practice guidance in brief

**NICE guidance to reduce variations in immunisation rates and maximise uptake**

Immunisation numbers are increasing but members of some populations are slow in coming forward. New guidance from NICE looks at tackling the problem

Although immunisation rates have increased since the scare over the safety of the measles, mumps, rubella vaccine, uptake rates still vary significantly between, and within, primary care trusts. New public health guidance from the National Institute for Health and Clinical Excellence aims to help increase immunisation uptake among children and young people aged under 19 years, where immunisation coverage is low. Generally, lower rates are noted in socially disadvantaged groups, some minority ethnic groups and mobile populations.

The guidance also focuses on improving the uptake of hepatitis B vaccine for babies born to mothers infected with the disease. As nurses working in primary care, the community and a range of paediatric settings are at the forefront of immunisation services – in terms of advising parents, carers and young people, and in administering the vaccines – this guidance is highly relevant for their practice.

The need for a multidisciplinary approach is emphasised. Both PCTs and general practices should identify a healthcare professional who will be responsible for leading on a local childhood immunisation programme. This should include the monitoring of vaccination status as part of the wider assessment of children’s and young people’s health.

All those involved should have access to the Department of Health’s (2006) *Immunisation Against Infectious Disease* – also known as the ‘Green Book’ – as well as to updates of the programme. Access to immunisation services should be improved by extending clinic times and by providing a child and family friendly environment. Tailored invitations and reminders should be used, with telephone or text messages to follow up.

Providing parents and young people with information about the benefits and risks of immunisation and details on the infections they prevent is essential. In addition, that information needs to be tailored to individual needs, including being translated if required.

Checking the immunisation status of children and young people at every appropriate opportunity, such as in primary care, hospital in-/outpatients, accident and emergency departments and walk in centres is recommended. Such contacts provide a valuable opportunity to immunise children, if appropriate, or to provide a reminder that immunisation is needed.

Accurate information regarding those who need immunisation is vital. PCTs and general practices should have an accurate database of children for whom they are responsible. Information should flow in a timely fashion between these databases. In cases where there are factors likely to affect uptake in individual children, that information should be recorded.

All staff should be appropriately trained and updated in the necessary skills and knowledge. Training should conform to Health Protection Agency recommendations.

The immunisation status of each child aged up to five years should be checked by the Healthy Child Team when they join a communal group such as a nursery, Sure Start children’s centre or school. Similarly, school nursing teams should check the status of children and young people when they transfer to a new school or college. Where children or young people are not up to date with their immunisations, information should be provided in an appropriate format and the vaccination should be offered.

Groups such as immigrants, asylum seekers, frequent movers, children in care and young offenders often have poorer access to health services and lower immunisation rates. For this reason, particular attention should be paid to providing flexible services such as longer appointment times, walk in vaccination clinics and mobile or outreach services.

Ensuring that the infants of mothers who are infected with hepatitis B complete a course of the hepatitis B vaccine with doses given in a timely fashion is critically important to protect them against infection. Although uptake of the birth dose of the vaccine appears to be high, subsequent vaccinations may be delayed or never received. An identified person in each PCT should oversee the hepatitis B vaccination programme and nurses are ideally placed to take on this role.

Effective communication between antenatal, postnatal, neonatal, primary care and community child health services is essential. Accurate recording of data in children’s records, including the mothers’ hepatitis B status, is vital.

NICE guidance has brought together recommendations on all the elements that are needed to ensure that immunisation uptake is maximised. Nurses in a variety of settings have an important role to play in ensuring that the recommendations are taken forward.

For further details on this guidance go to [http://guidance.nice.org.uk/PH21](http://guidance.nice.org.uk/PH21)

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**REFERENCE**