

IMMUNISATION TASK AND FINISH GROUP UPDATE REPORT

To: Health Committee

Meeting Date: 6th October 2016

From: East Anglia, Screening and Immunisation Team

Electoral division(s): All

Forward Plan ref: Not applicable

Purpose: To provide feedback to the health committee on the activities of the Cambridgeshire Immunisation Task and Finish Group (TFG) including:

- a) indications from preliminary analysis of immunisation uptake data which shows no strong association between the poor uptake of childhood immunisation and index of multiple deprivation within the county
- b) the TFG's decision to focus on the outlier GP practices.
- c) that there are ongoing surveys to gain further insight as to why some parents are not bringing their children forward for immunisation. The outcome would be shared when they have been completed.
- d) the recommendations of the Task and Finish Group will form the basis for the establishment of a follow-up implementation group to deliver on these recommendations.
- e)) there is an ongoing plan to improve the call-recall Child Health Information System ensuring all babies are invited for immunisation once they are eligible and accurate records kept. This would involve a clear guideline on management of suspension lists.
- f) that the East Anglia Screening and Immunisation Team has a robust plan on the safe delivery of this year's seasonal flu immunisation. The plan cuts across commissioning, communication/promotion, school based programme, primary care, residential home/housebound, healthcare workers/Occupational Health, maternity, pharmacy, data reporting and monitoring, vaccine supply and a county council funded project to increase flu vaccination of pregnant women

Recommendation: To note and comment on the information provided

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1. BACKGROUND

- 1.1 A task and finish group was established in 2016 with terms of reference to develop a shared understanding of the uptake and delivery in Cambridgeshire of the national childhood immunisation programmes, specifically Prenatal Pertussis, MMR and preschool booster. The aim of the Task and Finish group was to identify local issues relating to the low uptake of childhood immunisations and Prenatal Pertussis; in addition, to identify potential solutions and to make recommendations to resolve barriers to uptake of immunisations.
- 1.2 The recommendations from this group will to be followed by an implementation group to put them into action.

2. MAIN ISSUES

- 2.1 The uptake of childhood immunisation continues to fall for most of the immunisations.- Appendix 1-4.1 and 4.2
- 2.2 “Out of the eight programmes sampled Cambridgeshire is the lowest seven with reference to childhood immunisations. Concerns were raised on how low Cambridge is in comparison to the other areas”-minutes of the inaugural TFG
- 2.2 The uptake of seasonal flu vaccination uptake dropped by 11.1% and 6.0% amongst pregnant women and the at risk groups (<65yrs) respectively when compared with the previous year (15/16 against 14/15).

3. SIGNIFICANT IMPLICATIONS

3.1 Resource Implications

The main cost implication is the cost of a proposed population based campaign required to enlighten the population and professions of the benefits of immunisation. This cost has not been fully agreed.

Additionally there is a cost associated with the project to increase flu vaccination of pregnant women that is covered by the fund made available by the health Committee to improve vaccination uptake.

3.2 Statutory, Risk and Legal Implications

- 1) The NHS Constitution for England, 2015 states: “You have the right to receive the vaccinations that the Joint Committee on Vaccination and Immunisation recommends that you should receive under an NHS-provided national immunisation programme”.
<https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england>
- 2) The risk of not achieving herd immunity means that the unimmunised continues to remain at risk of infection. Interestingly, families who have resentment to immunisation seem to cluster together posing huge risk of cross-infectivity during an outbreak.

3.3 Equality and Diversity Implications

- 1) No Equality Impact Assessment was done. It is envisaged that due to the nature of this project it more likely that health inequity would be address gaps in uptake across different protected groups rather than create one.
- 2) It hopes to address functional gaps in service delivery most especially improving accessibility.

3.4 Engagement and Consultation Implications

- 1) The survey mentioned in the recommendation would seek to sample the opinion of service users as well as professionals. The information gained would be fed back into addressing some of the gaps in service delivery.
- 2) This piece of work is in collaboration with arm's length bodies linked to the immunisation programmes in Cambridgeshire which includes, NHS England, PHE, CCG, LA, provider organisations and NGOs.

3.5 Localism and Local Member Involvement

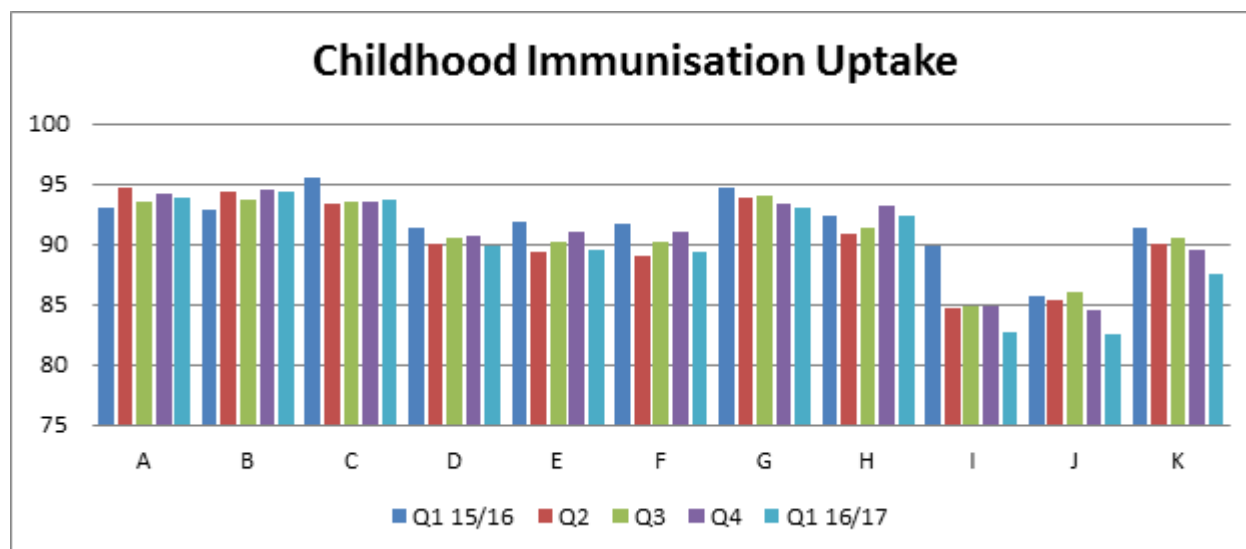
Led and directed by the Joint C&P Health Protection Steering Group which is chaired by the DPH with input from the Cambridgeshire County Council Public Health Team.

3.6 Public Health Implications

- 1) Achieving herd immunity is the surest way of protecting a community against outbreak of infectious diseases. As long as there are isolated communities that harbor strong negative views about vaccination, there will be outbreaks of vaccine-preventable diseases in those communities.
- 2) Flu vaccination of pregnant women and those who are at risk would help reduce mortality rate which is a Public Health target for all arm's length organisations.
- 3) Will the proposal have an impact on the health of Cambridgeshire residents? Yes
- 4) Will the proposal support improving the health of the worst off fastest? Yes
- 5) Will the proposal impact on a key health and wellbeing need identified in the Cambridgeshire Joint Strategic Needs Assessment (JSNA)? Yes

Source Documents	Location
Vaccine uptake guidance and the latest coverage data	https://www.gov.uk/government/collections/vaccine-uptake

Appendix 1: Childhood Immunisation Uptake over the past 5 quarters- Graph 4.1



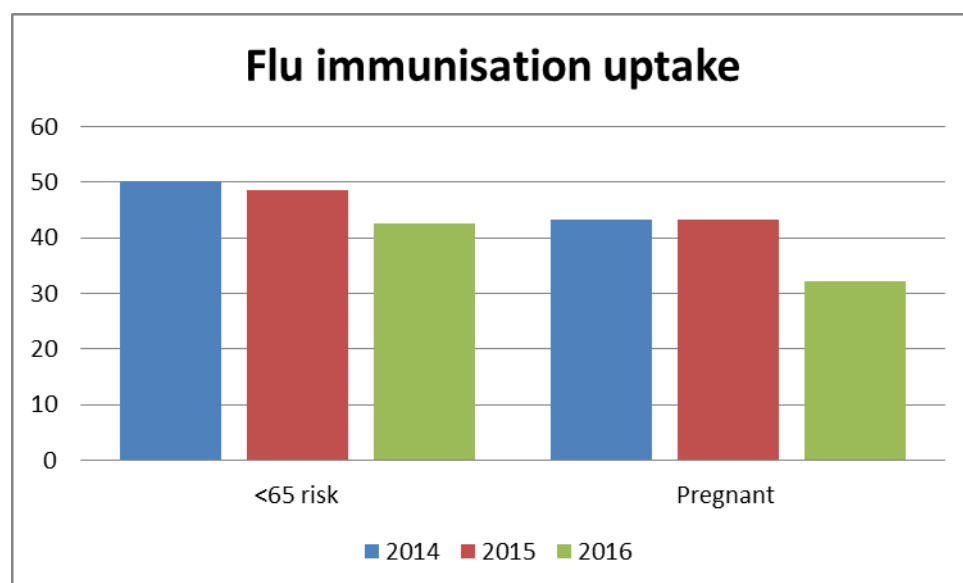
4.2 Childhood Immunisation Uptake over the past 5 quarters- Table

*	Q1 15/16	Q2	Q3	Q4	Q1 16/17 (**)
A	93.1	94.7	93.6	94.2	93.8 (25)
B	92.9	94.4	93.7	94.6	94.3(22)
C	95.6	93.3	93.6	93.5	93.7(24)
D	91.3	90	90.5	90.7	89.9 (96)
E	91.9	89.4	90.2	91	89.6 (102)
F	91.7	89.1	90.2	91	89.4 (105)
G	94.7	93.8	94.1	93.4	93.1 (37)
H	92.3	90.9	91.4	93.2	92.4(51)
I	89.8	84.7	84.8	84.9	82.7 (237)
J	85.7	85.4	86	84.5	82.6 (239)
K	91.3	90	90.6	89.5	87.6 (143)

*A) 12 months DTaP/IPV/Hib [target 95%]; B) 12 months PCV [target 95%]; C) 24 months DTaP/IPV/Hib [target 95%]; D) 24 months PCV Booster [target 95%]; E) 24 months Hib/Men C [target 95%]; F) 24 months MMR 1 [target 95%]; G) 5 years DTaP IPV Hib [target 95%]; H) 5 years MMR 1 [target 95%]; I) 5 years MMR 2 [target 95%]; J) 5 years DTaP/IPV Booster [target 95%]; K) 5 years Hib/Men C [target 95%]

** Number of children that need to be vaccinated to reach the 95% target.

4.3 Seasonal Flu vaccination uptake over the past 3 years amongst pregnant women and those <65 years categorised to be at risk.



4.4 Seasonal Flu vaccination uptake by risk factor (2015/16 data)

