

Director of Public Health

Title of Paper

Update on implementation in NHSGGC of major developments to immunisation programmes

RECOMMENDATIONS:

The NHS Board is asked to receive and note the content of this report and in particular:

- Introduction of new (MenB and MenACWY) and implementation of immunisation programmes to date
- Progress made in delivering the flu vaccine to all primary school aged children (85,000) over an eight to 10 week period on an annual basis

1.0 INTRODUCTION/BACKGROUND

- 1.1. As a public health measure, immunisations have been very effective in reducing the burden of disease. Immunisation policy in the UK is determined by the UK Health Ministers and devolved Administrations with advice from the independent expert advisory group, the Joint Committee on Vaccination and Immunisation (JCVI).
- 1.2. In December 2012, the Scottish Government (SG) along with other UK Administrations announced the following major developments to immunisation programmes in the UK, implemented from July 2013:
 - Addition of Rotavirus vaccination to the universal childhood vaccination programme
 - Offer meningococcal C vaccine to adolescents (S3 pupils); and a decrease in the number of doses offered to infants from two to one; a catch up programme for first time entrants to university who would otherwise miss out on the new programme over the next four to five years
 - Introduction of Herpes Zoster (shingles) vaccine for all those aged 70 years, with a catch-up for 70-79 years to be completed over a 4 to 5 year period
 - Extension of the seasonal flu immunisation programme to all children and young people aged 2 – 17 years.
- 1.3. A business case was previously presented to the Board and three years (2103-16) non-recurring funding was approved to enable NHSGGC to deliver on the above new programmes, including costs relating to primary care, nursing, school admin, pharmacy, co-ordination and education/training. The SG paid for vaccines from central resources.

2.0. PROGRESS TO DATE

2.1. Rotavirus

2.1.1. Since the rotavirus immunisation programme was introduced in July 2013 there has been a very significant reduction in the number of laboratory confirmed cases of rotavirus in infants less than one year of age. In addition, a reduction has also been observed in the number of young infants presenting at General Practice and admitted to hospital with rotavirus.

2.2. Meningitis C, B and W

2.2.1. A vaccine against Meningitis C infection was introduced in this country in 1999 in response to a major upsurge in the number of cases. Since then the uptake rate of the vaccine reached over 95% and the number of cases declined by over 99% with Men C cases almost eliminated from the UK.

2.2.2. Following the introduction of the MenC vaccination programme, serogroup B disease has become the most common strain of meningitis followed by meningococcal diseases caused by serogroups less common like W and Y. Following the licensure of a MenB vaccine, the JCVI recommended that the MenB vaccine should be introduced in the UK schedule as long as the UK administrations can purchase the vaccine at a cost effective price.

2.2.3. After successful negotiation with the MenB vaccine manufacturer, the UK administrations have announced the introduction of a MenB vaccine for infants from 1st September 2015, delivered through primary care.

2.2.4. In addition to the above addition of the MenB vaccine to the infant schedule and in response to an unprecedented increase in the number of meningococcal cases caused by the serogroup W over the last 2 years, the JCVI recommended the following emergency programme and changes to existing programmes:

- the adolescent MenC booster dose given at secondary school be replaced with MenACWY conjugate vaccine, providing protection to all 4 serogroups A, C, W and Y
- an urgent catch up programme for all 14 to 18 year olds offering MenACWY
- Men C freshers programme to be replaced with MenACWY (First time university entrants in August/Sept 2015 up to age 25 years)

2.2.5. Further information is contained in the CMO letter issued in July 2015 [http://www.sehd.scot.nhs.uk/cmo/CMO\(2015\)10.pdf](http://www.sehd.scot.nhs.uk/cmo/CMO(2015)10.pdf). The emergency catch-up and freshers elements of the programme started on 1st August 2015 onwards, and the school booster is being replaced this academic year (2015/16).

2.2.6 Replacing the Men C vaccine in adolescents with Men ACWY, along with the introduction of the MenB vaccine to infants, should offer much wider protection against meningococcal diseases in this country.

2.3. Introduction of Herpes Zoster (shingles) vaccine for people aged 70 years, with a catch-up for 70-79 years

2.3.1 Offering the vaccination from the age of 70 years may result in boosting immunity against the disease; thus providing protection to the individual in later years. The aim is to prevent the development of the disease in the first instance and secondly to reduce the severity of the complications such as post-herpetic neuralgia (PHN).

2.3.2 The JCVI recommendation to offer this vaccine to individuals aged 70 to 79 years was based on the economic analysis that suggested the vaccine would be most cost effective in this age group. The decision was based on the incidence of shingles, the severity and risk of complications, the efficacy of the vaccine and estimated duration of protection provided by the vaccine.

2.3.3 Since 2013, the shingles vaccine has been offered routinely to all those aged 70 years on 1st September of any given year. Since 2013 there has also been a catch-up programme. Each year has involved different cohorts:

- 2013-14: 79 years
- 2014-15: 78 years and 79 years
- 2015-16: 78 years.

2.3.4 As at end of June 2015, shingles vaccination uptake in NHSGGC was 53.2%, with significant variation amongst GP practices (4.9% - 96.3%). Work is ongoing to encourage GP practices to effectively target and offer the vaccine in an effort to reduce inequity and the significant variation in uptake amongst practices.

2.4. Extension of the seasonal flu immunisation programme to all children and young people aged 2 – 17 years

2.4.1 The school flu immunisation programme is the largest of the school immunisation programmes. In 2013/14, as part of the national school flu immunisation programme pilot, flu immunisation was offered to primary school aged children in 103 primary schools across Greater Glasgow and Clyde (GG&C); the programme extended in 2014/15 to include all primary school flu immunisations being delivered over a 10 week period.

Year	Target Group	No. Of children targeted	No. of children immunised	Uptake (%)
2013/14	P1-P7 in 103 schools across GG&C	28,243	18,358	65%
2014/15	P1-P7 in all primary schools	85,000	62,523	73.7%

Table 1: Overview of primary school flu immunisation uptake 2013/14 and 2014/15

2.4.2 Following the expansion of the school flu programme to include all primary schools in 2014/15, the Scottish Government has agreed for NHS Boards to consolidate the delivery of the programme in primary schools during 2015/16. There are no timescales as yet for delivering flu immunisation to secondary school aged pupils.

2.4.3 The introduction of the flu immunisation programme for school age children had a significant impact on NHS Boards in relation to the planning, co ordination and delivery of the range of vaccines. To date school nursing teams throughout Scotland have played a key role in the planning, coordination and delivery of school immunisation programmes. NHS Boards will be required to develop alternative models to the planning, co ordination and delivery of immunisation programmes for school aged children in order to optimise the effectiveness of school nursing teams.

2.4.4 In an effort to address issues regarding school nursing workforce capacity, NHSGGC is piloting a dedicated school immunisation team across two HSCP areas (East Renfrewshire and South Glasgow). Following the pilot evaluation, and outcomes from national and local discussions regarding the legal arrangements to enable healthcare support workers (HCSWs) to deliver immunisations, a sustainable delivery model for school immunisation programmes will be identified and adopted by NHSGGC.

3.0. NEXT STEPS

3.1.1 The school immunisation team pilot will be evaluated and inform future development of a sustainable delivery model for school immunisation programmes.

3.1.2 A national review of immunisations is currently taking place, with Scottish Government keen to reduce the significant variation in vaccination uptake and inequity.