Immunisation: Factsheet

Tower Hamlets Joint Strategic Needs Assessment 2010-2011

Executive Summary

This fact sheet covers immunisation programmes for children, young people and adults.

Immunisation is a very effective public health intervention to protect children and adults from a range of infectious diseases which could seriously compromise their health. There is a national schedule for all the immunisation programmes. In addition in Tower Hamlets, a BCG vaccination programme is provided for all infants under 1 year due to the high level of tuberculosis in the Borough.

Uptake and coverage of the child immunisation programme has greatly improved and Tower Hamlets is currently the best performing borough in London.

Since 2008 two vaccination programmes, Human Papilloma Virus (HPV) and school leavers booster, have been introduced into secondary schools and are currently achieving an average uptake in line with other London boroughs (of 75%)

Tower Hamlets has consistently provided a very successful seasonal influenza vaccination programme, for the over 65 yrs population, reaching or exceeding the national target of 75% for the last 5 years.

The NICE guidance [www.nice.org.uk](http://www.nice.org.uk) PH 12 on Reducing inequalities in the uptake of immunisations, published in September 2009, summarises the latest evidence on the requirements for organising a childhood immunisation programme

Recommendations

- To further increase the uptake and coverage of the childhood immunisation programme, delivered through the general practice setting, to achieve 95% coverage (herd immunity) across all vaccinations
- To obtain a more accurate picture of the numbers of children under 5 yrs who are not registered with a GP but living in Tower Hamlets to ensure they are kept up to date with the vaccination schedule.
- To work with the Somali community to further promote the MMR immunisation programme and to encourage the uptake to protect their children.
- To improve the uptake and coverage of the HPV vaccination and school leavers’ booster delivered in secondary schools.
- To maintain the uptake and coverage of the seasonal flu vaccination programme for the over 65yr olds, delivered through general practice.
- To improve the uptake and coverage of the seasonal flu vaccination programme for the under 65yrs population with long term conditions.
1. What is immunisation?

Childhood Immunisation Programme
The routine childhood immunisation schedule includes vaccinations against: diphtheria, pertussis, polio, tetanus, haemophilius influenza type b, meningitis C, measles, mumps, rubella and pneumococcal infection. To be fully effective and prevent the spread of these diseases, 95% of the children within a given population need to get vaccinated (WHO.)

In addition to this, because the prevalence of Tuberculosis in Tower Hamlets is above 40 per 100,000, infants under 12mths are given the BCG vaccine.

Infants with Hepatitis B positive mothers are also vaccinated against Hepatitis B, via an accelerated vaccination schedule, through their first year of life (this includes 4 vaccinations and a blood test at 12mths) to prevent them developing chronic liver disease as an adult.

School vaccination programme

The HPV vaccination was introduced into secondary schools in 2008 for girls to prevent the development of cervical cancer and consists of 3 vaccinations. It is currently given to girls in year 8 (12-13yrs). The school leavers booster was also introduced in that year and is delivered as a single vaccination to year 10 boys and girls.

Adult vaccination programme

There are two major vaccination programmes for adults in the community; the annual seasonal influenza vaccination and the pneumococcal vaccination.

The seasonal flu vaccination programme targets all individuals who are over 65 years and all those who are under 65 years who have specific long term conditions. The latest list of high risk conditions was published by the Department of Health on 14th September 09:

Pneumococcal vaccination is a one off injection for the majority of the individuals who are targeted. The groups targeted are the population over 65 years and those under 65 years with long-term conditions specified by the DH in the updated list of 6th April 2010:
2. What is the local picture?

Childhood Immunisation programme

Uptake and coverage of the childhood immunisation programme in Tower Hamlets has improved significantly since the beginning of April 2010 with all the vaccinations in the childhood schedule reaching over 93% coverage by quarter 3 (September 1st until 31st December 2010). The 1st year vaccinations in Tower Hamlets has reached over 95% for the past 2 quarters 2010/11. According to recent statistics from NHS London, Tower Hamlets is currently the best performing borough in London on this immunisation programme.

Uptake of BCG vaccination was 95.6% for quarter 3 (September – December 2010)

Information from the Hepatitis B programme indicates that a majority of the infants needing these vaccines have been successfully followed up and received a full course of the vaccine.

School Immunisation programme

The HPV programme for girls aged 12 -13 years has been running successfully in local secondary schools since 2008. The latest figures from 2009/10 showed coverage of the 3rd vaccination of 75%, which was above the London average of 66.6% and just below the England average uptake of 76.4%.

The school leavers vaccination which is a delivered to both boys and girls aged 15 – 16 yrs uptake level reached 69% in 2009/10.

Adult Immunisation programme

There is currently a national target of 75% coverage for the over 65s population and Tower Hamlets reached 76.6% coverage of this vaccination for the winter period of 2010/11. There is no target set for the under 65s with long term condition however 57% of this targeted population received the vaccination which represents a 2% increase from the previous year, which was above the England average.

An audit of the pneumococcal vaccination programme was carried out by the Health Protection Agency (HPA) in August 2010 and this indicated that 71% of those over 65s had received this vaccination. This was an improvement from 69% coverage in 2009.

3. What are the effective interventions?

The NICE guidance www.nice.org.uk PH 12 on Reducing inequalities in the uptake of immunisations, published in September 2009 highlights the major organizational tools which are required to provide a successful childhood immunisation programme.

The Key NICE recommendations were already being addressed in Tower Hamlets prior to the publication, including:

- Developing a robust information system to monitor the uptake across the borough and within individual general practices
- Organising systematic processes for both inviting and following up children to receive their scheduled vaccinations (call / recall system)
- Developing robust systems for addressing the mobility of the population
- Providing regular training programmes to enable clinicians new to immunisation to become competent immunisers and regular updates for those currently immunising.
• Providing a coordination programme for the accelerated Hepatitis B accelerated vaccination schedule
Promoting the uptake of the immunisation programme in a range of settings including day nurseries, schools and colleges of further education.

4. What is being done locally to address this issue?

The progress which has been made in the childhood immunisation programme has been due to the recognition of the steps required to improve the organization and delivery of this service and high level commitment from NHS Tower Hamlets management to make the changes take place.

The first significant improvement was in the quality of the data received on the immunisation uptake at a general practice and borough level due to the development of EMIS web in 2009 which enables a central server to collect the data from each practice. This resulted in the development of an immunisation dashboard which enables the immunisation programme to be closely monitored and to identify where improvements are required.

As a result of EMIS web, IT developed a systematic call and recall programme for children due or for children overdue vaccinations which fundamentally improved the uptake of the immunisation programme. Alongside the introduction of this important IT tool various other initiatives took place over the past year which positively impacted on this programme including:

• Organisation of practices into networks with a network manager and coordinator. Development of a network LES (Local Enhanced Scheme) for immunisations to encourage practices within networks to achieve high levels of immunisation uptake
• List cleaning exercise for the under 5yrs.
• IT training to fully utilise the call and recall programme for network coordinators and individual practice administration.
• Network based training on the immunisation programme and introduction of the LES.
• Regular management meetings with Network teams (monthly basis initially) to identify new ways of working to progress and to problem solve the immunisation programme.
• Best practice check lists for network managers and practices
• Regular circulation of league tables utilising data- developing healthy competition between networks and practices to improve uptake
• Targeted approaches to underperforming practices and networks

Other targeted areas of work:
For the under 5yrs:
• Educational workshop for Somali advocates and community leaders to dispel the myth of that MMR vaccination causes autism.
• 5 community workshops facilitated by a Somali advocate, for Somali parents to discuss the reasons for the MMR vaccination and their concerns about the vaccination
• Development of a leaflet to inform parents about the diseases from which their children are being protected
• Series of training programmes for non clinical staff working on the vaccination programme including receptionists from GP practices and children centre workers.

For school children:
• A dedicated team of nurses are delivering the HPV and school leavers vaccinations in secondary schools
• The uptake and coverage of the vaccinations in schools are monitored and interventions to deliver improvements are being organised

For adults:
• Reminder letters are sent to all registered over 65yr olds to encourage them to take up the seasonal flu
vaccination.
- Flu vaccination training was provided for Health Care Assistants working in general practices to increase the numbers of staff able to deliver the flu vaccinations across the borough
- Practices are regularly informed of their coverage levels and comparisons with other practices are circulated to sustain improvements in the seasonal flu vaccination programme

Text message pilot was used for those under 65yrs with long-term conditions to encourage them to attend for their flu vaccination.

5. What evidence is there that we are making a difference?

Having the immunisation dashboard to accurately provide data on the uptake and coverage of the childhood immunisation programme has enabled Tower Hamlets to make and demonstrate positive improvements in this aspect of the vaccination programme. Improvements have particularly taken place over the past year due to the consolidation of all the work within the GP networks, the implementation of the IT systems and the integration of administrative process into general practices.

The improvements in the first year vaccination have been particularly impressive with over 95% coverage being obtained for 3 out of the 4 quarters for 2010/11. All the other vaccinations have reached over 93% coverage in the last quarter and resulted in the best performance across London for 2 quarters in this year (ie 2& 3 10/11).

The statistics for the HPV programme are collected nationally and as was highlighted for 2009/10 achieved coverage of the 3rd vaccination of 75%, which was above the London average of 66.6% and just below the England average uptake of 76.4%.

The seasonal flu vaccination programme is also monitored nationally and this year 2010/11 Tower Hamlets has achieved 76.6% coverage in the over 65yrs which is above the national target of 75%.. The seasonal flu programme for the under 65yrs with chronic conditions is also showing an increase in coverage to 57%.

6. What is the perspective of the public on support available to them?

A piece of qualitative research undertaken in 2009 and reported in early 2010 showed that parents wanted:
- Reminders for vaccinations, especially for the preschool booster (?)
- Information to counteract myths and misinformation that get circulated in the community by educating key members of the community
- Information that shows evidence that MMR is not linked to autism
- Specific information for Somali families
- Children’s Centre workers who can talk about the pros and cons of immunisation to parents in discussion groups or on a 1:1 basis.
- Information on the effects of the diseases themselves and the percentages of severe outcomes for having the disease versus having the immunisation
- Having community members, peer advisers or bilingual advocates to talk to and advise on issues of immunisation (and other child rearing issues).
- Discussion groups/question and answer sessions to be held in nursery and Primary Schools about the pros and cons of immunisation.

7. What more do we need to know?

Although the childhood immunisation programme is progressing well there are two areas of work which require further investment:
- How to further progress our work with Somali families who are currently refusing or delaying the MMR vaccinations due to their fears of it causing autism. Research papers in Sweden and the USA have highlighted the phenomenon of increased autism in their Somali communities and our local community appears to believe this is also happening in Tower Hamlets. Although the rise in autism is not connected to the MMR vaccination, more work needs to be done with this community to increase their confidence in this vaccination. Local research is also required to identify whether autism is becoming more common in this the community.

- To clarify the numbers of children under 5 who are not registered with a local general practitioner and the means to do this to ensure that this group of children are keeping up to date with the vaccination programme.

In relation to adult vaccinations, further investment is required to increase the uptake of the seasonal influenza vaccination, particularly for those under 65yrs of age that have long-term conditions (high risk groups.)

8. What are the key insights and priorities for improvement over the next 5 years?

What are the Key Insights?
We have achieved high coverage of the immunisation programme for children under 5 years and it is important that this remains a key objective for the GP Networks so that the systems which have been implemented are maintained. Ongoing monitoring of the childhood immunisation programme will be important to ensure the uptake levels remain high across the borough and to provide interventions with GP Networks and practices where the levels are not maintained.

What are the Key Recommendations?
- To maintain the uptake of the childhood immunisation programme, delivered through the general practice setting and further improve uptake and coverage to achieve herd immunity (95%) across all vaccinations
- To obtain a more accurate picture of the numbers of children under 5 yrs who are not registered with a GP but living in Tower Hamlets to ensure they are kept up to date with the vaccination schedule.
- To work with the Somali community to further promote the MMR immunisation programme and to encourage the uptake of this vaccination to protect their children.
- To improve the uptake of the HPV (Human Papilloma Virus) vaccination and school leavers’ booster delivered, in secondary schools.
- To continue to maintain the uptake of the seasonal flu vaccination programme by the over 65yr olds which is delivered through general practice.
- To improve the uptake of the seasonal flu vaccination programme for the population who are under 65yrs and who are experiencing chronic diseases.

9. Key Contacts
- For general JSNA queries email: JSNA@towerhamlets.gov.uk
- Named factsheet contact email Luise Dawson, Public Health Nurse: luise.dawson@thpct.nhs.uk

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