

National Institute for Health and Care Excellence

6-year surveillance (2009) – [Immunisations: reducing differences in uptake in under 19s \(PH21\)](#)

Stakeholder / PHAC consultation comments table

Consultation dates: 09.06.17 (9am) to 23.06.17 (5pm)

Do you agree the guidance should not be updated?			
Stakeholder Organisation / PHAC member	Agree/Disagree (delete as appropriate)	Comments	NICE response
British Liver Trust	DISAGREE	THE GUIDELINES NEED TO BE UPDATED TO INCLUDE THE INCLUSION OF HEPATITIS B VACCINE IN THE INFANT HEXAVALENT – DUE TO BE INTRODUCED THROUGHOUT THE UK LATER THIS YEAR.	Thank you for your comment. Our guideline will be amended to acknowledge that as of August 2017 recommendation 6 will no longer be relevant to the guideline population. As the hepatitis vaccination will be incorporated into the routine vaccine for all children then babies will not need special treatment even if they are at risk and therefore some of the statements in this recommendation are redundant.
Health Protection Scotland - All NHS Scottish boards	Agree	Comments on proposal not to update the guideline	Thank you.
Health Protection Scotland - All NHS Scottish boards	Disagree	I wanted to say that I do feel this guidance requires to be updated in certain areas particularly around the new delivery model of School Based Immunisation programmes in GG&C.	Thank you for your comments and for highlighting this example of good practice in Greater Glasgow & Clyde. However, as this is not currently the model used across the UK and

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		<p>This document talks about under recommendation 4 the need to identify and improve the role of the school nurse regarding school immunisation however, as we know we have now moved to a dedicated School Immunisation Team which is similar across Scotland with mainstream school nurses no longer having any involvement in the delivery of these programmes.</p> <p>There were many reasons for moving to this model, but particular attention should be paid the idea that the local teams are working hard at identifying those areas where immunisation uptake is poor. The local team have strategies in place through a work plan to address these issues and with the engagement of our education partners are working hard to increase poor uptake and engagement. The move to this model means that our teams are able to dedicate their time to not only delivering school based programmes but to also be much more active in increasing uptake.</p> <p>I appreciate this is not the model used across the UK but I feel strongly that areas which have chosen to be pro-active and have recognised the need for change in order to increase immunisation uptake should be recognised.</p>	<p>there is limited data to illustrate its benefits and support its use, we cannot consider this area for update in the guideline at this time. This information will be logged and the area considered again at the next surveillance review.</p>
Public Health Wales	Agree the existing recommendations remain relevant	Suggest making reference and align with Vaccine uptake in under 19s standards that have been developed to support the guidance There needs to be clarity on whether the standards have now superseded the guidance document. Standards are more robust than guidance and can be used for audit. The detail in the guidance document is important and the two documents should be aligned.	Thank you for your comment. Please note that quality standards do not supersede guidelines. They are documents that should be used to: identify gaps and areas for improvement; measure the quality of care; understand how to improve care; demonstrate the provision of quality care and commission high quality services. The quality standard for Vaccine Uptake in Under 19s is linked to our PH21 Guideline and this link can be found on the guidance overview page.

Public Health Wales		Recommendation 1- strengthen recommendation for school based delivery for adolescent vaccines as have potential to reduce inequalities in uptake at this age	Thank you for your comment. Our guideline recommendations must be evidence based and although some evidence was found around school based delivery for adolescent vaccines there was not enough evidence to warrant a full update to our guideline. This area will be considered further in future surveillance reviews when more evidence may potentially be available.
Public Health Wales		Recommendation 2 – Include Child health systems and include ensuring data consolidation between education and child health systems. Sharing of electronic data between education, primary care and CHIS should be agreed to improve data quality.	Thank you for your comment. We did not find any evidence to suggest that this recommendation should be updated. This area will be considered further in future surveillance reviews when more evidence may potentially be available.
Public Health Wales		Recommendation 3 – include HEIs and FE colleges who offer health related courses. The expanding role of the health care support worker in delivering immunisations should be recognised in training section.	Thank you for your comment. We did not find any evidence to suggest that this recommendation should be updated. This area will be considered further in future surveillance reviews when more evidence may potentially be available.
Public Health Wales		Recommendation 4- Include higher education establishments as the MenACWY programme targets specifically those attending university for the first time. Add university admissions should encourage new students to be up to date with vaccination prior to beginning university based on national guidance https://www.gov.uk/government/publications/meningitis-and-septicaemia-prevention-and-management-in-higher-education-institutions	Thank you for your comment and for the evidence provided. We will look for published evidence on the effectiveness of university based interventions to increase the uptake of vaccinations in the next surveillance review.
Public Health Wales		Recommendation 6- clearly identify that recommendations are for the targeted programme as from October 2017 Hep B part of routine infant schedule and that the recommendations align with the revised GB chapter when available	Thank you for your comment. Our guideline will be amended to acknowledge that as of August 2017 recommendation 6 will no

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		https://www.gov.uk/government/publications/vaccine-update-issue-261-april-2017	longer be relevant to the guideline population. As the hepatitis vaccination will be incorporated into the routine vaccine for all children then babies will not need special treatment even if they are at risk and therefore some of the statements in this recommendation are redundant.
Royal College of Nursing	Agree	<u>Comments on proposal not to update the guideline</u>	Thank you for your comment.
Royal College of Nursing		<p>However, as a general comment it needs to be emphasised that the guideline is still valid and the points raised as relevant as ever in increasing uptake of vaccination and improving the quality of the immunisation programme. The guidance provides useful reference on maximising uptake of vaccination which remain relevant and up to date. While uptake overall for most vaccines is reasonably high it still often falls short of the 95% uptake goal from WHO and uptake is hugely variable across the country. Therefore in changing the wording to reflect the current structures this should be highlighted.</p> <p>The resource should be clearly linked to the quality standard 145 vaccine uptake in under 19s</p>	<p>Thank you for your comment.</p> <p>The quality standard for Vaccine Uptake in Under 19s is linked to our PH21 Guideline and this link can be found on the guidance overview page.</p>
Royal College of Nursing	Recommendation 3 training	<p>Training remains a significant issue for many immunisers. Access to training and making sure the training received meets the national standards are still very important. The National Minimum Standards and core curriculum published in 2004 and currently being refreshed and the revised version will be published sometime this year. There is also a National Minimum Standards and core curriculum standard for Health Care Support Workers (HCSW) which should be acknowledged. The e-learning resources are also being developed will be.</p>	<p>Thank you for your comment. NICE does not recommend specific training interventions as part of their remit and therefore this recommendation will not be amended at this time. When the National Minimum Standards have been revised we will amend the guideline footnotes as appropriate.</p>

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		There is also needs to be emphasis on keeping up to date on current issues and concerns that may present. Negative press from other countries.	
Royal College of Nursing	Recommendation 6 Hepatitis B vaccination for infants	This section needs to acknowledge that from the autumn of 2017 all infants will receive the hepatitis B vaccine alongside other primary vaccines in a hexavalent vaccine. The need to the neonatal programme for those identified at risk because their mothers are carriers remains and the guidance should reference the importance of blood testing at 12 months for the presence of disease (HBsAg) see PHE guidance https://www.gov.uk/guidance/hepatitis-b-dried-blood-spot-dbs-testing-for-infants	Thank you for your comment. Our guideline will be amended to acknowledge that as of August 2017 recommendation 6 will no longer be relevant to the guideline population. As the hepatitis vaccination will be incorporated into the routine vaccine for all children then babies will not need special treatment even if they are at risk and therefore some of the statements in this recommendation are redundant.
UCL Great Ormond Street Institute of Child Health, London	Agree		Thank you for your comment

2. We are aware that Meningococcal ACWY was not included in the scope for PH21 and HPV had only recently been introduced when the guideline was published. Are you aware of any information about uptake of these vaccinations in the under 19 population group (please provide relevant evidence or intelligence)?		
Stakeholder Organisation / PHAC member	Comments	NICE response
Health Protection Scotland - All NHS Scottish boards	I assume HPS will provide the data here	Thank you for your comment.
Public Health Wales	MenACWY uptake significantly higher for the school based delivered programme in comparison to the primary care	Thank you for your comment. MenACWY uptake remains low compared to other vaccinations,

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	programme – Uptake data for Wales available from http://www.wales.nhs.uk/sitesplus/888/page/88528/	however we did not find any evidence in regard to interventions to increase uptake of this vaccination specifically. This area will be considered further in a future surveillance review of this guideline.
Royal College of Nursing	For MenACWY particularly there needs to be emphasis on increasing awareness missed information and opportunities for vaccination in school leavers. Use of schools alert systems to year 13 students. Use of HEIs to raise awareness and making sure primary care is fully aware of the importance of vaccinating late teens and young adults. To add in the opportunity this provides to check all other vaccines are up to date, particularly MMR. Also the wider MECC opportunity for general health promotion advice for young people leaving school.	Thank you for your comment. MenACWY uptake remains low compared to other vaccinations, however we did not find any evidence in regard to interventions to increase uptake of this vaccination specifically. This area will be considered further in a future surveillance review of this guideline.
UCL Great Ormond Street Institute of Child Health, London	https://www.gov.uk/government/publications/meningococcal-acwy-immunisation-programme-vaccine-coverage-estimates	Thank you for your comment. MenACWY uptake remains low compared to other vaccinations, however we did not find any evidence in regard to interventions to increase uptake of this vaccination specifically. This area will be considered further in a future surveillance review of this guideline.

3. Do you have any comments on equality issues or areas excluded from the scope?		
Stakeholder Organisation / PHAC member	Comments	NICE response
Health Protection Scotland - All NHS Scottish boards	Uptake in children with special needs. Locally we noted that uptake of flu vaccine was much lower in special schools than mainstream schools and that this was not due to children being vaccinated at their GP practice	Thank you for your comment.
UCL Great Ormond Street Institute of Child Health, London	One SR that does not impact on evidence: Ames HM, Glenton C, Lewin S, et al. Parents' and informal caregivers' views and experiences of communication about routine childhood vaccination: a synthesis of qualitative evidence. Cochrane Database Syst Rev 2017;2:CD011787.	Thank you for your comment. We agree that this paper does not impact on the evidence or the recommendations.