

**Report to Health and Social
Care Overview Scrutiny
Committee on Section 7a
Seasonal 'Flu and 0-5s
Immunisation Programmes in
London Borough of Merton
2016/17**



Report on Seasonal Flu and O-5s immunisation programmes in Merton

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Presented to: Healthier Communities and Older People Overview Scrutiny Committee

Classification: OFFICIAL

The NHS Commissioning Board (NHS CB) was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the NHS Commissioning Board has used the name NHS England for operational purposes.

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1 Aim

- The purpose of this paper is to provide an overview of Section 7a immunisation programmes for 0-5s routine childhood immunisations and seasonal flu vaccinations in the London Borough of Merton for 2016/17. The paper covers the vaccine coverage and uptake for each programme along with an account of what NHS England (NHSE) London Region are doing to improve uptake and coverage.
- Section 7a immunisation programmes are universally provided immunisation programmes that cover the life-course and comprise of:
 - Antenatal and targeted new-born vaccinations
 - Routine Childhood Immunisation Programme for 0-5 years
 - School age vaccinations
 - Adult vaccinations such as the annual seasonal 'flu vaccination
- Members are asked to note and support the work NHSE (London) and its partners such as Public Health England (PHE) and the local authority are doing to increase vaccination coverage and immunisation uptake in Merton.

2 Headlines

- London performs lower than national (England) averages across all the immunisation programmes.
- London faces challenges in attaining high coverage and uptake of vaccinations due to high population mobility, increasing population, increasing fiscal pressures and demands on health services and a decreasing workforce.
- Under the London Immunisation Board, NHSE and PHE seek to ensure that the London population are protected from vaccine preventable diseases and are working in partnership with local authorities, CCGs and other partners to increase equity in access to vaccination services and to reduce health inequalities in relation to immunisations.
- The London Borough of Merton (Merton) on average performs well across the vaccination programmes.

3 Routine Childhood Immunisation Programme (0-5 years)

3.1 COVER

- Cohort of Vaccination Evaluated Rapidly (COVER) monitors immunisation coverage data for children in UK who reach their first, second or fifth birthday during each evaluation quarter – e.g. Quarter 1 1st April 2016 – 30th June 2016, Quarter 2 1st July 2016 to September 30th and Quarter 3 October 1st to December 31st 2016 and Quarter 4 covers 1st January 2017 to 31st March 2017.
- Children having their first birthday in the quarter should have been vaccinated at 2, 3 and 4 months, those turning 2 should have been vaccinated at 12/13 months and those who are having their 5th birthday should have been vaccinated before 5 years, ideally 3 years 3 months to 4 years.

- London has in recent years delivered significantly poorer uptake than the remainder of the country. Reasons provided for the low coverage include the increasing birth rate in London which results in a growing 0-5 population and puts pressure on existing resources such as GP practices, London's high population mobility, difficulties in data collection particularly as there is no real incentive for GPs to submit data for COVER statistics and large numbers of deprived or vulnerable groups. In addition, there is a 20-40% annual turnover on GP patient lists which affects the accuracy of the denominator for COVER submissions, which in Merton's case inflates the denominator (i.e. number of children requiring immunisation) resulting in a lower uptake percentage. Like many other London boroughs, Merton has not achieved the required 95% herd immunity (i.e. the proportion of people that need to be vaccinated in order to stop a disease spreading in the population).
- Figure 1 illustrates the comparison of Merton to other South West London boroughs using quarterly COVER statistics for the uptake of the six COVER indicators for uptake. The primaries (i.e. completed three doses of DTaP/IPV/Hib) are used to indicate age one immunisations, PCV and Hib/MenC boosters and first dose of MMR for immunisations by age 2 and preschool booster and second dose of MMR for age 5. Quarterly rates vary considerably more than annual rates but are used here so that Quarter 3 data from 2016/17 (the latest available data) could be included. Merton has remained stable between the two quarters and indeed, uptake rates for the borough have been unchanged throughout 2015/16 and 2016/17.
- Due to the COVER data collection changing from PCT area to local authority in 2016/17, the usual time trend graphs for Merton versus London and England averages could not be computed for this report but will be available again in the future. However, throughout 2011/12 to 2015/16, London has consistently performed below national on all COVER indicators by ~4% for the age 1 vaccinations, ~6% for age 2 vaccinations and ~10% for the age 5 vaccinations. Similarly for Merton, the rates dipped at the start of 2013/14 but have since increased to the pre-dip levels.
- Figures 2 and 3 compare Merton's uptake of 2nd dose MMR and preschool booster (indicators of completed 0-5s routine childhood schedule) with other similar local authorities. It can be seen that Merton performs similarly to Sutton and both are below the averages for the other local authorities. Uptake of first dose of MMR has increased slightly though significantly in Merton (see figure 4) yet uptake of 2nd dose has decreased slightly though also significantly.

Figure 1

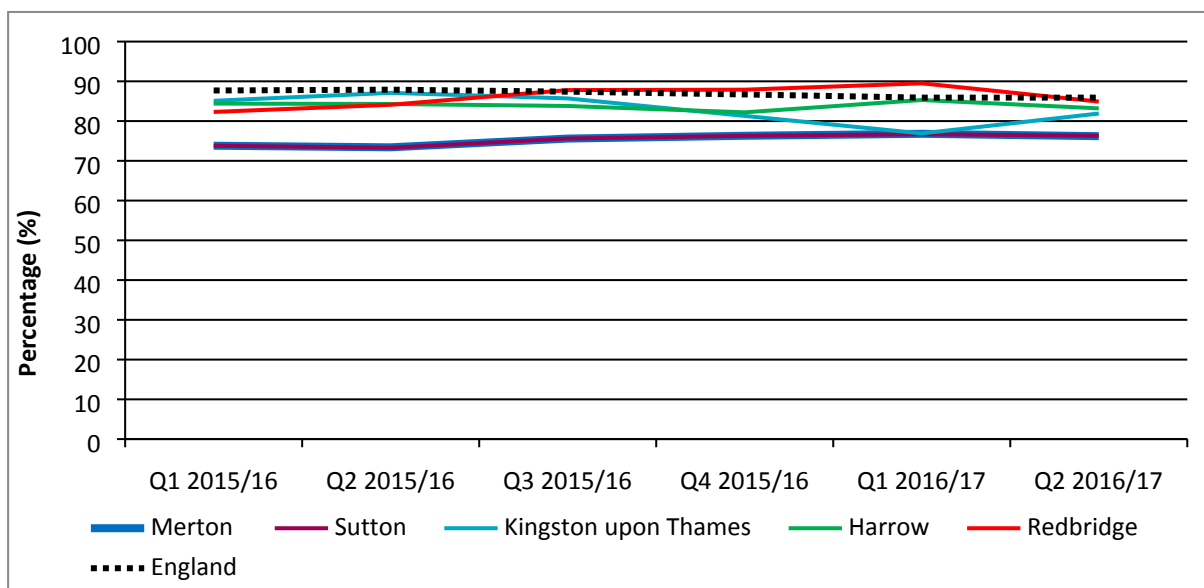
Comparison of Merton Borough and other London boroughs in South London for Q3 2016/17 compared to Q2 2016/17

Cover of vaccination evaluated rapidly (COVER) programme - Q1 1617 & Q2 1617			Immunisation rate for children aged 1 who have been immunised for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib) - (DTaP/IPV/Hib)- 3Doses			Immunisation rate for children aged 2 who have been immunised for Pneumococcal infection (PCV) - (PCV booster)			Immunisation rate for children aged 2 who have been immunised for Haemophilus influenza type b (Hib), meningitis C (MenC) - (Hib/MenC)			Immunisation rate for children aged 2 who have been immunised for measles, mumps and rubella (MMR) - (MMR)			Immunisation rate for children aged 5 who have been immunised for Diphtheria, Tetanus, Polio, Pertussis (DTaP/IPV) - pre-school booster			Immunisation rate for children aged 5 who have been immunised for measles, mumps and rubella (MMR2)		
DCO Team	Upper Tier LA Name	UTLA Code	Q1 1617	Q2 1617	Signif. change	Q1 1617	Q2 1617	Signif. change	Q1 1617	Q2 1617	Signif. change	Q1 1617	Q2 1617	Signif. change	Q1 1617	Q2 1617	Signif. change	Q1 1617	Q2 1617	Signif. change
			%	%		%	%		%	%		%	%		%	%				
South London (SL)	Bexley	E09000004	93.7	92.2	↔	89.9	89.0	↔	90.5	90.1	↔	89.9	89.3	↔	77.4	74.7	↔	87.4	83.7	↔
	Bromley	E09000006	91.1	91.7	↔	90.0	86.5	↔	89.8	87.1	↔	87.3	87.6	↔	77.9	79.8	↔	81.5	81.3	↔
	Croydon	E09000008	87.4	88.1	↔	83.2	81.9	↔	82.1	76.1	↓	83.8	81.9	↔	73.0	69.3	↔	72.8	69.0	↔
	Greenwich	E09000011	90.7	91.2	↔	85.0	86.5	↔	85.4	86.8	↔	86.5	86.9	↔	78.8	76.0	↔	88.3	85.8	↔
	Kingston upon Thames	E09000021	93.3	94.1	↔	90.8	94.2	↔	91.1	87.1	↔	87.3	89.0	↔	76.9	81.9	↔	82.4	83.1	↔
	Lambeth	E09000022	89.4	86.6	↔	85.7	86.9	↔	85.7	87.8	↔	86.6	87.0	↔	80.0	82.7	↔	89.2	88.4	↔
	Lewisham	E09000023	89.3	90.7	↔	87.8	86.5	↔	86.9	82.9	↔	86.6	86.6	↔	79.0	81.2	↔	84.7	85.5	↔
	Merton	E09000024	94.0	91.7	↔	86.7	88.6	↔	87.0	88.4	↔	88.3	89.3	↔	76.8	76.2	↔	81.9	79.6	↔
	Richmond upon Thames	E09000027	74.0	81.9	↑	75.2	74.6	↔	79.8	74.2	↔	81.7	76.5	↔	61.3	62.8	↓	78.9	72.6	↓
	Southwark	E09000028	87.5	88.2	↔	85.1	86.3	↔	85.4	86.7	↔	88.7	85.7	↔	78.7	77.4	↔	88.8	83.7	↓
	Sutton	E09000029	93.8	92.0	↔	86.6	88.5	↔	87.1	88.4	↔	88.4	89.2	↔	76.7	76.3	↔	82.0	79.7	↔
Wandsworth	E09000032	88.3	91.2	↔	84.4	81.5	↔	84.6	82.2	↔	84.1	83.1	↔	71.6	72.3	↔	83.2	84.1	↔	
Region	London*	London	88.8	88.7	↔	83.7	84.8	↑	84.8	84.2	↔	84.4	85.0	↔	77.0	76.8	↔	80.2	79.1	↓

Source: PHE (2016)

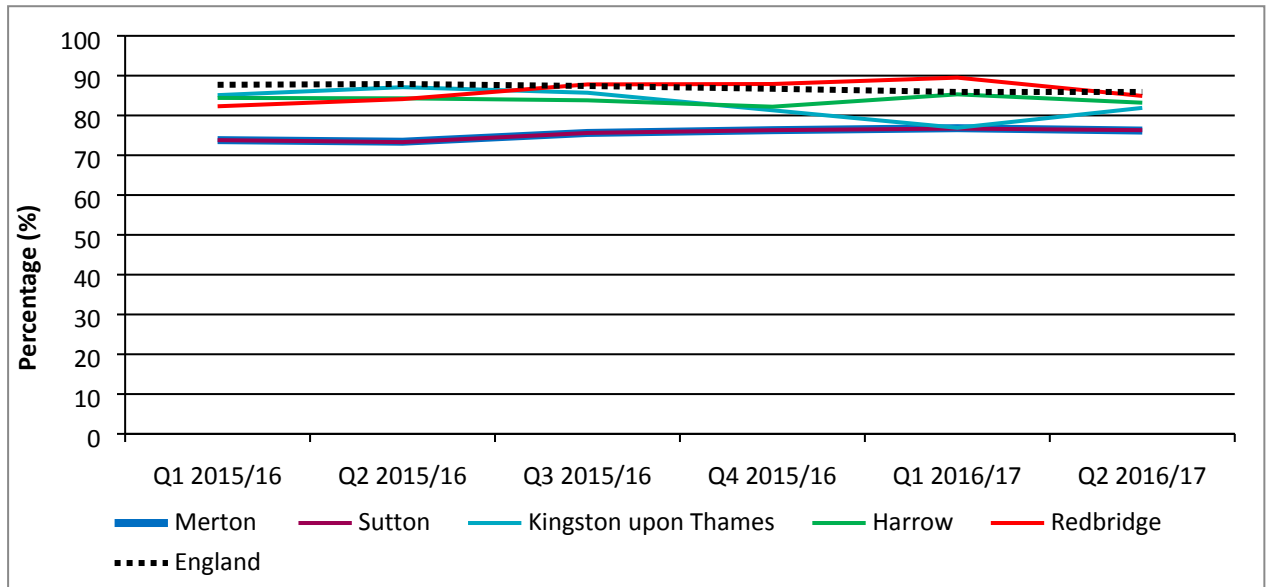
Figure 2

Comparison of Merton against similar local authorities for uptake of 2nd dose MMR for Q1 2015/16 – Q2 2016/17



Source: PHE (2016)

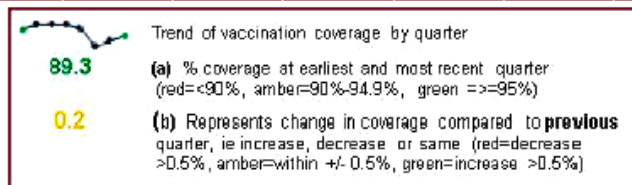
Figure 3
Comparison of Merton against similar local authorities for uptake of preschool booster for Q1 2015/16 – Q2 2016/17



Source: PHE (2016)

Figure 4
MMR 1st and 2nd dose for Merton compared to other South London boroughs

London Borough	MMR1				MMR2			
	Trend: Oct 2014- Sept 2016	Oct-Dec 2014 (a)	July-Sept 2016 (a)	% change from Apr-June 2016 (b)	Trend: Oct 2014- Sept 2016	Oct-Dec 2014 (a)	July-Sept 2016 (a)	% change from Apr-June 2016 (b)
Bexley		93.4	93.8	-0.5		86.5	83.7	-3.7
Bromley		94.1	94.6	-0.1		88.9	81.3	-0.2
Croydon		88.8	88.7	-0.6		64.8	69.0	-3.8
Greenwich		92.6	90.6	-0.5		88.7	85.8	-2.5
Kingston		95.1	91.2	-0.3		87.6	83.1	0.7
Lambeth		93.6	93.1	1.3		89.3	88.4	-0.8
Lewisham		89.8	93.5	2.3		71.6	85.5	0.8
Merton		87.5	89.8	1.1		80.4	79.6	-2.3
Richmond & Twickenham		89.1	88.4	-4.4		77.4	72.6	-6.3
Southwark		94.1	88.6	-1.3		89.9	83.7	-5.1
Sutton		87.4	89.7	1.0		80.2	79.7	-2.3
Wandsworth		87.0	88.7	0.6		81.5	84.1	0.9
London		91.2	91.5	0.5		80.5	79.1	-1.1
England		94.6	95.0	0.0		88.5	87.3	-0.2



Source: PHE London (2017)

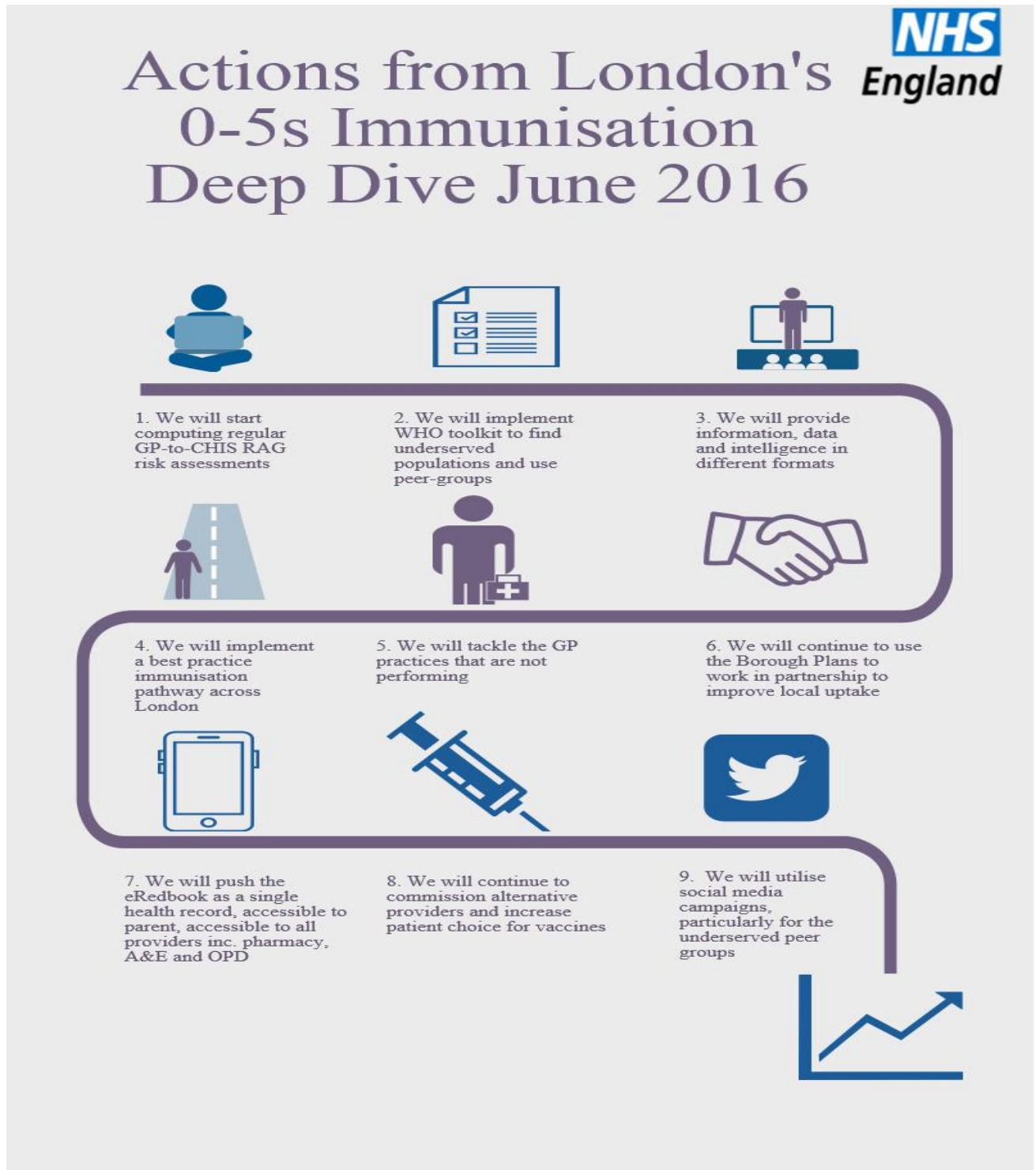
What are we doing to increase uptake?

- Increasing coverage and uptake of the COVER reported vaccinations to the recommended 95% levels is a complex task. Under the London Immunisation Board, PHE and NHSE (London) have been working together to improve quality of vaccination services, increasing access, managing vaccine incidents and improving information management, such as better data linkages between Child Health Information Systems (CHIS) and GP systems. As well as these pan London approaches, NHSE (London) have been working locally with PHE health protection teams, CCGs and local public health teams in local authorities to identify local barriers and vulnerable or underserved groups (e.g. travelling community) and to work together to improve public acceptability and access and thereby increase vaccine uptake. These actions take the form of local immunisation steering groups with local annual action plans and are accountable to local governance structures.
- In June 2016, NHSE (London) and PHE (London) hosted a ‘deep dive’ into 0-5s immunisations and agreed a nine point action plan to be imbedded over the next year (see Figure 5 for the infographic).

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- There is a London wide Immunisation Plan for 2016/17 which includes sub-sets of plans such as improving parental reminders across London, which the evidence repeatedly states as the main contributor to improving uptake of 0-5s vaccinations.
- An evaluation of the 300 practices visited last year in relation to improving uptake of COVER reported vaccinations, also concluded that practices need support around information materials to discuss with parents which the NHSE (London) immunisation team are addressing in conjunction with our PHE colleagues.

Figure 5
Infographic of action plan for improving 0-5s immunisation uptake in London



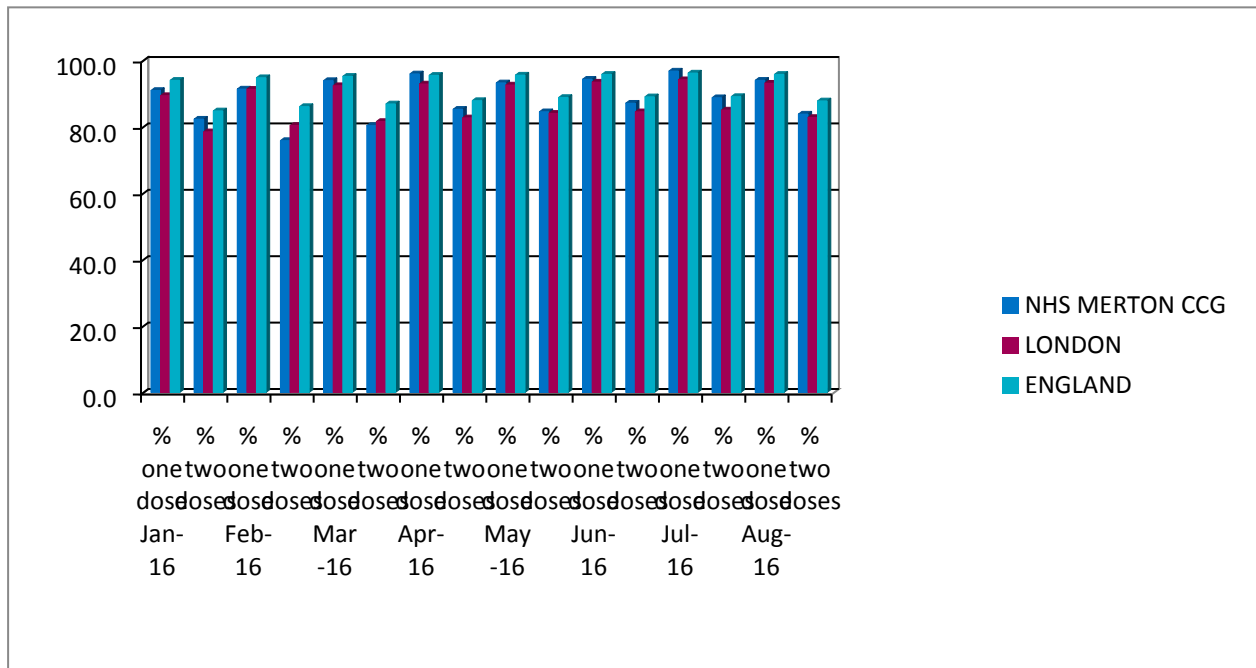
3.2 Rotavirus

- Rotavirus vaccine was introduced into the Routine Childhood Immunisation Schedule in 2013/14 and is measured monthly. Since June 2014 both London and England averages for 1st dose have been 90% or over. There is a slight drop of ~1% for 2nd dose (completed course) for England, whilst London drops to the low 80s.
- The programme has been very successful in reducing incidences of rotavirus with laboratory reports of rotavirus for July 2013 – June 2014 being 67% lower than the ten season average for the same period in the seasons 2003/04 to 2012/13.
- In Merton uptake of Rotavirus has consistently been 90% or higher.
- Since uptake of Rotavirus and Men B vaccination (see below) is obtained through a different data source than the production of COVER data and directly from GP systems), the higher uptake for both vaccinations is indicative that the true uptakes of the other 0-5s immunisation programmes are likely to be much higher than the COVER collection suggests.

3.3 Meningococcal B vaccination

- Since September 2015, all infants are offered a course of meningococcal B (men B) vaccine as part of the Routine Childhood Schedule. Eligible infants were those babies born on or after 1st July 2015 with a small catch up programme for babies born on or after 1st May 2015.
- There are preliminary data for babies aged 26 weeks for the months of January - August 2016 (Figure 6). It can be seen that Merton performs quite well compared to national and London averages. Rates do drop to second dose but it is likely that some children are being vaccinated after 26 weeks. In August 2016, 91.3% of babies aged 12 months in Merton had the two doses of Men B vaccine. This is higher than London's 83.7% and just below England's 91.6%.

Figure 6
Uptake of 1st and 2nd dose for Merton CCG compared to London and England 2016



Source: PHE (2016)

4 Seasonal ‘Flu Vaccinations

- The seasonal influenza vaccine (also known as ‘flu vaccine) is an annual vaccine which is offered to four identified ‘at risk’ groups. The vaccine is given for direct or individual protection. There is no level for herd immunity, although there is an aspiration to reach 75% uptake nationally.
- Since 2015/16, healthy children in years 1 and 2 (year 3 from 2016/17) are offered a live vaccine called Fluenz in schools. This is also offered to healthy 2, 3 and 4 year olds in GP practices. This programme offers direct protection and indirect protection – i.e. vaccinating healthy children offers herd immunity or protection to the wider population.
- Figure 7 illustrates the uptake of seasonal ‘flu vaccine for each of the identified ‘at risk’ groups for Merton CCG compared to London and England averages for the winter 2016/17 (September 1st 2016 to January 31st 2017). It can be seen that London performs lower than England across the groups but that Merton CCG performs better than London averages.
- Uptake of flu vaccine increased this season across the at risk groups including child ‘flu vaccine groups with London, England and Merton exceeding the lower threshold of 40% for uptake for children in the school programmes. Uptake in preschool children remain low but after a huge audit of poor performing practices during the summer of 2016 in London with follow up action plans, London demonstrated a big increase on the previous year.
- Figure 8 compares this winter with the past two winters (2015/16 and 2014/16) for Merton CCG. It can be seen that percentage uptake for this winter is higher than

the previous winter and back on a par with 2014/15. This restoration of uptake is due to the good partnership work across London in delivering the pan London 'flu immunisation plan 2016/17 and the local borough partnership plans.

- A big success this year in London has been the increased uptake amongst health care workers (HCW) from 39.4% in 2015/16 to 55.4% (plus an additional 8% in community pharmacy that's not counted yet in the finalised figures). This is the highest uptake rate ever recorded for London. In relation to the main trust that serves Merton population, the uptake in Epsom and St Helier was 65.3%, up from 56.9% in 2015/16.
- London's HCW uptake rate was still lower than national's 63% and other regions and increases were seen across the other regions in England. London provides 15% of the national HCW workforce and 13% of the overall uptake rates. London did have the largest increase in uptake between 2015/16 and 2016/17 than any other region – a 32.6% increase in activity.

Figure 7

Uptake of the 'at risk' Groups of Seasonal 'flu for Merton CCG compared to London and England for Winter 2016/17 (September 1st 2016 – January 31st 2017)

CCG	% of uptake 65 +	% of at risk patients (6 months - 64 years)	% of pregnant women	% of 2 year olds	% of 3 year olds	% of 4 year olds	% of year 1	% of year 2	% of Year 3
Merton	70.5	57.1	48.3	28.9	31.9	26	56.3	54.9	51.3
London	65.1	47.1	39.6	30.3	32.6	24.9	45.8	43.6	42
England	70.4	48.1	44.8	38.8	41.6	33.8	57.6	55.3	53.3

Source: PHE (2017)

Figure 8

Uptake of the 'at risk' Groups of Seasonal 'flu for Merton CCG for Winter 2016/17 (September 1st 2016 – January 31st 2017) compared to previous winters of 2014/15 and 2015/16

Merton CCG	% of uptake 65 +	% of at risk patients (6 months - 64 years)	% of pregnant women	% of 2 year olds	% of 3 year olds	% of 4 year olds	% of Year 1	% of Year 2
2016/17	70.5	57.1	48.3	28.9	31.9	26	56.3	54.9
2015/16	65.3	43.9	39.3	25	30.9	21.5	50.3	44.5
2014/15	67.6	48.1	41.7	29.6	32.8	23.5	n/a	n/a

Source: PHE (2017)

What are we doing to improve uptake?

- Following the decline in 'flu uptake in London during the 2015/16 season and the continual fall in uptake amongst 2,3 and 4 year olds, NHSE carried a large number of evaluations which fed into the London Influenza Vaccination Plan for 2016/17. This plan was signed off by the London Immunisation Board and was delivered through a weekly Immunisation business group co-chaired by PHE London and NHSE London. This group monitored progress against the plan and operated remedial plans when necessary.
- 2016/17 also saw the consolidation of the delivery of school age vaccinations by community providers and the second year of delivery of the child 'flu programme has seen increases in uptake across the city.
- NHSE London has now commenced the evaluation of this plan with the intention to improve uptake rates again next 'flu season (2017/18).

5 Next Steps

- For 2015/16 and 2016/17, each London borough was assigned an immunisation commissioner who worked with local partners, such as the public health team at the London Borough of Merton and the CCG in developing a borough specific action plan which is agreed and delivered under local governance arrangements.
- The aim of each plan is to increase uptake and vaccination coverage within the boroughs, which in turn will increase London averages. The plans also address health equities in access to immunisations and health inequalities in uptake.
- A borough specific plan for 2016/17 is currently being delivered in Merton by the immunisation steering group and is accountable to the Health & Well-Being Board. Focus this year is on improving uptake of child flu vaccine in boroughs and identifying and reaching underserved individuals, communities and populations in Merton.
- The borough plan for Merton for 2015/16 was subjected to the mid year review of borough plans last November and is currently being evaluated for impact as part of the London wide evaluation process for the London Immunisation Board.

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