

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## Guideline scope

### Vaccine uptake in the general population

The Department of Health and Social Care in England has asked NICE to produce a guideline on vaccine uptake in the general population. NICE worked with Public Health England to develop this scope.

The guideline will be developed using the methods and processes outlined in [developing NICE guidelines: the manual](#).

This guideline will update and replace the NICE guideline on [immunisations: reducing differences in uptake in under 19s](#) (PH21).

This guideline will also be used to develop the NICE quality standard for vaccine uptake in the general population.

#### **1 Why the guideline is needed**

Vaccinations provide personal and population-level protection against many diseases. High vaccine uptake rates create population-level protection, leading to herd immunity. Herd immunity protects both immunised and non-immunised people, for example people who are highly susceptible to disease such as new-born babies and elderly people, and people who cannot be vaccinated for medical reasons or for whom vaccines are contraindicated. Vaccines for some diseases such as shingles only protect those who receive them and provide minimal indirect protection to other people. So for these diseases it is particularly important to ensure all eligible people are vaccinated.

## **Current practice**

### ***Vaccine schedules and procedures***

The latest information on vaccines and vaccination procedures in the UK is published in [Immunisation against infectious disease](#), also known as the Green Book.

### ***Vaccination rates***

In recent years, UK vaccination rates have declined. Reasons for low uptake include:

- poor access to healthcare services:
  - some communities (for example Gypsy, Roma and Travellers, refugees and asylum seekers) may not be registered with a GP
  - migrants may not understand the health system and what is available to them
- insufficient capacity within the healthcare system for providing vaccinations
- inaccurate claims about safety and effectiveness, which can lead to doubts about vaccines.

## **Key facts and figures**

### ***Vaccine coverage***

- In 2017/18, vaccination coverage declined compared with 2016/17 for 9 of the 12 routine vaccinations measured at ages 12 months, 24 months and 5 years in England.
- Coverage for the first measles, mumps and rubella (MMR) vaccine dose has increased but has decreased for the second dose. Both doses are needed for immunity. In 2018 MMR coverage for the second dose was 87.8%, compared with 89.3% in 2015.

- In 2017/18, DTaP/IPV/Hib<sup>1</sup> vaccine coverage at 12 months decreased for the fifth year in a row to 93.1%. It has fallen by 1.6 percentage points since 2012/13 and is at its lowest since 2008/09.
- In 2017/18, shingles vaccines coverage declined by 3.9% compared with 2016/17.

### ***Cases and outbreaks***

In recent years, cases of vaccine-preventable diseases have generally increased. This includes:

- Measles: 991 confirmed cases in England in 2018 compared with 284 in 2017. The World Health Organization no longer considers measles 'eliminated' in the UK. Measles is also increasing in Europe, with 3 times as many cases in 2018 as in 2017, and 15 times more than in 2016. In 2016 and 2017 combined there were 49 measles deaths in Europe; in 2018 alone there were 72.
- Pertussis: 2,947 confirmed cases in England in 2018 compared with 4,341 in 2017. Numbers have fallen since the 2012 epidemic, but are still higher than before 2012.
- Invasive meningococcal disease: 755 cases in England in 2017/18 compared with 748 in 2016/2017.

### ***Cost of vaccinations***

Vaccines on the UK immunisation schedule are routinely offered to everyone in the UK free of charge on the NHS. Vaccination is one of the most cost-effective health interventions. There are substantial health gains through saving lives, protecting vulnerable groups and reducing disability, and it reduces pressure on the NHS and improves productivity.

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<sup>1</sup> DTaP/IPV/Hib vaccine is a 5 in 1 vaccine that includes diphtheria, tetanus, pertussis, polio and haemophilus influenzae type B. As of autumn 2017, this vaccine is now 6 in 1, including hepatitis B (uptake data not yet available).

## Policy, legislation, regulation and commissioning

The [Health and Social Care Act 2012](#) makes GP practices and other providers responsible for ensuring that everyone who is eligible is invited to be vaccinated, and for encouraging their own staff to be vaccinated and putting the procedures in place to do this. The [NHS Long Term Plan](#) emphasises the importance of reducing health inequalities and disease prevention (including by vaccination). This guideline will focus on what enables these duties to be fulfilled, and therefore help increase vaccine uptake.

## 2 Who the guideline is for

This guideline is for:

- healthcare providers
- occupational health services
- prison and secure setting employers
- independent providers of NHS and social care funded services
- community or voluntary sector organisations
- local authorities
- health policy makers
- commissioners of clinical services
- education and training organisations
- health information providers
- people using services, their families and carers
- the general public.

It may also be relevant for:

- Home Office agencies
- communicable disease and health protection specialists
- health and social care regulatory bodies for workers
- Care Quality Commission.

NICE guidelines cover health and care in England. Decisions on how they apply in other UK countries are made by ministers in the [Welsh Government](#), [Scottish Government](#), and [Northern Ireland Executive](#).

### ***Equality considerations***

NICE has carried out [an equality impact assessment](#) during scoping. The assessment:

- lists equality issues identified, and how they have been addressed
- explains why any groups are excluded from the scope.

## **3 What the guideline will cover**

### ***3.1 Who is the focus?***

#### **Groups that will be covered**

All people who are eligible for vaccines on the routine UK immunisation schedule<sup>2</sup>. Specific consideration will be given to the groups listed in the [equality impact assessment](#).

### ***3.2 Settings***

#### **Settings that will be covered**

- All settings where routine UK immunisation schedule<sup>2</sup> vaccines are offered or delivered.
- Occupational health services.
- Education settings, including early years settings, schools, pupil referral units and universities.
- Private health clinics and vaccination centres where NHS-funded care is delivered.
- Secure settings, including prisons and immigration removal centres.

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<sup>2</sup> Routine vaccines refers to vaccines available on the UK immunisation schedule as mentioned in [chapter 11: the UK immunisation schedule](#) of the Green Book. For this guideline it excludes seasonal flu vaccine.

### 3.3 *Activities, services or aspects of care*

#### **Key areas that will be covered**

We will look at evidence in the areas below when developing the guideline, but it may not be possible to make recommendations in all the areas.

- 1 Identifying and recording a person's vaccination eligibility and status.
- 2 Increasing the uptake of routine vaccines<sup>3</sup>.

#### **Areas that will not be covered**

- 1 Areas covered by NICE's guideline on [tuberculosis](#).
- 2 Areas covered by NICE's guideline on [flu vaccination: increasing uptake](#).
- 3 Travel vaccines.
- 4 Selective immunisation programmes, as defined in the Green Book.
- 5 Seasonal vaccinations, for example flu vaccination.
- 6 Catch-up campaigns alongside the introduction of a new vaccine.

#### **Related NICE guidance**

##### ***Published***

- [Flu vaccination: increasing uptake](#) (2018) NICE guideline NG103
- [Managing medicines for adults receiving social care in the community](#) (2017) NICE guideline NG67
- [Antimicrobial stewardship: changing risk-related behaviours in the general population](#) (2017) NICE guideline NG63
- [Physical health of people in prison](#) (2016) NICE guideline NG57
- [Workplace health: management practices](#) (2015) NICE guideline NG13
- [Hepatitis B and C testing: people at risk of infection](#) (2012) NICE guideline PH43
- [Healthcare-associated infections: prevention and control](#) (2011) NICE guideline PH36

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<sup>3</sup> Routine vaccines refers to vaccines available on the UK immunisation schedule as mentioned in [chapter 11: the UK immunisation schedule](#) of the Green Book. For this guideline it excludes seasonal flu vaccine.

- [Meningitis \(bacterial\) and meningococcal septicaemia in under 16s: recognition, diagnosis and management](#) (2010) NICE guideline CG102
- [Looked-after children and young people](#) (2010) NICE guideline PH28
- [Antenatal care for uncomplicated pregnancies](#) (2008) NICE guideline CG62
- [Sexually transmitted infections and under-18 conceptions: prevention](#) (2007) NICE guideline PH3
- [Postnatal care up to 8 weeks after birth](#) (2006) NICE guideline CG37

### ***In development***

- [Shared decision making](#). NICE guideline. Publication expected April 2021
- [Babies, children and young people's experience of healthcare](#). NICE guideline. Publication expected April 2021
- [Looked after children and young people](#). NICE guideline. Publication expected April 2021
- [Reducing sexually transmitted infections](#). NICE guideline. Publication expected September 2021

### ***NICE guidance that will be updated by this guideline***

- [Immunisations: reducing differences in uptake in under 19s](#) (2009) NICE guideline PH21

### **NICE guidance about the experience of people using NHS services**

NICE has produced the following guidance on the experience of people using the NHS. This guideline will not include additional recommendations on these topics unless there are specific issues related to vaccine uptake:

- [Medicines optimisation](#) (2015) NICE guideline NG5
- [Patient experience in adult NHS services](#) (2012) NICE guideline CG138
- [Service user experience in adult mental health](#) (2011) NICE guideline CG136
- [Medicines adherence](#) (2009) NICE guideline CG76.

### **3.4 Economic aspects**

We will take economic aspects into account when making recommendations. We will develop an economic plan that states for each review question (or key area in the scope) whether economic considerations are relevant, and if so whether this is an area that should be prioritised for economic modelling and analysis. We will review the economic evidence and carry out economic analyses, using an NHS, public sector and other perspectives, as appropriate.

### **3.5 Key issues and draft questions**

While writing this scope, we have identified the following key issues and draft questions related to them:

- 1 Identifying and recording a person's vaccination eligibility and status
  - 1.1 What are the most effective strategies for identifying and recording a person's vaccination eligibility and status at:
    - a) health system level (for example clinical commissioning group [CCG], local authority, regional and national level)?
    - b) service provider level (for example GP practices, school nursing services, practitioners)?
    - c) individual level (for example patients or service users)?
  - 1.2 What are the barriers to, and facilitators for, identifying and recording a person's vaccination eligibility and status at:
    - a) health system level (for example CCG, local authority, regional and national level)?
    - b) service provider level (for example GP practices, school nursing services, practitioners)?
    - c) individual level (for example patients or service users)?
- 2 Increasing the uptake of routine vaccines<sup>4</sup>
  - 2.1 What are the most effective interventions for increasing the uptake of routine vaccines (including but not limited to acceptability, access, education, communication and infrastructure) at:

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<sup>4</sup> Routine vaccines refers to vaccines available on the UK immunisation schedule as mentioned in [chapter 11: the UK immunisation schedule](#) of the Green Book. For this guideline it excludes seasonal flu vaccine.

a) health system level (for example CCG, local authority, regional and national level)?

b) service provider level (for example GP practices, school nursing services, practitioners)?

c) individual and community level (for example patients or service users)?

2.2 What are the barriers to, and facilitators for, increasing the uptake of routine vaccines (including but not limited to acceptability, why interventions work and why there is variability) at:

a) health system level (for example CCG, local authority, regional and national level)?

b) service provider level (for example GP practices, school nursing services, practitioners)?

c) individual and community level (for example patients or service users)?

For all draft questions, specific consideration will be given to the groups listed in the [equality impact assessment](#).

The key issues and draft questions will be used to develop more detailed review questions, which guide the systematic review of the literature.

### **3.6 Main outcomes**

The main outcomes that may be considered when searching for and assessing the evidence are:

- 1 changes in accuracy and completeness of data records
- 2 changes in offer and uptake rate
- 3 changes in knowledge, attitudes, beliefs, acceptance, intentions and behaviour about vaccination
- 4 cost effectiveness and economics:
  - cost per quality-adjusted life year
  - cost per unit of effect
  - net benefit.

## 4 NICE quality standards and NICE Pathways

### 4.1 NICE quality standards

**NICE quality standards that may need to be revised or updated when this guideline is published**

- [Medicines management for people receiving social care in the community](#) (2018) NICE quality standard QS171
- [Vaccine uptake in under 19s](#) (2017) NICE quality standard QS145
- [Healthcare-associated infections](#) (2016) NICE quality standard QS113
- [Postnatal care](#) (2015) NICE quality standard QS37

### 4.2 NICE Pathways

When this guideline is published, we will update and replace the existing NICE Pathway on [immunisations for under 19s](#). NICE Pathways bring together everything NICE has said on a topic in an interactive flowchart.

## 5 Further information

This is the final scope, which takes into account comments from registered stakeholders during consultation.

The guideline is expected to be published in October 2021.

You can follow progress of the [guideline](#).

Our website has information about how [NICE guidelines](#) are developed.

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