

Position statement

The UK Childhood Immunisation Programme

Unite/CPHVA believe that specialist community public health nurses (health visitors and school nurses) and community nurses have a significant role to play in the continued success and delivery of the childhood immunisation programme in the UK and must prioritise their interventions in order to increase the uptake of immunisations for children and families in their care.

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Abstract

Infectious diseases continue to pose a major threat to mankind in terms of health, prosperity, social stability and security. The childhood immunisation programme is one measure which stems the progression of infectious diseases. Since its introduction it has been commended as being one of the safest and most successful and cost effective medical interventions for the achievement and maintenance of public health. If this success story is to continue, professionals must commit to providing up-to-date, research based information to those considering the decision to immunise their child/children.

Introduction

“The control and prevention of infectious disease is a responsibility of all health care professionals, not just specialists”.¹

Immunisation programmes, in combination with other public health measures have been successful in reducing the incidence of disease and related deaths worldwide.¹ Thankfully the death of a child because of diphtheria or polio is no longer a common occurrence in the UK. However, with this success comes the assumption that immunisation is no longer necessary because the disease no longer exists. This assumption continues to impact negatively on the uptake of immunisation especially as adults of today no longer have experience of the once common childhood diseases, for example measles, diphtheria and polio. Professionals who are involved in supporting people to make decisions about whether or not to immunise must therefore be up-to-date with advances in immunisation and confident to explain the rationale for immunisation for example, herd immunity and explaining the risk of disease.^{2,3}

Immunisation is a core component of the role of all specialist community public health nurses and community nurses who are employed by National Health Service organisations to work with children and families. It is not an optional extra to be completed if

time or preference allows. Despite this important fact there has been much debate about the administration of childhood immunisations especially within the health visiting profession. Arguments from commissioners and managers have centred on the need for health visitors to administer immunisation on a routine basis. However, other service demands which are placed on health visitors are making routine administration increasingly difficult for them to achieve. An alternative measure has been to develop the role of the immunisation nurse, which is commonly undertaken by the community staff nurse members of the health visitor team, to administer immunisations to children on a routine basis. However, it is important to acknowledge that whereas some elements of the childhood immunisation service can be delegated for example, the injection; other aspects such as opportunistic immunisation services, communicating risk and delivering clear, consistent messages about immunisation must be undertaken by practitioners with the required knowledge and skills to deliver an effective and efficient service to meet client need. It is also important that those who are delegating this activity continue to update their knowledge and skills in order to effectively lead the policy and practice of immunisation for children and families in their care and acknowledge that administration is merely one aspect of this important public health intervention.

Literature review

Childhood immunisation must be part of the core business of all specialist community public health nurses and community nurses who are working with children and families. Indeed as a significant strategy for promoting health and well being it is a key feature of the proficiencies leading to registration on the Specialist Community Public Health Nursing part of the Nursing and Midwifery register.⁴ For example, “promoting and protecting the population’s health and well being, working with and for communities to improve health and well being and developing health programmes and services and reducing health inequalities”.⁴

Research has proven the significant role played by immunisation programmes in stopping the occurrence of vaccine preventable diseases, for example, polio.¹ This is supported by health policy in

the UK which seeks to promote health and well being by increasing client choice and responsibility, information sharing and the delivery of research based services.^{1,5,6,7.}

It is clear that effective and efficient childhood immunisation programmes are necessary to positively influence herd immunity in communities and prevent the occurrence of vaccine preventable diseases. However this can only be achieved if specialist community public health nurses and community nurses are committed to delivering all aspects of the immunisation service including administration of immunisations and communication of research based information about immunisation. They must also be willing and committed to developing and retaining their knowledge and skills over time.

The Community Practitioners’ and Health Visitors’ Association (CPHVA) is a professional section of Unite Health Sector which has about 100,000 members working in the health sector. Unite/CPHVA is the third largest professional nursing union and is the only union which has public health at its heart. Unite/CPHVA is the UK professional body that represents registered nurses, nursery nurses and health visitors who work in a primary or community health setting.

The sector is itself part of the Unite trade union with 2 million members nationwide. Unite was formed by an amalgamation of Amicus and the Transport and General Workers’ Union in May 2007.

Expected outcome

The childhood immunisation programme is a major public health intervention and is responsible for reducing the death rate in children from vaccine preventable diseases.⁶ It is imperative that specialist community public health nurses and community nurses who work with children and families prioritise immunisation as a major component of their professional, public health practice. The ultimate aim of this practice must be to increase the uptake of immunisation by children at the required age and the maintenance of herd immunity in the population.

This position statement affirms the importance that Unite/CPHVA places on the significant contribution that specialist community public health nurses and community nurses must provide to the childhood immunisation programme in the UK. Unite/CPHVA believe that this can be achieved in the following ways:

Recommendations

Education and training

1. High quality education programmes are an essential feature of measures which seek to positively influence the knowledge and understanding of health professionals.^{2,3} This is certainly the case for immunisation policy and practice because of advancing research and developments and the dynamic nature of public confidence. It is therefore imperative that all specialist community public health nurses and community nurses access training and education on an annual basis in order to retain their knowledge, skills and confidence in this area of practice.^{2,3}
2. Unite/CPHVA advocate the use of The National Minimum Standards for Immunisation Training produced by the Health Protection Agency as a guide for practitioners, managers, providers and commissioners who are seeking to ensure that immunisation services are delivered by practitioners who are fit for practice and purpose.^{2,3}
3. Health visitors are leading the delivery of the Child Health Promotion Programme and must therefore develop their practice so that they are able to lead and influence the policy and practice of immunisation for the children and families in their care.⁷ This can be achieved by successfully completing an education programme which integrates the National Minimum Standards for Immunisation Training into its content for example, City University London provide The Policy and Practice of Immunisation course.^{2,3,8} This is a ten week course which has been developed and is delivered in collaboration with the Health Protection Agency. It allows practitioners to develop skills which will enable them to communicate vaccine issues in a confident way; provide high quality information to promote informed choice and to develop local initiatives for health promotion and health protection.
4. Research has shown that the public/clients acknowledge health messages in many different ways and that this influences the way in which they choose to access health services. For this reason specialist community public health nurses must design and develop immunisation services in response to the population profile of the children and families in their care. It is imperative therefore that they acknowledge the need to offer immunisation services in different ways. For example, immunisation by appointment, opportunistic and drop-in services, and domiciliary immunisation services. All of which have proven to be successful in gaining access to children and families and increasing the uptake of immunisation.⁹
5. Unite/CPHVA suggests that all specialist community public health nurses acknowledge their public health role in relation to immunisation and work consistently towards this. For example, the health visitor must be ready and able to administer immunisation to children and families in their own home. This is particularly important when s/he is the only health professional with access to the family. For example the family may be hard to reach and/or difficult to engage in mainstream health services, i.e. children and families who are highly mobile and who are living in temporary accommodation.
6. Research shows that public confidence and decision making is positively influenced when health professionals give evidence based, clear and consistent messages about immunisation.⁹ Therefore all specialist community public health nurses must be able to integrate evidence based information into the discussions that they have with families who are considering immunisation.^{2,3,9} Ways in which to do this include:
 - Health visitors must capitalise on their ability to develop and maintain relationships with families over time. This is particularly important when seeking to influence the uptake of booster immunisation in children aged 3 years and older.⁹
 - Specialist community public health nurses must be able to interpret research and articulate the findings in a way that their clients are able to understand. They must be up-to-date with the reasons that are frequently given by clients for refusing immunisation and prepare evidence based responses so that they are available and accessible when needed. If these practitioners are not able to answer client's questions as they arise the danger is that the opportunity for influencing client decisions is lost. Some of the frequently quoted reasons for refusal are, a belief that vaccines do not work, the belief that immunisations are not necessary because the diseases that they protect against are no longer an issue in the UK, a belief that it is not necessary to protect against natural childhood diseases e.g. measles and mumps.^{9,10}
7. Specialist community public health nurses must be actively involved in collecting data about immunisation uptake, and develop timely action plans to follow up those who need to be immunised. For example, following up children who miss appointments, identifying children who are not registered with a General Practice or a school and tracking children who have moved in and out of an area.⁹
8. Unite/CPHVA support measures that seek to reinforce the message that immunisation is an important public health intervention and as such support the call of the Greater London Assembly that the Department of Health make immunisation a key performance indicator for Primary care trusts in England (PCT).

References

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- ⁸ City University London. The Policy and Practice of Immunisation. London: City University London, 2008. (www.city.ac.uk accessed 3.11.08).
- ⁹ Greater London Authority. Still Missing the Point? Infant Immunisation in London. London: Greater London Authority, 2007.
- ¹⁰ Health Protection Agency. Infectious Diseases. London: Health Protection Agency, 2008. (www.hpa.org.uk accessed 3.11.08).

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