

Community Wellbeing Board 10 July 2013

Item 2

Immunisation and the new public health system

Purpose

For discussion and direction.

Summary

Dr Mary Ramsay, Head of Immunisation, Hepatitis and Blood Safety, Public Health England will provide an update on the provision of immunisation services in the new public health system. This item will also update Members on progress of the national catch up programme to increase MMR vaccination uptake in children and teenagers announced in April.

The LGA's Measles FAQ document, co-produced with PHE, is attached at Appendix 2a.

Recommendation

Members are asked to discuss the immunisation strategy and to share their views on how the LGA, Public Health England (PHE), Department of Health (DH) and partners at a local level can work to support vaccination uptake in children and adults across the life course.

Action

Officers to progress as directed

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Immunisation and the new public health system

Background

- Councils via the local Health and Wellbeing Board and their Directors of Public Health are responsible for maximising health and wellbeing in their populations. The take up of vaccination and screening is measured in the Public Health Outcomes Framework. Health and Wellbeing Boards have an oversight role and in challenging their local NHS commissioners to ensure high uptake in their resident populations is achieved and sustained.
- Most vaccination and screening programmes are delivered by the NHS. GPs conduct the majority of the immunisations in childhood and for adults, although human papillomavirus (HPV) jabs and some boosters are given in schools – and therefore fall under the jurisdiction of local government even though the NHS is responsible for them.
- 3. Screening tends be done in both hospitals and community health settings. The exception is the National Child Measurement Programme, which is the responsibility of local government and is carried out in schools.
- 4. Along with their partners in the NHS, councils have also played an active role in engaging with hard-to-reach groups, work which helps address health inequalities, and also working with schools and communities to improve awareness about the importance of screening and vaccination.

Measles Outbreak

- 5. Measles is an unpleasant illness which starts with a few days of cold-like symptoms and is then followed by a rash accompanied by high fever, red eyes and a cough. It is a highly infectious disease spread by aerosols from the respiratory tract. Someone with measles is infectious from a few days before to a few days after the rash comes out and can spread infection to susceptible people with very casual contact such as passing briefly in the corridor.
- 6. Around one in every 10 children who get measles is admitted to hospital. It can be particularly severe in children under 5 years old, teenagers and older people, especially those who have weakened immune system. In these groups, measles can cause complications including pneumonia, ear infections, diarrhoea and encephalitis (swelling of the brain). In rare cases, people can die from measles. Measles in pregnant women can also be very serious and threaten the pregnancy.
- 7. Prior to the use of measles vaccine, measles was a common childhood infection causing hundreds of thousands of cases, and up to 100 deaths, each year in the UK. The numbers of cases has dramatically declined since the introduction of vaccination in 1968. Between 1994 and 2004, an average of 200 cases were reported each year, mostly due to people acquiring measles abroad and with limited spread to the local community. In the last two years, however, cases and outbreaks of measles have been increasing.
- 8. The annual total of laboratory confirmed cases in England in 2012 was 1,913, the highest annual figure since 1994. Although the focus of recent media activity has been on South



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Wales, smaller measles outbreaks are also occurring in England. Current outbreaks are on-going in the North East (centred on Teeside), the North West (mainly in Greater Manchester and Preston) and the South West (centred on Gloucestershire with some spread into Herefordshire).

- 9. Between 1998 and 2003, vaccine uptake of MMR fell to a low of 80 per cent following unfounded concerns about vaccine safety. Although coverage of MMR vaccine has been increasing since 2003, and is now at the highest level ever recorded, we have a legacy in older children and young people who were not immunised as toddlers. These children are now in secondary school, where measles can spread very rapidly. Many of the cases in Wales and in England are in older children aged between 11 and 16 years. Children recovering from serious illnesses such as leukaemia, and in schools, pregnant teachers and staff are also put at risk.
- 10. A national catch up programme to increase MMR vaccination uptake in children and teenagers was announced in April. The aim of the programme is to prevent a measles outbreak by vaccinating as many unvaccinated and partially vaccinated 10-16 year olds as possible in time for the next school year in September.
- 11. The aim of the catch up programme is to reach over 1 million young people in three areas:
 - 11.1. A rapid active programme to identify and vaccinate un-vaccinated and partially vaccinated 10 -16 year olds who missed out on both doses of the MMR vaccine in the late 1990's early 2000s;
 - 11.2. An urgent targeted communications strategy pushing unvaccinated young people towards primary care; and
 - 11.3. A sustained intervention over the longer term that target vulnerable and underserved populations (gypsy and travellers, BME, certain orthodox groups).
- 12. Supporting the national response, councils all across the country have been sending out letters to parents of local school children, handing out flyers to residents and working with the local press to help identify those at risk and encourage them to get vaccinated.
- 13. Councils are helping roll out the national vaccination catch-up programme in variety of ways:
 - 13.1. The London Borough of Wandsworth has been promoting a special immunisation hotline and directing concerned residents to out-of-hours community immunisation clinics;
 - 13.2. Following a measles outbreaks last year, 2,500 children in Teeside have been given an MMR jab since April through vaccination programmes in 120 local schools; and
 - 13.3. Cumbria County Council has produced a YouTube video reassuring parents about the safety of the MMR vaccine and explaining the need to get children vaccinated.
- 14. The Local Government Association has been working with the Association of Directors of Public Health, PHE, the Department of Health and with councils themselves to ensure that lead councillors for public health services and directors of public health have access

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to data about the number of cases in their area. On 17 July the LGA will be hosting *Immunisation: protection across the life course* and publishing our Immunisation and Screening Resource Sheet aimed at elected members.

Immunisation over the life course

- 15. The vaccines on offer are evolving all the time. Over the past decade jabs for pneumococcal disease and the human papillomavirus (to protect against cervical cancer) have been introduced for children. Meanwhile the schools-based BCG programme (to protect against TB) ended in 2005 although it is still available for at risk groups.
- 16. This year a vaccination for rotavirus and shingles is being introduced, while schoolchildren will start to be offered the annual flu jab in the coming years.

Two months

Five-in-one (diphtheria, tetanus, whooping cough, polio and Hib) Pneumococcal Rotavirus

Three months

Five-in-one (second dose) Meningitis C Rotavirus (second dose)

Four months

Five-in-one (third dose) Penumococcal (second dose)

12 to 13 months

Hib / Meniningitis C booster (given as single jab) MMR Pneumococcal

Three years and four months

MMR (second dose) Four-in-one booster (diphtheria, tetanus, whooping cough) and polio

12 to 13 years

HPV (three jabs given in six months to girls only)

13 to 15 years

Meningitis C booster (from September 2013)

13 to 18 years

Three-in-one booster (diphtheria, tetanus and polio)

65 and over

Flu (every year) Pneumococcal

70 to 79 years

Shingles (being rolled out from September)



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Others

18. Vaccines for hepatitis B, TB and chickenpox are available for at risk groups, while some travel jabs for conditions such as hepatitis A, typhoid and cholera are also available on the NHS.

Financial Implications

19. None.