

NHS public health functions agreement 2016-17

Service specification No.6

Meningococcal C (MenC)–containing vaccine
immunisation 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

NHS public health functions agreement 2016-17

Service specification No.6

Meningococcal C (MenC)–containing vaccine immunisation programme

Prepared by Public Health England

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Service specification No.6

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 [insert link] and the online version of the Green Book:

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

1. Purpose of the meningococcal C (MenC)-containing vaccine immunisation programme

- 1.1. This document relates to the meningococcal C (MenC)-containing vaccines (including the MenC conjugate vaccine and the MenACWY conjugate vaccine) used in the national immunisation programme. The MenC conjugate vaccine is given as part of the childhood programme to protect children from meningococcal disease resulting from infection by meningococcal group C bacteria. The MenACWY conjugate vaccine was introduced into the national immunisation programme in summer 2015 to respond to a national outbreak of invasive meningococcal group W (MenW) disease. The vaccine provides direct protection to teenagers and young adults and also protects the wider population by reducing carriage among vaccinated individuals.
- 1.2. The purpose of the service specification is to enable NHS England to commission MenC-containing vaccine immunisation services to a standard that will minimise the 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.
- 1.3. This specification provides a brief overview of the vaccines including the diseases they protect against, the context, evidence base, and wider health outcomes, and should be read alongside the core immunisation service specification which underpins national and local commissioning practices and service delivery.
- 1.4. This specification will also promote a consistent and equitable approach to the provision of the commissioning and delivery of MenC-containing vaccines across England. 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.
- 1.5. [Immunity against infectious disease](#) (known as 'the Green Book'), issued by Public Health England (PHE) is the main source of guidance for all immunisation programmes. This service specification must be read in conjunction with the core service specification, the online version of the Green Book all relevant official public health letters and the advice and recommendations issued by the [Joint Committee on Vaccination and Immunisation](#) (JCVI).
- 1.6. 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 annually 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 MenC conjugate vaccine is routinely used to protect against infections caused by capsular group C *Neisseria meningitidis* (meningococcal) bacteria. This vaccine is given to babies initially at the second primary immunisation visit (around 12 weeks of age) and a booster at 12-13 months. From September 2015, the routine MenC booster dose that was offered to pupils in school year 9/10 was replaced with the MenACWY conjugate vaccine to offer additional protection against meningococcal capsular group A, W and Y in response to a national outbreak of invasive MenW disease. A MenC-containing vaccine is also offered to young people entering university for the first time ('freshers') as part of a time-limited freshers catch-up programme that started in 2014.
- 2.2. In February 2015, the JCVI advised at its meeting that a temporary programme to vaccinate all adolescents aged 14-18 years of age with a MenACWY conjugate vaccine should be undertaken as soon as practicable, in order to protect them against an emerging, highly MenW strain and to generate herd protection against MenW for the rest of the population, including infants. This course of action was based upon substantial evidence that adolescents in this age range are the most likely to carry meningococcal bacteria and to transmit them to other age groups within the population, and that meningococcal conjugate vaccination will significantly reduce acquisition of meningococcal carriage in adolescents. JCVI also advised that MenACWY conjugate vaccine should be used in the routine adolescent and university 'freshers' programmes instead of MenC monovalent conjugate vaccine.
- 2.3. Meningococcal disease results from invasive bacterial infection by *Neisseria meningitidis*. The route of transmission is through prolonged close contact with carriers of the meningococcal bacteria as well as 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 groups of meningococcal bacteria characterised by differences in the structure of their polysaccharide capsule, of which B, C, W and Y were historically the most common in the UK.
- 2.4. Most carriers of the meningococcal bacteria remain asymptomatic and do not become unwell. In rare cases, the meningococcal bacteria can progress to serious illness, including meningitis (inflammation of the membranes surrounding the brain), septicaemia (blood poisoning) or both. Meningococcal infection is relatively rare affecting 2 in 100,000 people a year in the UK. Approximately one in twenty people who develop meningococcal disease will die. The highest risk of meningococcal disease is in the under one-year-old group, with toddlers (1-4 year-olds) following closely. The next highest risk group is young people aged 15 to 19 years.

- 2.5. Since the MenC campaign in 1999, where all children and adults up to 25 years of age were targeted for vaccination, followed by the introduction of MenC conjugate vaccine into the routine infant immunisation programme, the number of laboratory confirmed group C cases has fallen by over 90% across all age groups through a combination of direct and indirect (herd) protection. In 1998/9 – the year before vaccine was introduced – there were 955 serogroup C cases reported. There are now around 30 cases per year.
- 2.6. In 2006, the three-dose infant immunisation schedule was reduced to two doses at two and three months with a Hib/MenC booster at 12 months. Subsequently, in June 2013, the infant schedule was reduced further to a single dose at 3 months, with the addition of an adolescent dose at around 14 years. This was done to provide teenagers with additional protection against MenC disease during a period when they were more vulnerable and to reduce MenC carriage in order to maintain the excellent herd protection that had initially been achieved by the 1999 MenC immunisation campaign.
- 2.7. Since 2009, however, MenW cases have continued to increase and this rise has accelerated in recent years, with 42 cases in 2012, 76 in 2013 and 117 in 2014. In the current epidemiological year (running from 1 July 2014 to 30 June 2015), there have been 155 cases (provisional) in England to the end of April compared to 80 cases in the same period of 2013/2014 epidemiological year; the increased activity continues. MenW cases, which were previously reported mainly in older adults, are now being diagnosed across all age groups and, for the first time in over a decade, are causing deaths in infants, toddlers and adolescents, including university students.

MenC vaccine – key details

- 2.8. The key details are that:
- MenC vaccine is given to babies at three months of age, with a booster at 12 months (using a combined Hib-MenC vaccine)

A MenC-containing vaccine (MenC or MenACWY conjugate vaccine) – key details

- 2.9. The key details are that:
- young adults up to 25 years of age who are entering university for the first time (sometimes referred to as “the fresher’s dose”) should be offered a MenC-containing vaccine (determined by availability)
 - from September 2015 onwards, the MenACWY conjugate vaccine should be used for the routine adolescent booster (instead of MenC) at around 14 years of age (school year 9).
 - all year 11 pupils in the academic year 2015/16 should receive a dose of MenACWY conjugate vaccine as part of the catch-up campaign. This is recommended to be delivered in schools

- additionally, children and adults aged 10 to 25 years of age who have no history of MenC vaccination, or incomplete immunisation status (as indicated in the Green Book), should be offered MenACWY conjugate vaccine (determined by availability)
- a further catch-up campaign to provide school year 13 students in the academic year 2015/16 with the MenACWY conjugate vaccine is planned from April 2016. The delivery route for this part of the campaign is to be confirmed before the end of 2015.

2.9 Further information on the delivery and timings of vaccination in schools and general practice is available in the joint letter from PHE and NHS England

<https://www.gov.uk/government/publications/menacwy-vaccine-introduction>

3. Scope

Aims

- 3.1. The aim of the MenC-containing vaccine programme is to protect the population against meningococcal disease with specific capsular groups, which can cause meningitis and septicaemia.

Objectives

- 3.2. The aim will be achieved by delivering an evidence-based, population-wide immunisation programme that:
- identifies the eligible population and ensures effective timely delivery with optimal coverage based on the target population
 - is safe, effective, of a high quality and is independently monitored
 - is delivered and supported by suitably trained, competent healthcare professionals who participate in recognised on-going 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. In the context of health outcomes, the MenC-containing vaccine 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 relevant vaccine coverage Public Health Outcomes Framework, PHOF indicators) with the aim of 100% of relevant individuals being offered immunisation in concordance with the Green Book and other official DH/PHE guidance. This includes the performance indicators and key deliverables that are set out in Annex B of the NHS Public Health Functions Agreement (Section 7A) for 2016-2017.

4. Service description / care pathway

Local service delivery

- 4.1. The delivery of immunisation services at the local level is based on evolving best practice. This section of the document specifies the high-level operational elements of the MenC-containing vaccine programme, based on that best practice that NHS England must use to inform local commissioning, contracts and service delivery.
- 4.2. 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. 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 the core elements that are set out in the core specification are included in contracts and specifications.

Target population

- 4.3 Providers will be required to:
 - make MenC conjugate vaccine available to all children both registered and unregistered with a GP, as part of the childhood immunisation programme's primary immunisation course. The first dose should be given to children at three months of age, the second dose (given as a Hib/MenC combination) at the same time as the MMR, PCV and MenB vaccine at 12 months.
 - make MenACWY conjugate vaccine available to:
 - all 13-14 year olds in schools, at the same time as the Td/IPV booster (routine adolescent cohort)
 - all eligible cohorts included in the MenACWY catch up campaign during 2016/17
 - make a MenC-containing vaccine available to:
 - all first-time undergraduate university entrants up to 25 years who have not received a MenC-containing vaccine previously, before they enrol or as soon as possible thereafter (which vaccine determined by availability)
 - individuals from 10 to 25 years of age who have no history of MenC vaccination, or incomplete immunisation status, as indicated in the Green Book. This will include those in eligible age groups who move into the area, school or are newly registered with general practice after the initial invitations have been issued (which vaccine determined by availability).
 - 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.

- check the vaccination status of children and young people, over the age of 12 months and younger than 25 years, moving in from abroad, to ensure that everyone has completed an age-appropriate course.

4.4 In addition:

- arrangements must be in place to ensure that the appropriate MenC-containing vaccines can be administered promptly for contacts of cases or for outbreak control, on the advice of PHE.
- the vaccination status of every child or young person must be checked and missing doses offered as appropriate to ensure that everyone has completed an age-appropriate course

<https://www.gov.uk/government/publications/vaccination-of-individuals-with-uncertain-or-incomplete-immunisation-status>

Vaccine schedule

Routine MenC conjugate vaccine	First dose:	At 3 months old
	Second dose:	At 12 months old as part of Hib-MenC vaccination
MenACWY conjugate vaccine	Around age 14 years old (ideally at the same time as the Td/IPV)	

- As part of a time limited catch-up campaign, those aged up to 25 years entering university as undergraduates for the first time, should be offered a MenC-containing vaccine.
- Detailed recommendations on the administration of the vaccine are set out in the [Chapter 22](#) of the Green Book. This guidance must be followed at all times.

Vaccine ordering

4.5 All centrally procured vaccines must be ordered via the [ImmForm online](#) ordering system, details of which are given in the core immunisation service specification.

Vaccine coverage data collection

4.6 Vaccine uptake data collection for the schools programme will take the form of a manual ImmForm survey at the end of each academic year, similar to what is in place for the HPV adolescent girls’ programme. The MenACWY collection consists of one annual survey with data collected at the local authority level. The data are collected via ImmForm, which provides a manual online data submission function for NHS England local teams and other data providers, together with relevant survey information and

guidance for the MenACWY vaccine coverage collection. PHE is responsible for managing ImmForm, as well as the data collection, validation, reporting and analysis of the data.

- 4.7 Local teams may choose to establish local standards around data collection. For example, arranging to collect data from providers on monthly basis in order to monitor for any performance issues, although the requirement to report **coverage** will be **through an annual collection**.
- 4.8 School based delivery of the routine and catch-up cohorts will thus facilitate monitoring of the impact of the programme as it allows for a standardised data return for each cohort offered vaccine. Areas that opt to use primary care for the delivery of the routine and catch-up cohorts will be required to estimate denominators and vaccine coverage locally and submit a collated figure for each cohort to PHE.