Vaccine uptake in the general population

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Stakeholder	Page no.	Line no.	Comments	Developer's response
Bacterial Vaccines (BactiVac) Network	3 and 7		The importance of vaccines as a way of addressing the global AMR crisis needs to be highlighted within the scoping document under the 'Vaccine Coverage' and 'Economic aspects' sections. Vaccines help to reduce the burden of antimicrobial resistance by reducing the incidence of disease. Any resistant infection prevented by vaccination is a case for which, by definition, the burden of AMR disease is reduced, the need for antibiotic therapy is eliminated, and the risk of poor outcomes is avoided. Avoiding antibiotics reduces opportunities to select resistant variants of the targeted pathogen, and of other, "bystander" species that are susceptible to the antibiotic. In some cases, the elimination of a specific pathogen by vaccination reduces the need to use broad-spectrum antibiotics for empirical treatment of a clinical syndrome, such as pneumonia, by eliminating the need to "cover" possibly resistant pathogens that are no longer likely to be the causes of that syndrome. The economic impact and social benefits that increasing vaccine uptake will have on reducing the need for and use of antibiotics needs to included, including: • a reduction in prescribing antibiotics due a reduction in the incidence of specific diseases and any resulting secondary bacterial infections e.g. vaccination against flu reduces the incidence of	Thank you for your comment. We acknowledge your concerns regarding anti-microbial resistance (AMR). It is outside the remit of this guideline to address AMR. In the related guidance list we include a link to the NICE guideline on antimicrobial stewardship NG63. This guideline covers making people aware of how to correctly use antimicrobial medicines (including antibiotics) and the dangers associated with their overuse and misuse. It also includes measures to prevent and control infection that can stop people needing antimicrobials or spreading infection to others.

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			pneumococcal infections in vulnerable populations reduction in hospital stays due to additional serious complications caused by vaccine preventable bacterial infections	
Bacterial Vaccines (BactiVac) Network	3 and 7		The impact of increased vaccination rates on non-communicable diseases where bacterial infections are associated with a more negative prognosis should be included, such as: • the role of infection in potentiating incidence of cardiovascular events (e.g. the additional benefits of flu vaccination for reducing the incidence of cardiovascular events) infections in immunocompromised patients e.g. cancer patients undergoing chemotherapy treatment, transplant patients on immunosuppressive drug regimes, patients with chronic conditions such as Chronic Kidney Disease, or other patients such as those undergoing splenectomy	Thank you for your comment. We acknowledge your concerns regarding bacterial infections. It is outside the remit of this guideline to address anti-microbial resistance (AMR). Under NICE related guidance we have a link to the NICE guideline on antimicrobial stewardship NG63. This guideline covers the effective ways of making people aware of how to correctly use antimicrobial medicines (including antibiotics) and the dangers associated with their overuse and misuse. It also includes measures to prevent and control infection that can stop people needing antimicrobials or spreading infection to others.
Bacterial Vaccines (BactiVac) Network	4	10 & 11	How many measles deaths due to measles have occurred in the same time period in the UK?	Thank you for your comment. The latest data on the number of deaths due to measles in England and Wales published by the ONS is from 2016 and we have therefore not included the number of deaths in the scope.

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Bacterial Vaccines (BactiVac) Network	8 & 9	General	Suggest add a section for dealing with misinformation about vaccines in the media and online	Thank you for your comment. The guideline will consider the following review questions relating to communication and information: What are the most effective interventions for increasing the uptake of routine vaccines (including but not limited to acceptability, access, education, communication and infrastructure) at: a) health system level (for example CCG, local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual and community level (for example patients or service users)? What are the barriers to, and facilitators for, increasing the uptake of routine vaccines (including but not limited to acceptability, why interventions work and why there is variability) at: a) health system level (for example CCG, local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual and community level (for example patients or service users)? The development of the guideline will follow the processes and methods described in Developing NICE guidelines:

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				the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others. We will keep in mind the issue you have raised when developing the guideline.
Bacterial Vaccines (BactiVac) Network	9		The reduction in antibiotic usage and related incidence of AMR should be included in the 'Main outcomes' section	Thank you for your comment. The scope includes a list of the main outcomes that the guideline will consider. The guideline committee will define the outcomes that will be considered in the evidence reviews through development of the review protocols. The guideline committee will consider your comment when developing the evidence review protocols.
British HIV Association	General	General	HIV testing can be recommended for adults having a live vaccine that may be contraindicated in the immunosuppressed. GPs are encouraged to contact HIV physicians to check, rather than omit vaccinations in HIV-positive patients.	Thank you for your comment. People with HIV are included in the EIA under people with chronic health conditions as they are more likely to develop complications and are at risk of some conditions as they are immunocompromised. The scope does not suggest omitting vaccinations for this group, rather specific consideration may be warranted. NICE has guidance on increasing uptake of HIV testing in people who may have undiagnosed HIV (NG60).

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				The equality impact assessment document is linked to the scope. The committee will consider whether: • the evidence review has addressed areas identified in the scope as needing specific attention with regard to equality issues • criteria for access to an intervention might be discriminatory (for example, through membership of a particular group, or by using an assessment tool that might discriminate unlawfully) • any groups of people might find it impossible or unreasonably difficult to receive or access an intervention • recommendations can be formulated to advance equality (for example, by making access more likely for certain groups, or by tailoring the intervention to specific groups).
British HIV Association	General	General	People living with HIV are at risk of reduced immunity to common infections We draw attention to the 2015 BHIVA guidelines on vaccines in HIV-positive adults, available at: https://www.bhiva.org/vaccination-guidelines.	Thank you for your comment and this information.
British HIV Association	General	General	We note the inclusion of immigration detention centres as a setting to be covered. HIV-positive people in immigration detention may require tailored care and working with HIV physicians is key.	Thank you for your comment. People with HIV are included in the equality impact assessment document under people with chronic health conditions, as they are more likely to develop complications and are at risk of some conditions as they are immunocompromised.

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				The equality impact assessment document is linked to the scope. The committee will consider whether: • the evidence review has addressed areas identified in the scope as needing specific attention with regard to equality issues • criteria for access to an intervention might be discriminatory (for example, through membership of a particular group, or by using an assessment tool that might discriminate unlawfully) • any groups of people might find it impossible or unreasonably difficult to receive or access an intervention • recommendations can be formulated to advance equality (for example, by making access more likely for certain groups, or by tailoring the intervention to specific groups).
British HIV Association	General	General	Increased uptake may be related to documentation and availability of information on vaccine history, particularly for those who change GPs or change location. A patient-held record may contribute.	Thank you for your comment. The guideline will consider the following review questions relating to patient records: What are the most effective strategies for identifying and recording a person's vaccination eligibility and status at: a) health system level (for example clinical commissioning group [CCG], local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual level (for example patients or service users)?

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				What are the barriers to, and facilitators for, identifying and recording a person's vaccination eligibility and status at: a) health system level (for example CCG, local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual level (for example patients or service users)? The development of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others. We will keep in mind the issue you have raised when developing the guideline.
British Society for Immunology	1	20/21	The Government has stated that the target coverage is 95% of the population for all routine vaccinations. This was reaffirmed by the then Public Health Minister in the House of Commons (https://hansard.parliament.uk/commons/2019-06-12/debates/28971DA7-2E13-4733-B4D4-	Thank you for your comment. Based on yours and other stakeholders' comments the paragraph has been amended.

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			1735D1A4F94E/VaccinationAndPublicHealth#contribution-8E1BDABB-A6C5-498F-84EC-C33254E3C1E9) and has been published as a target in the 'Advancing our health: prevention in the 2020s' green paper (Immunisations section, end of chapter 1: https://www.gov.uk/government/consultations/advancing-our-health-prevention-in-the-2020s/advancing-our-health-prevention-in-the-2020s-consultation-document)	
British Society for Immunology	2	5/6	Also, the loss of vaccination co-ordinators. The loss of these posts occurred as the responsibility for commissioning shifted away from Primary Care Trusts meaning the absence of a focal reference point for providers, and performance evaluation becoming more challenging.	Thank you for your comment. The wording in this section has been amended and no longer mentions any specific healthcare professionals.
British Society for Immunology	2	5/16	Complacency. Due to the success of vaccination programmes to date, the diseases being vaccinated against are relatively rare, meaning that some parents have a false sense of security.	Thank you for your comment and this information. In this section we have only mentioned a few examples; this is not intended to be an exhaustive list.
British Society for Immunology	2	5/16	Lack of comprehensive training on vaccines for frontline healthcare professionals means that some are unable to answer parents' questions or debunk misinformation. This serves to undermine vaccine confidence.	Thank you for your comment and this information. In this section we have only mentioned a few examples, this is not intended to be an exhaustive list.
British Society for Immunology	2	12/13	It is not just newly arrived migrants who might not be sure what vaccinations are available to them and when they are needed; there is a wider problem around information provision for the population generally that needs to be addressed.	Thank you for your comment. We have added migrants to the equality impact assessment document. We have also amended the scope to refer to migrants not just newly arrived migrants.

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				The equality impact assessment document is linked to the scope. The committee will consider whether: • the evidence review has addressed areas identified in the scope as needing specific attention with regard to equality issues • criteria for access to an intervention might be discriminatory (for example, through membership of a particular group, or by using an assessment tool that might discriminate unlawfully) • any groups of people might find it impossible or unreasonably difficult to receive or access an intervention • recommendations can be formulated to advance equality (for example, by making access more likely for certain groups, or by tailoring the intervention to specific groups).
British Society for Immunology	5	14/15	It should be clarified as to whether this covers pharmacies that offer some vaccines, and other healthcare providers, such as maternity units that offer vaccinations to pregnant women. Additionally, previous work has shown that going out into the community to offer vaccinations at community centres, rather than asking people to come to traditional healthcare settings, is effective – the scope should cover this too.	Thank you for your comment. We agree that community pharmacies should be included as a setting, this is covered under "all settings where routine UK immunisation schedule vaccines are offered or delivered".
GlaxoSmithKline	5	19	Include Private vaccinations in pharmacies	Thank you for your comment. We agree that community pharmacies should be included as a setting, this is

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				covered under "all settings where routine UK immunisation schedule vaccines are offered or delivered". Regarding the private vaccinations, these are out of this guideline scope because NICE guidance is for NHS treatments and care.
GlaxoSmithKline	8	9	Providers of vaccinations (NHS and private) should be able to access on-line a person's vaccination status to record that they have received a vaccine (no access to personal medical history).	Thank you for your comment. The guideline will consider the following review questions relating to recording vaccination information: What are the most effective strategies for identifying and recording a person's vaccination eligibility and status at: a) health system level (for example clinical commissioning group [CCG], local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual level (for example patients or service users)? What are the barriers to, and facilitators for, identifying and recording a person's vaccination eligibility and status at: a) health system level (for example CCG, local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual level (for example patients or service users)?

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				The development of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others. We will keep in mind the issue you have raised when developing the guideline.
GlaxoSmithKline	8	11	HCPs should encourage use of the e-redbook to record vaccination status	Thank you for your comment. The guideline will consider the following review questions relating to recording vaccination information: What are the most effective strategies for identifying and recording a person's vaccination eligibility and status at: a) health system level (for example clinical commissioning group [CCG], local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual level (for example patients or service users)?

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				What are the barriers to, and facilitators for, identifying and recording a person's vaccination eligibility and status at: a) health system level (for example CCG, local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual level (for example patients or service users)? The development of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others. We will keep in mind the issue you have raised when developing the guideline.
GlaxoSmithKline	8	16	Service providers should be able to log on-line with the patient's surgery that they have received a vaccine	Thank you for your comment. The new guideline will consider the following review questions relating to vaccination records: What are the most effective strategies for identifying and recording a person's vaccination eligibility and status at:

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				a) health system level (for example clinical commissioning group [CCG], local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual level (for example patients or service users)? What are the barriers to, and facilitators for, identifying and recording a person's vaccination eligibility and status at: a) health system level (for example CCG, local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual level (for example patients or service users)? The development of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others. We will keep in mind the issue you have raised when developing the guideline.

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GlaxoSmithKline	8	18	As above, encourage use of e-redbook to record vaccination status	Thank you for your comment. The guideline will consider the following review questions relating to vaccination records: What are the most effective strategies for identifying and recording a person's vaccination eligibility and status at: a) health system level (for example clinical commissioning group [CCG], local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual level (for example patients or service users)? What are the barriers to, and facilitators for, identifying and recording a person's vaccination eligibility and status at: a) health system level (for example CCG, local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual level (for example patients or service users)? The development of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The committee will use its judgement to decide what the evidence means in

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				the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others. We will keep in mind the issue you have raised when developing the guideline.
GlaxoSmithKline	8	26	Ask high coverage areas for their best practice processes, protocols to help achieve same levels in low coverage areas.	Thank you for your comment. The guideline will consider the following review questions relating to increasing uptake of vaccines: What are the most effective strategies for identifying and recording a person's vaccination eligibility and status at: a) health system level (for example clinical commissioning group [CCG], local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual level (for example patients or service users)? What are the barriers to, and facilitators for, identifying and recording a person's vaccination eligibility and status at: a) health system level (for example CCG, local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual level (for example patients or service users)?

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				What are the most effective interventions for increasing the uptake of routine vaccines (including but not limited to acceptability, access, education, communication and infrastructure) at: a) health system level (for example CCG, local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual and community level (for example patients or service users)? What are the barriers to, and facilitators for, increasing the uptake of routine vaccines (including but not limited to acceptability, why interventions work and why there is variability) at: a) health system level (for example CCG, local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual and community level (for example patients or service users)? The development of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence, which may include examples from high coverage areas, which meet the review protocols developed for the guideline. The committee will use its judgement to decide what the

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				evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others.
GlaxoSmithKline	9	5	Facilitator would be opportunistic vaccination at routine appointments. Improve the call/re-call system, use texts reminders if possible.	Thank you for your comment. We have only included examples; this is not intended to be an exhaustive list. The guideline committee will consider your comment when developing the evidence review protocols.
GlaxoSmithKline	9	7	Family friendly appointments for working parents, out of hours at surgery or at home visits	Thank you for your comment. The development of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. This will include considering the cost effectiveness of interventions. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others.
London School of Hygiene and Tropical Medicine	Generic	General	My prime concern about this guideline is that, in trying to answer the questions set out in section 2, the committee may only come up with ideas of *how to* increase uptake, without producing the actual tools needed. So, for example, there's nothing in there about developing new education/information resources/tools for the various subgroups. Surely, both are needed.	Thank you for your comment. The purpose of the scope is to provide an overview of what the guideline will and will not cover; identify the key issues that must be addressed; set the boundaries of the development work and provide a clear framework to enable the work to stay within the priorities agreed by NICE and the remit from the Department of Health and Social Care. It is not within the remit of the guideline to produce tools and resources.

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				Following publication of the guideline NICE will consider the implementation of the guideline's recommendations.
London School of Hygiene and Tropical Medicine	2	22 - 24	Coverage for the second dose of MMR is also very low.	Thank you for your comment. We have added the statistics for the MMR second dose to the context section.
London School of Hygiene and Tropical Medicine	2	24	Could a decline of vaccine confidence be a reason for dips in vaccination rates, this is not really mentioned in this scope.	Thank you for your comment. We acknowledge that there are other reasons that contribute to low vaccine uptake. The rationale provided in the scope is not exhaustive, the aim of this section is to provide a brief summary of why this guideline is needed.
London School of Hygiene and Tropical Medicine	3	1 - 3	Does PHE have data that could help us identify the population groups that have not completed three does of DTaP/IPV/Hib? Or CPRD records. It would be very helpful to be able to identify populations that are at risk more clearly.	Thank you for your comment. The development of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual, this includes a description of how evidence will be identified to inform the guideline development.
London School of Hygiene and Tropical Medicine	3	10 - 14	Some groups have been more affected by measles outbreaks than others e.g. ultra-orthodox Jews, children who missed vaccines during the Wakefield scare, anthroposophic communities. It is important to consider how we can work with these groups to improve vaccination rates.	Thank you for your comment. The guideline review will consider the following review questions relating to the issues you have raised: What are the most effective interventions for increasing the uptake of routine vaccines (including but not limited to

				acceptability, access, education, communication and infrastructure) at: a) health system level (for example CCG, local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual and community level (for example patients or service users)? What are the barriers to, and facilitators for, increasing the uptake of routine vaccines (including but not limited to acceptability, why interventions work and why there is variability) at: a) health system level (for example CCG, local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual and community level (for example patients or service users)? The development of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others.

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				We will keep in mind the issue you have raised when developing the guideline. Religion or beliefs is already identified in the equality impact assessment document and anthroposophic communities have now been added to the document. The equality impact assessment document is linked to the scope. The committee will consider whether: • the evidence review has addressed areas identified in the scope as needing specific attention with regard to equality issues • criteria for access to an intervention might be discriminatory (for example, through membership of a particular group, or by using an assessment tool that might discriminate unlawfully) • any groups of people might find it impossible or unreasonably difficult to receive or access an intervention • recommendations can be formulated to advance equality (for example, by making access more likely for certain groups, or by tailoring the intervention to specific groups).
London School of Hygiene and Tropical Medicine	4	3 - 4	Call and recall systems are not consistent across areas, and there is a lack of evidence of what is the best model. This needs to be investigated, considered in the guideline development process.	Thank you for your comment. In this section we are stating the current legislation and responsibilities. We

				have not mentioned the methods or systems that GP practices and other providers may use. The guideline will consider the following review questions relating to call / recall system: What are the most effective strategies for identifying and recording a person's vaccination eligibility and status at: a) health system level (for example clinical commissioning group [CCG], local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual level (for example patients or service users)? What are the barriers to, and facilitators for, identifying and recording a person's vaccination eligibility and status at: a) health system level (for example CCG, local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual level (for example patients or service users)? The development of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The committee will use its judgement to decide what the evidence means in

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				the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others.
London School of Hygiene and Tropical Medicine	5	9 - 11	In the guideline it might be necessary to consider factors that can affect different age-groups (or vaccines)- including school-aged children/young people.	Thank you for your comment. The development of the new guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. However, when considering the evidence and making recommendations the committee may make recommendations for different age groups. The committee will decide during protocol stage which subgroups to consider. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others. We will keep in mind the issue you have raised when developing the guideline.
London School of Hygiene and Tropical Medicine	7	12 - 20	I think there may be a need to look for evidence related specifically to patient user experience of immunisation services. Partly because they are offered in different settings and adult immunisation is quite a small focus hence the adult NHS patient experience data may not be that relevant.	Thank you for your comment. All guideline scopes refer to the guideline on patient experience in adult NHS services because this guidance is relevant to all NHS-delivered care. In addition, NICE is developing a guideline on shared decision making. The specific issues related to vaccine uptake will be captured during guideline development because NICE guideline committees are

				multidisciplinary, including lay members as described in Developing NICE guidelines: the manual. The guideline will consider the following review questions relating to barriers and facilitators which will also consider evidence on people's experience: What are the barriers to, and facilitators for, identifying and recording a person's vaccination eligibility and status at: a) health system level (for example CCG, local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual level (for example patients or service users)? What are the barriers to, and facilitators for, increasing the uptake of routine vaccines (including but not limited to acceptability, why interventions work and why there is variability) at: a) health system level (for example CCG, local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual and community level (for example patients or service users)? The development of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each

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				of the review questions described in the scope which will include all published evidence, which may include examples from high coverage areas, which meet the review protocols developed for the guideline. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others.
London School of Hygiene and Tropical Medicine	7	21	Under the bracket of economics or related to this it is also important to consider vaccine uptake interventions that involve incentives.	Thank you for your comment. The guideline will consider the following review questions relating to interventions to increase uptake of routine vaccines: What are the most effective interventions for increasing the uptake of routine vaccines (including but not limited to acceptability, access, education, communication and infrastructure) at: a) health system level (for example CCG, local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual and community level (for example patients or service users)? What are the barriers to, and facilitators for, increasing the uptake of routine vaccines (including but not limited to

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				acceptability, why interventions work and why there is variability) at: a) health system level (for example CCG, local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual and community level (for example patients or service users)? The development of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. This will include considering the cost effectiveness of interventions. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others.
London School of Hygiene and Tropical Medicine	8	4 - 6	Need to consider data issues (e.g. accuracy), especially where there is high mobility of population (urban centres.	Thank you for your comment. The guideline will consider the following review questions relating to data issues: What are the most effective strategies for identifying and recording a person's vaccination eligibility and status at: a) health system level (for example clinical commissioning group [CCG], local authority, regional and national level)?

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				b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual level (for example patients or service users)? What are the barriers to, and facilitators for, identifying and recording a person's vaccination eligibility and status at: a) health system level (for example CCG, local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual level (for example patients or service users)? The development of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others.
London School of Hygiene and Tropical Medicine	8	Section 3.5	Within this whole section there a few things missing or not sufficiently highlighted: i) how delivery systems, organisation of the programme may impact on vaccine uptake (this is recognised with reference to health system considerations but I think this should be given more	Thank you for your comment. We have amended the review questions under increasing the uptake of routine vaccines to include community level.

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			emphasis), ii) there are particular vaccines, immunization programmes that have lower uptake rates due to concerns for example about vaccine content (e.g. Fluenz – porcine gelatine), iii) question two will have to consider individual and community level issues related to particular groups known to have lower uptake levels. This will need to be quite granular on the other hand there might be higher level interventions that benefit wider population groups and do not need to be targeted.	The guideline will consider the following review questions relating to the issues you have raised: What are the most effective interventions for increasing the uptake of routine vaccines (including but not limited to acceptability, access, education, communication and infrastructure) at: a) health system level (for example CCG, local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual and community level (for example patients or service users)? What are the barriers to, and facilitators for, increasing the uptake of routine vaccines (including but not limited to acceptability, why interventions work and why there is variability) at: a) health system level (for example CCG, local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual and community level (for example patients or service users)? The development of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each

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				of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others.
London School of Hygiene and Tropical Medicine	8	Section 3.5	One aspect that is missing is that all the various levels interact with each other (health system, provider, individual), and many interventions will involve collaboration between the different organisations. For example, effective interventions should also be about improving collaboration/interaction between these, and similarly for immunisation data management (e.g. data sharing between LA and local SITs and CCGs).	Thank you for your comment. When considering the evidence and making recommendations the committee may make recommendations for different parts of the healthcare system. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others. We will keep in mind the issue you have raised when developing the guideline.
London School of Hygiene and Tropical Medicine	8	4	Records of vaccinations given to pregnant women in the antenatal clinic are not recorded on the system	Thank you for your comment. The issue you raise will be covered in the following review questions relating to recording vaccination information: What are the most effective strategies for identifying and recording a person's vaccination eligibility and status at: a) health system level (for example clinical commissioning group [CCG], local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)?

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				c) individual level (for example patients or service users)? What are the barriers to, and facilitators for, identifying and recording a person's vaccination eligibility and status at: a) health system level (for example CCG, local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual level (for example patients or service users)? The development of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others. We will keep in mind the issue you have raised when developing the guideline.

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London School of Hygiene and Tropical Medicine	8	4	There is no data capturing system that currently relates the vaccines given to the pregnant women to vaccination of their infants- this is however important to monitor potential long-term effects of vaccines given in pregnancy on infant immunity and responses to their own vaccines	Thank you for your comment. The guideline review will consider the following review questions relating to data capturing systems: What are the most effective strategies for identifying and recording a person's vaccination eligibility and status at: a) health system level (for example clinical commissioning group [CCG], local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual level (for example patients or service users)? What are the barriers to, and facilitators for, identifying and recording a person's vaccination eligibility and status at: a) health system level (for example CCG, local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual level (for example patients or service users)? The development of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The committee will use its judgement to decide what the evidence means in

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				the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others. We will keep in mind the issue you have raised when developing the guideline.
London School of Hygiene and Tropical Medicine	8	4 & 20	Parents need reminders for their children's vaccinations and easy access- bring the vaccines to the people rather than the people having to make the effort	Thank you for your comment. The guideline review will consider the following review questions relating to access to vaccinations: What are the most effective interventions for increasing the uptake of routine vaccines (including but not limited to acceptability, access, education, communication and infrastructure) at: a) health system level (for example CCG, local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual and community level (for example patients or service users)? What are the barriers to, and facilitators for, increasing the uptake of routine vaccines (including but not limited to

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				acceptability, why interventions work and why there is variability) at: a) health system level (for example CCG, local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual and community level (for example patients or service users)? The development of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others. We will keep in mind the issue you have raised when developing the guideline.
London School of Hygiene and Tropical Medicine	8	21	It will be important to define what is meant by intervention - are these broad system level interventions like call recall mechanisms or more specific interventions targeted at defined population groups?	Thank you for your comment. The guideline development will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for

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				the guideline. When considering the evidence and making recommendations the committee may make recommendations for different populations. The committee will define intervention within these protocols. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others.
London School of Hygiene and Tropical Medicine	8	26	Accessibility is an issue if a formal GP appointment is needed every time- used to be a lot more flexible with nurse-led clinics a couple of times per week (maternal immunisation).	Thank you for your comment. The guideline will consider the following review questions relating to accessibility: What are the most effective interventions for increasing the uptake of routine vaccines (including but not limited to acceptability, access, education, communication and infrastructure) at: a) health system level (for example CCG, local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual and community level (for example patients or service users)? What are the barriers to, and facilitators for, increasing the uptake of routine vaccines (including but not limited to

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				acceptability, why interventions work and why there is variability) at: a) health system level (for example CCG, local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual and community level (for example patients or service users)? The development of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others. We will keep in mind the issue you have raised when developing the guideline.
London School of Hygiene and Tropical Medicine	8	26	Our own research shows that pregnant women prefer the vaccines delivered where they seek their antenatal care rather than GP surgery- this needs to be facilitated	Thank you for your comment. The guideline will consider the following review questions relating to access: What are the most effective interventions for increasing the uptake of routine vaccines (including but not limited to

				acceptability, access, education, communication and infrastructure) at: a) health system level (for example CCG, local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual and community level (for example patients or service users)? What are the barriers to, and facilitators for, increasing the uptake of routine vaccines (including but not limited to acceptability, why interventions work and why there is variability) at: a) health system level (for example CCG, local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual and community level (for example patients or service users)? The development of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others.

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				We will keep in mind the issue you have raised when developing the guideline.
London School of Hygiene and Tropical Medicine	8	26	It should be possible for paediatricians and nurses to administer vaccines in hospital to children who are seen in clinics, need them according to their schedule and are well enough to receive them	Thank you for your comment. The lists in the questions are examples are not intended to be an exhaustive list. The guideline will consider the following review questions relating to access: What are the most effective interventions for increasing the uptake of routine vaccines (including but not limited to acceptability, access, education, communication and infrastructure) at: a) health system level (for example CCG, local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual and community level (for example patients or service users)? What are the barriers to, and facilitators for, increasing the uptake of routine vaccines (including but not limited to

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				acceptability, why interventions work and why there is variability) at: a) health system level (for example CCG, local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual and community level (for example patients or service users)? The development of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others. We will keep in mind the issue you have raised when developing the guideline.
London School of Hygiene and Tropical Medicine	8	26	Secondary care not mentioned for potential interventions such as targeting missed opportunity	Thank you for your comment. Secondary care is considered under "Settings that will be covered", where we mention "all settings where routine UK immunisation schedule vaccines are offered or delivered.

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London School of Hygiene and Tropical Medicine	8	26	NGOs, CSOs not mentioned but community organisations can play a greater role in identifying unvaccinated?	Thank you for your comment. We have only included examples; this is not intended to be an exhaustive list. The guideline is for NGOs and CSOs. Please refer to section 2 "Who the guideline is for" where we mention independent providers of NHS and social care funded services and community or voluntary sector organisations.
Meningitis Now	General	General	Meningitis Now supports this new guideline to improve vaccine uptake in the general population.	Thank you for your comment. We welcome your support for this scope and development of the guideline.
Meningitis Now	6	11	We would like to see selective immunisations programmes, as defined in the Green Book, included in this scope. Feedback from our helpline suggests that some people, with underlying health conditions, are not always aware of the additional vaccines they should be offered.	Thank you for your comment. We acknowledge your concerns however the scope is already very broad. It is important that the guideline is manageable. The committee has not prioritised selective immunisations on this occasion partly because there are NICE guidelines that already cover some of these vaccine programmes for example NICE guidelines PH43 (Hepatitis B and C testing: people at risk of infection) and NG33 (Tuberculosis). We have mentioned in the equality impact assessment document that people with chronic conditions or autoimmune disease may be affected by this guideline and therefore the committee where appropriate will specifically consider these groups. The equality impact assessment document is linked to the scope. The committee will consider whether:

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				• the evidence review has addressed areas identified in the scope as needing specific attention with regard to equality issues • criteria for access to an intervention might be discriminatory (for example, through membership of a particular group, or by using an assessment tool that might discriminate unlawfully) • any groups of people might find it impossible or unreasonably difficult to receive or access an intervention • recommendations can be formulated to advance equality (for example, by making access more likely for certain groups, or by tailoring the intervention to specific groups).
Meningitis Now	6	13	If catch-up campaigns, alongside the introduction of a new vaccine are not included in this scope, where else will this be managed? We raise this issue as following the introduction of the MenACWY vaccine, the uptake from the GP led catch-up programme was very low (approx. 40%). This means that many young adults, eligible for this vaccine, are unvaccinated.	Thank you for your comment. The committee and stakeholders at the workshop identified that there are three types of catch-up campaigns, which are 1. when a new vaccine has been introduced, 2. opportunistic in those that missed a vaccination, and 3. catch-up campaigns in under-vaccinated groups. The guideline will consider types 2 and 3. Stakeholders suggested that catch-up campaigns alongside the introduction of a new vaccine should not be covered by this guideline because these will require specific campaigns that may not continue as part of a

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				routine vaccine campaign because PHE would tailor a campaign for this.
Meningitis Now	7	10	We would be in support of combining this new guideline with NICE PH21 Immunisations: reducing difference in uptake in under 19s, rather than having 2 separate sets of guidance.	Thank you for your comment. This guideline will replace NICE guideline Immunisations: reducing differences in uptake in under 19s PH21, which will be stood down following publication of this guideline.
Meningitis Research Foundation	2	1-16	Other contributors to poor vaccine uptake can be: • Convenience, for example - inflexible hours/set days for immunisation clinics or facilities that don't cater well for large families • Practices having a lack of capacity / insufficient appointments to vaccinate everyone eligible • Lack of call recall (no reminders sent from the GP) • Inadequate means of identifying vaccine eligible patients opportunistically (for example electronic alerts flagging eligible patients being sent to GP surgeries switched off.) • Not enough training to empower health professional to confidently talk about the benefits of vaccines to their patients, and appropriately address concerns they may have • Reimbursement payments to GPs not incentivising the highest possible uptake rates • Some areas may seem to have low uptake rates because of poor record keeping (i.e. not recording vaccinations with the appropriate codes) and data	Thank you for your comment. We acknowledge there can be other contributors to poor vaccine uptake; however, these are only examples and not intended to be an exhaustive list. The guideline will consider the following the review questions relating to call/recall systems: What are the most effective strategies for identifying and recording a person's vaccination eligibility and status at: a) health system level (for example clinical commissioning group [CCG], local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual level (for example patients or service users)? What are the barriers to, and facilitators for, identifying and recording a person's vaccination eligibility and status at: a) health system level (for example CCG, local authority, regional and national level)?

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			management. It could be important to address the importance of record keeping in this guideline. • Complacency amongst the population about vaccine preventable disease because they are more seldom seen. Lack of confidence in the safety and efficacy of vaccination programmes - could be addressed through better signposting to resources for those who want further information	b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual level (for example patients or service users)? The development of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others. We will keep in mind the issue you have raised when developing the guideline.
Meningitis Research Foundation	5	8-11	The draft scope currently excludes people who are at increased risk of diseases due to medical conditions. We feel this group should be included because we know that uptake of medically recommended vaccines in these groups which are outside of the routine schedule are very low. People who fall within this group are at the highest risk of disease, yet there is little in terms of accessible guidance that encourages vaccine uptake in these groups apart from the Green Book. This group are also not well addressed in the current GP contract.	Thank you for your comment. We acknowledge your concerns however the scope is already very broad. It is important that the guideline is manageable. The committee has not prioritised medically recommended vaccines on this occasion partly because there are NICE guidance that already cover some of these vaccine programmes for example NICE guidelines PH43 (Hepatitis

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			Additionally it would useful for this guidance to address the importance of vaccinating when there are localised outbreaks of notifiable diseases such as meningitis and vaccinating contacts of cases where necessary. Particularly as these individuals at increased risk of disease are not well addressed in the current GP contract. Although there are clear public health guidelines directing this, a mechanism for ensuring it happens is lacking.	B and C testing: people at risk of infection) and NG33 (Tuberculosis). The equality impact assessment documents acknowledge that people with chronic health conditions or those with autoimmune disease may be affected by this guideline. The equality impact assessment document is linked to the scope. The committee will consider whether: • the evidence review has addressed areas identified in the scope as needing specific attention with regard to equality issues • criteria for access to an intervention might be discriminatory (for example, through membership of a particular group, or by using an assessment tool that might discriminate unlawfully) • any groups of people might find it impossible or unreasonably difficult to receive or access an intervention • recommendations can be formulated to advance equality (for example, by making access more likely for certain groups, or by tailoring the intervention to specific groups).
Merck Sharp & Dohme Limited	1	15	Include additional language: For every new birth cohort they are all susceptible to vaccine-preventable diseases and therefore require vaccination to be protected.	Thank you for your comment. We have not added your suggested text because we think this may be taken to mean that individuals need vaccinations from birth. The first routine vaccination set out in the Green Book is from 8 weeks old. We have provided links to the relevant chapter in the scope. In the context section we have

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			Suggested amend to reflect that the susceptibility to vaccine-preventable diseases from birth.	acknowledged the vulnerability of new-born babies and the need for herd immunity.
Merck Sharp & Dohme Limited	1	17	Protection at the population level is achieved by high vaccine uptake rates which, in certain circumstances, can support the creation of herd immunity. *Suggested amend reflects certain vaccines that cannot achieve herd immunity and require each eligible individual to be vaccinated (i.e. shingles).*	Thank you for your comment. We have amended the paragraph in the scope following stakeholder comments.
Merck Sharp & Dohme Limited	1	20	Replace 'people who are too sick to be vaccinated' to 'people are immunocompromised'. *Suggested amend reflects more accurately eligible populations to avoid misunderstanding amongst audience.*	Thank you for your comment. We have amended this phrase in the scope following stakeholder comments, we have not included immunocompromised because we are not limiting this to those who have a weakened immune system but also to those who may be unable to be vaccinated due to medical reasons or for whom vaccines are contraindicated.
Merck Sharp & Dohme Limited	1	20 - 21	Replace sentence 'Each infectious disease has its own herd immunity target' with: In additional to individual immunity, some infectious diseases have varying vaccination target rates in order to achieve effective herd immunity. *Suggested amend to reflect that herd immunity cannot be achieved with all vaccines (i.e. shingles) and that others have different herd immunity targets (i.e. measles 95% vs Hep A 70%).*	Thank you for your comment. Based on yours and other stakeholders' comments the paragraph has been amended.

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Merck Sharp & Dohme Limited	2	11 - 22	Reasons that contribute to the low uptake of vaccines should be focused under key themes for clarity. Examples of these themes may be: Access, Acceptability, Education, Communication, Infrastructure (i.e. call/recall systems and patient records) and Provider Capabilities and Competencies	Thank you for your comment. We have amended the draft question in the scope to include the example of infrastructure. The guideline will consider infrastructure and the other areas you highlight in the following review questions: What are the most effective strategies for identifying and recording a person's vaccination eligibility and status at: a) health system level (for example clinical commissioning group [CCG], local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual level (for example patients or service users)? What are the barriers to, and facilitators for, identifying and recording a person's vaccination eligibility and status at: a) health system level (for example CCG, local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual level (for example patients or service users)? What are the most effective interventions for increasing the uptake of routine vaccines (including but not limited to

				acceptability, access, education, communication and infrastructure) at: a) health system level (for example CCG, local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual and community level (for example patients or service users)? What are the barriers to, and facilitators for, increasing the uptake of routine vaccines (including but not limited to acceptability, why interventions work and why there is variability) at: a) health system level (for example CCG, local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual and community level (for example patients or service users)? Low levels of literacy or health literacy are already identified in the equality impact assessment document. The equality impact assessment document is linked to the scope. The committee will consider whether: • the evidence review has addressed areas identified in the scope as needing specific attention with regard to equality issues • criteria for access to an intervention might be discriminatory (for example, through membership

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				of a particular group, or by using an assessment tool that might discriminate unlawfully) • any groups of people might find it impossible or unreasonably difficult to receive or access an intervention • recommendations can be formulated to advance equality (for example, by making access more likely for certain groups, or by tailoring the intervention to specific groups). The development of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others.
Merck Sharp & Dohme Limited	2-3	18 onwards	The following section is solely focused on under 5s and does not reflect the life course approach in the UK national immunisation programmes. Suggest including rates of adult vaccination uptake rates including for shingles, PPV and flu as part of life course vaccination.	Thank you for your comment. We focused on these diseases as examples. We have added in data on meningococcal cases. This section of the scope is only an introduction to the area and why the guideline is needed and therefore we have not included information on all diseases.

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				We have not referred to statistics on flu because flu is outside the remit of this guideline as it is covered by the NICE guideline on Flu vaccination: increasing uptake (2018) NICE guideline NG103.
Merck Sharp & Dohme Limited	3	20	Include recent outbreak data on Hepatitis A amongst MSM population (at-risk group)	Thank you for your comment. The guideline will not be covering selective immunisation programmes as defined in the Green Book, therefore we have not included statistics on excluded areas.
Merck Sharp & Dohme Limited	3	22 - 25	Replace lines 22-25 with Prevention Green Paper language: Vaccinations are one of the most cost-effective health interventions. Not only are there substantial health gains – savings lives, protecting vulnerable groups and reducing disability – but they also reduce pressure on the NHS and improve productivity.	Thank you for your comment. We have amended the section using your suggestions.
Merck Sharp & Dohme Limited	3	25	…and expenditure on disability payments and social services, which disproportionately those from lower socioeconomic backgrounds.	Thank you for your comment. We have amended based on stakeholders' comments.
Merck Sharp & Dohme Limited	4	4	'…have their vaccine (i.e. through robust call/recall systems).'	Thank you for your comment. In this section we are stating the current legislation and responsibilities. We have not mentioned the methods or systems that GP practices and other providers may use. The guideline will consider the following review questions relating to call / recall systems: What are the most effective strategies for identifying and recording a person's vaccination eligibility and status at:

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				a) health system level (for example clinical commissioning group [CCG], local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual level (for example patients or service users)? What are the barriers to, and facilitators for, identifying and recording a person's vaccination eligibility and status at: a) health system level (for example CCG, local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual level (for example patients or service users)? The development of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others.
Merck Sharp & Dohme Limited	5	25	Include immunisation teams delivering programmes through schools to be specific	Thank you for your comment. The committee have confirmed that immunisation teams are included under the broad term of healthcare providers in section 2 under the

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				heading "Who the guideline is for" and schools are mentioned as a setting in section 3.2 under the heading "Settings".
Merck Sharp & Dohme Limited	6	6	MSD feels this guideline should also make recommendations on how to structure and run governance across primary care providers, to allow clear identification of roles, responsibilities and accountabilities to ensure optimised vaccine uptake. MSD suggests adding another point for inclusion below "Increasing the uptake of routine vaccines": "*3 Roles and responsibilities for vaccination coverage of healthcare providers*"	Thank you for your comment. The guideline will consider the following review questions relating to increasing uptake of vaccines: What are the most effective strategies for identifying and recording a person's vaccination eligibility and status at: a) health system level (for example clinical commissioning group [CCG], local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual level (for example patients or service users)? What are the barriers to, and facilitators for, identifying and recording a person's vaccination eligibility and status at: a) health system level (for example CCG, local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual level (for example patients or service users)? What are the most effective interventions for increasing the uptake of routine vaccines (including but not limited to

				acceptability, access, education, communication and infrastructure) at: a) health system level (for example CCG, local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual and community level (for example patients or service users)? What are the barriers to, and facilitators for, increasing the uptake of routine vaccines (including but not limited to acceptability, why interventions work and why there is variability) at: a) health system level (for example CCG, local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual and community level (for example patients or service users)? The development of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. This will include considering the cost effectiveness of interventions. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The committee will use its judgement to decide what the evidence means in the context of the guideline referral

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				and decide what recommendations can be made to practitioners, commissioners of services and others.
Merck Sharp & Dohme Limited	6	11	Please provide clarification on why selective immunisation programmes are excluded as an area considering many at-risk groups are eligible as part of these programmes as per Green Book Chapter 18a.	Thank you for your comment. We acknowledge your concerns regarding selective immunisation programme. The committee has not prioritised selective immunisations on this occasion partly because there are NICE guidelines that already cover some of these vaccine programmes for example NICE guidelines PH43 (Hepatitis B and C testing: people at risk of infection) and NG33 (Tuberculosis). We have mentioned in the equality impact assessment document that people with chronic conditions or autoimmune disease may be affected by this guideline and therefore the committee where appropriate will specifically consider these groups. The equality impact assessment document is linked to the scope. The committee will consider whether: • the evidence review has addressed areas identified in the scope as needing specific attention with regard to equality issues • criteria for access to an intervention might be discriminatory (for example, through membership of a particular group, or by using an assessment tool that might discriminate unlawfully)

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				• any groups of people might find it impossible or unreasonably difficult to receive or access an intervention • recommendations can be formulated to advance equality (for example, by making access more likely for certain groups, or by tailoring the intervention to specific groups).
Merck Sharp & Dohme Limited	6	13	Please provide clarification on why catch-up campaigns are not included as an area despite GPs being set out to provide these services as per the routine immunisation programme through the GP service specification and outlined in the Green Book (ex. women up to the age of 26 for HPV vaccine, migrants who have not received the HPV vaccine in their country of origin and are eligible for the vaccine in the UK).	Thank you for your comment. The committee and stakeholder at the workshop identified that there are three types of catch up campaigns, which are 1. when a new vaccine has been introduced, 2. opportunistic in those that missed a vaccination, and 3. catch-up campaigns in under-vaccinated groups. The guideline will consider types 2 and 3. Stakeholders suggested that catch-up campaigns alongside the introduction of a new vaccine should not be covered by this guideline because these will require specific campaigns that may not continue as part of a routine vaccine campaign because PHE would tailor a campaign for this.
Merck Sharp & Dohme Limited	8	General comment on 'Key issues and draft questions'	Suggest breaking down 'health system level' to the below: a) National level b) Regional level (Integrated Care Systems, Primary Network Level) c) Local level (CCGs, local authority)	Thank you for your comment. We have kept healthcare system level as one level within the scope. However, when considering the evidence and making recommendations the committee may make recommendations for different parts of the healthcare system. The committee will use its judgement to decide

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			This is required to support 'Main Outcomes' as different interventions will be required at different levels (i.e. support to improve accuracy of data records vs. changes in knowledge and attitudes around vaccination)	what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others.
Merck Sharp & Dohme Limited	8	4 – 11	Suggest there is an inclusion around the need to ensure a coordinated approach to recording a person's vaccination eligibility and status to avoid siloed systems.	Thank you for your comment. The guideline will consider the following review questions relating to recording vaccination information: What are the most effective strategies for identifying and recording a person's vaccination eligibility and status at: a) health system level (for example clinical commissioning group [CCG], local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual level (for example patients or service users)? What are the barriers to, and facilitators for, identifying and recording a person's vaccination eligibility and status at: a) health system level (for example CCG, local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual level (for example patients or service users)? The development of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each

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				of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others. We will keep in mind the issue you have raised when developing the guideline.
Merck Sharp & Dohme Limited	8	10	MSD suggests adding in another component to question 1.1 i.e. as follows "*1.1.2 Would these strategies vary based on age, and population (i.e. new mothers/elderly)?*"	Thank you for your comment. Your suggested question has not been added because, as part of the guideline development process the committee will decide during protocol stage which subgroups to consider. When considering the evidence and making recommendations the committee may make recommendations for different age groups and populations. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others. The committee will consider your suggestion during protocol development.
Merck Sharp & Dohme Limited	8	12 – 18	Suggest there is an inclusion around barriers/facilitators that exist at a wider system/cross-cutting level.	Thank you for your comment. When considering the evidence and making recommendations the committee may make recommendations for different parts of the healthcare system. The committee will use its judgement

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				to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others. We will, keep in mind the issue you have raised when developing the guideline.
Merck Sharp & Dohme Limited	8	17	MSD suggests adding midwives to the sentence: "*b) service provider level (for example GP practices, school nursing services, practitioners, midwives)"*	Thank you for your comment. The lists provided in this section are only examples and not exhaustive. The committee will further define these during the protocol developing stage. The committee will consider your suggestion.
Merck Sharp & Dohme Limited	8	22	The key issues identified should include catch-up programmes and should not be limited to only routine vaccines as defined by the Green Book.	Thank you for your comment. The committee and stakeholder at the workshop identified that there are three types of catch up campaigns, which are 1. when a new vaccine has been introduced, 2. opportunistic in those that missed a vaccination, and 3. catch-up campaigns in under-vaccinated groups. The guideline will consider types 2 and 3. Stakeholders suggested that catch-up campaigns alongside the introduction of a new vaccine should not be covered by this guideline because these will require specific campaigns that may not continue as part of a routine vaccine campaign because PHE would tailor a campaign for this.

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Merck Sharp & Dohme Limited	8	28	MSD would suggest adding in another component to question 2.1 i.e. as follows "*1.1.2 Would these interventions vary based on age, and population (i.e. new mothers/elderly)?*"	Thank you for your comment. Your suggested question has not been added because, as part of the guideline development process the committee will decide during protocol stage which subgroups to consider. When considering the evidence and making recommendations the committee may make recommendations for different age groups and populations. The committee will use its judgement to decide what the evidence means in the context of the guideline referral. The committee will consider your suggestion during protocol development.
Merck Sharp & Dohme Limited	9	3.6 Main outcomes	Addition: 'increase in providers and GP practices inviting personally all eligible patients to have their vaccine(s)'	Thank you for your comment. The scope includes a list of the main outcomes that the guideline will consider. The guideline committee will define the outcomes that will be considered in the evidence reviews through development of the review protocols. The guideline committee will consider your comment when developing the evidence review protocols.
Merck Sharp & Dohme Limited	9	17	Suggested change: 'increase in accuracy and completion of data records'	Thank you for your comment. We have added "and completeness" based on your comment.
Merck Sharp & Dohme Limited	9	18	Suggested change: 'improvements in uptake rate'	Thank you for your comment. We have not amended this outcome as if interventions decrease uptake rates it will be important for the guideline committee to consider this as well as increases in uptake.
Merck Sharp & Dohme Limited	9	18	MSD suggests adding another point below "changes in uptake" of:	Thank you for your comment. The scope includes a list of the main outcomes that the guideline will consider. The guideline committee will define the outcomes that will be

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			"*Changes to adherence of full vaccine schedule*"	considered in the evidence reviews through development of the review protocols. The guideline committee will consider your comment when developing the evidence review protocols.
NHS Digital	2	16	Add another bullet point: Confusion over different providers of NHS routine vaccinations; some may be provided by GPs and schools or just schools, others may be provided by schools, GPs and community pharmacists. Difficult for users to know exactly what best route is for their particular needs and whether there is equality among different providers.	Thank you for your comment. We have not added this comment because it is outside NICE's remit to comment on service configurations without reviewing evidence.
NHS Digital	5	17	Add home-schooled children to education settings; this group often doesn't know what vaccines their children are eligible for and will be omitted from any school-setting delivered vaccines.	Thank you for your comment. We have now added home-schooled children in the equality impact assessment document. The equality impact assessment document is linked to the scope. The committee will consider whether: • the evidence review has addressed areas identified in the scope as needing specific attention with regard to equality issues • criteria for access to an intervention might be discriminatory (for example, through membership of a particular group, or by using an assessment tool that might discriminate unlawfully) • any groups of people might find it impossible or unreasonably difficult to receive or access an intervention

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				• recommendations can be formulated to advance equality (for example, by making access more likely for certain groups, or by tailoring the intervention to specific groups).
NHS Digital	8	9, 17 and 26	Add community pharmacists to service provider level list	Thank you for your comment. The lists provided in this section are only examples and not exhaustive. The committee will further define these during the protocol developing stage.
NHS Digital	9	6	Add community pharmacists to service provider level list	Thank you for your comment. We have only included examples; this is not intended to be an exhaustive list. The guideline committee will consider your comment when developing the evidence review protocols.
NHS England and NHS Improvement	General	General	I understand that many people with long term conditions have more contact time with their hospital specialist than with their GP. Yet it seems difficult for them to get things like their flu jab at hospital since its the GP who is paid to give it. The specific example I was asked about was people being treated for severe liver disease. Is there any way that NICE could consider building into scope this alternative route for immunisation delivery for such patients?	Thank you for your comment. People with long term conditions have been identified in the equality impact assessment document. The equality impact assessment document is linked to the scope. The committee will consider whether: • the evidence review has addressed areas identified in the scope as needing specific attention with regard to equality issues • criteria for access to an intervention might be discriminatory (for example, through membership of a particular group, or by using an assessment tool that might discriminate unlawfully) • any groups of people might find it impossible or unreasonably difficult to receive or access an intervention

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				• recommendations can be formulated to advance equality (for example, by making access more likely for certain groups, or by tailoring the intervention to specific groups). Please note that flu is outside the remit of this guidance because NICE guidance on flu already exists – Flu vaccination: increasing uptake (2018) NICE guideline NG103.
NHS England and NHS Improvement	1		Before 'Current Practice' it would be better to describe the 'Policy Legislation Regulation and Commissioning of the national flu programme Need to refer to NHS England being the responsible commissioner for the national flu and interface with CCGs. immunisation programme which includes details of eligibility criteria, Roles and responsibilities of NHS E/PHE Providers ranging from primary care (GPs, pharmacies) and school based programme Healthcare workers and social care workers responsibility for vaccination is via employer Social care and hospice workers have been included in the national flu programme more recently	Thank you for your comment. We have not referred to policies that mention flu because flu is outside the remit of this guideline as it is covered by the NICE guideline on Flu vaccination: increasing uptake (2018) NICE guideline NG103.
NHS England and NHS Improvement	1	22	This is omitting that vaccination is given in a range of settings not just general practice – the other settings include school age community based; in acute care eg maternity flu etc	Thank you for your comment. We agree that vaccinations are given in a range of settings. In this section we have detailed a few reasons that may be linked to low uptake of

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				vaccines. We are not implying that vaccines are only given in general practice.
NHS England and NHS Improvement	2	1 – 16	Reasons are not ordered in a logical way i.e. they jump around between system issues, to policy issues to specific population issues	Thank you for your comment. We have amended this section based on yours and other stakeholders' suggestions.
NHS England and NHS Improvement	2	5 – 7	I don't think these should be the first two bullet points for reasons for low uptake; health visitors and midwives are not the main providers of immunisations for most vaccinations and health visitors generally don't give vaccinations (though should support uptake). Additionally, GP Practices are not mentioned in this point but they may also argue that they have also had service provision reduced. Secondly, I am not sure that there is evidence that if vaccination was compulsory, it would increase uptake – my understanding is that compulsory vaccination actually creates more distrust and antagonises communities that are already unsure about vaccination. I think this line is mis-leading and that there is much stronger evidence for low uptake that should be cited before this.	Thank you for your comment. The wording in this section has been amended and no longer mentions any specific healthcare professionals. We have removed the text regarding voluntary vaccinations.
NHS England and NHS Improvement	2	12	Need to consider for migrants that they may not understand the UK immunisation schedule differs from their country of origin	Thank you for your comment. We have added migrants to the equality impact assessment document. We have also amended the scope to refer to migrants not just newly arrived migrants.

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				The equality impact assessment document is linked to the scope. The committee will consider whether: • the evidence review has addressed areas identified in the scope as needing specific attention with regard to equality issues • criteria for access to an intervention might be discriminatory (for example, through membership of a particular group, or by using an assessment tool that might discriminate unlawfully) • any groups of people might find it impossible or unreasonably difficult to receive or access an intervention • recommendations can be formulated to advance equality (for example, by making access more likely for certain groups, or by tailoring the intervention to specific groups).
NHS England and NHS Improvement	2	16	How services are delivered, commissioned and monitored also impacts on low uptake. For example whether GP Practices have an imms lead, effective call / recall, offer flexible appointments, staff are trained etc	Thank you for your comment. We have not added this comment because it is outside NICE's remit to comment on service configurations without reviewing evidence.
NHS England and NHS Improvement	2	19	There is more up to date data available so unclear why using 17/18 data and not 18/19	Thank you for your comment. The statistics included in the scope are the latest statistics released by NHS digital on the 18th of September 2018, for the period 2017/18. https://digital.nhs.uk/data-and-information/publications/statistical/nhs-immunisation-statistics/england-2017-18. The data for 2018/19 has not yet been released.

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NHS England and NHS Improvement	3	I	There is more up to date data available so unclear why using 17/18 data and not 18/19	Thank you for your comment. The statistics included in this section is the latest statistics released by NHS digital on the 18th of September 2018, for the period 2017/18. https://digital.nhs.uk/data-and-information/publications/statistical/nhs-immunisation-statistics/england-2017-18. The data for 2018/19 has not yet been released.
NHS England and NHS Improvement	3	12	Could more up to date data be used?	Thank you for your comment. We have removed the information about mumps outbreaks.
NHS England and NHS Improvement	3	18-21	Is 2003 the most up to date figure as this is now 16 year old data?	Thank you for your comment. We have now removed this data from the scope.
NHS England and NHS Improvement	3	21	NHSE/I will be able to give a good estimation of what is spent on vaccinations annually as commission the national immunisation services within the public health functions agreement	Thank you for your comment. We have now removed this data from the scope.
NHS England and NHS Improvement	3	25	there is additional evidence such as the avoidance of hospital bed and ITU use and especially with flu immunisation delivery that is omitted – Public Health England hold estimates of this	Thank you for your comment. Flu vaccination is not being covered in this guideline because guidance on this already exists. Please see Flu vaccination: increasing uptake (2018) NICE guideline NG103.
NHS England and NHS Improvement	4		NHSEI is a commissioner of immunisation programmes – this is not referenced here – information can be found here https://www.england.nhs.uk/commissioning/pub-hlth-res/. It includes all school age immunisation programmes and also community pharmacy provision or commissioning of innovative delivery solutions e.g. university pop up clinics in London last year for example.	Thank you for your comment. NHSEI has not been mentioned specifically because it is covered under the term "commissioners of clinical services" under the section headed "who the guideline is for".

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NHS England and NHS Improvement	5	2	The link to the equality impact assessment doesn't work – 'states cannot be found' although the document can be accessed via the NICE website	Thank you for your comment. We will ensure that the link is corrected on publication of the scope.
NHS England and NHS Improvement	5	17	also need to include "school age" e.g. how do home schooled children get vaccinated	Thank you for your comment. We have not amended the scope as the guideline will cover "all people who are eligible for vaccines on the routine UK immunisation schedule" We have now added home schooled children in the equality impact assessment document. The equality impact assessment document is linked to the scope. The committee will consider whether: • the evidence review has addressed areas identified in the scope as needing specific attention with regard to equality issues • criteria for access to an intervention might be discriminatory (for example, through membership of a particular group, or by using an assessment tool that might discriminate unlawfully) • any groups of people might find it impossible or unreasonably difficult to receive or access an intervention • recommendations can be formulated to advance equality (for example, by making access more likely for certain groups, or by tailoring the intervention to specific groups).
NHS England and NHS Improvement	8	9 and 16	reference to school nursing services – these are now in the main specific immunisation teams working to deliver to	Thank you for your comment and this information. School nursing services were included here as an example of

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			school age children (the model of school nursing has moved on due to the volume of school age programmes), and the number of school nurses	what we mean by service provider level. We were not suggesting this is the only approach.
NHS England and NHS Improvement	8	20	Role of the national and local system NHSE, PHE, CCGs, LAs, ICSs, PCNs ?	Thank you for your comment. The draft questions include looking at evidence at the healthcare system level including at a national level. When considering the evidence and making recommendations the committee may make recommendations that might be of interest to different organisations at these levels.
NHS England and NHS Improvement	9	5 and 6	the suggestion is that school nursing services deliver school age immunisations whereas now there are a significant number of school age immunisation services commissioned by NHSEI regional teams	Thank you for your comment and this information. School nursing services were included here as an example of what we mean by service provider level. We were not suggesting this is the only approach.
NHS England and NHS Improvement	9	9	service provider includes CHIS for data capture	Thank you for your comment. We have only included examples; this is not intended to be an exhaustive list. The guideline committee will consider your comment when developing the evidence review protocols.
NHS England and NHS Improvement	9	9	data flow between different providers imortant to review	Thank you for your comment. The scope includes a list of the main outcomes that the guideline will consider. The guideline committee will define the outcomes that will be considered in the evidence reviews through development of the review protocols. The guideline committee will consider your comment when developing the evidence review protocols.
NHS England and NHS Improvement	10	17	Specifically state CCGs and NHS England (clinical commissioners)	Thank you for your comment. We have not added your suggested list because these are captured under either healthcare providers, Independent providers of NHS and

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			Add in Integrated Care Systems and Primary Care Networks	social care funded services or commissioners of clinical services. In section 2 under the heading "Who the guideline is for".
Pfizer Limited	3	20	Pfizer suggest changing line 20 on page 3 of the draft scope *"In 2003, the National Audit Office estimated that the Department of Health spends £195 million on vaccination programmes."* to *"In 2017/18 the Department of Health and Social Care spent approximately £394 million on vaccines procurement out of a total budget of £124.7 billion (0.3%)"*; using the supporting reference Department of health and social care annual report and accounts 2017-18. p172. Available at https://www.gov.uk/government/publications/dhsc-annual-report-and-accounts-2017-to-2018 (last accessed June 2019)	Thank you for your comment. We have now removed this data from the scope.
Pfizer Limited	4	9	Pfizer welcomes the extensive list of stakeholders to whom the future guideline may be relevant for, however, Pfizer is conscious that some descriptions may not necessarily capture newly established NHS organisations or alternative care providers who would benefit from this guideline. To be comprehensive Pfizer suggests adding the following stakeholders to the list; • Integrated Care Systems • Primary care Networks • GP federations	Thank you for your comment. We have not added your suggested stakeholders to the list because these are captured under the following broad terms under the section "Who the guideline is for": • healthcare providers, • independent providers of NHS and social care funded services • commissioners of clinical services.

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			Tertiary care centres and long-term care facilities	
Pfizer Limited	**5**	9	Pfizer notes that the routine immunisation schedule will form the basis for the current Vaccine update in general population guidance development (1). Pfizer strongly suggest that the guidance includes selective immunisation programmes and at-risk groups, defined as individuals with underlying medical conditions Not only would this reflect the scope workshop discussions but also capture comprehensively important priority groups as outlined in Green Book chapter 7 (2); *'Some medical conditions increase the risk of complications from infectious diseases, and children and adults with such conditions should be immunised as a matter of priority.'* It is widely acknowledged that especially the selective immunisation programmes and at-risk groups can be poorly served and experience lower uptake compared to vaccines included in the routine programme (3). Given that the aim of the guidance development is to identify and overcome vaccination services and uptake barriers, all groups eligible for vaccinations should be included to provide comprehensive guidance at a population level. In addition, all vaccination services are intrinsically linked to the overall success of population-level protection, and this is achieved by high vaccine uptake rates and the subsequent creation of herd immunity across all sections of society. Therefore, a more inclusive and impactful focus to include all recommended vaccines and not just those in the routine immunisation programme would be preferred.	Thank you for your comment. We acknowledge your concerns; however, the scope is already very broad. It is important that the guideline is manageable. The committee has not prioritised selective immunisations on this occasion partly because there is NICE guidance that already covers some of these vaccine programmes for example NICE guidelines PH43 (Hepatitis B and C testing: people at risk of infection) and NG33 (Tuberculosis). We have mentioned in the equality impact assessment document that people with chronic conditions or autoimmune disease may be affected by this guideline and therefore the committee where appropriate will specifically consider these groups. The equality impact assessment document is linked to the scope. The committee will consider whether: • the evidence review has addressed areas identified in the scope as needing specific attention with regard to equality issues • criteria for access to an intervention might be discriminatory (for example, through membership of a particular group, or by using an assessment tool that might discriminate unlawfully)

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			For example, the primary way of reducing inequalities in uptake is thought to be to facilitate access to immunisation for all, while also targeting at-risk groups, e.g. by implementing call and recall services, checking immunisation status and conducting local needs assessments. 1. Complete immunisation schedule published by Public Health England on the 12th July 2019; https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule (accessed 25th July 2019) 2. Immunisation of individuals with underlying medical conditions: the green book, chapter 7, published by Public Health England on 29th September 2019; https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/566853/Green_Book_Chapter7.pdf (accessed 25th July 2019) 3. Pneumococcal Polysaccharide Vaccine (PPV) Uptake Report. Data collection for England (Survey years 2009, 2010 & 2011); https://webarchive.nationalarchives.gov.uk/20130104163718/http://immunisation.dh.gov.uk/ppv-uptake-report-29-feb-2012/ (accessed 25th July 2019)	• any groups of people might find it impossible or unreasonably difficult to receive or access an intervention • recommendations can be formulated to advance equality (for example, by making access more likely for certain groups, or by tailoring the intervention to specific groups).
Pfizer Limited	5	14	As outlined for comment number 2 for page 4 line 9; All healthcare settings where vaccination is offered or delivered should be included in this list, including the newly established NHS organisations and alternative care	Thank you for your comment. We have not added your suggested additional settings because these are captured under either healthcare providers, independent providers

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			providers. This should be inclusive of secondary care, tertiary care and community pharmacy where recommended NHS funded vaccines are delivered. Please include these stakeholders in your list.	of NHS and social care funded services or commissioners of clinical services. In addition, "all settings where routine UK immunisation schedule vaccination is offered or delivered" also captures the newly established and alternative care providers, therefore we have not explicitly mentioned these settings.
Pfizer Limited	6	13	Question, Why are "Catch-up campaigns alongside the introduction of a new vaccine" excluded from the scope of this guidance. Notably the catch-up campaign associated with the introduction of the shingles programme caused confusion and may have contributed to suboptimal uptake (4). Best practice guidance on identifying individuals for inclusion in catch-up campaigns would be useful. Is the UK shingles vaccination programme fit for the future? Dowden, A. Prescriber July 2018 pp 23-26: https://onlinelibrary.wiley.com/doi/pdf/10.1002/psb.1688	Thank you for your comment. The committee and stakeholder at the workshop identified that there are three types of catch up campaigns, which are 1. when a new vaccine has been introduced, 2. opportunistic in those that missed a vaccination, and 3. catch-up campaigns in under-vaccinated groups. The guideline will consider types 2 and 3. Stakeholders suggested that catch-up campaigns alongside the introduction of a new vaccine should not be covered by this guideline because these will require specific campaigns that may not continue as part of a routine vaccine campaign because PHE would tailor a campaign for this.
Pfizer Limited	7	26	As acknowledged in section 1 the impact on patient, NHS and society is substantial, and that a broader perspective needs to be considered to sufficiently capture the health and economic benefits to patient, family, carer, NHS and PSS, and society.	Thank you for your comment. We have not amended our standard wording using your suggestion because the current text accurately describes the NICE process regarding the economic aspects of the guideline.

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			Please change the sentence to: "We will review the economic evidence and carry out economic analyses, using an NHS and personal social services (PSS), public sector, local authority or societal perspective, as appropriate."	
Pfizer Limited	9	21	Pfizer suggest inclusion of "cost per completion of vaccination series" as the "cost per unit of effect" may not sufficiently capture the totality of the benefit achieved as a result of completion of the recommended vaccination series. In addition, the use of cost per completion of vaccination series aligns with the current reimbursement schedule of healthcare providers, who will only receive their fee if they completed the recommended vaccination series to assure appropriate coverage.	Thank you for your comment. The scope includes a list of the main outcomes that the guideline will consider. The guideline committee will define the outcomes that will be considered in the evidence reviews through development of the review protocols. The guideline committee will consider your comment when developing the evidence review protocols.
Public Health England	EIA p2		Sex may be a factor for example with HPV where uptake has been lower in boys in some settings.	Thank you for your comment. Based on your comment we have added text regarding differences in HPV vaccine uptake between boys and girls to the equality impact assessment document.
Public Health England	EIA p3		Other definable characteristics – include home-schooled children as there may not be equality of access to school delivered vaccination programmes. Anthroposophic communities have also not been mentioned.	Thank you for your comment. We have now added home-schooled children to the equality impact assessment document, and referred to people from anthroposophic communities under the heading religion or beliefs.
Public Health England	1	20 - 21	Should refer to targets for "vaccination programmes" rather than "diseases" that take herd immunity thresholds into consideration. But not all programmes confer herd immunity (e.g. shingles, tetanus) so this is not relevant for all programmes	Thank you for your comment. Based on your and other stakeholders' comments the paragraph has been amended.

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Public Health England	2	1 - 16	We think this section needs rewriting – suggestions: - Replace "often attributed to misleading information" with "often attributed to ambivalent attitudes to vaccines as a result of mis-information" - Replace bullet 1 with "poor access to healthcare services" (it seems odd to single out health visitors and midwives given that they provide few vaccinations) - Add a point on "insufficient capacity within the healthcare system" - Would suggest removing the point on the fact that vaccines are voluntary as the paragraph is talking about reasons for declines in recent years, but vaccines have always been voluntary so it doesn't make sense that this would explain a decline in uptake. - The point about access for specific communities could be included within the more general access point above Is there evidence that changes to schedules have contributed to the decline in uptake? They may have the opposite effect (E.g. adding HPV for boys could improve uptake as less complicated to split classes etc)	Thank you for your comment. We have amended this section based on your and other stakeholders' comments. We have also removed the bullet point on changes to schedules.
Public Health England	2	23	Replace "is now at 91.2%" with "was at 91.2% in 2017/18)	Thank you for your comment. We have amended the wording in this section based on stakeholder feedback.
Public Health England	3	12	Mumps is perhaps not the best example – These cases are unlikely to be due to an effect of vaccine uptake. The	Thank you for your comment. We have removed the information about mumps outbreaks.

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			mumps component of MMR is not effective as the measles/rubella components and we see periodic increases every 3-4 years due to waning immunity and accumulation of susceptibles at higher education settings. The general pattern has been a decline in the magnitude of these increases and the increase in 2017 was much lower than it has been in previous years.	
Public Health England	5	12 - 22	We have some concerns that the scope is very broad and may therefore result in (a) an overly long and drawn out process in gathering the evidence and (b) recommendations that are not specific enough and not implementable. It may be better to focus on one setting - vaccination of healthcare workers or vaccination in secure settings for example are likely to be very different and require very different interventions to improve uptake.	Thank you for your comment. We acknowledge your concerns that the scope is broad, however the guideline is for the general population therefore it would not be appropriate to focus on one setting. The development of the new guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. However, when considering the evidence and making recommendations the committee may make recommendations for different parts of the healthcare system. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others. We will keep in mind the issue you have raised when developing the guideline.

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Public Health England	6	1 - 13	Similarly, for the same reasons, it may be better to limit the scope to certain groups of vaccines (e.g. childhood imms) rather than trying to cover all in one set of guidelines.	Thank you for your comment. We have kept the scope broad because there is evidence that there are vaccine-preventable outbreaks and cases across both young and older populations. At the scoping workshop, stakeholders thought that keeping the scope broad will normalise all vaccines. The development of the new guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. However, when considering the evidence and making recommendations the committee may make recommendations for different vaccines or populations. The committee will decide during protocol stage which subgroup to consider. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others. We will keep in mind the issue you have raised when developing the guideline.
Royal College of General Practitioners	General	General	The committee should consider including vaccinations for older people such as the shingles vaccination within this	Thank you for your comment. The guideline will cover "all people who are eligible for vaccines on the routine UK

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			document although we note at page 6, line 11 you do exclude selective vaccinations from this document.	immunisation schedule", this definition includes vaccinations for older people such as shingles.
Royal College of General Practitioners	General	General	The committee should consider making the use of language consistent by using either immunisation or vaccination throughout the document for clarity.	Thank you for your comment. The scope has only referred to immunisation when referring to documents that use the term. For example, routine UK immunisation schedule as referred to by the Green Book or to refer to herd immunity which is different to vaccination. In any other instances the scope uses the term vaccination.
Royal College of General Practitioners	1	21	The committee should consider revising this statement as it does not apply to all infectious diseases. For example: Tetanus, Rabies	Thank you for your comment. Based on yours and other stakeholders' comments the paragraph has been amended.
Royal College of General Practitioners	2	1	The committee should consider adding religious and other groups who do not agree with vaccination e.g. Some Steiner education schools who follow the belief of Rudolf Steiner on vaccinations, and those who refuse vaccination due to ingredients that are incompatible with their belief systems e,g, Religion	Thank you for your comment. Religion or belief are identified in the equality impact assessment document. We have now added people from anthroposophic communities to the document under religion or belief. The equality impact assessment document is linked to the scope. The committee will consider whether: • the evidence review has addressed areas identified in the scope as needing specific attention with regard to equality issues • criteria for access to an intervention might be discriminatory (for example, through membership of a particular group, or by using an assessment tool that might discriminate unlawfully) • any groups of people might find it impossible or unreasonably difficult to receive or access an intervention

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				• recommendations can be formulated to advance equality (for example, by making access more likely for certain groups, or by tailoring the intervention to specific groups).
Royal College of General Practitioners	2	9	The committee should consider adding homeless people here	Thank you for your comment. People who are homeless are already identified in the equality impact assessment document. The equality impact assessment document is linked to the scope. The committee will consider whether: • the evidence review has addressed areas identified in the scope as needing specific attention with regard to equality issues • criteria for access to an intervention might be discriminatory (for example, through membership of a particular group, or by using an assessment tool that might discriminate unlawfully) • any groups of people might find it impossible or unreasonably difficult to receive or access an intervention • recommendations can be formulated to advance equality (for example, by making access more likely for certain groups, or by tailoring the intervention to specific groups).
Royal College of General Practitioners	3	14	The committee should state whether confirmed cases or reported cases of Pertussis are noted here	Thank you for your comment. We have amended and noted that those were confirmed cases.

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Royal College of General Practitioners	3	22	The committee should consider adding an up to date figure for pertussis later than 2017	Thank you for your comment. The statistics have been updated using figures published in April 2019 by PHE.
Royal College of General Practitioners	5	13	The committee should consider adding Pharmacies in addition to private clinics	Thank you for your comment. We agree that community pharmacies should be included as a setting, this is covered under "all settings where routine UK immunisation schedule vaccines are offered or delivered".
Royal College of General Practitioners	7	21	The committee should consider the economic burden to businesses when providing vaccines for their own staff, these are not included in JCVI considerations but should be included by NICE	Thank you for your comment and this information. This guideline will look at interventions to increase vaccine uptake. We will take an NHS perspective when considering the cost effectiveness of approaches to increase vaccine uptake.
Royal College of General Practitioners	8	4	The committee should consider adding digital recommendations relating to this point. We should consider the benefits of integrating the vaccination record into the digital personal health care record (PHR). This will then be accessible across primary and secondary care and for the patient to view themselves. This may in turn then reduce the requests for vaccination status pre-employment or before travelling abroad.	Thank you for your comment. The guideline will consider the following questions relating to healthcare record systems: What are the most effective strategies for identifying and recording a person's vaccination eligibility and status at: a) health system level (for example clinical commissioning group [CCG], local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual level (for example patients or service users)? What are the barriers to, and facilitators for, identifying and recording a person's vaccination eligibility and status at: a) health system level (for example CCG, local authority, regional and national level)?

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				b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual level (for example patients or service users)? The development of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others. We will keep in mind the issue you have raised when developing the guideline.
Royal College of Midwives	2	5 & 6	What evidence does NICE have to support the claim that poor access to midwives is contributing towards low uptake of vaccines? This is not a phenomenon the RCM recognises. Midwives are rarely involved in the administration of vaccines. Midwives advise, signpost and document information on vaccination throughout the maternity care pathways. A reduction of service provision has never been flagged as an issue in relation to vaccination uptake.	Thank you for your comment. The wording in this section has been amended and no longer mentions any specific healthcare professionals.

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Royal College of Nursing	General	General	The Royal College of Nursing (RCN) welcomes proposals to develop NICE guideline for Vaccine Uptake in the general population. The RCN invited members who work in public health to review the draft document on its behalf. The comments below reflect the views of our reviewers.	Thank you for your comments, which we have replied to individually below. We welcome your support of this scope and new guideline.
Royal College of Nursing	General	General	Overall, the scope sets out a good proposal to review the current NICE guideline on reducing the differences in immunisation uptake. We agree that there needs to be an emphasis that this guideline is for all ages and not limited to children and young people.	Thank you for your comment. We welcome your support of this scope and new guideline. We have added additional information to the scope to reflect the guideline considering the general population.
Royal College of Nursing	General	General	To be explicit if this is a guideline for vaccine uptake across the life course and that the term *"UK immunisation schedule"* – includes all vaccines; childhood, adolescent, pregnancy, and older adults and those which need to be given opportunistically where people have missed out – to avoid confusion, the title of the guidance needs to reflect the scope of this work.	Thank you for your comment. We believe the title reflects the target population; therefore, this has not been changed. The scope includes the target population as all people who are eligible for vaccines on the routine UK immunisation schedule. The guideline will also consider routine vaccines for those who missed routine vaccines previously. The scope also states the excluded areas in section 3.3 under the heading "Areas that will not be covered".
Royal College of Nursing	General	General	Throughout the document, there is very limited acknowledgement of the impact these characteristics may have on vaccine uptake.	Thank you for your comment. The purpose of the scope is to provide an overview of what the guideline will and will not cover; identify the key issues that must be addressed; set the boundaries of the development work and provide a clear framework to enable the work to stay within the priorities agreed by NICE and the remit from the

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				Department of Health and Social Care; ensure that equality issues are identified and considered; provide information to healthcare and other professionals, stakeholders and the public about the expected content of the guideline.
Royal College of Nursing	1	10 - 13	We agree that the guideline should replace the current guideline, as it would be confusing to have too many guidelines. It is important that the lessons from the original; guideline are not lost. We also agree that the guideline should be used to develop a quality standard.	Thank you for your comment. We welcome your support of this scope and new guideline. The proposed review questions in the draft scope have been mapped against those from NICE guideline Immunisations: reducing differences in uptake in under 19s PH21 to ensure that important areas in NICE guideline Immunisations: reducing differences in uptake in under 19s PH21 are reconsidered in the new guideline. The guideline will be developed according to the processes and methods described in Developing NICE guidelines: the manual.
Royal College of Nursing	2	2	There has been a decline in uptake of some *children's* vaccinations, but this is variable across the country. We have also seen an increase in flu vaccination for children, particularly with the rollout of the routine childhood flu vaccination programme.	Thank you for your comment. We have not referred to statistics on flu because flu is outside the remit of this guideline as it is covered by the NICE guideline on Flu vaccination: increasing uptake (2018) NICE guideline NG103.
Royal College of Nursing	2	3 - 4	The other reasons listed in this section are the prime reasons for lower than ideal uptake. There is no evidence that misleading information is the main contributory factor and this is not clear in the wording.	Thank you for your comment. We have amended this section based on yours and other stakeholders' suggestions.

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Royal College of Nursing	2	5	Include mention of practice nurses who are the main group who provide vaccination. Also include school nurses. There is a general and widespread reduction in the nursing workforce, which is a challenge for ensuring access to all members of the population in all areas.	Thank you for your comment. The wording in this section has been amended and no longer mentions any specific healthcare professionals.
Royal College of Nursing	2	7/8	For better flow, suggest rephrasing the following paragraph: • *"In the UK routine vaccines are offered free on the NHS, but acceptance of the offer and uptake of the vaccine is voluntary. "* Suggest replacing it with 'In the UK, vaccinations given as part of the routine schedule of immunisations are free to the service user, but no vaccine is mandatory.'	Thank you for your comment. Based on yours and other stakeholders' comments, the wording in this section has been amended and no longer mentions voluntary vaccinations.
Royal College of Nursing	2	14/15/16	The rationale behind the statement in this section is unclear. Our reviewers consider that more detail may be needed in the statement for clarity.	Thank you for your comment. Based on yours and other stakeholders' comments we have removed this statement.
Royal College of Nursing	2	16	Having enough trained staff available for catch up programmes is a significant factor in their success or otherwise.	Thank you for your comment. In this section we have only mentioned a few examples; this is not intended to be an exhaustive list.
Royal College of Nursing	2	16	Our reviewers consider that it would be reasonable to add a new line: 'The routine vaccination schedule for children has become increasingly complex.'	Thank you for your comment. We have not added this comment because it is outside NICE's remit to comment on service configurations without reviewing evidence.
Royal College of Nursing	2/3	18-24 and 1-3	The "facts and figures" stated in this section are specific to childhood vaccination - but the guideline is not age specific but for the general population.	Thank you for your comment. We focused on these diseases as examples. We have added in data on meningococcal cases. This section of the scope is only an introduction to the area and why the guideline is needed

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				and therefore we have not included information on all diseases.
Royal College of Nursing	4	4/5	There is an inclusion here of staff vaccination whereas up until now there has been no mention in the scope of staff vaccination. If General Practice staff are to be included, then that needs to be better integrated across the scope and also consideration should be given as to whether or not other service providers' responsibility to their staff should also be included in the scope for completeness.	Thank you for your comment. In this section we are stating the current legislation and responsibilities. Health and social care professionals (and carers) are mentioned in the equality impact assessment document for specific considerations. The equality impact assessment document is linked to the scope. The committee will consider whether: • the evidence review has addressed areas identified in the scope as needing specific attention with regard to equality issues • criteria for access to an intervention might be discriminatory (for example, through membership of a particular group, or by using an assessment tool that might discriminate unlawfully) • any groups of people might find it impossible or unreasonably difficult to receive or access an intervention • recommendations can be formulated to advance equality (for example, by making access more likely for certain groups, or by tailoring the intervention to specific groups).
Royal College of Nursing	6	5/6	It would be more appropriate to put the *"increasing in uptake of routine vaccines"* as the first bullet point	Thank you for your comment. We have not amended as suggested because the committee thinks the current order

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				is logical in that before increasing uptake, there is a need to identify the eligible population.
Royal College of Nursing	6	10	While we would agree that travel vaccines are not covered in detail for this guideline. They should be included as an opportunity to vaccinate; catch people up where they have missed vaccines or review where there has been concerns. Many travel vaccines are eligible to people on the NHS and there remains a great deal of confusion over this which a NICE guideline could help in providing some clarity and guidance.	Thank you for your comment. The opportunity to provide routine vaccines during other healthcare appointments is included in the scope of the guideline as catch ups of routine vaccines (not including introductory campaigns around new vaccines) is included in the guideline.
Royal College of Nursing	9	General	The order throughout this section seems to imply that data is more important than uptake whereas although data is important - having the vaccine is the most important in this context from a personal health protection perspective.	Thank you for your comment. The outcomes listed here are in no particular order. The scope includes a list of the main outcomes that the guideline will consider. The guideline committee will define the outcomes that will be considered in the evidence reviews through development of the review protocols. The guideline committee will consider your comment when developing the evidence review protocols.
Royal College of Nursing	9	1 - 7	Maybe also add at 'community level'	Thank you for your comment. We have amended the review questions under increasing the uptake of routine vaccines to include community level.
Royal College of Paediatrics and Child Health		General	This is a very broad scope covering preschool, school, pregnancy, at-risk, prisons and occupational health. The vaccines are different, the providers are different and the issues are often different. If the advice is to be useful, it needs to apply to each population, rather than be generic. If the guidance is to cover all these groups, a very large piece of work, at the very least, I would suggest that the	Thank you for your comment. We acknowledge your concern regarding how broad the scope is. Although the guideline will consider the general population, it may also make recommendations for specific populations or vaccines, depending on the evidence and guideline committee discussions.

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			report is written in sections, though there may be some overarching principles.	The guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others. We will keep in mind the issue you have raised when developing the guideline.
Royal College of Paediatrics and Child Health	2	Vaccination rates	I would include here that interventions such as call/recall systems are still not universally used in spite of evidence that they are effective.	Thank you for your comment. The guideline will consider the following review questions relating to call/recall systems: What are the most effective strategies for identifying and recording a person's vaccination eligibility and status at: a) health system level (for example clinical commissioning group [CCG], local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual level (for example patients or service users)? What are the barriers to, and facilitators for, identifying and recording a person's vaccination eligibility and status at:

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				a) health system level (for example CCG, local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual level (for example patients or service users)? The development of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others. We will keep in mind the issue you have raised when developing the guideline.
Royal College of Paediatrics and Child Health	2	5	For preschool vaccinations, practice nurses are the most important providers of information and also give most vaccines. If individual professions are to be named, practice nurses should be included	Thank you for your comment. The wording in this section has been amended and no longer mentions any specific healthcare professionals.
Royal College of Paediatrics and Child Health	2	8	This implies that the vaccines being voluntary may contribute to poor uptake. There is no reason to assume this is so in the UK.	Thank you for your comment. Based on yours and other stakeholders' comments, the wording in this section has been amended and no longer mentions voluntary vaccinations.

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Royal College of Paediatrics and Child Health	2	18	If this is to be a whole population guideline, it might have been useful to include uptake in the 65s and over as well as in the pregnant population.	Thank you for your comment. The groups you have mentioned are included as they are eligible for vaccination under the routine UK immunisation schedule. We focused on these diseases as examples. We have added in data on meningococcal cases. This section of the scope is only an introduction to the area and why the guideline is needed and therefore we have not included information on all diseases.
Royal College of Paediatrics and Child Health	5	Settings	Only included are those where immunisations are currently given. Home is not specifically mentioned. I suggest it is as it can be valuable for some members of the population. Is there room to be innovative and cover others, such as mobile units. Should the title be changed to "Examples of settings……" so it is not exclusive.	Thank you for your comment. We have not added home specifically because the first bullet point, "all settings where routine UK immunisation schedule vaccines are offered or delivered", will also cover homes.
Royal College of Paediatrics and Child Health	6	5 & 6	Item 1 is very particular, whereas item 2 just repeats the title. Improvement in 1 is one of the factors that may benefit 2. However, even if it doesn't, it is useful for monitoring, targeting particular interventions and during outbreaks.	Thank you for your comment. The committee kept key area 2 broad following feedback from stakeholders at the scoping workshop. The current wording will enable evidence on several factors to be identified such as access, education, training, communication, information and infrastructure.
Royal College of Paediatrics and Child Health	6	11	It is a pity that this is omitted as the individuals within the at-risk groups often have a poor uptake of the relevant vaccines. As an individual this may be of more importance than the routine vaccines. Will hepatitis B for babies of carrier mothers be excluded from this guidance, unlike for the previous guidance.	Thank you for your comment. We acknowledge your concerns. It is our understanding that Hepatitis B is now part of the 6 in 1 vaccination which is a routine vaccination and therefore included in this guideline.

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				The committee has not prioritised selective immunisations on this occasion partly because there are NICE guidelines that already cover some of these vaccine programmes for example NICE guidelines PH43 (Hepatitis B and C testing: people at risk of infection) and NG33 (Tuberculosis). We have mentioned in the equality impact assessment document that people with chronic conditions or autoimmune disease may be affected by this guideline and therefore the committee where appropriate will specifically consider these groups. The equality impact assessment document is linked to the scope. The committee will consider whether: • the evidence review has addressed areas identified in the scope as needing specific attention with regard to equality issues • criteria for access to an intervention might be discriminatory (for example, through membership of a particular group, or by using an assessment tool that might discriminate unlawfully) • any groups of people might find it impossible or unreasonably difficult to receive or access an intervention • recommendations can be formulated to advance equality (for example, by making access more

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				likely for certain groups, or by tailoring the intervention to specific groups).
Royal College of Paediatrics and Child Health	8	4	I imagine it would be covered but should links between the various IT systems be made explicit as an issue	Thank you for your comment. The guideline will consider the following review questions relating to IT systems: What are the most effective strategies for identifying and recording a person's vaccination eligibility and status at: a) health system level (for example clinical commissioning group [CCG], local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual level (for example patients or service users)? What are the barriers to, and facilitators for, identifying and recording a person's vaccination eligibility and status at: a) health system level (for example CCG, local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual level (for example patients or service users)? The development of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The committee will

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				use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others.
Royal College of Paediatrics and Child Health	8	22	Access here should include timing of clinics and whether they are child friendly. Is it appropriate to mix, in the same waiting area, young babies awaiting with people attending with acute infectious diseases? It is potentially unhealthy, but it may also be off putting to parents and young children.	Thank you for your comment. The guideline will consider the following review questions relating to access: What are the most effective interventions for increasing the uptake of routine vaccines (including but not limited to acceptability, access, education, communication and infrastructure) at: a) health system level (for example CCG, local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual and community level (for example patients or service users)? What are the barriers to, and facilitators for, increasing the uptake of routine vaccines (including but not limited to

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				acceptability, why interventions work and why there is variability) at: a) health system level (for example CCG, local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual and community level (for example patients or service users)? The development of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The committee will further define the terminology in the protocols. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others. We will keep in mind the issue you have raised when developing the guideline.
Royal College of Paediatrics and Child Health	8	22	"Communication" will presumably include providing information to parents about the vaccines/diseases as well as call/recall systems?	Thank you for your comment. The guideline will consider the following review questions relating to communication which includes call / recall systems:

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				What are the most effective strategies for identifying and recording a person's vaccination eligibility and status at: a) health system level (for example clinical commissioning group [CCG], local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual level (for example patients or service users)? What are the barriers to, and facilitators for, identifying and recording a person's vaccination eligibility and status at: a) health system level (for example CCG, local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual level (for example patients or service users)? The development of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others.

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Royal College of Paediatrics and Child Health	9	17	The next two bullet points mention "changes". This one mentions "increase". I would suggest "changes" here as well. We know that system changes sometimes do not improve matters.	Thank you for your comment. We have amended the outcome based on your comment.
Royal Pharmaceutical Society	**5**	13	Settings should also consider access via community pharmacies. Community pharmacies are highly accessible and often are accessed by gypsy, roma and travellers as well as refugees and asylum seekers who may not access other healthcare settings. Evidence from the national flu vaccination programme which demonstrates the impact on vaccine uptake when access is possible via community pharmacy settings should be considered. The following papers demonstrate the role pharmacists can play in vaccination. Although flu vaccination is not part of this consultation we have included some papers on this as for many countries, evidence is still limited in relation to vaccinations since pharmacists haven't been able to deliver or have just started delivering services due to restrictions in legislation. • Isenor J,2, O'Reilly B, Bowles S. *Evaluation of the impact of immunization policies, including the addition of pharmacists as immunizers, on influenza vaccination coverage in Nova Scotia, Canada: 2006 to 2016*. BMC Public Health.	Thank you for your comment. We agree that community pharmacies should be included as a setting, this is covered under "all settings where routine UK immunisation schedule vaccines are offered or delivered". Thank you for the references. If the evidence you refer to meets the review protocols for the guideline, this will be considered by the guideline committee during the update. Please note that flu vaccination is not being covered in this guideline because guidance on this already exists. Please see Flu vaccination: increasing uptake (2018) NICE guideline NG103.

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			2018;18(1):787. DOI: 10.1186/s12889-018-5697-x. • Isenor J, Wagg A, Bowles S. *Patient experiences with influenza immunizations administered by pharmacists*. Human Vaccines and Immunotherapeutics. 2018;14(3):706-711. Epub 2018 Jan 30. DOI: 10.1080/21645515.2018.1423930. • Kirkdale C, Nebout G, Megerlin F, Thornley T. *Benefits of pharmacist-led flu vaccination services in community pharmacy*. Annales Pharmaceutiques Françaises. 2017;75(1):3-8. Epub 2016 Oct 4. DOI: 10.1016/j.pharma.2016.08.005. • Baroy J, Chung D, Frisch R, Apgar D, Slack M. *The impact of pharmacist immunization programs on adult immunization rates: A systematic review and meta-analysis*. Journal of the American Pharmacists Association. 2016;56(4):418-26. DOI: 10.1016/j.japh.2016.03.006. • Burson R, Buttenheim A, Armstrong A, Feemster K. *Community pharmacies as sites of adult vaccination: A systematic review*. Human Vaccines and Immunotherapeutics. 2016;12(12):3146-3159. Epub 2016 Aug 15. DOI: 10.1080/21645515.2016.1215393. • Isenor J, Alia T, Killen J, Billard B, Halperin B, Slayter K, McNeil S, MacDougall D, Bowles S.	

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			Impact of pharmacists as immunizers on influenza vaccination coverage in Nova Scotia, Canada. Human Vaccines and Immunotherapeutics. 2016;12(5):1225-8. Epub 2016 Feb 10. DOI: 10.1080/21645515.2015.1127490. • Isenor J, Killen J, Billard B, McNeil S, MacDougall D, Halperin B, Slayter K, Bowles S. *Impact of pharmacists as immunizers on influenza vaccination coverage in the community-setting in Nova Scotia, Canada: 2013-2015*. Journal of Pharmaceutical Policy and Practice. 2016;9:32. eCollection 2016. DOI: 10.1186/s40545-016-0084-4. • Bach A, Goad J. *The role of community pharmacy-based vaccination in the USA: current practice and future directions*. Integrated Pharmacy Research and Practice. 2015;4:67-77. eCollection 2015. DOI: 10.2147/IPRP.S63822. • Eid D, Meagher R, Lengel A. *The impact of pharmacist interventions on Herpes Zoster vaccination rates*. American Society of Consultant Pharmacists. 2015;30(8):459-62. DOI: 10.4140/TCP.n.2015.459. • Anderson C, Thornley T. *"It's easier in pharmacy": why some patients prefer to pay for flu jabs rather than use the National Health Service*. BMC Health Services Research. 2014 Jan 24;14:35. DOI: 10.1186/1472-6963-14-35.	

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			• Anderson C, Thornley T. Who uses pharmacy for flu vaccinations? Population profiling through a UK pharmacy chain. Int J Clin Pharm. 2016; 38(2):218-22. DOI: 10.1007/s11096-016-0255-z. • Taitel M, Fensterheim L, Cannon A, Cohen E. *Improving pneumococcal and herpes zoster vaccination uptake: expanding pharmacist privileges*. The American Journal of Managed Care. 2013;19(9):e309-13. Online • Warner J, Portlock J, Smith J, Rutter P. *Increasing seasonal influenza vaccination uptake using community pharmacies: experience from the Isle of Wight, England*. International Journal of Pharmacy Practice. 2013;21(6):362-7. Epub 2013 Apr 15. DOI: 10.1111/ijpp.12037. • Taitel M, Cohen E, Duncan I, Pegus C. *Pharmacists as providers: targeting pneumococcal vaccinations to high risk populations*. Vaccine. 2011;29(45):8073-6. Epub 2011 Aug 22. DOI: 10.1016/j.vaccine.2011.08.051. Wang J, Ford L, Wingate L, Uroza S, Jaber N, Smith C, Randolph R, Lane S, Foster S. *Effect of pharmacist intervention on herpes zoster vaccination in community pharmacies*. Journal of the American Pharmacists Association. 2013;53(1):46-53. DOI: 10.1331/JAPhA.2013.12019.	

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Royal Pharmaceutical Society	8	General	A further question that should be considered is whether or not vaccination uptake has improved in countries where children are excluded from educational facilities if they are not vaccinated, an example being France.	Thank you for your comment. The guideline will consider the following review questions relating to interventions to increase uptake of routine vaccines: What are the most effective interventions for increasing the uptake of routine vaccines (including but not limited to acceptability, access, education, communication and infrastructure) at: a) health system level (for example CCG, local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual and community level (for example patients or service users)? What are the barriers to, and facilitators for, increasing the uptake of routine vaccines (including but not limited to acceptability, why interventions work and why there is variability) at: a) health system level (for example CCG, local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual and community level (for example patients or service users)? The development of the guideline will follow the processes and methods described in Developing NICE guidelines:

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				the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence, including evidence from other countries, which meet the review protocols developed for the guideline. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others.
UCL Great Ormond Street Institute of Child Health	2	Vaccinati on rates	'Misleading information' would be better expressed as 'mis-information about the benefits and risks of vaccines'	Thank you for your comment. Based on yours and other stakeholders' comments we have now amended the sentence.
UCL Great Ormond Street Institute of Child Health	2	5	Should include practice nurses in this statement as they give most vaccines to young children and the elderly	Thank you for your comment. The wording in this section has been amended and no longer mentions any specific healthcare professionals.
UCL Great Ormond Street Institute of Child Health	2	7	Implication is that voluntary vaccination contribute to low vaccine uptake rates. There is no good evidence to support this statement and I would suggest this is better place in the key facts and figures section later.	Thank you for your comment. The wording in this section has been amended and no longer mentions voluntary vaccinations.
UCL Great Ormond Street Institute of Child Health	2	17	The scope is very broad 'general population' but key facts only focus on childhood vaccine uptake and measles, pertussis and mumps disease	Thank you for your comment. We focused on these diseases as examples. We have added in data on meningococcal cases. This section of the scope is only an introduction to the area and why the guideline is needed and therefore we have not included information on all diseases.
UCL Great Ormond Street Institute of Child Health	3	4	Cases and outbreaks implies these increases all result from low vaccine uptake – in case of measles some of this is due to historic low uptake – reasons for increased	Thank you for your comment. We have not changed this section because we do not think that we are implying that cases and outbreaks all result from low vaccine uptake.

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			pertussis are much more complex than simply low vaccine uptake	This section aims to provide information on how rates of vaccine-preventable diseases have increased in recent years, to reinforce why this guideline is needed.
UCL Great Ormond Street Institute of Child Health	5	settings	Should include hospitals (not just tertiary). Perhaps better to say settings will include but not exclusively – for example might not want to exclude pop up clinics, pharmacies, domiciliary etc.	Thank you for your comment. We have not adopted your wording because the first bullet point says, "all settings where routine UK immunisation schedule vaccines are offered or delivered", and this includes all your mentioned examples.
UCL Great Ormond Street Institute of Child Health	5	6	The scope is huge, essentially everyone – needs to be broken down into pre-school, school age, pregnancy, older age groups, at risk groups otherwise it won't be so useful and key messages will be lost as different interventions needed for different age groups and different professional groups are involved at different ages.	Thank you for your comment. The development of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. When considering the evidence and making recommendations the committee may make recommendations for different age groups. The committee will use its judgement to decide what the evidence means in the context of the guideline referral and decide what recommendations can be made to practitioners, commissioners of services and others. We will keep in mind the issue you have raised when developing the guideline.
UCL Great Ormond Street Institute of Child Health	6	Key areas that will be covered	As stated there are only two key areas and yet it says 'it may not be possible to make recommendations in all areas'!	Thank you for your comment. We have not amended the wording because while there are only two key areas, these areas are broad so the committee may not be able

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				to make recommendations in all the individual areas under these two broad headings.
UCL Great Ormond Street Institute of Child Health	6	4	Selective immunisation programmes are very important and it is often these groups you have the lowest vaccine uptake for example uptake of flu vaccine in 6 month-2 year olds with chronic conditions is currently low.	Thank you for your comment. We acknowledge your concerns however the scope is already very broad. It is important that the guideline is manageable. The committee has not prioritised selective immunisations because there are NICE guidelines that already cover some of these vaccine programmes for example NICE guidelines PH43 (Hepatitis B and C testing: people at risk of infection) and NG33 (Tuberculosis). Please note that flu is outside the remit of this guidance because NICE guidance on flu already exists – Flu vaccination: increasing uptake (2018) NICE guideline NG103.
UCL Great Ormond Street Institute of Child Health	8	22	Access here seems to be limited to physical access, but other aspects may also affect accessibility e.g. time of day for clinics, family friendliness etc.	Thank you for your comment. The guideline will consider the following review questions relating to all access, not only physical access: What are the most effective interventions for increasing the uptake of routine vaccines (including but not limited to

				acceptability, access, education, communication and infrastructure) at: a) health system level (for example CCG, local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual and community level (for example patients or service users)? What are the barriers to, and facilitators for, increasing the uptake of routine vaccines (including but not limited to acceptability, why interventions work and why there is variability) at: a) health system level (for example CCG, local authority, regional and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual and community level (for example patients or service users)? The development of the guideline will follow the processes and methods described in Developing NICE guidelines: the manual. Evidence reviews will be conducted for each of the review questions described in the scope which will include all published evidence which meet the review protocols developed for the guideline. The committee will further define the terminology in the protocols. The committee will use its judgement to decide what the evidence means in the context of the guideline referral

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				and decide what recommendations can be made to practitioners, commissioners of services and others. We will keep in mind the issues you have raised.
UCL Great Ormond Street Institute of Child Health	9	Main outcomes	Changes in knowledge/attitudes etc presumably relates to the public and HCWs?	Thank you for your comment. The scope includes a list of the main outcomes that the guideline will consider. The guideline committee will define the outcomes that will be considered in the evidence reviews through development of the review protocols. The guideline committee will consider your comment when developing the evidence review protocols.