

Committee: Health and Wellbeing Board

Date: 4 June 2013

Agenda item: 10

Wards: All

Subject: Childhood Immunisation

Lead officer: Kay Eilbert, Director of Public Health

Lead member: Councillor Linda Kirby, Cabinet Member for Adult Social Care and Health.

Forward Plan reference number:

Contact officer: Julia Groom, Consultant in Public Health

Recommendations:

- A. To note the briefing on childhood immunisations in Merton and the on-going national catch-up campaign for the MMR and plans for the future.
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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

In Sutton and Merton the performance on Childhood Immunisation has been low for a number of years. The recent outbreak of measles in South Wales has highlighted the potential risk to the local population and is indicative of our overall performance on childhood immunisations.

- In 2011-12 the proportion of the population immunised for MMR1 by 2nd birthday was 78.7% for Sutton and Merton, compared to 86.1% for London and 91.2% for England.
- In 2011/12 the proportion of the population immunised for MMR1 & 2 by 5th Birthday was 77%, compared to 80.2% for London and 86% for England.
- The trend over the past four years has been downwards and the level of coverage at 2nd birthday has reduced from 83.6% in 2008-09 (a reduction of nearly 5%)

According to the PHE MMR catch-up campaign ready reckoner, there are an estimated 2,054 unvaccinated and 2,005 partially vaccinated 10-16 year olds. This is based on registered population of 15,286 10-16 years, about 26 % of the target population.

A task group has been formed and an action plan is under development bringing together the work of the key stakeholders. Led by the NHS England-London (Merton) immunisation coordinator, this effort will involve development of a draft Action Plan is under development and sets out 7 key areas for action:

- Establishing a Merton borough focus
- Improving uptake and access
- Improving data systems
- Improving awareness
- Supporting the London catch-up campaign
- Identifying vulnerable groups
- Identifying local roles in supporting development of an outbreak plan

As part of this, Public Health LBM has agreed with MCCG Executive team the following support:

- Quarterly provision of childhood immunisation uptake
- An agenda item on each of the three locality boards to review progress and discuss potential improvements on a quarterly basis
- A top ten tips to improve childhood immunisations

2. BACKGROUND

After clean water, vaccination (immunisation) is the most effective public health intervention in the world for saving lives and promoting good health. The primary aim of vaccination is to protect the individual who receives the vaccine. Vaccinated individuals are also less likely to be a source of infection to others.

This reduces the risk of unvaccinated individuals being exposed to infection. This means that individuals who cannot be vaccinated will still benefit from the routine vaccination programme.

This concept is called population (or 'herd') immunity. The World Health Organization (WHO) recommends at least 95% of pre-school children to receive the recommended vaccinations to achieve 'herd' immunity.

| When to immunise | What is given |
|---|---|
| Two months old | Diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (DTaP/IPV/Hib) |
| | Pneumococcal (PCV) |
| Three months old | Diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (DTaP/IPV/Hib) |
| | Meningitis C (MenC) |
| Four months old | Diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (DTaP/IPV/Hib) |
| | Pneumococcal (PCV) |
| | Meningitis C (MenC) |
| Between 12 and 13 months old - within a month of the first birthday | Haemophilus influenzae type b, Meningitis C (Hib/MenC) |
| | Measles, mumps and rubella (MMR) |
| | Pneumococcal (PCV) |
| Three years four months to five years old | Diphtheria, tetanus, pertussis and polio (dTaP/IPV or DTaP/IPV) |
| | Measles, mumps and rubella (MMR) |
| Girls aged 12-13 years | Human Papillomavirus Vaccine (HPV) |
| Thirteen to 18 years old | Tetanus, diphtheria and polio (Td/IPV) |

On 1 April organisations took up new public health roles and responsibilities, which means the following in terms of anticipating and responding to concerns about a potential measles outbreak in England:

Directors of Public Health: responsibility changed from providing leadership for PCT commissioning of immunisation programmes, to that of seeking and providing assurance that the population is appropriately protected. This includes:

- Obtaining assurance that plans are in place to achieve Immunisation targets
- Assurance that discussions are taking place to inform decisions on any emerging local and national actions
- That Directors of Public Health will be kept informed and will be consulted on any plans

NHS England (Previously National Commissioning Board): now responsible for commissioning immunisation programmes (previously commissioned by PCTs). So, NHS England is responsible for the roll out of the MMR Catch up campaign for 10-16 year olds. If there were additional measures to be implemented in England, this would be decided by Government, on the advice of Public Health England (and in consultation with NHS England).

Public Health England has taken over responsibilities previously held by the Health Protection Agency, including providing advice and leadership on infectious disease outbreaks, such as:

- surveillance of infectious diseases (including measles)
- advising on the epidemiology of measles (patterns, causes and effects)
- providing specialist microbiology advice
- advising government of the risks and appropriate response

GPs continue to provide immunisations (mostly delivered by Practice Nurses), but from 1 April 2013 GPs are commissioned and performance managed by NHS England (and not PCTs). GPs and Practice Nurses are guided by the “Green Book” which provides policy and guidance on all aspects of immunisation, including eligibility (which is described above). As should be the case at any time, GPs and Practice Nurses identify and respond to their population’s vaccination needs (so, if someone has not been vaccinated, then MMR should be offered where appropriate).

Sutton & Merton Community Services: continue to be responsible for Child Health Records and recording Immunisation coverage. Health Visitors have a role in advising and promoting immunisations. Schools-based immunisation programmes have been delivered by Community Services Immunisation Team.

Clinical Commissioning Groups do not commission vaccinations. However, they have an interest in ensuring that hospital admissions due to vaccine-preventable illness are prevented. Thus the CCGs will want to encourage local GPs to discuss with a patient if the patient’s record shows that the individual has not been vaccinated.

3. DETAILS

3.1 Current Status

Table 1 below sets out annual rates for the six childhood immunisations for Sutton & Merton

| | Age 1 | | | | | |
|----------------|--------------|---------|----------|---------|--------------|---------|
| | DTaP/IPV/Hib | | Hib/MenC | | | |
| | 2010-11 | 2011-12 | 2010-11 | | 2011-12 | |
| Merton | 89.43 | 84.90 | 88.42 | | 84.33 | |
| London | 90.73 | 91.27 | 89.27 | | 89.95 | |
| England | 94.15 | 94.67 | 93.39 | | 94.22 | |
| | Age 2 | | | | | |
| | PCV | | MMR1 | | DTaP/IPV/Hib | |
| | 2010-11 | 2011-12 | 2010-11 | 2010-12 | 2010-11 | 2011-12 |
| Merton | 88.55 | 83.88 | 81.64 | 78.70 | 91.78 | 89.98 |
| London | 89.58 | 90.40 | 83.75 | 86.08 | 93.33 | 92.85 |
| England | 93.58 | 93.89 | 89.13 | 91.25 | 96.14 | 95.98 |

| | Age 5 | | | |
|----------------|------------------------|---------|---------|---------|
| | DTaP/IPV/Hib (booster) | | MMR2 | |
| | 2010-11 | 2011-12 | 2010-11 | 2011-12 |
| Merton | 72.68 | 70.61 | 79.77 | 76.98 |
| London | 74.73 | 78.83 | 76.62 | 80.21 |
| England | 85.89 | 87.35 | 84.21 | 92.90 |

Appendix 1 sets out a comparison of London boroughs for MMR uptake and measles cases from 2007/08 – 2011/12.

- 3.2 In Sutton and Merton the performance on Childhood Immunisation has been low for a number of years. The recent outbreak of Measles in South Wales has highlighted the potential risk to the local population and is indicative of our overall performance on childhood immunisations.
- 3.3 According to the PHE MMR catch-up campaign ready reckoner, there are an estimated 2,054 unvaccinated and 2,005 partially vaccinated 10-16 year olds. This is based on registered population of 15,286 10-16 years, about 26 % of the target population.

Data recording has been identified as a potential significant issue affecting the accuracy of the published data and actions have been identified and are being put in place to address this via a GP Upload tool. From 2013/14 data will be available on a borough basis, which will provide a more accurate local picture. Local analysis of coverage by General Practice indicates a wide variation in the coverage rate of MMR at 2nd birthday. It also indicates that coverage may be higher than the joint Sutton and Merton data currently reported nationally.

- 3,4 Currently the incidence of confirmed Measles cases is low (1 in March 2013; 3 cases in 2012) and there are no current outbreaks locally and across London. However it is estimated that there is a cohort of young people mainly aged 10-16 years who were missed routine childhood immunisations at the height of negative publicity and concerns, now discredited, about links with MMR and autism and bowel disease. Public Health England has advised that London is more likely to experience clusters of cases rather than acute wide-spread outbreak as seen in Swansea and plans are being developed for a national MMR catch up campaign for 10-16 year olds over summer 2013.
- 3.5 In light of these changes discussed above, it is proposed that a Sutton and Merton Childhood Immunisation Task Group are established, to meet monthly from May 2013, building on the work of the Immunisation Promotion Group.

4. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

None for the purpose of this report.

5. LEGAL AND STATUTORY IMPLICATIONS

None for the purpose of this report

6. HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

On-going work is taking place by NHS England to address vulnerable groups with lower rates of MMR uptake

7. CRIME AND DISORDER IMPLICATIONS

None for the purpose of this report.

8. RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

None for the purpose of this report

9. APPENDICES

Appendix 1 MMR Coverage (1st and 2nd Dose) at age 5 by PCT for London

Appendix 1 MMR Coverage (1st and 2nd Dose) at age 5 by PCT for London

| London Pct Name | 2007/08 | 2008/09 | 2009/10 | 2010/11 | 2011/12 |
|-----------------------------|-----------|-----------|-----------|-----------|-----------|
| Barking & Dagenham PCT | 60 | 55 | 62 | 69 | 78 |
| Barnet PCT | 59 | 82 | 82 | 83 | 88 |
| Bexley Care Trust PCT | 51 | 58 | 60 | 79 | 85 |
| Brent Teaching PCT | 43 | 32 | 72 | 82 | 89 |
| Bromley PCT | - | 71 | 71 | 77 | 89 |
| Camden PCT | - | 51 | 58 | 61 | 70 |
| City & Hackney Teaching PCT | - | 37 | 49 | 65 | 71 |
| Croydon PCT | 64 | 71 | 77 | 75 | 73 |
| Ealing PCT | 67 | 63 | 74 | 80 | 84 |
| Enfield PCT | 45 | 62 | 73 | 68 | 77 |
| Greenwich Teaching PCT | 39 | 57 | 66 | 80 | 82 |
| Hammersmith & Fulham PCT | 69 | 51 | 59 | 69 | 73 |
| Haringey Teaching PCT | - | 38 | 83 | 78 | 83 |
| Harrow PCT | 66 | 79 | 68 | 78 | 90 |
| Havering PCT | 67 | 68 | 72 | 79 | 86 |
| Hillingdon PCT | - | 70 | 85 | 87 | 89 |
| Hounslow PCT | - | 53 | 68 | 68 | 76 |
| Islington PCT | 43 | 50 | 64 | 75 | 83 |
| Kensington & Chelsea PCT | - | 63 | 65 | 66 | 75 |
| Kingston PCT | 76 | 77 | 78 | 82 | 83 |
| Lambeth PCT | - | 63 | 73 | 75 | 76 |
| Lewisham PCT | 45 | 51 | 62 | 66 | 70 |
| Newham PCT | 42 | 80 | 75 | 77 | 77 |
| Redbridge PCT | - | 66 | 71 | 77 | 77 |
| Richmond & Twickenham PCT | 61 | 82 | 75 | 76 | 79 |
| Southwark PCT | 51 | 55 | 68 | 69 | 71 |
| Sutton & Merton PCT | 68 | 79 | 81 | 80 | 77 |
| Tower Hamlets PCT | 66 | 79 | 84 | 94 | 94 |
| Waltham Forest PCT | 49 | 72 | 80 | 81 | 82 |
| Wandsworth PCT | - | 71 | 78 | 87 | 80 |
| Westminster PCT | - | 81 | 88 | 88 | 84 |
| London PHEC | 49 | 63 | 72 | 77 | 82 |
| England | 74 | 78 | 83 | 84 | 86 |

* Some PCTs were unable to provide data for 2007/08 due to issues with child health systems.

Key Points

Key points and comments

There is on-going measles activity within the Orthodox Jewish community in north London. In addition, a small number of other incidents involving confirmed or suspected cases of measles have been reported to PHE across London so far in 2013, mainly involving schools or colleges.

Table 1: Confirmed cases of measles by month, quarter and year with a comparison to the previous years by Local Authority for London

| No – Confirmed cases Rate - Crude Rate per 100,000 | Month | | Quarter | | Year | | | | | |
|--|----------------------|---------------------------|---------------------------------|---------------------------------|----------------------------|------|----------------------------------|------|----------------------------|------|
| | Latest Month – March | Previous month – February | Latest quarter Jan – March 2013 | Previous quarter Oct – Dec 2012 | Year to date (up to March) | | Previous year (up to March 2012) | | Previous year (Total 2012) | |
| | | | | | No | Rate | No | Rate | No | Rate |
| PHE Centre | 9 | 30 | 68 | 13 | 68 | 0.83 | 34 | 0.41 | 139 | 1.69 |
| Barking & Dagenham | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 1.07 |
| Barnet | 0 | 6 | 7 | 0 | 7 | 1.96 | 5 | 1.40 | 14 | 3.92 |
| Bexley | 1 | 0 | 2 | 0 | 2 | 0.86 | 0 | 0 | 0 | 0 |
| Brent | 0 | 1 | 1 | 0 | 1 | 0.32 | 0 | 0 | 0 | 0 |
| Bromley | 0 | 8 | 10 | 0 | 10 | 3.22 | 1 | 0.32 | 1 | 0.32 |
| Camden | 0 | 1 | 1 | 0 | 1 | 0.45 | 0 | 0 | 2 | 0.91 |
| City of London | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Croydon | 0 | 0 | 2 | 1 | 2 | 0.55 | 0 | 0 | 4 | 1.10 |
| Ealing | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6 | 1.77 |
| Enfield | 1 | 0 | 1 | 0 | 1 | 0.32 | 0 | 0 | 5 | 1.59 |
| Greenwich | 0 | 2 | 4 | 0 | 4 | 1.57 | 2 | 0.78 | 2 | 0.78 |
| Hackney | 4 | 8 | 28 | 3 | 28 | 11.3 | 10 | 4.05 | 45 | 18.2 |
| Hammersmith & | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| Fulham | | | | | | | | | | |
|--|---------------------------|--|---|---|-------------------------------------|----------|--|----------|-------------------------------------|----------|
| | Month | | Quarter | | Year | | | | | |
| No – Confirmed cases Rate - Crude Rate per 100,000 | Latest Month –March | Previou s month – Februa ry | Latest quarte r Jan – March 2013 | Previou s quarter Oct – Dec 2012 | Year to date (up to March) | | Previous year (up to March 2012) | | Previous year (Total 2012) | |
| | | | | | No | Rat e | No | Rat e | No | Rat e |
| Haringey | 2 | 0 | 5 | 2 | 5 | 1.96 | 4 | 1.57 | 7 | 2.74 |
| Harrow | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 1.25 | 4 | 1.66 |
| Havering | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0.42 |
| Hillingdon | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0.36 |
| Hounslow | 0 | 1 | 1 | 0 | 1 | 0.39 | 3 | 1.18 | 9 | 3.53 |
| Islington | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 2 | 0.97 |
| Kensington and Chelsea | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0.63 | 3 | 1.90 |
| Kingston upon Thames | 0 | 1 | 1 | 0 | 1 | 0.62 | 0 | 0 | 0 | 0 |
| Lambeth | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0.66 | 4 | 1.31 |
| Lewisham | 0 | 0 | 2 | 0 | 2 | 0.72 | 0 | 0 | 3 | 1.08 |
| Merton | 1 | 0 | 1 | 0 | 1 | 0.5 | 0 | 0 | 3 | 0.50 |
| Newham | 0 | 1 | 1 | 1 | 1 | 0.32 | 0 | 0 | 1 | 0.32 |
| Redbridge | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 2 | 0.71 |
| Richmond upon Thames | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0.53 |
| Southwark | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0.69 |
| Sutton | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 2.09 |
| Tower Hamlets | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0.39 | 2 | 0.78 |
| Waltham | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 4 | 1.54 |

| | | | | | | | | | | |
|-------------|---|---|---|---|---|------|---|------|---|------|
| Forest | | | | | | | | | | |
| Wandsworth | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0.65 | 4 | 1.30 |
| Westminster | 0 | 1 | 1 | 0 | 1 | 0.46 | 0 | 0 | 1 | 0.46 |

*Based upon onset date where available

Table 2: Confirmed cases of measles by month, quarter and year with a comparison to the previous years by Area Team for London

| No – Confirmed cases Rate - Crude Rate per 100,000 | Month | | Quarter | | Year | | | | | |
|---|-------------------------------|---------------------------------|---|---|-------------------------------------|------|--|------|-------------------------------------|------|
| | Latest Month – March | Previous month – February | Latest quarter Jan – March 2013 | Previous quarter Oct – Dec 2012 | Year to date (up to March) | | Previous year (up to March 2012) | | Previous year (Total 2012) | |
| | | | | | No | Rate | No | Rate | No | Rate |
| London | 9 | 30 | 68 | 13 | 68 | 0.83 | 34 | 0.41 | 139 | 1.69 |

Figure 1: Confirmed cases of measles (year to date) by age group with a comparison to the previous year (2012) for London

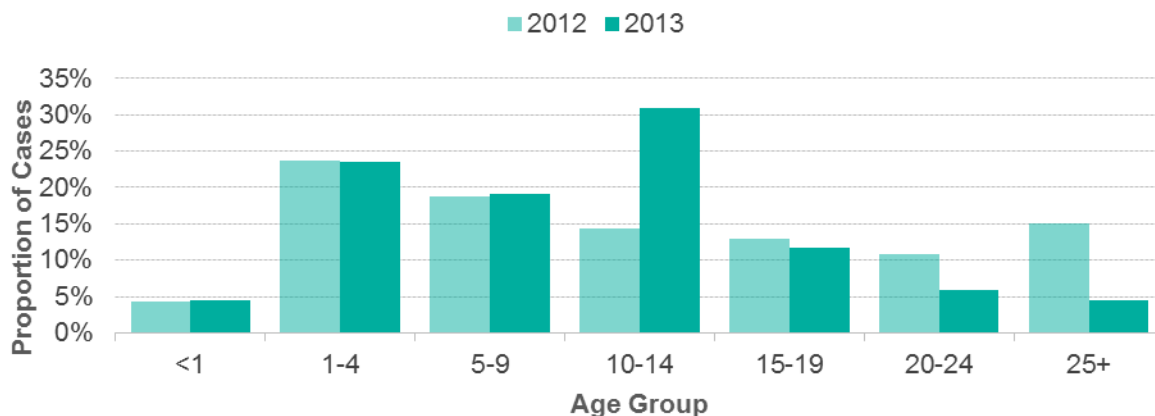


Figure 2: Thematic map of crude rates of confirmed measles by local authority

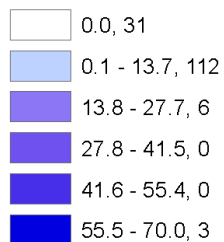
**Crude rates of confirmed cases of Measles 2012,
London**

Key:

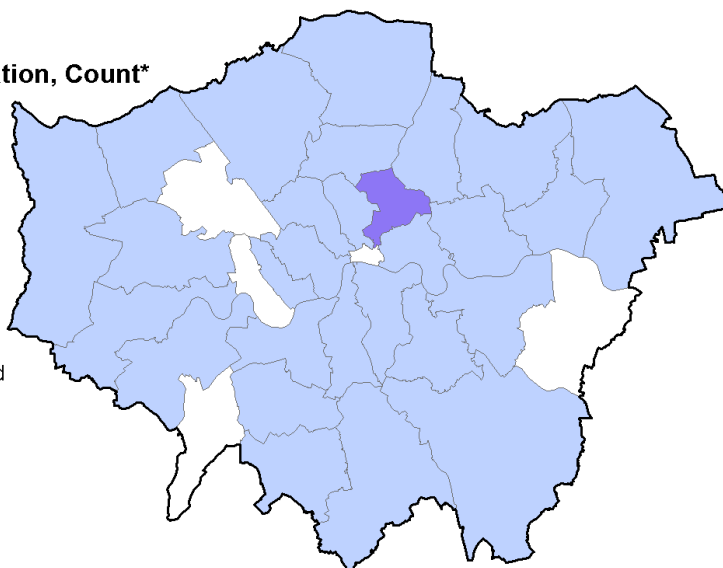
 PHE Centre Boundary

Upper Tier Local Authorities

Crude Rate per 100,000 population, Count*



* of UTLAs falling into category, England



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Outbreak situations in 2013

New outbreaks: None

On-going outbreaks: None

Closed outbreaks: All reported outbreaks closed.

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