

Agenda Item	10
Report No	HCW/14/20

THE HIGHLAND COUNCIL

Committee: Health, Social Care and Wellbeing

Date: 26 August 2020

Report Title: School Years Immunisation Report

Report By: Executive Chief Officer – Health and Social Care

1. Purpose/Executive Summary

- 1.1 The purpose of this report is to provide an update on the school years immunisation programme in regard to the Covid – 19 pandemic. The content of this report is informed in partnership with NHS Highland Public Health and NHS Highland Child Health Department.

2. Recommendations

2.1 Members are asked to:

- i. Consider and comment on this report
- ii. Note the partnership working and future planning

3. Implications

- 3.1 Resource – There will be potential resource implications outlined within this report
- 3.2 Legal – There are no legal implications
- 3.3 Community (Equality, Poverty, Rural and Island). The programme is designed to ensure equality across the Highland area
- 3.4 Climate Change / Carbon Clever – There are implications
- 3.5 Risk - The programme is designed to mediate public Health risks
- 3.6 Gaelic - None

4. Introduction

- 4.1 Working within the legal framework of the Public Health Bodies (Scotland) Act 2015, The Highland Council are commissioned to deliver community child health services on behalf of NHS Highland. School based immunisations are one of the key deliverables within the child health programme.
- 4.2 Immunisation programmes are designed to help protect the population from serious vaccine-preventable diseases.
- 4.3 Immunisation policy in Scotland is set by the Scottish Government Health Directorates on the advice of the Joint Committee of Vaccinations and Immunisations (JCVI).

5. Background and Context

- 5.1 All children and young people of school years are included in the national child health immunisation programme. (Appendix 1)
- 5.2 Childhood immunisations protect the health of the whole community. When enough people are immunised against an infection it becomes more difficult for it to spread to those who are not immunised. This is known as 'herd immunity'.
- 5.3 The national immunisation programme for infants (birth to 5 years) is delivered by GP's with the school years programme (5 to 17 years) delivered by school nursing teams across Highland.
- 5.4 The programme is offered to children of school years attending mainstream education, alternative education provisions, home schooled children and travelling families. It is facilitated by NHS Highland Child Health Department, co-ordinated by The Highland Council immunisation team and delivered by school nurses.
- 5.5 Covid-19 has necessitated changes to the national immunisation programme and in 2020 there will be an expanded influenza programme.
- 5.6 Updated guidance outlines that the national influenza (flu) vaccination programme will be offered to the following groups:
 - All primary school children
 - Children aged 2 to 5 years (and not yet in school)
 - Anyone aged 55 years and over
 - Anyone living with a health condition
 - Those living with people shielding
 - Pregnant women
 - Healthcare workers
 - Unpaid and young carers
 - Social care workers who provide direct personal care

6. School Years Immunisation Programme

- 6.1 Uptake of immunisations for school age children and young people across Highland is generally high and comparable with the rest of Scotland. Rates are lower in the more deprived areas, this is consistent with national data. Data is captured by the commissioned health service, reported by NHS Highland and published by Public

- 6.2 School Years immunisations are routinely delivered between October and April each school year by school nursing staff with the support of a small co-ordinating immunisation support team.
- 6.3 The school-based immunisation programme currently accounts for 60% of the school nurse annual workload.
- 6.4 In addition to the school-based immunisations, school and specialist nursing staff undertake opportunistic immunisations for hard to reach groups including children in residential child care and children not attending school in their home environment.
- 6.5 The school years vaccination programme commences with the primary aged influenza vaccine. In partnership with NHS Highland, the 2020 school years influenza programme will be delivered one month early, in September 2020 to almost 13,000 primary age children in South and Mid Area. North and West areas will commence the influenza vaccination programme in October 2020.
- 6.6 Staff nurses, working within school nurse teams, will be deployed to support the delivery of the programme. Vaccine is ordered/processed and delivered by NHS Highland.

7. Consent

- 7.1 There are 4 key principles to consent for medical assessment, treatment or interventions such as immunisations. These principles are ensuring:
 - Enough information specific to their own circumstance is given, in a way in which families and young people can understand to ensure an informed choice
 - Agreement to proceed is given, without pressure or deceit, ensuring freedom of choice
 - Consent is embedded as an ongoing process
 - Capacity to consent has been determined
- 7.2 Partnership working with families is key to ensuring consent is gained for any support, intervention or procedure. Consent is sought from the person with parental responsibilities for all school age children, however children in Scotland may consent or withhold consent to their own treatment if they are deemed to have capacity to do so, by a health or medical practitioner. (Age of Legal Capacity (Scotland) Act 1991)

8. Safe Delivery of Immunisations in Schools

- 8.1 The Scottish Government provide clear annual guidance on immunisation schedules and delivery. There has been national steer to ensure the safe delivery of immunisations in schools across the Covid-19 period to support child and staff safety and minimise the risk of spread. Highland have progressed, in partnership with NHS Highland Public Health, a planned programme which will see nursing staff delivering the vaccine within classrooms. This will minimise any potential spread of the virus. There will be use of PPE according to NHS Scotland guidance.
- 8.2 Nursing staff routinely check the health and wellbeing of each child prior to and after immunisation. Assessment will be made of any child or young person showing any clinically significant symptoms and any appropriate action taken. Nursing staff delivering vaccines are equipped and trained in the use of adrenaline in the event of anaphylaxis.

9. Partnership Working – Covid Response

- 9.1 Nursing and Allied health professional leads are working in partnership with NHS Highland Public Health and the Education service to support a move for health staff from office bases to discrete clinical space in a school setting. This is in line with the national transforming roles community-based approach to ensure health care is delivered at point of need and would enable health assessments and interventions for those most in need.
- 9.2 Early testing is one key to minimising community spread of Covid -19. Planning is underway with NHS Highland to consider testing through the potential use of identified clinical space in schools for early testing of children, young people and staff.
- 9.3 In partnership with NHS Highland and GPs, it is planned that a number of schools will be made available for the expanded adult influenza programme during the school October holiday. This will support the challenge which a number of GP surgeries are currently faced with in terms of managing the need for social distancing within small surgery space.

10. Future Planning

- 10.1 The school years immunisation programme continues to expand, with the addition of the HPV Vaccine to be delivered to boys and girls as of 2019. Delivering the immunisation programme and ensuring the health of children is protected and the needs of vulnerable groups and those with additional support needs continue to be met, will continue to be a priority for the commissioned health service.
- 10.2 Any addition of any potential Covid-19 vaccine to the national programme, will present additional challenge which will require clear planning, re-focus of roles and service delivery methods in the incoming months

Designation: Executive Chief Officer – Health and Social Care

Date: 10 August 2020

Author: Jane Park (Head of Service, Health)

Background Papers:

Routine Childhood Immunisation Programme

Revised spring 2020*

Each immunisation is given as a single injection into the muscle of the thigh or upper arm, except rotavirus, which is given by mouth (orally), and flu, which is given as a nasal spray.



When to immunise	Diseases protected against	Vaccine given	Site*
8 weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib) and hepatitis B (HepB)	Six-in-one (DTaP/IPV/Hib/HepB) (Infanrix hexa)	Thigh
	Rotavirus	Rotavirus (Rotarix)	By mouth (orally)
	Meningococcal group B (MenB)	MenB (Bexsero)	Left thigh
12 weeks old	Diphtheria, tetanus, pertussis, polio, Hib and HepB	Six-in-one (DTaP/IPV/Hib/HepB) (Infanrix hexa)	Thigh
	Rotavirus	Rotavirus (Rotarix)	By mouth (orally)
	Pneumococcal disease	Pneumococcal (Prevenar 13)	Thigh
16 weeks old	Diphtheria, tetanus, pertussis, polio, Hib and HepB	Six-in-one (DTaP/IPV/Hib/HepB) (Infanrix hexa)	Thigh
	Meningococcal group B (MenB)	MenB (Bexsero)	Left thigh
Between 12 and 13 months old – within a month of the first birthday	Hib and meningococcal group C	Hib/MenC (Menitorix)	Upper arm/thigh
	Pneumococcal disease	Pneumococcal (Prevenar 13)	Upper arm/thigh
	Measles, mumps and rubella (German measles)	MMR (Priorix or MMR VaxPRO)	Upper arm/thigh
	Meningococcal group B (MenB)	MenB (Bexsero)	Upper arm/left thigh
Every year aged 2 until the end of primary school	Influenza (flu)	Flu nasal spray (Fluenz Tetra) – if nasal spray unsuitable, use inactivated flu vaccine	Nasal spray (both nostrils), injection if nasal spray contra-indicated
3 years 4 months old or soon after	Diphtheria, tetanus, pertussis and polio	Four-in-one (dTaP/IPV) (Repevax) or Four-in-one (DTaP/IPV) (Infanrix-IPV)	Upper arm
	Measles, mumps and rubella (German measles)	MMR (Priorix or MMR VaxPRO) (check first dose has been given)	Upper arm
11 to 13 years	Cancers caused by human papillomavirus (HPV) including cervical cancer (in women) and some head and neck, and anogenital cancers (in men and women)	HPV (Gardasil)	Upper arm
Around 14 years old	Tetanus, diphtheria and polio	Td/IPV (Revaxis), and check MMR status	Upper arm
	Meningococcal groups ACWY	MenACWY (Nimenrix or Menveo)	Upper arm

* Where two or more injections are required at once, these should ideally be given in different limbs. Where this is not possible, injections in the same limb should be given 2.5 cm apart. For more details see Chapters 4 and 11 in the Green Book.

Additional immunisations for at-risk babies

At birth, 4 weeks old, and 12 months old	Hepatitis B	HepB (Engerix B or HBVAXPRO)	Thigh
At birth	Tuberculosis	BCG (BCG Vaccine AJV)	Upper arm (intradermal)
6 months old to 2 years – annually	Influenza (flu)	Inactivated flu vaccine	Upper arm

 Infanrix hexa	 Prevenar 13	 Rotarix	 Bexsero	 Menitorix	 Priorix†
 MMR VaxPRO†	 Fluenz Tetra	 Repevax†	 Infanrix-IPV†	 Gardasil	 Revaxis
 Nimenrix	 Menveo	†Where a vaccine is manufactured by more than one supplier. It may, on occasion, be necessary to substitute an alternative brand.			

* Correct at the time of printing, but subject to change. Visit www.nhsinform.scot/immunisation for the most up-to-date timetable.

www.nhsinform.scot/immunisation

