

### THE SCOTTISH OFFICE

# National Health Service in Scotland Management Executive

NHS: MEL(1994)101

St. Andrew's House Edinburgh EHI 3DG

Dear Colleague

## MEASLES/RUBELLA CAMPAIGN: NATIONAL DATA REQUIREMENTS

### Summary

1. This MEL outlines the national data requirements and timetable for data returns for the measles/rubella campaign.

### Other Information

- 2. MEL(1994)89 asked General Managers to ensure that data can be provided on the success of the measles/rubella campaign according to national requirements. Following discussion in the Measles/Rubella Implementation Advisory Group and with ISD, we have now identified the national data requirements and a timetable for data returns.
- 3. We appreciate that the campaign is making a heavy demand on health service staff and we have, therefore, tried to keep the central data set to the core information needed. The data collection form is attached at Annex A. If it was helpful, ISD would be willing to prepare, on request, versions of the forms for use at class, school or provider level.
- 4. MEL(1994)89 asked General Managers to ensure that the campaign was completed and a report from providers received by 31 January 1995. We are asking for data returns from Health Boards by 17 February 1995; and a second (and final) return to include follow-up immunisation (eg where children were absent) by 14 April 1995.
- 5. We anticipate the need to provide briefing to the Minister of State in early January on the progress of the campaign. We will require only the total (not by year of birth) number of children vaccinated in November and December out of the school population visited. General Managers (and Chief Executives of NHS Trusts) will wish to make arrangements to ensure that such information is available.

**1** ○ October 1994

### Addressees

For action:

General Managers, Health Boards

For information:

General Manager Health Education Board for Scotland

Chief Executives, NHS
Trusts

Immunisation Co-ordinators

To be copied to Unit General Managers

### Enquiries to:

Elaine Buist Tel: 031-551-8715 or

Peter Knight Tel: 031-551-8739

Information and Statistics Division Trinity Park House South Trinity Road EDINBURGH EH5 3SQ

| COMMON SERVICES AGENCY   | , |
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| receivad:<br>29 OCT 1994 |   |
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|                          |   |

### Action

- 6. General Managers are asked to ensure that:
  - 6.1 providers have local data collection arrangements in place which will provide, when aggregated to health board level, the means of completing fully the attached ISD form;
  - 6.2 such arrangements will facilitate the provision of a report in early January on the total (not by year of birth) vaccinated in November and December out of the school population visited;
  - 6.3 the central returns are completed and submitted to ISD;
  - first report by 17 February 1995;
  - second (and final) report by 14 April 1995.

General Managers are also asked to provide ISD with the name of a contact to whom ISD can address more detailed advice on what is required and who can respond to any queries on submitted forms.

Yours sincerely

PATRICIA RUSSELL

Acting Director of Health Gain

Patrice Russell

Health Board

Information & Statistics Division National Health Service in Scotland

# Measles & Rubella Programme

Table 1

|   | a | נו | , |
|---|---|----|---|
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|   | Year of Birth | Sirth |      |      |      |      | :    |      |      |      |      |      |      |      |      | Total |   |
|---|---------------|-------|------|------|------|------|------|------|------|------|------|------|------|------|------|-------|---|
|   | 1976          | 1977  | 1978 | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 | 1987 | 1988 | 1989 | 1990 |       |   |
| 1 Number of children attending school in health board (2+3+4) |               |       |      |      |      |      |      |      |      |      |      |      |      |      |      |       |   |
| 2 Number of children with consent given                       |               |       |      |      |      |      |      |      |      |      |      |      |      |      |      |       | ] |
| 3 Number of children with consent refused                     |               |       |      |      |      |      |      |      |      |      |      |      |      |      |      |       | Т |
| 4 Number of children - consent form not returned              |               |       |      |      |      |      |      |      |      |      |      |      |      |      |      |       | 1 |
| 5 Number of children vaccinated                               |               |       |      |      |      |      |      |      | -    |      |      |      |      |      |      |       | ] |
| 6 Number of children with consent given but not vaccinated    |               |       |      |      |      |      |      |      |      |      | -    |      |      |      |      |       | T |

 Table 2

 Children with consent refused - reason given by parents

|          |  | Total |
|----------|--|-------|
| י מ      | a C.I as cited on parent leaflet   |       |
| ٩        | previous recent vaccination against measles, rubella, and/or MMR (within past 12 months)   |       |
| ပ        | previous vaccination against measles, rubella and/or MMR (longer than 12 months, as part of infant programme or time period not known) |       |
| р        | previous clinical measles and/or rubella (german measles)  |       |
| 0        | no reason given  |       |
| <b>-</b> | other.   |       |
| Total    | tal  |       |

Table 3

Children with consent given but not vaccinated - reasons

| Ì          |                      | Total |
|------------|----------------------|-------|
| æ          | Valid C.I on the day |       |
|            | refused              |       |
|            | absent               |       |
| -          | other                |       |
| _ <u>ō</u> | Total                |       |

Please return this form to: Elaine Buist, Unit 2, Room B 024, ISD, Trinity Park House, South Trinity Road, Edinburgh EH5 3SQ.

Enquiries: phone 031 551 8715

Health Board contact regarding this form:

Comments:\_

| Telephone |                 |
|-----------|-----------------|
|           |                 |
| Name      | Date completed_ |
|           |                 |