to monitor provider performance.
- Across London, all children in years 1,2 and 3 will be offered Fluenz within their schools. GPs will continue to be responsible for vaccinating 2- 4 year olds in general practice.

## 4 Adult Vaccinations

### 4.1 Shingles

- The Shingles vaccination programme commenced in September 2013.
- Shingles vaccine is now offered to people who are 70, 78 and 79 years old on 1<sup>st</sup> September 2016.
- Last year, Enfield's average for uptake amongst the 70 year old cohort was 51.2% (higher than the London average of 48.8% .For the same period, Enfield is also higher than the London average.

Shingles uptake

Shingles	2013/14	2014/15	2014/15	2013/14	2014/15
	Age 70	Age 70	Age 78	Age 79	Age 79
Enfield	52	51.2	53.6	51.7	52.8
London	51.3	48.8	48	50.9	49.7
England	61.8	59	57.8	59.6	58.5

### 4.2 Seasonal Influenza

- Table 4 illustrates the uptake of seasonal influenza vaccine for each of the identified 'at risk' groups for Enfield CCG compared to London and England averages for the winter 2015 (September 1<sup>st</sup> 2015 to January 31<sup>st</sup> 2016). 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+ and at risk age groups but it is lower than London average for the other 'at risk' groups.
- Overall, the uptake rates for seasonal influenza vaccination were down from 2014/15's performance.

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- London, England and Enfield all performed below the recommended 75% uptake level for all at risk groups. This excludes the child influenza groups of healthy 2 – 4 years olds where there is no target but GPs are encouraged to aim for 40% coverage rates.
- In May 2016, NHS England (London) undertook an evaluation review of how the 2015/16 child influenza programme was delivered. Reflections and recommendations have been incorporated into the planning for the 2016/17 influenza programme and efforts have been concentrated on improving uptake in both school age and GP cohorts

*Table 4*

*Uptake of the 'at risk' Groups of Seasonal influenza for Enfield CCG compared to London and England for winter 2015 (September 1<sup>st</sup> 2015 – January 31<sup>st</sup> 2016)*

Flu Season 2015/16								
	% of uptake 65 +	% of at risk patients (6 months - 64 years)	% of pregnant women	% of 2 year olds	% of 3 year olds	% of 4 year olds	% of year 1	% of year 2
Enfield	68.9	44.6	32.2	25.1	25.7	20	38.3	37
<b>London</b>	<b>66.2</b>	<b>43.6</b>	<b>38.5</b>	<b>26.5</b>	<b>28.8</b>	<b>21.8</b>	<b>42.4</b>	<b>39.9</b>
<b>England</b>	<b>71</b>	<b>45.1</b>	<b>42.3</b>	<b>35.4</b>	<b>37.3</b>	<b>30.1</b>	<b>55.6</b>	<b>54.3</b>

*Source: PHE (2016)*

## 5 Conclusions

Enfield and London have performed below national averages on almost all the Section 7A immunisation programmes. However, the London Immunisation Board is overseeing pan-London approaches to improve uptake and coverage.

Each London borough has 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.