

Vaccine uptake in under 19s

Consultation on draft quality standard – deadline for comments 5pm on 29/09/2016 **email:** QSconsultations@nice.org.uk

	<p>Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly.</p> <p>We would like to hear your views on these questions:</p> <ol style="list-style-type: none">1. Does this draft quality standard accurately reflect the key areas for quality improvement? If the systems and structures were available, do you think it would be possible to collect the data for the proposed quality measures? Do you have an example from practice of implementing the NICE guideline(s) that underpins this quality standard? If so, please submit your example to the NICE local practice collection on the NICE website. Examples of using NICE quality standards can also be submitted.
Organisation name – stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):	[British HIV Association, BHIVA]
Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	[None]
Name of commentator person completing form:	[Professor Anna Maria Geretti on behalf of BHIVA]
Supporting the quality standard - Would your organisation like to express an interest in formally supporting this quality standard? More information.	[Yes and strongly committed to doing so, including use of BHIVA's established national communication and auditing framework]
Type	[office use only]

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Comment number	Section	Statement number	<p style="text-align: center;">Comments</p> <p style="text-align: center;">Insert each comment in a new row. Do not paste other tables into this table because your comments could get lost – type directly into this table.</p>
Example 1	Statement 1 (measure)		This statement may be hard to measure because...
1	Questions for consultation	Q1	<p>BHIVA welcomes the NICE Vaccine uptake in under 19s quality standard. The draft accurately reflects key areas for quality improvement and its content is in line with the standards of care BHIVA endeavors to promote. BHIVA wishes to propose a number of additional considerations. The Society has repeatedly called upon improved vaccination coverage for people living with HIV, including children and adolescents, who in addition to suffering from a chronic illness, commonly belong to one or more of the at risk groups highlighted in the document (minority ethnic groups, non-English speaking families, other indicators of vulnerability). Adolescents transitioning into adult HIV care pose a unique set of challenges in terms of both ensuring adequate engagement and addressing specific needs (e.g., HPV vaccine for young boys).</p> <p>In this area, BHIVA has produced NICE-approved guidelines and conducted national audits in people living with HIV, and engaged with Primary Care to promote adequate dissemination of information and integration of activities. This work has highlighted several aspects that are relevant to the NICE consultation:</p> <ol style="list-style-type: none"> 1) Incomplete or missing vaccination records are common in this population and recall of vaccination histories is poor. Education is needed for young people and their families. 2) Susceptibility to vaccine-preventable infections is prevalent in HIV positive children and adolescents, and higher than in the general population. 3) Specialist services that care for children have a role to play in offering or promoting ascertainment of vaccination needs, and where required offer immediate vaccination or referral. 4) Specialist services that care for adults affected by vaccine-preventable infections require clear guidance about the need to determine pro-actively whether children in the same household have been offered appropriate vaccination and follow-up (e.g., hepatitis B). 5) Education is needed for healthcare professionals in order to overcome persisting misperceptions around safety and efficacy of vaccination in HIV-positive people. Such misperceptions are a substantial obstacle to achieving high vaccine coverage in this population (e.g., MMR). 6) Improved, streamlined and effective two-ways communication is required between specialist and primary care/childhood services about offering and recording vaccination.
2	Questions for	Q2	BHIVA wishes to highlight that recording of vaccination histories are often inadequate in the HIV-positive population.

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	consultation		Systems are not sufficiently standardised to ensure maintenance of transferable records of vaccinations that may be delivered in different care settings. Looking forward, an electronic “vaccination passport” accessible at multiple points of care (i.e., linked to the patient rather than the location of care) would provide a solution. Currently some HIV centres are proposing to pilot paper vaccination passports that integrate information with primary care/children services.
3	Questions for consultation	Q3	BHIVA runs educational sessions for both HIV specialists and primary care clinicians that include information on its NICE-approved guidelines. This is followed by regular audits (e.g., vaccination coverage against recommended targets).
4	Questions for consultation	Q4	Clarification is needed about commissioning in order to address existing geographical variability around which vaccines are deliverable within which context. Investment is required to improve maintenance and transferability of vaccination records.
5	Questions about the individual quality statements	Q5 a	BHIVA agrees that a system for recalling is required that is sensitive to specific needs e.g., literacy, language, confidentiality. We wish to highlight the role that specialist services can play in promoting ascertainment of needs and engagement.
6	Questions about the individual quality statements	Q6	We recognise the opportunity and relevance of targeting young offenders. However we are concerned that this statement may be interpreted as a sole focus at the expense of other vulnerable groups.
7	Questions about the individual quality statements	Q7	BHIVA believes that it would be appropriate for the guidelines to specify areas where need for improvement is greatest both in terms of infection threat/disease impact on the individual and relevance to public health. There are also areas where performance against benchmark indicators is poor and in need of focused attention (e.g., hepatitis B vaccination for children and adolescents at risk).
8	Questions about the individual quality statements	Q8	This is a welcome proposal that can address current gaps in ascertainment and provision and facilitate maintenance of good records – it will require investment and change in practice. It will also require targeted education to ensure that some groups are not placed at a disadvantage (i.e., not offered vaccination on account of HIV status, based on misperceptions) or stigmatised when singled out for some targeted vaccinations without adequate sensitivity (e.g., HPV vaccine in young HIV positive or MSM boys; Hepatitis B vaccination for contacts). How will religious schools address these matters?

Insert extra rows as needed

Checklist for submitting comments

- Use this comment form and submit it as a Word document (not a PDF).
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include section number of the text each comment is about e.g. introduction; quality statement 1; quality statement 2 (measure).

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- If commenting on a specific quality statement, please indicate the particular sub-section (for example, statement, measure or audience descriptor).
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table – type directly into the table.
- Underline and highlight any confidential information or other material that you do not wish to be made public.
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use
- For copyright reasons, comment forms do not include attachments such as research articles, letters or leaflets (for copyright reasons). We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments, but it must be received by the deadline.

You can see any guidance and quality standards that we have produced on topics related to this quality standard by checking [NICE Pathways](#).

Note: We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

Comments received during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.