



Protecting and improving the nation's health

22 June 2015

NHS England Gateway Number: 03516
PHE Gateway Number: 2015115

NHS England Regional Directors and Directors of Commissioning Operations
NHS England/ Public Health England Screening and Immunisation Leads
Clinical Commissioning Groups Clinical Leaders and Accountable Officers
General Practitioners
Local Medical Committees
Local Authority Chief Executives and Directors of Public Health

For information:

Chief Pharmacists of NHS Trusts
NHS Foundation Trusts
NHS Trusts

Dear Colleague,

Meningococcal ACWY conjugate vaccination (MenACWY)

This vaccination is being introduced into the national immunisation programme for England this year to respond to a rapid and accelerating increase in cases of invasive meningococcal group W (MenW) disease, which has been declared a national incident. The MenACWY conjugate vaccine will provide direct protection to the vaccinated cohort and, by reducing MenW carriage, will also provide indirect protection to unvaccinated children and adults. This follows advice from the Joint Committee on Vaccination and Immunisation (JCVI).

The overall programme is comprised of:

- an urgent catch-up* campaign for current school year 13 age adolescents through general practice using a call and recall system
- a catch-up* campaign for current school year 10 students through schools from January 2016
- adding MenACWY vaccine to the routine adolescent schools programme (school year 9 or 10) from Autumn 2015, as a direct replacement for the MenC vaccination
- adding MenACWY vaccine to the existing time-limited 'freshers' programme (ie for older first time university entrants who have not already received

MenACWY through school year 13) that will be offered through general practice, as a direct replacement of the MenC vaccination.

***N.B.** a further element of the catch-up campaign to cover the current school years 11 and 12 is also required when these students reach year 13. The delivery route of vaccination for all of this age group will be confirmed before the end of 2015. See **Annex A** for details on timing of vaccine availability.

This letter and annexes provide the information you need to implement the MenACWY programme in general practice and schools, including guidance on those young people eligible and when they should be invited for vaccination. It also contains clinical advice on the use of the MenACWY conjugate vaccines (Menveo® and Nimenrix®), details of how to order the vaccines and funding arrangements.

The implementation plan for the full MenACWY immunisation programme can be found in **Annex A**.

Full details of how this programme should be implemented in general practice and schools can be found in **Annexes B and C**, respectively.

Detailed clinical guidance for healthcare professionals is set out in **Annex D**.

An enhanced service will be offered to general practice to deliver meningococcal ACWY vaccinations in 2015/16 in England:

[GP Contract documentation 2015/16](#)

The revised chapter on meningococcal disease in *Immunisation against Infectious Disease (the Green Book)* will be available shortly at:

[Meningococcal chapter of the Green Book](#)

JCVI advice about MenW disease and the MenACWY quadrivalent conjugate vaccination is available at:

[JCVI advice on meningococcal disease](#)

We do not underestimate the additional work brought about by this catch-up programme and we would like to take this opportunity to thank all involved in delivering the programme for their continuing hard work.

From NHS England and Public Health England

If you have any queries about the content of this letter please contact immunisation@phe.gov.uk.

Yours faithfully,

A handwritten signature in black ink, appearing to read 'Barbara Hakin', enclosed in a thin black rectangular border.

Dame Barbara Hakin
National Director: Commissioning Operations, NHS England

A handwritten signature in purple ink, appearing to read 'Paul Cosford', with a horizontal line underneath.

Professor Paul Cosford
Director for Health Protection and Medical Director, Public Health England

TIMELINES FOR THE IMPLEMENTATION OF THE FULL MENACWY PROGRAMME

Current academic year refers to Sept 2014 – Aug 2015. 'Freshers' to include only those not already vaccinated through school year 13. DOB: date of birth. Date of birth ranges are inclusive.

Academic Year	Month vaccine issued	Delivered through schools*		Delivery route of vaccination to be confirmed			Delivered through primary care			
		A**	B**	Catch-up cohorts - identified as their cohort in academic year 2014/15			Time-limited 'freshers' programme [§]			
				Year 10	Year 11 ^{&}	Year 12 ^{&}	Year 13	Older university entrants (up to 25 years)		
2014 / 15	Aug-2015						From August 2015: the now year 13s (DOB 01/09/1996-31/08/1997)	From August 2015: older university entrants only		
2015/16	Sep-2015	Routine year 9	Routine year 10							
	Oct-2015									
	Nov-2015									
	Dec-2015									
	Jan-2016					From January 2016: the now year 11s				
	Feb-2016									
	Mar-2016									
	Apr-2016							From April 2016: the now year 13s (DOB 01/09/1997-31/08/1998)		
	May-2016									
	Jun-2016									
Jul-2016							From July 2016: older university entrants only			
Aug-2016										
2016/17	Sep-2016	Routine year 9 and missed year 10 (now year 11)	Routine year 9 and year 10							
	Oct-2016									
	Nov-2016									
	Dec-2016									
	Jan-2017									

	Feb-2017							
	Mar-2017							
	Apr-2017				From April 2017: the now year 13s (DOB 01/09/19 98-31/08/19 99)			
	May-2017							
	Jun-2017							
	Jul-2017						From July 2017: older university entrants only	
	Aug-2017							
	2017/18			Sep-2017	Routine year 9	Routine year 9		
Oct-2017								
Nov-2017								
Dec-2017								
Jan-2018								
Feb-2018								
Mar-2018								
Apr-2018								
May-2018								
Jun-2018								
Jul-2018								
Aug-2018								

Notes

*For areas where there is no schools-based vaccination programme or for those who do not attend school, local arrangements will be put in place for individuals to be immunised.

** A and B relate to the two different local delivery models which are being used for the schools routine programme, see **Annex C**.

‡From April 2016, the programme going forward will consist of the implementation of the catch-up campaign over the course of two years starting in April 2016. For current school years 11 and 12, the delivery arrangements are subject to confirmation.

§MenACWY to replace MenC vaccine for this programme.

MenACWY implementation in general practice

The vaccination of current school year 13 aged young people (ie DOB 01/09/1996 – 31/08/1997) should begin as soon as is practicably possible in general practice from 1 August 2015, preferably before the start of the 2015/16 academic year (usually early September), and continue through to 31 March 2016.

Vaccination is for all young people in the cohort and not limited to those continuing in further education, and these young people should be called and recalled on the basis of age. Additionally, general practice should now offer the MenACWY conjugate vaccine in place of the MenC vaccine on an opportunistic basis to older first-time university entrants (up to 25 years) for the existing ‘freshers’ programme.

Detailed clinical guidance for healthcare professionals is set out in **Annex D**. This includes information on data collection and funding arrangements.

We anticipate that supplies of MenACWY vaccine for this part of the programme will become available to order online via the [ImmForm website](#)¹ during July. Further details will be provided through [Vaccine Update](#)² and the ImmForm news item in due course.

N.B. For areas where there is no schools-based vaccination programme or for those who do not attend school, local arrangements will be put in place for individuals to be immunised (see **Annex C** for cohorts).

Due to the speed with which the MenACWY programme is being implemented, PHE will be holding less vaccine buffer stock than would usually be the case for a national programme. This increases the risk that ordering restrictions may be implemented for temporary periods, or vaccines may become temporarily unavailable for ordering, while we await further stocks to be delivered. For this reason, and because initial stocks may be relatively short dated, please do not stockpile the vaccines or over-order, and note that Menveo® will be supplied in packs of five. PHE will aim to ensure that any periods of supply disruption are minimised and will provide regular updates through Vaccine Update² and the ImmForm news items.

¹ ImmForm website: www.immform.dh.gov.uk

² Vaccine Update: <https://www.gov.uk/government/collections/vaccine-update>

MenACWY implementation in schools

Adding ACWY to the routine schools' programme

The schools' programme should begin from the start of the new academic year (ie 2015/16) and adolescents should now receive MenACWY in place of the current routine adolescent MenC vaccine given in school year 9 or 10 (or both years for some areas planning to transition from year 10 to year 9 in academic year 2015/16 or 2016/17). It is anticipated that vaccine for the routine programme will be available to order through the [ImmForm website](#)¹ from August 2015. Further details will be published as an ImmForm news item and in [Vaccine Update](#)² in due course.

Local health care providers should aim to immunise the academic year for which the routine cohort has been planned for the upcoming 2015/16 academic year with MenACWY.

Current year 10 catch-up cohort (academic year 2015/16 year 11s)

As well as the routine cohort, local health care providers should also aim to immunise a one-off catch-up cohort of school year 11 adolescents (ie DOB 01/09/1999 - 31/08/2000) from the spring term (from January 2016). It is anticipated that MenACWY vaccine for the catch-up cohort will be available to order through the [ImmForm website](#)¹ from January 2016. Further details will be published as an ImmForm news item and in [Vaccine Update](#)² in due course.

A visual representation of the programme for 2015/16, and for the routine programmes in academic years 2016/17 and 2017/18, is depicted in the tables below for the two different local delivery models which are currently in place for the routine adolescent schools' programme. Those areas routinely vaccinating in school year 9 and those planning to transition from year 10 to year 9 need to take steps to ensure that the year 10 cohort (ie DOB 01/09/2000 - 31/08/2001) is also captured. The tables below illustrate options for achieving this.

For areas where there is no schools-based vaccination programme or for those who do not attend school, local arrangements will be put in place for individuals to be immunised.

Detailed clinical guidance for healthcare professionals is set out in **Annex D**.

Due to the speed with which the MenACWY programme is being implemented, PHE will be holding less vaccine buffer stock than would usually be the case for a national programme. This increases the risk that ordering restrictions may be implemented for temporary periods, or vaccines may become temporarily unavailable for ordering, while we await further stocks to be delivered. For this reason, and because initial stocks may be relatively short dated, please do not stockpile the vaccines or over-order, and note that Menveo® will be supplied in packs of five. PHE will aim to ensure that any periods of supply disruption are minimised and will provide regular updates through [Vaccine Update](#)² and the ImmForm news items.

PROGRAMME OPTIONS FOR DELIVERY OF MENACWY IN SCHOOLS

A) For areas routinely vaccinating in school year 9:

Birth cohort	2014/15 year - age	Academic year				
		2014/15	2015/16	2016/17	2017/18	2018/19
01/09/2003-31/08/2004	Y6 – 10/11				Y9 ACWY	
01/09/2002-31/08/2003	Y7 - 11/12			Y9 ACWY		
01/09/2001-31/08/2002	Y8 - 12/13		Y9 ACWY			
01/09/2000-31/08/2001	Y9 - 13/14	Y9 MenC		Y11 ACWY		
01/09/1999-31/08/2000	Y10 - 14/15		Y11 ACWY			

B) For areas routinely vaccinating in school year 10, working towards a transition to year 9 in 2016/17:

Birth cohort	2014/15 year - age	Academic year				
		2014/15	2015/16	2016/17	2017/18	2018/19
01/09/2003-31/08/2004	Y6 – 10/11				Y9 ACWY	
01/09/2002-31/08/2003	Y7 - 11/12			Y9 ACWY		
01/09/2001-31/08/2002	Y8 - 12/13			Y10 ACWY		
01/09/2000-31/08/2001	Y9 - 13/14		Y10 ACWY			
01/09/1999-31/08/2000	Y10 - 14/15	Y10 MenC	Y11 ACWY			

Key

Routine schedule MenC
Routine schedule ACWY
Catch-up ACWY
Completed ACWY

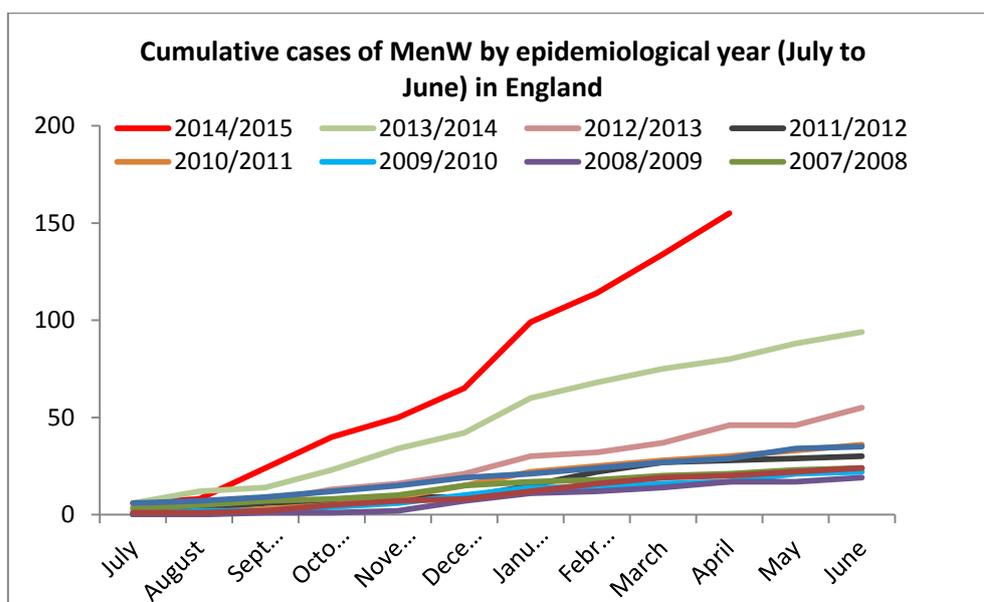
CLINICAL GUIDANCE ON IMMUNISATION WITH MENACWY QUADRIVALENT CONJUGATE VACCINES

1. This guidance is based on advice from the Joint Committee on Vaccination and Immunisation (JCVI)³, the UK’s independent committee of immunisation experts. The revised *Immunisation against infectious disease* (‘the Green Book’)⁴ chapter on meningococcal disease which includes clinical advice and information about the vaccines, will be available to read shortly at:

[Meningococcal chapter of the Green Book](#)

Background to the introduction of MenACWY vaccination

2. England is experiencing a significant increase in invasive MenW disease. MenW cases have continued to increase since 2009 and this rise has accelerated in recent years, with 42 cases in 2012, 76 in 2013 and 117 in 2014. In the current epidemiological year (running from 1 July 2014 to 30 June 2015), there have been 155 cases (provisional) in England to the end of April compared to 80 cases in the same period of 2013/2014 epidemiological year; the increased activity continues. MenW cases, which were previously reported mainly in older adults, are now being diagnosed across all age groups and, for the first time in over a decade, are causing deaths in infants, toddlers and adolescents, including university students. Characterisation of the MenW isolates revealed that the increase was nearly all caused by MenW serotype 2a strains; this maker is associated with the cc11 clonal complex. This clonal complex was associated with the increase in incidence and case fatality of meningococcal serogroup C infections in the UK in the late 1990s, and has been associated with prolonged periods of high incidence of both MenC and MenW disease in other countries.



³ JCVI statement: [JCVI advice on meningococcal disease](#)

⁴ The Green Book chapter on meningococcal disease (chapter 22): <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>

3. The highest carriage rates for meningococcal bacteria are in adolescents and young adults who are believed to drive most transmission of MenW infection amongst them and to other age groups. Public Health England (PHE) has advised that this may be the start of a rise in incidence which could continue for several years, as happened with MenC in the mid-1990s, and the situation could get worse if early action is not taken to protect the population by interrupting transmission through immunisation.

4. JCVI advised at its meeting on 4 February 2015 that a temporary programme to vaccinate all adolescents aged 14-18 years of age with MenACWY conjugate vaccine should be undertaken as soon as practicable, in order to protect them and generate herd protection against MenW for the rest of the population, including infants. This course of action is based upon substantial evidence that adolescents in this age range are the most likely to carry meningococcal bacteria and to transmit them to other groups within the population, and that meningococcal conjugate vaccination will significantly reduce acquisition of meningococcal carriage in adolescents. JCVI also advised that MenACWY conjugate vaccine should be used in the routine adolescent and older 'freshers' programmes instead of MenC monovalent vaccine for the time being.

5. Two quadrivalent conjugate meningococcal ACWY vaccines Menveo® and Nimenrix® will be used in the UK national immunisation programme. These vaccines have been used previously as travel vaccinations for travellers to areas of sub-Saharan Africa and areas of Saudi Arabia or any areas where outbreaks from vaccine-preventable meningococcal groups are reported.

6. The MenACWY vaccine does not offer protection against meningococcal group B (MenB) infection.

Timing

General practice

7. The programme will start as soon as practicably possible in general practice from 1 August 2015, and will prioritise the immunisation of all school year 13 aged adolescents and any older first-time university entrants (up to 25 years).

Schools cohorts

8. The schools' programme will start from the beginning of the 2015/16 academic year for the routine schools programme (year 9 and/or 10). The catch-up element for 2015/16 current school year 10s (ie school year 11 from September 2015) will commence from January 2016 (**Annex C**).

Recommendations for the use of the MenACWY vaccines (Menveo® and Nimenrix®)

Administration

9. Menveo® and Nimenrix® are given intramuscularly into the upper arm (ie the deltoid).

10. Full guidance on the administration is included in the relevant chapter of the Green Book.

Dosage

11. Children over five years of age and adults: a single dose of 0.5ml.

Contraindications

12. There are very few individuals who cannot receive meningococcal vaccines. When in doubt, appropriate advice should be sought from a consultant paediatrician, consultant in communicable disease control, or screening and immunisation team staff, rather than withholding immunisation.

13. The vaccines should not be given to those who have had:

- A confirmed anaphylactic reaction to a previous dose of the vaccine, or
- A confirmed anaphylactic reaction to any constituent or excipient of the vaccine.

Immunosuppression and HIV infection

14. Individuals with immunosuppression and human immunodeficiency virus (HIV) infection (regardless of CD4 count) should be given meningococcal vaccines in accordance with the routine schedule. These individuals may not make a full antibody response. Re-immunisation should be considered after treatment is finished and recovery has occurred. Specialist advice may be needed.

Concomitant administration with other vaccines

15. Meningococcal vaccines can be given at the same time as other vaccines such as the pneumococcal conjugate vaccine, measles, mumps and rubella (MMR), diphtheria, tetanus, pertussis, polio, Hib and HPV. Other vaccines should be given at a separate site, preferably in a separate limb. If given in the same limb, they should be given at least 2.5cm apart.

Consent

16. See Chapter Two of *Immunisation against infectious disease* ('the Green Book'):

[The Green Book - Chapter Two](#)

Pharmacy issues

Vaccine brand names

17. Menveo® and Nimenrix® - supplied by GlaxoSmithKline.

18. It is likely that both Menveo® and Nimenrix® will be provided for this programme. A single dose of either vaccine is considered adequate to help provide protection to most adolescents. A certain volume of Nimenrix® will be supplied in general export pack rather than a UK pack.

Presentation

19. Menveo® will be supplied in a five dose pack as a powder in a vial and a solution in a vial (10 vials per pack). The vaccine must be reconstituted by adding the entire contents of the MenCWY solution vial to the vial containing the powder (MenA). No needles are supplied with this product. Additional patient information

leaflets (PIL) will be supplied with each pack of five vaccines ordered, as there is only one PIL in each pack.

20. Nimenrix® will be supplied in a single pack as a powder in a vial (MenACWY) and 0.5ml solvent in a pre-filled syringe. Two needles are included in the pack. The vaccine must be reconstituted by adding the entire contents of the pre-filled syringe to the vial containing the powder.

21. After reconstitution of either vaccine, the entire 0.5ml should be drawn up into the syringe and used immediately, but Menveo® is stable at or below 25°C for up to eight hours, and chemical and physical in-use stability has been demonstrated for 8 hours at 30°C for Nimenrix®.

22. Any unused medicinal product or waste material should be disposed of in accordance with local requirements.

Vaccine supply (including ImmForm registration)

23. Due to the speed with which the MenACWY programme is being implemented, PHE will be holding less vaccine buffer stock than would usually be the case for a national programme. This increases the risk that ordering restrictions may be implemented for temporary periods, or vaccines may become temporarily unavailable for ordering, while we await further stocks to be delivered. For this reason, and because initial stocks may be relatively short dated, please do not stockpile the vaccines or over-order, and note that Menveo® will be supplied in packs of five. PHE will aim to ensure that any periods of supply disruption are minimised and will provide regular updates through Vaccine Update² and the ImmForm news items.

24. We anticipate that online ordering of the MenACWY vaccines via ImmForm for **general practice** for the current school year 13s and older university entrants ('freshers') will open during July 2015. The date will be confirmed via Vaccine Update² and the ImmForm news item in due course.

25. We anticipate that the vaccine for the **schools routine programme** will be available to order from August 2015 and that the vaccine for the current school year 10s (ie school year 11s from September 2015) will be available to order from January 2016.

26. Further details on vaccine supply will be provided through Vaccine Update² and the ImmForm news items in due course.

27. Centrally purchased vaccines for the national immunisation programme for the NHS can only be ordered via ImmForm and are provided free of charge to NHS organisations. The MenACWY vaccines should be ordered via the [ImmForm website](#)¹ and are distributed by Movianto UK (Tel: 01234 248631) as part of the national immunisation programme. Vaccines for private prescriptions, occupational health use or travel are NOT provided free of charge and should be ordered from the manufacturers. For outbreaks and contacts, vaccine should be procured locally directly from the manufacturer. Further information about ImmForm is available at [ImmForm Helpsheet](#) or from the ImmForm helpdesk at helpdesk@immform.org.uk or Tel: 0844 376 0040.

28. For further information about vaccines available via ImmForm, please see ImmForm Helpsheet 13 ([ImmForm Helpsheet](#)).

Storage

29. Vaccines should be stored in the original packaging at +2°C to +8°C and protected from light. All vaccines may be sensitive to some extent to heat and cold. Heat speeds up the decline in potency of most vaccines, thus reducing their shelf life. Effectiveness of vaccines may be impaired if not stored at the correct temperature. Freezing may cause increased reactogenicity and loss of potency for some vaccines. It can also cause hairline cracks in the container, leading to contamination of the contents.

Vaccine stock management

30. Please ensure sufficient fridge space is available for the vaccines. Each site holding vaccine is asked to review current stocks of all vaccines. A maximum of two to four weeks of stock is recommended, and higher stock levels should be reduced to this level. A review of available fridge space will be necessary to ensure adequate storage capacity at the start of the programme.

31. Effective management of vaccines throughout the supply chain is essential to reduce vaccine wastage. Local protocols should be in place to reduce vaccine wastage to a minimum. Even small percentage reductions in vaccine wastage will have a major impact on the financing of vaccine supplies.

32. Any cold chain failures must be documented and reported to the local immunisation co-ordinator and reported through the ImmForm website on the stock incident page.

Reporting of adverse reactions

33. Suspected adverse reactions (ADR) to vaccines should be reported via the Yellow Card Scheme⁵ (<https://yellowcard.mhra.gov.uk/the-yellow-card-scheme/>). Chapter Nine⁶ of the Green Book gives detailed guidance which ADRs to report and how to do so. Additionally, Chapter Eight⁷ of the Green Book provides detailed advice on managing ADRs following immunisation.

34. Any reported adverse incidents, errors or events during or post vaccination must follow determined procedures. In addition teams must keep a local log of reports and discuss such events with the Screening and Immunisation Team staff.

Surveillance

⁵ Yellow Card Scheme: <https://yellowcard.mhra.gov.uk/the-yellow-card-scheme/>

⁶ Green Book chapter nine - surveillance and monitoring for vaccine safety: <https://www.gov.uk/government/publications/surveillance-and-monitoring-for-vaccine-safety-the-green-book-chapter-9>

⁷ Green Book chapter eight - vaccine safety and adverse events following immunisation: <https://www.gov.uk/government/publications/vaccine-safety-and-adverse-events-following-immunisation-the-green-book-chapter-8>

35. The programme will be carefully monitored by PHE and the Medicines and Healthcare products Regulatory Agency (MHRA).

Patient Group Directions

36. The preferred method for the supply and administration of medicines is via Patient Specific Directions (PSD). See [MHRA FAQs](#) for the requirements for a PSD. Organisations may choose to authorise a Patient Group Direction (PGD) to allow registered nurses, who are signed up to and authorised to use the PGD, to administer MenACWY vaccination under Patient Group Direction (PGD) when it is appropriate to do so and a PSD is not available.

37. A national clinically authorised PHE MenACWY PGD template will be made available for local public health commissioning teams to adopt and authorise for their commissioned services if appropriate.

Vaccine coverage data collection

General practice

38. An automated ImmForm survey for the priority catch-up cohort of current year 13 students being offered vaccination through **general practice** will be implemented. The survey will collect monthly vaccine coverage estimates for those born between 1/9/1996 and 31/8/1997. The automated surveys will run from the start of the programme and the first data (to 31/09/2015 inclusive) will be collected in early October 2015 on ImmForm. The automated collection poses minimal or no burden to the NHS and provides timely uptake figures for monitoring the programme.

39. A scope for a temporary ImmForm coverage data collection through **general practice** is attached at **Annex E**.

Schools

40. There will be a separate vaccine coverage collection for the **schools programme**. This will take the form of a manual ImmForm survey at the end of each academic year, similar to what is currently in place for the HPV adolescent girls' programme. The survey will aim to capture vaccine coverage data for the routine school cohort and the catch-up cohort being delivered in schools. School based delivery of the catch-up campaign will thus facilitate monitoring of the impact of the programme as it allows for a standardised data return for each cohort offered vaccine. Areas that opt to use primary care for the delivery of the catch-up campaign will be required to estimate denominators and vaccine coverage locally and submit a collated figure for each cohort to PHE.

41. A scoping document for the **schools programme** will be produced in July.

Funding and service arrangements

General practice

42. NHS England and the GPC have agreed to the introduction of an enhanced service to be offered to general practice to deliver meningococcal ACWY vaccinations in 2015/16 in England. Further details of funding and delivery

requirements will be incorporated into the [enhanced service specification](#)⁸. The supporting implementation guidance can be found at this link: www.nhsemployers.org/vandi

43. NHS England intends to support the calculation of payments for meningococcal ACWY vaccination using the Calculating Quality Reporting Service (CQRS) to minimise the reporting requirements for GP practices. Details of the technical requirements for these programmes can be found on the [NHS Employers website](#)⁹.

Schools

44. Schools providers should agree funding arrangements with their local NHS England commissioners.

Communications and information for the public, health professionals and education partners

45. An integrated communications strategy has been produced by PHE for the introduction of the MenACWY programme. The strategy provides communications colleagues in partner organisations with information and resources to assist with the delivery of the programme. Partners include the Department of Health (DH), NHS England, the Department for Education, other educational bodies and national meningitis charities.

46. Information leaflets, posters and other resources are being produced to support the introduction of the vaccine. They will be NHS branded and hard copies will be available to order from the DH/ PHE [Publications Orderline](#) in July. Existing immunisation information booklets will be amended as appropriate.

47. Materials for health care professionals will be made available here in July: <https://www.gov.uk/government/collections/immunisation>

48. Materials for the public will be made available here in July: www.nhs.uk

Training

49. The national immunisation team has organised one national conference (16th June 2015) and four regional training events (23rd, 24th, 25th and 26th June 2015) aimed at 'training the trainers' such as Screening and Immunisation Team staff, Health Protection Team staff and immunisation training providers. Local NHS England and PHE colleagues are requested to help cascade this training locally to frontline immunisers in preparation for the roll-out.

50. In addition training resources in the form of a healthcare professional Q+A leaflet, a standard slide set and a recorded walk through of the slides will be made available on the PHE website.

⁸ NHS England service specification: <http://www.england.nhs.uk/commissioning/gp-contract/>

⁹ NHS Employers website: www.nhsemployers.org/vandi

MenACWY Vaccine Uptake 2015/16

1.1 Scope of temporary MenACWY immunisation coverage survey for 2014/15 School Year 13

This paper sets out the scope for the temporary sentinel data collection that will be undertaken to rapidly evaluate the MenACWY vaccination programme for those born between 1st September 1996 and 31st August 1997.

1.2 Aim of the Programme

To automatically collect monthly coverage data from sentinel GP practices (ie GP practices that have automated data extraction facilities) to:

- i. facilitate monitoring and evaluation of the implementation of the national 2014/15 school year 13 MenACWY vaccination programme by PHE, NHS England and Department of Health (DH),
- ii. identify areas where coverage is low,
- iii. provide epidemiological data to allow assessment of the impact of the programme,
- iv. provide data for vaccine safety assessment,
- v. provide information to the public and ministers.

1.3 Denominator and Numerator

1. MenACWY vaccination will be undertaken in a single birth cohort through primary care delivery. Other additional cohorts will be vaccinated in schools as part of a catch-up campaign and details of these collections will be included in a separate scoping document.
2. The cohort should be vaccinated during a period from August 2015 to the 31st March 2016.
3. The denominator is the number of registered patients with a date of birth between 1/9/1996 and 31/8/1997.
4. The numerator is the number of registered patients with a date of birth between 1/9/1996 and 31/8/1997 who have been vaccinated with the MenACWY vaccine at any time up to the end of the survey month.
5. Denominator and numerator data will allow vaccine coverage to be calculated.
6. To minimise the burden of data collection on the NHS, it is recommended that automated-only monthly accumulative data are collected from the GP IT suppliers for 8 collections (August 2015 - March 2016). The automated

monthly collections will allow PHE to monitor the programme from the start of the programme and to provide quick and timely coverage estimates.

7. Data will be extracted automatically for each monthly survey as follows:

Survey month	Data from Date (inclusive)	Data to Date (inclusive)
September 2015	01 August 2015	31 st August 2015
October 2015	01 September 2015	30 th September 2015
etc.	etc.	etc.

NOTES

1. All surveys are from the **start of the calendar month (inclusive)**
2. Each survey includes **data up until the survey month end (inclusive)**

8. The source of data will be automated collections from GP Practices to ImmForm and will be sentinel ie data will only be collected from practices with automated data extraction facilities. However, currently more than 95% of all English practices can participate so these data should be representative for the whole country and for each level of aggregation. Data from GP practices included within the sentinel scheme can be aggregated by NHS England organisations (Clinical Commissioning Groups (CCG's), former NHS England Area Teams (ATs), NHS England local teams (LTs)) and by Local Authorities (LAs) through the ImmForm website. This will enable stakeholders to do the following;
- a. Assess coverage rates at the local, regional and national levels;
 - b. Compare uptake with other anonymous CCGs, ATs, LTs, LAs;
 - c. View data and export data into excel, for further analysis.

1.4 End of the Survey

9. The survey will run for 8 monthly collections (data to March 2016).