

Immunisations for under 19s overview

NICE Pathways bring together all NICE guidance, quality standards and other NICE information on a specific topic.

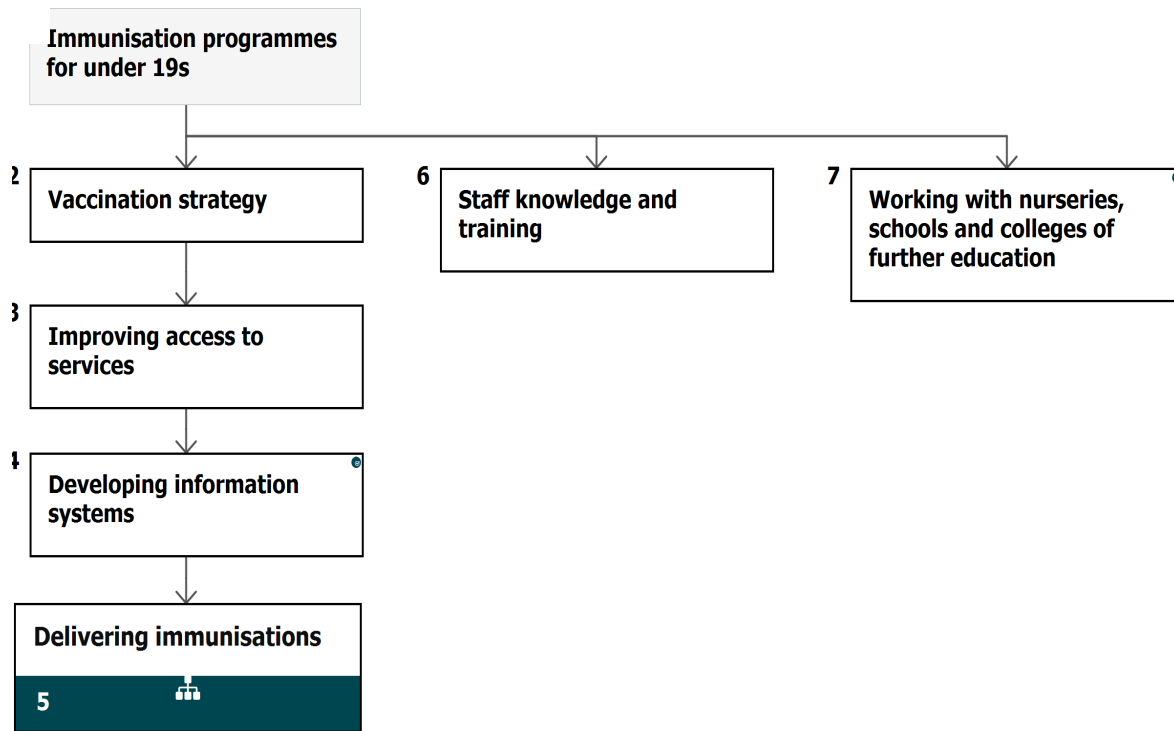
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<http://pathways.nice.org.uk/pathways/immunisations-for-under-19s>

Pathway last updated: 11 May 2017

This document contains a single pathway diagram and uses numbering to link the boxes to the associated recommendations.

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1 Immunisation programmes for under 19s

No additional information

2 Vaccination strategy

Adopt a multifaceted, coordinated programme across different settings to increase timely immunisation among groups with low or partial uptake. The programme should form part of the local child health strategy and should include the following actions:

- Monitor vaccination status as part of a wider assessment of children and young people's health.
- Ensure there is an identified healthcare professional in every GP practice who is responsible – and provides leadership – for the local childhood immunisation programme.
- Ensure all staff involved in immunisation services have access to the [Green Book](#). Also ensure updates to the childhood immunisation programme and schedule are monitored and services adapted appropriately.

Use recorded information on immunisation, together with surveillance data on the incidence of infection, to inform local and joint strategic needs assessments and health equity audits. These data should also be used to support delivery of an immunisation programme for children and young people.

Monitor the age composition of the practice population so that there is enough capacity to provide timely immunisations. Waiting lists are unacceptable.

Hepatitis B vaccination programme

Primary care and public health commissioners should have an identified person responsible for coordinating the local hepatitis B vaccination programme for babies at risk of hepatitis B infection. The person should also be responsible for scheduling and follow-up to ensure babies at risk are vaccinated at the right time. This may involve working within and across several primary care and public health commissioner areas.

A clear process for the local infant hepatitis B vaccination programme should be developed and implemented. Antenatal, postnatal, neonatal, paediatric, primary care and community support teams should communicate effectively and share information so that the children and families affected can be contacted and followed up.

3 Improving access to services

Improve access to immunisation services. This could be achieved by extending clinic times, ensuring children and young people are seen promptly and by making sure clinics are child- and family-friendly.

Ensure enough immunisation appointments are available so that all local children and young people can receive the recommended vaccinations on time.

Consider home visits to discuss immunisation with parents who have not responded to reminders, recall invitations or appointments. Offer to give their children vaccinations there and then (or arrange a convenient time in the future). Such visits could include groups that may not use primary care services, for example, travellers or asylum seekers.

Improve access to immunisation services for those with transport, language or communication difficulties, and those with physical or learning disabilities. For example, provide longer appointment times, walk-in vaccination clinics, services offering extended hours and mobile or outreach services. The latter might include home visits or vaccinations at children's centres.

Consider using pharmacies, retail outlets, libraries and local community venues to promote and disseminate accurate, up-to-date information on childhood immunisation.

See what NICE says on [patient group directions](#).

4 Developing information systems

Ensure public health commissioners and GP practices have a structured, systematic method for recording, maintaining and transferring accurate information on the vaccination status of all children and young people. Vaccination information should be recorded in patient records, the PCHR and the child health information system. The same data should be used when reporting vaccinations to the child health department and when submitting returns to the public health commissioner for GP and practice payments. This will ensure records in both systems are reconciled and consistent.

Encourage and enable private providers to give the relevant GP practice or public health commissioner details of all vaccinations administered to children and young people, so they can be recorded in the appropriate information system.

Ensure up-to-date information on vaccination coverage is available and disseminated to all those responsible for the immunisation of children and young people. This includes those who are delivering the vaccinations.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

Vaccine uptake in under 19s

3. Recording vaccinations

5 Delivering immunisations

[See Immunisations for under 19s / Delivering immunisation programmes for under 19s](#)

6 Staff knowledge and training

Ensure Department of Health guidance and updates on immunisations (including official letters from the Chief Medical Officer, Chief Nursing Officer and Chief Pharmaceutical Officer) are disseminated to relevant professionals and implemented.

Ensure all staff involved in immunisation services are appropriately trained. Training should be regularly updated. It should be tailored to individual needs to ensure staff have the necessary skills and knowledge, for example, communications skills and the ability to answer questions about different vaccinations.

Ensure health professionals who deliver vaccinations have received training that complies with the [national minimum standard for immunisation training](#).

Professional bodies should ensure health professionals working with children and young people have the appropriate knowledge and skills to give advice on the benefits and risks of immunisation. Specifically, they should be well-versed in the core topics defined in the Health Protection Agency's [core curriculum for immunisation training](#).

Ensure staff are appropriately trained to document vaccinations accurately in the correct records.

7 Working with nurseries, schools and colleges of further education

The Healthy Child team, led by a health visitor working with other practitioners, should check the immunisation record (including the PCHR) of each child aged up to 5 years. They should carry out this check when the child joins a day nursery, nursery school, playgroup, Sure Start children's centre or when they start primary school. The check should be carried out in conjunction with childcare or education staff and the parents.

School nursing teams, working with GP practices and schools, should check the vaccination status of children and young people when they transfer to a new school or college. Working with the public health commissioner, they should also advise young people and their parents about the vaccinations recommended at secondary school age.

If children and young people are not up-to-date with their vaccinations, school nursing teams, in conjunction with nurseries and schools, should explain to parents why immunisation is important. Information should be provided in an appropriate format (for example, as part of a question and answer session). School nursing teams should offer vaccinations to help them catch up, or refer them to other immunisation services.

Head teachers, school governors, managers of children's services and public health commissioner immunisation coordinators should work with parents to encourage schools to become venues for vaccinating local children. This would form part of the extended school role.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

Vaccine uptake in under 19s

4. Checking immunisation status at specific educational stages

Glossary

PCHR

personal child health record

Parents

anyone with parental responsibility

Sources

Immunisations: reducing differences in uptake in under 19s (2009) NICE guideline PH21

Your responsibility

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