



## 1 **Vaccination rates**

2 In recent years there has been a decline in vaccination rates in the UK, and  
3 this is often attributed to misleading information. However, there are other  
4 reasons that contribute to the low uptake of vaccines, such as:

- 5 • Poor access to healthcare workers such as health visitors and midwives as  
6 a result of a reduction in service provision.
- 7 • In the UK routine<sup>1</sup> vaccines are offered free on the NHS, but acceptance of  
8 the offer and uptake of the vaccine is voluntary.
- 9 • Some communities (for example Gypsy, Roma and Travellers, refugees  
10 and asylum seekers) may have difficulty accessing healthcare or may not  
11 be registered with a GP.
- 12 • Newly arrived migrants may not understand how the health system works  
13 and what is available to them.
- 14 • Changes to vaccination schedules may lead to some people missing their  
15 vaccinations. Despite catch-up programmes, some people may still be  
16 missed.

## 17 **Key facts and figures**

### 18 **Vaccine coverage**

19 In 2017/18, vaccination coverage declined in 9 of the 12 routine vaccinations  
20 measured at ages 12 months, 24 months and 5 years in England compared  
21 with the previous year.

22 Coverage for the MMR vaccine as measured at 2 years decreased in 2017/18  
23 for the fourth year in a row, and is now at 91.2% (2017/18), the lowest it has  
24 been since 2011/12.

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<sup>1</sup> Routine vaccines refer to vaccines available on the UK immunisation schedule as mentioned in [Chapter 11: The UK immunisation schedule](#) of the Green Book

1 In 2017/18, DTaP/IPV/Hib<sup>2</sup> vaccine coverage at 12 months decreased for the  
2 fifth year in a row to 93.1%, falling by 1.6 percentage points since 2012/13  
3 and at its lowest since 2008/09.

#### 4 ***Cases and outbreaks***

5 In recent years, there has been an increase in cases of vaccine-preventable  
6 diseases. This included:

- 7 • 966 laboratory-confirmed measles cases in England in 2018 compared with  
8 259 cases in 2017. In addition, there were over 82,500 measles cases in  
9 Europe in 2018. This is more than three times the number in 2017, and 15  
10 times more than in 2016. In 2016 and 2017 there were 49 deaths from  
11 measles in Europe, and in 2018 there were 72 deaths.
- 12 • 1840 confirmed cases of mumps in 2017. Most of these (1147) were in  
13 teenagers and young adults (15-24 years).
- 14 • 9,300 cases of pertussis in 2012. This is more than 10 times the number in  
15 the preceding years. In the years since 2012 there has been a fall in cases,  
16 but numbers are still high compared with the years before the 2012  
17 epidemic.

#### 18 ***Cost of vaccinations***

19 Vaccines on the UK immunisation schedule are routinely offered to everyone  
20 in the UK free of charge on the NHS. In 2003, the National Audit Office  
21 estimated that the Department of Health spends £195 million on vaccination  
22 programmes. Studies have shown that vaccination programmes have  
23 economic and social benefits beyond the prevention of specific diseases; as  
24 costs associated with failure to effectively immunise include lost working days  
25 and expenditure on disability payments and social services.

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<sup>2</sup> DTaP/IPV/Hib vaccine is a 5 in 1 vaccine that includes diphtheria, tetanus, pertussis, polio and haemophilus influenzae type B. As of autumn 2017, this vaccine is now 6 in 1 including hepatitis B (uptake data not yet available.).

## 1 **Policy, legislation, regulation and commissioning**

2 The [Health and Social Care Act 2012](#) makes GP practices and other providers  
3 responsible for ensuring that everyone who is eligible is invited personally to  
4 have their vaccine. They are also responsible for encouraging their own staff  
5 to be vaccinated and putting the procedures in place to do this. This guideline  
6 will focus on "what works" in terms of fulfilling these duties and therefore help  
7 increase vaccine uptake.

## 8 **2 Who the guideline is for?**

9 This guideline is for:

- 10 • healthcare providers
- 11 • occupational health services
- 12 • prison and secure setting employers
- 13 • independent providers of NHS and social care funded services
- 14 • community or voluntary sector organisations
- 15 • local authorities
- 16 • health policy makers
- 17 • commissioners of clinical services
- 18 • education and training organisations
- 19 • health information providers
- 20 • people using services, families and carers and other members of the  
21 public.

22 It may also be relevant for:

- 23 • home office agencies
- 24 • communicable disease and health protection specialists
- 25 • health and social care regulatory bodies for workers
- 26 • Care Quality Commission.

27 NICE guidelines cover health and care in England. Decisions on how they  
28 apply in other UK countries are made by ministers in the [Welsh Government](#),  
29 [Scottish Government](#), and [Northern Ireland Executive](#).

## 1 ***Equality considerations***

2 NICE has carried out [an equality impact assessment](#) during scoping. The  
3 assessment:

- 4 • lists equality issues identified, and how they have been addressed
- 5 • explains why any groups are excluded from the scope.

## 6 **3 What the guideline will cover**

### 7 **3.1 Who is the focus?**

#### 8 **Groups that will be covered**

9 All people who are eligible for vaccines on the routine UK immunisation  
10 schedule<sup>3,4</sup>. Specific consideration will be given to the groups listed in the  
11 equality impact assessment.

### 12 **3.2 Settings**

#### 13 **Settings that will be covered**

- 14 • All settings where routine UK immunisation schedule<sup>3</sup> vaccines are offered  
15 or delivered.
- 16 • Occupational health services.
- 17 • Education settings, including early years settings, schools, pupil referral  
18 units and universities.
- 19 • Private health clinics and vaccination centres where NHS-funded care is  
20 delivered.
- 21 • Secure settings including prisons, immigration removal centres.

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<sup>3</sup> See [Chapter 11: The UK immunisation schedule](#) of the Green Book.

<sup>4</sup> This guideline will exclude the seasonal influenza vaccines.

### 1 **3.3 Activities, services or aspects of care**

#### 2 **Key areas that will be covered**

3 We will look at evidence in the areas below when developing the guideline,  
4 but it may not be possible to make recommendations in all the areas.

5 1 Identifying and recording a person's vaccination eligibility and status.

6 2 Increasing the uptake of routine vaccines<sup>5</sup>.

#### 7 **Areas that will not be covered**

8 1 Areas covered by NICE's guideline on [tuberculosis](#).

9 2 Areas covered by NICE's guideline on [flu vaccination: increasing uptake](#).

10 3 Travel vaccines.

11 4 Selective immunisation programmes as defined in the Green Book.

12 5 Seasonal vaccinations, for example influenza vaccination.

13 6 Catch-up campaigns alongside the introduction of a new vaccine.

#### 14 **Related NICE guidance**

##### 15 ***Published***

- 16 • [Flu vaccination: increasing uptake](#) (2018) NICE guideline NG103
- 17 • [Antimicrobial stewardship: changing risk-related behaviours in the general](#)  
18 [population](#) (2017) NICE guideline NG63
- 19 • [Workplace health: management practices](#) (2015) NICE guideline NG13
- 20 • [Hepatitis B and C testing: people at risk of infection](#) (2012) NICE guideline  
21 PH43
- 22 • [Healthcare-associated infections: prevention and control](#) (2011) NICE  
23 guideline PH36
- 24 • [Meningitis \(bacterial\) and meningococcal septicaemia in under 16s:](#)  
25 [recognition, diagnosis and management](#) (2010) NICE guideline CG102
- 26 • [Looked-after children and young people](#) (2010) NICE guideline PH28

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<sup>5</sup> Routine vaccines refers to those vaccines available on the UK immunisation schedule as mentioned in [Chapter 11: The UK immunisation schedule](#) of the Green Book. However, for this guideline it excludes seasonal influenza vaccine.

- 1 • [Antenatal care for uncomplicated pregnancies](#) (2008) NICE guideline CG62
- 2 • [Sexually transmitted infections and under-18 conceptions: prevention](#)
- 3 (2007) NICE guideline PH3
- 4 • [Postnatal care up to 8 weeks after birth \(2006\)](#) NICE guideline CG37

### 5 ***In development***

- 6 • [Shared decision making](#). NICE guideline. Publication expected April 2021
- 7 • [Babies, children and young people's experience of healthcare](#). NICE
- 8 guideline. Publication expected April 2021

### 9 ***NICE guidance that will be updated by this guideline***

- 10 • [Immunisations: reducing differences in uptake in under 19s](#) (2009) NICE
- 11 guideline PH21

### 12 **NICE guidance about the experience of people using NHS services**

13 NICE has produced the following guidance on the experience of people using  
14 the NHS. This guideline will not include additional recommendations on these  
15 topics unless there are specific issues related to vaccine uptake:

- 16 • [Medicines optimisation](#) (2015) NICE guideline NG5
- 17 • [Patient experience in adult NHS services](#) (2012) NICE guideline CG138
- 18 • [Service user experience in adult mental health](#) (2011) NICE guideline
- 19 CG136
- 20 • [Medicines adherence](#) (2009) NICE guideline CG76.

### 21 **3.4 *Economic aspects***

22 We will take economic aspects into account when making recommendations.  
23 We will develop an economic plan that states for each review question (or key  
24 area in the scope) whether economic considerations are relevant, and if so  
25 whether this is an area that should be prioritised for economic modelling and  
26 analysis. We will review the economic evidence and carry out economic  
27 analyses, using an NHS, public sector and other perspectives, as appropriate.

### 1 **3.5 Key issues and draft questions**

2 While writing this scope, we have identified the following key issues and draft  
3 questions related to them:

4 1 Identifying and recording a person's vaccination eligibility and status

5 1.1 What are the most effective strategies for identifying and recording a  
6 person's vaccination eligibility and status at:

7 a) health system level (for example CCG, local authority, regional and  
8 national level)?

9 b) service provider level (for example GP practices, school nursing  
10 services, practitioners)?

11 c) individual level (for example patients or service users)?

12 1.2 What are the barriers to, and facilitators for, identifying and recording  
13 a person's vaccination eligibility and status at:

14 a) health system level (for example clinical commissioning group [CCG],  
15 local authority, regional and national level)?

16 b) service provider level (for example GP practices, school nursing  
17 services, practitioners)?

18 c) individual level (for example patients or service users)?

19

20 2 Increasing the uptake of routine vaccines<sup>6</sup>

21 2.1 What are the most effective interventions for increasing the uptake of  
22 routine vaccines (including but not limited to acceptability, access,  
23 education and communication) at:

24 a) health system level (for example CCG, local authority, regional and  
25 national level)?

26 b) service provider level (for example GP practices, school nursing  
27 services, practitioners)?

28 c) individual level (for example patients or service users)?

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<sup>6</sup> Routine vaccines refer to vaccines available on the UK immunisation schedule as mentioned in [Chapter 11: The UK immunisation schedule](#) of the Green Book. However, for this guideline it excludes seasonal influenza vaccine.



1 2.2 What are the barriers to, and facilitators for, increasing the uptake of  
2 routine vaccines at:

3 a) health system level (for example CCG, local authority, regional and  
4 national level)?

5 b) service provider level (for example GP practices, school nursing  
6 services, practitioners)?

7 c) individual level (for example patients or service users)?  
8

9 For all draft questions, specific consideration will be given to the groups listed  
10 in the equality impact assessment document.

11

12 The key issues and draft questions will be used to develop more detailed  
13 review questions, which guide the systematic review of the literature.

### 14 **3.6 Main outcomes**

15 The main outcomes that may be considered when searching for and  
16 assessing the evidence are:

- 17 • increase in accuracy of data records
- 18 • changes in uptake rate
- 19 • changes in knowledge, attitudes, beliefs, acceptance, intentions and  
20 behaviour about vaccination
- 21 • cost effectiveness and economics:
  - 22 – cost per quality-adjusted life year
  - 23 – cost per unit of effect
  - 24 – net benefit.

## 1 **4 NICE quality standards and NICE Pathways**

### 2 **4.1 NICE quality standards**

3 **NICE quality standards that may need to be revised or updated when**  
4 **this guideline is published**

- 5 • [Medicines management for people receiving social care in the community](#)  
6 (2018) NICE quality standard QS171
- 7 • [Vaccine uptake in under 19s](#) (2017) NICE quality standard QS145
- 8 • [Healthcare-associated infections](#) (2016) NICE quality standard QS113
- 9 • [Postnatal care](#) (2015) NICE quality standard QS37

### 10 **4.2 NICE Pathways**

11 When this guideline is published, we will update and replace the existing NICE  
12 Pathway on [immunisations for under 19s](#). NICE Pathways bring together  
13 everything NICE has said on a topic in an interactive flowchart.

## 14 **5 Further information**

This is the draft scope for consultation with registered stakeholders. The  
consultation dates are 8 July to 5 August 2019.

The guideline is expected to be published in October 2021.

You can follow progress of the [guideline](#).

Our website has information about how [NICE guidelines](#) are developed.

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