

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>British Association for Adoption and Fostering</b>		General 3B	<p>Looked after children are appropriately identified as being at high risk of incomplete immunisation. The BAAF Health Group, which is also a special interest group of the Royal College of Paediatrics and Child Health (RCPCH), was formed to support health professionals working with children in the care system, through training, the provision of practice guidance and lobbying to promote the health of these children.</p> <p>This response has been composed by the Chair of the BAAF Health Group. Time did not permit further consultation although additional comments, if forthcoming from the committee (due to meet 3<sup>rd</sup> March 2008), will be forwarded. Some of this therefore represents personal views of the chair.</p>	Thank you for your comment.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

**Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008**

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>British Association for Adoption and Fostering</b>		General 3B	<p>Work by the BAAF Health Group in 2002 demonstrated for the first time that neglect of immunisations was a feature of public care rather than representative of pre-care parental neglect (Hill et al, 2003). We studied over 3000 children in public care at the time of the introduction of the Men C immunisation compared to 0.5 million children living at home across England, Scotland and Wales. The rate of immunisation failure in children in care was 995/3028 (33%) compared with 72 841/501 516 (15%) of children living at home. This antigen specific study was able to provide much more useful information than the standardised C19 local authority returns to the Department of Health which crudely record whether children are fully immunised or not. For example, it was clear that there was a distinct association between older children and failure of uptake. DoH held local authority returns, nonetheless, provide useful data regarding geographical differences in overall immunisation status of looked after children and trends over time. Much experience has been gained by the health teams engaged with this population of children (usually designated doctors and nurses for looked after children). We recommend that successful areas may have examples of good practice that can inform this exercise and should be sourced for information regarding their methods.</p>	<p>Thank you for your comment. As part of the guidance production process, stakeholders are invited to submit any additional evidence that they think may assist the Public Health Interventions Advisory Committee (PHIAC) in their deliberations. In addition to this NICE conducts fieldwork with practitioners and users where examples of good practice are gathered and the implementability of the guidance is explored.</p>

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>British Association for Adoption and Fostering</b>		4.2.1.C	<p>The suggestion that a possible intervention would be 'targeted reminders to foster carers' seems naïve and is targeting the wrong audience. Foster carers rarely obstruct immunisation of children in their care and in practice lack parental responsibility or right to do so. The obstacles in our experience are more likely to relate to:</p> <ol style="list-style-type: none"> <li>1. Young people refusing to comply – those who are in residential care, secure care and asylum seekers are particularly likely to be incompletely immunised.</li> <li>2. Loss of information as children move placement, particularly if this move involves a new PCT.</li> <li>3. Parents who refuse consent for particular antigens e.g. MMR. Even where local authorities have care orders and shared parental responsibility for the child there may be a reluctance to promote immunisation.</li> </ol> <p>Education of social workers would be an advantage here. Good examples of how to reach young people in groups 1 and 2 may be usefully sought via BAAF and specialist nursing networks.</p>	<p>Targeted reminders to foster carers is cited as an example of an intervention that could be included, not as a suggestion for a recommendation that NICE would make. NICE strives to be inclusive at this stage and not to preempt the evidence.</p> <p>We have deleted the reference to targeted reminders to foster carers in the final scope.</p>

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

**Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008**

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>British Association for Adoption and Fostering</b>		4.2.1.C	<p>Personal experience Dr Hill</p> <p>The suggestion to exploit acute trusts and emergency units as good opportunities to identify children who are incompletely immunised is sound. In my experience vulnerable children who enter care often have experience of hospital admission with injury (non accidental as well as accidental) or diseases related to socioeconomic deprivation e.g. asthma, gastroenteritis. Although a standard part of paediatric assessment is to ask about immunisation status this is rarely verified by health professionals. In our area the PCT immunisation data-base is not accessible from the hospital and therefore an opportunity to simply verify the child's immunisation status is lost. In Southampton in contrast wherever a child is seen for a child protection medical their immunisation status is automatically checked. A similar procedure for all hospital admissions and ED attendances would provide an opportunity to redress health neglect, particularly if facilities were available to offer immunisation before discharge home.</p> <p><u>Reference</u> Hill, C: Mather, M and Goddard, J (2003) Cross sectional survey of meningococcal C immunisation in children looked after by local authorities and those living at home. British Medical Journal</p>	Thank you for this helpful information.
<b>Camden PCT</b>		general	Highlight training for health professionals	Thank you for your comment.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Camden PCT		general	Would support recommended guidance regarding IT systems	Thank you for your comment.
Camden PCT		general	Guidance regarding single vaccine use specifically for MMR	Neither of the single vaccines for measles or mumps is currently licensed for use in the UK and so they will not be covered by this guidance. The use and safety of vaccines is the responsibility of the Joint Committee for Vaccination and Immunisation (JCVI)
Camden PCT		general	Limitations of scope, especially regarding young people in occupations that might have risk	Thank you for your comment.
Camden PCT		general	Capacity of health visiting / school nursing services	Thank you for your comment. NICE's Public Health Intervention Advisory Committee (PHIAC), will consider the implementability of interventions as part of the guidance development process. Implementation issues will be further explored with public health practitioners, including health visitors and school nurses, during the fieldwork consultation stage.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Camden PCT</b>		general	Targeted vaccination for children with clinical conditions excluded.	<p>To clarify, interventions to increase uptake of vaccinations recommended under the routine childhood immunisation programme for children and young people (aged under 19 years) with physical or mental health problems or disabilities that may require frequent hospital admissions or long term care will be included.</p> <p>However, we will exclude interventions to increase uptake of targeted vaccinations recommended for children who are clinically at risk of infection with a vaccine-preventable disease as a result of their specific condition (e.g. Hepatitis A vaccination for people with haemophilia; or influenza vaccination for asplenic individuals etc). Although we recognise the importance of ensuring these groups are immunised against infectious disease, we feel that such interventions should be recommended as part of a clinical care pathway and as such would be outside the remit of public health intervention guidance.</p> <p>We would also encourage you to submit a suggestion for NICE to develop guidance specifically on this topic through the NICE website at:  <a href="http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp">http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp</a></p>

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

**Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008**

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Central Lancashire PCT</b>		General	1. I believe that the NICE guidance should include reference to all health professionals being trained to maximise uptake. It is important that myths and concerns regarding immunising out of the clinic setting are addressed if we are to reduce the differences in uptake in immunisation as a relatively new Immunisation Co-ordinator I have noticed a reluctance in some health professionals to immunise outside of a clinic situation. Comments such as: 'If we go to do one domiciliary visit then everyone will want one' and 'It takes two health professionals to be in attendance if immunisation takes place outside of a clinic and we cannot afford the time to go in pairs' are often made.	This guidance will consider interventions delivered by any appropriately trained professional in any NHS or non NHS setting. Please see p.6 of the final scope.
<b>City and Hackney tPCT</b>			Have you considered accessible information to those who cannot read?	Thank you. As part of the guidance production process NICE has a duty to consider issues of access and equity.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Child Public Health Interest Group (CPHIG)</b>		General	Although the guidance covers an age group of up to 19, there is currently a lack of responsibility for the age group 16-19, as they fall out of the range of many current paediatric services. This age group needs to be appropriately targeted from all socioeconomic groups, not just those that enter higher education as they will be easier to capture.	Thank you for your comment. NICE's Public Health Intervention Advisory Committee (PHIAC), will consider the targeting of interventions as part of the guidance development process. Implementation issues, including which services are responsible for delivery, will be further explored with public health practitioners during the fieldwork consultation stage.
<b>Child Public Health Interest Group (CPHIG)</b>		General	There is an increasing influx of children and young people seeking asylum, whose health needs, including immunisation status should be considered. Many of these individuals may be reluctant to seek health care advice, and so ways of encouraging this group to get immunised need to be carefully considered.	Thank you for your comment. We agree that asylum seekers are an important target group for this guidance. Please see p.5 of the final scope for details.
<b>Child Public Health Interest Group (CPHIG)</b>		3b	The guidance has mentioned specific groups, but has not specifically mentioned children who are on, or have been on the child protection register. This is a very vulnerable group, and differs from those children who are looked after. It may be beneficial to include these children as a specific named group.	Thank you for your comment. The groups listed are intended to represent some of the groups for which evidence suggests are at increased risk of low uptake of immunisations and was not intended to be exclusive.
<b>Child Public Health Interest Group (CPHIG)</b>		3d	Recent work carried out locally in Harrow, North West London has shown there is no significant variation in immunisation uptake depending on distance to nearest GP. It would be beneficial if we knew whether this was a wider phenomenon, so would influence ultimate guidance.	As part of the guidance development process there is a consultation of the evidence when stakeholders will be invited to submit any evidence they have that is relevant to the guidance.
<b>Child Public Health Interest Group (CPHIG)</b>		4.2.1	Innovative ways of working should be encouraged to reduce inequalities in immunisation uptake. For example, health care workers going out to traveller campsites.	The review of the evidence will consider innovative ways of working. Please see p.5 of the final scope for details.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.



## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Child Public Health Interest Group (CPHIG)</b>		4.1.2	There should be emphasis on the use of opportunistic immunisation by a range of health care professionals, not just those in primary care. However, guidance should be given as to how local infrastructure can provide this e.g. computer links to check previous immunisation history as it has been shown from studies that parents overestimate significantly the number of immunisations their child has had. The vast majority of paediatric inpatient units are not providing this essential service at present. The financial infrastructure for this to happen would also need to be considered.	Thank you for your comment. NICE's Public Health Intervention Advisory Committee (PHIAC), will consider the implementability of interventions as part of the guidance development process. Implementation issues, including financial and organisational infrastructure requirements, will be further explored with public health practitioners, during the fieldwork consultation stage.
<b>City and Hackney tPCT</b>		3	In City & Hackney we have found that there are increasing numbers of children who are not completing their immunisation courses due to parents going back to work early with the children attending early years settings/nurseries, school breakfast and after school clubs to accommodate the usual working hours of 9am-5pm. Children are therefore dropped off as early as 8am before surgery or the clinic is open and picked up as late as 6pm when again the surgery and clinic are closed. For the few centres that are open after 6pm, parents still do not attend with their children as getting the family dinner takes priority over immunisations. I believe City & Hackney is not an isolated area and with the Government pushing parents to go back to work this is an area that needs looking into and added to the scope.	Thank you for your comment. The guidance will consider alternative methods of delivery (as detailed on p.6 of the final scope).

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
City and Hackney tPCT		4.1.2	Recommendations to extend the age group to at least the under 25's in order to have an impact on hard to reach families especially travellers whose attendance at school tends to be patchy until they finally drop out by the age of fourteen. These young people are more likely to be absent from school when school based immunisations are being undertaken and do not attend other services where immunisations are being offered. This would have a significant impact on starting and completing the new HPV 3 course vaccine.	<p>The 19 year old age cut off reflects the referral NICE received from the Department of Health (DH) which was to '<i>produce public health intervention guidance on mechanisms to reduce inequalities in the uptake of immunisation amongst individuals under the age of 19 years (including targeted vaccines)</i>'.</p> <p>However, we recognise the importance of extending the age range for this topic and would invite you to submit a suggestion for NICE to develop guidance on this topic through the NICE website at:</p> <p><a href="http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp">http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp</a></p>
City and Hackney tPCT		4.2.1	City and Hackney have a number of interventions in various settings that could be used. Settings include nurseries and other early years' settings, libraries, home, evening clinics and a mobile immunisation unit (not just to immunise children but also to create awareness). We also have developed guidelines for immunising in a non-clinical setting for staff. Please let us know if you would like copies of either our reports or guidelines	<p>Thank you. We would be pleased to consider your reports and guidelines as part of the evidence review process. There will also be a consultation on the evidence at a later stage in the guidance development process. At that point we will encourage stakeholders to submit any evidence they feel is pertinent to the guidance that has not already been considered. We look forward to receiving your documents at this time.</p>

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

**Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008**

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Dept of Health</b>		Referral from DH	<p>We would welcome clearer emphasis of 'inequalities' in this guidance. There may be benefit in specifying where inequalities lie, a greater emphasis given to poor socio-economic groups and what dimensions are being considered. This is because</p> <ul style="list-style-type: none"> <li>• Poorer socio-economic groups tend to use health services less than more affluent groups, relative to their need.</li> <li>• A number of factors that are closely linked often drive socio-economic disadvantage in an area.</li> <li>• Health services often remain poorly targeted.</li> <li>• Health services can do more to address the needs of people who face socio-economic disadvantage.</li> </ul> <p>Evidence shows that the impact of these factors result in low immunisation rates and contributes to unequal outcomes between socio-economic groups. Poor services, ineffective delivery and a poor local environment drive deprivation. No one should face disadvantage from services because of where they live, their personal circumstances and characteristics.</p>	<p>Thank you for your helpful comment. In line with approval from the DH, the title of the scope reflects the focus of the guidance which will be to reduce the inequalities or differences in immunisation uptake across different population groups.</p> <p>For the majority of vaccinations this will require focusing efforts on hard to reach, or socio-economically disadvantaged groups. However, in light of the reduced coverage of some immunisations in more affluent population groups (most notably those covered by the MMR triple vaccine), we also needed to ensure that these groups were not excluded.</p>

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Dept of Health</b>		Referral from DH	<p>Because it is widely accepted that a number of social and environmental factors contribute to poor immunisation outcomes, greater emphasis is welcomed about the role health services need to play. This means local service providers work in partnership to address the wider determinants of health such as poverty, unemployment, poor housing and poor educational attainment with Primary Care Trusts and Local Authorities being the key partners, leading and driving change locally.</p> <p>The Department of Health White Paper, <i>Choosing Health</i>, called for better organisation of local services and highlighted the need for measures to be taken in order to identify and improve rates within areas of low uptake.</p> <p>We feel strategies are needed for better services and improved delivery that contribute to better immunisation outcomes. If services are able to empower people to be able to access them, health inequalities can be addressed and the impact of inequalities on immunisation uptake be reduced. We feel that both the supply and demand side of health economies need to be addressed (see 'aim of guidance').</p>	Thank you for your comment. NICE's Public Health Intervention Advisory Committee (PHIAC) will consider the implementability of interventions as part of the guidance development process. Implementation issues, including service delivery mechanisms, will be further explored with public health practitioners during the fieldwork consultation stage.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Dept of Health</b>			<p>At the stakeholder meeting it was said, 'there are vast differences between groups in comparison to the main population'. We feel this risks overstating the magnitude of the problem in light of the achievements already made.</p> <p>The success of immunisation programmes means illnesses like polio, diphtheria and neonatal tetanus have disappeared from the UK and meningococcal c disease at extremely low levels. The NHS has made and continues to make excellent progress in achieving high national uptake rates.</p> <p>Despite this, individuals who are more likely to live in disadvantaged areas remain largely unprotected and local services should work to identify what would work best to meet the need of their communities that face difficulties in completing immunisation.</p> <p>We feel 'Good practice' in the context of mechanisms to reduce the impact of inequalities on immunisation uptake is unclear.</p> <p>There is good evidence to show that poorly performing health services are not achieving maximum impact and not reaching the most needy. We feel actions are needed to tackle this problem. Is there any evidence of a lack of action at PCT level to address underperforming services or where health services appear to be falling short of the meeting the complex needs of people that face socio-economic disadvantage and experience low immunisation uptake? Are there examples where PCTs have addressed this problem? If so where from?</p>	Thank you for your comment.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Dept of Health</b>			<p>We think both the supply and demand side of health economies need to be considered.</p> <p>On the supply side, existing barriers and disincentives may discourage health services from investing in making improvements. Methods for allocating funding may not be sufficient to permit effective targeting to most in need or ensure efficiency and better value for money.</p> <p>On the demand side, low prioritisation of preventative health, low aspiration, low interest, limited social networks, poor local transport and access to services, low educational attainment may need to be addressed.</p> <p>Improving health services and immunisation programme performance for families that have low immunisation uptake may require a different, more focused approach than delivery of the same services for the general population. Evidence shows this can be achieved if increased engagement between the providers of services and the communities who are intended to use them happens. This may require the development of a range of different delivery options and incentives.</p>	<p>Thank you for this helpful information. NICE's Public Health Intervention Advisory Committee (PHIAC) will consider the implementability of interventions as part of the guidance development process. Implementation issues, including service delivery mechanisms, will be further explored with public health practitioners during the fieldwork consultation stage.</p>

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

**Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008**

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Dept of Health</b>			<p>A key use of the guidance could be to help users consider the locally tailored immunisation strategies needed to meet specific needs. The evidence pertaining to the relationship between MMR and social circumstances across all social groups will therefore need to be considered.</p> <p>There is evidence to show the receipt of single measles vaccine during the height of prominent adverse publicity, was more likely in affluent families.</p> <p>However, a population-based analysis of vaccine uptake records for 1 million children in Scotland showed the impact of adverse MMR publicity particularly affected families experiencing deprivation. The greater the deprivation, the greater the tendency for late vaccination, especially for the most deprived. Those who were more affluent tended to be vaccinated close the recommended age intervals or not at all. There is evidence to show residential mobility may also contribute to partial or no immunisation with MMR.</p>	<p>The evidence on these issues will be gathered and assessed by the Public Health Intervention Advisory Committee (PHIAC). Stakeholders will be invited to comment on the evidence and to submit any additional evidence that may have been missed. See our response below.</p> <p>Neither of the single vaccines for measles or mumps is currently licensed for use in the UK and so they will not be covered by this guidance. The use and safety of vaccines is the responsibility of the Joint Committee for Vaccination and Immunisation (JCVI)</p>

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

**Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008**

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Dept of Health</b>			<p>The findings that MMR acceptance is inversely correlated with socioeconomic wealth could be considered alongside studies that show children from larger families, with older mothers or lone parents are more likely to be unimmunised with MMR.</p> <p>The factors that influence MMR immunisation were recently examined by Mixer et al (2006) and showed that a significant gradient exists in the uptake of MMR1 across all ethnic groups in the study population.</p> <p>The evidence about the extent to which negative peer cultures may have contributed to rejecting MMR during the height of the adverse publicity could be included as it may provide important insight as to whether concentrations of peer influences affect aspirations or raise concerns about immunisation.</p>	<p>Thank you for your comment. As part of the guidance development process, NICE will consider all interventions that seek to influence factors that affect immunisation uptake. Stakeholders will be invited to identify and/or submit evidence not identified/included within the evidence reviews during the consultation on the evidence.</p>
<b>Dept of Health</b>		General	<p>We feel use of the term 'Policy and institutional context' requires clarification.</p> <p>To better understand the drivers of the differential take up of immunisation is crucial to identifying the most appropriate policy response whether local or national.</p> <p>In order to address this, a clear distinction between 'local' and 'national' policy and institutions would help.</p>	<p>Please could you clarify in which section of the draft scope these terms appear? This phrase does not appear in the final scope.</p> <p>Thank you for your comment. We shall endeavour to clarify the distinction between local and national policies and institutions wherever possible.</p>

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.



## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Dept of Health</b>		General	<p>We feel 'Generic and specific interventions to support attitude and behaviour change' in the context of this guidance is unclear and suggests attitude and behaviour drive the problem of poor immunisation outcomes in deprived families. The quality of evidence base is low with often competing social explanations provided.</p> <p>There is a clear consensus that a greater distinction is required about the measures that are needed to empower people with complex wants to exercise choice.</p> <p>We therefore think that priority should be given to the delivery of the targeted support needed to tackle the problem.</p>	<p>Thank you for your comment. It was not our intention to suggest that attitude and behaviour drive the problem of lower immunisation rates in deprived families.</p> <p>We felt it important to note NICE's public health programme guidance (2007) on "The most appropriate means of generic and specific interventions to support attitude and behaviour change at population and community levels" since it is also important to consider the behaviour and attitudes of parents (and young people) who might be choosing to not immunise either themselves or their children.</p> <p>As part of NICE's guidance development process, the recommendations will, in part, reflect the strength of the evidence.</p>
<b>Dept of Health</b>			<p>HPV vaccine. We think that other countries, which currently offer HPV, should not be compared to the emerging UK situation due to the different institutional arrangements for funding and delivering health care services.</p> <p>HPV vaccination in England will be introduced for girls aged 12-13 years from autumn 2008. Thereafter a catch-up programme will start in autumn 2009, which will run for girls aged 16 to 18 years who will be offered the vaccine in 2009/2010; and girls aged 15 to 17 years will be offered the vaccine in 2010/2011.</p>	<p>Thank you for your comment. Although evidence from non-UK sources will be considered during the guidance development process, transferability (or external validity) to UK settings (particularly in terms of institutional delivery arrangements and target population) will be carefully assessed both by the review team and by the Public Health Advisory Committee (PHIAC).</p>

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

**Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008**

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Dept of Health</b>			<p>US</p> <ul style="list-style-type: none"> <li>• Introduced in June 2006. The recommended age for females is 11-12 years. Vaccine can be administered as young as age 9 years. Catch-up vaccination is recommended for females aged 13-26 years who have not been previously vaccinated.</li> <li>• The retail price of the vaccine is \$120 per dose (\$360 for full series). While some insurance companies may cover the vaccine, others may not. Most large insurance plans usually cover the costs of recommended vaccines. However, there is often a short lag-time after a vaccine is recommended, before it is available and covered by health plans. Federal health programs such as Vaccines for Children will cover the HPV vaccine. The VFC program provides free vaccines to children and teens under 19 years of age, who are either uninsured, Medicaid-eligible, American Indian, or Alaska Native. There are over 45,000 sites that provide VFC vaccines, including hospitals, private clinics, and public clinics. The VFC Program also allows children and teens to get VFC vaccines through Federally Qualified Health Centres or Rural Health Centres, if their private health insurance does not cover the vaccine. As VFC funds do not cover full implementation costs this may lead some providers delaying the introduction of the vaccine or drop some services.</li> <li>• Some states also provide free or low-cost vaccines at public health department clinics to people without health insurance coverage for vaccines.</li> </ul>	Please refer to response above.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

**Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008**

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Dept of Health</b>			<p>Australia</p> <ul style="list-style-type: none"> <li>• Introduced in April 2007, the vaccine is provided free to girls aged between 12 and 13 through the National HPV Vaccination Programme on an ongoing basis. There is a two-year period where the vaccine will be provided free for girls and young women aged between 14-26 years.</li> <li>• For girls in school, the program will start in April and parents will be asked to give consent for their daughters to participate in the program. By the end of 2008, all girls currently aged between 12-18 years will have had access to the vaccine in school. In some states, the vaccination program may be staggered, so that some schoolgirls are vaccinated in 2007 and the rest in 2008.</li> <li>• For young women who are not in school and are still under 27 years, GPs and community immunisation clinics will provide the free vaccine from July 2007 until the end of June 2009.</li> </ul>	Please refer to response above.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Dept of Health</b>		Interventions	<p>There is evidence to show that health services do not do enough to empower people to access quality services that are relevant or tailored to their needs. Consideration should be given to the need for increasing the effectiveness of health services and the role of performance management at PCT level.</p> <p>We feel 'Targeted vaccination of children and young people with underlying clinical or chronic disease' should be included in the final scope.</p>	<p>Thank you for your comment. NICE's Public Health Intervention Advisory Committee (PHIAC) will consider the implementability of interventions as part of the guidance development process. Implementation issues, including patient access, will be further explored with public health practitioners during the fieldwork consultation stage.</p> <p>To clarify, interventions to increase uptake of vaccinations recommended under the routine childhood immunisation programme for children and young people (aged under 19 years) with physical or mental health problems or disabilities that may require frequent or long term care will be included.</p> <p>However, we will exclude interventions to increase uptake of targeted vaccinations recommended for children who are clinically at risk of infection with a vaccine-preventable disease as a result of their specific condition (e.g. Hepatitis A vaccination for people with haemophilia; or influenza vaccination for asplenic individuals etc). Although we recognise the importance of ensuring these groups are immunised against infectious disease, we feel that such interventions should be recommended as part of a clinical care pathway and as such would be outside the remit of public health intervention guidance.</p> <p>We would also encourage you to submit a suggestion for NICE to develop guidance specifically on this topic through the NICE website at:  <a href="http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp">http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp</a></p>

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

**Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008**

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Dept of Health</b>		Key questions and outcome measures	<p>We think 'Reducing differences in immunisation uptake' in the context of this guidance is unclear.</p> <p>We feel this suggests the guidance may go well beyond the scope of reducing the impact of inequalities on immunisation uptake and into the broader area of vaccine uptake. Rather the guidance should consider mechanisms needed to reduce the impact of inequalities on immunisation uptake. If NICE wish to go wider than the remit previously referred it will need to approach the Department for a remit change that needs to be agreed with Ministers.</p>	<p>Thank you for your comment. In line with approval from the DH, the title of the scope reflects the focus of the guidance which will be to reduce the inequalities or differences in immunisation uptake across different population groups.</p> <p>For the majority of vaccinations this will require focusing efforts on hard to reach, or socio-economically disadvantaged groups. However, in light of the reduced coverage of some immunisations in more affluent population groups (most notably those covered by the MMR triple vaccine), we also needed to ensure that these groups were not excluded.</p> <p>We have decided to also include interventions that increase overall immunisation uptake, since it is possible that such interventions may also reduce inequalities. Evidence of the differential effectiveness of such interventions will also be assessed as it will also be useful to identify which interventions widen inequalities in immunisation.</p>
<b>Dept of Health</b>		Economic evaluation	<p>We feel 'Cost-effectiveness analysis' in the context of this guidance is unclear.</p> <p>Immunisation saves more lives for the money invested than almost any other public health measure. However, reducing the impact of inequalities on uptake may be expensive but potentially offer better value for money with the total net gain to the economy from reduced ill health and greater participation in the labour market.</p>	<p>The interplay of cost effectiveness and inequality is complex, particularly since groups with low immunisation rates gain some benefit from immunisation from those groups with high rates of immunisation. Additionally, while it is true that immunisation is highly cost effective against no immunisation, it is not so clear what the marginal benefits of immunisation might be. It is hoped that this topic will be able to provide at least the rudiments of answers towards both the optimal level of uptake of immunisation and the extent to which efficiency and reducing inequity can be traded off.</p>

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Dept of Health</b>		<b>3<sup>rd</sup> Presentation: Stakeholder Meeting 14/2/08</b>		
<b>Dept of Health</b>		Contributing community perspectives through the stakeholder process	<p>There is good evidence to show how well a community functions depends on how well it is governed and how well services are operating.</p> <p>We feel greater emphasis is needed on what communities think about the way immunisation services operate within their area.</p>	Thank you for your comment. NICE's Public Health Intervention Advisory Committee (PHIAC) will consider the implementability of interventions as part of the guidance development process. Implementation issues, including the importance of community engagement, will be further explored with public health practitioners, during the fieldwork consultation stage.
<b>Dept of Health</b>		Perspectives of communities	Implementation of the actions set out in the guidance will require commitment from all parts of the health economy. How will NICE, having gained the perspective of communities, implement the guidance and track progress towards achieving the goals? What sensitive and specific indicators will be used? Who will oversee progress?	<p>NICE is not responsible for implementing the guidance recommendations, however, the implementation team at NICE will be supporting implementation of this guidance by producing a range of implementation support tools which will consider the practicalities of implementation. In addition NICE will be working with national organisations to try and identify levers which could aid implementation by providing national support for local action.</p> <p>At the present time, NICE do not collect data on health outcomes (other than where this is available through published data). The implementation team will liaise with other relevant organisations to determine whether there are appropriate mechanisms for monitoring this, as well as to routinely collect data on uptake.</p>

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
		<b>Draft Scope</b>		
<b>Dept of Health</b>		1. Guidance title	We feel the term 'mechanisms' should be included, in order to emphasis the current or potential role health services play in reducing the impact of inequalities on vaccine uptake.	Thank you for your comment. In line with approval from the DH, the title of the scope reflects the focus of the guidance which will be to reduce the inequalities or differences in immunisation uptake across different population groups. All interventions, including the role of health service delivery mechanisms, will be considered during the guidance development process.
<b>Dept of Health</b>		1.1 Short title	As above, we feel the term 'mechanisms' should be included in order to emphasis the current or potential role health services play in reducing the impact of inequalities on vaccine uptake.	In line with approval from the DH, the title and short title of the scope reflects the focus of the guidance which will be to reduce the inequalities or differences in immunisation uptake across different population groups. All interventions, including the role of health service delivery mechanisms, will be considered during the guidance development process.
<b>Dept of Health</b>		2. Background		
<b>Dept of Health</b>		d).	Reducing the impact of inequalities on uptake may be expensive but potentially offer better value for money with the total net gain to the economy from reduced ill health.	The interplay of cost effectiveness and inequality is complex, particularly since groups with low immunisation rates gain some benefit from immunisation from those groups with high rates of immunisation. Additionally, while it is true that immunisation is highly cost effective against no immunisation, it is not so clear what the marginal benefits of immunisation might be. It is hoped that this topic will be able to provide at least the rudiments of answers towards both the optimal level of uptake of immunisation and the extent to which efficiency and reducing inequity can be traded off.
<b>Dept of Health</b>		3. The need for guidance		
<b>Dept of Health</b>		b)	It is widely accepted this is where the impact of inequalities on vaccine uptake are likely to occur.	Thank you for your comment.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Dept of Health		d).	The concept of the term 'herd immunity' does not appear to be properly understood in the context of reducing the impact of inequalities on immunisation. Nationally, the uptake of immunisation had resulted in a significant reduction in the rates of vaccine preventable diseases. However, in areas with high immunisation coverage there will be groups of children and young people that are either unimmunised or not completely protected and therefore at risk.	By including interventions that also seek to improve overall immunisation uptake rates, herd immunity, in the context of this guidance, would be considered a worthwhile goal since it provides protection for those inequality dimensions in which individuals are either not immunised or for those whom immunisation fails to offer adequate protection (i.e. those that fail to 'sero-convert').  We do however, recognise that herd immunity assumes a level of population heterogeneity which is not likely to exist across all social groups, and interventions targeting immunisation uptake in groups with comparably lower uptake will also be included.
Dept of Health		e).	The interpretation of 'historic national and regional data' should only be made in the context of the current immunisation programme, the incidence of vaccine preventable disease, transmission and risk.	Thank you for your comment. In line with stakeholder comments, we have removed reference to the study which reports on incidence of <i>Haemophilus influenzae</i> type b prior to the introduction of the Hib vaccine in the UK, to ensure the scope better reflects current disease prevalence.
Dept of Health		2 <sup>nd</sup> bullet (p.4)	There is a need to improve the targeting, coordination and flexibility of health services to achieve better outcomes for hepatitis b immunisation provision. This is because a significant proportion of this infection is acquired outside the UK. Also most reports of acute infection in the UK occur as a result of injecting drug use or sexual exposure.	Thank you for your comment. The Public Health Advisor Committee will consider service delivery mechanisms and target population groups in drafting specific recommendations for practice.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.



## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Dept of Health</b>		3 <sup>rd</sup> bullet (p.4)	<p>Before the <i>Haemophilus influenzae</i> type b vaccine was introduced, about four in every 100 pre-school children carried the Hib organism. After the vaccine was introduced, carriage rates fell below the level of detection. Prior to the introduction of the vaccine, the estimated annual incidence was 34 per 100,000 children under 5 years of age. One in every 600 children developed some form of invasive Hib disease before their 5<sup>th</sup> birthday. After the vaccine was introduced, disease incidence has fallen.</p> <p>Reference is made to 1994 study, which deals with problems in the pre-vaccine era. The situation changed dramatically after the vaccine was introduced routine 1992.</p> <p>In 1998, only 21 cases of invasive Hib were reported in England and Wales in children under 5 years of age (0.65 per 100,000). In infants under 1 year of age, the highest risk age group for disease, reported cases fell by over 95% (from 300 to 7).</p>	Thank you for your comment. In line with stakeholder comments, we have removed reference to the study which reports on incidence of <i>Haemophilus influenzae</i> type b prior to the introduction of the Hib vaccine in the UK, to ensure the scope better reflects current disease prevalence.
<b>Dept of Health</b>		4.2.1		
<b>Dept of Health</b>		2 <sup>nd</sup> bullet (p.6)	'Locally negotiated enhancements to the national Quality Outcome Framework' should be corrected to read 'locally derived Quality and Outcome Framework (which is different from the nationally negotiated QOF) and/or locally commissioned services from community pharmacists by PCTs'.	Thank you for your comment. The final scope has been revised accordingly.
<b>Dept of Health</b>		3 <sup>rd</sup> bullet (p.6)	Other countries, which currently require vaccination as a requirement for school entry, cannot be compared to the UK policy, which remains voluntary.	Thank you for your comment. Although quasi-mandatory immunisation policies are not part of current UK policy, evidence on the effectiveness (including cost-effectiveness) of such policies at reducing inequalities in immunisation uptake will be considered.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Dept of Health</b>		4 <sup>th</sup> bullet (p.6)	Consideration should be given to adding 'pharmacy' to the list of locations where the intervention will be delivered. As many pharmacies are open late in the evenings and at weekend, this may improve access to services.	In line with your suggestion, pharmacies have been added as a setting in which interventions might be delivered.
<b>Dept of Health</b>		8 <sup>th</sup> bullet (p.6)	Consideration should be given to include work place health and the role of occupational health services. Increasing importance is being attached to the development of occupational health services in improving/protecting health and wellbeing at work (including the health of young employees/migrant workers). This policy priority is expected to be emphasised in Dame Carol Black's report on the health of people of working age, due to be published next month.	In line with your suggestion, occupational health services have been included as the workplace is a setting in which interventions might be delivered.
<b>Dept of Health</b>		4.2.2 Activities/ Interventions that will not be covered		
<b>Dept of Health</b>		a).	To be consistent with the scope, we feel increasing overall vaccine uptake should be identified as an exclusion.  If you wish to go wider than the remit previously referred, you will need to approach the Department for a remit change that needs to be agreed with Ministers.	Interventions that increase overall immunisation uptake will be included, since it is possible that such interventions may also reduce inequalities. Evidence of the differential effectiveness of such interventions will be assessed as it will also be useful to identify which interventions widen inequalities in immunisation rates.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Dept of Health</b>		e).	Children and young people with underlying clinical or chronic disease may experience socio-economic disadvantage and we feel should be included in the scope.	<p>To clarify, interventions to increase uptake of vaccinations recommended under the routine childhood immunisation programme for children and young people (aged under 19 years) with physical or mental health problems or disabilities that may require frequent or long term care will be included.</p> <p>However, we will exclude interventions to increase uptake of targeted vaccinations recommended for children who are clinically at risk of infection with a vaccine-preventable disease as a result of their specific condition (e.g. Hepatitis A vaccination for people with haemophilia; or influenza vaccination for asplenic individuals etc). Although we recognise the importance of ensuring these groups are immunised against infectious disease, we feel that such interventions should be recommended as part of a clinical care pathway and as such would be outside the remit of public health intervention guidance.</p> <p>We would also encourage you to submit a suggestion for NICE to develop guidance specifically on this topic through the NICE website at:  <a href="http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp">http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp</a></p>

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

**Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008**

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Dept of Health</b>		4.3 Perspective	Reducing the impact of inequalities on uptake may be expensive but potentially offer better value for money with the total net gain to the economy from reduced ill health and greater participation in the labour market.	The interplay of cost effectiveness and inequality is complex, particularly since groups with low immunisation rates gain some benefit from immunisation from those groups with high rates of immunisation. Additionally, while it is true that immunisation is highly cost effective against no immunisation, it is not so clear what the marginal benefits of immunisation might be. It is hoped that this topic will be able to provide at least the rudiments of answers towards both the optimal level of uptake of immunisation and the extent to which efficiency and reducing inequity can be traded off.
<b>Dept of Health</b>		4.4 Key questions and outcomes		
<b>Dept of Health</b>		Expected outcomes	‘Decreased rates of immunisation’ and ‘decreased rates of initiation and/or completion’ is outside the scope of this guidance.  We think greater focus on outcomes is needed and less on separate initiatives.	As part of NICE’s guidance development process, we will assess interventions for their effectiveness (and cost-effectiveness). In doing so, we will also identify those interventions that are ineffective (i.e. have either no effect or an adverse effect on immunisation uptake) and may recommend that such interventions are not made available on the NHS.
<b>Dept of Health</b>		Appendix B: Potential considerations		

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Dept of Health</b>		4 <sup>th</sup> bullet p.11	Applicability of cost-effectiveness analysis given reducing the impact of inequalities on uptake may be expensive but potentially offer better value for money with the total net gain to the economy from reduced ill health and greater participation in the labour market.	The interplay of cost effectiveness and inequality is complex, particularly since groups with low immunisation rates gain some benefit from immunisation from those groups with high rates of immunisation. Additionally, while it is true that immunisation is highly cost effective against no immunisation, it is not so clear what the marginal benefits of immunisation might be. It is hoped that this topic will be able to provide at least the rudiments of answers towards both the optimal level of uptake of immunisation and the extent to which efficiency and reducing inequity can be traded off.
<b>Dept of Health</b>		5 <sup>th</sup> bullet p.11	Consideration should be given to whether effectiveness and cost effectiveness varies according to the impact of reducing inequalities on immunisation uptake.	See response above.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

**Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008**

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Dept of Health</b>			<p>The Gypsy and Traveller communities experience poor health outcomes and a low take up of immunisation and associated preventative care. There are a number of contributory factors including difficulties in accessing systematic preventative care while on the move.</p> <p>Gypsy and Traveller communities have particular difficulties in gaining access to health services at GP level when lacking a permanent or authorised address. They are often forced to visit A&amp;E departments in hospitals as the only alternative. But even where they do have an authorised place to live, either on a site or in conventional housing, a suspicion of officialdom, poor standards of literacy, and an insecure grasp of the "system" all lead to significantly high degrees of missed appointments, with some reports of adults too embarrassed to volunteer the fact that they cannot read the appointment card they are given at a GP surgery. There are also deeper cultural concerns too, with entrenched attitudes and mistrust (amongst some older members of the community in particular), against the necessity of immunisation and the risks and dangers presented by it. An example of this would be the concern within society generally over MMR vaccinations in recent years.</p>	<p>Thank you for your comment. As part of the guidance production process, stakeholders are invited to submit any additional evidence that they think may assist the Public Health Interventions Advisory Committee (PHIAC) in their deliberations. In addition, NICE conducts fieldwork with practitioners and users where examples of good practice are gathered and the implementability of the guidance is explored.</p>

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

**Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008**

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Dept of Health</b>			<p>More prominent members of the Gypsy and Traveller community can play a leading part to improve outcomes and some organisation are already working in this area, but considerable time will be necessary for this essential message to get across to all corners. Perhaps such examples can be explored as part of the interventions of the guidance?</p> <p>DCSF welcomes the guidance and is pleased that it will look at interventions in non NHS settings (e.g. schools/extended schools, children's centres, long-term-care institutions). DCSF are also pleased to see that the scope covers a wide cross section of children and young people from vulnerable groups.</p>	Thank you for your comment.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>East Berkshire PCT</b>			<p>First just a word to say how interesting I found yesterday's meeting at Puddle Dock.</p> <p>Second, the issue I raised was that of the title of the guidance. I understand your reasoning when you changed the title from "reducing inequalities in the uptake of immunisation" to "reducing differences in the uptake of immunisation". However I do feel that the title should have in it the sense of improvement or increase in uptake. After all, as I pointed out yesterday, you could reduce the difference by NOT immunising children in those groups where uptake is currently high, which is obviously not a good idea!</p> <p>What we are aiming for is not a reduction in the difference but an increase in uptake in those groups where uptake is currently low, for whatever reason. And in fact those strategies that work for groups where uptake is low might also work for the higher uptake groups too and raise uptake even further.</p> <p>So, to keep it simple you could say "Mechanisms to increase the uptake of immunisations amongst individuals under the age of 19 years". If necessary, your introduction could explain the emphasis on low uptake groups but I would have thought anyone reading the guidance would expect to find that emphasis anyway.</p>	<p>Thank you for your comment. The title of the scope was chosen to most closely reflect the referral from the Department of Health (DH): "Produce public health intervention guidance on mechanisms to reduce inequalities in the uptake of immunisation amongst individuals under the age of 19 years (including targeted vaccines)".</p> <p>We have attempted to clarify that the focus of the guidance will be to reduce the difference in immunisation uptake rates between groups with high and low uptake. We will seek to address differential uptake through a number of approaches: interventions that focus on those groups with lower uptake rates; interventions that seek to increase overall immunisation uptake (since it is possible that such interventions may also reduce inequalities); and finally, evidence of the differential effectiveness of such interventions will also be assessed as it will also be useful to identify which interventions widen inequalities in immunisation.</p>

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.



## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Flintshire Local Health Board</b>		General	<p>I would like to see a more collaborative approach to delivering immunisations. In our area we have a collaborative approach with Health Visitors immunising in the surgeries which works well and our rates have improved from being the worst in Wales to one of the best. MMR was 64% it is now 89- 90%.</p> <p>Funding for Trust community staff should factor into this document not only GP's incentive schemes.</p> <p>School nursing have immunisations as a fairly low priority because of other competing issues- child protection mainly and capacity. They can opportunistically immunise children on school entry and this is what we are working towards implementing locally</p>	<p>Thank you for your comment. We would not want to pre-empt the evidence, but if the evidence shows that a more collaborative approach to immunisation is effective then we will certainly report this and the Public Health Interventions Advisory Committee may make recommendations for practice. We would also encourage you to submit any evidence during the consultation on the evidence.</p>
<b>Flintshire Local Health Board</b>		4.1.1	<p>I think you should also consider the role of Youth Offending Teams in supporting immunisations. They have nurse input and the opportunity to immunise and make a difference. Generally they are in the 16-18 age group</p>	<p>Thank you for your comment. Interventions delivered by youth offending teams or in Youth offending institutions is included in the scope of this work (see page 6 of the final scope).</p>
<b>Flintshire Local Health Board</b>		4.1.1	<p>Those women who suffer domestic violence and move frequently or are too frightened to bring their child for immunisation need to be supported. They usually have a named health visitor and in our area are happy to immunise in the refuge.</p>	<p>Thank you for your comment. Interventions delivered in women's and children's refuges would be considered within the scope of this work and we have clarified the wording of the scope to reflect this. Likewise, interventions delivered by health visitors will also be considered within the scope of this work (see page 5 of the final scope).</p>
<b>Greater Manchester Immunisation Leads</b>		1.	<p>We preferred the use of the term "reducing inequalities" rather than "reducing differences" as the intention is to increase the uptake of the lowest group, not to bring down the uptake of the highest group. An alternative title that you may wish to consider is "Maximising uptake of immunisation to achieve herd immunity in people younger than 19 years."</p>	<p>Thank you for your comment. In line with approval from the DH, the title of the scope reflects the focus of the guidance which will be to reduce the inequalities or differences in immunisation uptake across different population groups.</p>

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Greater Manchester Immunisation Leads</b>		4.2.1. (c)	Flu vaccine should be included here. Children are a very important source of influenza during the season, readily transmitting the virus to vulnerable children and older adults. USA routinely offers flu vaccine to young children each year. Pandemic planners have considered immunising children prior to a pandemic to reduce transmission. Vulnerable children are particularly susceptible to flu. There are good examples of successful interventions in special schools to immunise vulnerable children against flu.	Influenza vaccine is currently recommended in the UK for all people aged over 65 years and people aged 6 months and over who are clinically at risk of infection.  Recommendations on immunisation policies for specific vaccine-preventable diseases are made by the UK's Joint Committee on Vaccination and Immunisation (JCVI) and are outside the remit of this guidance.
<b>Greater Manchester Immunisation Leads</b>		4.2.1. (c)	Hepatitis B vaccine for Looked After Children and Drug Users should be included as these groups are at high risk of acquiring hepatitis B plus other BBV and immunising them early while a captive group will prevent disease and complications and is surely more cost-effective.	Hepatitis B vaccine is currently recommended in the UK for all individuals who are at increased risk of hepatitis B infection. This would include injecting drug users and looked after children and these groups will be included within the scope of the guidance.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Greater Manchester Immunisation Leads</b>		4.2.1. (c)	Pneumococcal vaccine for at risk children should be included. You may wish to consider RSV prophylaxis with palivizimab as implementation of JCVI guidance is patchy across country.	<p>Thank you for your comment. Pneumococcal vaccine is currently recommended in the UK for all children as part of the routine childhood immunisation programme and for those who are clinically at increased risk of infection.</p> <p>We will exclude interventions to increase uptake of targeted vaccinations recommended for children who are clinically at risk of infection with a vaccine-preventable disease as a result of their specific condition (e.g. Hepatitis A vaccination for people with haemophilia; or influenza vaccination for asplenic individuals etc). Although we recognise the importance of ensuring these groups are immunised against infectious disease, or receive appropriate prophylaxis treatment we feel that such interventions should be recommended as part of a clinical care pathway and as such would be outside the remit of public health intervention guidance.</p> <p>We would also encourage you to submit a suggestion for NICE to develop guidance specifically on this topic through the NICE website at:  <a href="http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp">http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp</a></p>
<b>Greater Manchester Immunisation Leads</b>		4.2.1. (c)	Settings – Emphasis needed on intervention in the acute setting. Other settings to add: GUM; Community Drugs Services, YOT Schemes and Sure Start Centres.	Interventions delivered in all NHS and non-NHS settings will be considered. Please refer to section 4.2.1 of the final scope.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Greater Manchester Immunisation Leads</b>		4.2.2. (c)	We are disappointed that occupational health is not included. The mumps outbreak which is still ongoing had a very significant impact on hospitals. Identifying successful interventions to ensure HCWs are protected prior to being exposed to vulnerable patients would be of help to Trusts, Nursing Schools and Universities.	In line with the referral from the DH to focus the guidance on interventions to reduce inequalities in the uptake of immunisation amongst individuals under the age of 19 years, it was felt that targeting of specific occupational groups because of their increased risk of infection with vaccine-preventable disease was outside the remit of this guidance  However, we do acknowledge the importance of immunising people at occupational risk of vaccine-preventable infection and would invite you to submit a suggestion for NICE to develop guidance on this topic through the NICE website at: <a href="http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp">http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp</a>
<b>Greater Manchester Immunisation Leads</b>		4.2.2. (d)	We understand that travel vaccines are a big area to consider but we wish to point out the significant amount of work generated each year in Greater Manchester by children returning from Asia with typhoid.	Thank you for your comment. As above, it was felt that targeting of groups specifically because they travel to destinations with high prevalence of vaccine-preventable disease was outside the remit of this scope.  However, we do recognise the importance of immunising these groups and would encourage you submit your suggestion through the NICE website.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Greater Manchester Immunisation Leads</b>		4.2.2. (e)	Strongly believe that targeted vaccination with underlying disease is included. Manchester PCT has already identified that vaccination of this group needs targeting. This group receives much of their treatment from secondary care and rarely have up to date immunisation. Have evidence from a local case control study to show low uptake rates of routine childhood immunisations among children attending special school compared to the children in the general population.	<p>To clarify, interventions to increase uptake of vaccinations recommended under the routine childhood immunisation programme for children and young people (aged under 19 years) with physical or mental health problems or disabilities that may require frequent hospital stays or long term care, will be included.</p> <p>However, we will exclude interventions to increase uptake of targeted vaccinations recommended for children who are clinically at risk of infection with a vaccine-preventable disease as a result of their specific condition (e.g. Hepatitis A vaccination for people with haemophilia; or influenza vaccination for asplenic individuals etc). Although we recognise the importance of ensuring these groups are immunised against infectious disease, we feel that such interventions should be recommended as part of a clinical care pathway and as such would be outside the remit of public health intervention guidance.</p> <p>We would also encourage you to submit a suggestion for NICE to develop guidance specifically on this topic through the NICE website at:  <a href="http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp">http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp</a></p>

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Health Protection Agency</b>		General	<p><b>It is important that the following areas are examined:</b></p> <p>Impact of training on uptake and the potential for introducing immunisation training into pre-registration training for all healthcare professionals, not just post-registration training for primary care professionals.</p> <p>Would endorsement of immunisation training by all the professional bodies and colleges make a difference?</p>	<p>Thank you for your comment. NICE's Public Health Intervention Advisory Committee (PHIAC), will consider the implementability of interventions as part of the guidance development process. Implementation issues, including training for healthcare professionals, will be further explored with public health practitioners during the fieldwork consultation stage.</p>
<b>Health Protection Agency</b>		General	<p>Advocates whom parents can identify with within their community. Provision of immunisation information for religious leaders etc to dispel community myths around vaccination This could be through the local childrens safeguarding boards</p>	<p>Evidence that assesses these interventions will be included in the guidance. Stakeholders are also encouraged to submit any evidence of relevance to the guidance during the evidence consultation stage.</p>
<b>Health Protection Agency</b>		General	<p>The difference that getting commitment from the DFES to immunisation in schools and their promotion of it to the teachers/school staff might make to school immunisation initiatives. Would reinstating an allocated school nurse for every school help improve uptake in school age children? School nurses need to be retrained to give vaccines regularly and opportunistically in school</p>	<p>Thank you for your comment. As above, PHIAC, will consider the implementability of interventions as part of the guidance development process. Implementation issues, including service delivery mechanisms, will be further explored with public health practitioners during the fieldwork consultation stage</p>

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Health Protection Agency</b>		General	<p>Promotion of opportunistic immunisation of hospitalised children.</p> <p>Training of all staff (National Standard and core Curriculum) to include hospital staff on Paed wards, NNU and community paed staff. This would be useful to increase the uptake of immunisations in premature babies and children with long term illness. SW Peninsula Health Protection Unit ran some successful training locally for hosp/community Paed staff and it transpired although parents were asked at the child's admission if their immunisations were up to date, staff did not know if the answer was correct as there was nowhere on the admission form to say what the correct schedule was.</p>	<p>To clarify, interventions to increase uptake of vaccinations recommended under the routine childhood immunisation programme for children and young people (aged under 19 years) with physical or mental health problems or disabilities that may require frequent or long term care will be included.</p> <p>However, we will exclude interventions to increase uptake of targeted vaccinations recommended for children who are clinically at risk of infection with a vaccine-preventable disease as a result of their specific condition (e.g. Hepatitis A vaccination for people with haemophilia; or influenza vaccination for asplenic individuals etc). Although we recognise the importance of ensuring these groups are immunised against infectious disease, we feel that such interventions should be recommended as part of a clinical care pathway and as such would be outside the remit of public health intervention guidance.</p> <p>We would also encourage you to submit a suggestion for NICE to develop guidance specifically on this topic through the NICE website at:  <a href="http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp">http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp</a></p> <p>As above, PHIAC, will consider implementation issues, including training for healthcare professionals, as part of the guidance development process.</p>
<b>Health Protection Agency</b>		General	Identification and immunisation of home educated and children excluded from school	Thank you for your comment. We agree that this group need particular attention.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Health Protection Agency		General	Health visitors need regular training and updating as they are in regular contact with families and, although they do not always give immunisations, they provide valuable advice.	As above, PHIAC, will consider implementation issues, including training for healthcare professionals, as part of the guidance development process.
Health Protection Agency		General	Involvement of ante-natal staff and midwives in training to enable them to give advice on immunisations	Please see response above.
Health Protection Agency		General	Immunisation telephone help lines should be encouraged as good practice; in Devon there are 1000+ calls per year and the largest topics are incomplete/uncertain immunisations and contraindications to immunisations	Thank you for your comment. Evidence that assesses these interventions will be included. Stakeholders are also encouraged to submit any evidence of relevance to the guidance during the evidence consultation stage.
Health Protection Agency		General	Availability of resources for large numbers of families moving in from abroad, e.g. Poland. It would be useful for the DH Immunisation Information website to provide links to names of immunisations in various languages enabling staff to check if immunisation schedules were completed.	As above, PHIAC, will consider implementation issues, including availability of resources, as part of the guidance development process.
Health Protection Agency		General	Voluntary agencies to be considered e.g. British Refugee Council, British Association for Adoption and Fostering, National Childrens Bureau.	This guidance will consider interventions delivered by any appropriately trained professional in any NHS or non NHS setting, including voluntary sector settings. Please see p.6 of the final scope).
Health Protection Agency		General	How will the role of immunisation co-ordinators (in post for more than 2 years) be evaluated given this was a recommendation of the Peckham report as being a key intervention which helped increase immunisation uptake?	At the present time, NICE do not collect data on health care processes or outcomes (other than where this is available through published data). However, NICE's implementation team will liaise with other relevant organisations to determine whether there are appropriate mechanisms in place for monitoring programmes such as this, as well as to routinely collect data on immunisation uptake.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.



## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Health Protection Agency</b>		2a)	<p>There is a problem with focusing on reducing differences. This would be fine if the UK's coverage were high overall. As it isn't, then surely it is as important to ensure that any interventions being considered should also increase coverage overall. There is no point in diverting health care resources in ensuring all groups in society have equally bad coverage, after all.</p> <p>Our understanding was that the original scope proposed by CMO was to be the impact of social inequalities on vaccination programmes, and would have included things like universal hep B in high risk areas.</p>	<p>Thank you for your comment. In line with approval from the DH, the title of the scope reflects the original referral for the guidance which is given in Appendix A – 'Produce public health intervention guidance on mechanisms to reduce inequalities in the uptake of immunisation amongst individuals under the age of 19 years (including targeted vaccines)'</p> <p>We will include interventions that increase overall immunisation uptake for those up to 19 years, since it is possible that such interventions may also reduce inequalities. Evidence of the differential effectiveness of such interventions will also be assessed as it will also be useful to identify which interventions widen inequalities in immunisation.</p> <p>Targeted Hepatitis B vaccination of children and young people at risk of infection (according to recommendations in the Department of Health's Green Book), will also be included.</p>
<b>Health Protection Agency</b>		2d)	<p>Are prison services (where babies are in prison with their mothers e.g. Holloway), detention centres, services for refugees to be included? A good example of a prison service for immunisation of children in prison with their mothers is in the borough of Islington</p>	<p>This guidance will consider interventions delivered by any appropriately trained professional in any NHS or non NHS setting, including prison services and detention centres. Please see p.6 of the final scope).</p> <p>Stakeholders are also encouraged to submit any additional evidence not identified during the evidence review process during the evidence consultation stage.</p>

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Health Protection Agency</b>		3b)	<p><b>Refugee Children</b>                      Joint Kings Fund/RCPCH/Refugee Council guidelines which include recommendations for immunisation. Authors: Anna Sharma and Ros Levenson  <a href="#">The Health of Refugee Children - Guidelines for paediatricians, RCPCH, November 1999 (PDF file 410KB)</a></p>	Thank you for your comment. As above, stakeholders are encouraged to submit any additional evidence during the evidence consultation stage.
<b>Health Protection Agency</b>		3b)	<p><b>Work undertaken on 'Looked After Children'</b>                      The key interventions are                      The 'Quality protects programme'                      Designated nurses for children looked after with a national BAAF recommended format for health care,                      Healthfax- a personal health record for young people                      'Healthy care' initiative-the national childrens bureau</p> <p>Rodrigues VC. Health of children looked after by the local authorities. <i>Public Health</i> 2004;<b>118</b>:370-6.</p> <p>Ashton-Key M, Jorge E. Does providing social services with information and advice on immunisation status of "looked after children" improve uptake? <i>Arch.Dis.Child</i> 2003;<b>88</b>:299-301.</p> <p>Butler and Payne 1997                      Mather 1997</p> <p>Unpublished work on 'looked after children'                      'Outcome indicators for children looked after' to 30 Sept2004 DCSF.                      'Healthy Care' National Childrens Bureau.                      'Healthfax for children looked after' unpublished audit Brent 1999, presented to joint meeting of RCPCH/Faculty of Public Health (Anna Sharma).</p>	Thank you for your comment. As above, stakeholders are encouraged to submit any additional evidence during the evidence consultation stage.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

**Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008**

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Health Protection Agency</b>			Bucks county council 2001 Audit of immunisation in looked after children. Use of health fax (website) and Milton Keynes Healthfax in children looked after (website).	Thank you for your comment.
<b>Health Protection Agency</b>		3e)	First bullet point, the same has been shown for varicella	Thank you for your comment. We have not included immunisation for varicella within the draft scope as within the UK, vaccination for varicella is currently only recommended for those at occupational risk of infection or for those in close, regular contact with immuno-compromised individuals.
<b>Health Protection Agency</b>		3e)	Besides the examples mentioned, there are examples of measles circulating in various sub-populations (both in UK and within Europe) – Irish travellers <a href="http://www.hpa.org.uk/hpr/archives/2007/hpr3907.pdf">http://www.hpa.org.uk/hpr/archives/2007/hpr3907.pdf</a> <a href="http://www.eurosurveillance.org/ew/2007/070614.asp#1">http://www.eurosurveillance.org/ew/2007/070614.asp#1</a> Orthodox Jews <a href="http://www.hpa.org.uk/hpr/archives/2008/hpr0808.pdf">http://www.hpa.org.uk/hpr/archives/2008/hpr0808.pdf</a> <a href="http://www.eurosurveillance.org/ew/2007/071115.asp#3">http://www.eurosurveillance.org/ew/2007/071115.asp#3</a> Roma <a href="http://www.eurosurveillance.org/ew/2006/061012.asp#2">http://www.eurosurveillance.org/ew/2006/061012.asp#2</a>	Thank you for your comment. The final scope has been revised accordingly.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Health Protection Agency		4.1.2	HPA are concerned about the limit of the scope to those under 19yrs as guidance also needs to be developed to address inequalities in uptake for those over 18 years (in relation to issues around rubella in young women, particularly new entrants to UK, and hepatitis B, HCW etc) and would strongly encourage NICE to consider this for another topic.	<p>The 19 year old age limit reflects the referral NICE received from the Department of Health (DH) which was to '<i>produce public health intervention guidance on mechanisms to reduce inequalities in the uptake of immunisation amongst individuals under the age of 19 years (including targeted vaccines)</i>'. (refer Appendix B of the final scope)</p> <p>We acknowledge the importance of addressing inequalities in immunisation in groups outside this age range and would invite you to submit a suggestion for NICE to develop guidance on this topic through the NICE website at: <a href="http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp">http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp</a></p>
Health Protection Agency		4.2.1	<p>Good local child health information systems for measuring coverage underpin everything and the scope should be more explicit about this. This goes beyond the obvious fact that there would be no way of knowing whether any proposed interventions have the desired effectiveness once implemented. Good information systems – which include call and recall systems – should be regarded as an intervention which can increase uptake in all groups. Reminder and recall systems alone increase coverage by up to 20%.</p> <p>Jacobson Vann J, Szilagyi P. Patient reminder and patient recall systems for improving immunization rates. <i>Cochrane Database of Systematic Reviews</i> 2005, Issue 3 Art. NO.:CD003941.</p> <p>Ross E., Begg N. Child health computing. <i>BMJ</i> 1991;<b>302</b>:727.</p>	Thank you for your comment. Evidence on the effectiveness of call and recall interventions at reducing differences in immunisation uptake rates will be considered for this guidance. Stakeholders will also be invited to identify and/or submit evidence not identified/included within the evidence reviews during the evidence consultation stage.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

**Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008**

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Health Protection Agency</b>		4.2.1	<p>The appointment of immunisation co-ordinators, a recommendation of the Peckham report, has also been identified by many others as being a key intervention which helped increase immunisation uptake.</p> <p>Begg NT, White JM. A survey of pre-school immunisation programmes in England and Wales. <i>Community Medicine</i> 1988;<b>10</b>:344-50.</p>	As above, evidence on the effectiveness of the immunisation co-ordinators will be considered for this guidance. Stakeholders will also be invited to identify and/or submit evidence not identified/included within the evidence reviews during the evidence consultation stage.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Health Protection Agency</b>		4.2.1	<p>Primary Care Trust (PCT) coverage data is reported to the HPA, which collects the mandatory data on behalf of the NHS Information Centre through the Cover of Vaccination Evaluated Rapidly (COVER) programme. The analysis of such data and its feedback to local level is critical for improving coverage (see quarterly and annual publications of COVER data at <a href="http://www.hpa.org.uk/infections/topics_az/cover/default.htm">http://www.hpa.org.uk/infections/topics_az/cover/default.htm</a>)</p> <p>Begg NT, Gill ON, <b>White JM</b>. COVER (Cover of vaccination evaluated rapidly): Description of the England and Wales Scheme. <i>Public Health</i> 1989;<b>103</b>:81-9.</p> <p>White JM, Gillam SJ, Begg NT, Farrington CP. Vaccine coverage: recent trends and future prospects. <i>BMJ</i> 1992;<b>304</b>:682-4.</p> <p>Gillam SJ, Begg NT. The COVER scheme: a survey of immunisation coordinators. <i>CDR (Lond Engl.Rev.)</i> 1991;<b>1</b>:R88-R89.</p> <p>Sharland M, Atkinson P, Maguire H, Begg N. Lone parent families are an independent risk factor for lower rates of childhood immunisation in London. <i>Commun.Dis.Rep.CDR Rev.</i> 1997;<b>7</b>:R169-R172.</p> <p>Begg N. Low immunization uptake rates in an inner-city health district: fact or fiction? <i>J.Public Health Med.</i> 1992;<b>14</b>:343.</p>	<p>Thank you for your comment. NICE's Public Health Intervention Advisory Committee (PHIAC) will consider implementation issues, such as the collection and reporting of coverage and monitoring data as part of the guidance development process. Further, NICE will be working with national organisations to try and identify levers which could aid implementation of the guidance by providing national support for local action.</p>

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Health Protection Agency</b>		4.2.1.	<p>In 2007, the Health and Public Services Committee decided to conduct an investigation into immunisation for under fives, to find out why London's immunisation rates are so low, what is being done to tackle this problem, and what further work is needed. The project followed a previous London Assembly investigation into infant immunisation that reported in 2003. The report, "Still Missing the Point? Infant Immunisation in London", makes recommendations to help bring the capital's immunisation rates up to population immunity levels, which would make a serious outbreak unlikely.</p> <p><a href="http://www.london.gov.uk/assembly/reports/health/infant_immunisation_followup.pdf">http://www.london.gov.uk/assembly/reports/health/infant_immunisation_followup.pdf</a>  <a href="http://www.london.gov.uk/assembly/reports/health/infant_immunisation.pdf">http://www.london.gov.uk/assembly/reports/health/infant_immunisation.pdf</a> (2003 report)</p>	<p>Thank you for your comment. As part of the guidance development process, NICE will consider all interventions that seek to influence factors that affect immunisation uptake. Stakeholders will also be invited to identify and/or submit evidence not identified/included within the evidence reviews during the consultation on the evidence.</p>
<b>Health Protection Agency</b>		4.2.1	<p>A useful reference in relation to the role of the private sector in immunisation delivery is            Sonnenberg P, Crowcroft NS, White JM, Ramsay ME. The contribution of single antigen measles, mumps and rubella vaccines to immunity to these infections in England and Wales. Arch Dis Child. 2007 Sep;92(9):786-9</p>	<p>Thank you. As above, stakeholders will also be invited to identify and/or submit evidence not identified/included within the evidence reviews during the consultation on the evidence.</p> <p>It is also important to note that neither of the single vaccines for measles or mumps is currently licensed for use in the UK and so they will not be covered by this guidance. The use and safety of vaccines is the responsibility of the Joint Committee for Vaccination and Immunisation (JCVI)</p>

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

**Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008**

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Health Protection Agency</b>		4.2.2 e)	Why is pneumococcal vaccine excluded as it is known that uptake in these groups is poor and varies dramatically around the country. It is also part of the original request from DH (page 10)	<p>To clarify, interventions to encourage uptake of pneumococcal vaccination in people aged over 65 is excluded as the target population is outside the referral from the Department of Health (to 19 years).</p> <p>Interventions to encourage uptake of pneumococcal vaccine in children and young people aged to 19 years as part of the UK routine childhood immunisation programme will be included.</p>

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.



## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Health Protection Agency</b>		4.2.2. e)	Young people under 19 years with underlying conditions should be included in the scope as studies have shown that children with chronic conditions are less likely to have received immunisations (Peckham report 1989)	<p>To clarify, interventions to increase uptake of vaccinations recommended under the routine childhood immunisation programme for children and young people (aged under 19 years) with physical or mental health problems or disabilities that may require frequent or long term care will be included.</p> <p>However, we will exclude interventions to increase uptake of targeted vaccinations recommended for children who are clinically at risk of infection with a vaccine-preventable disease as a result of their specific condition (e.g. Hepatitis A vaccination for people with haemophila; or influenza vaccination for asplenic individuals etc). Although we recognise the importance of ensuring these groups are immunised against infectious disease, we feel that such interventions should be recommended as part of a clinical care pathway and as such would be outside the remit of public health intervention guidance.</p> <p>We would also encourage you to submit a suggestion for NICE to develop guidance specifically on this topic through the NICE website at:  <a href="http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp">http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp</a></p>

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Health Protection Agency</b>		Appendix B p11	How do clinical recording and recall systems fit in here? E.g. red book, healthfax, computerised recording systems, scheduling systems. Some of these are targeted e.g. healthfax some are universal e.g. computerised recording and scheduling system.	Thank you for your comment. NICE's Public Health Intervention Advisory Committee (PHIAC) will consider implementation issues, such as the collection and reporting of coverage and monitoring data as part of the guidance development process. Further, NICE will be working with national organisations to try and identify levers which could aid implementation of the guidance by providing national support for local action.
<b>Health Protection Scotland; National Immunisation Co-ordinating Group (Scotland); Health Protection Nurse Specialists Network (Scotland)</b>		Title	We are pleased that the title has been altered to examine differences rather than inequalities, but the goal of improvement needs to be more explicit, i.e., "Reducing differences and improving uptake ....."	Thank you for your comment. In line with approval from the DH, the title of the scope reflects the focus of the guidance which will be to reduce the inequalities or differences in immunisation uptake across different population groups.
<b>Health Protection Scotland; National Immunisation Co-ordinating Group (Scotland); Health Protection Nurse Specialists Network (Scotland)</b>		General	We are delighted that Scotland has the opportunity to contribute to the development of this guidance.  A considerable amount of work regarding uptake of immunisation has been undertaken in Scotland in recent years; please let us know how we can best ensure that it is available when you are reviewing the evidence. We are also planning to request examples of local initiatives and good practice that have not been published from our colleagues in Scotland.	Thank you for your comment. Stakeholders will be invited to identify and/or submit evidence not identified/included within the evidence reviews during the evidence consultation stage.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

**Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008**

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Health Protection Scotland; National Immunisation Co-ordinating Group (Scotland); Health Protection Nurse Specialists Network (Scotland)</b>		4.2.1 a)	As above, there should be reference to “reduce differences and improve uptake.”	As above, the title of the scope reflects the focus of the guidance which will be to reduce the inequalities or differences in immunisation uptake across different population groups.
<b>Health Protection Scotland; National Immunisation Co-ordinating Group (Scotland); Health Protection Nurse Specialists Network (Scotland)</b>		4.2.1	<p>We wholly support the need to include education of professionals in this section.</p> <p>Re systems/commissioning routes – this should also include reviewing the impact of the GP contract. This will include looking at variations in the flow of data which may impact upon receipt of target payments.</p> <p>The GP contract is also of specific importance when looking at hep B immunisation of at-risk groups, as many GPs have differing opinions on which at risk groups are included in their contract/global sum – e.g. babies and children of Intravenous drug users.</p>	<p>Thank you for your comment.</p> <p>We will be including evidence, where available, of the impact of the GP contract on immunisation rates in children and young people to age 19 years.</p>

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Health Protection Scotland; National Immunisation Co-ordinating Group (Scotland); Health Protection Nurse Specialists Network (Scotland)</b>		4.2.2 e)	<p>We wholly agree with comments made at the meeting that children with chronic disease <u>should</u> be included in the scope, for the following reasons:</p> <p>Firstly – as a group it is likely that they are under-immunised due to attendance at many clinic/hospital appointments and also the treating clinician having a lack of knowledge about immunisation. E.g. a few weeks ago one of us was made aware of a child with rheumatoid arthritis (but not immunocompromised) whose physician had advised against MMR.</p> <p>Secondly, we are all aware that only a relatively small percentage of such children receive the recommended flu and pneumo vaccines, and this is an essential part of their protection so there are no grounds for excluding this from the scope.</p>	<p>To clarify, interventions to increase uptake of vaccinations recommended under the routine childhood immunisation programme for children and young people (aged under 19 years) with physical or mental health problems or disabilities that may require frequent or long term care will be included.</p> <p>However, we will exclude interventions to increase uptake of targeted vaccinations recommended for children who are clinically at risk of infection with a vaccine-preventable disease as a result of their specific condition (e.g. Hepatitis A vaccination for people with haemophilia; or influenza vaccination for asplenic individuals etc). Although we recognise the importance of ensuring these groups are immunised against infectious disease, we feel that such interventions should be recommended as part of a clinical care pathway and as such would be outside the remit of public health intervention guidance.</p> <p>We would also encourage you to submit a suggestion for NICE to develop guidance specifically on this topic through the NICE website at:  <a href="http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp">http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp</a></p>
<b>Health Protection Scotland; National Immunisation Co-ordinating Group (Scotland); Health Protection Nurse Specialists Network (Scotland)</b>		Appendix B	<p>We are concerned that the issues listed in this appendix only “might” be considered, as in order to fulfil the aim of this guidance, it is essential that their impact be reviewed.</p>	<p>The purpose of the considerations section is to illustrate the context in which the recommendations will be made.</p>

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Hepatitis B Foundation UK</b>		General	We at the Hepatitis B Foundation UK know from constant contact with parents and carers that low uptake for protection against this disease is a misconception. For many people this is a vaccine, which is not thought about and not offered. The knowledge in primary care is devastatingly low. Without universal vaccination herd immunity is not possible and the UK does not have a universal hepatitis B vaccine (only 4 countries in Europe do not and we are one!)	Thank you for your comment.
<b>Hepatitis B Foundation UK</b>		General	Children of families who are migrant workers are often at risk, children of prisoners are often at risk and children with parents or a parent or a family member with hepatitis B are often at risk. These children are not offered protection. When and if they have the language skills to ask for vaccine they are turned away or asked to pay £70.00 for the course. This is a group of people who are not in a position to pay for this service.	Thank you for your comment. Hepatitis B vaccine is currently recommended in the UK for all individuals who are at increased risk of hepatitis B infection and immunisation rates of all such groups will be included within the scope of the guidance.
<b>Hepatitis B Foundation UK</b>		General	In recent years there has been a massive surge in migration, including from countries of intermediate or high HBV prevalence. Population predictions show migration into the UK will continue and with an increasingly ageing indigenous population, it is in the UK's economic interest to have a continuing flow of migrant workers.	Thank you for your comment.
<b>Hepatitis B Foundation UK</b>		General	We estimate that there are now <b>more than 325,000 people in the UK with chronic HBV infection</b> . Allowing for factors such as under-reporting, the figure may be even higher. Some migrants work in conditions likely to promote onwards transmission of HBV infection. This group of workers have the highest birth rate in the UK	Thank you for your comment.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Hepatitis B Foundation UK</b>		General	There is risk of transmission between children in settings such as playgroups and schools. Hahné et al (2004) pointed out that immigrating HBV carriers are likely to have acquired the infection at an earlier age compared with carriers who are UK residents. This is significant because, in general, the outcomes of HBV infection acquired perinatally and in early childhood are much worse than HBV infection acquired in adulthood. According to the Refugee Council, in 2003, there were an estimated 98,929 asylum-seeking and refugee children in UK schools, of whom about 65% were in London (Refugee Council, 2005) How many of these children have been offered vaccination?	Thank you for your comment.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

**Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008**

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Hepatitis B Foundation UK</b>		General	The number of live births to mothers born outside the UK in 2006 is 77% higher than in 1996. Almost all babies born to HBV infected mothers will develop chronic HBV infection unless they are immunised at birth. Improvements are needed to reduce variation in the uptake of antenatal HBV screening. It is worrying that an unacceptably high number of babies born to HBV infected mothers are not receiving their full course of vaccine. The monitoring programme aims only to collate information on completion of infant HBV vaccination, although it is. Acknowledged by the Health Protection Agency that "first dose coverage and timeliness may be more important in the prevention of infection". It is essential that babies born to HBV infected mothers are vaccinated according to the recommended optimum schedule. It is also essential that they are tested at one year of age, so as to identify any who are chronically infected and ensure that they are referred for assessment and any further management. At-risk babies who slip through the HBV vaccination net are at risk of facing a life, and possibly a death, associated with HBV-related liver disease, such as liver cancer. There is a flaw in the current system and changes need to be made in order to ensure that the timing of vaccinations is rigorously monitored.	Thank you for your comment.
<b>Hepatitis B Foundation UK</b>		General	There has been a huge increase in overseas travel in recent years. Travellers to countries with intermediate or high HBV prevalence are at increased risk of becoming infected. Parents take their children with them and are not advised about vaccination about hepatitis B. Research has showed gross lack of knowledge of HBV risks among many travellers	Thank you for your comment.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Herpes Virus Association</b>		General	It seems to be a very clear document with the scope fully detailed	Thank you.
<b>Herpes Virus Association</b>		General	We registered as we wished to ensure that HPV vaccination was included and are glad to see it is.	Thank you for your comment.
<b>Jo's Trust Fighting Cervical Cancer</b>		General	National guidance and priority setting is vital – PCT's must recognise the importance of the proposed project.	Setting of national immunisation strategies, policies, priorities and targets is outside the remit of NICE and this guidance.  However, we recognise the importance of priority setting and would invite you to submit a suggestion for NICE to develop guidance on this topic through the NICE website at: <a href="http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp">http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp</a>
<b>Jo's Trust Fighting Cervical Cancer</b>		General	Local delivery – so awareness and communication campaigns can be tailored to suit local populations - language, culture and geography. Target community/cultural leaders. Challenge myths and misconceptions and where possible speak directly to women and parents.	Thank you. Local delivery systems and health promotion and educational campaigns will be included within the guidance (see page 6 of the scope).
<b>Jo's Trust Fighting Cervical Cancer</b>		General	The population may need to be re-engaged with the merits of mass vaccination, in light of the negative publicity about the MMR vaccine.	Thank you. As above, national and local health promotion and educational campaigns will be included within the guidance (see page 6 of the scope).
<b>Jo's Trust Fighting Cervical Cancer</b>		General	Co-operation and lucidity with the media is essential. They should have easy access to facts, data, research, statistics, case histories, medical experts etc to ensure balanced reportage.	Thank you. As above.
<b>Jo's Trust Fighting Cervical Cancer</b>		General	Pro-active immunisation co-ordinators - low compliance must be challenged – follow up of unreturned consent forms is necessary. Avoid names being crossed off lists.	NICE's Public Health Intervention Advisory Committee (PHIAC) will consider the implementability of interventions as part of the guidance development process. Implementation issues will be further explored with public health practitioners, including health visitors and school nurses, during the fieldwork consultation stage.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.



## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

**Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008**

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Jo's Trust Fighting Cervical Cancer</b>		General	Essential that Health Visitors are included in the education and training programmes prepared for other healthcare professionals. Many women with young children will come into contact with HV's, who should be equipped to answer questions about HPV vaccination.	Thank you for your comment. PHAC will consider the implementability of interventions as part of the guidance development process.
<b>Jo's Trust Fighting Cervical Cancer</b>		General	Information about HPV vaccines and their implementation should also be available at children's centres and social services.	Please see above response.
<b>Jo's Trust Fighting Cervical Cancer</b>		General	Important that all eligible children can access vaccination programme – many children are outside the educational system, i.e. through truancy, children of travelling communities, YOI, taught by parents etc.	Please see above response.
<b>Jo's Trust Fighting Cervical Cancer</b>		General	Consider PSHE as a vehicle to inform teenagers about vaccination, STI's, screening programmes etc. Important that this information is delivered by trained staff or experts on the subject.	Please see above response.
<b>Jo's Trust Fighting Cervical Cancer</b>		General	A powerful voice, which should be utilised, is a women's personal experience of/and or abnormal smear results, pre-cancer and cervical cancer. Best illustration of the importance of attending for vaccination and regular cervical screening – women that reflect local population.	Please see above response.
<b>Jo's Trust Fighting Cervical Cancer</b>		General	Important to inform all women (mothers, daughters, sisters, aunts, nieces and grandmothers) that vaccination is an important part of women's health and maximise this opportunity to reinforce the screening message.	Please see above response.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Jo's Trust Fighting Cervical Cancer</b>		Question	How will a successful uptake be defined? Is it 50%? 70%? 100%? Setting a clear target will act as an incentive for doctors /schools	Thank you for your comment. In line with the referral from the DH, the focus of the guidance will be to reduce the inequalities or differences in immunisation uptake across different population groups.  Setting of national immunisation strategies, policies, priorities and targets is outside the remit of NICE and this guidance.  However, we recognise the importance of priority setting and would invite you to submit a suggestion for NICE to develop guidance on this topic through the NICE website at: <a href="http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp">http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp</a>
<b>Jo's Trust Fighting Cervical Cancer</b>		Question	Will a separate campaign be considered to reduce the stigma of an STI amongst ethnic minority groups? How will the comment "our girls don't need it" be addressed? If preventing cancer is stressed, how will protection against genital warts be handled?	In line with the referral from the DH, the focus of the guidance will be to reduce the inequalities or differences in immunisation uptake across different population groups. If an intervention seeks to address this through behavioural or attitudinal change, then it would be included within the guidance.
<b>Jo's Trust Fighting Cervical Cancer</b>		Question	Will ethnic/religious leader be invited to 'bless' the vaccine in areas of high ethnic diversity?	As above, if there is evidence that such an approach is effective at reducing the inequalities or differences in immunisation uptake across different population groups, it will be included in the guidance.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Jo's Trust Fighting Cervical Cancer</b>		Question	Will funds be made available to specifically counter the myriad of myths surrounding HPV vaccination, e.g. it is injected straight into the cervix, after ten years it will 'cause' cervical cancer, no need to go for screening again etc?	<p>The role of NICE is to produce evidence based guidance on the most effective and cost effective means of preventing and treating illness. NICE is not responsible for implementing the guidance recommendations, or funding the implementation of recommendations.</p> <p>However, the implementation team at NICE will be supporting implementation of this guidance by producing a range of implementation support tools which will consider the practicalities of implementation. In addition NICE will be working with national organisations to try and identify levers which could aid implementation by providing national support for local action.</p>
<b>Joint Committee on Vaccination and Immunisation (JCVI)</b>		General	This was discussed at JCVI and it was noted that the issue was not to increase uptake but to reduce the inequalities in uptake – these are potentially different things. As David Salisbury pointed out an increase in uptake, if restricted to better off groups, could increase inequalities.	<p>Thank you for your comment. In line with approval from the DH, the scope reflects the focus of the guidance which will be to reduce the inequalities or differences in immunisation uptake across different population groups.</p> <p>However, we will also include interventions that increase overall immunisation uptake, since it is possible that such interventions may also reduce inequalities. Evidence of the differential effectiveness of such interventions will also be assessed as it will also be useful to identify which interventions widen inequalities in immunisation.</p>

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Knowsley PCT</b>		General	<p>Information technology;</p> <ul style="list-style-type: none"> <li>• Practitioners could function more efficiently if they had electronic access to the child's immunisation history. This would provide prompt up to date information when immunising children for routine scheduled appointments but more importantly for children attending unscheduled as an opportune encounter. Current child health information systems remain a paper system to the practitioner, who has to complete and post back for a data person to add to the central computer. This is the same whether the immunisations are offered at a PCT Trust clinic or a GP practice in primary care. All the information is relayed back to the central child information system. As this is a paper communication system there can be under – reporting of children immunised and confusion at follow up appointments.</li> <li>• In addition the complicated child immunisation scheduled cannot be interpreted by the current information software system. This system operates on dates of birth and intervals between antigens, however cannot restrict scheduling if antigens are not to be given at the same time. For children who fall behind routine schedule the invite can send for all antigens overdue causing confusion and concern to the parent.</li> </ul>	<p>Thank you for your comment. NICE's Public Health Intervention Advisory Committee (PHIAC) will consider the implementability of interventions as part of the guidance development process. Implementation issues, including the role of information sharing, will be further explored with public health practitioners, during the fieldwork consultation stage.</p>
<b>Knowsley PCT</b>		General	<p>PCT strategies, sharing information: PCT informatics have been able to assist in identifying physical access of walking distance to an immunisation centre; specifically over-pinning an electoral ward map show variation in uptake rates.</p>	<p>Please see above response.</p>

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

**Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008**

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Knowsley PCT</b>		General	<p>Immunisation training Has become standardised by the Health Protection Agency, “National Minimum Standards for Immunisation Training and “Core Curriculum for Immunisation training, (HPA June 2005). This is for health professionals, registered nurses health visitors covering initial training and annual updates. This ensures consistent quality in training and practice.</p> <p>However a wider range of staff may come into contact with parents and families of children who are either not immunised or partially immunised. Therefore training to widen the confidence of practitioners in dealing with enquires may address some of the inequity of uptake.</p>	Thank you for your comment. As above, implementation issues, including training for healthcare professionals, will be considered by PHIAC during the guidance development process.
<b>Knowsley PCT</b>		General	Referrals from health visitors of families with complex need to a dedicated immunisation nurse, can address barriers to access and uptake; offering home visits when required.	Please see above response.
<b>Meningitis Research Foundation</b>		General	Consider the importance of electronic record holding systems – there are local / regional differences. Does information get lost when families move between regions where systems may not be compatible? This could have an impact on uptake of immunisation.	Thank you for your comment. NICE’s Public Health Intervention Advisory Committee (PHIAC), will consider the implementability of interventions as part of the guidance development process. Implementation issues, including the role of information sharing, will be further explored with public health practitioners, during the fieldwork consultation stage.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Meningitis Research Foundation</b>		4.2.2e	Excluding children with underlying immunological conditions, including asplenia or chronic diseases that put them at increased risk of infection, in particular pneumococcal infection, does not make sense. It cuts across other settings / populations you specifically seek to include, for example hospitalised children and children from ethnic minorities who will be at increased risk of hyposplenia due to sickle cell disorder. Asplenic and immunocompromised children are at markedly increased risk of this life-threatening infection, and there is evidence that despite longstanding recommendations for pneumococcal vaccination, the many children are not offered vaccination as part of the risk-based programme.	<p>To clarify, interventions to increase uptake of vaccinations recommended under the routine childhood immunisation programme for children and young people (aged under 19 years) with physical or mental health problems or disabilities that may require frequent or long term care will be included.</p> <p>However, we will exclude interventions to increase uptake of targeted vaccinations recommended for children who are clinically at risk of infection with a vaccine-preventable disease as a result of their specific condition (e.g. Hepatitis A vaccination for people with haemophilia; or influenza vaccination for asplenic individuals etc). Although we recognise the importance of ensuring these groups are immunised against infectious disease, we feel that such interventions should be recommended as part of a clinical care pathway and as such would be outside the remit of public health intervention guidance.</p> <p>We would also encourage you to submit a suggestion for NICE to develop guidance specifically on this topic through the NICE website at:  <a href="http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp">http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp</a></p>
<b>Meningitis Trust</b>		4.2.2 e)	We feel that this activity/intervention should be covered. This group will presumably have more regular contact with health professionals because of their chronic condition and therefore any inequalities should be easier to address and reduce.	Please see above response.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>MRC Centre for Epidemiology for Child Health</b>		General	Although the title has already been changed, 'differences in the uptake of immunisation' is still not appropriate since differences could be reduced by lowering overall uptake. 'Maximising immunisation uptake' would be more appropriate.	<p>Thank you for your comment. In line with approval from the DH, the title of the scope reflects the original referral for the guidance which is given in Appendix A – 'Produce public health intervention guidance on mechanisms to reduce inequalities in the uptake of immunisation amongst individuals under the age of 19 years (including targeted vaccines)'</p> <p>We will also include interventions that increase overall immunisation uptake, since it is possible that such interventions may also reduce inequalities. Evidence of the differential effectiveness of such interventions will also be assessed as it will also be useful to identify which interventions widen inequalities in immunisation.</p>

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>MRC Centre for Epidemiology for Child Health</b>		4.2.2 e)	I am concerned that targeted vaccination of children with underlying clinical or chronic disease is to be excluded. This is an important group of children who often fall into the same category as hospitalised children; we know that hospitalised children often miss out on the routine immunisations and therefore there is a major overlap. This would be an ideal opportunity to address the needs of this group of children.	<p>To clarify, interventions to increase uptake of vaccinations recommended under the routine childhood immunisation programme for children and young people (aged under 19 years) with physical or mental health problems or disabilities that may require frequent or long term care will be included.</p> <p>However, we will exclude interventions to increase uptake of targeted vaccinations recommended for children who are clinically at risk of infection with a vaccine-preventable disease as a result of their specific condition (e.g. Hepatitis A vaccination for people with haemophilia; or influenza vaccination for asplenic individuals etc). Although we recognise the importance of ensuring these groups are immunised against infectious disease, we feel that such interventions should be recommended as part of a clinical care pathway and as such would be outside the remit of public health intervention guidance.</p> <p>We would also encourage you to submit a suggestion for NICE to develop guidance specifically on this topic through the NICE website at:  <a href="http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp">http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp</a>.</p>
<b>MRC Centre for Epidemiology for Child Health</b>		4.2	Good knowledge and positive attitudes among health professionals involved in provision of immunisation is fundamentally important and so health professionals' training should be included in the activities and interventions that will be covered.	Thank you for your comment. NICE's Public Health Intervention Advisory Committee (PHIAC) will consider the implementability of interventions as part of the guidance development process. Implementation issues, including the importance of training of health professionals, will be further explored with public health practitioners, during the fieldwork consultation stage.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.



## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

**Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008**

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>National Public Health Service for Wales - Vaccine Preventable Disease Programme</b>		3a, 3c	These inequalities are surely not exclusive to England but are apparent in all the UK countries. I know the arrangements with NICE vary but their guidance is still considered as appropriate by many within the other countries and it is a shame to single out England as being different when this is an issue to a much wider group than just those living in England	Thank you for your comment. NICE guidance is produced for England. Wales has its own arrangements for public health evidence and guidance.
<b>National Public Health Service for Wales - Vaccine Preventable Disease Programme</b>		4.2.1c	Typing error "immunization"	Thank you for your comment. The scope has been amended accordingly.
<b>Neonatal &amp; Paediatric Pharmacists Group</b>		4.2.1	<p>During a debate on preventative health the Minister for State (Public Health), Dawn Primarolo, speaking about pharmacies said"....they are a great untapped resource which will expand access in the NHS and ensure that we all get the appropriate treatment at the right time, and that we are able to be involved in and control our own health and well-being and to understand much more about the causes of ill health and therefore how we, as individuals, have a role to play in preventing it"</p> <p>With this in mind, and supported by the Darzi review, we feel that pharmacies (both hospital and community) are highlighted as distinct areas that must be thoroughly reviewed as areas which may contribute hugely to the uptake of immunisation throughout our diverse population.</p>	Thank you for your comment. In line with your suggestion, pharmacies have been added as a setting in which interventions might be delivered.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>NHS Tayside</b>		4.4	<p>Question: What interventions are effective in reducing differences in immunisation uptake?</p> <p>Answer: In NHS Tayside we have utilised community pharmacies to deliver immunisation where GP programmes achieve insufficient coverage. Community Pharmacists have been trained to immunise through local training / HPS immunisation course. Community pharmacists have provided effective contributions to immunisation programmes utilising deltoid muscle immunisation routes. E.g. occupational health immunisation campaigns, poultry worker influenza immunisation campaigns. We will shortly commence a programme of administration of HBV vaccination to drug users through needle exchange pharmacies.</p>	<p>Thank you for your comment. Evidence that assesses the role of community pharmacies in delivery of immunisations will be included in the guidance. Stakeholders are also encouraged to submit any evidence of relevance to the guidance during the evidence consultation stage.</p>
<b>Oldham PCT</b>		General	<p>The draft scoping document includes the areas we would like to see covered. One issue mentioned and relevant to us is the role of general practitioners as we have some issues with GPs ensuring children complete their pre-school immunisations; therefore, it would be useful to know if there is any evidence that general practice can influence completion of pre-school immunisations. In most instances, it is the practice nurse, not the doctor, who has contact with the family, so the role of the practice nurse should also be examined.</p>	<p>Thank you for your comment. Evidence that assesses the role of GPs in delivery of immunisations will be included in the guidance. Stakeholders are also encouraged to submit any evidence of relevance to the guidance during the evidence consultation stage.</p>

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

**Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008**

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>PharMAG</b>		general	We would actually strongly recommend universal hepatitis B vaccination as recommended by the WHO.	Thank you for your comment. Hepatitis B vaccine is currently recommended in the UK for all individuals who are at increased risk of hepatitis B infection and immunisation rates of all such groups will be included within the scope of the guidance.  Recommendations on national immunisation policy is within the remit of the Joint Committee for Vaccination and Immunisation (JCVI) and will not be considered for this guidance (see section 4.2.2 of the final scope).
<b>PharMAG</b>		2c	We recommend that the Advisory Council on the Misuse of Drugs document – Hidden Harm is included as a reference document as this highlights the risks to children of drug using parents	Thank you. The policy documents listed are intended to provide examples and not an exhaustive list.
<b>PharMAG</b>		3b	Please include children of drug using parents as an “at risk” group as potentially at risk of missing vaccination schedules. In addition, injecting drug users have a high risk of contracting blood borne virus infections such as HIV, hepatitis C, hepatitis A and B. As recommended in DH clinical guideless, Drug misuse and dependence – UK clinical guidelines 2007, Hepatitis A and B vaccination is strongly recommended for injecting drug users. This should be extended to include close contacts –and in particular the children of drug users.	Thank you for your comment. The groups listed are intended to represent those groups for which evidence suggests are at increased risk of low uptake of immunisations and was not intended to be exclusive.
<b>PharMAG</b>		3b	As well as children of drug using parents another at risk group are children under 19 years old who are misusing drugs, injecting themselves or using crack pipes etc that can be a source of BBVs. – Hepatitis A and B vaccination is strongly recommended.	Thank you for your comment. As above, hepatitis A and B vaccines are currently recommended in the UK for all individuals who are at increased risk of infection. This would include injecting drug users and these groups will be included within the scope of the guidance.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>PharMAG</b>		4.2.1 c	We suggest including hepatitis A and B vaccinations for the groups mentioned above (children under 19 who are misusing drugs) and children of drug using parents.	Thank you for your comment. As above, recommendations on national immunisation policy is within the remit of the Joint Committee for Vaccination and Immunisation (JCVI) and will not be considered for this guidance (see section 4.2.2 of the final scope).
<b>Primary and Community Care Pharmacy Network</b>		General.	Public awareness of the diseases that are being prevented and sequelae should be promoted, perhaps as part of the national curriculum. The pupils are the parents of the future.	Thank you for your comment. National and local health promotion and educational campaigns will be included within the guidance (see page 6 of the final scope).
<b>Primary and Community Care Pharmacy Network</b>		General	Current systems for recording and reporting immunisations are variable and unreliable in some areas. Consideration to improving the robustness of these systems would be beneficial. Also the different reporting systems should be enabled to "talk to each other"	Thank you. NICE's Public Health Intervention Advisory Committee (PHIAC), will consider the implementability of interventions as part of the guidance development process. Implementation issues, including information recording and sharing, will be further explored with public health practitioners, including health visitors and school nurses, during the fieldwork consultation stage.
<b>Primary and Community Care Pharmacy Network</b>		General	The opportunity to use community pharmacies for health promotion to promote and encourage immunisation as part of their current role should be included	Thank you for your comment. Evidence that assesses the role of community pharmacies in delivery of immunisations will be included in the guidance. Section 4.2.1 of the scope has been revised to clarify this.
<b>Primary and Community Care Pharmacy Network</b>		General	Availability of 'free' childhood vaccines to centres NOT on usual delivery schedule e.g. prisons for campaigns - usually they are expected to buy their own therefore it doesn't happen	As above, PHIAC will consider the implementability of interventions as part of the guidance development process.
<b>Primary and Community Care Pharmacy Network</b>		General	The use of patient held records should be considered. The current patient held record (red book system) is not used consistently once children reach school age.	Please see above response.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Primary and Community Care Pharmacy Network</b>		General	To consider the current debate regarding introducing HPV vaccine via the perceived most cost effective route i.e. schools and not via other options e.g. community vaccination clinics or private providers or primary care.	Thank you for your comment. Recommendations on national immunisation policy (including recommendations for delivery) is within the remit of the Joint Committee for Vaccination and Immunisation (JCVI) and will not be considered for this guidance (see section 4.2.2 of the final scope).
<b>Primary and Community Care Pharmacy Network</b>		Page 3 b 4.1.1	Ensure individuals in young offenders institutions are considered and included.	As detailed under section 4.2.1 of the final scope, interventions delivered in young offender institutions will be considered for this guidance.
<b>Primary and Community Care Pharmacy Network</b>		Page 6 4.2.1	<p>The scope should consider and include community pharmacies. As setting for administering vaccines. There are examples of influenza and pneumococcal immunisations being offered in these settings.</p> <p>Maternity units /SCBU should be specified - these are not necessarily in acute hospitals.</p> <p>Sexual health clinics and youth centres these are being considered for HPV catch-up.</p> <p>The cost and implications for monitoring and auditing fridges and cold chain, and training should also be considered.</p>	Thank you for your comment. Evidence that assesses the role of community pharmacies in delivery of immunisations will be included in the guidance. Stakeholders are also encouraged to submit any evidence of relevance to the guidance during the evidence consultation stage.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Primary and Community Care Pharmacy Network</b>		Page 7 4.2.2.	<p>Targeted vaccination of children and young people with underlying clinical or chronic disease</p> <p>These children and young people are most vulnerable and can easily slip through the net. There are usually many interactions with health professionals everyone thinks someone else is doing it. These children should be included The data is not captured and reported in a systematic way.</p>	<p>To clarify, interventions to increase uptake of vaccinations recommended under the routine childhood immunisation programme for children and young people (aged under 19 years) with physical or mental health problems or disabilities that may require frequent or long term care will be included.</p> <p>However, we will exclude interventions to increase uptake of targeted vaccinations recommended for children who are clinically at risk of infection with a vaccine-preventable disease as a result of their specific condition (e.g. Hepatitis A vaccination for people with haemophilia; or influenza vaccination for asplenic individuals etc). Although we recognise the importance of ensuring these groups are immunised against infectious disease, we feel that such interventions should be recommended as part of a clinical care pathway and as such would be outside the remit of public health intervention guidance.</p> <p>We would also encourage you to submit a suggestion for NICE to develop guidance specifically on this topic through the NICE website at: <a href="http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp">http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp</a></p>
<b>Primary and Community Care Pharmacy Network</b>		4.3 herd immunity	Herd immunity will not apply to HPV vaccine.	Thank you for your comment. Herd immunity will not occur to the extent that an immunised woman might still act as a carrier. If an immunised woman's ability to act as a carrier is diminished, then there will still be an aspect of herd immunity, although the act of immunisation may be responsible for an element of moral hazard (the woman might have sexual encounters with more partners than otherwise)

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Primary and Community Care Pharmacy Network</b>		Page 11 Appendix B	<p>Critical elements. For example, whether effectiveness and cost effectiveness varies according to:</p> <ul style="list-style-type: none"> <li>- the status, knowledge and influence of the person delivering it and the way it is delivered</li> </ul> <p>Opportunistic interventions to assess immunisation status and promote immunisation should be key for all health professionals.</p> <p>The level of knowledge of individuals is critical for their own continuing professional development for those advising as well as those administering immunisations.</p> <p>The role of employers to ensure all relevant staff have access to education and training and updating as the immunisation programmes changes frequently</p>	Thank you for your comment. NICE's Public Health Intervention Advisory Committee (PHIAC) will consider the implementability of interventions as part of the guidance development process. Implementation issues (including education and training of health professionals) will be further explored with public health practitioners, including health visitors and school nurses, during the fieldwork consultation stage.
<b>Primary and Community Care Pharmacy Network</b>		Appendix B Bullet 3	Whether the intervention targets .....informing parents and young people.....	Thank you. The scope has been revised accordingly.
<b>Primary and Community Care Pharmacy Network</b>		Appendix B Bullet 5	knowledge and influence of people (public) influencing e.g. family - evidence that the mum's grandma has a lot of influence, peers etc	Thank you. The knowledge and influence of family on immunisation decisions is hoped to be captured under bullet 8 (social and cultural factors that prevent or support effective implementation of interventions).
<b>Primary and Community Care Pharmacy Network</b>		Appendix B Bullet 7	include IT - access to records UK wide / use of PDAs to record / patient held records	Thank you for your comment. PHIAC will consider the implementability of interventions as part of the guidance development process. Implementation issues (including use of information technologies) will be further explored with public health practitioners, including health visitors and school nurses, during the fieldwork consultation stage.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Primary and Community Care Pharmacy Network</b>		Appendix B Bullet 8	include effects of local and national media – There is much evidence of the local papers against MMR	Thank you for your comment. Local or national health promotion and educational campaigns focusing on reducing differences in immunisation uptake (including the impact of local or national media and marketing campaigns) will be included.
<b>Primary and Community Care Pharmacy Network</b>		Appendix B Bullet 10	current practice - include campaigns, vaccination in schools (effect on education time - session + days off 'ill' afterwards)	Thank you for your comment
<b>Public Health Medicine Environment Group(PHMEG)</b>			<p style="text-align: center;"><b>Reducing barriers to vaccination</b></p> <p>It's quite hard to produce guidance to proactively increase vaccination; but there might be more scope for reducing barriers. Some of the suggestions below will relate to this idea.</p>	Thank you.
<b>Public Health Medicine Environment Group(PHMEG)</b>			<p style="text-align: center;"><b>Reducing vaccine scares</b></p> <p>Consideration should be given to any means that could reduce ill-founded scares about vaccination. This could include consideration ways of vaccinating that will minimise the likelihood of events that could be mistaken for adverse reactions</p>	Thank you. If we find evidence dealing with this then it will be considered.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.



## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Public Health Medicine Environment Group(PHMEG)			<p><b>Underlying conditions</b></p> <p>There may be some lack of clarity about what the exclusion of children with underlying conditions referred to. It could meant that:</p> <ol style="list-style-type: none"> <li>1. Issues relating to the targeted vaccination programmes for children at increased risk (e.g. for flu, pneumococcal disease, hepatitis B, and BCG) are excluded from the consultation; and/or that</li> <li>2. Issues relating to the vaccination of children with unusual clinical conditions that are not part of the targeted vaccination programmes for children at increased risk (e.g. for flu, pneumococcal disease, hepatitis B, and BCG) are excluded from the consultation.</li> </ol> <p>We feel that the targeted vaccination programmes (item 1 above) should be included in the consultation; and we do not have a strong view about whether more unusual issues (item 2 above) should be excluded.</p>	<p>To clarify, interventions to increase uptake of vaccinations recommended under the routine childhood immunisation programme for children and young people (aged under 19 years) with physical or mental health problems or disabilities that may require frequent or long term care will be included.</p> <p>However, we will exclude interventions to increase uptake of targeted vaccinations recommended for children who are clinically at risk of infection with a vaccine-preventable disease as a result of their specific condition (e.g. Hepatitis A vaccination for people with haemophila; or influenza vaccination for asplenic individuals etc). Although we recognise the importance of ensuring these groups are immunised against infectious disease, we feel that such interventions should be recommended as part of a clinical care pathway and as such would be outside the remit of public health intervention guidance.</p> <p>We would also encourage you to submit a suggestion for NICE to develop guidance specifically on this topic through the NICE website at:  <a href="http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp">http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp</a></p>
Public Health Medicine Environment Group(PHMEG)			<p><b>Programme-based PGDs</b></p> <p>Is there any way that something akin to PGDs – and with similar status – could be invented in such a way that they relate to <b>programmes</b>, rather than to specific <b>products</b>? This might facilitate e.g. nurse-run vaccination outreach sessions by reducing the likelihood of bureaucratic hurdles preventing a child from being vaccinated.</p>	<p>Thank you for your comment. Patient Group Directions is the responsibility of the Department of Health. We cannot anticipate what the recommendations might be but the Implementation team at NICE will work with those responsible to facilitate and support the implementation of this guidance.</p>

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Public Health Medicine Environment Group(PHMEG)</b>			<p style="text-align: center;"><b>Attitudinal change</b></p> <p>Much is necessary here, not least promoting more strongly that people have a duty not only to their own children, to protect them, and to themselves; but also to contribute to herd immunity (we probably need a better term for this) to protect those who cannot be or haven't been successfully immunised.</p>	<p>We will try to be as innovative as we can in finding evidence on this point, because the evidence may not be within the standard literature sources. We would be interested in finding such evidence from you or anyone else reading these responses.</p>
<b>Public Health Medicine Environment Group(PHMEG)</b>			<p style="text-align: center;"><b>Excessive doses</b></p> <p>Despite reassurances, many people – both the public, and some health care workers – are disproportionately concerned that giving more doses of vaccine than are strictly necessary is in some way dangerous. This can create a barrier to necessary vaccination when, for example, there is a concern that the vaccine might have been given already, and it is therefore withheld. This might be particularly likely for hard to reach groups, for whom records, and recollection of what has been given earlier, may be poorer.</p> <p>Further guidance and education that emphasises that it is important to ensure that people are fully vaccinated, and that it is inappropriate to withhold vaccination for this reason could be helpful.</p>	<p>Thank you very much for this comment. We hope you will participate in the consultations on the evidence and draft guidance. Clearly, we can suggest even at this stage that a recommendation in this area will be both effective and cost effective because we know the direction of the effect and also that the cost of implementing it will be minuscule.</p>

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Public Health Medicine Environment Group(PHMEG)</b>			<p><b>Settings for vaccination</b></p> <p>In addition to using traditional settings for vaccination (vaccination clinics in primary care or for certain school-based programmes and, to a lesser extent, opportunistic vaccination in primary care), other settings might be explored. These might include:</p> <ul style="list-style-type: none"> <li>• Catch-up vaccination sessions in schools (see also Consent issues on page 76);</li> <li>• Other health-care settings (hospital out- and in-patient settings),<sup>3,4</sup></li> <li>• Social care settings;</li> <li>• Domiciliary vaccination of those who have missed jabs;</li> <li>• Traveller communities</li> <li>• Religious centres (e.g. churches, mosques, synagogues, temples)</li> <li>• Settings used by new entrants to the UK (including e.g. ESOL classes?)</li> <li>• Etc.</li> </ul>	<p>Thank you for the comment. NICE's Public Health Intervention Advisory Committee (PHIAC) will consider the implementability of interventions as part of the guidance development process. Implementation issues will be further explored with public health practitioners, including health visitors and school nurses, during the fieldwork consultation stage.</p>

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Public Health Medicine Environment Group(PHMEG)			<p style="text-align: center;"><b>Consent issues</b></p> <p>I wonder whether vaccination needs the same sort of level of consent as other treatments.</p> <p>It could be argued that:</p> <ul style="list-style-type: none"> <li>• Vaccination programmes are only established if there is overwhelming evidence that vaccination is in vaccinees best interest.</li> <li>• Parents who refuse vaccination on the part of their children are doing their children a disservice.</li> <li>• It is not difficult to understanding that vaccination will protect you from serious illness, and carries only a very small risk.</li> <li>• There is a duty on everybody to maximise vaccine uptake, because some individuals can only be protected by herd immunity.</li> </ul>	Thank you for your comments.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Public Health Medicine Environment Group(PHMEG)</b>			<p>And consequently: Parents should still have the right to choose not to have their child vaccinated.</p> <ul style="list-style-type: none"> <li>• But it should be assumed that parents have consented for their children will be vaccinated unless parents have explicitly stated that they wish to refuse vaccination for their (not yet competent) child.</li> <li>• Quite young children – from 12, or possibly even younger, say 8 or 9 – are capable of understanding that vaccination will benefit them, and should be assumed to be capable of giving consent unless there is reason to think them less mature or intellectually able than the majority of their peers (e.g. if they have certain sorts of statement of special educational needs).</li> <li>• This would greatly facilitate vaccination in settings such as schools: children who are not up-to-date with their vaccinations could be given them without complicated mechanisms to acquire parental consent. (I am assuming that parents would be informed that children attending schools might be vaccinated unless they explicitly withhold consent and thereby opt out of some or all vaccinations, and that they would be given regular opportunities to do so – or to opt back in again.</li> </ul>	

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Public Health Medicine Environment Group(PHMEG)			I realise that these are somewhat controversial arguments. They could lead to a system similar to the US “mandatory” vaccination systems (which are actually opt-out systems, since anybody can refuse vaccination; they just have to make the effort to do so). <sup>5</sup> It would be useful to see them thrashed out in a public consultation, with input from public health ethicists.	
Public Health Medicine Environment Group(PHMEG)			<p><b>Simplifying non-programme vaccination.</b> An idea floated in ADC might be worth revisiting.<sup>6</sup> Dr English wrote:</p> <p><i>“The value individuals will place on uncertainty and illness varies, so an intervention that is not cost effective for one may be cost effective for another.</i></p> <p><i>“Where the benefit to the population does not clearly justify a universal vaccination programme it can be difficult for individuals to obtain vaccination for themselves or their children. This applies, even when vaccination would provide some population benefit, and the individuals perceive themselves to be at risk.</i></p> <p><i>“Individuals who perceive themselves at risk of hepatitis B, but who are not (or do not want to admit to being) in an official “target group” have to pay for it privately. Some travel vaccinations (including hepatitis B) have to be prescribed privately; others (including hepatitis A) are available on the NHS.</i></p>	Thank you for this observation.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Public Health Medicine Environment Group(PHMEG)</b>			<i>“There is little apparent logic to the distinctions, and the NHS pays for treatment if people return to the UK having been infected while abroad. There is a strong case for reviewing arrangements for “optional” vaccination (for travel, and vaccinations that are not provided universally); and for facilitating people who choose to, to have them conveniently, and without paying the full, for-profit, private costs.”</i>	

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Public Health Medicine Environment Group(PHMEG)</b>			<p style="text-align: center;"><b>Incentives</b></p> <p>Vaccination payment systems aim to maximise vaccination uptake while ensuring equity for patients, and fairness for providers.</p> <p>Current models may be clumsy, providing insufficient incentives to improve uptake (e.g. target payments that are set too low), or perverse disincentives (e.g. target payments where the targets are set too high to be considered achievable).</p> <p>Simple all-or-nothing targets can mean that a large amount of reward can be dependant on administering the last few doses of vaccine that will make the difference between hitting, or not hitting, the target. This has provided a propaganda weapon for anti-vaccinationists, who have suggested that GPs only vaccinate patients for personal financial gain; and that they put patients/parents under undue pressure in order to hit the targets.</p> <p>Other more sophisticated models might be more effective. The principle could be that practices should be have their costs covered for the “easy to reach”, vaccinations, and be progressively more highly rewarded per vaccination as they reach the harder to reach vaccinations, up to a point where they have vaccinated enough of the population to ensure herd immunity, after which the amount per vaccination could tail off again; and all of this should be done in such a way as to cost approximately the same amount as current systems.</p>	<p>Thank you for your comment. Local systems, commissioning routes, partnerships and management strategies that aim to reduce differences in immunisation uptake rates and/or to improve access to immunisation services, (such as the locally derived Quality and Outcome Framework which is different from the nationally negotiated QOF will be included within the guidance. Please refer section 4.2.1 of the scope.</p> <p>However, the setting of national immunisation targets is outside the remit of this scope (refer section 4.2.2).</p>

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.



## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Public Health Medicine Environment Group(PHMEG)</b>			Previous discussion on vaccimmuk (see e.g. <a href="http://health.groups.yahoo.com/group/vaccimmuk/message/6220">http://health.groups.yahoo.com/group/vaccimmuk/message/6220</a> et seq), and expanded on ganfyd (see <a href="http://www.ganfyd.org/index.php?title=Buying_immunisation#Graduated_item_of_service_payments">http://www.ganfyd.org/index.php?title=Buying_immunisation#Graduated_item_of_service_payments</a> ) illustrate an approach that could be taken; and mathematicians tell me that a relatively simple formula could be developed to calculate payments	Thank you for this information. Later on in the guidance development process there will be a consultation on the evidence. We hope that you will participate in this consultation and advise PHIAC on any evidence that the reviews have failed to consider.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Public Health Medicine Environment Group(PHMEG)</b>			<p><b>References</b></p> <ol style="list-style-type: none"> <li>1. Siegrist C-A, Lewis EM, Eskola J, Evans SJW, Black SB. Human papilloma virus immunization in adolescent and young adults: a cohort study to illustrate what events might be mistaken for adverse reactions. <i>Pediatr Infect Dis J</i> 2007;26(11):979-984 (<a href="http://www.medscape.com/viewarticle/565849?src=mp">http://www.medscape.com/viewarticle/565849?src=mp</a>).</li> <li>2. Siegrist C-A, Lewis E, Eskola J, Evans S, Black S. Predicting vaccine scares following HPV immunization: A cohort study to define risks of coincidental associations with autoimmune diseases. <i>European Society for Infectious Diseases</i>. Porto, Portugal: Kenes, 2007(<a href="http://www.kenes.com/espil">www.kenes.com/espil</a>).</li> <li>3. Muehleisen B, Baer G, Schaad UB, Heining U. Assessment of Immunization Status in Hospitalized Children Followed by Counseling of Parents and Primary Care Physicians Improves Vaccination Coverage: An Interventional Study. <i>J Pediatr</i> 2007;151(6):704-706.e2 (<a href="http://www.sciencedirect.com/science/article/B6WKR-4R0CR5T-3/2/885ec6da3af6e9f48af34e58839a39cb">http://www.sciencedirect.com/science/article/B6WKR-4R0CR5T-3/2/885ec6da3af6e9f48af34e58839a39cb</a>).</li> <li>4. Long SS. Interventions to "boost" implementation of vaccine recommendations. <i>J Pediatr</i> 2007;151(6):A1 (<a href="http://www.sciencedirect.com/science/article/B6WKR-4R5MXPM-1/2/5d0a5b80084e679bc4742e7030759774">http://www.sciencedirect.com/science/article/B6WKR-4R5MXPM-1/2/5d0a5b80084e679bc4742e7030759774</a>).</li> <li>5. Salmon DA, Teret SP, MacIntyre R, Salisbury D, Burgess MA, Halsey NA. Compulsory vaccination and conscientious or philosophical exemptions: past, present, and future. <i>Lancet</i> 2006;367(9508):436-42 (<a href="http://www.thelancet.com/journals/lancet/article/PIIS0140673606681440/fulltext">http://www.thelancet.com/journals/lancet/article/PIIS0140673606681440/fulltext</a>).</li> <li>6. English P. Should universal hepatitis B immunisation be introduced in the UK? <i>Arch Dis Child</i> 2006;91(4):286-9 (<a href="http://adc.bmjournals.com">http://adc.bmjournals.com</a>).</li> </ol>	

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Royal College Of Nursing</b>		General	The RCN welcomes the proposal to develop this guideline and the opportunity to contribute over the next two years.	
<b>Royal College Of Nursing</b>		Section 1	<p><b>The change in title:</b> The removal of 'inequalities', replacing it with 'differences' was proposed at the stakeholder meeting and this raises grave concerns. The 'choice agenda' was suggested as the reason for this recent change by the meeting organisers. Whether parents choose to vaccinate their children or not is <i>one</i> of the main issues in some parts of the country, but not all. Inequalities in access <i>is</i> an issue across the country and we believe that if health care practitioners were skilled, knowledgeable and updated regularly in this complex area, they would be in a much stronger position to support families to make the right decision.</p> <p>In our opinion, there is a real danger that practitioners and the media will focus on the issues of quasi mandatory immunisations (page 6) and MMR concerns at the expense of vulnerable marginalised groups of children which the current delivery system fails to reach.</p>	<p>Thank you for your comment. In line with approval from the DH, the title of the scope reflects the focus of the guidance which will be to reduce the inequalities or differences in immunisation uptake across different population groups.</p> <p>For the majority of vaccinations this will require focusing efforts on hard to reach, or socio-economically disadvantaged groups. However, in light of the reduced coverage of some immunisations in more affluent population groups (most notably those covered by the MMR triple vaccine), we also needed to ensure that these groups were not excluded.</p> <p>Evidence on interventions that increase overall immunisation uptake, will be included since it is possible that such interventions may also reduce inequalities. Evidence of the differential effectiveness of such interventions will also be assessed as it will also be useful to identify which interventions widen inequalities in immunisation.</p>
<b>Royal College Of Nursing</b>		3b	<p>A major community group at the centre of a large measles outbreak in North London are Orthodox Jewish. This group have experienced problems accessing culturally appropriate health care services. Specific cultural and community groups should be included in the 'at-risk' section.</p> <p>Migration, especially from Eastern Europe also needs to be considered as a risk factor. Difficulties in obtaining accurate vaccination histories from newly arrived families impacts upon the nurse's ability to risk assess.</p>	Thank you for the comment.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Royal College Of Nursing		3f (additional section)	This should include the continuing IT problems affecting multiple PCTs for example in North East London. A significant number of PCTs have not been able to produce COVER data for nearly 3 years (see <a href="http://www.hpa.org.uk/infections/topics_az/cover/default.htm">http://www.hpa.org.uk/infections/topics_az/cover/default.htm</a> ). This continues to have a detrimental effect on perceived vaccine uptake. The London Assembly produced a report in 2007 entitled 'Still Missing the Point? Infant Immunisation in London'.	The implementation team at NICE will be supporting implementation of this guidance by producing a range of implementation support tools which will consider the practicalities of implementation. In addition NICE will be working with national organisations to try and identify levers which could aid implementation by providing national support for local action.
Royal College Of Nursing		4.2	Vaccination as a requirement for school entry is a very positive and useful initiative. True partnership working between health care workers and parents will need to be considered if this approach is favoured. See the Nuffield Council on Bioethics 2007 report entitled 'Public Health: ethical issues' for a balanced discussion on this issue.  Offering any kind of financial incentive would go against the whole ethos of the NHS and create a disincentive to parents who bring their children for vaccination as requested.	Thank you for your comments.
Royal College Of Nursing		4.2.1	It is important that initiatives which have long term strategies for returning vulnerable groups to routine services are acknowledged as good practice.	Thank you for your comment
Royal College Of Nursing		4.2.1	Will the scope include the education of staff regarding the needs and vulnerabilities of hard to reach groups as well as the need not to miss any opportunity to immunise so that systems can be developed which meet their needs?	Without anticipating the evidence and the assessment of that evidence by the Public Health Interventions Advisory Committee, this may be an issue that they will consider; See Appendix B, bullet point 5.
Royal College Of Nursing		4.2.1	P.6 2 <sup>nd</sup> paragraph: Educational campaigns should also focus on specific cultural and community groups who do not access mainstream media. For instance, many orthodox Jewish families do not read national or local newspapers or watch terrestrial TV. Local Rabbi's etc...need to be approached. City & Hackney PCT in London has had recent success with this approach.	Thank you for your comment.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

**Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008**

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Royal College Of Nursing</b>		4.2.1	P.6 8 <sup>th</sup> paragraph: Local initiatives such as vaccinating on children's wards should be explored. Great Ormond Street Hospital has done this, along with Rainbow ward at the North Middlesex Hospital in London.	Thank you for your comment.
<b>Royal College Of Nursing</b>		4.2.1	IT systems / tracking: there is a need for effective systems and clear guidance on a pragmatic approach to immunising safely, but actively when there is no way of verifying previous immunisations.	Thank you for your comment.
<b>Royal College Of Nursing</b>		4.2.1c	Targeted vaccinations should include seasonal influenza vaccinations for the under 19's, as well as the BCG & Hepatitis B.	Influenza vaccine is currently recommended in the UK for all people aged over 65 years and people aged 6 months and over who are clinically at risk of infection (please refer to the DH's Immunisation against infectious disease – The Green Book. (2006). Targeted vaccinations will include BCG and hepatitis B immunisations that are recommended for certain groups at risk.
<b>Royal College Of Nursing</b>		4.2.1 c) /4.2.2	Will the exclusion of policies mean that the barrier to BCG immunisation which unknown maternal HIV status presents to looked after children /unaccompanied minors remain unaddressed? The issue of consent (i.e. a child accommodated on a section 20) and the difficulty in establishing immunisation history may also be lost.	Thank you for these helpful comments. The NICE team will ensure that your comments are communicated to the Public Health Interventions Advisory Committee (PHIAC).

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Royal College Of Nursing</b>		4.2.1/4.2.2	<p>Student nurses, medical students and other young people under the age of 19 years should be included in the scope of this guidance. Occupational health is imperative and includes immunisations.</p> <p>Universities and colleges should also be included due to their 'Healthy Schools/Colleges' responsibilities.</p> <p>Young offenders' institutes and independent schools too are an important consideration. School nurses often do not have a remit outside state funded schools, along with anyone over the age of 16 years.</p>	<p>In line with the referral from the DH to focus the guidance on interventions to reduce inequalities in the uptake of immunisation amongst individuals under the age of 19 years, it was felt that targeting of specific occupational groups because of their increased risk of infection with vaccine-preventable disease was outside the remit of this scope (i.e. absence of evidence that differences in immunisation uptake rates in these groups exist). It was also felt that the numbers of under 19 year olds working in such occupations was likely to be small.</p> <p>However, we do acknowledge the importance of immunising people at occupational risk of vaccine-preventable infection and would invite you to submit a suggestion for NICE to develop guidance on this topic through the NICE website at: <a href="http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp">http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp</a></p> <p>Young offenders' institutes are specifically mentioned in section 4.2.1 of the scope.</p>
<b>Royal College Of Nursing</b>		4.2.1/4.3	<p>Will the scope challenge existing payment systems i.e. incentivise Targeting of vulnerable groups?</p> <p>Will the scope include integrated working i.e. work across general practice, community nursing teams and social care settings?</p>	<p>Thank you for your comment. Local systems, commissioning routes, partnerships and management strategies that aim to reduce differences in immunisation uptake rates and/or to improve access to immunisation services, (such as the locally derived Quality and Outcome Framework which is different from the nationally negotiated QOF will be included within the guidance. Please refer section 4.2.1 of the final scope.</p>

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Royal College Of Nursing</b>		4.4	The 2 <sup>nd</sup> dose of MMR should be given between the ages of 3 years 4 months to 5 years. An exploration into reducing this time frame should be considered. It is too wide and most children are now in a nursery placement from the age of 3 years. Parents often forget.	Thank you for your comment. Recommendations on national immunisation policy (including specific recommendations for delivery of vaccines) is within the remit of the Joint Committee for Vaccination and Immunisation (JCVI) and will not be considered for this guidance (see section 4.2.2 of the final scope).
<b>Royal College Of Nursing</b>		Appendix B	Accountability of NHS partners should be explored. Ownership of this important public health issue should be evident at all levels of practice and should be in the job descriptions of all front line practitioners responsible for children & family health.	Thank you for your comment. NICE's Public Health Intervention Advisory Committee (PHIAC), will consider the implementability of interventions as part of the guidance development process. Implementation issues, including ownership of immunisation uptake by health professionals, will be further explored with public health practitioners during the fieldwork consultation stage.
<b>Royal College Of Nursing</b>			The issues surrounding GP payment and incentives should also be investigated. Quality Outcome Framework (QOF) includes measurements concerning child health surveillance but it is unclear whether this system is beneficial. Historically, GPs are paid according to achieving either 70% or 90% vaccine uptake. This also requires investigation due to the World Health Organisation's target of 95% in order to ensure herd immunity which includes protection of vulnerable populations.	Thank you for your comment. Local systems, commissioning routes, partnerships and management strategies that aim to reduce differences in immunisation uptake rates and/or to improve access to immunisation services, (such as the locally derived Quality and Outcome Framework which is different from the nationally negotiated QOF will be included within the guidance. Please refer section 4.2.1 of the final scope.  However, the setting of national immunisation targets is outside the remit of this scope (refer section 4.2.2).
<b>Royal College Of Nursing</b>			The true cost of infectious disease outbreaks requires attention. The ongoing measles outbreak in North London has resulted in multiple hospitalisations of both children and young adults.	We will attempt to model this as best we can with the available data. It is part of our standard approach to assessing cost-effectiveness.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Royal College of Paediatrics and Child Health		General	Overall, the College believes this to be an excellent document which promises to reduce inequalities in this important determinant of health. The College believes that much of the evidence that exists may not be in the traditional form of publications, instead taking the form of local policy and evaluation, and believes that it may be beneficial to make a request to practitioners, perhaps via the network of immunisation coordinators, for evaluated local schemes.	Thank you for your comment.
Royal College of Paediatrics and Child Health		General	The College would suggest changing the title to reflect the aim of improving uptake overall, rather than reducing differences, for example 'Maximising the uptake of...'	Thank you for your comment. In line with approval from the DH, the title of the scope reflects the focus of the guidance which will be to reduce the inequalities or differences in immunisation uptake across different population groups.
Royal College of Paediatrics and Child Health		3.b	Children accommodated in women's refuges should be included here.	Thank you for your suggestion. This will be reflected in the final scope.
Royal College of Paediatrics and Child Health		4.1.1	It would be beneficial to specifically include individuals with potential language barriers.	The focus of the guidance is all people under the age of 19, regardless of risk factors.
Royal College of Paediatrics and Child Health		4.2.1	The Catch up programme for HPV, covering girls 14-18 years, should be included. HPV related disease has a high socioeconomic gradient, and a school based programme runs the risk of missing those at highest risk if equity issues are not prioritised.	Thank you for your comment. The catch-up campaign for girls aged under 19 years will be included within the guidance and the wording of the scope has been revised to reflect this.
Royal College of Paediatrics and Child Health		4.2.1	The activities that will be covered should include partnerships with education, social services, children centres, local authorities e.g. health scrutiny and non statutory organisations as well as interventions delivered in those settings. It should also look at the impact of child health information systems as lack of ability to auto-appoint and re-call defaulters can impact differentially on those with lower rates e.g. large family size, non GP registered.	This wording of this section has been made more explicit in the final scope.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.



## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Royal College of Paediatrics and Child Health</b>		4.2.1	The guidance should include one-to-one or small group-based interventions that seek to reduce inequalities in the uptake of specific immunisations or completion of the immunisation schedule (for example, health visitors and other community nurses following up children whose families are travellers, asylum seekers or homeless). A specific mention should also be made about taking opportunities for immunisation when such children are admitted to the hospital or seen in outpatients.	Thank you for your suggestion. The Public Health Interventions Advisory Committee (PHIAC) will develop the guidance according to the available evidence. The scope does call for an examination of one-to-one interventions (see page 5).
<b>Royal College of Paediatrics and Child Health</b>		4.2.1	Local commissioning and management strategies to reduce inequalities in immunisation uptake need to be made mandatory. Otherwise the guidance will have no power to influence commissioning. Even with current universal immunisation recommendations, Primary Care Trusts are sometimes struggling to identify funding to roll out new programmes e.g. the HPV programme for 12-13 year olds in 2008.	Thank you for this observation.
<b>Royal College of Paediatrics and Child Health</b>		4.2.1	The College is unsure what is meant by 'family home'. We assume that one of the settings that will be included is the child's home but this is unclear.	That is correct; 'the family home' is the home where the child lives with his or her family.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Royal College of Paediatrics and Child Health</b>		4.2.2	The College is concerned that targeted vaccination of children with underlying clinical or chronic disease is to be excluded. These children often miss out on vaccinations and are also often attending/being admitted to hospital. They are frequently disadvantaged in a socio-economic sense. Although the College realises that the issues are somewhat different, but this is similar to the targeting of children for BCG or Hepatitis B, which is included.	<p>To clarify, interventions to increase uptake of vaccinations recommended under the routine childhood immunisation programme for children and young people (aged under 19 years) with physical or mental health problems or disabilities that may require frequent or long term care will be included.</p> <p>However, we will exclude interventions to increase uptake of targeted vaccinations recommended for children who are clinically at risk of infection with a vaccine-preventable disease as a result of their specific condition (e.g. Hepatitis A vaccination for people with haemophilia; or influenza vaccination for asplenic individuals etc). Although we recognise the importance of ensuring these groups are immunised against infectious disease, we feel that such interventions should be recommended as part of a clinical care pathway and as such would be outside the remit of public health intervention guidance.</p> <p>We would also encourage you to submit a suggestion for NICE to develop guidance specifically on this topic through the NICE website at:  <a href="http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp">http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp</a></p>
<b>Royal College of Paediatrics and Child Health</b>		4.2	Good knowledge and positive attitudes among health professionals involved in the provision of immunisation is fundamentally important and is often lacking. The College feels that health professionals' training should be included in the activities and interventions that will be covered.	Thank you for your comment. NICE's Public Health Intervention Advisory Committee (PHIAC) will consider the implementability of interventions as part of the guidance development process. Implementation issues, including knowledge and behaviour of health professionals, will be further explored with public health practitioners during the fieldwork consultation stage.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Royal College of Paediatrics and Child Health</b>		4.3	Cost effectiveness analysis should recognise and consider issues around the high cost per head of delivering services to the groups who are hardest to reach e.g., through home visiting, mobile units, compared to those easier to reach who come into regular clinics.	This comment goes to the heart of this topic, because it will be necessary to consider the tradeoffs between the most efficient way of increasing coverage and the equity of how the increased coverage will be achieved. The committee considering this matter will have a challenging task ahead of them.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Royal Pharmaceutical Society</b>		GENERAL AND  <b>4.2.1 – Activities / Interventions</b>	<p>The RPSGB actively supports the comments made by the Neonatal and Paediatric Pharmacists Group and urges NICE to review and include the contribution of pharmacists to immunisation services, in this guidance.</p> <p>Pharmacists interact with the general public on a daily basis in relation to immunisation e.g. advising parents and healthcare professionals around immunisation regimes, promoting the health benefits of immunisation to parents and young adults, advising on immunisation related to foreign travel. Community pharmacies across the country already actively promote immunisation through a variety of schemes e.g.</p> <ul style="list-style-type: none"> <li>• Flu-vaccination programmes for 'at-risk' patients (aged 16 – 64), administered in community pharmacies under Patient Group Directives. This framework could also be applied to other immunisation schedules.</li> <li>• Promoting local and national public health vaccination campaigns</li> </ul> <p>US studies have shown that immunisation services can be safely provided through community pharmacies; Dutch studies have shown that pharmacy records can be used for case finding of at risk patients to be invited for immunisation, potentially increasing immunisation uptake (n.b. all references available on request).</p>	Thank you for your comments. We hope that you will respond to the consultation on the evidence and provide any additional information that might have been missed in the evidence reviews.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Royal Pharmaceutical Society</b>			<p>Reducing health inequalities is high on the government agenda and community pharmacists play an active role in supporting individuals whose health experience is below average, or who may not access current health services for a variety of reasons. In addition, pharmacists in all sectors of practice are well placed to ensure that their services are patient focused and to communicate the needs of the population to others involved in health improvement.</p> <p>The RPSGB asks that NICE includes the current and potential contribution of pharmacists in this guidance.</p>	
<b>Royal Society of Health</b>		4.2.1	<p>The RSH welcomes the acknowledgment of the central role of health promotion as an intervention to reduce differences in the uptake of immunisation.</p> <p>The RSH would encourage NICE to be aware of health promotion principles of practice when assessing evidence.</p>	Thank you for your comment.
<b>Royal Society of Health</b>		4.2.1	<p>The RSH would propose that health promotion programmes aiming to encourage the take up of immunisation should target children &amp; young people as well as parents. This is necessary to enable young people to take informed action in protecting their health.</p>	Thank you for your comment, but the NICE team is not able to speculate about the recommendations that the independent Public Health Interventions Advisory Committee may wish to make. We hope that you will respond to the consultations on the evidence and final guidance.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

**Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008**

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Royal Society of Health</b>		4.2.1	<p>The inclusion of schools as a setting for the delivery of interventions is supported by the RSH. Schools provide a breadth of intervention possibilities and the RSH would advocate that as well as a setting for health promotion campaigns the school curriculum should incorporate immunisation as a means of increasing knowledge and awareness and supporting young people to take informed action in protecting their health.</p> <p>The introduction of the new secondary education curriculum has seen the move towards a cross-curricular approach, which the RSH supports; this provides an opportunity for embedding health within the curriculum. The RSH therefore asks that the scope is aware of this opportunity and takes an integrated approach to health and education.</p>	Thank you for your comment.
<b>Royal Society of Health</b>		4.2.1	<p>To create an informed and supportive environment for young people to take informed action around immunisation there is the need to ensure relevant adult figures such as teachers of personal, social, health and economics education have the facts about immunisation.</p> <p>The RSH proposes that adequate support and guidance should be provided to enable relevant adult figures to undertake this role. This support could be provided through the local health promotion team and the various local authority specialist staff employed to work on school improvement.</p>	Thank you for this comment. We hope you will respond to the consultations on the evidence and the draft guidance during later phases of the guidance development process.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

**Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008**

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Royal Society of Health</b>		4.2.1	The RSH considers it of the up most importance that there is coherency between school based interventions and family, social and community based interventions. Interventions should not be viewed in isolation. The guidance should examine the sharing of best practice between these two areas as well as interventions designed to ensure a consistent and coordinated message across the school and community settings.	Thank you for this comment. We hope you will respond to the consultations on the evidence and the draft guidance during later phases of the guidance development process.
<b>Royal Society of Health</b>		6	This should also link in with NICE guidance on PSHE currently under development	Thank you. There will be links made between this and all other relevant NICE guidance, both published and in development.
<b>Sanofi Pasteur MSD</b>		General	Consider educational activity to communicate the value of vaccines to a population (of patients and healthcare professionals) that may not appreciate their benefits in reducing the impact of (previously) common diseases and confining them to history in some cases.	Thank you for your comment. The NICE team will ensure that your comment is communicated to the Public Health Interventions Advisory Committee (PHIAC). We hope that you will respond to the consultations on the evidence and final guidance.
<b>Sanofi Pasteur MSD</b>		General	Revised focus on education and communication on the rationale for vaccination programmes and the relative risk/benefit of licensed vaccines. The subject of risk probably needs to be addressed in novel ways in order to make it understandable.	Thank you for your comment, The secretariat will ensure that your point is communicated to Public Health Interventions Advisory Committee (PHIAC). We hope that you will respond to the consultations on the evidence and final guidance.
<b>Sanofi Pasteur MSD</b>		General	Commit to proactive and early engagement with the media to support balanced reporting of immunisation initiatives.	Thank you for this suggestion, but it is outside NICE's role.
<b>Sanofi Pasteur MSD</b>		General	Review the UK's MMR history to learn lessons and improve the coverage of future vaccination initiatives.	The reviews will consider the relevant and available literature; we hope that you will respond to the evidence consultation and provide any information you believe has been missed by the reviewers.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Sanofi Pasteur MSD</b>		4.1.1 Groups that will be covered p4	<ul style="list-style-type: none"> <li>Need to also consider groups such as children who miss out on education by truancy, or leave education, are not in education, and other groups such as those who attend faith schools. These groups should be included in the groups that will be covered</li> </ul>	Thank you. It is not possible to name all the vulnerable groups in the text, so it has now been changed to simply include all children under the age of 19, without specifically naming any groups in particular.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.



## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

**Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008**

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Sanofi Pasteur MSD</b>		Section 4.2.1 activities or interventions that will be covered p5	<ul style="list-style-type: none"> <li>• Would suggest that the impact of catch-up programmes also be included in 4.2.1 as this is often relevant to the successful roll-out of immunisation programmes</li> </ul>	<p>We will include all interventions to increase immunisation uptake in children and young people under 19 years of age.</p> <p>The section on local systems has been expanded; it mentions local QOFs and locally commissioned services, e.g. with community pharmacists.</p> <p>NICE guidance applies to all PCTs in England to ensure that there is equity of provision.</p> <p>NICE public health guidance applies only to England</p>
		P5 Interventions will include but are not limited to	<p>One of the issues particularly in large cities is the influx of immigrant populations from countries that may follow a different immunisation schedule-recommend that this should be included in the “interventions will include, but are not limited to” section</p> <p>Currently there is no specific QOF for immunisation-the development of a specific QOF may increase uptake of immunisation</p>	
		P6	<ul style="list-style-type: none"> <li>• Local or national health protection campaigns-consider inclusion of vaccination on the national curriculum</li> </ul>	
		P6 Interventions will be delivered in the NHS and non-NHS settings P6	<ul style="list-style-type: none"> <li>• With some PCTs unable to implement programmes this will lead to a diversity of and inequality of delivery</li> <li>• Does the process in each country following devolution affect this?</li> </ul>	

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>School of Healthcare, University of Leeds</b>	References on the following topics available on request: 1. Health communication and MMR vaccine uptake. 2. Health communication interventions and vaccine decision-making / uptake.	4.2.1	<p>Are you going to include interventions that focus on the 'health communication' part of the process? There are two strands to this: one is the written information (content, method of delivery and timing) the other is access to health professionals to discuss issues before coming to a vaccination decision.</p> <p>There is an increasing body of evidence that shows that parents are dissatisfied with the information that they receive from health professionals in advance of childhood vaccination appointments, and this relates to a lack of information as well as the 'persuasive' nature of this information (including, but not only relating to MMR).</p> <p>Parents also report not having the opportunity to discuss their vaccination decision with a health professional and that their attendance for the appointment is assumed to indicate consent to vaccinate. These health communication issues may well impact on vaccination uptake for different population subgroups and we would suggest could usefully be included in this guidance.</p>	Thank you for these comments. The reviewers will search for evidence on educational campaigns focusing on reducing differences in immunisation uptake. We hope that you will respond to the consultation on the evidence and will supply any additional information that you view as important.
<b>School of Healthcare, University of Leeds</b>		4.2.1	Are you going to include interventions that consider the mode of delivery of vaccines? For example the 3 dose schedule for the HPV vaccine and interventions that will effectively enable parents/young people to complete the course efficiently.	Recommendations on national immunisation policy, including the mode of delivery of vaccines, is within the remit of the Joint Committee for Vaccinations and Immunisations (JCVI) and will not be considered for this guidance (see section 4.2.2 of the final scope).

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>School of Healthcare, University of Leeds</b>			These is useful evidence on the effectiveness of decision aids (variety of formats including on-line) to support informed decision-making (parents and young people) amongst different sections of the population. The 'digital divide' is becoming less evident amongst younger people who access e-learning routes through school, college and increasingly at home.	Thank you for this comment. We hope that you will respond to the consultation on the evidence and will supply any additional information that you view as important.
<b>School of Healthcare, University of Leeds</b>		6	Are there existing systematic reviews (not necessarily NICE guidance) of different models of vaccination provision (e.g. outreach, mobile team/home provision, opportunistic provision other than GP surgeries, Children's centres etc) that would be useful for this guidance?	The review team will be identifying and grading available evidence and data to inform the Public Health Interventions Advisory Committee PHIAC.
<b>Sense</b>		3 (d)	This paragraph is at the root of why inequality may still be relevant to the title for this guidance. The immunisation choices of some groups in society will have consequences for other vulnerable or at risk groups.	Thank you for your comment. In line with approval from the DH, the title of the scope reflects the focus of the guidance which will be to reduce the inequalities or differences in immunisation uptake across different population groups.  For the majority of vaccinations this will require focusing efforts on hard to reach, or socio-economically disadvantaged groups. However, in light of the reduced coverage of some immunisations in more affluent population groups (most notably those covered by the MMR triple vaccine), we also needed to ensure that these groups were not excluded.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Sense</b>		4.1.1	<p>Sense believes that by only focussing on people younger than 19 NICE is excluding the group most at risk of rubella. The reason for immunising children against rubella is to protect women who are in the early stages of their pregnancy. Sense believes that the best way to protect pregnant women is for all children to be immunised with the MMR vaccine at 12-15 months and then pre-school. For those that miss or delay these, then they should be vaccinated at any stage. Due to low uptake of MMR over a 10 year period women who are thinking about getting pregnant should get their rubella immunity tested and follow subsequent medical advice.</p> <p>Sense would ask NICE to consider including in the guidance activities and interventions that while targeting children under 19 could also include the rubella vaccination of women associated with those children. Put simply if a Mum brings her child to a clinic to get immunised it is too good an opportunity to miss checking the Mum's immunity to rubella. Equally health visitor advice about immunisation of parents to newly born children could also include reference to the woman's rubella immunisation status. So in the case of rubella the cut off age of 19 is an artificial one and will lead to opportunities being missed to protect unborn children.</p>	<p>The 19 year old age limit reflects the referral NICE received from the Department of Health (DH) which was to '<i>produce public health intervention guidance on mechanisms to reduce inequalities in the uptake of immunisation amongst individuals under the age of 19 years (including targeted vaccines)</i>'. (refer Appendix B of the final scope)</p> <p>We acknowledge the importance of addressing inequalities in immunisation in groups outside this age range and would invite you to submit a suggestion for NICE to develop guidance on this topic through the NICE website at:</p> <p><a href="http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp">http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp</a></p>
<b>Sense</b>		4.2.1	<p>It might be worth including reference to interventions that engage communities in the issues and concerns people have with immunisation. Those who are shunning the MMR vaccine may only be persuaded to change their minds if they have their concerns addressed. This might include engaging in the arguments about single vaccines.</p>	<p>Thank you for this comment. We believe it is covered by the bullet points on p.6 of the final scope.</p> <p>Neither of the single vaccines for measles or mumps is currently licensed for use in the UK and so they will not be covered by this guidance. The use and safety of vaccines is the responsibility of the Joint Committee for Vaccination and Immunisation (JCVI)</p>

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Sense</b>		4.2.1	Interventions should include the training and preparation of health professionals to deliver immunisation advice and recommendations. In Sense's view it is unacceptable that GP clinics are opting out of immunisation schedules and that health professionals are not advocating a health intervention that has clear benefits and evidence supporting it, because of their own personal views.	Thank you for your comment. NICE's Public Health Intervention Advisory Committee (PHIAC) will consider the implementability of interventions as part of the guidance development process. Implementation issues, including the importance of training of health professionals, will be further explored with public health practitioners, during the fieldwork consultation stage.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Sense</b>		4.2.1	<p>Sense has considered the arguments of quasi-mandatory schemes and include a response to the issue in our submission to the Nuffield Council on Bio-ethics consultation on ethical issues surrounding public health.</p> <p>In summary we concluded that while it is possible to construct an ethical argument to justify a compulsory programme of vaccination, any compulsory scheme would have to take account of the public's increasing desire for choice and so allow an opt-out if it is possible to demonstrate a good reason for not vaccinating and would also need to be squared with our current understanding of the law on medical treatment, namely that you can't give treatment without an individual's consent.</p> <p>Sense suggested three essential elements for compulsory vaccination to be considered:</p> <ul style="list-style-type: none"> <li>• <i>Practicality – is it likely to succeed?</i></li> <li>• <i>Overwhelming public support</i></li> <li>• <i>Open debate and a willingness to engage in the arguments and evidence that is presented against vaccination.</i></li> </ul> <p>We believe the reality is that a compulsory vaccination programme, in today's climate, is not deliverable and would be counter productive.</p>	Thank you for commenting on this important issue. We hope that you will take part in the later consultations on the evidence and draft guidance.
<b>Sense</b>			In the current environment compulsory vaccination would lead to more people challenging immunisation and so less children being vaccinated.	

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Sense</b>		4.2.2 (d)	Sense would question not including targeted vaccination of children and young people travelling to countries with increased prevalence of infectious agents. P.Tooley et al have showed higher levels of rubella susceptibility in some ethnic minority groups – in North West London she found the highest susceptibility was amongst Sri Lankan communities. High levels of mobility today mean that children and young people from these communities may well travel to their country of origin. We also know that some of the few recent cases of congenital rubella syndrome have been associated with travel to countries with rubella circulating (National Congenital Rubella Surveillance Programme).	<p>This point has been considered but it was decided that targeting of groups specifically because they travel to destinations with high prevalence of vaccine-preventable disease was outside the remit of this guidance.</p> <p>However, this is an important issue and we would invite you to submit a suggestion for NICE to develop guidance on this topic through the NICE website at:  <a href="http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp">http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp</a></p>

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Sense</b>		4.2.2 (e)	Some children and young people with underlying clinical or chronic disease may have suppressed or compromised immune systems leaving them vulnerable to some of the disease we vaccinate children against. This in turn leaves them vulnerable to the vaccination choices of the rest of the population. It would therefore be a shame not to include them in the guidance.	<p>To clarify, interventions to increase uptake of vaccinations recommended under the routine childhood immunisation programme for children and young people (aged under 19 years) with physical or mental health problems or disabilities that may require frequent or long term care will be included.</p> <p>However, we will exclude interventions to increase uptake of targeted vaccinations recommended for children who are clinically at risk of infection with a vaccine-preventable disease as a result of their specific condition (e.g. Hepatitis A vaccination for people with haemophilia; or influenza vaccination for asplenic individuals etc). Although we recognise the importance of ensuring these groups are immunised against infectious disease, we feel that such interventions should be recommended as part of a clinical care pathway and as such would be outside the remit of public health intervention guidance.</p> <p>We would also encourage you to submit a suggestion for NICE to develop guidance specifically on this topic through the NICE website at:  <a href="http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp">http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp</a></p>
<b>Sense</b>		Stakeholders	The media have played a significant role in the debate about immunisation and MMR in particular over the last decade. They have without a doubt influenced opinion as a result. Organisations like the Science Media Centre have built considerable experience in supporting the media to cover scientific stories. They may well have useful perspectives to include in the consultation and should be invited as stakeholders. Dr Tammy Boyce's work in this area is also interesting. She has recently published 'Health, Risk and News: The MMR Vaccine and the Media'	Thank you for this helpful suggestion.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.



## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Sense</b>		4.2.1	Sense believes the guidance should include looking points of entry to the country for immigrants and asylum seekers, as well as settings that consider their health. This is because P.Tooney et al have shown that some ethnic minority communities may have higher rates of susceptibility to rubella and so will be those at risk if we see rubella outbreaks in the UK again.	Thank you for your comment.
<b>Sense</b>		4.2.1`	Activities and interventions that will be covered could include data systems for monitoring vaccine uptake and coverage. Such monitoring systems need to be part of any successful immunisation scheme. While the UK is seen to have been successful in this area in the past, there is concern that some NHS trusts, particularly in London, are not able to provide accurate data at present.	NICE is not responsible for implementing the guidance recommendations, however, the implementation team at NICE will be supporting implementation of this guidance by producing a range of implementation support tools which will consider the practicalities of implementation. In addition NICE will be working with national organisations to try and identify levers which could aid implementation by providing national support for local action.
<b>Sense</b>		Appendix C references	Given you have quoted P.Tooney et al showing higher levels of rubella susceptibility in some ethnic minority groups, it might be worth also referencing Mixer et al, J.Epidemiol.Community Health, Sept 2007; this paper identifies some evidence that women from BME communities are more likely to get their children vaccinated with MMR because they know about the devastating consequences of measles, mumps and rubella	Thank you for this information.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Unite/ Community Practitioners' and Health Visitors' Association (CPHVA)</b>		4.2.2 c)	We disagree that the scope does not intend to target vaccination of young people at occupational risk of infection. Most school aged children avail themselves of 'work experience' placements as part of their school's extended curriculum. Other young people volunteer to help with holiday trips for handicapped children or as day care visitors as part of their Duke of Edinburgh award for example. They may find themselves working in children's nurseries, or in residential care settings where adult staff are immunised against hepatitis B because of the risk of contracting it from the client group, but young casual people as observers or staff are offered no protection. GPs are not paid to offer these immunisations, and so often refuse to give them when asked.	In line with the referral from the DH to focus the guidance on interventions to reduce inequalities in the uptake of immunisation amongst individuals under the age of 19 years, it was felt that targeting of specific occupational groups because of their increased risk of infection with vaccine-preventable disease was outside the remit of this guidance.  However, we do acknowledge the importance of immunising people at occupational risk of vaccine-preventable infection and would invite you to submit a suggestion for NICE to develop guidance on this topic through the NICE website at: <a href="http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp">http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp</a>
<b>Unite/ Community Practitioners' and Health Visitors' Association (CPHVA)</b>		4.2.1a)	When considering interventions, please give due weight to education and information aimed at young people. Mostly this is in literature form which is not a good medium for vulnerable young people and families.	Thank you for this suggestion. We hope that you will be able to contribute to the later consultation stages of the development of the guidance.
<b>Unite/ Community Practitioners' and Health Visitors' Association (CPHVA)</b>		4.2.1a)	When considering interventions, please consider the UN rights of the child. Gillick competent children should have the right to access their health care irrespective of whether or not their parents have consented, provided that the young person is well-informed.	Thank you for your comment.
<b>Unite/ Community Practitioners' and Health Visitors' Association (CPHVA)</b>		4.2.1a)	When considering interventions please consider specifying that the health care worker must ensure that the parent, child or young person has given informed consent to the procedure. This must be taken into account by commissioners. Giving injections properly, and with informed consent takes time, which must be allowed for in contracts.	Thank you for your comment.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

**Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008**

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Unite/ Community Practitioners' and Health Visitors' Association (CPHVA)</b>		4.2.1a)	When considering interventions to improve uptake of immunisations, please take into account that for vulnerable clients, this might need several contacts before a therapeutic relationship can develop within which the client can be persuaded to access health care. This time must be allowed for when commissioners draw up contracts.	Thank you for your comment. The Public Health Interventions Advisory Committee will consider the available evidence and may make recommendations for practice. We would also encourage you to submit any evidence you think my have been missed during the consultation on the evidence
<b>Unite/ Community Practitioners' and Health Visitors' Association (CPHVA)</b>		4.2.1c)	When considering targeted vaccinations please consider children involved in the youth justice system, as these young people are in danger of entering young offenders institutions where they have a higher risk of acquiring hepatitis B and TB.	Thank you for your comment. The scope specifically mentions that information about interventions delivered in community settings will be considered. This would include working with young offenders both in and out of young offender institutions (see page 6 of the final scope).
<b>Unite/ Community Practitioners' and Health Visitors' Association (CPHVA)</b>		4.2.1a)	When considering interventions, please consider that the item of service payment which is standard, should be higher for 'hard to reach' clients.	Thank you for your comment. NICE's Public Health Intervention Advisory Committee (PHIAC), will consider the implementability of interventions as part of the guidance development process. Implementation issues, including provider incentives for hard to reach groups, will be further explored with public health practitioners during the fieldwork consultation stage.
<b>Unite/ Community Practitioners' and Health Visitors' Association (CPHVA)</b>		4.2.1a)	When considering interventions, please consider a change in the item of service payment system. Currently this can only be accessed by GPs, which means that outreach services are not fully funded. In some areas, such as Buckinghamshire PCT, the PCT has withdrawn the outreach health visitor in High Wycombe, as the funding is so GP specific. This health visitor has been immunising hard to reach families who live on the outskirts of the town, and do not have the commitment to travel on the bus to the GP to access preventative health care. She has been giving 180 doses a month to under 5s. This loss will undoubtedly be reflected in poorer health inequalities in this area.	Thank you for this information. Again, we would urge you to submit any evidence you may have during the consultation on the evidence.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Unite/ Community Practitioners' and Health Visitors' Association (CPHVA)</b>		4.2.1b)	When considering the uptake of the universal vaccination programme for school aged children, please consider that schools must provide suitable access and a suitable place for school aged children to be immunised in. Ideally the school nurse should have her own area which includes fridge. There is no right of access for PCT staff onto school premises; this is achieved by goodwill alone. This is something which needs to be dealt with, which may well be outside of this scope, but should be flagged up.	Thank you for your comment. The Public Health Interventions Advisory Committee will consider the available evidence and may make recommendations for practice. We would also encourage you to submit any evidence during the consultation on the evidence
<b>Unite/ Community Practitioners' and Health Visitors' Association (CPHVA)</b>		4.2.1b)	If there were sufficient school nurses, as per guidance in Choosing Health 2004: one full time qualified (Specialist Community Public Health practitioner), year round school nurse per secondary school and its cluster of primaries, then school-aged children's immunisations could be tracked and monitored. The school nurse would be well known and trusted by the children, families and young people, and uptake would vastly improve.	Thank you for this comment.
<b>Unite/ Community Practitioners' and Health Visitors' Association (CPHVA)</b>		4.2.1b)	Please consider immunisation as a public health issue, not a clinical one. The funding for the entire programme should be Children's Trust based, not GP based.	Thank you for your comment. This guidance will be developed according to the methods and processes of NICE's Centre for Public Health Excellence.  The setting of national immunisation strategies and policies, including national funding mechanisms for the national childhood immunisation programme is outside the remit of this guidance.
<b>Unite/ Community Practitioners' and Health Visitors' Association (CPHVA)</b>		4.2.1b)	Children's centres should be the venue where under 5s receive their immunisations, and schools should be where school-aged children receive theirs. The health visitor should be responsible (and paid) for under 5s and the school nurse should be responsible (and paid) for over 5s. Both should track down non-attenders. The records can still be sent to the Child Health department for statistical collection.	Thank you for your comment. The Public Health Interventions Advisory Committee will consider the available evidence and may make recommendations for practice. We would also encourage you to submit any evidence during the consultation on the evidence

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Unite/ Community Practitioners' and Health Visitors' Association (CPHVA)</b>		4.2.1b)	Please consider a complete change, as above, as the existing expensive system is not working.	Thank you for this comment.
<b>Unite/ Community Practitioners' and Health Visitors' Association (CPHVA)</b>		4.3	We disagree that the scope will not deal with costs and benefits that relate to the employment of individuals. The only reason why uptake is not better is that money has not been allocated to make this happen.	Thank you for this comment. We will change the wording of this part of the scope, because what was meant was that the effect of being vaccinated on the employment or otherwise of those under the age of 19 would not be considered. Basically, the reason for this exclusion is because we do not believe that this will be very important. It is in line with the perspective of almost all NICE guidance. The reason that it is mentioned at all is because we needed to say something about the effect of immunisation on the non-immunised, which is a population perspective, and we needed to distinguish that from the so-called "societal perspective" which involves the employment of the people who have been "treated".
<b>Unite/ Community Practitioners' and Health Visitors' Association (CPHVA)</b>		4.3	The guidance needs to include travel, storage, carriage of immunisations, as these are significant barriers to offering immunisations in alternative settings.	We cannot anticipate what the recommendations might be at this stage. NICE will be supporting implementation of this guidance by producing a range of implementation support tools which will consider the practicalities of implementation. In addition NICE will be working with national organisations to try and identify levers which could aid implementation by providing national support for local action.
<b>Unite/ Community Practitioners' and Health Visitors' Association (CPHVA)</b>		4.3	The guidance needs to encompass clerical staff, as often tracking and monitoring require excess clerical tasks.	Thank you for your comment. When PHIA makes recommendations both the target group and those groups who should take action are specified.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Unite/ Community Practitioners' and Health Visitors' Association (CPHVA)</b>		4.3	The guidance needs to make recommendations about data. At present, children and young people travel around the country, but their immunisation data is only known by their original GP surgery or sometimes their local Child Health department. This data needs to be nationally (UK) available.	Thank you for your comment.
<b>Unite/ Community Practitioners' and Health Visitors' Association (CPHVA)</b>		4.4	Effective interventions involve money targeted via the immunisation lead from the SHA Public Health lead to Public Health nurses (health visitors and school nurses), who must be in charge of the targets. These staff would liaise locally with extended families, voluntary organisations, primary care services, secondary health services, children's centres, schools, social services, etc. They must have a remit to identify and deal with barriers to immunisation uptake.	Thank you.
<b>Vegan Society</b>		General	If vaccines contain any animal derived ingredients they will not be acceptable to vegans.	Thank you for your comment. Recommendations on national immunisation policy, including the vaccines to be delivered, is within the remit of the Joint Committee for Vaccination and Immunisation (JCVI) and will not be considered for this guidance (see section 4.2.2 of the final scope).
<b>Wyeth Pharmaceuticals</b>		general	The lower uptake of the MMR vaccination may be related to the uptake of vaccines that are scheduled at the same time. For example, the second boost of the pneumococcal vaccine is given together with MMR at around 13 months. There may be a negative externality of the MMR vaccine (reduced uptake of PCV boost), or, possibly, a positive externality of the PCV boost (increase in the MMR uptake). We have no evidence to support either, but in the analyses such impacts may need to be explored and taken into account.	Thank you for this observation.
<b>Wyeth Pharmaceuticals</b>		1	"Reducing differences in the uptake" is unclear, as it could be interpreted either as increasing uptake where it is low, or reducing uptake where it is high. We suggest replacing it with "improving uptake" for clarity.	Thank you for your comment. In line with approval from the DH, the title of the scope reflects the focus of the guidance which will be to reduce the inequalities or differences in immunisation uptake across different population groups.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

## Public Health Intervention Guidance

### Immunisation - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Wednesday 30<sup>th</sup> January to Wednesday 27<sup>th</sup> February 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Wyeth Pharmaceuticals</b>		4.3	It appears that the perspective of the cost-effectiveness analysis differs between health benefits and costs and that should be explicitly specified: societal perspective with respect to health benefits, but NHS and PSS perspective for costs.	A societal perspective, as the term is usually understood, is not being used. On the benefits side, we are looking only at the health benefits of the population and do not include any employment benefits or disbenefits relating to the people who have been immunised (compared with those who have not been immunised). The latter is included in a societal perspective. Looking at the population health benefits and the NHS costs is what is being called an NHS perspective. Looking at the same benefits and total public sector costs is what is known as a public sector perspective.

The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft guidance where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.