

Report on Section 7a Immunisation Programmes in Brent 2017/18



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

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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 childhood and school age immunisation programmes in the London Borough of Brent 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) and the local authority are doing to increase vaccination coverage and immunisation uptake in Brent.

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 Brent, 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 Brent, all general practices are contracted to deliver childhood immunisations for children aged 0-5 through their primary care contract.
- The Central and North West London Trust (CNWL) 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 Brent 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 Authorities (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 Brent 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 Brent and the challenges

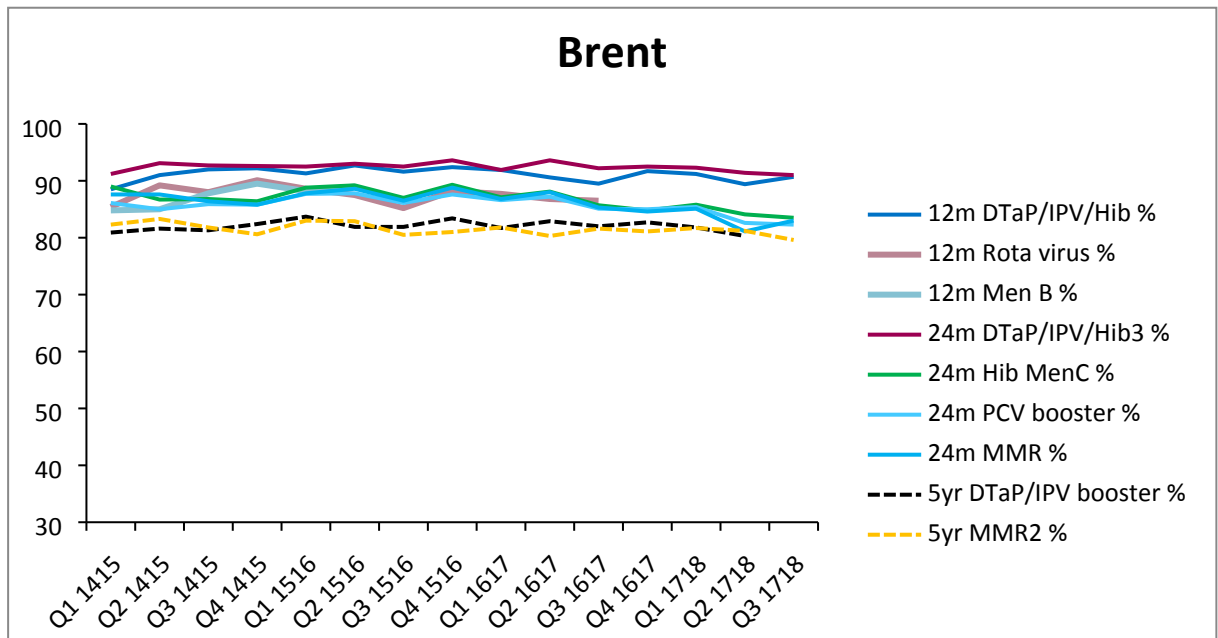
- COVER monitors immunisation coverage data for children in UK who reach their first, second or fifth birthday during each evaluation quarter – e.g. 1st January 2012 to 31st March 2012, 1st April 2012 – 30th June 2012. Children having their first birthday in the quarter should have been vaccinated at 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.

- Brent is affected by the same challenges that face 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 Brent'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)

4.3 Brent's uptake and coverage rates

- Like many other London boroughs, Brent 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. However, we have included a statistical neighbour comparison for the completion of the 0-5s immunisation schedule – MMR2 and preschool booster in Figures 7 and 8. It can be seen here that Brent sits in the middle of its statistical neighbours and its coverage rates have remained stable throughout the time period.
- Figure 1 provides a snapshot of all Brent'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).

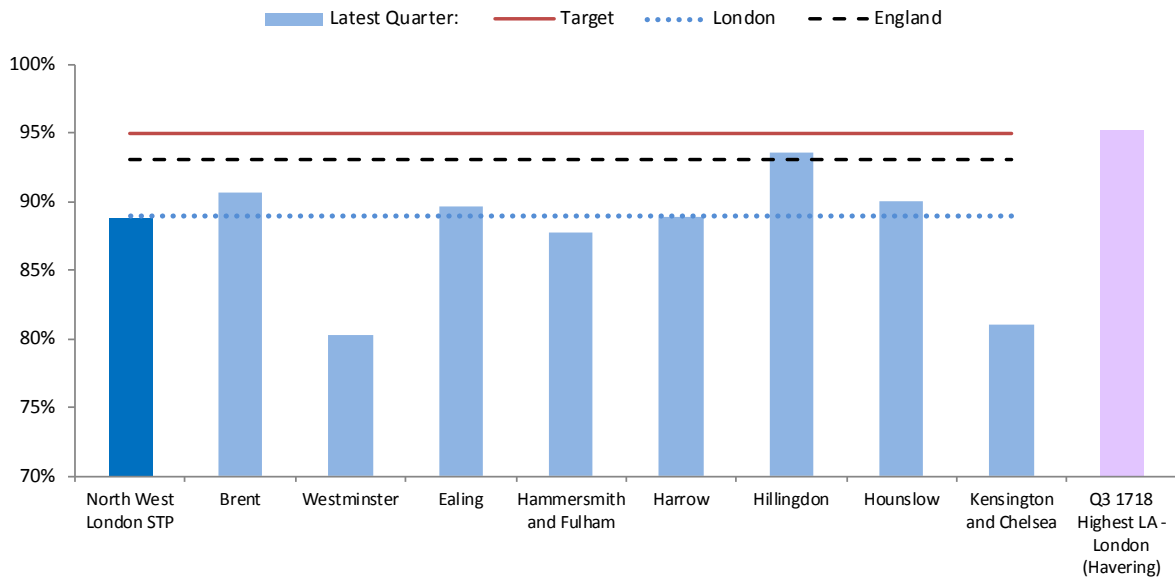
Figure 1
Uptake rates of 0-5 vaccinations for Brent Q1 2014/15 – Q3 2017/18



Source: PHE (2018)

- Figures 2-5 illustrate the comparison of Brent 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) 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 3 data from 2017/18 (the latest available data) could be included.

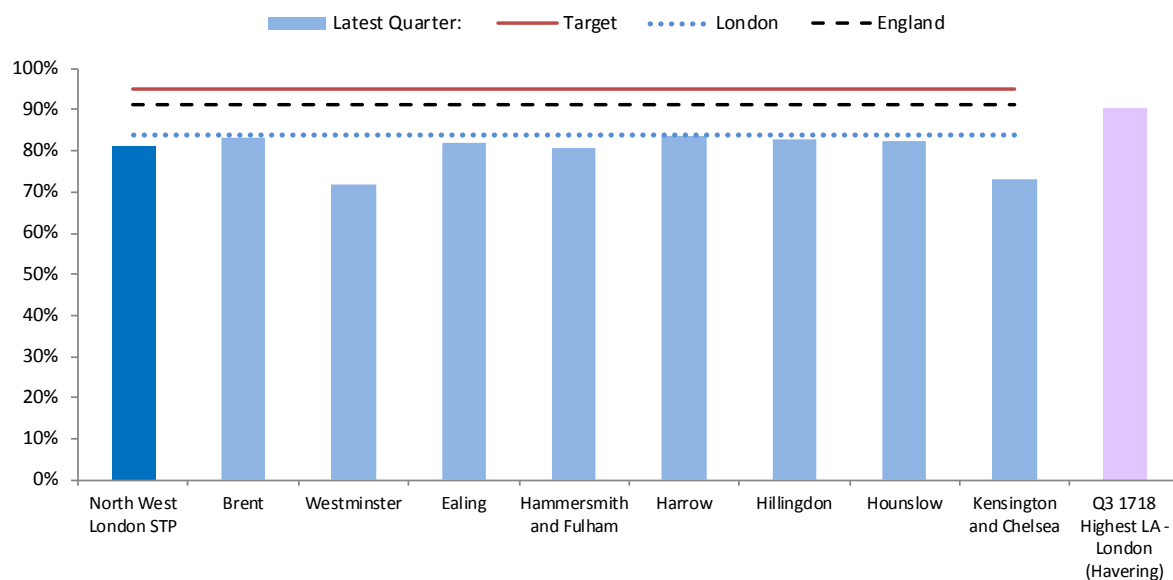
Figure 2
DTAP/IPV/ Hib/Hep B Vaccine – 1 year (quarterly data Q4 16/17 to Q3 2017/18)



	Q4 1617	Q1 1718	Q2 1718	Eligible Vaccinated Q3 1718		
ENGLAND	93.0%	93.0%	93.2%	162136	150949	93.1%
London	88.5%	87.3%	89.0%	30967	27520	88.9%
North West London STP	87.0%	88.8%	88.7%	6996	6210	88.8%
Brent	91.7%	91.2%	89.4%	1167	1058	90.7%
Westminster	75.1%	81.7%	83.8%	512	411	80.3%
Ealing	90.9%	91.1%	90.1%	1323	1185	89.6%
Hammersmith and Fulham	85.0%	85.9%	88.2%	596	523	87.8%
Harrow	89.4%	86.8%	90.0%	811	721	88.9%
Hillingdon	88.1%	92.3%	91.7%	990	927	93.6%
Hounslow	87.7%	90.4%	88.8%	998	898	90.0%
Kensington and Chelsea	75.6%	80.9%	81.5%	599	486	81.1%
Q3 1718 Highest LA - London (Havering)				861	815	95.2%

Source: PHE (2018)

Figure 3
MMR Vaccine Dose 1 measured at 2 years of age (quarterly data Q4 16/17 to Q3 2017/18)



	Q4 1617	Q1 1718	Q2 1718	Eligible	Vaccinated	Q3 1718
ENGLAND	91.2%	91.0%	91.1%	167445	152542	91.1%
London	83.3%	82.9%	83.5%	30642	25660	83.7%
North West London STP	79.3%	83.5%	81.2%	7046	5703	80.9%
Brent	84.6%	85.1%	81.1%	1151	955	83.0%
Westminster	68.3%	74.8%	74.4%	501	359	71.7%
Ealing	84.8%	84.6%	82.3%	1308	1073	82.0%
Hammersmith and Fulham	74.8%	89.0%	79.6%	586	472	80.5%
Harrow	86.2%	85.3%	82.6%	862	722	83.8%
Hillingdon	78.7%	83.4%	85.1%	1040	859	82.6%
Hounslow	77.2%	84.6%	82.3%	1044	859	82.3%
Kensington and Chelsea	65.6%	74.7%	75.8%	554	404	72.9%
Q3 1718 Highest LA - London (Havering)				935	846	90.5%

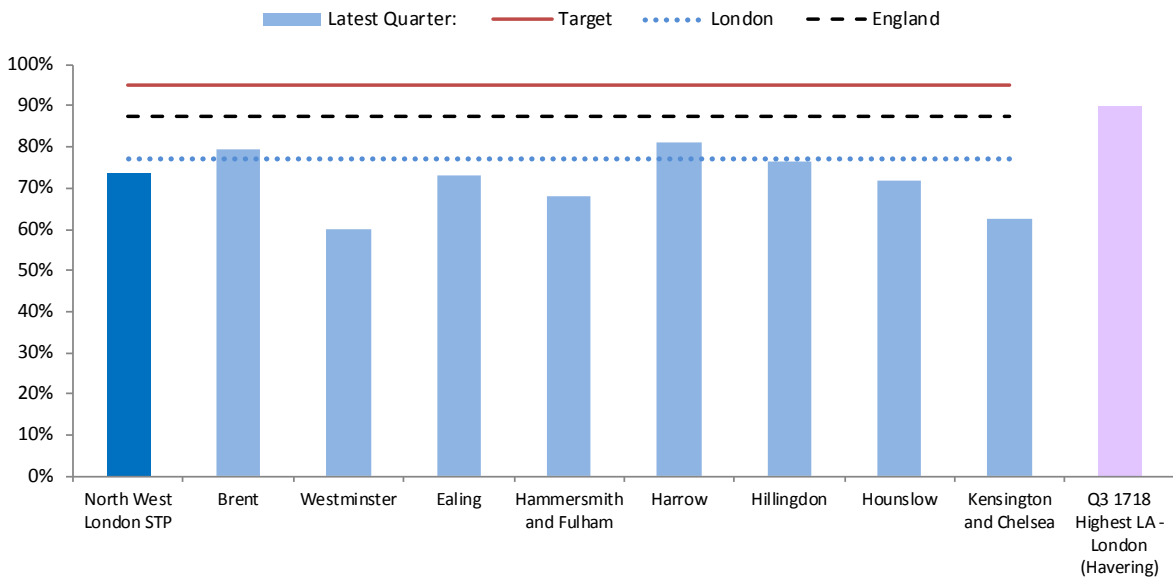
Source: PHE (2018)

Figure 4
PCV and Hib/MenC Vaccines uptake at 2 year (quarterly data) (2016/17 - 2017/18)

CCG	Q4 2016/17 24m PCV Booster%	Q4 2016/17 24m Hib/Men C%	Q1 2017/18 24m PCV Booster%	Q1 2017/18 24m Hib/Men C%	Q2 2017/18 24m PCV Booster%	Q2 2017/18 24m Hib/Men C%	Q3 2017/18 24m PCV Booster%	Q3 2017/18 24m Hib/Men C%
Brent	85	84.8	85.4	85.8	82.6	84.1	82.3	83.5
Ealing	83.6	85.5	83.3	85.6	80.6	82.5	81.8	83.3
Hammers	71.2	73.6	77.6	79.7	79	80.5	79.9	81.1
Harrow	86.8	86.7	84.4	85.6	81.7	82.9	82.5	83.5
Hillingdon	79.5	79.5	83.9	84.2	85.5	86	82.6	83.1
Hounslow	75.9	76.6	81.8	84.1	79.9	81.9	79.9	82.8
Kensington	66.2	64.9	72.4	73.2	76.4	75.8	72.9	72
Westmins	66.8	64.2	72.9	74.3	72.8	74.2	70.9	71.5
London	83	83.2	82.3	83.1	83.6	84.3	84	84.2
England	91.3	91.3	91	91.2	91.3	91.4	91.3	91.3

Source: PHE (2018)

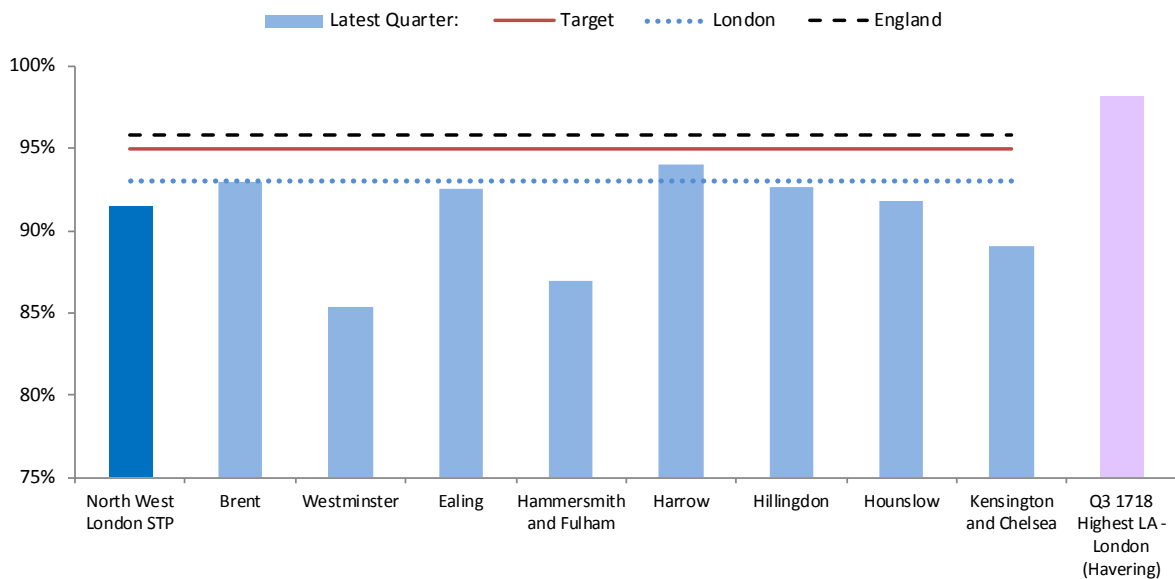
Figure 5
MMR Vaccine Dose 2 – measured at 5 years of age (quarterly data Q4 16/17 to Q3 2017/18)



	Q4 1617	Q1 1718	Q2 1718	Eligible	Vaccinated	Q3 1718
ENGLAND	87.4%	87.6%	87.6%	177992	155387	87.3%
London	77.7%	76.2%	76.9%	31006	23909	77.1%
North West London STP	72.3%	75.8%	75.1%	7229	5300	73.3%
Brent	81.1%	81.7%	81.2%	1190	947	79.6%
Westminster	53.6%	64.0%	62.8%	466	280	60.1%
Ealing	78.3%	75.6%	75.3%	1443	1056	73.2%
Hammersmith and Fulham	64.7%	72.8%	71.6%	535	365	68.2%
Harrow	83.0%	80.4%	80.3%	863	698	80.9%
Hillingdon	67.3%	77.1%	77.0%	1056	806	76.3%
Hounslow	75.7%	77.9%	75.5%	1079	775	71.8%
Kensington and Chelsea	55.0%	64.6%	62.5%	597	373	62.5%
Q3 1718 Highest LA - London (Havering)				838	754	90.0%

Source: PHE (2018)

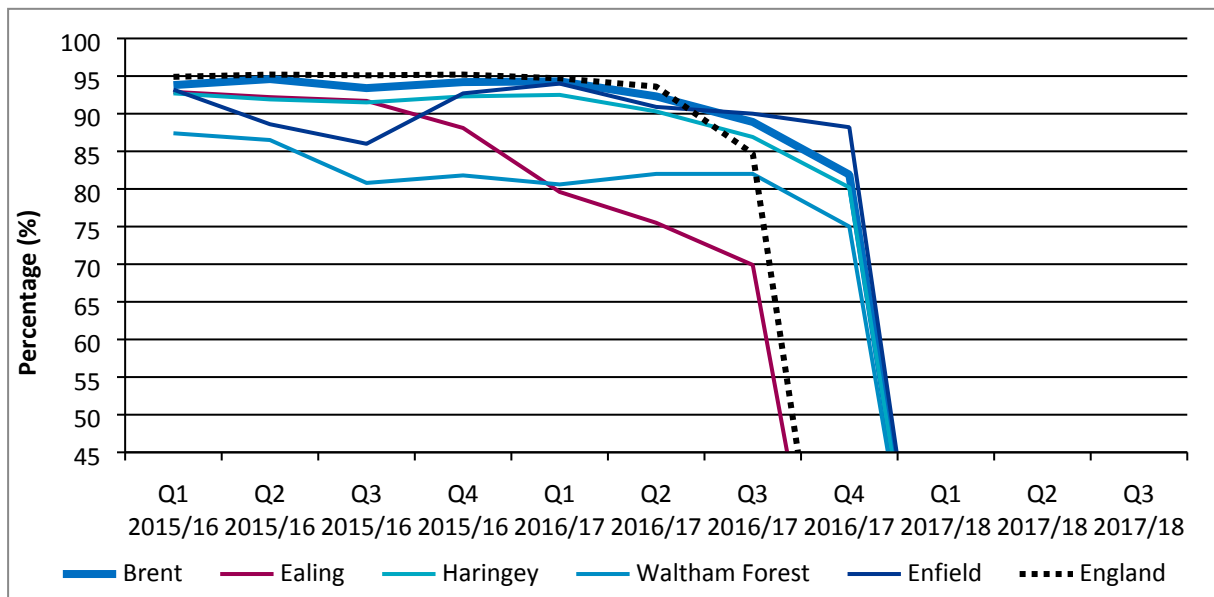
Figure 6
DTAP/IPV (Pre School Booster) Vaccine – measured at 5 years of age (quarterly data Q4 16/17 to Q3 2017/18)



	Q4 1617	Q1 1718	Q2 1718	Eligible	Vaccinated	Q3 1718
ENGLAND	86.3%	86.2%	86.2%	177992	170516	95.8%
London	75.0%	74.7%	77.1%	31006	28829	93.0%
North West London STP	71.5%	78.6%	75.9%	7229	6616	91.5%
Brent	82.0%	82.7%	81.8%	1190	1107	93.0%
Westminster	54.1%	70.5%	62.2%	466	398	85.4%
Ealing	77.5%	76.2%	75.7%	1443	1335	92.5%
Hammersmith and Fulham	66.0%	77.8%	71.1%	535	465	86.9%
Harrow	83.0%	81.3%	82.4%	863	811	94.0%
Hillingdon	66.1%	82.1%	78.1%	1056	978	92.6%
Hounslow	69.0%	78.9%	76.9%	1079	991	91.8%
Kensington and Chelsea	58.0%	72.4%	63.4%	597	532	89.1%
Q3 1718 Highest LA - London (Havering)				838	822	98.1%

Source: PHE (2018)

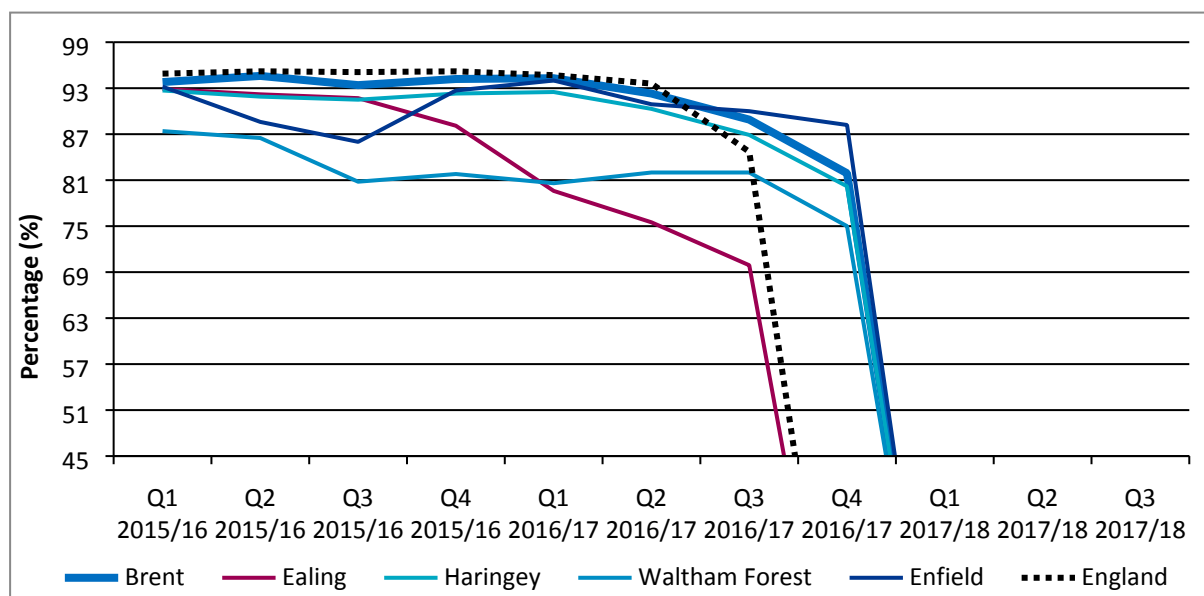
Figure 7
Brent compared to statistical neighbours for MMR2 at 5 years (Q1 2015/16 to Q3 2017/18)



Source: PHE (2018)

*please note that fall off is due to this data not being available yet, NWL are is shown in Figure 5 above

Figure 8
Brent compared to statistical neighbours for preschool booster at 5 years (Q1 2015/16 to Q3 2017/18)



Source: PHE (2018)

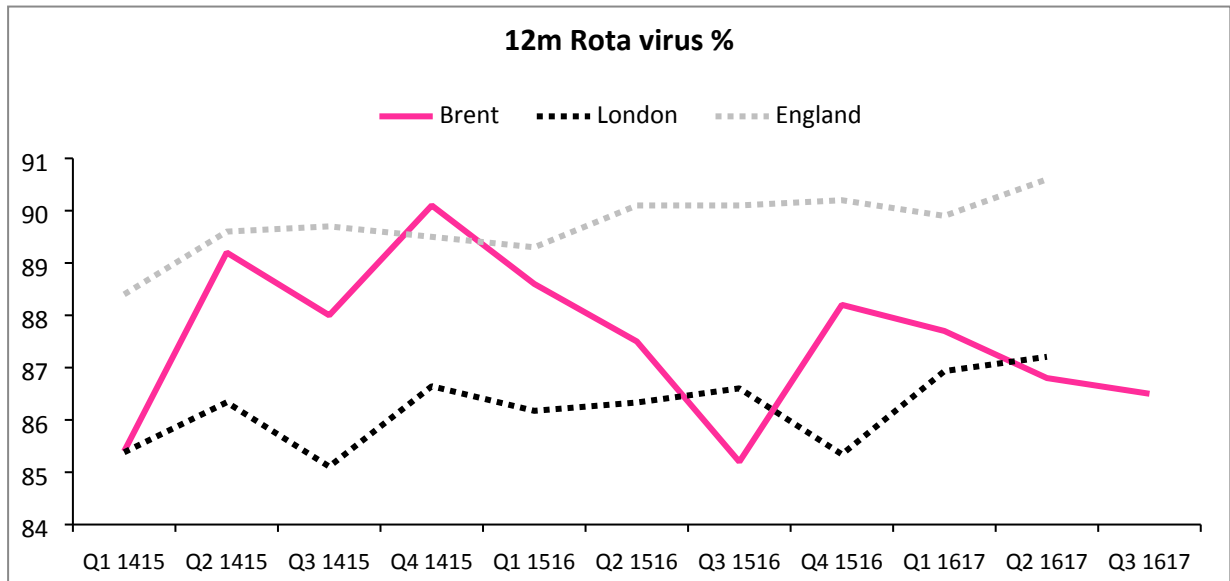
*please note that fall off is due to this data not being available yet, NWL are is shown in Figure 6 above

- When looking at 'COVER' rates, it is important to look at coverage and dropout rates. Vaccine coverage is the proportion of eligible children receiving all doses of the recommended schedule – e.g. both doses of MMR. Drop-out rate measures the perceived quality of services. For Brent, 83.1% of 5 year old children had both doses of MMR in 2016/17 with a dropout rate of 8.6%, which is lower than other NWL boroughs.

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 Brent, coverage (i.e. the 2 doses) of Rotavirus has mostly been above London averages and close to England averages (Figure 9) and was 86.5% in Q3 2017/18 compared to England's 90.6%. Figure 10 illustrates how Brent has been doing compared to its geographical neighbours up to Q4 2016/17.

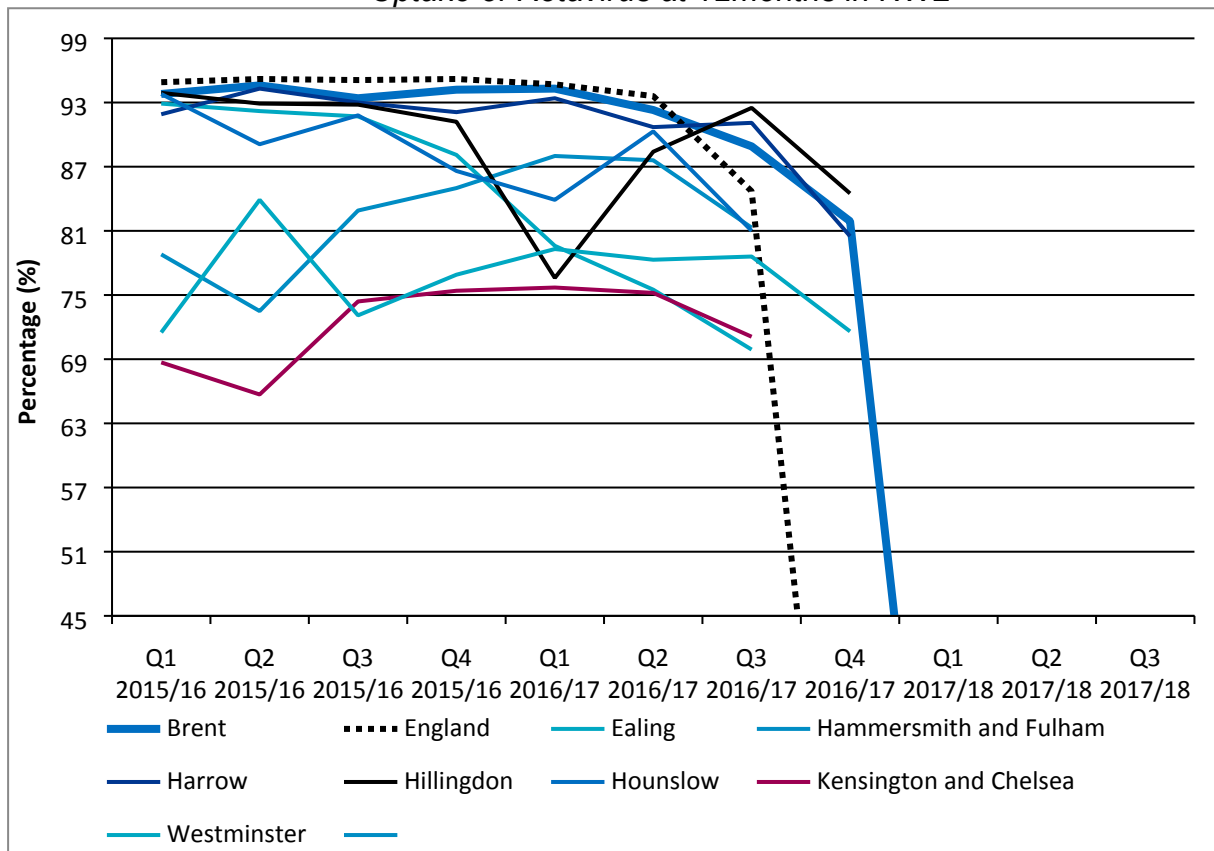
Figure 9
Coverage of Rotavirus in Brent compared to London and England Averages



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

Source: PHE (2018)

Figure 10
Uptake of Rotavirus at 12months in NWL



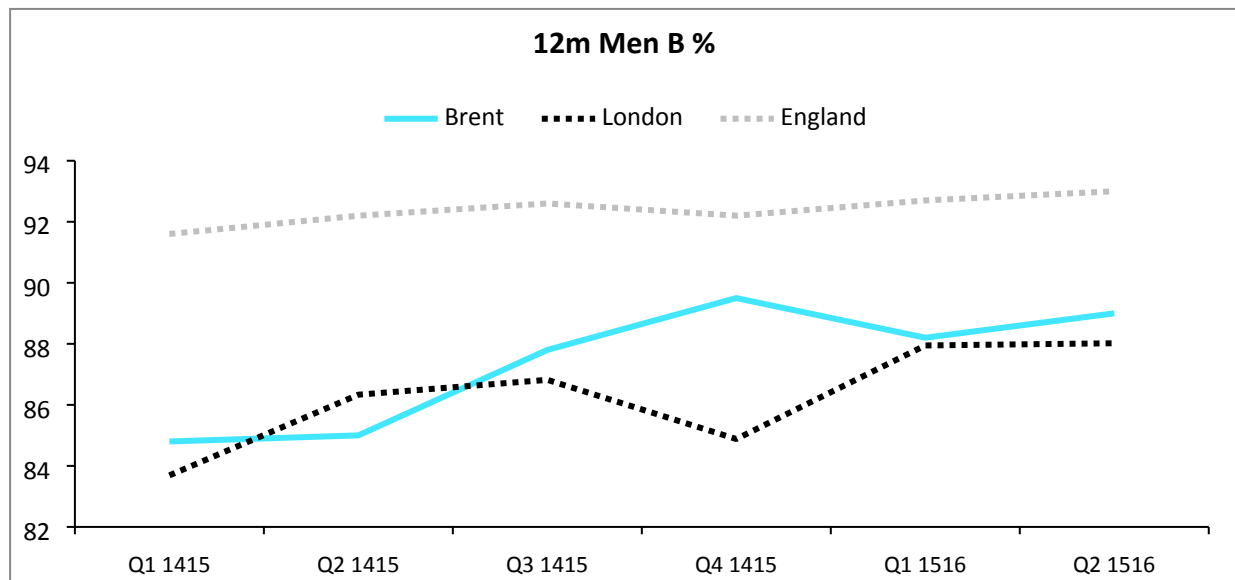
*please note that fall off is due to the availability of the latest data

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 Brent performs similarly to London averages.

Figure 11

Uptake of two doses of Men B vaccination by 12 months in Brent 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 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 12 displays the comparison of London's 2017/18 rates to the previous year whilst Figure 13 compares Brent with the rest of its geographical neighbours and London and England averages. Brent does perform lower across the age groups, mainly due to initial difficulties in setting up the programme in Brent. However, there are year on year improvements. This can even be seen in the 30.1% 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 only 22.1% were vaccinated.

Figure 12
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 13
Uptake of child flu vaccination for Brent 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?

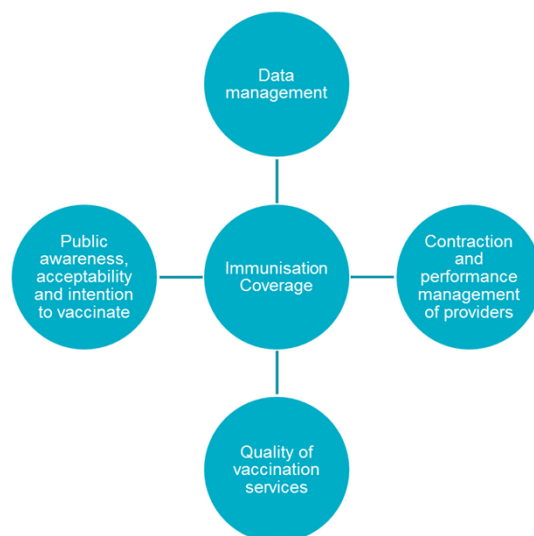
- Brent like other London boroughs performs below England averages for completed routine childhood immunisations as indicated by MMR 2nd dose and preschool booster. This is also below the recommended WHO 95% recommended uptake levels. Improving uptake rates in Brent is being undertaken by pan London 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 14). 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 14

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



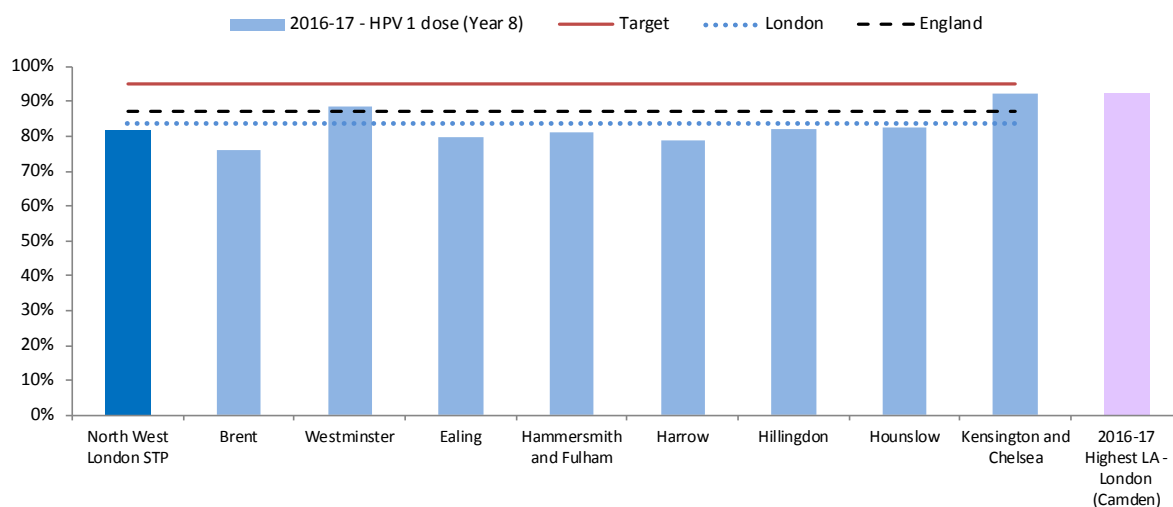
5 School Age Vaccinations

- 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. CNWL who deliver the programme in Brent have opted to deliver in this way for this year and are currently completing the first dose to year 8's in the borough.
- For Brent, rates have remained stable around 85% uptake for completed schedule of HPV for the last two years until end 2015/16. Since then the provision of these immunisations has been moved from London North West Healthcare NHS Trust to CNWL (See Figures 15 and 16).

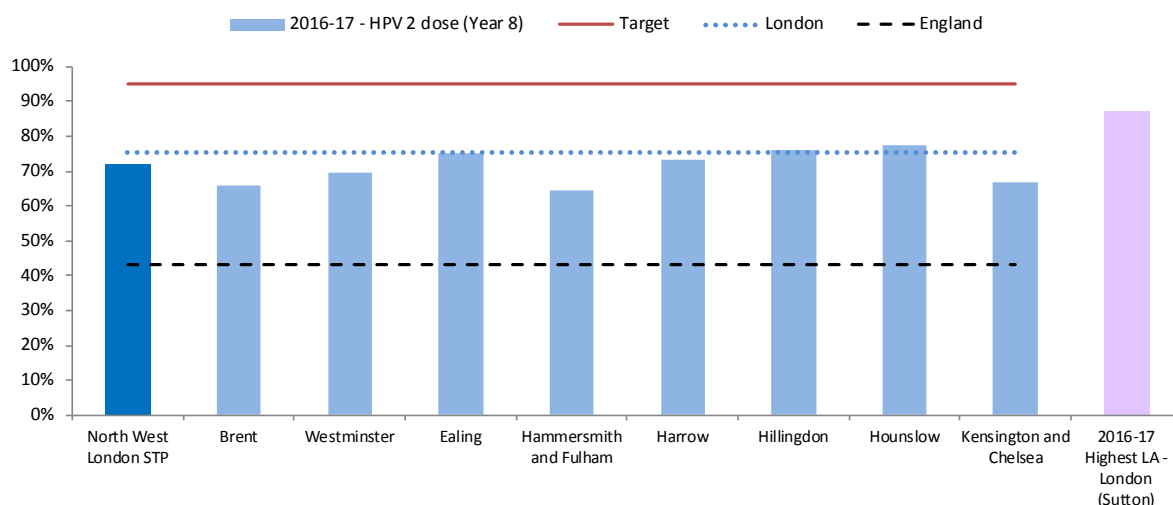
Figure 15
Dose 1 HPV Year 8



	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 16
Completed HPV course Year 8 (2 doses)



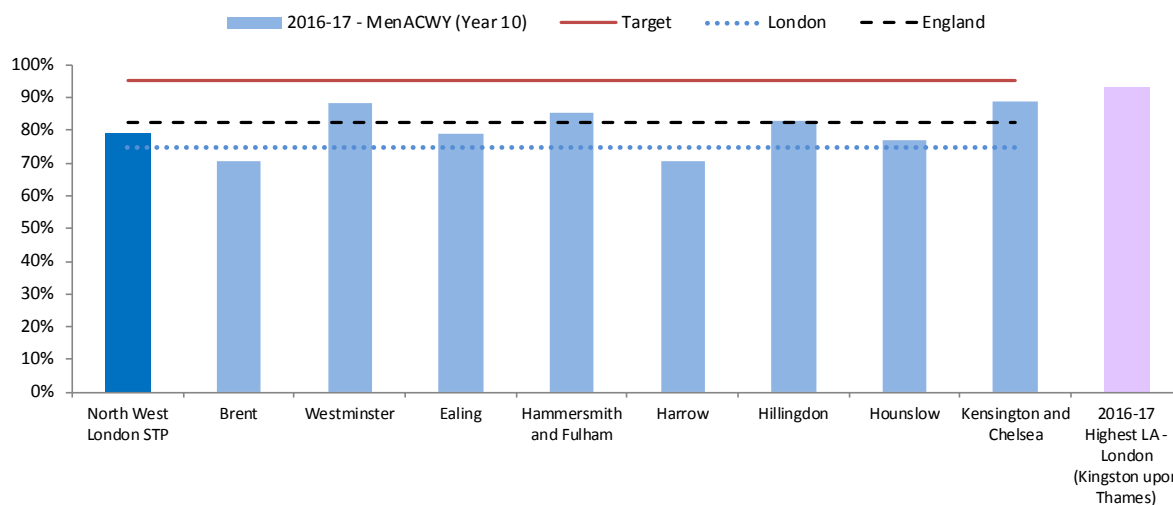
	Eligible	Vaccinated	2015-16	Eligible	Vaccinated	2016-17
ENGLAND	288,536	116,191	40.3%	299,198	128,868	43.1%
London	42,666	31,922	74.8%	44,535	33,535	75.3%
North West London STP	9,644	6,870	71.2%	10,143	7,309	72.1%
Brent	1,618	1,107	68.4%	1,601	1,055	65.9%
Westminster	858	541	63.1%	882	614	69.6%
Ealing	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 17, the uptake rate for Brent was 70.6% for Year 10 which is below London average.

Figure 17
MenACWY uptake in Year 10 (14-15 years)



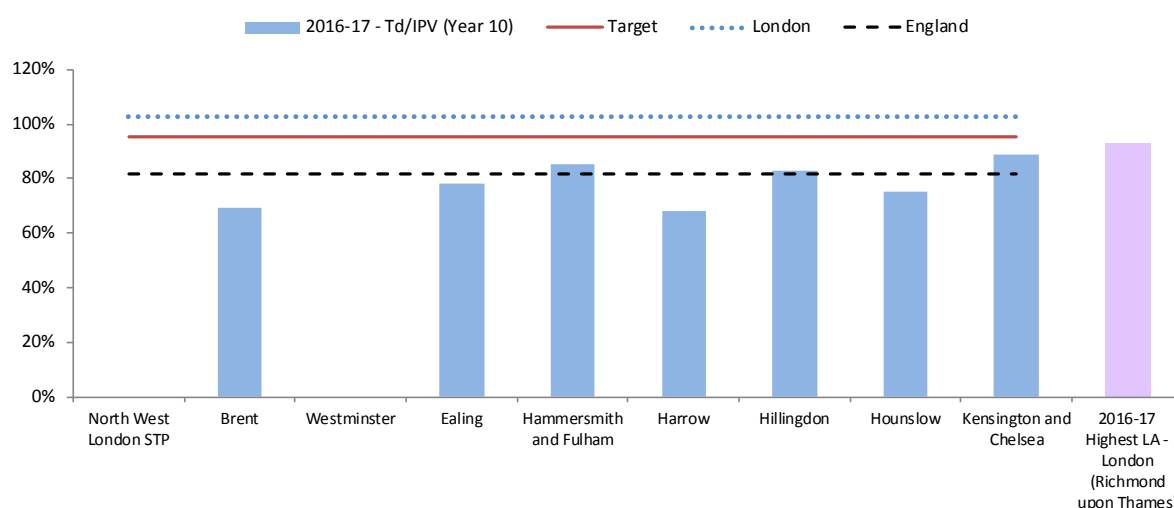
	Eligible	Vaccinated	2015-16	Eligible	Vaccinated	2016-17
ENGLAND	270,383	208,759	77.2%	538,530	444,507	82.5%
London	57,517	36,297	63.1%	69,472	51,995	74.8%
North West London STP	17,773	13,333	75.0%	19,332	15,208	78.7%
Brent	2,892	1,859	64.3%	3,103	2,190	70.6%
Westminster	1,604	1,294	80.7%	1,647	1,450	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 18 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?

- 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. The highest number (6) of confirmed cases was reported in Brent. 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 Brent through the NWL Immunisation Performance and Quality Board where challenges and solutions can be discussed around the performance data and the surveillance data.