



Public Health  
England



# NHS public health functions agreement 2019-20

**Service specification No.6 Meningococcal C (MenC) – containing vaccine  
immunisation programme**

NHS England and NHS Improvement



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- 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 and those who do not share it (as required under the Equality Act 2010); and
- Given due 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 (in accordance with the duties under sections 13G and 13N of the NHS Act 2006, as amended).

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## Service specification No.6

This is a service specification to accompany the 'NHS public health functions agreement 2019-20 (the '2019-20 agreement').

This service specification is to be applied by NHS England and NHS Improvement in accordance with the 2019-20 agreement. 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 2019-20 agreement was made between the Secretary of State and NHS England and NHS Improvement Board, unless otherwise specified. Any changes in other published documents or standards may have effect for the purposes of the 2019-20 agreement in accordance with the procedures described in Chapter 3 of the 2019-20 agreement

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

The 2019-20 agreement is available at [www.gov.uk](http://www.gov.uk) (search for 'commissioning public health').

All current service specifications are available at [www.england.nhs.uk](http://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](#).

# 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 Hib/MenC conjugate vaccine and the MenACWY conjugate vaccine) used in the national immunisation programme. The Hib/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 and replaced the MenC vaccine that had been offered to teenagers from 2013. The MenACWY vaccine provides direct protection to teenagers and young adults against the four targeted groups of meningococcal disease and also aims to protect the wider population by reducing carriage among vaccinated individuals.
- 1.2 The purpose of the service specification is to enable NHS England and NHS Improvement 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 NHS Improvement and providers will be required to reflect these changes accordingly in a timely way as directed by the national schedule.
- 1.5 [\*Immunisation 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 Hib/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 at 12 months and has been offered as part of the routine national childhood programme since 2006.
- 2.2 In February 2015, JCVI advised that a 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, aggressive MenW strain. 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 meningococcal conjugate vaccination significantly reduces acquisition of meningococcal carriage in adolescents. JCVI also advised that MenACWY conjugate vaccine should be used in the routine adolescent vaccination in school year 9/10 and in the university 'freshers' programme instead of MenC monovalent conjugate vaccine. MenACWY vaccine offers additional protection against meningococcal capsular groups A, W and Y. MenACWY vaccine has been used in these programmes since August 2015.
- 2.3 In June 2015, the JCVI advised that, due to the success of the MenC programme introduced in 1999, there are now very few cases of invasive MenC disease in England. As the Hib-MenC / MenACWY conjugate vaccination programme is expected to sustain good herd protection, the risk to infants should remain low. Therefore, since 1 July 2016, infants no longer receive a dose of MenC conjugate vaccine at 12 weeks of age. The Hib/MenC conjugate vaccine (Menitorix) dose given at 12 months of age was unaffected by this change and remains part of the routine programme.
- 2.4 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 are the most common in the UK.
- 2.5 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 disease is relatively rare affecting less than 2 in 100,000 people a year in the UK. Approximately one in ten to 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.
- 2.6 The MenC campaign from 1999, targeted all children up to 18 years of age for vaccination, concurrent with the introduction of MenC conjugate vaccine into the

routine infant immunisation programme. Since that time the number of laboratory confirmed group C cases has fallen by around 95% across all age groups through a combination of direct and indirect (herd) protection. In 1998/9 – the year before vaccine was introduced – there were 883 serogroup C cases reported in England. In 2017/18 there were 64 cases, around 55% of which were in adults aged 25 and over.

- 2.7 Since 2009, MenW cases began to increase and this rise then accelerated, with 30 cases in 2011/12, 176 in 2014/15, and 211 in 2015/16; this rate of increase slowed in 2016/17 with 226 cases and fell to 193 cases in 2017/18. Prior to 2013/14 MenW cases, were reported mainly in older adults, but have since been diagnosed across all age groups and, for the first time in over a decade, have caused deaths in infants, toddlers and adolescents, including university students.

### Hib/MenC conjugate vaccine – key details

2.8 The key details are that:

- the Hib/MenC conjugate vaccine is given to infants at 12 months of age; and
- children aged one year to less than 10 years who have no history of MenC containing vaccination after their first birthday. 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.

### MenACWY conjugate vaccine – key details

2.9 The key details are that:

- MenACWY conjugate vaccine should be offered to adolescents at around 14 years of age (school years 9 or 10) as part of the routine adolescent schools programme;
- those who are in school year 10 or 11 (aged 14-15 or 15-16 years) who missed routine MenACWY vaccination (given in school year 9 or 10) should ideally be targeted through a school-based mop up or opportunistically through general practice;
- those born on or after 1/9/1996 aged 16 years and older (after school year 11) who were eligible for and missed MenACWY vaccination should be targeted opportunistically through general practice;
- additionally, any first-time undergraduate university entrant (fresher) who has not been vaccinated with MenACWY vaccine after 10 years of age (this will include overseas students) should be opportunistically immunised through general practice before their 25th birthday by the time they enrol at university or as soon as possible thereafter; and
- 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

2.10 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 and NHS Improvement

<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 specific capsular groups of meningococcal disease, 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; and
  - 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; and
  - 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 accordance 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 2019-20.

## 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 the best practice that NHS England and NHS Improvement must use to inform local commissioning, contracts and service delivery.
- 4.2 There is also scope to enable NHS England and NHS Improvement 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 Hib/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 vaccine should be given to children at the same time as the MMR, PCV and MenB vaccines at 12 months; and
    - Children aged one year to less than 10 years who have no history of MenC containing vaccination after their first birthday. 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.
  - make MenACWY conjugate vaccine available to:
    - all 13-15 year olds in school year 9 or 10, at the same time as the Td/IPV booster (routine adolescent cohort);
    - those who are in school year 10 or 11 (aged 14-15 or 15-16 years) who missed routine MenACWY vaccination (given in school year 9 or 10) who should ideally be targeted through a school-based mop up or opportunistically through general practice;
    - those born on or after 1/9/1996 aged 16 years and older (after school year 11) who were eligible for and missed MenACWY vaccination should be targeted opportunistically through general practice before their 25th birthday;
    - any first-time undergraduate university entrant (fresher) who has not been vaccinated with MenACWY vaccine after 10 years of age (this will include overseas students) should be opportunistically immunised through general practice before their 25th birthday by the time they enrol at university or as soon as possible thereafter; and

- 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). 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.
- 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: This is particularly important for MMR, those who lack two recorded doses can be immunised by the school immunisation team (if commissioned to do so locally) or sign-posted to their GP to receive the vaccine.
- <https://www.gov.uk/government/publications/vaccination-of-individuals-with-uncertain-or-incomplete-immunisation-status>.

### Vaccine schedule

4.5 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

4.6 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

4.7 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 and NHS Improvement 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.

- 4.8 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.
- 4.9 Areas that opt to use primary care for the delivery of the routine MenACWY cohort will be required to estimate denominators and vaccine coverage locally and submit a collated figure for each cohort to PHE.