Public Health Intervention Guidance

Immunisation – Consultation on Draft Guidance – Stakeholder Response Table
5th May – 2nd June 2009

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
AstraZeneca		General		Experience in this area suggests that one of the main barriers to immunisation of children and young people is that parents believe the risk of vaccination outweighs the risk of acquiring a vaccine-preventable disease. A very simple suggestion to help overcome this barrier is to effectively communicate the benefit / risk of both approaches by use of visual aids demonstrating the risks and benefits of the vaccination and the disease. AstraZeneca suggests that some simple visual aids such as this are made available through a credible source for the NHS.	The importance of communication is emphasised throughout the final guidance including the need for health professionals to be able to explain the benefits and risks of vaccine preventable infections to parents and to young people themselves, using appropriate means and formats including material in languages other than English
AstraZeneca		Rec 4	10	In particular AstraZeneca supports the suggestion that nurseries, schools and colleges of further education have an important role to play in promoting the benefits of immunisation for those under 19. Bearing in mind the recent discussions regarding pandemic 'flu, these organisations could provide a useful opportunity to provide wide-scale vaccination programmes. With respect to seasonal 'flu vaccines, these programmes could easily be administered at the start of school terms in September and so the timing should additionally fit well with holiday periods. AstraZeneca supports the suggestion that nurseries, schools and colleges of further education have an important role to play.	Thank you for your comment
AstraZeneca		Rec 4	11	AstraZeneca supports the recommendation that school and community nurses (in collaboration with the local GP and school) should check the vaccination status of children and young people when they transfer to a new school or to college. This is common practice in other countries (such as Canada and the US) and it can but help to support an increase in vaccination uptake.	Thank you for your comment
British Association for Adoption and		General		Looked after children are appropriately identified as being at high risk of incomplete immunisation. The	Thank you for your comment

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Fostering				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. With over 500 members UK-wide, an elected Health Group Advisory Committee with representation from community paediatricians working as medical advisers for looked after children and adoption panels, specialist nurses for looked after children, psychologists and psychiatrists, the Health Group has considerable expertise and a wide sphere of influence.	
British Association for Adoption and Fostering		General		Although looked after children are appropriately identified as a group vulnerable to incomplete immunisation, the particular problems of ensuring that this group of children are fully immunised are insufficiently addressed. The tone of the document seems to be aimed at making it easier for children who had various problems of access to attend clinics, rather than addressing the particular problems associated with being looked after. To resolve the inequities in immunisations for looked after children, it is essential to recognise the role of social care and address issues concerning: • consent • systemic problems of multiagency working including shared responsibility • communication systems including computerised records • loss of information as children move placements	Thank you for your comment. Recommendation 5 in the final guidance has been amended. Your comments have been passed on to those responsible for the NICE Public Health Programme guidance on the health of Looked After Children http://guidance.nice.org.uk/PHG/Wave17/24

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British Association for Adoption and Fostering		General		Some discussion of the complexities of consent for looked after children should be included. In practice, foster carers are often asked to consent to immunisation, yet do not have authority to consent. Birth parents may 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. This is another instance where training of social workers may help address this.	Thank you for your comment. , Consent issues are included in the final guidance
British Association for Adoption and Fostering		General		Health records of looked after children tend to be fragmented with various pieces of information spread between GP surgeries, hospital records and community health data bases, making it difficult to document a given child's immunisation status. Furthermore, health and social care systems do not communicate adequately. This must be recognised and addressed in the guidance.	Thank you for your comment , This is addressed in the final guidance and in the considerations section Paragraph 3.13 explains that the Public Health Interventions Advisory committee did recognise the problems with information sharing and communication about looked after children
British Association for Adoption and Fostering		General and P. 7 - 9	7	Most of the groups in the 'who should take action' sections are health agencies. However, health and social care must work together effectively to improve immunisation practices for looked after children. First of all, there is a pressing need for training for social care concerning their role and responsibility for immunisation (and in fact in health more generally), to enable understanding of why immunisation is important, and current schedules. Secondly, there is an urgent need for effective communication systems between social and health care practitioners. There are widespread difficulties in practice as the database for the child health system that sends out the appointments is not informed by children's social care when a child moves, either into foster care, between carers, or back home. The guidance should make it explicit that children's social care is responsible for	Thank you for your comment. The recommendations in the final guidance have been amended. Further recognition of these issues appears in Section 3 Considerations.

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				providing accurate and timely information to health.	
British Association for Adoption and Fostering		Rec 1	6	The suggestion to send tailored reminders and recall invitations when a child does not attend vaccination appointments may, for looked after children, be targeting the wrong audience. We would suggest that it may be more appropriate to check whether the child is looked after, and if so, that the contact details are accurate.	Recommendation 1 is a general recommendation about all children with outstanding immunisations. Looked after children are specifically addressed in Recommendation 5 and recording of information in recommendation 2. The guidance recommends the personal child health record and the patient record should include relevant information, such as whether a child is looked after.
British Association for Adoption and Fostering		Rec 1	6	There is a need to raise awareness of immunisation issues among acute hospital medical and nursing staff, particularly the need to verify data. Practitioners commonly see hospital notes which state "fully immunised" when records clearly show this is not accurate. Acute hospital staff also need training about current immunisation programmes.	Recommendation 3 focuses on training on immunisation and recommends training for those working in acute trusts.
British Association for Adoption and Fostering		Rec 2	7	Information systems should allow all health staff, whether on hospital wards, in emergency departments, GP surgeries or outpatient settings, access to immunisation data of children in their care.	Thank you for your comment. The guidance recommends at all relevant details are noted in the PCHR. Data sharing between IT systems is partly a function of the systems themselves, which is beyond the scope of the guidance and of accurate recording and transfer of data, which is addressed in the final guidance.
British Association for Adoption and Fostering		Rec 5	13	We would strongly suggest that for looked after children, the initial health assessment and ensuing health care plan should address the immunisation issues rather than the annual health review, in order to address inequities at the earliest opportunity. Immunisation status should also be considered at the annual review health assessment, and at statutory	Thank you for your comment. The final guidance has been amended.

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				reviews.	
British Association for Adoption and Fostering		Rec 5	13	Although there may be advantages to immunising looked after children at health assessments, we have some concern that many adolescents are already reluctant to attend due to fear of immunisations. It may be better to plan immunisation at a later date, with targeted follow up.	Thank you for your comment . The final guidance has been amended.
British Association for Adoption and Fostering		Rec 6	16	We support the proposal to have an identified person responsible for vaccinating babies at risk of Hep B. In our experience many looked after infants receive the first dose in hospital but never complete the course due to poor communication between hospitals, social workers, health team for looked after children and foster carers. Typically for an infant placed in foster care on discharge from hospital, the foster carer doesn't know the first dose has been given, the child health information system hasn't been told by the hospital that they have given the first dose and then all the other information goes astray because letters from hospital to GP, HV etc are sent to birth mum's address. This is a good example of the need for robust multiagency systems and a single set of accurate records which can be accessed by all involved health professionals.	Thank you for your comment
Department of Health		Title & first paragraph	1	In our view, the reference to "differences" in the title and first paragraph is potentially misleading and illogical. It would be possible to reduce the difference in immunisation rates by reducing uptake rates in high-performing areas. We feel that this would be perverse, and that a more accurate description would be obtained by replacing the existing wording with "reducing barriers in the uptake". Would you consider this further, please?	In the introduction to the final guidance there is a paragraph clearly explaining what the guidance covers and the interpretation of the title "The guidance focuses on increasing immunisation uptake among children and young people aged under 19 years in groups and settings where immunisation coverage is low."

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					The guidance is not about reducing immunisation uptake in high performing areas. During our extensive consultation and field testing of the draft guidance nobody has misinterpreted the focus of the guidance in this way.
Department of Health		2 ph need and practice	14	The sentence in brackets says “these are due to be completed by the time a child is aged 24 months”. We feel that this could be much stronger (as, in our view, they should be completed much earlier than this) in fact by one year of age, if the recommended schedule is adhered to. Data is collected at 24 months, but for maximum public health benefit to children and communities, immunisations should be given as close to the recommended schedule as possible, so that infants and children are not needlessly left exposed to vaccine preventable diseases through receiving their vaccines late. Would you please reconsider this.	Thank you for your comment, the guidance has been amended.
Department of Health		3 Considerations	17	We believe that a well publicised vaccine campaign, similar to the one day poliovirus vaccine clinics held in developing countries, would work well to raise coverage.	Thank you for your comment. Evidence to inform the guidance came mainly from the UK or was deemed applicable to the UK. Evidence from developing countries was not used to inform the guidance.
Department of Health		3.6 considerations	18	The reference to *“MMR vaccine coverage has begun to increase”* could, we believe, be further qualified to say that the increase is slow, and that many children and young people are susceptible to measles, mumps and rubella.	Thank you. The guidance has been amended.

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Department of Health		general	5	JCVI does not appear to be mentioned in this document, yet they are the body that recommended vaccinations. Also, the Green Book is signed off by JCVI. May we therefore suggest that you consider redrafting the second paragraph to read: *"The recommendations support implementation of the vaccination courses as recommended by the Joint Committee on Vaccination and Immunisation and indicated in the 'Green book' (DH 2006) and timely vaccination according to the recommended schedule (www.immunisation.nhs.uk)."*	The statement in the final guidance has been amended as you have suggested.
Department of Health		General		We feel that many of the groups included in the *'Who should take action sections'* are unable to influence the actions that are recommended. For example, identification of a healthcare professional in the GP practice is probably the responsibility only of GPs and primary care commissioners. Would you please take a look at this further.	As far as possible the final guidance specifies those responsible for taking action in each aspect of a recommendation.
Department of Health		General		We feel that it would be useful to have an introduction to each recommendation, as it does not appear to be clear what the overall recommendation is.	A short introduction to the recommendations section has been added.
Department of Health		General		We consider that the recommendations are all rather high level and, when addressing HepB, they could usefully be more widely based than babies born to HepB positive mothers.	The recommendations on the infant hepatitis B programme have now been amended and more detail included. This programme was identified as an example of a targeted vaccination programme which is not widely implemented in England, particularly after the first dose. The final guidance explains that the recommendation does not cover the full schedule for Hepatitis B

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Department of Health		General		There are several references to the nursing workforce in the guidance, and it is suggested that the best and most accurate terminology for describing the relevant staff is: health visiting and school nursing teams. Similarly with references to GPs, it is the GP and practice nurses who are clinically responsible for immunisation delivery, but the wider team within general practice have a key role to play – i.e. administrative, reception staff are all key in being both informed and committed and carrying out so many of the non-clinical tasks in ensuing appropriate delivery of the immunisation programmes. Could this be acknowledged, please?	Thank you for your comment. The guidance has been amended.
Department of Health		General		Family nurse partnerships are occasionally mentioned. We believe that it is alright if the reader is familiar with these, but it is possible that many will not be. Perhaps it would be worthwhile to put an explanatory sentence in once, just to put into context.	Thank you for your comment. We have included and explained family nurse partnerships within the final guidance
Department of Health		General – language		In our opinion, the recommendations are less clear in their content than perhaps they could be. For example, on page six (under "send tailored reminders and recall invitations"), the reader might immediately wish to know which intervention is most appropriate, and for what groups. If evidence supports all methods of recall as equivalent, perhaps it may be helpful to say so in the main body of the text, in order to ensure services are commissioned to provide the most effective mechanism. For example, text message, telephone or letter are, we believe, equally effective.	This has been amended in the final guidance. The evidence indicated that telephone reminders appeared to be the most effective (either with or without accompanying letter). There was no evidence for the effectiveness of text messaging for increasing immunisations. However evidence from chlamydia screening suggests that it can be a successful way of directly contacting young people.

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Department of Health		General - layout		In our view, it could be difficult for particular professionals to see the document and identify which areas they should address. Could you please therefore consider presenting the layout under “organisation” or “professional” type in order to make the guidance more user-friendly, otherwise it may appear overly generalised, such that definitive recommended action appears to be rather obscure.	Thank you for your comment. We have reorganised the list of professionals and practitioners under “who should take action” and as far as possible, specified which groups should take which action.

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Department of Health		General - omissions		There appear to us to be areas that are not covered (or insufficiently covered) which could improve the effectiveness of the guidance if they were included: • commissioning – how to reduce inequalities through and within commissioning; • system improvement – talk about communication between providers. Does this need to be more about pathways commissioned across providers; • clinical lead for immunisation in provider organisation;. • uptake data reviewed at practice/provider level; • community engagement – working with parent groups. Could you please consider this further.	We did not find any evidence on the role of commissioning to increase immunisation uptake. However some of the comments we have received from commissioners during the consultation and the fieldwork have informed the final guidance, Our implementation support team would be very interested to discuss whether the development of a resource for commissioning would be a useful way of supporting the implementation of this guidance. The development of a clear process and care pathway is recommended for the infant hepatitis B vaccination programme. The guidance includes a recommendation for an immunisation lead in the provider organisation and in the PCT. It also recommends that vaccine coverage information should be disseminated to those delivering immunisations.

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Department of Health		General - omissions		There appear to be a number of potential interventions for promoting immunisation, for which evidence of effectiveness is not specifically mentioned in the main text (but which would be areas considered by proactive local practitioners, such as social marketing campaigns, targeting alternative influential individuals; for example, maternal grandmothers determine immunisation uptake in some communities), building immunisation topics into school curricula alongside immunisation delivery, and particularly the use of incentives. With regard to the latter, we feel that it is not clear why studies on provider payments or fee-for-service were excluded, when these form a central component of the existing general practice enhanced service mechanism in England and have been studied. If there is no existing robust evidence that they are effective, it may be helpful to the reader to state so in the main text, and for the NHS to consider why we are using them.	There was no evidence from the UK on provider payments and immunisations (see recommendations for research). In the revised analysis of the evidence some of the evidence on fee-for-service papers were excluded as they were not applicable to the UK. There was little UK evidence on incentives. One of the research recommendations covers incentives: “ Does giving incentives to immunisation providers increase immunisation rates in the UK? For example, how does community target setting, or changes in targets or payment systems, affect immunisation coverage?”
Department of Health		General – omissions – research		Local Strategic Partnerships are mentioned as potential users of NICE guidance in order to focus local activity. However, there appear to be no national indicators for immunisation which support this focus. In our view, this could be an increasingly important area to promote and performance-manage immunisation uptake. If there is no evidence for the positive effect of community target setting, then we believe that this point should possibly be added to a wider list of research proposals. The fact that community targets in other areas of health promotion have been set (for example, alcohol misuse) suggests that at least a generic evidence base exists. Would you please consider further.	One of the research recommendations includes community target setting. NICE does not have a remit for setting national indicators for immunisation. However we are aware that Local Strategic Partnerships’ local health priorities will be informed by the Care Quality Commission’s and the Audit Commission’s evidence and judgements (both of which take account of NICE evidence and guidance) as well as the national indicator set – according to the revised Comprehensive Area Assessment framework(2009).

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Department of Health		Introduction	2	In the second paragraph, the restriction in scope to increasing vaccinations of babies born to mothers infected with Hep B does not appear to be explained. Please see the comment against Recommendation 6 (below).. We feel that there is also a risk that the current wording could mislead readers to assume they are the only people in the cohort who are at risk..	Thank you for your comment. The decision to focus on the infant Hepatitis B vaccination programme is explained in the introduction to the guidance. The guidance also acknowledges t that there are other groups for whom Hepatitis B vaccine is indicated.
Department of Health		Rec 1	5-7	The reference to GPs and health visitors in the penultimate bullet on page 5 appears to miss out practice nurses and school nurses. In our opinion, it may be advantageous to refer to nurses in the document so that key groups are not excluded.	Thank you for your comment. School nursing teams and practice nurses are now mentioned and their contribution fully acknowledged throughout the final guidance.
Department of Health		Rec 1: Immunisation Programmes		In relation to the suggestion of producing tailored information for local people in alternative formats (third bullet, page 6), we feel that this may lead to inaccurate and outdated information being used at local level, since relevant expertise does not always sit in every location. In our view, it would be more appropriate to use the DH produced information ("Green Book", DH leaflets and materials on www.immunisation.nhs.uk). We would be grateful if you could consider this.	Thank you for your comment. Tailored information does not always imply written formats. Examples of other approaches are mentioned in the guidance. The DH information and the immunisation website are referenced throughout the guidance. A link is provided to the DH leaflets and materials.
Department of Health		Rec 1: Immunisation Programmes		With regard to checking immunisation status in A&E and outpatients (seventh bullet, page 6), we consider that this is currently unrealistic, since these departments have no access to child health records. You may wish to be aware that this will change when full implementation of the Connecting for Health system is rolled out.	We were made aware that checks are taking place in A&E and in some parts of the country. These checks do not necessarily refer to the child health records but may relay on information from parents, the PCHR, or from young people themselves. The guidance recommended that if immediate vaccination is not appropriate that the child is referred on to an immunisation service.

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Department of Health		Rec 2	7-8	This recommendation appears to suggest that the SHA should have a system for recording and monitoring uptake rates. They do not currently, and we would query whether this is realistic/achievable.	Thank you for your comment. The guidance has been amended.
Department of Health		Rec 2: Information Systems		With regard to private providers who provide PCTs with activity data, there is no jurisdiction to make this happen. In our view, this would probably require some legislation to force them to provide.	Thank you for your comment. Private providers may not have to report immunisations, however PHIAC felt that they should be encouraged to do so and that information systems should be able to record such information if it was provided, in order to give as complete picture as possible of the vaccination coverage in a locality
Department of Health		Rec 2: Information Systems		With regard to documenting risk factors, the CHIS system has no codes to allow looked after children, special needs, multi-sibling families, non-English speaking, asylum seekers etc to be recorded on the system. This information would therefore be recorded in free text and would not be easily retrievable for appointing purposes or targeting interventions. Could you please reconsider.	The limitations of the current IT infrastructure were discussed by the NICE Public Health Interventions Advisory Committee (PHIAC). The committee felt that GP record systems should be able to record such factors and they could also be written in the PCHR. Representations from stakeholders concerned with the health of looked after children supported PHIAC's view that recording this information would be likely to increase immunisation uptake in children from these families and groups.
Department of Health		Rec 2: Information Systems		The *"Who is the target population"* list appears to be inaccurate for this recommendation, as the people best placed to action the recommendation in our view are health professionals and not patients.	Those who should take action are listed below the target population – the target population are those who would benefit from the implementation of the recommendation

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Department of Health		Rec 2: Information Systems		On the first bullet on page 8, there appears to be some confusion about the different data systems. COVER data is not the same as GP childhood immunisation target reporting. We feel therefore that it is unclear whether this recommendation suggests that GPs/PCTs should provide data to either COVER or GP childhood immunisation target reporting. Alternatively, it could be construed as a recommendation to HPA / DH to change the current data collection requirements.	Thank you for your comment. The recommendation is more detailed, clearer and less ambiguous in the final guidance.
Department of Health		Rec 2: Information Systems		Could you please clarify whether the information systems referred to are CHIS or electronic patient records.	This is clarified in the final guidance
Department of Health		Rec 2: Information Systems		At first bullet, page 8, it is assumed that the "GP childhood immunisation target" is a reference to the finance target payment. Could you please clarify this.	This recommendation had been amended and is clearer in the final guidance.
Department of Health		Rec 2: Information Systems		With reference to private providers (third bullet, page 8), it is thought that CHIS is not able to record instances of (non-MMR) single dose vaccines for measles mumps and rubella. Could this be checked, please?	The guidance specifies 'appropriate information system'. GP records should be able to record this information if CHIS cannot. See also our earlier response
Department of Health		Rec 2: Information Systems		Could you please clarify whether the reference to databases (fifth bullet on page 8) is a reference to CHIS.	This is clarified in the final guidance
Department of Health		Rec 2: Information Systems		In our view, records of vaccinations should be made in medical records as well as the PCHR (sixth bullet, page 8). We feel that the need to transfer details to the medical record (now largely non-paper based) and the necessary transfer of information to CHIS should be discussed, referencing local procedures. Would you please consider this.	We have clarified this in the final guidance
Department of Health		Rec 2: Information Systems		Could you please consider a health equity audit, in addition to the local immunisation needs assessments (referred to at the seventh bullet on page 8).	Thank you for your comment. This has been added in the final guidance.

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Department of Health		Rec 2: Information Systems		We believe that it would be useful to emphasise the importance of key staff receiving and reading "Vaccine Update" (issued by DH Immunisation Branch) in the *"What action should they take?"* section. Could you please consider.	Thank you for your comment. The guidance has been amended.
Department of Health		Rec 3	9-10	In our opinion, it is important to include GPs in the *" Who should take action"* section, as they are responsible for the training of their staff.	GPs are included in the final guidance
Department of Health		Rec 4	10-11	In our view, not all health visitors in all areas have contact with children when they join nursery etc, and that some health visitors do very little on the immunisation agenda.	PHIAC recognised the competing priorities for health visitors and wanted to emphasise the leadership role of health visitors and the responsibility of health visiting teams for child health - including immunisation.
Department of Health		Rec 4: Nurseries, Schools, Colleges	11	(Second bullet): could you please consider the inclusion of offering advice about HPV vaccination.	The guidance is relevant to all vaccinations for those aged under 19 years. There was insufficient UK evidence for the development of recommendations on HPV vaccination.
Department of Health		Rec 5	12	JCVI fully supports the recommendation to check the immunisation status of asylum seekers when they arrive, as they are difficult to track down later. Could you please consider the inclusion of varicella status and the offer of vaccine to those who are negative. A number of outbreaks in hostels have been described and immigrants from tropical countries are, in our view, more likely to be the source of antenatal varicella outbreaks	Varicella status and varicella vaccination for adults was outside of the remit of this guidance as it is not included in the UK immunisation schedule for children aged up to 19 years.
Department of Health		Rec 5	11-13	In the *"What action should they take?"* section, we feel that it would be useful to emphasise the importance of home visiting to these hard-to-reach groups.	Home visits are emphasised in Recommendations 1 and 5 in the final guidance.

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Department of Health		Rec 5: Groups at Increased Risk		In *the "target population*" section, could you please consider the addition of children on the "at risk" register.	All children who are not fully immunised would be included in the target population – including if they are on the at risk register.
Department of Health		Rec 5: Groups at Increased Risk	12	With reference to the second bullet of "What action should they take?" could you please note that we provide leaflets in different languages. In our view therefore, would you please consider including a reference to translated material on the immunisation.nhs.uk website in the guidance.	There is a link to the NHS immunisation website in the final guidance.
Department of Health		Rec 6	13	We note the high coverage for the first dose of hepatitis B vaccine and immunoglobulin in infants. We consider that this works because it makes use of a centralised data base, as well as a simple reporting mechanism. Therefore the most at risk children are held on this database, and this could be used as the basis for contacting the health providers electronically, for follow-up doses of vaccine, and to remind them to check for seroconversion later. If microbiology labs were able to formally submit their data on HBsag positive mothers, that would, in our opinion, also facilitate a more centralised system of checking coverage. Could you please consider this part further.	Thank you for this comment. PHIAC did not receive any evidence on this point. However the committee did recommend the development of a clear process and pathway which will involve Health Protection Units and the blood test results data for HbsAg and HbeAg positive mothers and their babies.

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Department of Health		Rec 6	13-14	The recommendations on hepatitis B appear to be narrow. In our opinion, this does not highlight the children of injecting drug users, young people under 19 years who are: • all current IDUs as a high priority; • those who inject intermittently; • those who are likely to 'progress' to injecting, for example; those who are currently smoking heroin and/or crack cocaine, and heavily dependent amphetamine users; • non-injecting users who are living with current injectors; • sexual partners of injecting users • people who change sexual partners frequently. We feel that some of the most vulnerable in society can start using drugs and/or enter into high levels of sexual activity, and it is these people who are in need of the vaccination. Would you please consider addressing this.	The introduction and considerations sections in the final guidance provide some information and explanation for the focus on the infant Hepatitis B programme.
Department of Health		Rec 6: Neonatal hepatitis B		Under *"what actions to be taken",* could you please consider altering the first point to *"Develop and implement a clear patient pathway for local antenatal hepatitis B screening and neonatal immunisation programmes"*.	The final guidance includes a recommendation about the development of a care pathway.
Department of Health		Rec 6: Neonatal hepatitis B		In our view, the point concerning communicating effectively could also include PCT child departments. Ensuring data flows between maternity units and primary care is, we feel, essential.	Thank you for your comment

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Department of Health		Rec 6: Neonatal hepatitis B		There appears to be no mention of ensuring that siblings of at risk babies (identified through antenatal screening) are tested and immunised in primary care. Could this be considered, please?	Thank you for your comment. This is included in the final guidance
Department of Health		Rec 6: Neonatal hepatitis B		Under the section of providing information, we believe that it would be useful to include a point which says that emphasising the importance of completing the schedule should occur at every opportunity and be first discussed with mothers during the antenatal period, once her hepatitis B status has been ascertained. Would you please consider this.	The final guidance emphasises this point throughout.
Department of Health		Rec 6: Neonatal hepatitis B		There appears to us to be no mention of the need to ensure that the uptake of hepatitis B is reported to COVER by each PCT, and that all efforts to improve the accuracy and quality of the data should be undertaken. This may perhaps be better included in the section on information systems. Could you please consider this.	Thank you for your comment. This is now reflected in the guidance.
Department of Health		Rec 6: Neonatal hepatitis B	13	In the *"What action should they take"* section, there appears to be no reference to the follow-up of partially vaccinated children. In our view, most low immunisation rates for Hepatitis B are not the result of totally missing the individual concerned, but more usually the result of not being followed up to receive all four doses. We consider that this is a significant omission, as those who tend to be most at risk from Hepatitis B are also likely to have disorganised lives. We would be grateful if you could consider this further.	The final guidance emphasises the need for follow-up to ensure that the full course and blood test are administered

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Health Protection Scotland		Rec 1		There is no mention of a role for surveillance, monitoring and evaluation. This activity which is a essential for immunisation programmes, to monitor uptake, safety, and vaccine effectiveness of includes surveillance of the disease as well as monitoring vaccination uptake. And can help to provide the evidence of equitability for both of these.	Thank you for your comment. Surveillance and monitoring are included in Recommendation 2 in the final guidance
National Public Health Service for Wales		3 Considerations	16	What does PHIAC stand for? I can see it in the appendix but this should be in the text here I feel.	Public Health Interventions Advisory Committee – this is mentioned on Page 2 of the guidance
National Public Health Service for Wales		3 Considerations	18	Choice and medical reasons are not the only reasons people do not get vaccinated - apathy, confusion, misunderstanding, inconvenience, lack of opportunity, lack of knowledge etc etc etc	The reasons mentioned in the consideration section were not meant to be exhaustive but just as illustrations. The committee recognised that there may be many different reasons for different groups of people.
National Public Health Service for Wales		3 Considerations	32	I can see you consulted with NHS Wales and also Health Evidence bulletins Wales but to be in line with HPS and HPA it would seem more appropriate for it to have been NPHS	All national organisations are welcome to register as stakeholders. This is easy and quick and available though the NICE website. We are very pleased to learn that you are interested in NICE public health guidance. All stakeholders for each set of guidance are informed of all consultations at every stage in the development of the guidance.
National Public Health Service for Wales		General		Lack of recognition or acknowledgment of the practice nurse role in immunisation services is a theme throughout the document	Thank you for your comment. this has been amended in the final guidance
National Public Health Service for Wales		General		I know this is aimed primarily at England but in Wales we also are guided, if not governed, by NICE guidance and I would have liked to see the use of Primary Care Organisation rather than PCT throughout as as this would then cover our LHBs too. There are other initiatives e,g Flying Start it would be interesting to see if their intensive supportive role in	As you acknowledge in your comment the Welsh Assembly Government has not agreed that NICE Public Health guidance is applicable in Wales. The guidance is therefore written using terms applicable to its target audience in England.

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				areas of deprivation has had an effect on immunisation uptakes.	No evidence was found of the impact on immunisation of intensive support programmes in deprived areas.
National Public Health Service for Wales		Rec 1	6	To have one individual responsible for the implementation of the programme seems unlikely to elicit a whole team approach or commitment. A team approach with a named lead may elicit more success.	Thank you for your comment. The final guidance recommends a leadership role for key professionals and a team approach.
National Public Health Service for Wales		Rec 2	8	Include in the bullet point regarding views of parents/carers also record views of the young people-some of these will be self consenting after all.	This has been included in the final guidance
National Public Health Service for Wales		Rec 2	8	Record vaccinations in the red book *whenever possible* Last bullit use recorded information to inform e.g where clinics have queues/waiting lists. Increase capacity to meet these needs.	Thank you for your comments – They have been reflected in the final guidance
National Public Health Service for Wales		Rec 3	9	Include secondary and tertiary care staff with an impact on immunisation- you mentioned neonatal nurses earlier. What about nurses in residential homes and institutions (like young offenders etc)? Also Occupational HCP's ,CH admin staff and issue of HCSW in target population	In the final guidance, there is a recommendation that all staff providing or advising on childhood immunisations receive training. Examples are given which include those you suggest.
National Public Health Service for Wales		Rec 4	11	Rather than school nurse or GP I would prefer to see the use of a term like "member of the Primary health care team" - this may be a GP, practice nurse or health visitor	Thank you for your comment
National Public Health Service for Wales		Rec 5	13	Nurses with a LAC remit should be required to vaccinate as part of their role this occurs in some areas , they are ideally placed to target and action this vulnerable group.	Thank you for your comment

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National Public Health Service for Wales		Rec 6	13 13	Should the target group include children at high risk of hepatitis B? What action they should take should include an automatic recall system for Hep B to provide a safety net for the manual system or going further and making Hep B universal	The focus of the recommendation is the immunisation programme for children born to Hepatitis B infected mothers. The reason for this focus is explained in the introductory sections It is not part of NICE's remit to recommend universal vaccination against Hepatitis B or any other infection. That is the role of the Joint Committee on Vaccination and Immunisation (JCVI).
National Public Health Service for Wales		Rec 6	14	There may be need to reinforce the need for recording all vaccinations here and for sharing that information across to primary care etc.	This is included in the final guidance
National Public Health Service for Wales		Rec 6	15	3 million children in England or in the UK?	3 million children in England.
National Public Health Service for Wales		Rec 6	15	This catch up was exclusive to England, in Wales we had an MMR catch up in 2006	The guidance is primarily produced for England.
National Treatment Agency for Substance Misuse		General*		Injecting drug users, sexual partners and close family contacts are at risk from blood-borne viruses and the Green Book and 2007 Clinical Guidelines (section 6.2.4.2) specifically recommend hepatitis A and B vaccination for these groups of people (who may be under 19). Therefore it would be helpful to make reference to the 2007 Clinical Guidelines in the proposed NICE guidance.	The guidance is concerned with the routine (universal and targeted) immunisations for children and young people U19. The guidance supports the Green Book (as detailed in the introduction). The guidance explains that, it focuses on babies born to infected mothers, only one of the groups for whom Hepatitis B immunisation is indicated. There was no evidence available on interventions to increase the uptake of Hepatitis A & B among injecting drug users (IDUs) Under 19 or the children of IDUs.

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National Treatment Agency for Substance Misuse		General*		Evidence suggests that children of drug-misusing parents are at higher risk than other children of significant harm and of developing substance misuse problems. Hidden Harm (ACMD, 2003) has provided a powerful policy driver to ensure that the needs of this group of children and young people receive due attention, including specific consideration of the needs of the children of drug-using parents by clinicians providing drug treatment for their parents. It would be beneficial if children of drug using parents were included as a group that may require special attention from health visitors and GPs to check that children have completed immunisation programmes and also been offered hepatitis B vaccination. It would be useful if the proposed NICE guidance referenced the 2007 Clinical Guidelines, Annex 9: Policy considerations for under 18s.	Thank you for your comment
National Treatment Agency for Substance Misuse		General*[1]		Drug Misuse and Dependence: UK Guidelines on Clinical Management[2] (2007 Clinical Guidelines) (section 6.2.4.2) specifically identifies that children of injecting drug users should be vaccinated against hepatitis B. It would be helpful if the proposed NICE guidance could be harmonised with the Green Book and the 2007 Clinical Guidelines to state the same. Although this is not part of the standard vaccination programme, it is possible that health visitors (and some GPs) are unaware that hepatitis B vaccination is highly recommended in this group.	The Green Book is referred to throughout this guidance. The guidance suggests that all staff should have training during which all groups at risk of Hepatitis B would be highlighted. The guidance also acknowledges that babies born to Hepatitis B infected mothers are not the only children for whom Hepatitis B vaccination is indicated.

[1] *We have recorded all our comments as general as they relate to a number of different elements of the draft guidance:

- In part they relate to recommendation 5, concerning groups at risk of not being immunised
- However, they also relate to young people at risk of being infected by others (recommendation 6) and to young people who may infect themselves through injecting drug misuse.
- Our first point, about the need to raise awareness among health professionals, may also relate to recommendation 3 on training.

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NHS Oldham		General		Would like to see the actions related to typology of evidence, so there is clearer guidance to which are the most effective interventions. The "target population" is vague, perhaps should include mention of those groups most likely to be disadvantaged.	Unimmunised children are not always the most disadvantaged. Section 2 in the final guidance specifies some of the groups that are at risk of being unimmunised. Recommendation 5 specifically mentions at risk groups.
NHS Oldham		General		Guidance introduction should emphasis that the national immunisation programme is a key part of national public health strategy; also linked to World health Organisation targets.	We believe this is made clear in the Public Health Need and Practice section (Section 2) of the guidance.
NHS Oldham		Rec 1 & 5		This concentrates on written information and needs to consider limited literacy in both people whose 1st language is not English and English speakers. It needs to be more explicit about a verbal communication strategy to disadvantaged groups as a strategy. Alongside the consideration of offering vaccinations at home should be the consideration of vaccinations in other appropriate settings for communities with low uptake	The guidance acknowledges that written information may not always be appropriate. Alternative locations are recommended for providing advice about immunisations. The guidance recommends that schools, nurseries children's centres (Recommendation4) are appropriate settings for administering vaccinations. Home visits are recommended for children whose parents fail to respond to reminders
NHS Oldham		Rec 3		Regarding training, this seems to be a blanket approach and should consider specific aspects for those dealing with disadvantaged groups, for example those with learning difficulties and mental health issues	The guidance does not advocate a blanket approach to training. The training needs of staff involved in the local immunisation services will be determined locally.

[2] Department of Health (England) and the devolved administrations (2007). Drug Misuse and Dependence: UK Guidelines on Clinical Management. London: Department of Health (England), the Scottish Government, Welsh Assembly Government and Northern Ireland Executive, commonly referred to as the 2007 Clinical Guidelines. Available at www.nta.nhs.uk/areas/Clinical_guidance/clinical_guidelines

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NHS Oldham		Rec 6		Recording mother's Hep B status in the child's personal health record – as this book is seen by many different professionals, will this compromise mother's confidentiality and possibly affect child? Also, not sure how this fits in with the guidance in general, that is, why not include other immunisations?	Recording the mother's hepatitis B status in the personal health record will enable the GP, health visitor and other professionals to be informed of the mother's status and the need for a follow up vaccination programme for the baby, older siblings and other household contacts. The NICE Public Health Interventions Advisory Committee was clear that "need to know" overrides any data protection concerns that might exist. The recommendation is also consistent with Caldicott policy and procedures on the confidentiality, security and sharing of personal data. Furthermore, the main purpose of the universal antenatal screening programme for hepatitis B is to identify women who may pass infection to their baby. If a woman consents to be screened, the information provided to her explains that the purpose is to protect her baby. The mother is therefore implicitly consenting to the information being available for the management of the baby. There is a page in the PCHR available for Hepatitis B vaccination recording that has a space for the mothers Hepatitis B status.
North Tees & Hartlepool NHS Foundation Trust				MMR – Maternal Education needs to be improved.	Thank you for your comment
North Tees & Hartlepool NHS		3.10 Considerations	Page 19/20	Is it cost effective to use home visits to increase uptake by 1%? It will reduce Health Inequalities to a	The economic analysis report shows that a dedicated programme of following

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Foundation Trust				degree.	up children (who have missed being immunised) with a last stage comprising home visits as a last resort, will be cost effective. The last stage on its own is also cost effective, unless it is carried out in the families of those who have no or negligible intention of vaccinating their children.(This will not apply where immunisation rates have already been maintained and can be expected to continue to be maintained above 95%, but the UK is not in that position) .
North Tees & Hartlepool NHS Foundation Trust		3.5 Considerations	Page 17	Perhaps leaving the “check point” at school entry is too late to enable completion of vaccination programme.	The guidance focuses on promoting timely immunisation. The guidance also recommends that checks are carried out when children start at nursery. The committee was also aware that there are many children reaching school not fully immunised. Checks at school entry provide an additional opportunity to promote immunisations among those not up to date
North Tees & Hartlepool NHS Foundation Trust		3.6 Considerations		Hartlepool has recently had an outbreak of measles. This relates well to our recent exercise.	Thank you for your comment
North Tees & Hartlepool NHS Foundation Trust		General		Overall the recommendations support the Vaccination programme in the “Green Book”. The Guidance indicates that robust IT systems will need to be in place.	Thank you for your comment
North Tees & Hartlepool NHS Foundation Trust		Rec 5	Page 12	Asylum seeker history – there is a difficulty in gaining this information.	We appreciate the difficulties however the recommendation aims to ensure that no opportunity is missed for promoting immunisation among a hard to reach and often under-immunised group.
Royal College of		3.10 Considerations	20	‘It would also do more to reduce health inequalities’.	The economic analysis report showed

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General Practitioners				This is a debatable issue; perhaps this statement needs further explanation, and a reference or two.	that increasing coverage in low coverage groups was marginally more efficient than doing so in high coverage groups, provided the low-coverage groups were not too hard to find nor resisted vaccination when followed up Thus, focusing resources towards low coverage groups could be more cost effective than a non-focussed approach
Royal College of General Practitioners		3.3 Considerations	17	If evidence from practice is considered 'a valid and appropriate basis for recommendations on information and monitoring systems', then in the same vein can the same type of evidence be used for improving uptake of immunisation where there is little or no evidence, or where rates are low anyway? Are there for example experts/ paediatricians/GPs/others who have been successful in influencing parents to give their children the combined MMR vaccine? Or, what has worked in some London boroughs to improve uptake among BME groups? Has this consultation actively sought out GPs, Paediatricians and HV who have had success in this area of their work? Very busy practitioners may not on their own take part in this consultation, they may need persuasion.	A number of experts were invited to join the Public Health interventions Advisory Committee (PHIAC) for the duration of this guidance. Their names can be found after the list of the members of the committee, in appendix A. co-opted. Two members of PHIAC are practising GPs. The draft recommendations were discussed in detail in local workshops in different parts of England with GPs, Paediatricians and HVs and other interested professionals, managers and commissioners during the fieldwork stage of the guidance development process.

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Royal College of General Practitioners		Appendix B	33	Might the exclusion of studies published in languages other than English, and those conducted in developing countries result in effective interventions being missed? Might there be interventions that could be *adapted* to the UK situation? Excluding large chunks of studies is time-saving and money-saving; however, a look at the world wide literature on immunisation uptake will probably not go wasted. Health systems differ, but people are the same (…is my view).	Although there may be potential for studies from other countries to be transferable to the English setting, there was great deal of evidence from developed countries that was deemed to be applicable to the UK. To include global studies would not only be extremely time consuming and expensive. It would also be unlikely to add more to the extensive range of evidence that the committee considered. It would also severely delay the development of guidance.
Royal College of General Practitioners		Appendix B	33	Might the exclusion of studies to increase the uptake of single vaccines for measles, mumps and rubella result in missing out on identifying effective methods for increasing uptake? Isn't the primary concern in the case of measles particularly to get the herd immunity up to 95%/ ?	The Department of Health, as advised by the Joint Committee on Vaccination and immunisation does not support single vaccines for measles mumps and rubella for a variety of reasons, including lack of evidence of efficacy. Accordingly this NICE guidance is concerned with the DH recommended schedule and interventions to increase vaccines that are licensed and judged to be safe and effective for the UK population.
Royal College of General Practitioners		general		Will there be recommendations for BCG vaccination?	There was little evidence of interventions for increasing BCG vaccination therefore PHIAC could not make a specific recommendation. The first 5 recommendations are applicable to increasing immunisation across all of the vaccinations in the UK immunisation schedule.

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Royal College of General Practitioners		general	5	There are a group of children who are denied vaccination because of the health beliefs of their parents often driven by the fear generated by the press. These people may well have chosen not to have their children vaccinated and would need considerable persuasion to change their minds.	Thank you for your comment. PHIAC acknowledge that there are many reasons why children may not be immunised. The guidance suggests that parents should be given the opportunity and adequate time to discuss their concerns with a health professional. The guidance also highlights that staff should receive training so that they have the knowledge to discuss the benefits and risks of vaccines and the infectious diseases that they protect against.
Royal College of General Practitioners		Rec1	6	Checking Immunisation status. Is this something that can be done by a receptionist when a suitable patient requests to make an appointment? An appropriate additional appointment can be made eg with the nurse. Similarly can a triage nurse, or clerk ask upon presentation to hospital or A and E?	The guidance suggests that immunisation status is checked at every contact with health services. Who should do that will be determined by local circumstances and skill mix of staff. The guidance suggests that training extends to administrative and support staff.
Royal College of General Practitioners		Rec 1	7	Vaccination at home would have considerable resource implications and these must be justified.	The economic analysis reports show that a dedicated programme of following up children (who have missed being immunised) with a last stage comprising home visits as a last resort, will be cost effective. The last stage on its own is also estimated to be cost effective, unless it is carried out in the families of those who have no or negligible intention of vaccinating their children. (This will not apply where immunisation rates have already been maintained and can be expected to continue to be maintained above 95%, but the UK is not in that position).

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Royal College of General Practitioners		Rec 5	12-13	Might it be useful to organise 'What action should they take?' by groups at risk in the same way they are listed on page 15? Under each group, might it be useful to spell out what works alongside what is not likely to work?	We do not feel this would be the best way to organise the actions since there would be a lot of overlap. Actions would be applicable to more than one at risk group. Where there is good evidence that a particular course of action is ineffective NICE will always make that clear. No such evidence was available – though there was evidence of effectiveness.
Royal College of Nursing		2 ph need and practice	15	The list of children at risk of incomplete immunisations is helpful.	Thank you for your comment
Royal College of Nursing		3.5 Considerations	18-19	School entry is a key time – it would be worth considering how this could be used to help monitor and possibly increase the number of children who are immunised. For example we are aware that some countries require proof of immunisation before children are allowed to go to school.	Recommendation 4 focuses on schools and encourages their involvement in increasing immunisation. It recognises the importance of using nursery and school entry as an opportunity to check immunisation history
Royal College of Nursing		3.9 considerations	19	More attention is needed to address logistical difficulties – more time for school nurses and practice nurses to target and follow up children with known family problems – give individual support. Practice managers need more education and support i.e. allowing staff extra time for families needing more support.	Thank you for your comment. The guidance recognises that it is not just clinical staff that require training and that administrative staff and support staff should have their role in immunisation programmes recognised and receive appropriate training.
Royal College of Nursing		General	General	The RCN welcomes this draft guidance, it is comprehensive.	Thank you for your comment
Royal College of Nursing		Rec 1	5	Most immunisation is given in GP practices by trained Practice Nurses – they should be given special mention in the same way as GPs and health visitors.	Practice nurses are now fully acknowledged in the final guidance
Royal College of Nursing		Rec 1	5	School nurses should be included as they give immunisations in schools and are also able to encourage parents of younger children to attend catch-up for immunisations missed previously.	School nursing teams are acknowledged in the final guidance

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Royal College of Nursing		Rec 1	5	We wonder why family nurses are specifically included - this is a new role – where will they fit in with GP services?	Family Nurse Partnerships are currently a pilot scheme in England. They are included because they are working with disadvantaged families. Their role is explained in the final guidance.
Royal College of Nursing		Rec 1	6	Tailored reminders are good.	Thank you for your comment
Royal College of Nursing		Rec 1	6	Improving access – it is important that adequate time is allocated for giving the vaccine. Structured appointments are best so that long queues are avoided. Practice Nurses are sometimes expected to work too fast – they need sufficient time to do the job well rather than speed being the most important thing. An unhappy experience may deter a parent from bringing child for the next immunisation.	Thank you for your comment. The guidance acknowledges the points that you raise, particularly in recommendations 1 and 5.
Royal College of Nursing		Rec 1	7	We do not know how realistic it is that immunisation would be given before a child leaves hospital – do they have stock readily available, also there are pressures to discharge all patients as soon as possible to meet targets, these factors need to be taken into consideration.	We acknowledge that immunisation before leaving hospital this may not always be feasible or appropriate. Recommendation 1 in the final guidance has been amended accordingly. However if vaccination is not possible at that time that the child or young person should be referred for vaccinations at an appropriate service
Royal College of Nursing		Rec 2	8	Re factors which make it less likely that the child will be up-to-date with vaccinations – it is well documented that vulnerable children have worse health than those in advantageous circumstances. Simply recording those children (as in this document) is a start but other factors are important for example, allowing longer appointment for the nurse to administer the vaccine is helpful – a nervous or unwilling child needs more time than a 'normal' child. Staff training is important to avoid children and parents having a poor experience of vaccines (some	Thank you for your comments. The final guidance has addressed your comments in terms of training and appointment times (Recommendations 3 and 5 respectively)

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				will not come again if this happens).	
Royal College of Nursing		Rec 2	8	GP patient record is the definitive record of the child's immunisation status. Where possible any immunisations given outside the GP practice (for example private provider) should be notified directly to the practice. If notification is via another layer for example PCT, there is potential for error at each stage of data entry.	Thank you for your comment. We agree that there is the potential for mistakes at every data entry point.
Royal College of Nursing		Rec 3	9-10	Training should include more emphasis on quality, including outcome and evaluation of how the vaccine was given and follow up of any complications for example soreness at injection site. This is increasingly important where different providers may be giving the vaccine – will any complications be recorded on child's GP record? Staff need to be assertive enough to ensure they have adequate time to administer in a safe and caring way. Extra time and support is required for practices working in areas of deprivation due to the increased efforts needed to improve uptake in such areas.	Thank you for your comment
Royal College of Nursing		Rec 3	9-10	We consider that pressures in NHS to increase productivity may lead to poorer patient experience – the knock-on effect is that parents will not bring the child for next immunisation. Quality of service is very important – there are concerns that more junior nursing staff may feel less able to resist pressures from practice managers to do things more quickly.	Thank you for your comment. The final guidance recommends that adequate time should be given for appointments.
Royal College of Nursing		Rec 4	11	Workforce issues have to be considered - There is a shortage of school nurses and other community staff which compromises the ability of these aspirations to be achieved (Ref - Workforce paper: (Gleeson C, 2009. School nurses' workloads: how should they be prioritised? *Community Practitioner*, **82**, 1, 23-6)). This includes references with evidence from two large national studies of community nursing workforce.	Thank you for your comment. The key role of school nurses and community nursing staff in the uptake of immunisations is emphasised in the guidance.

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Royal College of Nursing		Rec 5	12	The list of 'who should take action' should include school nurses and practice nurses (as mentioned before re recommendation 1 page 5.	School and practice nurses in the final guidance. See also previous responses.
Royal College of Nursing		Rec 5	12	We do not agree that 'walk-in' facility is an appropriate setting, unless the walk-in centre has designated staff who have been specifically trained to work with children and young people. Further, we already have good systems where every child should have access to immunisation via their GP practice. More support for GP practice staff would help – i.e. – improving quality of patient experience, identifying children at risk of missing immunisations (disabled, looked-after, mental health/behaviour problems, parents with severe problems etc). Allowing extra time for nurses and GPs to support and encourage such families to get immunised.	Thank you for your comment. Not all children are registered with a GP and therefore the guidance recommends that the opportunity for immunisation should be available on contact with any health service, so that no opportunity is missed.
Royal College of Paediatrics and Child Health		General		There is little evidence about that there are effective information systems to tie together the different places that immunisations will be delivered. This may hamper the effective delivery and monitoring of the steps taken to increase immunisations rates.	The guidance acknowledges the role that information systems play in effective delivery.
Royal College of Paediatrics and Child Health		Rec 2		Many sites are included that may not be that easy for opportunistic immunisation e.g., ED departments or private providers re the assimilation of the information about the immunisations given to the other healthcares who need to know.	Recommendation 1 in the final guidance is clear that if vaccination is not possible at that time that they should refer the child or young person on for vaccinations at an appropriate
Royal College of Paediatrics and Child Health		Rec 3		A requirement to have training in these different centres does not seem to take into account the time/resource element needed for this to be conducted	Thank you for your comment. The time and resources needed for training are taken into consideration in the costing tool – one of the implementation resources for PCTs that has been developed to support the implementation of the guidance. implementation support tools are

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					available on the NICE website
Royal College of Paediatrics and Child Health		Rec 4		It is good to see that nursery, schools and colleges are included in this but how comprehensive is the school nursing/medical service in being able to provide this service.	Thank you for your comment. The NICE Public Health Interventions Advisory Committee (PHIAC) recognised the role that nurseries, schools, and colleges could play in increasing immunisation uptake.
Royal College of Physicians		General		The College supports any efforts to improve uptake of immunisations in childhood and adolescence. The weaknesses are clearly to do with too many agencies involved and the lack of uniform record-keeping. We presume the electronic patient record, when realised, will alleviate some of this problem.	Thank you for your comment
Royal College of Physicians		General		Our experts in adult practice report that it is difficult for hospitals to 'opportunistically' vaccinate people (and we presume the same is true in paediatrics) because they do not usually stock the vaccines and have no means of being reimbursed for vaccines by the PCT. Even if recommendations are made to the GP that a vaccine or course of immunisations should be given, there is no way of knowing if they are given.	Recommendation 1 has been amended in the final guidance. We were made aware that immunisation status checks are taking place in A&E and in some parts of the country. The final guidance recommends that if immediate vaccination is not feasible or appropriate, that children should be referred to immunisation services.
Royal College of Physicians		General		We would like to see some discussion of universal hepatitis B immunisation given in adolescence.	This was outside of the remit of the guidance.
Royal Pharmaceutical Society		General		The RPSGB actively supports the recommendations in this guidance and would like to make particular comment on the following.	

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Public Health Intervention Guidance

Immunisation – Consultation on Draft Guidance – Stakeholder Response Table
5th May – 2nd June 2009

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Royal Pharmaceutical Society		Rec 1		*What Action Should they Take:* Improving access to immunization services' – suggest that the examples also include other service providers, such as community pharmacies, healthy living centers etc. Community Pharmacists have demonstrated their ability to case find 'at risk 'patients in Flu campaigns and this now features in the Department of Heath's annual guidance on Influenza Immunisation Programmes. Certain PCTs, e.g. City and Hackney, have commissioned pharmacists to provide flu-vaccination programmes for 'at risk' patients under Patient Group Directives. Both of these developments could be applied to other immunisation schedules The RPSGB asks that NICE includes the current and potential contribution of pharmacists in this guidance.	Thank you for your comment. The contribution and potential contribution of pharmacists is recognised in the guidance. We are aware that community pharmacists are providing flu vaccinations in some areas under PGDs. We are not aware of - and found no evidence related to - pharmacists providing routine immunisations for children and young people under 19 although fully acknowledge the important role of pharmacists as ambassadors for vaccination
Unite the Union		Rec 1	5	To 'who should take action', please add hospital trusts, and social enterprises (to reflect recent changes in commissioning of services) and mental health Trusts (as some children and young people in CAMHS units will come under these)	Thank you for your comment. These organisations have been included in the final guidance
Unite the Union		Rec 1	5	Please also ensure that it covers those responsible for clinical services in local authorities, as some school nurses and Looked After Children nurses are employed by local authorities.	Thank you for your comment, Social care organisations are included in the final guidance.
Unite the Union		Rec 1	5	Please add 'school nurses' after 'health visitors'	School nursing teams are acknowledged throughout the final guidance
Unite the Union		Rec 1	7	At top of the page it states 'before they leave the hospital' please change this to ' before they leave the premises'	Thank you for your comment. The guidance has been amended to acknowledge it may not always be a hospital and used your suggested wording.

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Unite the Union		Rec 1	6	4th bullet point should read ''ensure parents, carers and young people have ….	Thank you for your comment. the guidance has been amended
Unite the Union		Rec 1	7	Add bullet point 'consider offering vaccinations in non traditional settings such as pupil referral units, young offender institutions, high street drop in centres, health buses, etc'	Other locations for immunisation are included in Recommendation 5 in the final guidance
Unite the Union		Rec 2	8	1st bullet point , please add acute Trusts for recording and maintaining information (in north Bristol, the acute trust is responsible for children's community services, as they won the contract).	Thank you for your suggestion, acute trusts are included in the final guidance
Unite the Union		Rec 3	9	Under 'what action should they take' please add a clause which states that there needs to be regular updating of training according to local protocols and professional need'	Thank you for your comment. The training recommendation in the final guidance includes updates to training.
Unite the Union		Rec 4	11	'they should do this in conjunction with staff at the nursery' please add 'and parents/carers'	Thank you for your comment – The final guidance has been amended.
Unite the Union		Rec 4	11	Please change the first bullet point to read 'the Healthy Child team for 0-5s (led by a health visitor etc), as there will be a further document out in autumn for the Healthy Child 5-19 years, which will not be led by a health visitor	Thank you for your comment The guidance has been amended.
Unite the Union		Rec 5	12	Additional bullet point: refer parents/carers and young people to trusted websites such as NHS choices for unbiased information.	Thank you for your comment. The NHS immunisation website is referenced in the final guidance.
Unite the Union		Rec 5	12	Additional bullet point: refer doubting parents/carers to a knowledgeable health professional or consultant if relevant	In the final guidance - recommendation 1 suggests that those with concerns should have the opportunity to discuss them with a health professional.

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Unite the Union		Rec 5	12	Additional bullet point: Health professionals should ensure that parents/ carers and young people are given realistic knowledge about the risks of contracting communicable diseases and the side effects of these, if they choose not to have an immunisation.	Thank you for your comment. This is reflected in recommendation 1 in the final guidance
University of Leeds (School of Healthcare)		Rec 3 - What action should they take?		Suggest slight re-wording (in bold) 'Professional bodies should ensure health professionals working with children and young people have the appropriate knowledge and skills to give advice **and provide decision support** on the core topics defined in the HPA's Core Curriculum for training'	Thank you for your comment
University of Leeds (School of Healthcare)		Rec 5 - What action should they take?		Suggest slight re-wording (in bold) 'Provide accurate, up-to-date **information in a variety of formats e.g. written, oral, verbal** on the **risks and** benefits of childhood immunisation against vaccine-preventable diseases, tailored to different communities and groups, according to local circumstances…'	Thank you for your comment – throughout the final guidance suggestions of formats are given.

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