

Public Health Intervention Guidance

Reducing differences in the uptake of immunisations - Consultation on Review Proposal Stakeholder Comments Table

3 September – 17 October 2012

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Berkshire Healthcare NHS Foundation Trust	5		I find that school and colleges co-operate with immunisation programmes and give positive messages about health promotion including immunisations but it would be helpful if the recommendations for nurseries and pre-schools could be stronger to make it easier for healthcare professionals to engage with staff in settings and the parents.	<p>Thank you for your comment, which relates to both the implementation of the guidance as well as its recommendations.</p> <p>The current recommendation 4 does include a direction to check immunisation records of early years children when they join nursery / early years education. The current guidance was based on the best available evidence at the time of development, and no suitable evidence was identified during update review to make the changes you suggest and strengthen this area.</p> <p>This guidance will be reviewed again for update in 2014 and if evidence is identified that strengthens this recommendation then it will be considered.</p> <p>Finally, the public health outcomes framework includes an indicator in domain 3 on population vaccination coverage (indicator 3.3) and we anticipate that as the new health and public health systems start to work with the outcomes framework, the indicators may provide a lever to support and strengthen local implementation.</p>
Berkshire Healthcare NHS Foundation Trust	General		I agree with and support all the other recommendations	Thank you.
Berkshire Healthcare NHS Foundation Trust	Title		On a more trivial note – the title should be along the lines of “Increasing uptake of immunisation”. We are not really trying to reduce the differences – we could do that by reducing the uptake in high uptake	Thank you for your comment. We recognise that reducing inequalities in health is not about worsening the health of those who currently

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			groups to match that of low uptake groups which would be daft.	experience the best health outcomes, but is instead about improving health for all, and improving the health of those who are worse off, the most. We recently produced a local government briefing on population health that explains this complex concept, sometimes called 'proportionate universalism', in clear terms and you may find this useful: http://publications.nice.org.uk/health-inequalities-and-population-health-phb4 . NICE follows this principle in all of our public health guidance, and we actively consider the impact of interventions, programmes and services on equity for all relevant populations and population subgroups. The full guidance of PH21 describes in more detail which population subgroups have lower levels of vaccination coverage, and describes relevant equity issues.
BHIVA	2 Process		BHIVA welcomes the opportunity to contribute to the guidance updating process and wishes to draw attention to several issues related to immunisation that are specific to children and young people infected with HIV. These include considerations of risk of disease versus potential benefits or adverse effects of immunisation; access to health care provision overall and for socially disadvantaged groups in particular; transition of care from paediatric to adult specialist services; communication between healthcare providers including primary care physicians, HIV specialists and allied professions; patient education including mode of communication with parents; confidentiality.	Thank you for your comment. We recognise that the issue of special considerations for children and young people infected with HIV is important here, as it is in other clinical and public health areas. Current recommendation 2 includes a directive for services to ensure that up to date information is kept on vaccination status, factors that may impact on this, and contraindications, so that staff may use this information, along with any relevant guidance from the Joint Committee on Vaccination and Immunisation (JCVI) and yourselves, to inform their clinical judgement. The

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				clinical management of people with HIV would not normally be a topic for NICE public health guidance. The guidance will be considered for update again in 2014, and if we identify further evidence on the barriers and facilitators to vaccination for population subgroups including children and young people with HIV, then it will be considered at this time.
BHIVA	3 Policy context		BHIVA is aware that recommendations concerning immunisation in people with HIV in some cases lack a strong evidence-base due to the paucity of large controlled studies. To address this issue BHIVA has established an expert group dedicated to the production of specific guidance.	Thank you for this information. The guidance will be considered for update again in 2014, and we hope that you will update us at this time on the work of your expert group.
BHIVA	3 Policy context		Concerning implementation, BHIVA would like to draw attention to the importance of improving vaccination records and the sharing of information among care providers. Currently, HIV-infected patients in the UK access vaccinations in several different settings. A further concern is that children and young adults with HIV have often migrated to the UK from abroad bringing poor documentation of previous immunisations.	PHIAC (the advisory body that developed the recommendations in PH21) agreed that information systems are important. Recommendation 2 of PH21 focuses on information systems. The Expert Group convened to discuss the review proposal agreed that no new evidence was available to change the recommendation at this time. Recommendation 5 also highlights checking immunisation history of people who have recently migrated. Finally, the public health outcomes framework includes an indicator in domain 3 on population vaccination coverage (indicator 3.3) and we anticipate that as the new health and public health

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				systems start to work with the outcomes framework, the indicators may provide a lever to support and strengthen local implementation.
BHIVA	3 Immunisation programmes		BHIVA has issued guidelines on immunisation for HIV infected people that draw from gold standard published evidence where available and also rely on the consensus opinion of HIV experts and peer-review of data presented at international conferences. The guidelines were developed in consultation with the authors of the Green Book and while general consistent with the Book, they have aspects that deviate from the recommendations made for the general population and are specific to people with HIV. A process of revision of the guidance is planned for completion in 2013. Some of the areas targeted for revision include hepatitis B vaccine schedules that improve responses, influenza vaccination in children, greater emphasis on the importance of ensuring immunity to measles and rubella, use of the new conjugated pneumococcus vaccine, and a review of the available information on HPV vaccines especially among young men who have sex with men.	Thank you for your comment. As described in our previous response, the clinical treatment or management of people with HIV is outside of the scope of NICE public health guidance, and we would expect services and practitioners to draw upon relevant clinical guidance from the JCVI, your own organisation, and / or the clinical 'arm' of NICE (if available) to inform their decision making. When this guidance is reviewed for update again in 2014, we will consider any new evidence around the public health issues relevant to vaccination in this population subgroup (for example, access to services, barriers and opportunities, provision of information).
BHIVA	3 Information systems		BHIVA welcomes a review of the processes and strategies that will improve vaccination records and the sharing of the information among care providers.	The guidance will be reviewed for update in 2014. Account will be taken of new NHS structures, public health systems and responsibilities for immunisation and if the recommendation of information systems requires updating/consideration for revision.
BHIVA	3 Training		BHIVA welcomes efforts to educate providers to the specific issues related to immunisation of people with HIV, including considerations of disease risk, efficacy and longevity of immunisation and risk of vaccine-related adverse events.	Please see our previous response: Where new evidence is identified that relates to public health issues and immunisation in this group, it will be considered when the guidance is reviewed for update once more in 2014.

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BHIVA	3 Targeting groups		As indicated above, transition of specialist care from paediatric to adult services and the potential for subsequent repeated transfers of specialist care, multiple providers of immunisation, poor documentation and suboptimal sharing of information among care providers, poor documentation of immunisations received abroad and issues of confidentiality (where for example certain vaccines are only indicated or contraindicated for people with HIV) are important considerations for people infected with HIV.	Comments noted – the guidance supports good information management and is consistent with Caldicott principles (on medical information management and confidentiality) and highlights consideration of immunisation history of people who have recently migrated. The Expert Group convened to advise NICE on whether to update this guidance agreed that the recommendation on information systems remained valid. NICE Guidance Executive agreed the guidance will be reviewed for update in 2014.
British Association for Adoption and Fostering (BAAF)			This response is being submitted on behalf of the BAAF Health Group, which is also a special interest group of the Royal College of Paediatrics and Child Health (RCPCH). The Health Group 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. Our area of concern is the particularly vulnerable group comprised of looked after and adopted children and young people.	Thank you for the information about your Association. We recognise that looked after and adopted children and young people tend to experience worse health outcomes (compared to the general population), and may be subject to specific barriers and issues (eg access to services, poor health records / information) that do not impact on other groups in the same way. You may be interested in NICE's recent public health guidance on improving health outcomes for looked after children and young people , which also picks up these issues. PH21 does include some provision for this group, however the expert panel convened to advise NICE on whether to update this guidance did not feel that there was sufficient new evidence to change or expand the current recommendations. The guidance will be reviewed for update once more in 2014.

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British Association for Adoption and Fostering (BAAF)	General		Having reviewed this guidance we do not see any reason for revision of clinical recommendations at present. We support the Conclusion and Recommendation to amend the guidance to take account of structural and organisational changes.	Comment noted – thank you. The guidance will be reviewed for update again in 2014.
Department of Health	General		I wish to confirm that the Department of Health has no substantive comments to make, regarding this consultation.	Noted – thank you for confirming the response from DH.
Friends, Families and Travellers	General		See report from EU Denmark 'who gets measles in Europe	Thank you for sending us this report, which provides supportive background information to this area. However, since we are not planning on updating the guidance at this time, we will not be issuing a call for evidence. The guidance will next be reviewed for update in 2014.
Friends, Families and Travellers	General		Improved immunisation of Gypsies and Travellers require greater outreach and support – all good practice supports this. see Inclusion Health DH	The guidance aims to improve uptake of immunisation in setting or groups where coverage is low. Evidence that children whose family are travellers are at risk of low immunisation coverage is acknowledged in the guidance documentation (see PH21 section 2). It recommends the use of multifaceted, coordinated programmes which could apply to people from gypsy and traveller communities. Outreach, in the form of visits, to discuss immunisation with parents that may not use primary care services (for example travellers) is included in recommendation 1. NICE is aware of the Department of Health Inclusion Health activity on improving health for excluded groups. The guidance will next be considered for update in 2014, and if further evidence is identified that relates to the issues you

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				raised then it will be considered in the review process.
Friends, Families and Travellers	General		A recent outbreak of measles in Brighton did not stop the whole site being evicted and dispersing the occupants	Noted. The guidance acknowledges the importance of vaccination to protect health, including protection from measles (see PH21, section 2). However, there is always flexibility in the way that public health guidance is interpreted and implemented locally as different areas contain different population groups and health needs. Furthermore, the issue you describe falls outside of the remit of NICE public health guidance, which makes recommendations based on the best available evidence on the effectiveness and cost effectiveness of interventions and programmes to improve health – it is an issue for the relevant local authority.
GlaxoSmithKline	General		Improving the local implementation of universal/local programmes is important. There may be value in an additional recommendation for those responsible for the local implementation, to work with other stakeholders (e.g. patient groups, industry partners) and to implement a local programme where the coverage is poor or uptake is important. This may include introduction of a UMV vaccine; or specific issue like pertussis outbreaks and/or poor coverage of MMR. This would be in line with the joint working agreements which are endorsed by DH/ABPI ^{1,2} etc.	Noted. The guidance focuses on activities to improve uptake of immunisation in settings or groups where uptake is low, and the recommendations are based on the best available evidence. The expert panel convened to advise NICE on whether to update this guidance did not identify any evidence in relation to the issues that you raise that fell within scope and that would prompt an update to the recommendations. Implementation strategies for different areas are a local decision, and should be based on consideration of local need and resources.

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				The public health outcomes framework includes an indicator in domain 3 on population vaccination coverage (indicator 3.3) and we anticipate that as the new health and public health systems start to work with the outcomes framework, the indicators may provide a lever to support and strengthen local implementation.
GlaxoSmithKline	General		The guidance should address individuals in the university setting, as a significant proportion of them are under 19 years old. This setting may provide an opportunity for capturing the unimmunised and to complete immunisation. A number of outbreaks occur in this setting and this is a time when students undertake high risk behaviour, therefore education and appropriate vaccination for those potentially undertaking such activities should be a priority.	Thank you for your comments. PH21 specifically focused on increasing the uptake of immunisation in groups where vaccination coverage is low, which in practice meant a focus largely on groups and populations often considered vulnerable or excluded. University students are often (though not always) from outside of those groups and populations. That said, successful implementation of the recommendations would mean that children and young people from those groups would be immunised before reaching university age.
GlaxoSmithKline	References		Best Practice Guidance on joint working between the NHS and pharmaceutical industry and other commercial organisations, DH, Feb 2008 ABPI Guidance Notes on Joint Working between Pharmaceutical Companies and the NHS and Others for the Benefit of Patients, ABPI, March 2009	Thank you for these references.

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Health Protection Agency	7		Evidence is accumulating about the uptake of HPV immunisation. For example, in England, national coverage data has been analysed by PCT-level deprivation; a CRUK-funded study into individual-level factors associated with uptake is in progress, HPV surveillance data will contain some information about uptake and risk behaviours by HPV infection status; the National Survey of Sexual Attitudes and Lifestyles (NATSAL) 2010 has collected self-reported HPV immunisation uptake and detailed demographic and behavioural information, and some smaller scale studies are also in progress, e.g. single-site studies in GUM patients. As of 2012, very little of this is completed and published: by 2014 there should be substantial evidence-base on uptake of HPV immunisation for the PHAIC to review.	Thank you for the information. The guidance will be reviewed for update in 2014. The review for update will consider new evidence emerging about the uptake of human papilloma virus (HPV) immunisation and other emerging evidence.
Lincolnshire PCT	Recommendation 1		Evidence provided to support the need for developing robust call and recall systems and protocols that promote effective and proactive 'searching' and invitations for outstanding immunisations. i.e. multiple methods for encouraging parents to attend and a minimum number of mixed methods of invitation demonstrated.	We are not clear what you are suggesting here – are you reporting on local actions to implement the guidance? The guidance already recommends multifaceted coordinated programmes to improve uptake of vaccination. Recommendation 1 includes use of tailored reminders, recall invitations and follow-up. The expert panel convened to advise NICE on whether to update this guidance did not identify evidence to support a change to the current recommendation. The guidance will be reviewed again for update in 2014.
Lincolnshire PCT	Recommendations 2 and 5		Standardised system of coding reporting implemented. Clear and easy methods of identifying which groups are less likely to attend or accept vaccination so that practices know where to focus efforts.	See query above. Recommendation 2 (information systems) includes structure, systematic methods for recording, maintaining and transfer accurate information.

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				The guidance highlights groups and settings 'at risk' of low uptake of immunisation (see PH21, section 2). The Expert panel agreed that this recommendation remained valid. Evidence on (data-based) methods for identifying groups could be considered as a topic for inclusion, if an update to the guidance was initiated.
Lincolnshire PCT	Recommendation 3		There is a clear opportunity to engage with Public Health School Health teams to explore other avenues of providing key information and encouragement to parents via pre-school, primary and secondary school settings. Evidence on this type of cooperative working would be useful.	<p>Thank you for your comment. The guidance may be implemented locally as appropriate, and some areas may find it helpful to explore partnerships or alliances between different teams. However, the expert panel convened to advise NICE on whether to update the guidance did not identify evidence on the issue you raise to prompt a change in the current recommendations.</p> <p>Recommendation 3 currently refers to 'public health professionals' who advise on and provide immunisation services and ways they can contribute to appropriate levels of training.</p> <p>Furthermore, the public health outcomes framework includes an indicator in domain 3 on population vaccination coverage (indicator 3.3) and we anticipate that as the new health and public health systems start to work with the outcomes framework, the indicators may provide a lever to support and strengthen local implementation.</p>

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Lincolnshire PCT	Recommendation 4		There is a clear opportunity to engage with Public Health School Health teams to explore other avenues of providing key information and encouragement to parents via pre-school, primary and secondary school settings. Evidence on this type of cooperative working would be useful.	Noted – thank you. See our previous response.
London Borough of Haringey / NHS North Central London	General		I would agree that the policy context will need to be reviewed as structural and governance changes become clearer. At present it is unclear where the responsibility for the day to day management of immunisation fits and where the responsibility lies for staff training.	The guidance will be reviewed for full update again in 2014. Account will be taken of new NHS structures, public health systems and responsibilities for immunisation including those of the NHS Commissioning Board, Public Health England and Directors of Public Health. A link to 'Immunisation against Infectious Disease' - the 'Green Book' will be added to PH21
London Borough of Haringey / NHS North Central London			I would agree with all the suggestions identified for further review.	Comments noted – thank you
London Borough of Haringey / NHS North Central London	Recommendation 1		Clear immunisation guidance is available in the green book on line and all hard copies are out of date.	A link to 'Immunisation against Infectious Disease' - the 'Green Book' will be added to PH21
London Borough of Haringey / NHS North Central London	Recommendation 2		The links between open Exeter and all vaccinations given need to be strengthened. The mismatch currently between reported data via COVER and the payment for practices (which is from Exeter) causes confusion. The current guidance gives a recommendation that the two should be linked. Evidence of where this has been achieved would be useful.	Thank you for your comment, we will make a minor amendment to the current guidance to signpost to vaccine website (the professional area of the NHS website). The expert panel convened to advise NICE on whether to update the guidance did not identify evidence on this issue to prompt a further change to the current recommendation- the guidance will be updated again in 2014 and if

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London Borough of Haringey / NHS North Central London	Recommendation 3		To specify that locally the responsibility for training needs to be agreed. Training and education for immunisation staff should meet the HPA national guidance standards including that for Health care assistants	Recommendation 3 already covers ensuring all staff are appropriately trained, this includes responsibilities of employers and managers assessing level of training within (then) PCTs and General Practices
London Borough of Haringey / NHS North Central London	Recommendation 4		To consider case studies of where new links between public health and local authorities have helped support positive promotion of immunisation.	The guidance will be reviewed for update in 2014, and if new evidence is identified on this subject then it will be considered during the process. Account will also be taken of new NHS structures, public health systems (including local government) and responsibilities for immunisation including those of the NHS Commissioning Board, Public Health England and Directors of Public Health
London Borough of Haringey / NHS North Central London	Recommendation 5		Nothing further to add	Noted – thank you.
Meningitis Trust	General		The Meningitis Trust agrees with the recommendations of the expert group and has no further comments	Thank you for your feedback on the review proposal.
NHS Bromley	Recommendation 2- Information systems 4 th bullet point		Not sure if “ records updated.... the area where vaccination was administered... ” refers to immunisations usually entered on practice systems as “immunisations given elsewhere.” If it does, then mentioning the need to have appropriate changes in practice information systems would be helpful. With the new processes for exporting and importing data in London PCT areas, this will be important.	The text referred to reports the view of the Expert Group with regard to potential areas that could be considered in or contribute to the need for an update to the guidance. The group agreed that the new evidence considered did not warrant changes to the recommendations at this time. The guidance will be reviewed for update in 2014. If new evidence is identified then on the issue you raise, it will be considered during this update

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NHS Bromley	Recommendation 2- Information systems 4 th bullet point		"records updated in the area of residency" happens via Exeter. The main issue currently is how to match Exeter data with practice data and Child health database (RIO) data. Could "timely updates for records in the area of residency" be used?	The expert group convened to advise NICE on whether to update the guidance did not identify evidence on the issue that you raise that would warrant a change to the current recommendations. The guidance will be reviewed for update in 2014. If new evidence is identified then on the issue you raise, it will be considered during this update review.
NHS Bromley	Recommendation 3- training		The proposal states "it is not clear who will have responsibility for training in the future." It would be helpful to have a statement in the proposal to have a statement to the effect that there needs to be a named organisation/provider in the new structure responsible for immunisation training".	The guidance will be reviewed for update in 2014. Account will be taken of new NHS structures, public health systems and responsibilities for immunisation including those of the NHS Commissioning Board, Public Health England and Directors of Public Health
NHS Bromley	Recommendation 3- training		Re. groups requiring immunisation training, would help to clarify the phrase, "the following should be included:" by adding "for immunisation training" Followed by an extra bullet point as follows – "all who immunise and advise on immunisation, including doctors and health visitors"	Comment noted – thank you. However, as this is not a point of evidence or practice, the recommendation will remain as is until the guidance is reviewed again in 2014.
NHS Bromley	Recommendation 5 Targeting groups at risk of not being fully immunised.		Paragraph re. opportunistic interventions in hospitals, - if the new evidence referred to in the proposal is used as part of the guidance, the need for the relevant paperwork and / or systems to ensure the information is received at the appropriate time by the Child health departments across the country will be important.	Comment noted – thank you.

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NHS Bromley	Recommendation 6 - Hepatitis B immunisation for infants		The need for recording of maternal Hepatitis B status on the child's health records, including whether there were any legal implications and risks. Currently the maternal status on the child's records and the fact that the most of the detail of the delivery is on the mother's delivery notes means that mother's status is the main safeguard to the first crucial dose in the neonatal Hepatitis B immunisation.	Thank you for this information. PH21 is to be annotated with a note stating Recommendation 6 is consistent with Caldicott principles. Reference will be added to good information management principles.
NHS Coventry and Warwickshire	Clause 4 -		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 There is a risk associated to not recording maternal Hep B status on Child Health record. It is necessary to record maternal Hep B status on the child's record to ensure these vulnerable babies are not missed. There are several scenarios: CHIS – if maternal Hep B status cannot be recorded, the recall system cannot be automated. The consequence is vulnerable babies will be at risk as these vaccinations are vitally important to prevent them from getting chronic or terminal liver disease. There are now a significant number of children who have emigrated into the country who have had/started Hep B vaccinations courses in other countries because it is a routine immunisation in their country of origin. Or children have Hep B for travel purposes. These immunisations are recorded on CHIS. There is a danger that these children 'at risk' because of maternal Hep B status will get missed because they are not identifiable. 'At risk' of Hep B children moving between areas during the age period when vaccination is needed 0-5 yrs. -There have been several incidents picked up locally recently where a child has moved into this area, they have started a Hep B course due to maternal Hep B status in another town, but parents for a variety of reasons but mostly due to	Thank you for this information. PH21 is to be annotated with a note stating Recommendation 6 is consistent with Caldicott principles. A reference to good information management principles will be added.

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			misunderstanding (language difficulties: misunderstanding between the difference between Hep B and Hib vaccination:: presuming that the trust would automatically know of Hep B status) and as a result the child has not been flagged for completion of Hep B im	
NHS Greenwich	Recommendation 1 & 5		In addition to updating to present the forthcoming structural context it is important that the role of the Local Authority is emphasised and how the integration of PH into LAs will have greater influence to be able to increase uptake in Schools Based programmes and to assist in accessing hard to reach groups such as Looked After Children, Gypsy and travellers and home schooled children.	<p>Thank you for your comment.</p> <p>The guidance will be reviewed for update in 2014. Account will be taken of new NHS structures, public health systems – including local government – and responsibilities for immunisation including those of the NHS Commissioning Board, Public Health England and Directors of Public Health.</p> <p>The guidance currently includes recommendations that consider looked after children, gypsy and travellers and those who may not use or be registered with primary healthcare.</p>
NHS Greenwich	Recommendation 1 & 4		Some information needs to be included about future imms programmes being rolled-out and it must include greater focus on adolescent imms. There are likely to be some big changes coming and both commissioners and providers must be preparing to increase their imms capacity, particularly in school nursing. The 2-17yrs seasonal flu programme is an example of this for which there will need to be a joined-up whole system approach.	Noted. The guidance will be reviewed for update in 2014, when we hope there will be both new evidence available, and more information about the structures and systems in the NHS and local authorities that will have responsibility for delivering immunisation programmes.
NHS Greenwich	Recommendation 2		The national procurement of CHIS has not been discussed in the information systems recommendation. CHIS is integral to childhood immunisations. It needs to be recognised that data flows between GP systems, CHIS and Exeter are far from perfect and increasing	The guidance is intended to promote good practice across systems. The expert group convened to advise NICE on whether to update the guidance did not identify evidence on the issue that you raise that would warrant a

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			synchronicity between systems will help ensure that all HCPs accessing the systems have the most up-to-date information to support their populations and go some way to help increase uptake. Work also needs to go into examining who is the owner of child imms data and which system is the gatekeeper.	change to the current recommendations. The guidance will be reviewed for update in 2014. If new evidence is identified then on the issue you raise, it will be considered during this update review
NHS Greenwich	Recommendation 2		The role of New technologies such as social media has not been discussed. This area of work has moved on substantially since the original publication of the document and we must now look at the role and impact that platforms such as Facebook, Twitter and Apps have in influencing parental decisions on whether or not to get their child immunised.	Thank you for your comment. The guidance currently includes use of tailored messages using telecommunication technologies. The expert group convened to advise NICE on whether to update the guidance did not identify evidence on the issue that you raise that would warrant a change to the current recommendations. The guidance will be reviewed for update in 2014. If new evidence is identified then on the issue you raise, it will be considered during this update review
NHS Isle of Wight	General		There is new evidence on immunisation for flu I think? On target groups not fully immunised, there is evidence that community pharmacists are an effective means of reaching some groups susceptible to blood borne viruses. In the light of above, training could be extended to include community pharmacists.	Thank you for your comment. Pharmacies are referred to as a potential source of information on and venue for promoting vaccination in Recommendation 5 of PH21.
NHS Northants	Section 3- Consideration of the evidence and		Recommendation 1-Immunisation programmes: Planned and potential changes in the HPA boundaries and organisation in relation to sourcing vaccines and other products and advice should also be included in the review. Recommendation 2-Information systems:	Thank you for your comment. R1/R3. The guidance will be reviewed for update in 2014, when we hope there will be both new evidence available, and more information about the structures and systems in

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	practice		<p>The re-configuration of Information systems, the use of System One or similar across primary care, reconciling information and data updates for children over the age of 16 years, capturing information for those hard-to-reach such as drug addicts and young offenders need more discourse.</p> <p>Recommendation 3 - training The role of Clinical Commissioning Groups and their responsibility towards training vaccination practitioners in their surgeries needs to be emphasized as the priority accorded it is currently variable.</p> <p>Recommendation 4 - contribution of nurseries, schools, colleges of further education Some mention of the imminent use of nasal routes of administration for new vaccine schedules such as flu in children is essential. Pertussis vaccination and new evidence for its value in those working with children such as childminders, etc. is also worth a mention. This may require pre-employment procedure changes within occupational health departments, school recruitment agencies, etc.</p> <p>Recommendation 5 - targeting groups at risk of not being fully immunised The scope for offering vaccination against flu to pregnant teenagers needs to be explored. Also, more guidance is required on the responsibility for the vaccination of children admitted for long periods of time in in-patient settings.</p>	<p>the NHS and local authorities that will have responsibility for delivering immunisation programmes.</p> <p>R2. The Public Health Advisory Committee (PHIAC) who developed PH21 was aware that there were a range of information systems and various data sources. It developed recommendations on features of and principles for good information management which are generalizable to different circumstances. PHIAC did not specify a particular system. PHIAC acknowledged drug users or young offenders are at risk of incomplete vaccination coverage (see section 3.7). NICE understand that in the new arrangements for public health and offender health services, Joint Strategic Need Assessment will consider needs of drug users and young offenders who have left the justice system. The relevance of the guidance to new structures will be reviewed for update in 2014.</p> <p>R4. NICE understand that the use of nasal routes for immunisation is described in The Green Book. A link to 'Immunisation against Infectious Disease' - the 'Green Book' will be added to the guidance.</p> <p>R5. Recommendation 5 already provides general principles to support targeting of groups at increased risk of incomplete immunisation coverage. The expert group convened to advise NICE on whether to update the</p>

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				guidance did not identify evidence on the issue that you raise that would warrant a change to the current recommendations. The guidance will be reviewed for update in 2014. If new evidence is identified then on the issue you raise, it will be considered during this update review
NHS Northants	Section 3:		<p>Recommendation 1 – Agree with all updates and additions 3rd bullet point re: local availability of adequate amounts of vaccines is a really important addition In view of another year of delivery delays of Flu vaccines and the impact on our high risk children. Is there still a move toward return to central procurement ?</p> <p>Recommendation 2 – Agree with updates Re: 3rd bullet point, consulted with our child health information department who agree this is a positive addition</p> <p>Recommendation 3- Agree with all updates and in particular bullet point 1 re: inclusion of health care support workers who we have been trained in an extended role for several years now, to vaccinate 16 years and above with Flu and Pneumococcal vaccination as appropriate Bullet point 2 – assuming there is a reference to include the HPA minimum training standards for health care support workers?</p> <p>Recommendation 4 – Agree with addition</p> <p>Recommendation 5 – Agree with addition – LCH act as immunisation training providers to local children Hospital</p>	<p>R1. Comments noted – thank you. With regard to 'central procurement', this is beyond NICE's scope for this topic.</p> <p>R2. Comments noted – thank you.</p> <p>R3. Comments noted – thank you. The guidance will be reviewed for update in 2014.</p> <p>The HPA reference states that the minimum training standards are aimed at 'everyone who gives or advises on vaccination as part of their clinical practice'. If support workers are involved in advice on vaccination, then the NICE understands that the minimum training standards would apply to such staff.</p> <p>R6. Recommendation 6 is consistent with Caldicott principles. Reference will be added to good information management principles from the Caldicott Report in the digital versions of the guidance</p>

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			Recommendation 6 – agree with additional clarification re: sharing of information / Caldicott principles	
NHS Northants			Recommendation 6 - hepatitis B immunisation for infants The prime responsibility of GPs needs to be emphasized here as the area of responsibility for Hepatitis B vaccinations has been muddled somewhat by the July 2012 GP Committee guidance, which has re-opened the eligibility for payment debates locally. Safeguarding responsibilities and links also may need to be highlighted.	GPs are listed in the 'who should take action' section of the guidance.
NHS Northants	Sections 4, 5 and 6		clear and concise	Noted – thank you.
NHS Northants	Section 4 - Implementation and post publication feedback		The provision of a general public version of the NICE guidance e.g. a summary poster, may be considered in future, to encourage or stimulate the public to generate a demand for the vaccines. This may further strengthen the case for commissioning to meet need and ensure that immunisation competes effectively with and maintains its top position amongst other priorities at Corporate Board level.	Comment noted – the publication of PH21 was accompanied by implementation support tools including a 'guide to resources' and information to support those working in early education. NICE public health guidance is already written and edited in such a way as to be accessible to both professionals and the public.
NHS Northants	Section 6- Equality and diversity considerations		Some comparative guidance on immunisation practices in EU countries in view of the free movement and immigration from EU Accession countries should be considered? Cultural considerations and recommendations for making in-roads into Gypsy and Traveller groups and Religious views that impact on vaccination uptake may be worthy of inclusion?.	Thank you for your comments. Non-UK data would be considered if it were of relevance to the scope and recommendations, and if there were a lack of UK data. The expert group convened to advise NICE on whether to update the guidance did not identify evidence on the issue that you raise that would warrant a change to the current recommendations. The guidance will be reviewed for update in 2014. If new evidence is identified then on the issue you raise, it will be considered during this update review

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				The guidance already notes evidence that children whose family are travellers are at risk of low immunisation coverage is acknowledged in the guidance documentation (see PH21 section 2). It recommends the use of multifaceted, coordinated programmes which could apply to people from gypsy and traveller communities. Outreach, in the form of visits, to discuss immunisation with parents that may not use primary care services (for example travellers) is included in Recommendation 1. The guidance also includes ensuring parents can discuss concerns (recommendation 1) and provision of accurate information in a variety formats, tailored for different communities and groups (Recommendation 5).
NHS South West London	Rec 2		<p>Recommendation 2 – information systems</p> <p>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:</p> <ul style="list-style-type: none"> • 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 <p>Whilst agreeing with the above, additional guidance on the following</p>	Thank you for your comment. While we recognise that the issue you raise is important, the expert group convened to advise NICE on whether to update the guidance did not identify evidence on this issue that would warrant a change to the current recommendations. The guidance will be reviewed for update in 2014. If relevant new evidence is identified then , it will be considered during this update review

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			<p>is likely to prove beneficial in 'reducing differences of uptake in immunisations':</p> <ul style="list-style-type: none"> national consistency in improving the accuracy of the eligible population (denominator) particularly in highly mobile populations through compatibility of the national database (spine), primary care database (GP records) and the local Child Health Information Systems; improvement in the accuracy of the local uptake of immunisation through adequate (IT systems) compatibility between the local primary care database (GP records) and the local Child Health Information Systems; 	
NHS Stockport	General		Importance of ensuring that the Child Health System is an accurate record of individual child immunisations in the locality – several of the recommendations are dependent on such.	Noted – thank you.
NHS Stockport	General		We have found locally that the inequalities in uptake are minimal in the first year of life and increase by 5 – 10% thereafter.	Noted. The guidance was developed to support reduction in differences in uptake of immunisation in groups or settings where uptake is considered low.
NHS Stockport	General		With an increased emphasis on adolescent immunisation programmes and the need to record that traditional methods of accessing immunisation records have to be identified for adolescents.	Thank you for your comment. The current guidance is consistent with this point.
Pfizer Ltd	General		Pfizer agrees with the proposal that the guidance should be updated to take account of structural changes within the NHS and new organisational and commissioning arrangements for public health services.	The guidance will be reviewed for update in 2014. Account will be taken of new NHS structures, public health systems and responsibilities for immunisation including those of the NHS Commissioning Board, Public Health England and Directors of Public Health
Pfizer Ltd	General		Pfizer also agrees that the guidance should also be reviewed in 2 years' time to consider any new evidence, particularly evidence on effective	Comments noted – thank you.

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			ways to target groups at risk of not being fully immunised.	The guidance will be reviewed for update in 2014, to consider new evidence about the uptake of immunisation, practice and other emerging evidence.
Public Health Wales	Introduction		It would be good if this also acknowledged issues around uptake of other immunisations that are only offered to those at increased risk, as well as hepatitis B e.g. BCG and influenza	Thank you for your comment. NICE is currently updating the clinical guideline on tuberculosis (CG117) , and this update will include consideration of the evidence on the effectiveness and cost effectiveness of interventions aimed at increasing the uptake of BCG in high risk groups. This guidance will next be considered for full update in 2014, and new evidence on uptake of influenza vaccination will be considered during this process.
Public Health Wales	General		The use of the term PCT excludes primary care organisations in other UK countries. Also as PCTs are to be abolished in the not too distant future this would be potentially less likely to date the document.	Although NICE public health guidance may be of interest to the whole UK, our remit for this area of our work is England only, hence the focus on the English health and public health system. The guidance will be reviewed for update in 2014, when further account will be taken of new NHS structures, public health systems and responsibilities for immunisation including those of the NHS Commissioning Board, Public Health England and Directors of Public Health.
Public Health Wales	General		The HPA document Quality Criteria for an effective immunisation Programme should be used, referenced etc throughout http://www.hpa.org.uk/Publications/InfectiousDiseases/Immunisation/1207Qualitycriteriaforimmprogramme/	This HPA document is actually based on NICE guidance and references this guidance (PH21).

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Public Health Wales	General		Consistent use of the term Immunisation through document (vaccination used interchangeably)	Thank you for your comment. We will review use of the two terms in the document and ensure they are used correctly
Public Health Wales	General		Include a link to COVER, with a brief explanation of what COVER is– COVER is an essential part of identifying differences in uptake	COVER (Cover of Vaccination Evaluated Rapidly) is a means for monitoring and assessing vaccination coverage, and not in itself an intervention for increasing levels of vaccination, which is the focus of this guidance. The expert group convened to advise NICE on whether to update the guidance did not identify evidence involving interventions and COVER that would warrant a change to the current recommendations. However, the guidance will be reviewed for update in 2014 at which point consideration will also be given to new public health and NHS structures and roles. If relevant new evidence is identified then , it will be considered during this update review.
Public Health Wales	General		Are those who are not in an educational establishment disadvantaged? Recommendation 4 tackles educational establishment input but nothing about unemployed or employed young people and targeting them.	Thank you for your comment – the guidance is intended to cover the groups that you mention.
Public Health Wales			Home educated children need to be included in plans.	Home educated children are not excluded from the current guidance.
Public Health Wales	General		There is no mention of participation and involvement of Children and Young people's partnerships/forums which are increasingly being used to gain a young person's perspective in the development of strategies that involve young people – e.g http://www.rcpch.ac.uk/participation (RCPCH involves young people in work to improve health services to young patients)	Comment noted. Recommendation 1 includes involving young people in discussion of concerns about immunisation.

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				However, the expert group convened to advise NICE on whether to update the guidance did not identify further evidence on this issue that would warrant a change to the current recommendations. The guidance will be reviewed for update in 2014. If relevant new evidence is identified then , it will be considered during this update review.
Public Health Wales			Is there scope to refer to the quality criteria for immunisation service document (HPA). It would seem highly relevant	Comment noted – and the criteria you mention were informed by this guidance. We will not be conducting a full update on the guidance at this point in time, as the expert panel convened to advise NICE on whether to update did not identify sufficient new evidence to warrant changes to the recommendations. However, the guidance will be reviewed for full update once more in 2014, whereupon new NHS and public health structures and roles will also be taken into account, as well as the policy context and key documents such as these quality criteria, as it is reviewed.
Public Health Wales	Parental responsibility		Include "or unless the vaccine is to be administered in an immunisation session in school"	Thank you for your comment. However, the expert group convened to advise NICE on whether to update the guidance did not identify evidence on this issue that would warrant a change to the current recommendations. The guidance will be reviewed for update in 2014. If relevant new evidence is identified then , it will be considered during this update review. Noted.
Public Health Wales	Recommend		Agree with proposed inclusions.	Noted – thank you.

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	ation 1			
Public Health Wales			Include flying start in first bullet of "who should take action?"	Those newly qualified professional supported by or using 'Flying start' are not excluded in the current recommendations. Since the recommendation is not based on evidence about this particular initiative, it would be inappropriate to list it as a specific point here.
Public Health Wales			Add ensure active promotion of immunisations in settings where parents and young people are likely to attend e.g schools, colleges, community/family centres and recreational facilities	The guidance focuses on reducing differences in uptake of immunisation, noting the settings where there are opportunities to offer people at risk of low coverage immunisation and what additional action may be effective to improve vaccination cover. The expert panel convened to advise NICE about whether to update this guidance did not identify evidence on targeting vulnerable or at risk groups through the general community setting / approach you mention that would warrant a change to the current recommendations.
Public Health Wales			Good organisation of clinics, appointment systems help enable good uptake of vaccination.	The guidance aims to support good organisation of immunisation services.
Public Health Wales			In "adopt a multifaceted..." Incorporate immunisation into public health messages shared by other agencies, into policy and guidance around public health issues to further promote immunisation	Thank you for your comment. The expert group convened to advise NICE on whether to update the guidance did not identify evidence on this issue that would warrant a change to the current recommendations. The guidance will be reviewed for update in 2014. If relevant new evidence is identified then , it will be considered during this update review.

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Public Health Wales			Include Children and Young Peoples partnerships in here	The guidance will be reviewed for update in 2014. Partnership /forums could be considered as a topic for inclusion during the update process, if appropriate evidence was indentified on this approach. However, for the current review, the expert group convened to advise NICE on whether to update the guidance did not identify evidence on this issue that would warrant a change to the current recommendations.
Public Health Wales			Ensure professionals have access to current guidelines and policy (NB the Green Book is only available online now so internet access is necessary)	Link to 'Immunisation against Infectious Disease' - the 'Green Book' will be included.
Public Health Wales			Consider supply of routine vaccines being available in paediatric A and E departments. and outpatients departments/specialist clinics to support opportunistic immunisations.	Recommendation 1 includes opportunistic checking and offer of immunisations.
Public Health Wales			Recommend all providers have a domiciliary immunisation policy to support this intervention	Home visiting is included in the current recommendations.
Public Health Wales	Recommendation 2		Agree with proposed inclusions	Noted – thank you.
Public Health Wales			To include measurement of uptake at key ages is an important component (link to COVER)	COVER (Cover of Vaccination Evaluated Rapidly) is a means for monitoring and assessing vaccination coverage, and not in itself an intervention for increasing levels of vaccination, which is the focus of this guidance. The expert group convened to advise NICE on whether to update the guidance did not identify evidence involving interventions and COVER that would warrant a change to

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				the current recommendations. However, the guidance will be reviewed for update in 2014 at which point consideration will also be given to new public health and NHS structures and roles. If relevant new evidence is identified then, it will be considered during this update review.
Public Health Wales			To include uptake by Health Board, neighbourhood, HV, GP practice, LSOA/MSOA may also be useful for inclusions.	Comment noted, thank you. The guidance will be reviewed for update in 2014, and during the process account will be taken of new NHS structures, public health systems and responsibilities for immunisation including those of the NHS Commissioning Board, Public Health England and Directors of Public Health.
Public Health Wales			Record recommended selective immunisations for individuals	The Public Health Intervention Advisory Committee (PHIAC), the advisory body to NICE who developed this guidance, recognised the fundamental role that accurate records and effective information systems, and the guidance aims to support effective service and information organisation. Recommendations include notifying primary care providers or child health information departments when an immunisation has been administered, so that records can be updated.
Public Health Wales			COVER- inclusion would be appropriate here	The guidance will be reviewed for update in 2014. Reference to COVER (Cover of Vaccination Evaluated Rapidly) along with changes to the

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				NHS and public health systems will be considered during this update process.
Public Health Wales			Not sure why school nurses aren't involved in this as they cover the majority of this age group?	Recommendation 2 refers to school nurses.
Public Health Wales			Suggest inclusion of child health departments in who should take action Wales have a minimum standard for child health departments http://www.publichealthwales.org/CHIPS	Although NICE public health guidance may be of interest to the UK as a whole (and to non-UK countries), our formal remit for this guidance is England only, hence the focus on the English healthcare system.
Public Health Wales	Recommendation 3		Agree with proposed inclusions	Noted – thank you
Public Health Wales			First bullet could also include nursery nurses and health care support workers	Noted – healthcare support workers, though not specified in the list, are not excluded from the recommendation. Nurses working in nurseries are included in the listing.
Public Health Wales			What action should they take? First and third bullets should include competency too	Noted - organisations responsible for setting competencies are listed in the section above (that is, 'Who should take action?'). The expert group convened to advise NICE on whether to update the guidance did not identify evidence on this issue that would warrant a change to the current recommendations. The guidance will be reviewed for update in 2014. If relevant new evidence is identified then , it will be considered during this update review.

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Public Health Wales			Add reference to the HPA standards and core curriculum for Healthcare Support Workers:training http://www.hpa.org.uk/Publications/InfectiousDiseases/Immunisation/1205NationalstandardsimmunisationtrainingHCSW/	Reference noted – thank you. The current guidance does refer to minimum standards for training, which applies to all of those involved in immunisation – including healthcare support workers.
Public Health Wales	Recommendation 4		Agree with proposed inclusions	Noted – thank you.
Public Health Wales			In the section "Who is the target population?" Also university students and young offenders under 19 years?	Comments noted – thank you. Activities to offer immunisation to young offenders are included in the guidance. Targeting university students as a whole may not be the most appropriate means of increasing immunisation cover in at-risk or vulnerable groups, as the demographics of the population of university students as a whole may not include many members of the population subgroups that were the focus of this guidance. Implementation of the guidance would, we hope, ensure that those children and young people would be picked up and immunised before reaching university age, or through other settings. We will review this issue in 2014 when the guidance is reviewed for update once more, as there may be new evidence on MMR vaccination coverage and university students.

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Public Health Wales			In the section "What action should be taken?" it would be good to see something in each bullet regarding promoting, encouraging and facilitating as well as checking,	Comment noted –thank you. Such additions would need to be based on evidence to be considered in an update. The guidance will be review for update in 2014. Recommendation 3 and references referred to include training in communication skills.
Public Health Wales			Bullet point two – add a vaccination status check at the time of the teenage booster vaccine	A link to 'Immunisation against Infectious Disease' - the 'Green Book' will be included in the guidance following this review. However, th expert group convened to advise NICE on whether to update the guidance did not identify further evidence on the issue you raise that would warrant a change to the current recommendations. The guidance will be reviewed for update in 2014. If relevant new evidence is identified then , it will be considered during this update review.
Public Health Wales			2 nd Bullet could include more examples of an appropriate format e.g presentation, interactive workshop	Noted. The guidance will be reviewed for update in 2014.
Public Health Wales			Immunisation check at school entry is most often done by the school nurse	Noted, thank you for this information.
Public Health Wales			Suggest a recommendation that there are national minimum standards for immunisation status check by Health Visitor service at preschool and again by School Nursing service in primary and secondary school	Thank you for your comment. The expert group convened to advise NICE on whether to update the guidance did not identify evidence on this issue that would warrant a change to the current recommendations. The guidance will be reviewed for update in 2014. If relevant new

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				evidence is identified then , it will be considered during this update review.
Public Health Wales	Recommendation 5		Agree with proposed inclusions	Noted – thank you.
Public Health Wales			In the section “Who should take action?” maybe add midwives??	Thank you for your comment. Midwives are not specifically excluded from recommendation 5 as it refers to ‘health professionals who have contact with children and young people aged under 19 years’ and to professionals involved in home visiting. They are also directly referenced in recommendations 1 and 6. We recognise that roles and structures are changing within the NHS and public health systems at present, and this guidance will be reviewed again for update in 2014, at which point new evidence as well as changes to policy, service structures and systems will be considered.
Public Health Wales			Include voluntary agencies, e.g barnardos (young carers) and Shelter (homeless) Refuge (domestic abuse) and many substance misuse charities – most offer health information and support access to health services	Noted. The guidance will be reviewed for update in 2014. Account will be taken of new structures, and, for example, the role of voluntary and charitable agencies, during this process.
Public Health Wales			Include LAC specialist nurses with social care workers and those with responsibility for Looked after children.	The group you mentioned are not excluded from the current recommendations and guidance. PH21 includes looked after children as being a higher risk of not fully immunised. Recommendation 5 focuses on targeting groups at risk of not being fully immunised.

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				The guidance will be reviewed for update once more in 2014 and if new evidence is identified on increasing the uptake of immunisation in looked after children, including evidence relating to the roles or practice of the professional group you mention, it will be considered at this point. You may also be interested in NICE public health guidance on improving the health of looked-after children .
Public Health Wales			Also consider using youth clubs and social settings?	PH21 does not specifically consider these settings, as it focused on findings from the available evidence on effectiveness and cost effectiveness and the settings you mention were not identified as key within the available evidence. Additional evidence on these settings was not identified in the current update process. The guidance will be reviewed for update once more in 2014, and if appropriate evidence is identified on the settings you mention then it will be considered during this process. Other NICE guidance, on ways to promote and offer testing for hepatitis (PH43), recommends 'Local organisations should run awareness-raising sessions to promote hepatitis B and C testing in venues and at events popular among groups at increased risk.' This is consistent with other NICE guidance on Community engagement (PH9).
Public Health Wales	Recommend		Agree with recommendation	Noted – thank you.

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	ation 6			
Public Health Wales			In "Who is the target population" Include babies and children Define the mothers as hepatitis B infectious rather than hepatitis B positive, to avoid any confusion over definition	The term children is used with 'children born to' and includes babies. PHIAC agreed that the criteria should be Hepatitis B positive (and therefore not distinguish between infection/infectious status) in order to identify children at risk of hepatitis.
Public Health Wales			Include in Who should take action – substance misuse nurses who may also be administering Hep B vaccines and Health Protection teams	PHIAC agreed that the focus of offering hepatitis immunisations should be the child of a mother who is hepatitis positive. The recommendations therefore focus on maternity and children's services.
Public Health Wales			In recommendation to assess siblings, also add family members and close contacts.	The focus of this recommendation is infants born to mothers who are hepatitis positive.
Public Health Wales			Instead of receive first vaccine promptly – specify receive first vaccine within 24 hours of birth.	Updated link to 'Immunisation against Infectious Disease' - the 'Green Book' will be added.
Public Health Wales			Also add re recording, that child health office are informed. Wales has national standards for child health departments and recording of immunisations http://www.publichealthwales.org/CHIPS	The remit for NICE public health guidance is England only, although other parts of the UK and other countries may find it of use.
Public Health Wales	2. Public health need and practice		A link to Welsh COVER reports would be helpful for Welsh readers	The remit for NICE PH guidance is England only.
Public Health Wales			The MMR paragraph would benefit from updating	Noted – The consideration (3.6) acknowledges

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				that the relevance and nature of the issues discussed may change with time. The guidance will next be considered for full update in 2014 and the issue you raise will be taken into account during this process.
Public Health Wales	3. Considerations		The healthy child programme may be specific to England only?	The remit for NICE public health guidance is England only, although it may be of use to other parts of the UK or other countries.
Public Health Wales			3.12 Plans for an increase in HV numbers as announced by government yet locally HV's are being removed from active immunisation role. The role of HV's in active immunisation especially to reduce inequities needs more detail in the revised document to aid clarity	Comment noted - The guidance will be reviewed for update in 2014. Account will be taken during this process of the new NHS and public health structures, services and roles, and available information on implementation and practice.
Public Health Wales	4. Implementation		Operational plans referred to will need reviewing and the updated versions considered	The guidance will be reviewed for update in 2014. Account will be taken of new NHS structures, public health systems and responsibilities for immunisation including those of the NHS Commissioning Board, Public Health England and Directors of Public Health.
Public Health Wales			Can also help private providers of immunisation services	Thank you for your comment – private providers are not excluded from the current guidance.
Public Health Wales	5 related NICE		Agree with proposed inclusions	Noted – thank you.
Public Health Wales			Evidence that schools based programmes more effective NICE recommendations should endorse this for school age children to help reduce inequities.	Noted – thank you. The impact of NICE public health guidance on inequalities in health is actively considered throughout guidance

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				development, and we carry out an equity assessment on our process for each piece of guidance. The current guidance includes the recommendation to 'Check the immunisation status of children and young people at every appropriate opportunity' (recommendation 1) and recommendation 4 focuses on education settings. The Public Health Interventions Advisory Committee – PHIAC – who developed the guidance considered that 'an over-reliance on school entry as a checkpoint for immunisation status could have an adverse impact on timely vaccination in the pre-school years'. The guidance recommends a range of settings and interventions for improving uptake of immunisation in vulnerable and at-risk groups. .
Public Health Wales	7		Under development section- the 2 guidelines noted are now available so should be moved in to related guidance published section	Noted – thank you – this will be updated. Another NICE product – NICE Pathways – maintain linkage between current NICE guidance (new pathways are developed when guidance is published). Please see http://pathways.nice.org.uk/
Royal College of Nursing	Genera.		The Royal College of Nursing welcomes proposals to review this guidance	Thank you.
Royal College of Nursing	General		We would agree that the policy context will need to be reviewed as structural and governance changes become clearer. At present it is unclear where the responsibility for the day to day management of	The guidance will be reviewed for update in 2014. Account will be taken of new NHS structures, public health systems and responsibilities for

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			immunisation fits and where the responsibility lies for staff training.	immunisation including those of the NHS Commissioning Board, Public Health England and Directors of Public Health.
Royal College of Nursing	General		We would agree with all the suggestions identified for further review.	Comments noted – thank you.
Royal College of Nursing	Recommendation 1		Clear immunisation guidance is available in the green book on line and all hard copies are out of date.	Noted – thank you. As noted in the review proposal, links to 'Immunisation against Infectious Disease' - the 'Green Book' will be included in the digital version of the guidance. A note is already in place on the NICE website to direct users to current Department of Health resources on 'immunisation'.
Royal College of Nursing	Recommendation 2		The links between Open Exeter and all vaccinations given need to be strengthened. The mismatch currently between reported data via COVER and the payment for practices (which is from Exeter) causes confusion. The current guidance gives a recommendation that the two should be linked. Evidence of where this has been achieved would be useful.	Thank you for your comments. The guidance is based on the best available evidence on effectiveness and cost effectiveness at the time of development, and the expert panel convened to advise NICE on whether to update the guidance did not identify any new evidence to warrant a change to the current recommendations on the issue you raise – therefore we are limited by the available evidence. The guidance will next be reviewed for full update in 2014 and if evidence is identified around the issue you raise it will be considered during the process.
Royal College of Nursing	Recommendation 3		To specify that locally the responsibility for training needs to be agreed. Training and education for immunisation staff should meet the HPA	

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Royal College of Nursing			national guidance standards including that for Health care assistants To consider case studies of where new links between public health and local authorities have helped support positive promotion of immunisation.	Thank you for your comments. The guidance is based on the best available evidence on effectiveness and cost effectiveness at the time of development, and the expert panel convened to advise NICE on whether to update the guidance did not identify any new evidence to warrant a change to the current recommendations on the issue you raise – therefore we are limited by the available evidence. The guidance will next be reviewed for full update in 2014 and if evidence is identified around the issue you raise it will be considered during the process. The NICE implementation team have produced a shared learning database, for which practitioners and professionals are encouraged to submit cases studies of local effective practice. If you are aware of case studies relevant to the current guidance, we would encourage you to prompt project leads to submit them to the shared learning database (see www.nice.org.uk/using_guidance.jsp) so that the information and learning is available to all.
Royal College of Paediatrics and Child Health	General		We agree with the review decision	Noted – thank you for confirming the view of the Royal College of Paediatrics and Child Health.
Royal College of	General –		Barriers to immunisation for socially disadvantaged families may benefit	Thank you for your comments. The guidance is

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Paediatrics and Child Health	equality issue relevant to the guideline that may need to be updated.		from updating	based on the best available evidence on effectiveness and cost effectiveness at the time of development, and the expert panel convened to advise NICE on whether to update the guidance did not identify any new evidence to warrant a change to the current recommendations on the issue you raise. The guidance will next be reviewed for full update in 2014 and if evidence is identified around the issue you raise it will be considered during the process.
Sanofi Pasteur MSD	General		Sanofi Pasteur MSD (SPMSD) agrees with the proposal that the guidance should be amended to take account of the structural changes within the NHS and new organisational and commissioning arrangements for public health services. This should also include reference to the new policy documents such as the public health framework. SPMSD agrees that the guidelines should be reviewed within two years time to enable consideration of new evidence, specifically relating to evidence on effective ways to target groups at risk of not being fully immunised.	Thank you for your comment.
Sanofi Pasteur MSD	Recommendation 1		During transition it will be important to ensure that immunisation remains a priority of both the NHS and local authorities to ensure that coverage rates are maintained for maximum public health benefit.	Thank you for your comment. When the guidance is reviewed again in 2014, new NHS and public health systems, structures and services, as well as new evidence and any relevant policy changes – will be considered during the process.
Sanofi Pasteur MSD	Recommendation 2		It is important to ensure that sharing of schools vaccination information is optimised both geographically and between responsible organisations. All	Thank you for your comment. The current guidance includes recommendations on

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			<p>schools vaccinations should be recorded with the appropriate primary care organisation, primarily the child's GP. Currently, this is not always shared, resulting in incomplete records. Coverage data for adolescent vaccination programmes, with the exception of HPV primary cohort is poor. Unless monitoring systems are able to derive accurate denominator and numerator estimates for populations at a local level, monitoring of the UK's adolescent vaccination programme is unlikely to generate accurate cover data.</p> <p>The new NHS needs to ensure that robust systems are in place to ensure consistent, accurate and appropriate collection and sharing of data between local authorities and GPs. This should include notification to children's GP's that attend schools that have opted out of the school nurse services to ensure that the GP can provide the appropriate vaccinations. Currently, GPs are often unaware that children have not received HPV and the Td/IPV booster within the school setting.</p>	<p>immunisation programmes and information systems. The guidance is based on the best available evidence on effectiveness and cost effectiveness at the time of development, and the expert panel convened to advise NICE on whether to update the guidance did not identify any new evidence to warrant a change to the current recommendations on the issue you raise. The guidance will next be reviewed for full update in 2014 and if evidence is identified around the issue you raise it will be considered during the process.</p>
Sanofi Pasteur MSD	Recommendation 3		<p>Each locality should identify a clear responsible body for training. The training should be aligned to JCVI recommendations and should take a multi disciplinary approach; this should include all new stakeholders such as local authority personnel responsible for school health and education services.</p>	<p>Thank you for your comment. The current recommendation 3 covers training and competency issues, and includes a directive for professional bodies responsible for setting competencies. The guidance is based on the best available evidence on effectiveness and cost effectiveness at the time of development, and the expert panel convened to advise NICE on whether to update the guidance did not identify any new evidence to warrant a change to the current recommendations on the issue you raise. The guidance will next be reviewed for full update in 2014 and if evidence is identified around the issue you raise it will be considered during the process,</p>

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				along with changes to the current NHS and public health services, structures and roles, and relevant policy.
Sanofi Pasteur MSD	Recommendation 4		<p>Evidence demonstrates that immunisation uptake rates are significantly higher in school based programmes. (<i>Health Protection Agency Survey of Primary Care Trust teenage vaccination programmes. Dec 2009</i>). GP led programmes tend to result in low coverage, specifically for Td/IPV and HPV. (<i>JCVI Call for Evidence. How and Where Adolescent Vaccinations best be scheduled delivered and monitored. SPMSD Data on file. Addressing Health Inequalities in the Delivery of the Human Papillomavirus Vaccination Programme: Examining the Role of the School Nurse. Dr Tammy Boyce. 2012</i>).</p> <p>There is a growing issue regarding the lack of access to immunisations in schools which are not under local authority control. Whilst local authorities have a duty to commission a school nurse for schools under local authority control, there is no such duty for independent schools. (<i>Healthy Places. NLGN. 2011</i>). This may be exacerbated with growth of number of free schools and academies and may lead to an increase in health inequalities and compromise overall vaccination uptake rates. Local authorities need to ensure that there are adequate resources, in particular school nurses, to cover all children. This will be particularly important starting from 2014 onwards when a childhood flu immunisation programme is scheduled to be introduced.</p> <p>In addition, JSNAs should include a section on immunisation services to provide guidance to ensure uniformity of access to adolescent vaccinations.</p>	<p>The guidance is based on the best available evidence on effectiveness and cost effectiveness at the time of development, and the expert panel convened to advise NICE on whether to update the guidance did not identify any new evidence to warrant a change to the current recommendations on the issue you raise. The guidance will next be reviewed for full update in 2014 and if evidence is identified around the issue you raise it will be considered during the process, along with changes to the current NHS and public health services, structures and roles, and relevant policy</p>

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Sanofi Pasteur MSD	Recommendation 5 / 6		<p>Low burden of Hep B in the UK supports continuing the strategy of a targeted at risk immunisation programme. This should be revisited in two years time, specifically with regards to vaccinating adolescents. There are challenges with the target schedule and this should be addressed. There are opportunities to deliver additional vaccines without requiring additional appointments. For example, girls could receive Hepatitis B vaccine at the same time as the HPV vaccine. (<i>JCVI Call for Evidence. How and Where Adolescent Vaccinations best be scheduled delivered and monitored. SPMSD Data on file</i>).</p> <p>Consideration should be given to increasing immunisation opportunities through improved access to a wider range of NHS organisations i.e. opportunistic vaccination at sexual health clinics and hospitals. Targeted immunisation opportunities have not been optimised despite of the clear targets set by the CMO and good guidance being available from both the Department of Health (DH) and the British Liver Trust.</p>	<p>Comments noted – thank you.</p> <p>The guidance is based on the best available evidence on effectiveness and cost effectiveness at the time of development, and the expert panel convened to advise NICE on whether to update the guidance did not identify any new evidence to warrant a change to the current recommendations on the issue you raise. The guidance will next be reviewed for full update in 2014 and if evidence is identified around the issue you raise it will be considered during the process, along with changes to the current NHS and public health services, structures and roles, and relevant policy.</p> <p>The current recommendations include making use of 'every appropriate opportunity' to assess vaccination status.</p> <p>Other public health guidance (PH43) focuses on offering and testing hepatitis status. It includes recommendations for sexual health services and other appropriate contacts with people who may be offered assessment. The guidance was developed to be consistent with Joint Committee on Vaccination and Immunisation policy. Please see http://guidance.nice.org.uk/PH43</p>
Sanofi Pasteur MSD	Considerations 3.9		<p>There is inconsistency between government bodies and policy age recommendations. Current children's policy clearly states that the policies cover subjects 5-19 year of age. However, the JCVI recommendation for HPV vaccination only goes up to age of 18, This has</p>	<p>Noted - This issue however was not within the scope of PH21, and likely falls into the remit of the Department of Health and/or Joint Committee on Vaccination and Immunisation.</p>

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			<p>resulted in situation when those who are over 18 years of age do not have access to HPV vaccination which has impact on both school nurse catch up programmes and opportunistic vaccination in schools and GP surgeries.</p> <p>GP led HPV programmes have lower uptake rates vs school nurse led programmes. Hard to reach groups continue having low immunisation rates and poor access to immunisation opportunities. For example, 20% of girls are not vaccinated against HPV. (<i>Addressing Health Inequalities in the Delivery of the Human Papillomavirus Vaccination Programme: Examining the Role of the School Nurse. Dr Tammy Boyce. 2012</i>).</p>	<p>Regarding GP lead HPV programmes, the guidance is based on the best available evidence on effectiveness and cost effectiveness at the time of development, and the expert panel convened to advise NICE on whether to update the guidance did not identify any new evidence to warrant a change to the current recommendations on the issue you raise. The guidance will next be reviewed for full update in 2014 and if evidence is identified around the issue you raise it will be considered during the process, along with changes to the current NHS and public health services, structures and roles, and relevant policy.</p>
Sanofi Pasteur MSD	Considerations General - Inequalities		<p>Incentive drivers for vaccination may contribute to ongoing inequalities. The QoF funding weightings are positive for GPs working with deprived populations, as they have high levels of ill health. This results in less interest in providing immunisation services, as income from immunisation is a relatively small proportion of overall practice income. However, in more affluent areas where the burden of disease is lower, GPs are incentivised to provide immunisation services as they make an important contribution to the overall practice income.</p>	<p>Comment noted – thank you. The committee (PHIAC) which developed recommendations for PH21 noted uncertainty in relation to incentives and 'quasi-mandatory' requirements for vaccination. It agreed a research recommendation in relation to effectiveness and acceptability.</p>
Sanofi Pasteur MSD	Considerations – Schedule timelines		<p>It is important that doses are given within the specified schedule timelines to optimise protection. See JCVI minutes https://www.wp.dh.gov.uk/transparency/files/2012/07/JCVI-minutes-13-June-2012-draft.pdf. This will help to minimise impact of outbreaks such as the current pertussis epidemic. JCVI has reported that 'Based on data extracted from Child Health Information Systems around 20% of infants may not have received their first dose DTaP/IPV/Hib by 10</p>	<p>Thank you for this information. PHIAC was mindful of the importance of immunisation and that coverage was incomplete for some children. The guidance aims to reduce differences in uptake, by increasing coverage in those at risk for low coverage.</p>

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			<i>weeks of age</i> and <i>'Any delay in children receiving primary immunisations left them unprotected for a longer period than necessary'</i>	The guidance focuses on ways of improving uptake of immunisation. It does not aim to specific details of immunisation schedules, but does refer to resources such as the 'Green Book'. An updated link to 'Immunisation against Infectious Disease' - the 'Green Book' will be included in the extant guidance.
Southwark PCT	Recommendation 3		For recommendation 3 regarding training, I think that training of non-clinical staff (e.g. receptionists) should be considered in terms of health promotion as they are very much part of the immunisations team in the sense that they have first contact with the patient, have access to their vaccination records and if made aware, can promote the vaccine to the parent of an eligible child and make them an appointment on the spot.	This issue is covered in the current guidance.
Southwark PCT	Recommendation 4		Re recommendation 4 on possible opportunistic vaccination, I think nurseries and children's centres should be considered as a venue for opportunistic vaccination especially as a means of capturing children not registered with a GP who live in the local area.	This issue is covered in the current guidance.
Sutton & Merton PCT	Recommendation 1 – immunisation programmes		No comment	Noted.
Sutton & Merton PCT	Rec 1		There is a clear opportunity to engage with Public Health School Health teams to explore other avenues of providing key information and encouragement to parents via pre-school, primary and secondary school settings. Evidence on this type of cooperative working would be useful.	Thank you for your comment. We agree that evidence on this would be useful – the current guidance is based on the best available evidence at the time of development, and appropriate evidence on the issue you raise was not available

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Public Health Intervention Guidance

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3 September – 17 October 2012

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Stakeholder Organisation	Section Number	Page Number	Comments	Response
				<p>to PHIAC at development or during this update process.</p> <p>The guidance is based on the best available evidence on effectiveness and cost effectiveness at the time of development, and the expert panel convened to advise NICE on whether to update the guidance did not identify any new evidence to warrant a change to the current recommendations on the issue you raise. The guidance will next be reviewed for full update in 2014 and if evidence is identified around the issue you raise it will be considered during the process, along with changes to the current NHS and public health services, structures and roles, and relevant policy.</p>
Sutton & Merton PCT	Recommendation 2 – information systems		Pneumococcal vaccinations reviewed in at risk children.	The guidance will be reviewed for update in 2014, to consider new evidence emerging about the uptake of immunisation, practice and other emerging evidence.
Sutton & Merton PCT	Rec 2		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. Pneumococcal vaccinations reviewed in at risk children. the Open Exeter database system, particularly for HPV.	Noted – please see response immediately above.

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			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	
Sutton & Merton PCT	Recommendation 3 – training		No comment	Noted.
Sutton & Merton PCT	Rec 3		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.	Apologies – we think you may have pasted sections from the guidance review document in error- we have not responded here.
Sutton & Merton PCT	Recommendation 4 – contribution of nurseries, schools, colleges of further education		It might be helpful if it was made mandatory for all children to be immunised as part of the school placement process	The guidance is based on the best available evidence on effectiveness and cost effectiveness at the time of development, and the expert panel convened to advise NICE on whether to update the guidance did not identify any new evidence to warrant a change to the current recommendations on the issue you raise. The guidance will next be reviewed for full update in 2014 and if evidence is identified around the issue you raise it will be considered during the process, along with changes to the current NHS and public health services, structures and roles, and relevant policy.
Sutton & Merton PCT	Rec 4		There was no new evidence but the expert group suggested that positive	Noted – please see response immediately above.

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			promotion of vaccination programmes could be included. It might be helpful if it was made mandatory for all children to be immunised as part of the school placement process	
Sutton & Merton PCT	Recommendation 5 – targeting groups at risk of not being fully immunised		Paediatric departments/and accident and emergency departments should offer unimmunised children vaccinations and report to child health systems	Thank you for your comment. Recommendation 1 includes the following statement, 'Check the immunisation status of children and young people at every appropriate opportunity' and refers to emergency department admission and contacts in primary care as an appropriate opportunities to assess immunisation status. Recommendation 5 refers to paediatricians role in ensure information management systems are in place.
Sutton & Merton PCT	Rec 5		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. Paediatric departments/and accident and emergency departments should offer unimmunised children vaccinations and report to child health systems	The guidance is based on the best available evidence on effectiveness and cost effectiveness at the time of development, and the expert panel convened to advise NICE on whether to update the guidance did not identify any new evidence to warrant a change to the current recommendations on the issue you raise. The guidance will next be reviewed for full update in 2014 and if evidence is identified around the issue you raise it will be considered during the process, along with changes to the current NHS and public health services, structures and roles, and relevant policy.
Sutton & Merton PCT	Recommendation 6 – hepatitis B		No comment	Noted.

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	immunisation for infants Implementation and post publication feedback			
Sutton & Merton PCT	Rec 6		The recommendation did not need revision. However the expert group suggested that the guidance should specify that the recommendation is consistent with Caldicott principles.	No comment identified to respond to. NICE consider recommendation 6 is consistent with Caldicott principles. Reference will be added to the digital version of the guidance.
Sutton & Merton PCT	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	No comment identified to respond to – this seems to be cut and paste from the consultation document.

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			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". Reducing differences in the uptake of immunisations (PH21) – Review proposal	
Sutton & Merton PCT	5 Related NICE guidance Published guidance		No comment	Noted.
Sutton & Merton PCT	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	No comment identified to respond to – this appears to be cut and pasted from the consultation document.

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			'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	
Sutton & Merton PCT	6 Equality and diversity considerations		No comment	Noted
Sutton & Merton PCT	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. Reducing differences in the uptake of immunisations (PH21) – Review proposal 6	No comment identified to respond to.
Sutton & Merton PCT	7 Conclusion		No comment	Noted.
Sutton & Merton PCT	7 Conclusion		There is not yet enough published evidence available on the human papilloma virus (HPV) vaccination programme, although studies are in progress.	The guidance will be reviewed for update in 2014, to consider new evidence emerging about the

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			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.	uptake of human papilloma virus (HPV) immunisation and other emerging evidence.
Sutton & Merton PCT	8 Recommendation		National Immunisation schedules should be reviewed to optimise uptake and health protection schedules for unimmunised children should be reviewed.	This was not within the scope for PH21, which h focused on increasing the update in key groups. Issues around the efficacy and national practice of immunisation fall into the remit of the Joint Committee on Vaccination and Immunisation and the Department of Health.
Sutton & Merton PCT	8 Recommendation		National Immunisation schedules should be reviewed to optimise uptake and health protection schedules for unimmunised children should be reviewed.	This was not within the scope for PH21, which h focused on increasing the update in key groups. Issues around the efficacy and national practice of immunisation fall into the remit of the Joint Committee on Vaccination and Immunisation and the Department of Health.
UCL Institute of Child Health	Recommendation 3-training		Addition of the e-learning programme on the Healthy Child programme, which includes modules on immunisation based on the HPA curriculum could be included: http://www.e-lfh.org.uk/projects/healthychild/index.html	Thank you for your comments – the guidance signposts to Health Protection Agency resources on training.
UCL Institute of Child Health	4 Implementation and post publication feedback		“Feedback suggested that Caldicott guardians in some PCTs thought it not appropriate to record mother’s hepatitis B status on the child’s health record” Programme standards for Infectious Diseases screening programme in	Thank you – comments noted, including those from the National screening Committee on the importance of HBV vaccine and indication for offering a course of vaccine.

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	Bullet point 2		<p>pregnancy which were ratified by the National screening Committee were published in September 2010.</p> <p>These state that in order to manage the baby of a hep B positive mother effectively, the mother's hep B status should be recorded on both the postnatal discharge letter and in the child's personal child health record and that the local Child Health Information Records department should be informed. http://infectiousdiseases.screening.nhs.uk/standards (page 25)</p> <p>Furthermore, since the post natal Hep B vaccine course is only indicated for babies born to carrier mothers, a record of the vaccine course in the child's record by definition indicates the mother's status. The care of the child and the prevention of hep b infection is the most important consideration in this instance. If no vaccine record is kept in the child's PCHR, the child is at risk of not completing the vaccine course and of becoming infected.</p>	NICE considers recommendation 6 is consistent with Caldicott principles. Reference will be added to good information management principles from the Caldicott Report in the digital versions of the guidance.
UK Vaccine Industry Group	General		The UK Vaccine Industry Group (UVIG) agrees with the proposal that the guidance should be amended to take account of structural changes within the NHS and new organisational and commissioning arrangements for public health services.	The guidance will be reviewed for update in 2014. Account will be taken of new NHS structures, public health systems and responsibilities for immunisation including those of the NHS Commissioning Board, Public Health England and Directors of Public Health.
UK Vaccine Industry Group	General		UVIG agrees that the guidance should be reviewed in 2 years' time to consider any new evidence, particularly evidence on effective ways to target groups at risk of not being fully immunised	Comment noted - thank you. The guidance will be reviewed for update in 2014 including consideration of likely impact of new evidence.

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Berkshire Healthcare NHS Foundation Trust.doc	Berkshire Healthcare NHS Foundation Trust	3	
BHIVA.doc	BHIVA	7	
British Association for Adoption and Fostering.doc	British Association for Adoption and Fostering (BAAF)	2	
Department of Health.doc	Department of Health	1	
Friends, Families and Travellers.doc	Friends, Families and Travellers	3	
GlaxoSmithKline.docx	GlaxoSmithKline	3	
Health Protection Agency.doc	Health Protection Agency	1	
Lincolnshire PCT.doc	Lincolnshire PCT	4	
London Borough of Haringey & NHS North Central London.doc	London Borough of Haringey / NHS North Central London	7	
Meningitis Trust.doc	Meningitis Trust	1	
NHS Bromley.doc	NHS Bromley	6	
NHS Coventry and Warwickshire.doc	NHS Coventry and Warwickshire	1	
NHS Greenwich.doc	NHS Greenwich	4	
NHS Isle of Wight.doc	NHS Isle of Wight	1	
NHS Northants.doc	NHS Northants	6	
NHS South West London.doc	NHS South West London	1	

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NHS Stockport.doc	NHS Stockport	3	
Pfizer Ltd.doc	Pfizer Ltd	2	
Public Health Wales.doc	Public Health Wales	57	
Royal College of Nursing.doc	Royal College of Nursing	7	
Royal College of Paediatrics and Child Health.doc	Royal College of Paediatrics and Child Health	2	
Sanofi Pasteur MSD.doc	Sanofi Pasteur MSD	9	
Southwark PCT.doc	Southwark PCT	2	
Sutton & Merton PCT.doc	Sutton & Merton PCT	21	
UCL Institute of Child Health.doc	UCL Institute of Child Health	2	
UK Vaccine Industry Group.doc	UK Vaccine Industry Group	2	

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