

NHS public health functions agreement 2016-17

Service specification No.7

Hib/MenC vaccination programme

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Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities

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Hib/MenC Immunisation programme

Prepared by Public Health England

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This is a service specification to accompany the 'NHS public health functions agreement 2016-17 (the '2016-17 agreement') published in December 2015.

This service specification is to be applied by NHS England in accordance with the 2016-17 agreement. This service specification is not intended to replicate, duplicate or supersede any other legislative provisions that may apply.

Where a specification refers to any other published document or standard, it refers to the document or standard as it existed at the date when the 2016-17 agreement was made between the Secretary of State and NHS England Board, unless otherwise specified. Any changes in other published documents or standards may have effect for the purposes of the 2016-17 agreement in accordance with the procedures described in Chapter 3 of the 2016-17 agreement

Service specifications should be downloaded in order to ensure that commissioners and providers refer to the latest document that is in effect.

The 2016-17 agreement is available at www.gov.uk (search for 'commissioning public health').

All current service specifications are available at www.england.nhs.uk (search for 'commissioning public health').

This service specification is not intended to replicate, duplicate or supersede any other legislative provisions that may apply. It must always be read in conjunction with the core service specification [] and the online version of the Green Book:

<https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>

1. Purpose of Hib/MenC immunisation programme

- 1.1. This document relates to the Hib/MenC booster vaccine that protects children against *Haemophilus influenzae* type b (Hib) and meningococcal group C (MenC) infections. This immunisation is part of the national childhood immunisation programme which aims to prevent children from catching vaccine preventable diseases that are associated with significant mortality and morbidity. The purpose of the service specification is to enable NHS England to commission Hib/MenC immunisation services to a standard which will minimise infections and outbreaks caused by these organisms. This means achieving high levels of coverage across England as well as within upper tier local government areas and within the context of populations with protected characteristics as defined by the Equality Act 2010.
- 1.2. This specification provides a brief overview of the vaccines including the disease they protect against, the context, evidence base, and wider health outcomes, and should be read alongside the core service specification which underpins national and local commissioning practices and service delivery.
- 1.3. This specification will promote a consistent and equitable approach to the commissioning and delivery of the Hib/MenC vaccines across England. However, it is important to note that this programme can change and evolve in the light of emerging best practice and scientific evidence. NHS England and providers will be required to reflect these changes accordingly in a timely way as directed by the national schedule.
- 1.4. [Immunisation against infectious disease](#) (known as 'The Green Book'), as issued by Public Health England, provides guidance and has the latest information on vaccines and vaccination procedures for all the vaccine preventable infectious diseases that may occur in the UK. This service specification must be read in conjunction with the core service specification, the online version of the Green Book, related official public health letters and reflected in the commissioning of immunisation programmes. This specification must also be read in conjunction with additional evidence, guidance and literature issued by the [Joint Committee on Vaccination and Immunisation](#) (JCVI).
- 1.5. This service specification is not designed to replicate, duplicate or supersede any relevant legislative provisions that may apply e.g. the Health and Social Care Act 2012. The specification will be reviewed and amended in line with any new recommendations or guidance, and in line with reviews of the Section 7A agreement.

2. Population needs

Background

- 2.1. The Hib/MenC booster is offered routinely at 12 months of age as part of the UK childhood immunisation schedule and it provides protection against infections caused by the following bacteria:
 - *Haemophilus influenzae* type b (Hib)
 - Meningococcal group C (MenC)
- 2.2. The vaccine boosts the protection a child gets from the first course of Hib vaccine at two, three and four months of age, and the MenC vaccine at three months. The booster is designed to extend the protection offered in infancy during the period of highest risk of these infections (up to five years of age). The Hib/MenC booster in the second year of life was introduced into the routine childhood immunisation programme in 2006, because studies had shown that protection after the infant course declined rapidly. The vaccine has a strong evidence base and is highly effective in protecting against these serious diseases, which still occur within the UK and beyond.

Haemophilus influenzae type b (Hib)

- 2.3. Hib can cause invasive infections, such as meningitis (inflammation of the membranes surrounding the brain), septicaemia (blood poisoning), epiglottitis and pneumonia, which can be fatal and leave survivors with serious long-term complications. Individuals can carry Hib bacteria in their nose and throat without showing signs of the disease. Hib is spread through coughing, sneezing or close contact with a carrier. Since the introduction of Hib immunisation in the UK, disease incidence has fallen. In 2010 there were only 30 reported cases of confirmed invasive Hib infection in the England and Wales compared to more than 1,000 in the early 1990s.

Meningococcal C (MenC)

- 2.4. Meningococcal disease results from infection by the bacterium *Neisseria meningitidis*. The route of transmission is through droplets or respiratory secretions (e.g. coughing and sneezing). There is a marked seasonal variation in meningococcal disease rates, with peak levels in the winter months, usually declining to low levels by late summer. There are at least 12 known serogroups of meningococcal bacteria. Of these, prior to the introduction of the MenC vaccine, only two serogroups B and C – were of major public health importance to the UK.
- 2.5. Like, Hib, meningococcal infections can lead to meningitis, septicaemia or both. Meningococcal infections, like most infectious diseases, follow secular trends, with periods of high and low disease activity. Over the past two decades, the number of cases of meningococcal cases has ranged from more than 2,500 cases a year to 623 cases. Approximately one in ten people who develop meningococcal disease will die.

The highest risk of meningococcal disease is in the under one-year-old group, with the one to five year age group following closely. The next highest risk group is young people aged 15 to 19 years.

- 2.6. Since the introduction of MenC vaccine the overall incidence of MenC disease in England and Wales has fallen by over 98% (Campbell et al, 2010). In 1998/9, the year before vaccine was introduced, there were 955 confirmed cases of MenC disease. There are now around 30 cases per year, mainly among unvaccinated adults.

Hib/MenC vaccine – key details

- a combined Hib/MenC booster vaccine is given at 12 months. It builds on the primary Hib and MenC vaccines given as part of the infant immunisation programme.
- it has a strong evidence base, an excellent safety profile and is highly effective.

3. Scope

Aims

- 3.1. The aim of the Hib/MenC vaccination programme is to boost children's immunity against Hib and meningococcal C disease – both associated with significant mortality and morbidity.

Objectives

- 3.2. The aim will be achieved by delivering a population-wide immunisation programme that:
- identifies the eligible population based on the target population set out in the Green Book and ensures optimal coverage;
 - is safe, effective, timely and of a high quality and is independently monitored;
 - is delivered and supported by suitably trained, competent healthcare professionals who participate in recognised ongoing training and development in line with national standards;
 - delivers, manages and stores vaccine in accordance with national guidance;
 - is supported by regular and accurate data collection using the appropriate returns.

Direct health outcomes

- 3.3. The Hib/MenC vaccination programme aims to:
- Protect the health of individuals and the wider population;
 - reduce the number of preventable infections and their onward transmission;
 - achieve high coverage across all groups identified;
 - minimise adverse physical/psychological/clinical aspects of immunisation (e.g. anxiety, adverse reactions).

Baseline vaccine coverage

- 3.4. Local services must ensure they maintain and improve current immunisation coverage (with reference to vaccine coverage public health outcomes framework indicators) with the aim of 100% of relevant individuals being offered immunisation in accordance with the Green Book and other official DH/PHE guidance. This includes performance indicators and key deliverables that are set out in Annex B of NHS Public Health Functions Agreement (Section 7A) for 2016-2017.

4. Service description / care pathway

Local service delivery

- 4.1. This section of the document specifies the high-level operational elements of the Hib/MenC vaccine programme, based on best practice that the NHS England must use to inform local commissioning, contracts and service delivery. There is also scope to enable NHS England and providers to enhance and build on specifications to incorporate national or local service aspirations that may include increasing local innovation in service delivery. However, it is essential, in order to promote a nationally aligned, high-quality programme focusing on improved outcomes, increasing coverage and local take-up that all core elements that are set out in the core service specification are included in contracts and specifications.

Target population

- 4.2. NHS England must ensure that Hib/MenC immunisation is available to:
- all children both registered and unregistered with a GP, as part of the childhood immunisation programme, up to the age of ten years;
 - there is no upper age limit for vaccination, and those at particular high-risk may require vaccination with a different product, even if above the age of the current national programme. Protection against Hib and MenC should be offered routinely to unvaccinated or partially vaccinated individuals up to the age of ten years, or for those at high-risk as outlined in the [Green Book](#) chapters 16, 22 and 7;
 - address poor uptake for the services set out in the S7A agreement, where local delivery is lower than the key deliverables set out in the S7A agreement and in accordance with the objective to reduce the variation in local levels of performance.

In addition:

- the vaccination status of every child must be checked at each visit (for example, the pre-school visit for booster vaccines) and missing doses of relevant immunisations offered as appropriate to ensure that everyone has completed an age-appropriate course.

Vaccine schedule

- 4.3. One dose should be given at 12 months of age (along with the PCV, MMR and, for infants born since 01 May 2015, the MenB booster).
- 4.4. In order to provide early protection, providers must aim to complete the schedule at near as possible to the recommended ages.
- 4.5. Sufficient immunisation appointments must be available so that children can receive vaccinations on time – waiting lists are not acceptable.

- 4.6. Further information on scheduling for risk groups is available in the relevant chapters of the Green Book.

Vaccine ordering

- 4.7. All centrally procured vaccines must be ordered via the ImmForm online ordering system, details of which are given in the core specification.