



Public Health  
England



# NHS public health functions agreement 2019-20

**Service specification No.12  
Td/IPV (teenage booster) immunisation programme**

NHS England and NHS Improvement



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### **Td/IPV (teenage booster) immunisation programme**

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Promoting equality and addressing health inequalities are at the heart of NHS England and NHS Improvement 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 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.12

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 Td/IPV immunisation programme

- This document relates to the Td/IPV (teenage booster) vaccine that protects individuals from developing diphtheria, tetanus and poliomyelitis (polio). This vaccine is the final dose in the routine national childhood immunisation programme which aims to prevent individuals from catching these vaccine preventable diseases that are associated with significant mortality and morbidity.
- The purpose of the service specification is to enable NHS England and NHS Improvement to commission a Td/IPV immunisation programme to a standard which will continue to minimise infections and outbreaks caused by these organisms. The aim is to achieve high levels of vaccine coverage across England and within the context of populations with protected characteristics as defined by the Equality Act 2010.
- 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 service specification which underpins national and local commissioning practices and service delivery.
- The existing programme provides a firm platform on which local services can develop and innovate to better meet the needs of their local population and work towards improving outcomes. This specification will also promote a consistent and equitable approach to the provision of the commissioning and delivery of the Td/IPV 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 NHS Improvement and providers will be required to reflect these changes accordingly in a timely way as directed by the national schedule.
- [\*Immunisation against infectious disease\*](#) (known as ‘the Green Book’), issued by Public Health England (PHE) provides guidance and is the main evidence base for all immunisation programmes. This service specification must be read in conjunction with the core immunisation service specification, the online version of the Green Book, and all relevant official Public Health Letters, and with additional evidence, advice and recommendations issued by the Joint Committee on Vaccination and Immunisation (JCVI). <https://www.gov.uk/government/groups/joint-committee-on-vaccination-and-immunisation>
- 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 Immunisation is one of the most successful and cost effective health protection interventions and is a cornerstone of public health. High immunisation rates are key to preventing the spread of infectious disease, complications and possible early death among individuals and protecting the population's health through both individual and herd immunity. The Td/IPV teenage booster vaccine is routinely used to boost immunity against tetanus, diphtheria and polio infections.
- 2.2 Coverage of the teenage Td/IPV booster is reported to be higher when delivered in a school setting – this is probably due to easier access for the teenager and the ease of implementing call and recall systems in the school setting.

### Diphtheria

- 2.3 Diphtheria is a serious disease that usually starts with infection of the upper respiratory tract or the skin. The organism releases diphtheria toxin which can quickly cause cardiac, respiratory and neurological complications. In severe cases, it can be fatal and the case-fatality ratio remains high despite modern treatments. Prior to the 1940s, diphtheria was a common disease in the UK with more than 61,000 cases notified in 1940. The introduction of immunisation in the 1940s resulted in a dramatic fall in incidence and fewer than 30 cases have been reported in the last ten years. Most recently reported cases have been imported from the Indian subcontinent or Africa, where diphtheria remains endemic, emphasising the importance of the vaccination.

### Tetanus

- 2.4 Tetanus is a painful disease that causes muscle spasm and respiratory paralysis. It is caused when tetanus spores that are found in soil and manure get into the body through open cuts or burns. Tetanus affects the nervous system and can be fatal. The vaccine was nationally introduced in 1961 and the disease had almost disappeared in children under the age of 15 by the 1970s. Between 1984 and 2004, there were around 200 reported cases of tetanus, largely in the over 45 year old population, with the highest incidence in adults aged over 65 years. There have also been reported cases of tetanus in injecting drug users. Tetanus can never be eradicated because the spores are commonly present in the environment, including soil. Tetanus is not spread from person to person.

### Poliomyelitis (polio)

- 2.5 Polio is a virus that attacks the nervous system and can lead to permanent paralysis, usually of the lower limbs. If the respiratory muscles are affected then it can be fatal. Before the polio vaccine was introduced, as many as 8000 cases of polio occurred in the UK in epidemic years (the early 1950s). The last case of natural polio acquired in the UK was in 1984. By 2014, polio remained endemic in only a small number of developing countries. Although the risk of importation to the UK is low vaccination continues to be important.

## Td/IPV – key details

2.6 The key details are that:

- Td/IPV – the teenage booster is the final dose of the routine childhood immunisation schedule for these antigens. Both NHS England and NHS Improvement and providers have been working towards giving the vaccine to 13 – 14 year olds (school year 9) alongside the Men ACWY-containing vaccine. The intention is that in the future there will be a planned approach to enable areas to move towards giving the vaccines between the ages of 13 – 14 to align the programmes across the country;
- in total five doses of tetanus, diphtheria and polio are required to provide long-term protection;
- it has a strong evidence base, an excellent safety profile and is highly effective;
- it is given either in a school (usually in year 9) or primary care setting; local areas determine which approach is most appropriate;
- coverage rates are estimated to be around 75% to 83%; and
- continued high vaccine coverage is required in order to provide both individual and herd immunity.



## 3 Scope

### Aims

- 3.1 The aim of the Td/IPV booster immunisation programme is to maintain immunity against tetanus, diphtheria and polio, which are associated with significant mortality and morbidity.

### 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 set out in paragraph 4.2;
  - is safe, effective, of a high quality and is externally and 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; 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 Td/IPV booster 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 among the target cohort; and
  - minimise adverse physical/psychological/clinical aspects of immunisation (e.g. anxiety, adverse reactions).

### Baseline vaccine coverage

- 3.4 Local services must ensure that 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 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 Td/IPV booster, based on that best practice that NHS England and NHS Improvement must use to inform local commissioning, contracts and service delivery. 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. 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 the core elements that are set out in the core service specification are included in contracts and specifications.

### Target population

4.2 Providers will be required to make the Td/IPV booster vaccine available to:

- all young people both registered and unregistered with a GP, as the final dose of the childhood immunisation programme for these antigens;
- adults and children who have no history of Td/IPV, or incomplete immunisation status, as indicated in the Green Book. This will include those in the eligible age group who move into the area or school or are newly registered with general practice after the initial invitations have been issued;
- there is no upper age limit for vaccination, and those at particular risk may require vaccination, even if above the age of the current national programme. Protection against diphtheria, tetanus and polio should be offered at any age;
- every appropriate opportunity should be taken to check vaccination status and offer immunisation to individuals who have missed the routine schedule; 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.
- 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.

### Vaccine schedule

4.3 A locally commissioned service should immunise the target population following the national vaccination schedule.

- One dose ideally at the same time as the MenACWY conjugate vaccine at 13 - 14 years old (school year 9/10). Detailed recommendations on the scheduling and administration of the vaccine are set out in the relevant chapters of the Green Book: <https://www.gov.uk/government/organisations/public-health-england/series/immunisation-against-infectious-disease-the-green-book>.

## Vaccine ordering

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

## Vaccine coverage data collection

- 4.5 Vaccine uptake data collection for schools programmes 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 Td-IPV 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 Td-IPV vaccine coverage collection. PHE is responsible for managing ImmForm, as well as the data collection, validation, reporting and analysis of the data.
- 4.6 School based delivery will thus facilitate monitoring of the impact of the programme as it allows for a standardised data return. Areas that opt to use primary care for the delivery will be required to estimate denominators and vaccine coverage locally and submit a collated figure for each cohort to PHE.