



Department
of Health



NHS public health functions agreement 2015-16

Service specification No.6

Meningitis C immunisation programme

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Meningitis C immunisation programme

Prepared by Public Health England

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Service specification No.6

This is a service specification within Annex C of the 'NHS public health functions agreement 2015-16 (the '2015-16 agreement') published in December 2014.

This service specification is to be applied by NHS England in accordance with the 2015-16 agreement. This service specification is not intended to replicate, duplicate or supersede any other legislative provisions that may apply.

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 2015-16 agreement was made between the Secretary of State and NHS England Board. Any changes in other published documents or standards may have effect for the purposes of the 2015-16 agreement in accordance with the procedures described in Chapter 3 of the 2015-16 agreement

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

The 2015-16 agreement including all service specifications within Annex C is available at www.gov.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 <https://www.gov.uk/government/publications/public-health-commissioning-in-the-nhs-2015-to-2016> and the online version of the Green

Book: <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>

1. Purpose of MenC immunisation programme

- 1.1. This document relates to the meningitis C (MenC) vaccine, which protects children from developing meningococcal disease resulting from meningococcal C bacterial infections. This vaccine forms part of the national childhood immunisation programme, which aims to prevent children from developing vaccine preventable childhood diseases that are associated with significant mortality and morbidity. The purpose of the service specification is to enable NHS England to commission MenC 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.
- 1.2. 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.
- 1.3. This specification will also promote a consistent and equitable approach to the provision of the commissioning and delivery of the MenC vaccine 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 providers will be required to reflect these changes accordingly in a timely way as directed by the national schedule.
- 1.4. [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). <https://www.gov.uk/government/groups/joint-committee-on-vaccination-and-immunisation>
- 1.5. 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 MenC vaccine is routinely used to protect against infections with serogroup C *Neisseria meningitidis* (meningococcal) infections. This vaccine is given to babies initially at 12 weeks, a booster in the second year of life and a final adolescent booster around school year nine (aged 13-14). In the of Summer of 2014, a time limited catch-up programme for young people entering university for the first time was introduced. This will be repeated for students starting university in Autumn 2015. Since the introduction of the MenC vaccine, levels of MenC in the UK are very low (Green Book, [Chapter 22](#)).
- 2.2. A number of studies have shown that Men C vaccination wanes significantly in infants and younger children. For those under six years old, only twelve per cent were found to have protective levels four years after vaccination. If children are immunised at age six then around fifty per cent still had protective levels of antibodies in early adolescence. In contrast, those vaccinated from the age of 10 years had antibody levels that were markedly higher and considered to be protective. This protection persists until at least early adulthood and possibly longer. Based on these findings JCVI recommended in 2012:
 - The dose previously given at 16 weeks (four months) has been discontinued.
 - A booster dose has been introduced during adolescence (ideally to be given during school age year 9 (age 13-14) at the same time as the Td/IPV.
 - The implementation of a time-limited catch-up programme to offer a booster dose for those entering university for the first time

MenC

- 2.3. Meningococcal disease results from bacterial infection, the route of transmission is 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 13 known serogroups of meningococcal disease. Of these, prior to the introduction of the vaccine, only two – serogroups B and C – were of major importance to the UK.
- 2.4. Meningococcal infection can cause meningitis (inflammation of the membranes surrounding the brain) and septicaemia (blood poisoning). Septicaemia may occur alone or as part of an attack of meningitis. Meningococcal infection is relatively rare affecting 5 in 100,000 people a year in the UK. Approximately one in ten people who develop meningococcal disease will die. The highest risk of meningococcal disease is in the under one-year-old group, with the one to five age group following closely. The next highest risk group is young people aged 15 to 19 years.

- 2.5. Since the introduction of Men C vaccine the number of laboratory confirmed group C cases has fallen by over 90% in those age groups immunised and in other age groups as a result of herd immunity (Green Book, [Chapter 22](#)). In 1998/9 – the year before vaccine was introduced – there were 955 serogroup C cases reported. There are now around 20 cases per year.

Men C – key details

- 2.6. The key details are that:
- Men C vaccine is given to babies at three months of age, with a booster at 13 months (using a combined Hib-MenC vaccine).
 - A booster was introduced during adolescence aged about 14 years (in school year 10). It is recognised that currently many areas give the Td/IPV vaccine in school year 10, however our intention is that in the future there will be a planned approach to enable areas to move towards giving Td/IPV and MenC vaccines in year 9 to align both the programmes across the country.
 - The programme includes the implementation of a time-limited catch-up programme, to be given to young people on first entering university. This is sometimes referred to as “the fresher’s dose”.
 - It has a strong evidence base and is highly effective.
 - Men C vaccine should be offered to anyone under 25 who has not already received the vaccine routinely.

3. Scope

Aims

- 3.1. The aim of the Men C vaccine programme is to protect the population against meningococcal disease resulting from bacterial infection, which includes 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
 - is supported by regular and accurate data collection using the appropriate returns.

Direct health outcomes

- 3.3. In the context of health outcomes, the Men C 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
 - 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 concordance 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 2015-2016.

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 Men C vaccine programme, based on that best practice that NHS England must use to inform local commissioning, contracts and service delivery. There is also scope to enable NHS England 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

4.2. Providers will be required to make the Men C immunisation should be offered to:

- all children both registered and unregistered with a GP, as part of the childhood immunisation programme's primary immunisation course. The first dose should be given to children at three months of age, the second dose at the same time as the MMR & PCV vaccine at 12/13 months
- a third adolescent dose should ideally be given to children at age 14 at the same time as the Td/IPV booster.
- both adults under 25 years of age and children, who have no history of MenC, 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.
- children and young people, over the age of 12 months and younger than 25 years, moving in from abroad, should have their vaccination status checked to ensure that they have received one dose of Meningitis C containing vaccine
- As part of a time limited catch-up campaign, those entering university for the first time should be offered a booster dose.

4.3. In addition:

- any individual who has never received MenC vaccine and is attending university for the first time, irrespective of age, should be immunised before they enrol or as soon as possible thereafter

- arrangements must be in place to ensure that MenC 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

<https://www.gov.uk/government/publications/vaccination-of-individuals-with-uncertain-or-incomplete-immunisation-status>

Vaccine schedule

4.4.

First dose	3 months
Second dose	12/13 months as part of Hib-MenC vaccination
Third dose	Around age 14 adolescent booster (ideally at the same time as the Td/IPV)

- As part of a time limited catch-up campaign, those entering university for the first time, should be offered a booster dose.
- Detailed recommendations on the administration of the vaccine are set out in the [MenC Chapter 22](#) of the Green Book. This guidance must be followed at all times.

Vaccine ordering

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

- <https://www.gov.uk/government/organisations/public-health-england/series/immform>
- ImmForm HelpDesk 0844 376 0040
- and is included on the patient's GP held record.