

Report to Health and Well-Being Board on Section 7a Immunisation Programmes in Harrow 2017/18



Report on Section 7a Immunisation Programmes in London Borough of Harrow

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Presented to: Health and Wellbeing Board.

Classification: OFFICIAL

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Contents

Contents	3
1 Aim	4
2 Roles and responsibilities	4
3 Headlines for London	5
4 Routine Childhood Immunisation Programme (0-5 years)	6
4.1 The routine schedule for 0-5s	6
4.2 Harrow and the challenges	6
4.3 Harrow's uptake and coverage rates	7
4.4 Rotavirus	13
4.5 Meningococcal B vaccination.....	15
4.6 Child 'flu vaccination	16
4.7 What are we doing to increase uptake of COVER?	17
5 School Age Vaccinations	19
5.1 HPV vaccination	19
5.2 Men ACWY	21
5.3 Td/IPV.....	22
5.4 What are we doing to improve uptake in Harrow?	23
6 Outbreaks of Vaccine Preventable Diseases	24
7 Next Steps.....	24

1 Aim

- The purpose of this paper is to provide an overview of Section 7a childhood and school age immunisation programmes in the London Borough of Harrow for 2017/18. 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 publicly funded immunisation programmes that cover the life-course and the 18 programmes include:
 - Antenatal and targeted new-born vaccinations
 - Routine Childhood Immunisation Programme for 0-5 years
 - School age vaccinations
 - Adult vaccinations such as the annual seasonal influenza vaccination
- This paper focuses on those immunisation programmes provided for 0-5 years under the national Routine Childhood Immunisation Schedule and those programmes provided for school aged children (4-18).
- Members of the Health and Well-Being Board are asked to note and support the work NHSE (London) and its partners such as Public Health England (PHE), the local authority and the CCG are doing to increase vaccination coverage and immunisation uptake in Harrow.

2 Roles and responsibilities

- *The Immunisation & Screening National Delivery Framework & Local Operating Model* (2013) sets out the roles and responsibilities of different partners and organisations in the delivery of immunisations.
- Under this guidance, NHS England (NHSE), through its Area Teams (known as Screening and Immunisation Teams), is responsible for the routine commissioning of all National Immunisation Programmes under the terms of the Section 7a agreement. In this capacity, NHS England is accountable for ensuring that local providers of services deliver against the national service specifications and meet agreed population uptake & coverage levels. NHS England is also responsible for monitoring providers' performance and for supporting providers in delivering improvements in quality and changes in the programmes when required.
- Public Health England (PHE) Health Protection Teams lead the response to outbreaks of vaccine preventable disease and provide expert advice to NHSE screening and immunisation teams in cases of immunisation incidents. They also provide access to national expertise on vaccination and immunisation queries. In Harrow, this function is provided by the PHE North West Health Protection Team.

- Clinical Commissioning Groups (CCGs) have a duty of quality improvement, and this extends to primary medical care services delivered by GP practices, including delivery of childhood immunisation services.
- Across the UK, the main providers of childhood immunisation are GP practices. In Harrow, all general practices are contracted to deliver childhood immunisations for children aged 0-5 through their primary care contract.
- Central London Community Healthcare NHS Trust (CLCH) are contracted by NHSE (London) to provide neonatal BCG vaccination and the school age immunisations.
- Immunisation data is captured on Child Health Information System (CHIS) for Harrow as part of the NWL CHIS Hub (provided by Health Intelligence). Data is uploaded into CHIS from GP practice records via a data linkage system provided by Health Intelligence. The CHIS provides quarterly and annual submissions to Public Health England for their publication of statistics on 0-5s childhood immunisation programmes. This is known as Cohort of Vaccination Evaluated Rapidly (COVER) and these statistics are official statistics.
- Local Authority Public Health Teams (LAs) are responsible for providing independent scrutiny and challenge of the arrangements of NHS England, Public Health England and providers.
- Apart from attendance at Health and Social Care Overview Panels and at Health and Well-Being Boards, NHSE (London) also provides assurance on the delivery and performance of immunisation programmes via quarterly meetings of Immunisation Performance and Quality Boards. There is one for each Strategic Transformation Partnership (STP) footprint. The purpose of these meetings is to quality assure and assess the performance of all Section 7a Immunisation Programmes across the STP in line with Public Health England (PHE) standards, recommendations and section 7a service specifications as prepared by PHE with NHS England commissioning. All partners are invited to this scrutiny meeting, including colleagues from the Local Authority, CCG, CHIS, NHSE, PHE Health Protection and Community Provider service leads. Data for Harrow is covered in the NWL STP Immunisation Performance and Quality Boards.
- Directors of Public Health across London also receive quarterly reports from the London Immunisation Partnership and updates via the Association of Directors of Public Health. It is through these communication channels that progress on the Bi-annual London Immunisation Plan (2017-19) and its accompanying annual Flu Plans are shared.

3 Headlines for London

- Historically and currently, 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 vaccinating workforce.
- Under the London Immunisation Partnership (formerly the London Immunisation Board), NHS England London Region (NHSE London) and Public Health England London Region (PHE London) 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.

4 Routine Childhood Immunisation Programme (0-5 years)

4.1 The routine schedule for 0-5s

- The routine childhood immunisation programme protect against:
 - Diphtheria, Tetanus, Pertussis (whooping cough), Polio, Haemophilus influenza type b (given as the '6 in 1' DTaP/IPV/Hib/HepB vaccine)
 - Pneumococcal disease, (PCV)
 - Meningococcal group C disease (Men C)
 - Meningococcal group B disease
 - Measles, mumps and rubella (MMR)
- Children aged 1 year should have received 3 doses of 6 in 1 (called the primaries) and 2 doses of Men B. If eligible, they may also be offered the targeted BCG and Hep B.
- At 12 months, they are offered first dose of MMR and the boosters of PCV, Hib/Men C and Men B.
- At 2 years and again at 3 years, children are offered annual child influenza vaccine.
- From 3 years 4 months to 5 years, children are offered 2nd dose of MMR and preschool booster (which is the fourth dose of the diphtheria/tetanus/pertussis/polio course).

4.2 Harrow and the challenges

- Harrow is affected by the same challenges that face the London region. London has in recent years delivered significantly poorer uptake than the remainder of the country. Reasons 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 which affects data collection and accuracy,
 - Inconsistent patient invite/reminder (call-recall) systems across London
 - Declining vaccinating workforce
 - Increasing competing health priorities for general practice
- London's high population turnover is a big factor. There is a 20-40% annual turnover on GP patient lists which affects the accuracy of the denominator for COVER submissions, which in Harrow's case inflates the denominator (i.e. number of children requiring immunisation) resulting in a lower uptake percentage. A 2017 audit by London's CHIS providers showed that by the age of 12 months, 33% of infants moved address at least once.
 - However, despite London's percentage uptake being lower than other regions, London vaccinates almost twice as many 0-5 year olds than any other region. If you look at MMR2 as an indicator of completion of programme, London reported 79.5% uptake for 2016/17 compared to England's 87.6%. We vaccinated 100,293 five year olds with MMR2 in 2016/17, down from 104,031 in 2015/16 but more than any other region – South East (the next biggest region) vaccinated 99,434 (86.2% coverage)
 - It could be argued that with a bigger denominator, London has a bigger number of unvaccinated children. However, only a proportion of these 'unvaccinated' children are truly unvaccinated, the others have been vaccinated abroad (there are known difficulties recording these) or within UK (records may not be updated in time for the data extraction). These vaccinations have not been captured on data systems. Similarly, there are children who are vaccinated outside the schedule (either early or late) and are not included in the cohorts reported.

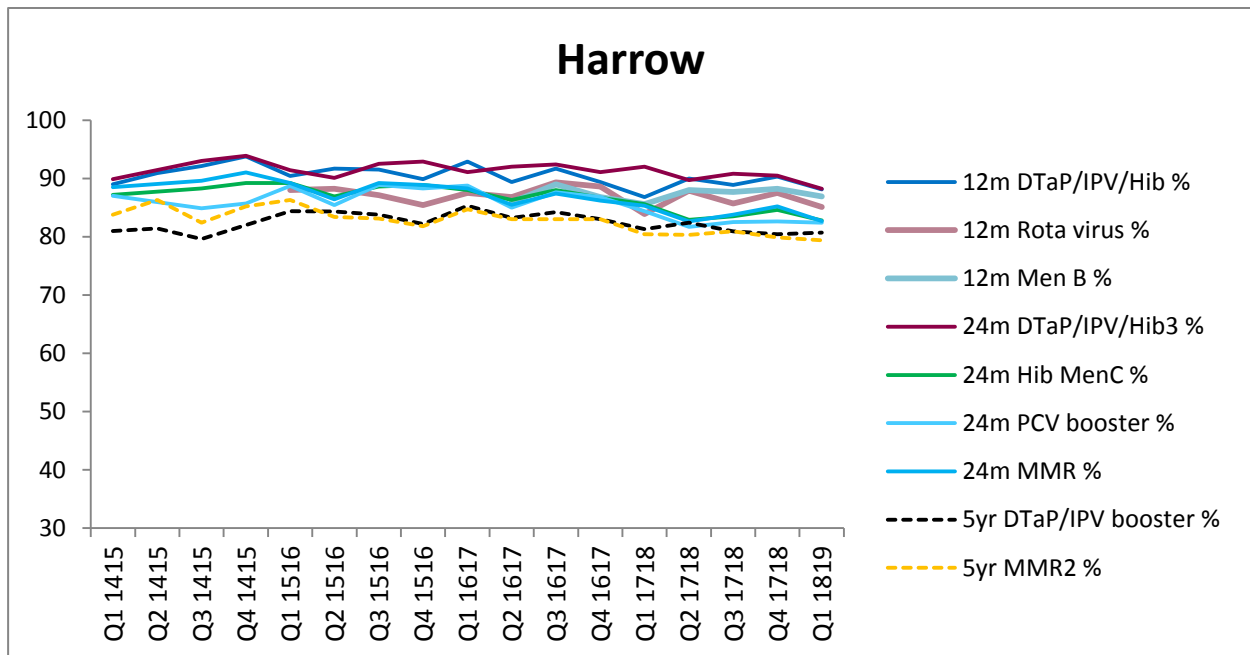
4.3 Harrow's uptake and coverage rates

- COVER monitors immunisation coverage data for children in UK who reach their first, second or fifth birthday during each evaluation quarter – e.g. 1st January 2012 to 31st March 2012, 1st April 2012 – 30th June 2012. 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.
- Like many other London boroughs, Harrow has not achieved the World Health Organisation recommended 95% coverage for the primaries and MMR to provide herd immunity (i.e. the proportion of people that need to be vaccinated in order to stop a disease spreading in the population).

- For immunisations, uptake is usually compared with geographical neighbours as immunisation uptake is affected by service provision and neighbouring boroughs in NWL historically have similar general practice provision and thereby provide a better comparison than statistical neighbours.
- Figure 1 provides a snapshot of all Harrow's 0-5 immunisation programmes. It can be seen that the uptake of vaccinations are close together indicating a good quality of service provision (drop off between age 1 and age 2 and again by age 5 indicates system ability to call/recall and track children).

Figure 1

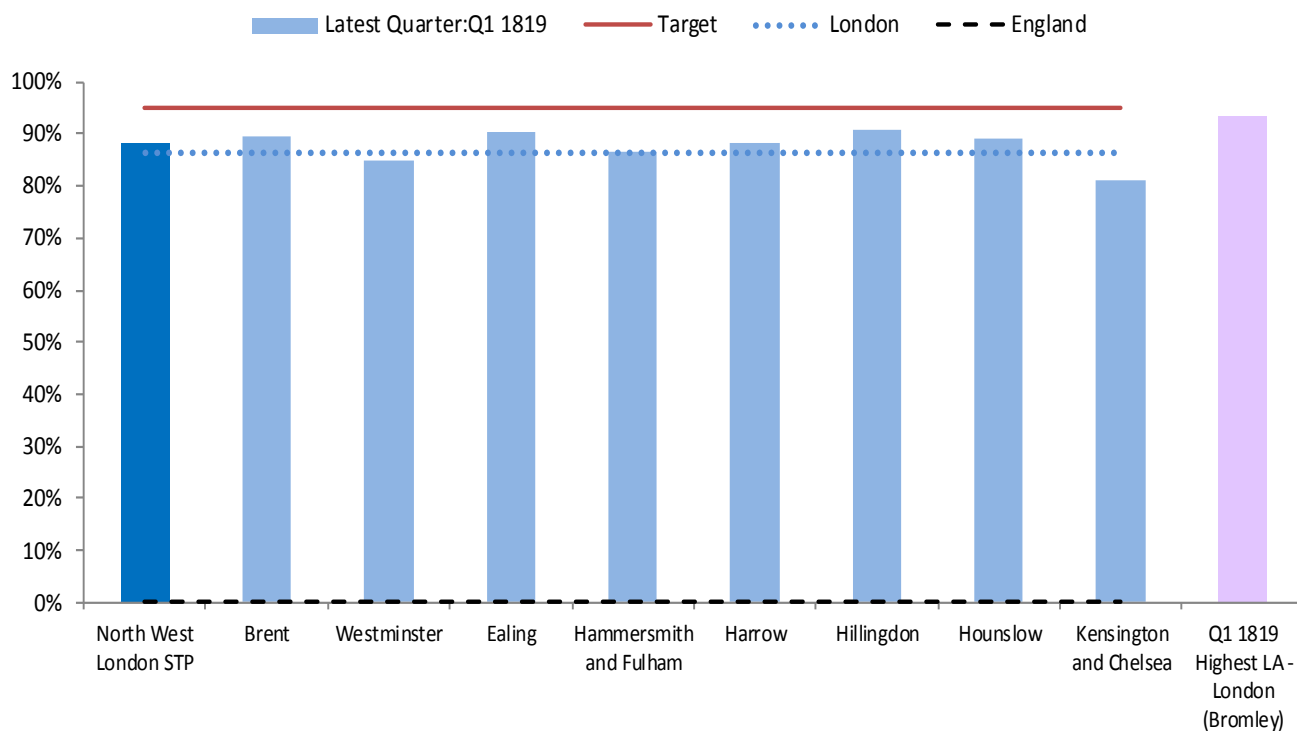
Uptake rates of 0-5 vaccinations for Harrow Q1 2014/15 – Q1 2018/19



Source: PHE (2018)

- Figures 2-5 illustrate the comparison of Harrow to other North West London boroughs using quarterly COVER statistics for the uptake of the six main COVER indicators for uptake. These are
 - The primaries (i.e. completed three doses of DTaP/IPV/Hib/HepB) are used to indicate completion of age one immunisations
 - PCV and Hib/MenC boosters and first dose of MMR for immunisations by age 2
 - 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 1 data from 2018/19 (the latest available data) could be included.

Figure 2
DTAP/IPV/ Hib/Hep B Vaccine – 1 year (quarterly data Q1 17/18 to Q1 2018/19)



	Q1 1718	Q2 1718	Q3 1718	Q4 1718	Q1 1819	Eligible	Vaccinated	Trendline
ENGLAND	93.0%	93.2%	93.1%	92.6%	0.0%	160,986	-	
London	87.3%	89.0%	88.9%	89.1%	86.3%	31,529	27,210	
North West London STP	88.8%	88.7%	88.8%	89.1%	88.4%	7,123	6,295	
Brent	91.2%	89.4%	90.7%	90.1%	89.6%	1,255	1,124	
Westminster	81.7%	83.8%	80.3%	82.2%	85.1%	517	440	
Ealing	91.1%	90.1%	89.6%	91.7%	90.3%	1,264	1,141	
Hammersmith and Fulham	85.9%	88.2%	87.8%	88.5%	86.4%	560	484	
Harrow	86.8%	90.0%	88.9%	90.3%	88.1%	846	745	
Hillingdon	92.3%	91.7%	93.6%	91.9%	90.8%	1,019	925	
Hounslow	90.4%	88.8%	90.0%	90.0%	89.2%	1,078	962	
Kensington and Chelsea	80.9%	81.5%	81.1%	80.1%	81.0%	584	473	
Q1 1819 Highest LA - London (Bromley)					93.5%	1,125	1,052	

Source: PHE (2018)

Figure 3
MMR Vaccine Dose 1 measured at 2 years of age (quarterly data Q1 17/18 to Q1 2018/19)



	Q1 1718	Q2 1718	Q3 1718	Q4 1718	Q1 1819	Eligible	Vaccinated	Trendline
ENGLAND	91.0%	91.1%	91.1%	90.8%	0.0%	167,433	-	
London	82.9%	83.5%	83.7%	84.3%	81.6%	31,806	25,966	
North West London STP	83.5%	81.2%	80.9%	82.3%	80.7%	7,291	5,880	
Brent	85.1%	81.1%	83.0%	82.2%	81.4%	1,242	1,011	
Westminster	74.8%	74.4%	71.7%	75.7%	71.5%	477	341	
Ealing	84.6%	82.3%	82.0%	83.2%	81.7%	1,256	1,026	
Hammersmith and Fulham	89.0%	79.6%	80.5%	80.8%	75.7%	605	458	
Harrow	85.3%	82.6%	83.8%	85.2%	82.7%	885	732	
Hillingdon	83.4%	85.1%	82.6%	86.3%	83.7%	1,106	926	
Hounslow	84.6%	82.3%	82.3%	82.3%	83.2%	1,128	938	
Kensington and Chelsea	74.7%	75.8%	72.9%	76.9%	75.7%	592	448	
Q1 1819 Highest LA - London (Bromley)					92.0%	1,130	1,008	

Source: PHE (2018)

Figure 4
Hib/MenC Vaccines uptake at 2 year (quarterly data) (2017/18 - 2018/19)

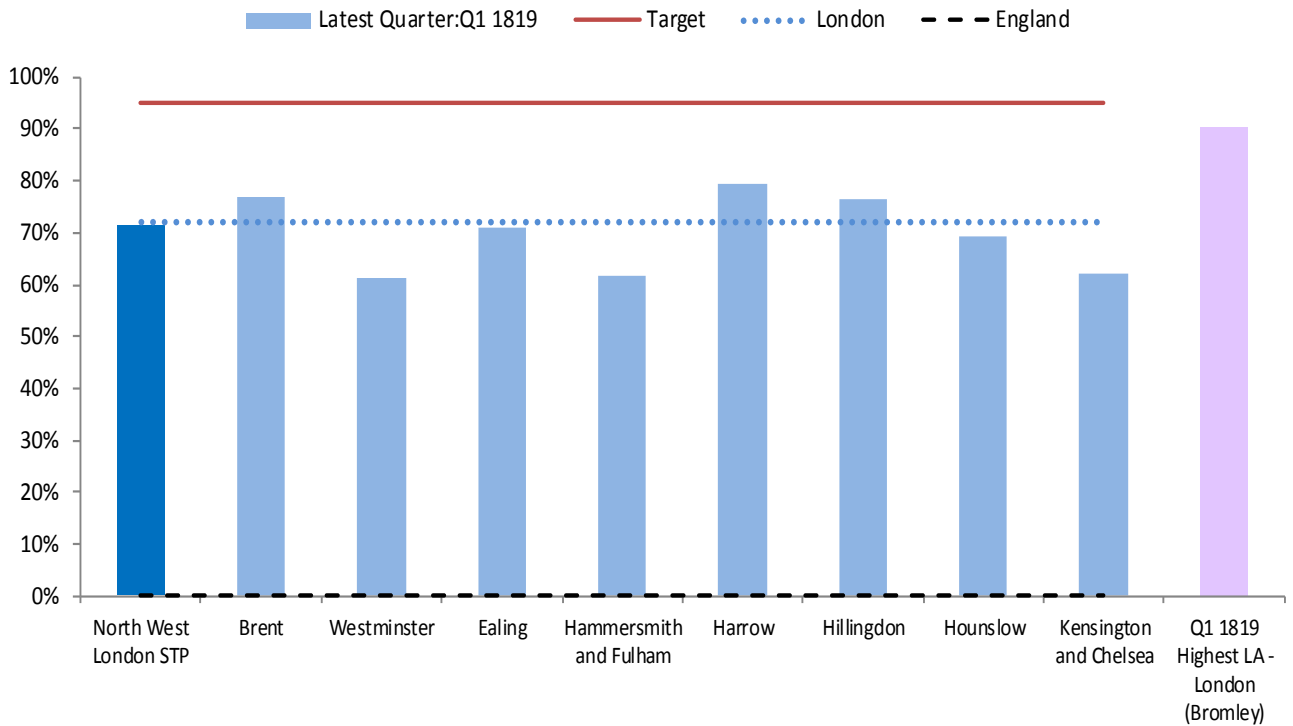
	Q2 1718	Q3 1718	Q4 1718	Q1 1819
ENGLAND	91.4%	91.3%	91.2%	0.0%
London	84.3%	84.2%	85.2%	82.2%
LA with highest uptake - London	93.1%	91.1%	92.1%	92.7%
North West London STP	81.9%	81.3%	83.4%	81.5%
Brent	84.1%	83.5%	84.8%	83.7%
Ealing	82.5%	83.3%	84.7%	82.9%
Hammersmith and Fulham	80.5%	81.1%	81.9%	76.5%
Harrow	82.9%	83.5%	84.6%	82.8%
Hillingdon	86.0%	83.1%	88.7%	84.7%
Hounslow	81.9%	82.8%	83.3%	83.3%
Kensington and Chelsea	75.8%	72.0%	75.3%	75.5%
Westminster	74.2%	71.5%	75.3%	72.5%

PCV Vaccine uptake at 2 year (quarterly data) (2017/18 - 2018/19)

	Q2 1718	Q3 1718	Q4 1718	Q1 1819
ENGLAND	91.3%	91.3%	91.2%	0.0%
London	83.6%	84.0%	84.7%	81.8%
LA with highest uptake - London	91.9%	91.2%	92.3%	92.0%
North West London STP	90.1%	89.6%	90.5%	89.3%
Brent	82.6%	82.3%	83.2%	82.8%
Ealing	80.6%	81.8%	82.4%	81.3%
Hammersmith and Fulham	79.0%	79.9%	80.3%	74.7%
Harrow	81.7%	82.5%	82.6%	82.4%
Hillingdon	85.5%	82.6%	86.9%	83.0%
Hounslow	79.9%	79.9%	79.6%	81.1%
Kensington and Chelsea	76.4%	72.9%	74.5%	73.3%
Westminster	72.8%	70.9%	74.1%	71.3%

Source: PHE (2018)

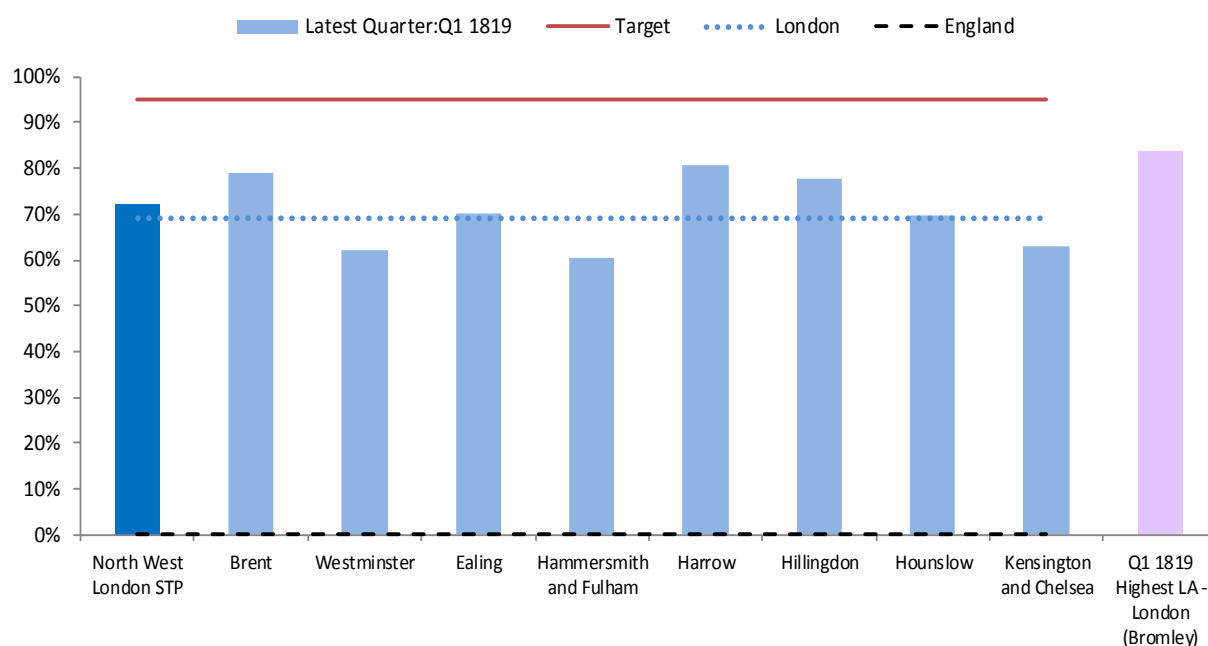
Figure 5
MMR Vaccine Dose 2 – measured at 5 years of age (quarterly data Q1 17/18 to Q1 2018/19)



	Q1 1718	Q2 1718	Q3 1718	Q4 1718	Q1 1819	Eligible	Vaccinated	Trendline
ENGLAND	87.6%	87.6%	87.3%	87.2%	0.0%	169,390	-	
London	76.2%	76.9%	77.1%	77.6%	72.2%	30,674	22,147	
North West London STP	75.8%	75.1%	73.3%	75.3%	71.5%	6,770	4,841	
Brent	81.7%	81.2%	79.6%	80.0%	76.8%	1,093	839	
Westminster	64.0%	62.8%	60.1%	61.8%	61.4%	417	256	
Ealing	75.6%	75.3%	73.2%	75.6%	71.1%	1,229	874	
Hammersmith and Fulham	72.8%	71.6%	68.2%	71.2%	61.6%	552	340	
Harrow	80.4%	80.3%	80.9%	79.9%	79.4%	844	670	
Hillingdon	77.1%	77.0%	76.3%	76.6%	76.5%	1,015	776	
Hounslow	77.9%	75.5%	71.8%	77.1%	69.4%	1,073	745	
Kensington and Chelsea	64.6%	62.5%	62.5%	66.5%	62.2%	547	340	
Q1 1819 Highest LA - London (Bromley)					90.2%	1,023	923	

Source: PHE (2018)

Figure 6
DTAP/IPV (Pre School Booster) Vaccine – measured at 5 years of age (quarterly data Q1 17/18 to Q1 2018/19)



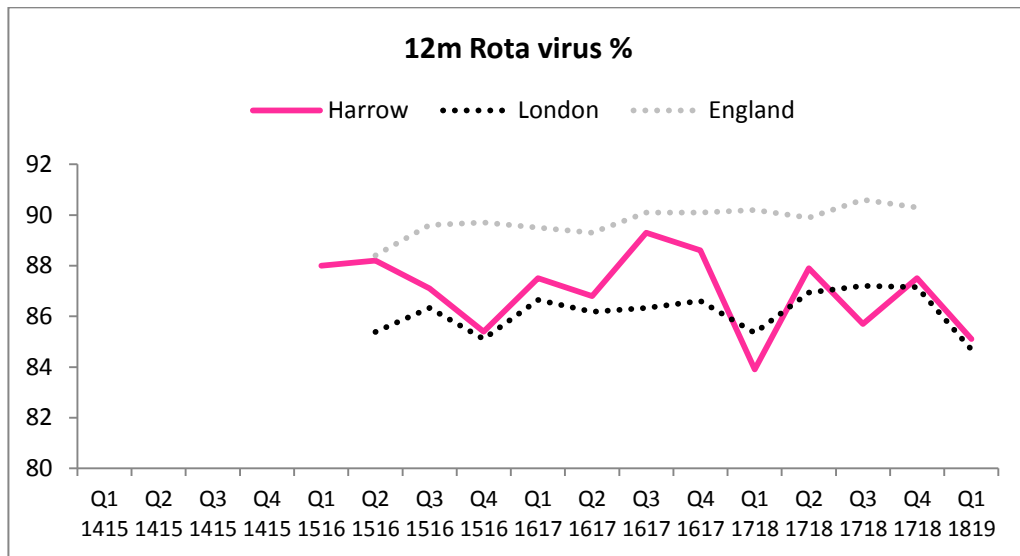
	Q1 1718	Q2 1718	Q3 1718	Q4 1718	Q1 1819	Eligible	Vaccinated	Trendline
ENGLAND	86.2%	86.2%	85.9%	85.5%	0.0%	169,390	-	
London	74.7%	77.1%	75.0%	75.5%	69.2%	30,674	21,222	
North West London STP	78.6%	75.9%	73.5%	75.4%	72.1%	6,770	4,882	
Brent	82.7%	81.8%	80.3%	80.5%	79.0%	1,093	863	
Westminster	70.5%	62.2%	60.5%	60.7%	62.1%	417	259	
Ealing	76.2%	75.7%	71.7%	74.9%	70.2%	1,229	863	
Hammersmith and Fulham	77.8%	71.1%	70.1%	70.3%	60.5%	552	334	
Harrow	81.3%	82.4%	80.9%	80.4%	80.7%	844	681	
Hillingdon	82.1%	78.1%	76.6%	77.7%	77.6%	1,015	788	
Hounslow	78.9%	76.9%	72.3%	77.4%	69.8%	1,073	749	
Kensington and Chelsea	72.4%	63.4%	64.0%	67.2%	63.1%	547	345	
Q1 1819 Highest LA - London (Bromley)					83.6%	1,023	855	

Source: PHE (2018)

4.4 Rotavirus

- Rotavirus is a contagious virus that causes gastroenteritis.
- Rotavirus vaccine was introduced into the Routine Childhood Immunisation Schedule in 2013/14 and has been reported as part of COVER since 2016.
- In Harrow, coverage (i.e. the 2 doses) of Rotavirus has mostly been above London averages and close to England averages (Figure 7) and was 85.1% in Q1 2018/19 compared to London’s 84.7%. Figure 8 illustrates how Harrow has been doing compared to its geographical neighbours up to Q1 2018/19.

Figure 7
Coverage of Rotavirus at 12 months in Harrow compared to London and England Averages



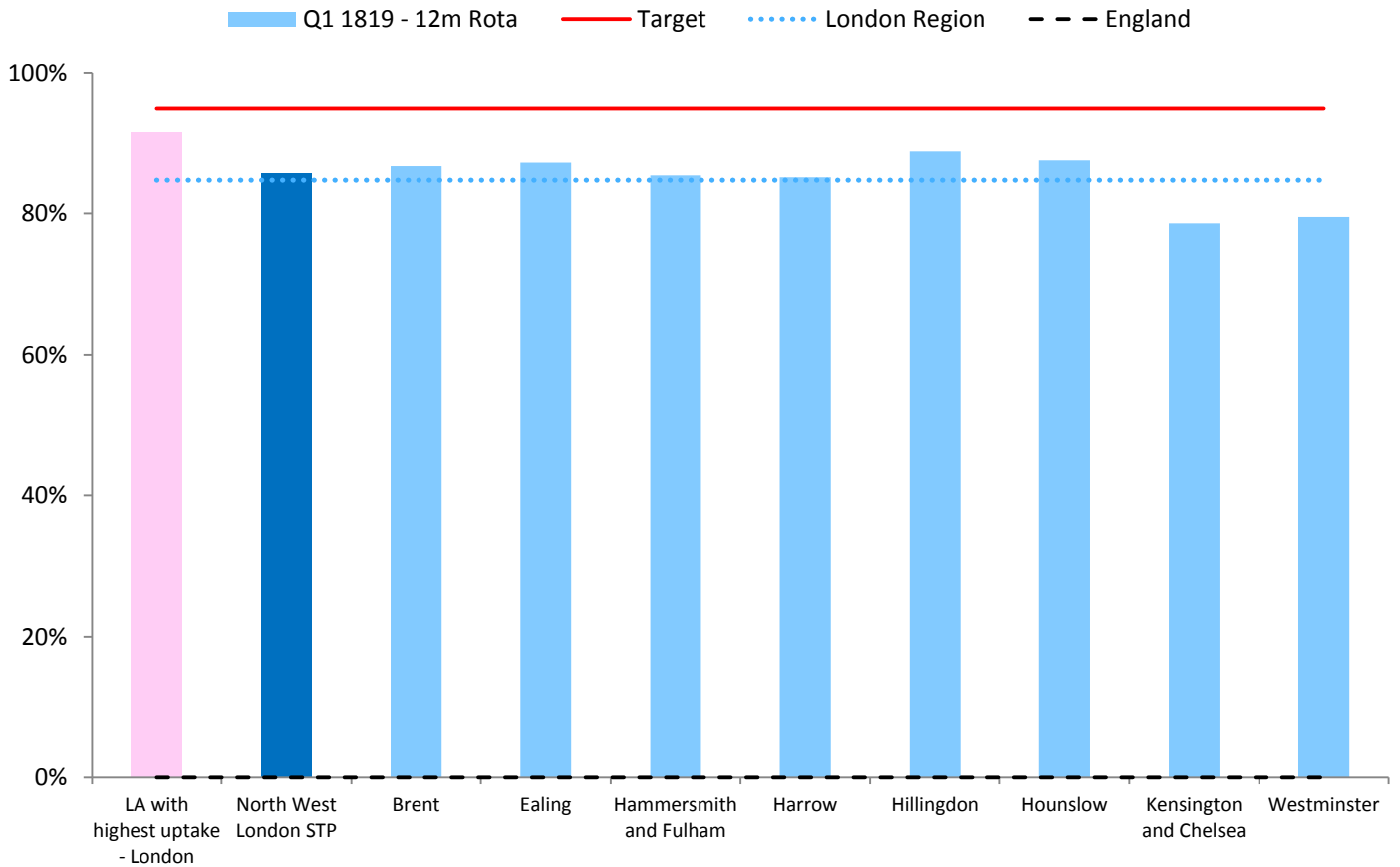
*please note that the vaccine reporting was only introduced in 2015/16

Source: PHE (2018)

Figure 8
Uptake of Rotavirus at 12months in NWL

	Q2 1718	Q3 1718	Q4 1718	Q1 1819
ENGLAND	89.9%	90.6%	90.3%	0.0%
London	86.9%	87.2%	87.2%	84.7%
LA with highest uptake - London	92.7%	93.8%	92.5%	91.7%
North West London STP	86.9%	87.2%	86.1%	85.7%
Brent	86.8%	86.5%	86.8%	86.7%
Ealing	88.1%	89.7%	87.9%	87.2%
Hammersmith and Fulham	88.0%	88.3%	87.1%	85.4%
Harrow	87.9%	85.7%	87.5%	85.1%
Hillingdon	90.4%	91.7%	89.1%	88.8%
Hounslow	87.5%	88.1%	86.4%	87.5%
Kensington and Chelsea	79.8%	79.8%	78.1%	78.6%
Westminster	79.8%	81.4%	79.4%	79.5%

*please note that the migration of GP data to the NE London CHIS hub has affected coverage estimates for many of the LAs reported by this hub. As a consequence, London-level coverage figures are under-estimated this quarter. Due to the impact London data has on national figures, England estimates have not been calculated for this quarter.

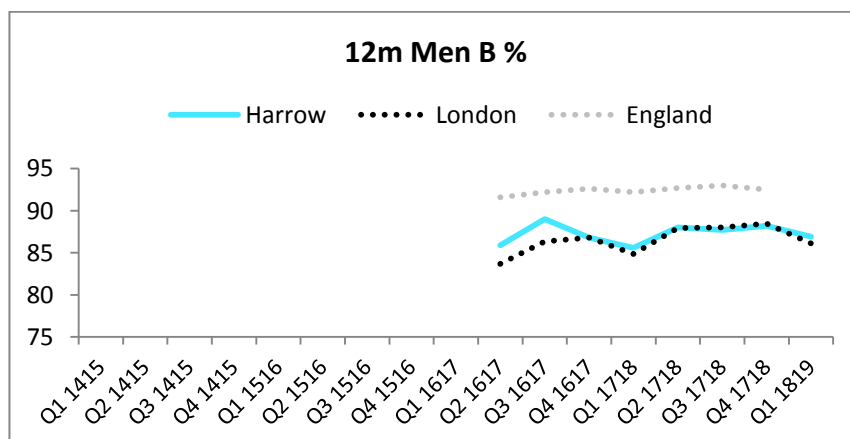


Source: PHE (2018)

4.5 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.
- It can be seen that Harrow performs mainly just above the London average.

Figure 9
Uptake of two doses of Men B vaccination by 12 months in Harrow compared to London and England



Source: PHE (2018)

*please note the vaccine was only introduced in 2015 so this is the first available data

4.6 Child 'flu vaccination

- There is a national ambition for 40-60% and from London achieved these in 17/18 for the school age groups.
- Our goal in London was to achieve 40% uptake rates in 2 and 3 year olds and 50% in School Years 1, 2 and 3 and 40% in reception and School year 4
- Age 2 and 3 remain under 40% but the 2017/18 figures reflect the highest ever proportion of children vaccinated with child flu vaccine in these age groups.
- Figure 10 displays the comparison of London's 2017/18 rates to the previous year whilst Figure 11 compares Harrow with the rest of its geographical neighbours and London and England averages. Harrow performs well across the age groups, particularly when the vaccine is given in the school setting by the community provider CLCH, where they achieve the highest rates in the North West area. There are also year on year improvements in each cohort. This can be seen in the 56.6% of reception children being vaccinated, which is higher than the original child 'flu group of Year 4 (they've been receiving the vaccination since Year 1), where 49.8% were vaccinated.

Figure 10

Child 'Flu vaccination rates for London 2016/17 and 2017/18

	Age 2	Age 3	Reception	Year 1	Year 2	Year 3	Year 4
London 17/18	33.1%	33.1%	51%	49%	48%	45%	41%
London 16/17	30.4%	32.5%	n/a	45%	43%	42%	n/a

Figure 11

Uptake of child flu vaccination for Harrow CCG compared to NWL, London and England for Winter 2017/18 (September 1st 2017 – January 31st 2018)

CCG	% of 2 year olds	% of 3 year olds	% of Reception	% of Year 1	% of Year 2	% of Year 3	% of Year 4
Brent	29.7	31.2	30.5	30.5	24.2	22.6	22.1
Central London (Westminster)	27.7	25	51.3	46.9	45.7	32.6	37.1
Ealing	35.9	33.8	38.6	35.4	32.3	30.1	27.4
Hammersmith & Fulham	32.3	31.7	49.5	41.2	43.3	43.3	37.8

Harrow	25.2	29.5	56.6	54.8	53.8	50.1	49.8
Hillingdon	31.9	33	49.1	50.3	47.5	47	41.2
Hounslow	30.8	31.1	55.1	53	59.9	47.7	45.8
Kensington & Chelsea	28.1	26	43.4	40.4	45.8	40.1	42.1
London	33.2	33.3	51.6	49.6	48.2	45.6	43.8
England	42.8	44.7	62.6	61	60.4	57.6	55.8

Source: PHE (2018)

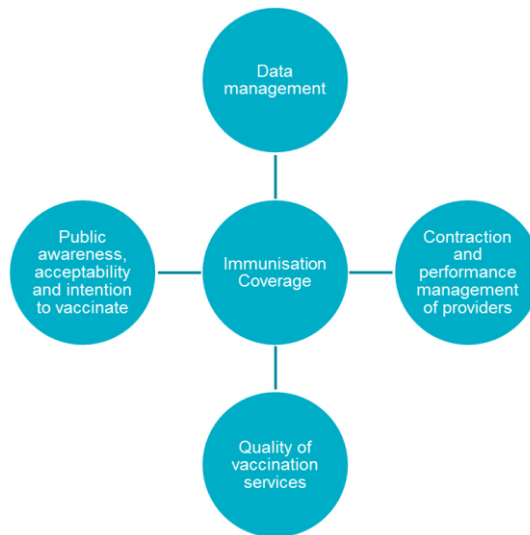
4.7 What are we doing to increase uptake of COVER?

- Harrow like other London boroughs performs below England averages for completed routine childhood immunisations as indicated by MMR 2nd dose and preschool booster. This is also below the recommended WHO 95% recommended uptake levels. Improving uptake rates in Harrow is being undertaken by pan London endeavours as well as local borough partnership work between CCG, local authority, PHE and NHSE London.
- 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.
- The London wide Immunisation Plan for 2017/18 included sub-sets of plans such as improving parental invites/reminders across London, which the evidence repeatedly states as the main contributor to improving uptake of 0-5s vaccinations (see figure 12). A census of London's 1401 GP practices resulted in the production of 0-5s call/recall best practice pathway and a 0-5s best practice pathway. Under the London Immunisation Partnership PHE and NHSE (London) are evaluating the impact of these pathways over the next few months.
- An evaluation of the 300 practices in London 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.
- Since April 2017, London's child health information systems (CHIS) are being provided by four hubs which feed a single data platform. This has simplified the barriers previously experienced by London have a large number of different data systems 'talking to each other'. Now all CHIS information is on one system fed by three data linkage systems from GP practices, which in turn are now on one of three systems. This change should remove many of the

data errors in the past that had led to an overestimation of unvaccinated children. However, London continues to have a large proportion of children vaccinated overseas which often means that children are reported as unvaccinated when they have been vaccinated but on a different schedule. Work is underway to help GPs code the vaccinations of these new patients.

Figure 12

Infographic of action plan to improve immunisation coverage by working in partnership on each of the four areas below



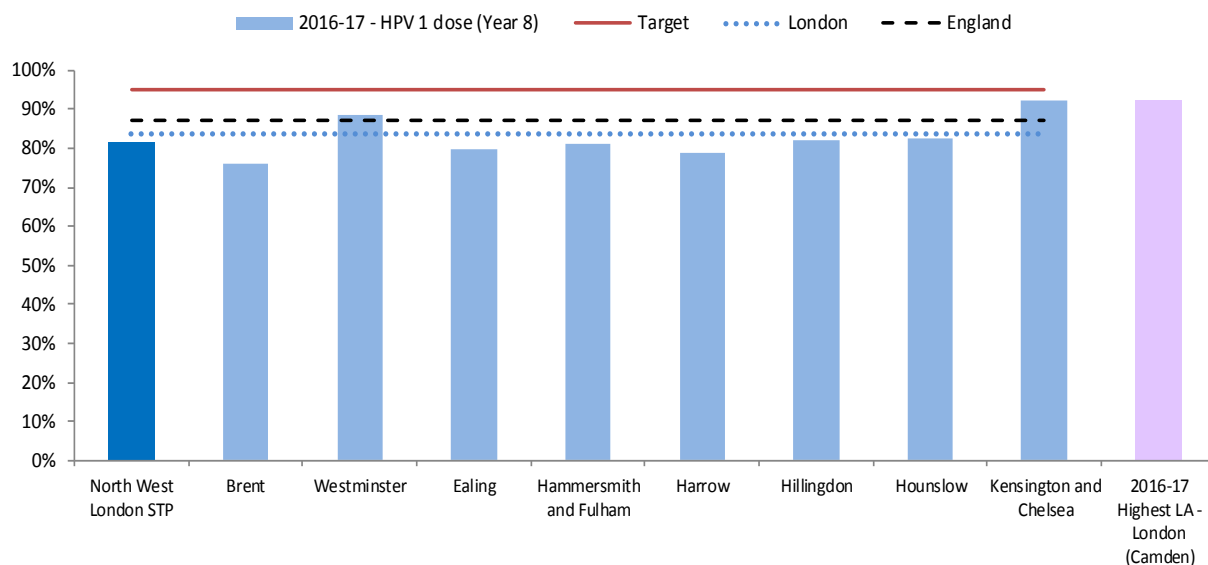
5 School Age Vaccinations

- School Age vaccinations consist of :
 - HPV vaccine for 12-13 year old girls
 - Tetanus, diphtheria, polio booster (Teenage Booster) at age 14/15 for boys and girls
 - Meningitis ACWY at age 14/15
 - Annual child 'flu vaccination programme which in 2017/18 covered Reception to Year 4 in primary schools

5.1 HPV vaccination

- Human papillomavirus (HPV) vaccination protects against viruses that are linked to the development of cervical cancer
- HPV vaccination has been offered to 12-13 year old girls (Year 8) since the academic year 2008/09. Originally the course was 3 doses but following the recommendation of the Joint Committee of Vaccinations and Immunisations (JCVI) in 2014 is that two doses are adequate.
- Since 2008/09, there has been a steady increase of uptake both nationally and in London. However the introduction of a two course programme instead of a three course programme meant that many providers didn't offer the second dose until the next academic year. For 2015/16, London was the only region to commission both doses to be given within one academic year. This has continued until this year, 2018/19 where providers are now given a choice of whether to deliver both doses in one year or one dose in year 8 and the second in year 9 due to the increasing pressure of the school flu programme which has now expanded. CLCH who deliver the programme in Harrow have opted to deliver in this way for this year and are currently completing the first dose to year 8's in the borough.
- Harrow's uptake for 2 completed doses is 73.2% which is below the London average of 75.3% and higher than the NWL STP area average of 72.1%.

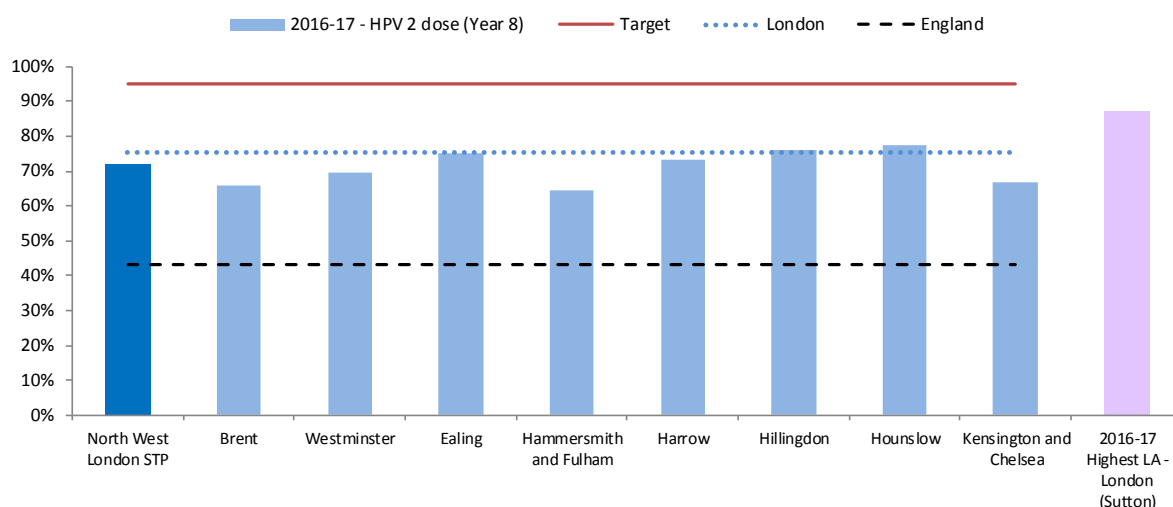
Figure 13
Dose 1 HPV Year 8



	Eligible	Vaccinated	2015-16	Eligible	Vaccinated	2016-17
ENGLAND	288,536	251,010	87.0%	299,198	260,959	87.2%
London	42,666	35,787	83.9%	44,535	37,336	83.8%
North West London STP	9,644	7,872	81.6%	10,143	8,251	81.3%
Brent	1,618	1,107	68.4%	1,601	1,215	75.9%
Westminster	858	835	97.3%	882	781	88.5%
Ealing	1,701	1,250	73.5%	1,735	1,386	79.9%
Hammersmith and Fulham	703	559	79.5%	954	775	81.2%
Harrow	1,219	1,004	82.4%	1,240	976	78.7%
Hillingdon	1,724	1,554	90.1%	1,776	1,461	82.3%
Hounslow	1,420	1,182	83.2%	1,491	1,229	82.4%
Kensington and Chelsea	401	381	95.0%	464	428	92.2%
2016-17 Highest LA - London (Camden)				925	854	92.3%

Source: PHE (2018)

Figure 14
Completed HPV course Year 8 (2 doses)



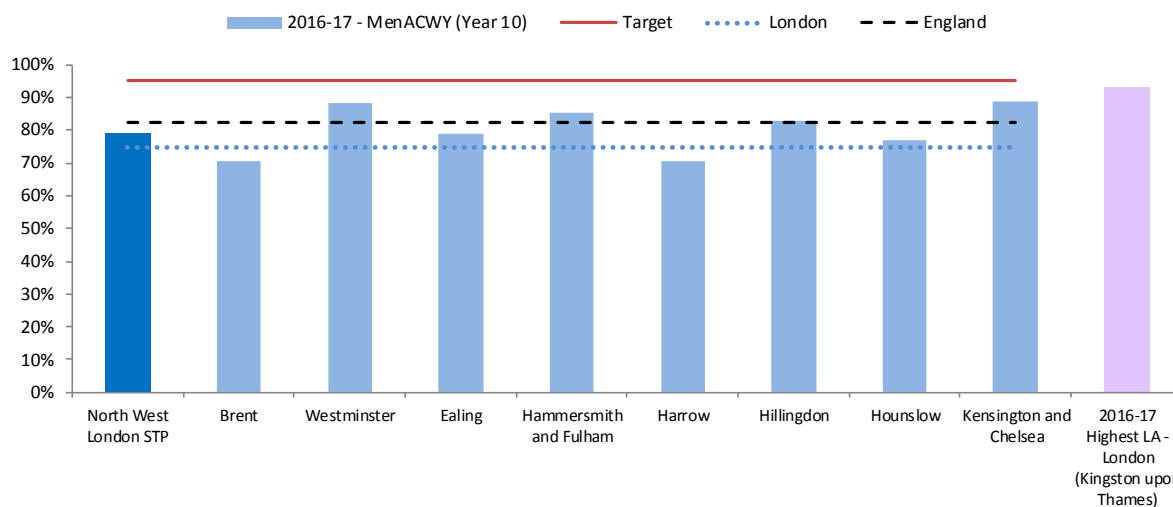
	Eligible	Vaccinated	2015-16	Eligible	Vaccinated	2016-17
ENGLAND	288,536	116,191	40.3%	299,198	128,868	43.1%
London	42,666	31,922	74.8%	44,535	33,535	75.3%
North West London STP	9,644	6,870	71.2%	10,143	7,309	72.1%
Brent	1,618	1,107	68.4%	1,601	1,055	65.9%
Westminster	858	541	63.1%	882	614	69.6%
Ealing	1,701	1,145	67.3%	1,735	1,304	75.2%
Hammersmith and Fulham	703	343	48.8%	954	615	64.5%
Harrow	1,219	932	76.5%	1,240	908	73.2%
Hillingdon	1,724	1,511	87.6%	1,776	1,348	75.9%
Hounslow	1,420	1,101	77.5%	1,491	1,156	77.5%
Kensington and Chelsea	401	190	47.4%	464	309	66.6%
2016-17 Highest LA - London (Sutton)				925	1,348	87.3%

Source: PHE (2018)

5.2 Men ACWY

- This vaccination protects against four main meningococcal strains (A, C, W and Y) that cause invasive meningococcal disease, meningitis and septicaemia.
- As seen in Figure 15, the uptake rate for Harrow was 70.6% for Year 10 which is below the London average.

Figure 15
MenACWY uptake in Year 10 (14-15 years)



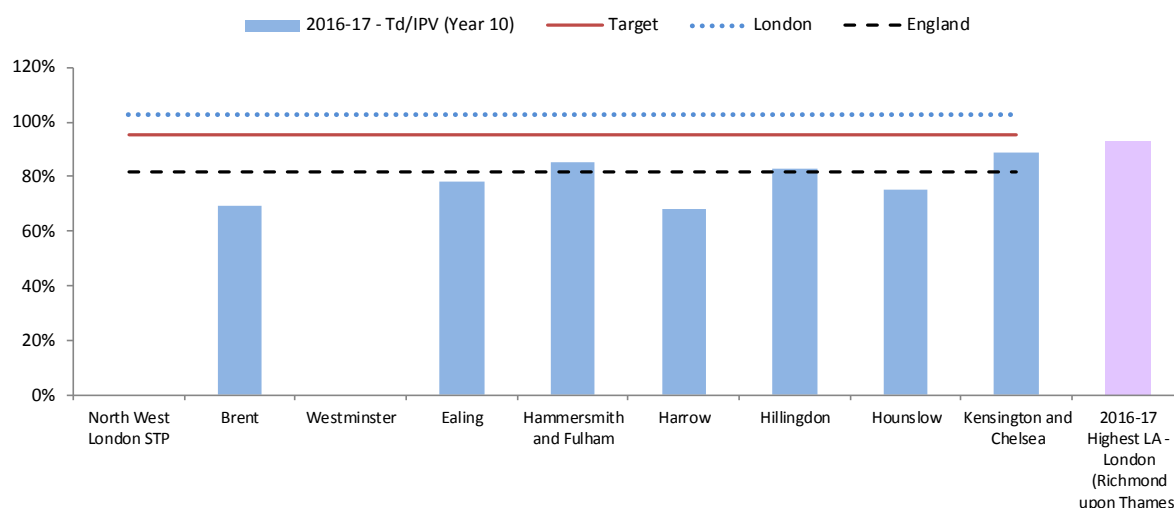
	Eligible	Vaccinated	2015-16	Eligible	Vaccinated	2016-17
ENGLAND	270,383	208,759	77.2%	538,530	444,507	82.5%
London	57,517	36,297	63.1%	69,472	51,995	74.8%
North West London STP	17,773	13,333	75.0%	19,332	15,208	78.7%
Brent	2,892	1,859	64.3%	3,103	2,190	70.6%
Westminster	1,604	1,294	80.7%	1,647	1,450	88.0%
Ealing	2,916	2,042	70.0%	3,330	2,628	78.9%
Hammersmith and Fulham	1,374	1,047	76.2%	1,533	1,305	85.1%
Harrow	1,980	1,496	75.6%	2,446	1,728	70.6%
Hillingdon	3,443	2,846	82.7%	3,568	2,956	82.8%
Hounslow	2,781	2,166	77.9%	2,882	2,220	77.0%
Kensington and Chelsea	783	583	74.5%	823	731	88.8%
2016-17 Highest LA - London (Kingston upon Thames)				1,796	1,671	93.0%

Source: PHE (2018)

5.3 Td/IPV

- The school leaver booster is the fifth dose of tetanus, diphtheria and polio (Td/IPV) vaccine in the routine immunisation schedule and completes the course, providing long-term protection against all three diseases.

Figure 16 Td/IPV- Year 10 (14-15 years)



	Eligible	Vaccinated	2015-16	Eligible	Vaccinated	2016-17
ENGLAND	300,431	225,005	74.9%	530,308	433,307	81.7%
London	62,053	39,888	64.3%	53,158	54,469	102.5%
North West London STP	17,773	13,190	74.2%		14,193	
Brent	2,892	1,869	64.6%	3,103	2,152	69.4%
Westminster	1,604	1,296	80.8%		614	
Ealing	2,916	2,034	69.8%	3,330	2,598	78.0%
Hammersmith and Fulham	1,374	1,059	77.1%	1,533	1,310	85.5%
Harrow	1,980	1,428	72.1%	2,446	1,669	68.2%
Hillingdon	3,443	2,843	82.6%	3,568	2,955	82.8%
Hounslow	2,781	2,072	74.5%	2,882	2,165	75.1%
Kensington and Chelsea	783	589	75.2%	823	730	88.7%
2016-17 Highest LA - London (Richmond upon Thames)				2,511	2,329	92.8%

Source: PHE (2018)

5.4 What are we doing to improve uptake in Harrow?

- As well as these pan London approaches, NHSE (London) have been working locally with the Harrow CCG team and Harrow Public Health team to focus and identify local barriers and vulnerable or underserved groups and to work together to improve public acceptability and access and thereby increase vaccine uptake.
- Since July 2017, we have had two ‘deep dive’ workshops with our nine school age vaccination providers across London where we focused on the service factors impacting upon uptake. The main issues were identified as school refusals, lack of return of paper consent forms, self-consent and lack of school support. We have been working with our providers to rectify these and other issues including a pilot of three organisations using e-consent.
- Following on from that, the last quarterly meeting of the London Immunisation Partnership (June 2018) did a deep dive into the factors impacting upon school aged vaccination rates, looking at data management,

quality of services, commissioning and provider performance and public acceptability. An action plan has been devised with our partners which is about to be circulated to the directors of public health. The aim was to make a SMART annual plan that we can deliver together across London to improve uptake.

- As part of the Evaluation, Analytics and Research Group (EAR) of the London Immunisation Partnership, we continue to work with our academic partners in examining the factors impacting upon school aged vaccination uptake. We've completed a study looking at service factors impacting upon Men ACWY and another on HPV (both papers are currently under review for peer review journals). We are collaborating on the evaluation of the e-consent and contributing to a RCT on incentives to improve return of consent forms. We are also working on developing teacher training on school aged vaccinations (an action arising from our deep dive).

6 Outbreaks of Vaccine Preventable Diseases

- PHE NWL Health Protection Team has the remit to survey and respond to cases of vaccine preventable diseases. Where they declare a cluster or an outbreak, NHSE (London) have commissioned Imms01 which is the commissioner response. Under this we can mobilise a provider service response to vaccinate the designated contacts.
- During 2017, a total of 20 confirmed measles cases were reported for NWL. 2 confirmed cases were reported in Harrow. However, at 1.0/100,000 inhabitants, the rate of confirmed measles in NWL in 2017 was much lower than the previous year's peak rate of 3.7/100,000 but higher than the rates from 2013 to 2015. The rate of confirmed mumps in NWL in 2017 was 2.8/100,000 inhabitants, over twice the rate in 2016 (1.2/100,000) and the second annual increase in a row. NHSE (London) are working with PHE Health Protection Teams as part of the London Immunisation Business Group to reduce the number of measles and mumps cases in the population by increasing uptake of MMR in the adolescent and adult populations as well as the under 5s.

7 Next Steps

- NHSE (London) continues to work on delivering the WHO European and national strategies to improve coverage and to eliminate vaccine preventable diseases. In London this is done through the London Immunisation Plan which is reviewed annually by the London Immunisation Partnership.
- Quarterly assurance is provided on Harrow through the NWL Immunisation Performance and Quality Board where challenges and solutions can be discussed around the performance data and the surveillance data.