

National Institute for Health and Clinical Excellence

Centre for Public Health Excellence

Review consultation document

Review of public health guidance ‘Reducing differences in the uptake of immunisations (including targeted vaccines) among children and young people aged under 19 years’ (PH21)

1 Background information

Guidance issue date: September 2009

3 year review: September 2012

2 Process for updating guidance

Public health guidance is reviewed 3 years after publication to determine whether all or part of it should be updated.

The process for updating NICE public health guidance is as follows:

- NICE convenes an expert group to consider whether any new evidence or significant changes in policy and practice would be likely to lead to substantively different recommendations. The expert group consists of selected members (including co-optees) of the original committee that developed the guidance, the review team that produced the original evidence reviews, and representatives of relevant government departments.

- NICE consults with stakeholders on its proposal for updating the guidance (this review consultation document).
- NICE may amend its proposal, in light of feedback from stakeholder consultation.
- NICE determines where any guidance update fits within its work programme, alongside other priorities.

3 Consideration of the evidence and practice

The expert group discussed published and ongoing research of relevance to the current recommendations. The expert group also discussed changes to policy, legislation and organisations that might affect the recommendations.

Policy context

The expert group noted that all of the recommendations will potentially need updating to reflect changing responsibilities and structures for public health and healthcare commissioning and delivery.

The expert group was asked to consider each of the recommendations in the guidance in light of the following questions:

- *Is there significant new evidence that would change or add to the recommendation?*
- *Would the recommendation benefit from looking at a different type of evidence?*
- *Is the recommendation still relevant and useful?*
- *Could the recommendation be amended to improve implementation?*
- *Will changes in policy or practice affect the recommendations?*

Recommendation 1 – immunisation programmes

There is no substantial new evidence relating to this recommendation but the expert group agreed it should be updated to include:

- The NHS Commissioning Board, Public Health England and health and wellbeing boards.
- Green Book hyperlink to the online document.
- Local availability of adequate amounts of vaccine.

Recommendation 2 – information systems

The expert group agreed that, although there was no new evidence which would invalidate the current recommendation, it could be brought up to date to include:

- measurement of uptake and coverage at all stages.
- children who are at particular risk of infection and may require additional vaccinations.
- the Open Exeter database system, particularly for HPV.
- records updated in the area of residency, the area where the vaccination was administered and in the GP practice register.
- coordination between screening and information services

Recommendation 3 – training

The recommendation could stand as written but the expert group noted that it was not clear who will have responsibility for training in the future. The following should be included:

- healthcare support workers
- titles of documents as well as the organisation and websites to which they relate.

Recommendation 4 – contribution of nurseries, schools, colleges of further education

- There was no new evidence but the expert group suggested that positive promotion of vaccination programmes could be included.

Recommendation 5 – targeting groups at risk of not being fully immunised

There is some new evidence relating to opportunistic interventions in hospitals that might be relevant to this recommendation. The experts suggested that the recommendation could include examples of groups at risk of not being fully immunised, as mentioned in other sections of the guidance.

Recommendation 6 – hepatitis B immunisation for infants

The recommendation did not need revision. However the expert group suggested that the guidance should specify that the recommendation is consistent with Caldicott principles.

4 Implementation and post publication feedback

No new evidence was identified through post publication enquiries that would indicate a need to update the guidance.

Implementation feedback suggests that:

- healthcare professionals want to know what Hepatitis B information to record
- Caldicott guardians in some primary care trusts thought it was not appropriate to record mother's hepatitis B status on the child's health record

NICE was asked to clarify in the guidance the need for the recording of maternal Hepatitis B status on the child's health record, including whether there were any legal implications and risks.

Feedback from the DH National Support Team (NST) indicates that the guidance is frequently quoted in presentations, and in documents. The Vaccination and Immunisation NST has promoted and used the guidance as well as the implementation support resources.

The guidance is “much needed, is well read, often quoted, and used as evidence amongst those people involved in immunisation”.

5 Related NICE guidance

Since the publication in 2009 of NICE's guidance on 'Reducing differences in the uptake of immunisations', NICE has published 2 sets of guidance that are of possible relevance to this guidance and has another currently under development.

Published guidance

- 'Identifying and managing tuberculosis among hard-to-reach groups' (PH37). Public health guidance. March 2012
<http://guidance.nice.org.uk/PH37> .
- 'Clinical diagnosis and management of tuberculosis, and measures for its prevention and control' (CG117). Clinical Guideline. March 2011
<http://guidance.nice.org.uk/CG117>

Guidance in development

- 'Hepatitis B and C - ways to promote and offer testing to people at risk of infection' Public health guidance. Expected date of publication: December 2012.
<http://guidance.nice.org.uk/PHG/29>

6 Equality and diversity considerations

No evidence has indicated that the guidance does not comply with anti-discrimination and equalities legislation. The guidance is inclusive of children and young people aged under 19 years, but focuses on those from population subgroups at increased risk of not being immunised or only partially immunised.

7 Conclusion

There is not yet enough published evidence available on the human papilloma virus (HPV) vaccination programme, although studies are in progress.

It was agreed that the guidance could benefit from amendments to take account of structural changes in the NHS and new organisational and commissioning arrangements for public health services.

The guidance should be reviewed in 2 years time, to consider any new evidence particularly on adolescent immunisation and HPV vaccination, opportunistic interventions in hospital and media interventions to increase uptake of vaccination.

8 Recommendation

The guidance should be amended to take account of structural and organisational change. It should be reviewed again in 2014.

Centre for Public Health Excellence

September 2012