

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE indicator validity assessment

Indicator IND226

The percentage of children who reached 18 months old in the preceding 12 months, who have received 2 primary doses and 1 booster dose of a meningitis B vaccine before the age of 18 months.

Importance

Considerations	Assessment
<p>The Department of Health and Social Care (DHSC) published a vaccination strategy in Autumn 2020 with the aim to maintain and develop the UK immunisation programme.</p> <p>Routine childhood immunisations, including meningitis B vaccination, are part of the general medical services (GMS) contract.</p>	<p>The indicator reflects a specific priority area identified by DHSC.</p>
<p>2019-20 data from NHS Digital and Public Health England shows 88.7% of children in England were reported to have received a booster dose of the Men B vaccine measured at age 24 months. This increased from 87.8% in 2018-19. Six regions of England achieved coverage of more than 90% and no regions exceeded 95% coverage. There is no data for receipt of the three doses by 18 months.</p> <p>2020-21 data from NHS Digital and Public Health England shows coverage at 24 months of 89.0%.</p>	<p>The indicator relates to an area where there is performance under the specified 95% national coverage, and variation in practice.</p> <p>The indicator addresses under-treatment.</p>
<p>The Green Book states: The Men B vaccine immunises against meningococcal disease group B. Meningococcal infection most commonly presents as either meningitis or septicaemia or a combination of both. The incidence of meningococcal disease is highest in children under 5 years of age. The most severe long-term complications include hearing loss, visual impairment, communication problems, limb amputations, seizures and brain damage.</p> <p>The complete routine immunisation schedule from June 2020 states that the Men B vaccine should be given at 8 and 16 weeks old, and a booster given on or after the first birthday.</p>	<p>The indicator will lead to a meaningful improvement in patient outcomes.</p>

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Evidence base

Considerations	Assessment
<p>Immunisations: reducing differences in uptake in under 19s (2009, updated 2017) NICE Public Health guideline PH21, recommendations 1, 2 and 3.</p> <p>Immunizations – childhood (2021) NICE clinical knowledge summary.</p>	<p>The indicator is derived from a high-quality evidence base.</p> <p>The indicator aligns with the evidence base.</p>

Specification

Considerations	Assessment
<p>Numerator: The number in the denominator who received 2 primary doses and 1 booster dose of a meningitis B vaccine before they reached 18 months old.</p> <p>Denominator: The number of children who reached 18 months old in the preceding 12 months.</p> <p>Exclusions: The Green Book states that meningococcal vaccines should not be given to those who have has a confirmed anaphylactic reaction to a previous dose of the vaccine or any constituent or excipient of the vaccine.</p>	<p>The indicator has defined components necessary to construct the indicator, including numerator, denominator and exclusions.</p>
<p>NICE general practice level indicators are intended for use where there is an average of 20 or more patients per practice. PHE/NHS Digital experimental GP vaccination coverage statistics 2019-20 shows a total 24-month denominator of 649,988. This is approximately 96 patients per GP practice (6720 GP practices QOF 2019-10). There is no estimate of number of babies aged 18 months old.</p>	<p>The indicator does outline minimum numbers of patients needed to be confident in the assessment of variation.</p>

Feasibility

Considerations	Assessment
<p>The routine vaccination schedule from June 2020 details that 2 doses of this vaccine is given at 8 and 16 weeks and a further dose on or after the child's first birthday.</p> <p>Cover of vaccination evaluated rapidly (COVER) data is collected by Public Health England and reported quarterly and annually by NHS Digital and Public Health England including two doses of Men B vaccine by 12 months of age, and the booster by 24 months. Data is submitted by the local teams and child health record departments and reported nationally and regionally. From 2019-20 this will include general practice level coverage.</p>	<p>The indicator is repeatable.</p>

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<p>NHS Digital's business rules for vaccination and immunisation programmes 2021/22 meningococcal B (MenB) v6.0:</p> <p>720539004 Administration of first dose of vaccine product containing only Neisseria meningitidis serogroup B antigen (procedure)</p> <p>720540002 Administration of second dose of vaccine product containing only Neisseria meningitidis serogroup B antigen (procedure)</p> <p>720544006 Administration of booster dose of vaccine product containing only Neisseria meningitidis serogroup B antigen (procedure)</p> <p>Exception reporting codes:</p> <p>957601000000106 Meningitis B vaccination contraindicated (situation)</p> <p>720548009 Meningitis B vaccination declined (situation)</p> <p>722397009 First meningitis B vaccination declined (situation)</p> <p>720548009 Meningitis B vaccination declined (situation)</p> <p>722338002 Second meningitis B vaccination declined (situation)</p> <p>720548009 Meningitis B vaccination declined (situation)</p> <p>722396000 Booster meningitis B vaccination declined (situation)</p> <p>958381000000107 First meningitis B vaccination given by other healthcare provider (situation)</p> <p>958401000000107 Second meningitis B vaccination given by other healthcare provider (situation)</p> <p>1037011000000108 Booster meningitis B vaccination given by other healthcare provider (situation)</p>	<p>The indicator is measuring what it is designed to measure.</p> <p>The indicator uses existing data fields. No SNOMED code for 'did not attend for Men B vaccine' was found.</p>
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Acceptability

Considerations	Assessment
<p>The Green Book states that minor illness without fever or systemic upset should not postpone immunisation. If an individual is acutely unwell, immunisation may be postponed until they have recovered fully. There should be at least a 2-month interval between doses.</p>	<p>The indicator assesses performance that is attributable to or within the control of the audience.</p> <p>The routine immunisation schedule recommends doses at 8 and 16 weeks, and a booster on or after the first birthday. Measurement at 18 months allows for catch up from missed doses. It aligns with NICE indicator IND216 that measures 1 dose of MMR in children before the</p>

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	age of 18 months. Patient choice to vaccinate should be considered and personalised care adjustments recorded accordingly.
Data is collected by NHS Digital.	The results of the indicator can be used to improve practice. Practices currently submit data to NHS Digital.

Risk

Considerations	Assessment
The complete routine immunisation schedule states that two doses of the Men B vaccine should be given at 8 and 16 weeks of age and a booster on or after the first birthday. Measurement at 18 months old allows for catch up for children who have not been vaccinated at the recommended time. An unintended consequence may be later vaccination for children who could have been vaccinated earlier. The guidance documentation should be clear when the vaccine is recommended.	The indicator has an acceptable risk of unintended consequences.

NICE indicator advisory committee recommendation

The NICE indicator advisory committee approved this indicator for publication on the menu.