Vaccine coverage estimate for the GP based catch-up meningococcal ACWY (MenACWY) immunisation programme for school leavers (becoming 18 before 31 August 2016) in England, cumulative data to the end of March 2017

Cumulative national vaccine coverage for the second cohort offered MenACWY vaccine through the GP based catch-up programme (those born 1 September 1997 to 31 August 1998) and evaluated from April 2016 to the end of March 2017 was 33.0%, compared to 29.5% to the end of October 2016.

Coverage for the first cohort offered MenACWY vaccine through the GP based catch-up programme from August 2015 (those born 1 September 1996 to 31 August 1997) has continued to be monitored. Cumulative national vaccine coverage was 38.9% when evaluated at the end of March 2017, an increase of 0.6% compared to the end of October 2016.

Both cohorts remain eligible for vaccination until the age of 25.

Introduction

MenACWY immunisation was added to the national immunisation programme in August 2015 following advice from the Joint Committee on Vaccination and Immunisation (JCVI) in response to the rising number of meningococcal W (MenW) cases [1].

The objective of the MenACWY immunisation programme is to immunise all teenagers in school years nine to 13 before they complete academic year 13. This is being met through replacing the routine adolescent MenC booster given in years nine or 10 with the MenACWY vaccine since September 2015, and through a series of general practice (GP) based catch-up campaigns targeting older teenagers. The first of these MenACWY vaccination catch-up campaigns started in August 2015, targeting those born between 1 September 1996 to 31 August 1997. A second GP based catch-up campaign started in April 2016, targeting those born between 1 September 1997 to 31 August 1998. The final catch-up campaign started in April 2017 for those born between 1 September 1998 to 31 August 1999. Although all individuals in the age cohorts are eligible, the catch-up campaigns are particularly focused on those attending higher or further education settings after leaving school as they are at higher risk of acquiring meningococcal disease. All these cohorts will remain eligible for MenACWY vaccination until the age of 25.

Additionally, MenACWY is offered to older students aged up to 25 who are in university as part of the existing time-limited ‘freshers’ programme. Full details of the MenACWY programme are given in the April 2016 issue of Vaccine Update [2].
The report updates the previous estimates of national vaccine coverage for the first and second GP based catch-up campaigns to the end of October 2016 [3].

Methods

In order to assess vaccine coverage of this newly implemented immunisation programme Public Health England (PHE) uses GP practice level MenACWY vaccine coverage data automatically uploaded via participating GP IT suppliers to the ImmForm* website on a monthly basis.

Cumulative monthly data are then validated and analysed by PHE to check data completeness, identify and query any anomalous results and describe epidemiological trends. Cumulative monthly MenACWY vaccine coverage data were collected for the target birth cohorts using the following definitions:

First GP based catch-up cohort

- **Denominator**: the number of patients registered in a GP practice born between 1 September 1996 to 31 August 1997;
- **Numerator**: the number of patients in the denominator who have received a MenACWY vaccine by 31 October 2016.

Second GP based catch-up cohort

- **Denominator**: the number of patients registered in a GP practice born between 1 September 1997 to 31 August 1998;
- **Numerator**: the number of patients in the denominator who have received a MenACWY vaccine by 31 October 2016.

Vaccine coverage is calculated as the total number of patients who have received the vaccination (numerator) as a percentage of the number of patients registered (denominator).

Participation and data quality

MenACWY vaccine data for the first and second GP based catch-up cohorts to the end of March 2017 were available from 6,553/7,428 (88.2%) of all GP practices in England across all four GP IT suppliers. From September 2016 many individuals in the second catch-up cohort will have changed their GP registration as they moved to university, college, or other educational or vocational institutions. For this reason the denominators and numerators for individual GP practices will fluctuate between monthly data extractions, limiting the month on month comparability for any given geography. As a result, local MenACWY coverage estimates cannot be confidently estimated and are not provided.

Results

The proportion of GP practices contributing to the data ranged from 79.1% (South (South East)) to 95.8% (Midlands and East (East)) among NHS local teams.

National cumulative MenACWY vaccine coverage to the end of March 2017 was 33% for the second GP based catch-up cohort (currently aged 18-19 years, offered the vaccine from April 2016), and 38.9% for the first catch-up cohort (currently aged 19-20 years, offered the vaccine from August 2015).

* ImmForm is the system used by Public Health England to record vaccine coverage data for some immunisation programmes and to provide vaccine ordering facilities for the NHS
The figure shows national monthly cumulative vaccine coverage in the two GP based catch-up campaigns from the month when data from all GP IT suppliers became available. Cumulative coverage for the second GP based catch-up cohort reached 17.4% by the end of August 2016, 27.7% by the end of September 2016, 29.5% by the end of October 2016 and 33.0% by the end of March 2017.

There was a slight month-on-month increase in cumulative coverage for the first GP based catch-up cohort from October 2016 through to March 2017, totalling 0.6% overall.

Monthly cumulative MenACWY vaccine coverage for first GP based catch-up cohort (from October 2015) and second GP based catch-up cohort (from April 2016) up to the end of March 2017: England

Discussion

The previous vaccine coverage report [3] described the low uptake in the second GP based catch-up cohort over the initial summer months of eligibility, and the subsequent steep increase at the start of the academic year following national and individual university communication campaigns. This report describes a further 3.5% increase between October 2016 and March 2017 to 33.0%, showing that, although it is expected that coverage will continue to increase, coverage for the second catch-up cohort is lower than the first catch-up cohort at the same point in time in 2016 (35.2% for the first cohort in March 2016 vs 33% for the second one in March 2017).

Vaccine coverage estimates presented in this report relate to all eligible individuals in the birth cohort, not just those planning to attend university, who are at the highest risk and have been specifically targeted in communication campaigns. Only about half of all school leavers go on to university, so it is expected that coverage among those attending higher or further education is higher than the estimates for the whole cohort presented in this report.

From 1 April 2017, the third GP based catch-up cohort (students aged 18 years on 31 August 2017) will be offered MenACWY vaccine through an active call and re-call service [4]. Vaccine coverage in this cohort will be monitored alongside the first and second GP based catch-up cohorts who remain eligible for opportunistic vaccination through the freshers meningococcal
vaccination programme for 2017/18, for to patients aged 19 years on 31 August 2017 up to 24 years by 31 March 2018 [5].

Coverage estimates for the school-based routine and catch-up MenACWY programmes delivered in the 2015/16 academic year were published in December 2016 [6]. Coverage estimates for the school-based routine MenACWY programmes delivered in 2016/17 will be captured in an annual survey during September 2017 and are expected to be published in late 2017.

**Further information**

Further information relating to the implementation of this vaccination programme is available from the PHE website document collection, Meningococcal ACWY (MenACWY) vaccination programme.

**References**


