

# National Institute for Health and Clinical Excellence

## PUBLIC HEALTH GUIDANCE – Reducing differences in the uptake of immunisations

Consultation on the Review Proposal from  
3<sup>rd</sup> September – 17<sup>th</sup> October 2012

Comments on the Review Proposal to be submitted  
no later than 5pm on 17<sup>th</sup> October 2012

### Stakeholder Comments

Please use this form for submitting your comments to the Institute.

1. Please put each new comment in a new row.
2. Please insert the **section number** in the 1<sup>st</sup> column. If your comment relates to the document as a whole, please put '**general**' in this column
3. **Please note - Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline.**

Name:	
Organisation:	
Section number	Comments
Indicate <b>section number</b> or ' <b>general</b> ' if your comment relates to the whole document	Please insert each new comment in a new row.
2 Process	BHIVA welcomes the opportunity to contribute to the guidance updating process and wishes to draw attention to several issues related to immunisation that are specific to children and young people infected with HIV. These include considerations of risk of disease versus potential benefits or adverse effects of immunisation; access to health care provision overall and for socially disadvantaged groups in particular; transition of care from paediatric to adult specialist services; communication between healthcare providers including primary care physicians, HIV specialists and allied professions; patient education including mode of communication with parents; confidentiality.
3 Policy context	BHIVA is aware that recommendations concerning immunisation in people with HIV in some cases lack a strong evidence-base due to the paucity of large controlled studies. To address this issue BHIVA has established an expert group dedicated to the production of specific guidance.

Please add extra rows as needed

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*NB: The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft scope where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.*

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3 Policy context	Concerning implementation, BHIVA would like to draw attention to the importance of improving vaccination records and the sharing of information among care providers. Currently, HIV-infected patients in the UK access vaccinations in several different settings. A further concern is that children and young adults with HIV have often migrated to the UK from abroad bringing poor documentation of previous immunisations.
3 Immunisation programmes	BHIVA has issued guidelines on immunisation for HIV infected people that draw from gold standard published evidence where available and also rely on the consensus opinion of HIV experts and peer-review of data presented at international conferences. The guidelines were developed in consultation with the authors of the Green Book and while general consistent with the Book, they have aspects that deviate from the recommendations made for the general population and are specific to people with HIV. A process of revision of the guidance is planned for completion in 2013. Some of the areas targeted for revision include hepatitis B vaccine schedules that improve responses, influenza vaccination in children, greater emphasis on the importance of ensuring immunity to measles and rubella, use of the new conjugated pneumococcus vaccine, and a review of the available information on HPV vaccines especially among young men who have sex with men.
3 Information systems	BHIVA welcomes a review of the processes and strategies that will improve vaccination records and the sharing of the information among care providers.
3 Training	BHIVA welcomes efforts to educate providers to the specific issues related to immunisation of people with HIV, including considerations of disease risk, efficacy and longevity of immunisation and risk of vaccine-related adverse events.
3 Targeting groups	As indicated above, transition of specialist care from paediatric to adult services and the potential for subsequent repeated transfers of specialist care, multiple providers of immunisation, poor documentation and suboptimal sharing of information among care providers, poor documentation of immunisations received abroad and issues of confidentiality (where for example certain vaccines are only indicated or contraindicated for people with HIV) are important considerations for people infected with HIV.

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