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For Action by:

Immunisation Leads, Health Boards/Trusts
School nurses, Health Boards/Trusts
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Nurse Executive Directors, Health Boards/Trusts
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Directors of Workforce and Organisational Development
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Dear Colleagues,

Urgent polio catch-up programme for children under 5 years old

Poliomyelitis (Polio) is a highly infectious viral disease that largely affects children under 5 years of age. The virus, which has 3 types, is transmitted by person-to-person spread mainly through the faecal-oral route or, less frequently, by a common vehicle (e.g. contaminated water or food) and multiplies in the intestine, from where it can invade the nervous system and cause paralysis. Vaccination has played an essential part of a global eradication programme for Polio virus and has resulted in eradication of type 2 and type 3 wild Polio virus, and type 1 is restricted to only 2 countries (Pakistan and Afghanistan).

Catch up campaign in Wales

To minimise the risk posed by the current incident, where surveillance has found a type 2 vaccine-derived Polio virus (known as VDPV2) in sewage samples taken from north London

and recent decreases in vaccine uptake, I feel it is imperative that we carry out a 'targeted' immunisation catch-up programme across Wales. Consequently, I would like health boards to commence such a programme targeting **children under 5** with partial or no vaccination against Polio without delay,

It will be a matter for each health board to decide how they wish to complete this exercise. However, we recommend engaging with primary care services and/or others such as health visitors, midwives and school nurses, in order to take this forward as soon as possible. A new National Enhanced Service (NES) specification is being put in place to facilitate delivery of this, and any future, immunisation catch up programmes.

For the purposes of this Polio Catch Up Programme, all provisions specified in Annex A to the National Enhanced Service Specification For The Catch Up Programme Vaccination Of Children Who Have Outstanding Immunisations will apply. This means that payment may be made in accordance with paragraphs 17a, 17b and 18 to those contractors undertaking this Catch Up Programme in accordance with the NES. Full application of the service requirements of the NES is in recognition of the need for data cleansing to be undertaken by GP practices in advance of children being invited to take up vaccination.

Whilst this catch-up campaign is primarily aimed at Polio, it should be noted that over recent years, we have seen a decline in childhood immunisation uptake in general. It is likely that where infants and children are not vaccinated against Polio, they will be unvaccinated against other disease, particularly Measles, Mumps and Rubella (MMR). Therefore, as part of this catch-up exercise, it is felt sensible that those children presenting for vaccination are opportunistically offered a catch up on other

childhood immunisations, where these are outstanding. An existing Unscheduled Vaccination National Enhanced Service is already in place for this¹.

The number of children unvaccinated against Polio in Wales is likely to be small but may include those from a range of backgrounds who require enhanced efforts to ensure engagement and inclusion. Those who are unvaccinated may also include people who are less likely to be recorded in the child health system or to engage with routine services. Consideration should be given to which approaches will work best in the health board areas, to target and maximise vaccine take up for the partial or unvaccinated infants and children.

This is a priority project which will need to commence as soon as possible **and be completed by 31 January 2023 at the latest**, after which time the NES will no longer apply. Funding for childhood immunisations is already out with Health Boards, therefore organisations will need to manage the resources required for this catch-up programme from existing immunisation budgets. I would ask health boards to monitor progress on the roll-out in order that the catch-up programme is delivered effectively and within the timeframe.

In parallel, Welsh Government and PHW communication teams are working together on a plan, based on behavioural insight feedback, to understand the barriers and facilitators, and lessons learned from other vaccine programmes, to target appropriate communications to those parents whose children remain unvaccinated. The resulting communications will highlight the importance of getting children vaccinated and that parents of unvaccinated children will be contacted to encourage them to take up an offer of vaccination to ensure their children are protected.

I would like to take this opportunity to thank everyone involved for their hard work to continue to deliver the childhood immunisation programme during what continues to be a challenging time for our services.

Yours sincerely



SIR FRANK ATHERTON

¹ [Children who have outstanding routine immunisations: national enhanced service specification \(WHC/2017/021\) | GOV.WALES](#)

Annex A

Background to the incident

Since February 2022, surveillance has found a type 2 vaccine-derived Polio virus (known as VDPV2) in sewage samples taken from north London.

VDPV2 is a form of Polio virus based on an attenuated vaccine virus used in oral Polio vaccines that can spread within communities² and can rarely lead to paralytic outcomes. Although overall risk is considered low because most people in the UK are protected by vaccination, transmission may occur where vaccination coverage is low and unvaccinated individuals who come into contact with the virus are most vulnerable. Surveillance data suggests that person to person spread has occurred as part of this current incident and lower levels of Polio vaccine uptake in infants and toddlers in the affected areas of London may have contributed to this. Currently the VDPV2 has not been identified outside of London and there have been no known cases of paralytic VDPV2 in the UK from this incident.

UKHSA has declared a national enhanced incident response to this incident and Public Health Wales has convened an *incident management team* (IMT) in Wales to ensure Wales-specific actions can be taken forward. More recently, the World Health Organisation (WHO) recommended that the definition for 'a circulating virus' had been met.

In their statement published on 10 August 2022, the Joint Committee on Vaccination and Immunisation (JCVI) agreed that it was an immediate priority to ensure all eligible individuals are up to date with their Polio vaccinations, endorsing efforts to increase coverage of the routine childhood vaccination programme nationally.

[Joint Committee on Vaccination and Immunisation statement on vaccination strategy for the ongoing polio incident - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/jcvi-statement-on-vaccination-strategy-for-the-ongoing-polio-incident)

Ensuring high uptake levels of Polio vaccine in the population is the most effective way of eliminating this disease. As international travel resumes, it is likely that infections will be brought into Wales from countries that have a higher incidence of vaccine-preventable diseases, so it is important that we ensure that vaccination coverage is high, to prevent outbreaks or increases in disease cases here in Wales.

Coverage of Polio vaccination in Wales

All routine Polio vaccines used within the UK are inactivated polio vaccines (IPV) and do not contain live viruses. Currently, hexavalent DTaP/IPV/Hib/HepB vaccine is offered routinely to babies at 8, 12 and 16 weeks of age. Further doses of polio containing vaccines are given at the age of 3 years and 4 months as part of the pre-school booster (dTaP/IPV) and at around 14 years old (Td/IPV) as part of the teenage booster.

² [GPEI-cVDPV-Fact-Sheet-20191115.pdf \(polioeradication.org\)](https://www.polioeradication.org/fact-sheets/files/GPEI-cVDPV-Fact-Sheet-20191115.pdf)

Uptake of primary IPV vaccinations in Wales is high. Coverage of three doses of IPV containing vaccine at one year of age has been over the WHO target of 95% for the past 14 years, as reported in PHW annual cover reports, although decreased slightly to 94.9% in the first quarter of 2022 and decreased again in quarter two³, with uptake of three doses of the '6 in 1' vaccine now at 94.0%. Coverage rates can vary by age-group and by other characteristics, including migration status and frequency of moving from area to area, and level of socio-economic deprivation.

Coverage is lower for the booster doses. Uptake of the 4 in 1 DTaP/IPV pre-school booster in those reaching 4 years of age between April 2021 and March 2022 was 88%, ranging by health board area from 86% to 91%. Figures from this quarter show 85.6% of those reaching 4 years of age are vaccinated. Uptake of the 3 in 1 Td/IPV teenage booster in those reaching 15 years of age during the September 2021 to August 2022 school year was 81%, varying by health board area from 75% to 89%.

³ <https://phw.nhs.wales/topics/immunisation-and-vaccines/cover-national-childhood-immunisation-uptake-data/>

Annex B

Identifying children in need of vaccination

Vaccine statuses for children are recorded on the Welsh child health system (CYPrIS), provided and managed by DHCW. Lists of children unvaccinated for Polio or with incomplete vaccine statuses can be produced easily through CYPrIS and provided to GP practices, health visitors and others delivering vaccinations. Direct access to the child health system data through CYPrIS-web can also be arranged for GP practices locally to assist with vaccine status checking. At this time, due to the urgency of this catch-up, it is not possible to complete a full data cleanse of child health system data centrally and it is vital that records are updated locally after checking.

Whilst this catch-up campaign is primarily aimed at Polio, it should be noted that over recent years, we have seen a decline in childhood immunisation uptake in general and it is likely that where infants and children are not vaccinated against Polio, they will be unvaccinated against other disease, particularly Measles, Mumps and Rubella (MMR). We therefore recommend, that an offer is also made for the MMR vaccination where appropriate.

Accuracy of records

Accuracy of data in the child health system in Wales is important to ensure that vaccination invitations can be sent in a timely way, vaccine status checking is efficient and that opportunistic vaccinations can be offered. It is also important for surveillance, which assesses the ongoing risk of Polio and other severe, vaccine-preventable infections re-emerging in Wales; and in mounting urgent catch-up campaigns to prevent or stop outbreaks of serious infections.

For the success of this catch-up campaign, it is essential that all catch-up doses are reported to child health offices and recorded in CYPrIS in a timely way, failure to do so could result in delays to completion of polio vaccination course. Public Health Wales provides reports of vaccine uptake for all childhood vaccinations at national, health board, cluster and GP level, and will be monitoring progress of this catch-up campaign closely.

National Enhanced Service Specification For The Catch Up Programme Vaccination Of Children Who Have Outstanding Immunisations

Introduction

1. This specification is directed at GP practices delivering vaccination and immunisation services in Wales.
2. This specification has been agreed between the Welsh Government and General Practitioners Committee (Wales) (GPC(W)) of the British Medical Association (BMA).
3. The Catch Up Programme service requirements are included at Annex A, and the vaccines covered under this National Enhanced Service are set out in the table at Annex B.
4. The Chief Medical Officer of the Welsh Government will issue instructions activating this service in respect of specific Catch Up Programmes.

Background

5. The Joint Committee on Vaccination and Immunisation (JCVI) recommends a number of vaccinations for children. In Wales, these are delivered through primary care and school based immunisation programmes.
6. This specification details the process for the vaccination of those children who are not routinely reached by these programmes. These include those children who:
 - a. have not been fully immunised routinely at the time when first called or recalled for vaccinations because of previous declined consent, exclusion or due to illness and/or absence;
 - b. do not have access to school based programmes or live in a health board area where school based programmes do not operate⁴; or
 - c. have moved into the practice after the age when they would have been routinely offered vaccination as part of a school based programme.

Patient cohort

7. Only the vaccinations detailed at Annex B are covered by this specification.

⁴ For example, children who live in and are registered with a practice in one area but attend school in another area which does not provide vaccination in school.

8. Where the vaccinations detailed at Annex B are routinely offered in practices, and not in schools, practices are expected to maximise uptake through call and recall at the time of the initial offer as part of their existing GMS contract with the health board. This NES only applies to those children and young people who later remain fully or partially unimmunised and fall within the age ranges specified in Annex B.
9. Any child within the age ranges specified in Annex B who self presents or attends the practice for another reason, and has outstanding immunisations already offered routinely, should be opportunistically immunised to bring them up to date with the UK schedule. Any immunisation given by a practice in these circumstances will be remunerated under the National Enhanced Service Specification For The Unscheduled Vaccination Of Children And Young People Who Have Outstanding Routine Immunisations⁵.
10. **A practice may also immunise a child who provides the practice with a letter from the school nursing service requesting immunisation.** This letter may typically be issued when a child has missed a school vaccination session.
11. A practice may undertake the Catch Up Programme set out in Annex A in respect of a vaccine specified in Annex B only in accordance with an instruction given by the Chief Medical Officer of the Welsh Government.

Vaccines

12. Information on the programmes supported and the documents providing the required clinical information is at Annex B.
13. The vaccines are centrally procured and should be ordered in the same way as practices and health board pharmacies currently order childhood vaccines.

Recording in the Patient Record

14. A practice is required under its General Medical Services contract to keep adequate records of its attendance on and treatment of its patients, and in addition, to include in the patient record any clinical reports sent from any other health care professional who has provided clinical services to a person on its list of patients.
15. If a practice has therefore administered a vaccine listed at Annex B to a child in an eligible cohort then the practice is required to include this information in the patient record using the appropriate READ code and update the Childhood Immunisation Record of that child as soon as reasonably practicable after administering the vaccine. Aggregate data may be automatically provided to Public Health Wales, in the same manner as it is for adult influenza immunisation, to enable surveillance of immunisation uptake. Practices which do not automatically forward this data during the period the Catch Up Programme applies in respect of a specific vaccine will be required to make a manual return, using an appropriate form provided to them.
16. Timeliness of the return of data to the child health department should be in line with the Child Health Immunisation Process Standards (CHIPS) for those individuals up to and including 18 years old to ensure accurate and prompt notification of all

⁵ See WHC (2017) 021 for the related Service Specification.

vaccinations.⁶ This is to prevent a child being called by the health board for a vaccination which has already been administered in a practice.

Payment and validation

17. A practice undertaking this Catch Up Programme in accordance with an instruction from the Chief Medical Officer will receive a payment of:
 - a. £2.50 per review of a patient named on the list provided to the practice by their Local Health Board (such review only being undertaken once per patient and only in circumstances where the Chief Medical Officer has instructed that a data cleanse must take place as part of a Catch Up Programme), by comparing that list with their own practice patient list and patient record in order to identify and create a unique list of those children who have outstanding immunisations, and
 - b. £2.50 per patient for contacting the parent or legal guardian of each child identified as part of their patient list review, not more than once per working day and up to a maximum of 5 occasions, in order to offer an appointment for the outstanding vaccination.
18. A practice will receive an item of service (IOS) payment of £10.03 per vaccine dose in respect of each child in an eligible cohort who is vaccinated as part of this Catch Up Programme.
19. A practice will only be eligible for payment for this service in circumstances where all of the following requirements have been met:
 - a. The practice is contracted to provide vaccine and immunisations as part of Additional Services.
 - b. All patients in respect of whom payments are being claimed were on the practice's registered list at the time the vaccine was administered.
 - c. The practice administered the vaccine to all patients in respect of whom payment is being claimed.
 - d. All patients in respect of whom payment is being claimed were in an eligible cohort.
 - e. Practices providing this service will be required to forward a completed 'catch up vaccination' form to the health board child health system, or provide equivalent data in an alternative agreed format, for each child immunised.
 - f. The practice submits the claim within 6 months of administering the vaccine (Local Health Boards may set aside this requirement if it considers it reasonable to do so).
20. Local Health boards are responsible for post payment verification. This may include auditing claims of practices to ensure that they meet the requirements of this service.

⁶ In areas where a routine scheduled immunisation is provided in practices, rather than in schools, data returns should be made as agreed with the local Child Health Office, usually on scheduled

Service Requirements For The Catch Up Vaccination Programme Of Children and Young People Who Have Outstanding Routine Immunisations

1. A practice providing this Catch Up Programme service, subject to an instruction by the Chief Medical Officer of the Welsh Government specifying which of the following sub-paragraphs apply in respect of a specific Catch Up Programme period, must:
 - a. upon receipt of a list containing the necessary information from their Local Health Board, which may be facilitated by Digital Health Care Wales, complete a review of the patient record for each patient on the list by comparing that list with their own practice patient list and patient record in order to identify and create a unique list of those children who have outstanding immunisations listed in Annex B;
 - b. attempt to contact the parent or legal guardian of each child identified under sub-paragraph a. (up to a maximum of 5 times but not more than once per working day) in order to offer them an appointment to attend for the appropriate vaccination;
 - c. where an appointment for a vaccine is accepted after the practice has made contact under sub-paragraph b., vaccinate, with the appropriate vaccine and dosage, all patients who present to the practice and who are in an eligible age range as specified by Annex B.
2. Where an appointment for a vaccine is refused or if having made 5 attempts to contact the child under paragraph 1.b no contact has been made, the name of that child must, where possible, be provided to the Health Visitor (pre-school children) or School Nurse (children of school age) for a follow up visit to be undertaken to provide information and support to the family with the aim of arranging for vaccination to take place. Health Boards who engage GP practices in delivery of this NES, must provide those GP practices with the contact details of the relevant teams who should be contacted for follow up.
3. The practice must take all reasonable steps to ensure that the medical records of patients (including the patient record and the Childhood Immunisation Record) receiving a vaccination administered in the surgery are updated as soon as reasonably practicable after administration of a vaccine and are kept up to date using the appropriate READ code with regard to the immunisation status and in particular includes:
 - a. any refusal of an offer of immunisation and the reason for that refusal; and
 - b. where an offer of immunisation is accepted;
 - i. the batch number, expiry date and name of the vaccine,
 - ii. the date of administration,
 - iii. where other vaccines are administered in close succession, the route of administration and the injection site of each vaccine,
 - iv. any contra-indication to the immunisation,

- v. any adverse reactions to the immunisation.
4. Timeliness of the return of data to the child health department should be in line with the Child Health Immunisation Process Standards (CHIPS).
 5. The practice must ensure that all healthcare professionals who are involved in administering the vaccine have:
 - a. referred to the clinical guidance in the current Green Book,
 - b. the necessary experience, skills and training, including training with regard to the recognition and initial treatment of anaphylaxis, and
 - c. authorisation under an appropriate PGD unless a PSD has been issued.
 6. The practice must ensure that all orders of vaccine are in line with national guidance, including adherence to any limits on stocks to be held at any one time. The vaccines for these programmes will be centrally supplied and should be ordered in the same way as general practices and health board pharmacies currently order childhood vaccines.
 7. All vaccines are to be stored in accordance with the manufacturer's instructions and guidance contained in the Green Book.

This may be found at:

<https://www.gov.uk/government/publications/green-book-the-complete-current-edition>

8. The practice must ensure that services are accessible, appropriate and sensitive to the need of all patients. No eligible patient shall be excluded or experience particular difficulty in accessing and effectively using this service due to their ethnicity, gender, disability, sexual orientation, religion and/or age.

Catch Up Programme Information

1. This Annex sets out the routine childhood immunisations schedule. This Catch Up Programme NES applies if children have not received vaccines routinely in line with the schedule.

2. Where a child is to be vaccinated as part of a Catch Up Programme following an instruction of the Chief Medical Officer, the schedule should be consulted and followed as appropriate to the age of the child requiring vaccination and vaccine required.

3. Only vaccines listed in the schedule may be covered under a Catch Up Programme.

When	Diseases protected against	Vaccine given and name		Usual site ¹
8 weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio, <i>Haemophilus influenzae</i> type b (Hib) and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	Meningococcal group B	MenB	Bexsero	Left thigh
	Rotavirus gastroenteritis	Rotavirus	Rotarix	By mouth
12 weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	Pneumococcal (13 serotypes)	PCV	Prevenar 13	Thigh
	Rotavirus gastroenteritis	Rotavirus	Rotarix	By mouth
16 weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	Meningococcal group B	MenB	Bexsero	Left thigh
12 -13 months old	Hib / Meningococcal group C	Hib/MenC	Menitorix	Upper arm/thigh
	Pneumococcal	PCV booster	Prevenar 13	Upper arm/thigh
	Measles, mumps and rubella	MMR	MMRVaxPRO or Priorix	Upper arm/thigh
	Meningococcal group B	MenB booster	Bexsero	Left thigh
2 and 3 years old and all school aged children	Influenza (annually from September)	Live attenuated influenza vaccine	Fluenz Tetra ³	Both nostrils
3 years 4 months old	Diphtheria, tetanus, pertussis and polio	dTaP/IPV	Boostrix-IPV	Upper arm
	Measles, mumps and rubella	MMR	MMRVaxPRO or Priorix	Upper arm
School years 8 and 9 (12 to 14 year olds)	Cervical cancer, some head and neck and ano-genital cancers, and genital warts caused by human papillomavirus (HPV)	HPV ⁴ (two doses 6-24 months apart)	Gardasil or Gardasil 9	Upper arm
School year 9 (13 and 14 year olds)	Tetanus, diphtheria and polio	Td/IPV (check MMR status)	Revaxis	Upper arm
	Meningococcal groups A, C, W and Y	MenACWY	Nimenrix or Menveo	Upper arm

1. Where two or more injections are required at once, these should ideally be given in different limbs. Where this is not possible, injections in the same limb should be given 2.5cm apart. For more details see chapters 4 and 11 in the Green Book. All injected vaccines are given intramuscularly unless otherwise stated.

2. Children must be 2 years old by 31 August to receive influenza vaccine in the routine programme in autumn/winter.

3. If Fluenz Tetra is contraindicated, use a suitable inactivated flu vaccine.

4. Check the relevant chapter of the Green Book for individuals requiring a 3 dose schedule.