

**The Highland Council**  
**ADULT & CHILDREN'S SERVICES COMMITTEE**  
**22 May 2013**

Agenda Item	<b>20.</b>
Report No	<b>ACS/59/13</b>

**Developments in school based immunisation programme**

**Report by Director of Health and Social Care**

**Summary**

This report sets out requirements for new developments in school based immunisation, and also provides information on measles immunisation.

**1 Background**

- 1.1 The Joint Committee on Vaccination & Immunisation (the UK-wide expert scientific advisory group on immunisation) has advised the Departments of Health regarding additional vaccinations that should be administered as part of the UK schedule.
- 1.2 When fully implemented these changes will result in a considerable increase in the number of vaccines administered routinely every year. It is proposed that preschool & adult vaccines will be administered in primary care.
- 1.3 All school age children will be offered their vaccines at school from the Council's Public Health Nursing teams. This will have a considerable impact on the workload and focus of our staff who work in schools, as well as a significant implication for schools and their ability to provide accommodation and other support to enable vaccination sessions to take place.

**2 Schools vaccine programme**

- 2.1 The detail of the current annual schools vaccine programme is shown below.

<b>Vaccine</b>	<b>Year group</b>	<b>Number of doses</b>
Human Papillomavirus (HPV)	S2 (girls only)	3
Diphtheria, tetanus & polio (dT/IPV booster)	S3 (girls & boys)	1
Measles Mumps & Rubella	S3 (only offered to those who have not received MMR x 2 )	1

2.2 The new, additional annual schools vaccines are as shown below.

<b>Vaccine</b>	<b>Year group</b>	<b>Number of doses</b>
Meningococcal C (Men C)	S3 (girls & boys)	1
Flu vaccine (nasal spray)	P1 to S5 (girls & boys)	2 for P1-P5 1 for P6-S5

2.3 It is planned to introduce the Men C vaccine to all S3 pupils during the next academic year (2013/14) and to offer it at the same time as the current dT/IPV booster. This is currently undertaken at different times of year in different areas, but it is now intended that there will be an agreed annual timetable for all vaccine delivery across all Highland schools.

2.4 The major impact for the Public Health Nursing teams is the introduction of the annual flu vaccine to all pupils in P1 to S5 which is being phased in over three years. Currently we do not undertake any regular vaccinations in primary schools. We have 186 primary schools, 29 secondary pupils and a total of 28668 pupils in classes P1-S5.

2.5 Initial implementation this autumn will comprise vaccination in primary care of children aged 2 years old and possibly also 3 year olds.

2.6 It is expected that there will also be 3200 doses of vaccine available for use in Highland Council primary schools, and the Highland Immunisation Coordinating Group has agreed that this should be used for piloting delivery to all pupils in selected primary schools in different parts of Highland. This will allow us to test the logistics of undertaking such a programme in different settings e.g. urban, rural, small, large etc. and allow us to be aware of any problems that may occur when it is rolled out to all primary school pupils in Year 2 (2014/15). The final year of the roll-out in 2015/16 will be to all pupils from P1 to S5.

2.7 There are a number of issues that require to be taken into account:

- the ability to maintain the cold chain required for vaccine storage once it leaves Raigmore Pharmacy,
- delivery of vaccines and equipment,
- the need to have safe, clean spaces within schools to undertake the vaccination sessions.
- administering vaccines in schools to classes of very young school children.

2.8 These and other issues will have some influence on the choice of schools to be included in Year 1. It is expected that by taking this approach there will be opportunities for considerable learning that will enable the programme to be effectively implemented across all schools in subsequent years.

2.9 It is proposed that a short-term immunisation project lead is identified to co-ordinate, support and contribute to the revised programme for Highland Council over the initial roll-out period. Other NHS Boards are already

appointing project managers.

### **3 Next steps**

3.1 The next steps would be:

- Provide revised costings to NHS Highland for this coming year.
- Meet with all PHN (schools) and PHN team leaders to discuss the introduction of this programme and determine the risks and requirements (took place on 1<sup>st</sup> May)
- Set up an Immunisation Delivery group including representation from Education to agree the model for delivery (by mid-May)
- Agree the primary schools to trial the whole school approach.
- Recruit to the Schools Immunisation Project Lead post.

### **4 Measles, Mumps & Rubella vaccination**

4.1 Members will be aware of the current public concerns about immunisation for measles.

4.2 An outbreak of measles in the Swansea area at the end of 2012, has continued to affect young people of secondary school age. This is a consequence of poor uptake of MMR a decade earlier in this cohort, following now discredited research that linked the MMR vaccine to autism. The same decline in uptake at that time, occurred in Highland.

4.3 Uptake rates in younger children in Highland have risen significantly, and over 95% of five year olds have had at least one dose of MMR.

4.4 In order to achieve the WHO goal of measles elimination, it is necessary for 95% of the population to be immune. Work undertaken in 2011 demonstrates that almost 15% of Highland teenagers remain susceptible, and therefore were measles infection to be introduced into this age group there is the possibility of outbreaks occurring.

4.5 For the past 2 years, S3 pupils who are known to not have had 2 doses of MMR have been offered the vaccine along with their diphtheria, tetanus & polio vaccine in school. Uptake for this has been poor. The Scottish Government has recently announced that there will be a catch-up campaign targeting 10-17 year olds who have not received two doses of MMR. The specific targeting of S3 pupils will continue until it is felt that immunity levels in the population are sufficiently high.

### **5 Implications**

#### **5.1 Resources**

Initial costings have been submitted to NHS Highland. However, it is understood that there will not be any additional funding from the Scottish Government to fund this programme. Boards are being asked to meet costs

from the 2.8% uplift in the new financial year.

NHS Highland accountants have agreed to consider offering Highland Council additional funding to assist in the implementation of the school based programme, although it is still likely that there will need to be a review of Public Health Nursing work in schools to allow greater focus on the vaccination programme.

## 5.2 Risk implications

Enhanced management is required to ensure risks associated with the new programme are appropriately managed.

## 5.3 Legal, Equalities and Climate Change Implications

None.

### **Recommendation**

Members are asked to consider and comment on the issues raised in this report, and to agree the appointment of a temporary post of Schools Immunisation Project Lead.

Designation: Director of Health and Social Care

Date: 12 May 2013

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Background Papers: