



## **Results of childhood and adult immunisation programmes (2015-16) in Derby city**

### **SUMMARY**

- 1.1 Derby city 12 month childhood primary immunisation (DTaP/IPV/Hib) remained above the England uptake ending at 94.9% for quarter 4. However, the 95% WHO target was not achieved.
- 1.2 The uptake for childhood immunisations (PCV, MMR and Hib/Men C) at 24 months In Derby city is lower than annual 2014-15 data and national data.
- 1.3 The decrease in coverage of the pre-school booster (DTaP/IPV) in Quarter 4 2015-16 is thought to be a national data quality issue and therefore the coverage estimates for this vaccine should be interpreted with caution. However, Derby City has lower uptake over Q1-3 2015-16.
- 1.4 The adult shingles immunisation programmes uptake rates for Derby City are above the England figures, although slightly below those across Derbyshire and Nottinghamshire combined.
- 1.5 Proposed actions for the 2016/17 programme:
  - To increase the uptake of the 24 month childhood immunisations.
  - To increase uptake of the Preschool booster (DTaP/IPV) and MMR 2.
  - To work jointly with the Local Authority to increase uptake in the schools programmes (HPV, Td/IPV and Men ACWY) being delivered in 2015-16 by City Care.

### **RECOMMENDATION**

- 2.1 To receive and note the update on the childhood and adult immunisation programmes of 2015/16.
- 2.2 To support the proposed actions to improve the programme in 2016/17.

## REASONS FOR RECOMMENDATION

- 3.1 Immunisation programmes provide protection to vaccinated individuals and can provide protection to the wider unvaccinated population. Where this occurs it is known as 'herd immunity'.<sup>1</sup>
- 3.2 Currently the European Region of the World Health Organization (WHO) recommends that on a national basis at least 95% of children are immunised against diseases preventable by immunisation and targeted for elimination or control (specifically, diphtheria, tetanus, pertussis, polio, Hib, measles, mumps and rubella).<sup>1</sup>
- 3.3 The aim of the universal adult vaccination programmes is to reduce the incidence and disease in adults where the risk and severity of disease is higher (Shingles and Pneumococcal programmes<sup>2</sup>). For the targeted prenatal pertussis vaccination, the programme aims to minimise disease, hospitalisation and deaths in young infants, through intra-uterine transfer of maternal antibodies, until they can be actively protected by the routine infant programme with the first dose of pertussis vaccine scheduled at eight weeks of age<sup>2</sup>

## SUPPORTING INFORMATION

### Introduction

- 4.1 This paper describes the performance of the childhood and adult immunisation programmes in Derby City which fall under NHS England North Midlands footprint. The paper outlines the strategies implemented to improve quality and performance and plans for the next programme. The Seasonal influenza report is tabled separately.

### Commissioning Arrangements and Responsibilities

- 5.1 NHS England is responsible for commissioning all of the national immunisation programmes. Details of the national commissioning arrangements for immunisation programmes are described in Public Health Commissioning in the NHS 2016-2017<sup>2</sup>

### Background

- 6.1 The purpose of the childhood and adult immunisation programmes for England is to offer protection through a number of universal and targeted immunisations to those who are most at risk of serious illness or death should they develop disease.
- 6.2 Derby City has traditionally demonstrated lower uptake in a number of antigens in comparison to Derbyshire County and NHSE North Midlands footprint.

## **Review of the 2015-16 childhood and adult immunisation programmes in Derby City**

- 7.1 Derby City 12 month childhood immunisation remained above the England uptake ending at 94.9% for quarter 4. However, the 95% WHO target was not achieved. Nationally, this was the first quarterly evaluation below 94% since the reporting period July to September 2010.
- 7.2 Most disappointing is the persistent lower uptake for the 24 month vaccines (MMR, Hib/Men C and PCV), which have fallen between 0.8% - 1.2% from 2014-15 annual figures and, apart from Hib/Men C, are below the 2014-15 England averages. It must be noted that the updated annual data will be published shortly but the trend for Derby City is of importance. The Screening and Immunisation Team (SIT) consistently try to engage practices in relation to timely call/recall as there is significant evidence that some practices call babies outside the national time frames, which means the vaccination is not counted for data collection purposes.
- 7.3 Babies of hepatitis B positive mothers are robustly followed up by the Screening and Immunisation Team if any immunisation within the course appears to be missing.
- 7.4 Whilst the Quarter 4 Preschool booster and MMR data cannot be considered robust enough for comparison, Derby City uptake has an inconsistent pattern across 2015-16. Whilst, in general, performance exceeded the England average and the trend is consistent with the national picture, the Screening and Immunisation Team continue to target GP practices through training, monthly newsletter and support to lower performers to try and increase uptake in partnership with the Clinical Commissioning Groups (CCGs).
- 7.5 The Schools based programme for HPV, School Leaving Booster and Men ACWY is being delivered by CityCare across Derby City. This is the first year that School Leaving Booster and Men ACWY have been delivered in schools. We hope to work closely with the Local Authority in relation to school engagement and also with communities who are hard to reach, for example, those children schooled at home.
- 7.6 Derby City Shingles cumulative performance for 70, 78 and 79 year olds is above the England figures at 61.2%, 62.1% and 59.7% respectively (Sept 2014-August 2015 coverage data), although slightly below the figures across Derbyshire and Nottinghamshire.

## **Initiatives for the 2016/17 Childhood and Adult Immunisation Programmes**

- 8.1 Joint Immunisation Programme Boards will be chaired and convened by the SIT to bring providers and stakeholders together to develop joint strategies to improve uptake.

- 8.2 The Screening and immunisation Team will continue to commission data analyst support from Derby City Local Authority. Part of this work includes the production of a GP Workbook which details the current uptake and trends for all childhood immunisation programmes and is shared with GPs and CCGs to assist with monitoring and promotion of joint initiatives working with lower performing providers.
- 8.3 Immunisation data will be reviewed on a minimum of quarterly at GP level (frequency dependant on the programme) and CCGs will be notified of any poor performing practices and asked to take action. The Screening and immunisation Team will provide support and guidance.
- 8.4 A 'best practice' guide and revised audit tool is being developed by the SIT to assist GP practices with their immunisation programme organisation.
- 8.5 The Screening and Immunisation Team has facilitated access to IMMForm (the national data collection tool for many immunisations), for the Derby City data analyst so that contemporaneous information on performance can be viewed.
- 8.6 The Screening and Immunisation Team will continue to support the local immunisation training programmes.
- 8.7 The School Age Immunisation Service will deliver the teenage programmes (alongside influenza to early years) and the Screening and Immunisation Team will continue to commission, support and monitor this programme.
- 8.8 The Screening and Immunisation Team will continue to work closely with Derby City Local Authority and the CCG to develop communication initiatives to be shared locally to try to increase uptake. Derby LA has, and will be, particularly involved with the School Aged Immunisation Service to develop strategies to increase uptake in schools and communities.
- 8.9 **Local authorities**, through their DsPH, have responsibility for:
- providing appropriate advocacy with key stakeholders and challenge to local arrangements to ensure access to all vaccination and to improve its uptake by eligible populations
  - providing leadership, together with local resilience partners to respond appropriately to local incidents and outbreaks of infection
- 8.10 **Local authorities** can also assist by:
- promoting uptake of all vaccination among eligible groups, for example older people in residential or social care, either directly or through local providers
  - promoting uptake of all vaccination among those staff providing services for children, either directly or through local providers

## Conclusion

- 9.1 In 2015/16 percentage levels of vaccine uptake for certain antigens, for example MMR, decreased when compared to the previous year. It's important that in 2016 we reverse this decline, both to protect families and communities from risk of disease.
- 9.2 Partnership work needs to continue and develop with all stakeholders, in particular the Local Authority and CCGs, to promote all vaccination programmes across Derby City.

## References

1. NHS Immunisation Statistics England – 2014-15: Main Report  
<http://www.hscic.gov.uk/catalogue/PUB18472/nhs-immu-stat-eng-2014-15-rep.pdf>
2. Public Health Commissioning in the NHS 2016-17  
<https://www.gov.uk/government/publications/public-health-commissioning-in-the-nhs-2016-to-2017>

This report has been approved by the following officers:

<b>Legal officer</b> <b>Financial officer</b> <b>Human Resources officer</b> <b>Estates/Property officer</b> <b>Service Director(s)</b> <b>Other(s)</b>	
<b>For more information contact:</b> <b>Background papers:</b> <b>List of appendices:</b>	Nikki Henson 0113 8247535 nikkihenson@nhs.netNone Appendix 1 – Immunisation Data Appendix 2 - Summary of childhood and adult immunisation programmes – 2015/16

<b>IMPLICATIONS</b>
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**Financial and Value for Money**

- 1.1 No direct implications for Derby City Council

**Legal**

- 2.1 None

**Personnel**

- 3.1 None

**IT**

- 4.1 None

**Equalities Impact**

- 5.1 None

**Health and Safety**

- 6.1 None

**Environmental Sustainability**

- 7.1 None

**Property and Asset Management**

- 8.1 None

**Risk Management**

- 9.1 No direct implications for Derby City Council

**Corporate objectives and priorities for change**

- 10.1 None

<b>Summary of childhood and adult immunisation programmes – 2015/16</b>
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Table 1: Childhood Immunisation uptake for Derby City 2015-16

Programme	Derby Annual 14/15	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	SAIS ***	WHO target	England Annual 14/15
DTap/IPV/Hib age 1yr*	94.9%	94.7%	94.0%	96.1%	94.9%	-	95%	94.2%
HepB age 1yr (3rd dose)*		100% (1/1)	-	100% (2/2)	100%	-		
PCV booster aged 2 yrs*	92.8%	91.7%	91.0%	92.9%	91.6%	-	95%	93.9%
Hib and MenC aged 2yrs*	92.9%	91.1%	91.0%	92.5%	92.1%	-	95%	92.1%
MMR aged 2yrs*	92.8%	91.4%	90.4%	92.9%	91.9%	-	95%	92.3%
HepB age 2yrs (4th dose)*		100% (3/3)	50%	100% (2/2)	75%	-		
DtaP/IPV booster aged 5yrs*	89.4%	88.9%	89.4%	88.5%	87.5%	-	95%	88.5%
MMR 2nd dose aged 5 yrs*	88.0%	89.1%	89.1%	86.9%	87.9%	-	95%	88.6%
Td/IPV booster Y9 (aged 13-14yrs)	-	-	-	-		60% Y9	-	-
Men ACWY Y9 (aged 13-14yrs)	-	-	-	-		66% Y9	-	-
HPV vaccination Y8 (aged 12-13yrs)	94.2% (dose 1)					86% Y8		89.4% (Dose 1)

Source: \*COVER data (published)

\*\*Provisional uptake data SAIS (partial school delivery only to end May 2016)

Table 2: Additional childhood Immunisations reported by CCG

Programme	Coverage (SD CCG)	DENO	England
Men B dose 1	97.9%	97.9%	95.5%
Dose 2 by 6m of age*	92.1%	92.3%	87.9%
Rotavirus dose 1	96.3%	95.4%	93.8%
Dose 2**	92.7%	91.6%	88.6%

Source: \*April 2016 monthly survey (<https://www.gov.uk/government/publications/meningococcal-b-immunisation-programme-vaccine-coverage-estimates>)



\*\*January 2016 monthly survey (<https://www.gov.uk/government/publications/rotavirus-immunisation-programme-vaccine-coverage-estimates>)

**Table 3: Adult Immunisation Performance**

Programme	Southern Derbyshire CCG	DENO	England
<b>Pertussis (pregnant women)*</b>	<b>65%</b>	<b>66.2%</b>	<b>60.7%</b>
Programme	Derby City LA	DENO	England
<b>Pneumococcal**</b>	<b>74.8%</b>	<b>73.3%</b>	<b>69.8%</b>
<b>Shingles***</b>			
70 yrs	61.2%	62.2%	59.0%
78 yrs	62.1%	59.6%	57.8%
79 yrs	59.7%	59.9%	58.5%

Source: \* Q4 2015-16 data (<https://www.gov.uk/government/publications/pertussis-immunisation-in-pregnancy-vaccine-coverage-estimates-in-england>)

\*\* April 2014-March 2015 cumulative aged 65 and over (<https://www.gov.uk/government/publications/pneumococcal-polysaccharide-vaccine-ppv-vaccine-coverage-estimates>)

\*\*\*Sept 2014-August 2015 coverage (<https://www.gov.uk/government/publications/herpes-zoster-shingles-immunisation-programme>)