New vaccines for summer 2014

Replacement whooping cough vaccine
Boostrix IPV will be replacing Repevax as the vaccination for the pregnant women programme to protect their newborn infants from pertussis.

Additional infant primary vaccine
Infanrix IPV/Hib is being introduced alongside Pediacel as an infant primary vaccine. Infanrix/Hib and Pediacel will be fully interchangeable for the infant vaccinations at two, three and four months.

See p.9 in the Vaccine supply section for more details on both these vaccine introductions.

Immunisation news

Who’s going to be eligible for the shingles vaccination in 2014/15?
This article is to inform stakeholders of the eligibility criteria for the 2014/15 shingles vaccine programme which come into effect from 1 September 2014. The 2013/14 campaign continues until 31 August and patients who meet the eligibility criteria for the 2013/14 programme, i.e. aged 70 or 79 on 1 September 2013 irrespective of their age now, should continue to be called in for vaccination.

After August, the national shingles immunisation programme will run between the same dates as last year, i.e. from 1 September 2014 to 31 August 2015. And the same shingles vaccine, Zostavax, will be offered to those who are, or were, 70 years old on the 1 September 2014.

As in the first year of the programme, a catch-up campaign will also run in 2014/15, this time for those aged 79 and 78 on 1 September 2014.
Eligible patients who have not yet received Zostavax during the 2013/14 programme can be vaccinated up until 31 August 2014 but no later.

The key factor to consider when deciding eligibility is the patient’s age, in years, on 1 September 2014.

In summary, the national vaccination programmes for this year and next are:

- **2013/14**
  Zostavax offered to those aged 70 and 79 years on 1 September 2013, until 31 August 2014

- **2014/15**
  Zostavax offered to those aged 70, 78 and 79 years on 1 September 2014, until 31 August 2015.

In detail, the eligible age cohorts for next year’s shingles vaccination in England, are planned as follows:

<table>
<thead>
<tr>
<th>Age in years on 1 September 2014</th>
<th>Eligibility from 1 September 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>69 or under</td>
<td>No</td>
</tr>
<tr>
<td>70</td>
<td>Yes</td>
</tr>
<tr>
<td>71 to 77</td>
<td>No</td>
</tr>
<tr>
<td>78</td>
<td>Yes</td>
</tr>
<tr>
<td>79</td>
<td>Yes</td>
</tr>
<tr>
<td>80 and over</td>
<td>No</td>
</tr>
</tbody>
</table>

**Early shingles vaccine uptake looks promising**

The *Health protection report* for 28 February provides the first provisional coverage data for the shingles vaccination programme (data for Sept 13 to Jan 14 inclusive) with uptake exceeding 45% in both the routine and catch-up cohorts (see [web link 15](#)).
Is rotavirus on the run?

It’s early days but all the indications are that the incidence of rotavirus is much lower than at the same time in previous years, as the graph shows, see also web link 1.

Weekly rotavirus laboratory reports compared to weekly mean reports 2002-2011

Given that the vaccine was introduced just eight months ago, this will be a remarkable achievement if the trend is maintained over the coming seasonal peak months of the incidence of the disease. Of course, we cannot be sure that it’s all down to the vaccine – it may just be a quiet rotavirus year – so keep an eye on the web link for weekly updates.

Anecdotally, some immunisers are finding that giving the rotavirus drops after the two injected vaccinations at two and three months pacifies a crying baby. If this is your experience, please let us know at vaccineupdate@phe.gov.uk

‘Is that really a live vaccine you’re giving my baby?’

Parents who ask about the different types of vaccines and/or their contents can now be referred to the information that’s recently been added to the NHS Choices website at web link 2.
‘My baby’s been really tetchy since having its vaccination. How long is this likely to last?’

Babies react differently to vaccinations – some have unpleasant side effects while others have hardly any at all. Most side effects pass within a day or so, others much more quickly. Serious side effects do occasionally occur and these should be reported using the Yellow Card scheme. For information on this, see web link 3 and for general information and a downloadable leaflet, see web link 4.

Dates for the diary

Public health nursing: contacts that count

Healthcare professionals have a core responsibility to make every contact count with every individual they meet in their professional capacity as an opportunity to help improve their mental and physical health and wellbeing.

‘Contacts that count’ will provide an update on the key issues in public health nursing and provide tools to deliver better patient outcomes.

There’s still time to book for 21 March at the University of Warwick, see web link 6.

European and World immunisation weeks 24 to 30 April 2014

These weeks run in tandem this year, see web link 7 and web link 8 for ideas and activities, around the theme of ‘Are you up-to-date?’, that can be used to increase vaccine uptake in your populations.

Flu vaccine uptake figures for winter 2013/14 published

Final provisional figures for the uptake of flu vaccine in GP patients and frontline healthcare workers (HCWs) are now available at web link 9.

In summary, from the 99.8% of GP surgeries that responded, 73.2% of those aged 65 and over had the vaccine, 52.3% in those at risk aged six months to 65, 39.8% in pregnant women, 42.6% in all two-year-olds and 39.6% in all three-year-olds.

In frontline HCWs, the 99.3% of the organisations making a return reported a 54.8% uptake as compared with 45.9% last year – a significant jump but still lots of room for improvement next year.
Vaccine wastage

Vaccines don’t come cheap

Avoidable vaccine wastage has been estimated to cause an indicative loss of £2 million of vaccine stock a year. We need to work to reduce this loss and several quick and easy steps can be taken to do so.

Some of the main reasons for avoidable waste voluntarily reported through ImmForm in February include:

- leaving the fridge door open (£12,000 indicative loss)
- switching the fridge off in error (£10,000 indicative loss)
- leaving stock out of the fridge in error (£2500 indicative loss)

These types of wastage are easily preventable through regular training for all staff around the importance of good vaccine management, the importance of the cold chain and instructions around not turning off fridges. There are other actions that can be taken such as uninterruptible power supplies and lockable doors for vaccine fridges which are also relatively inexpensive and can prevent potentially serious and expensive vaccine incidents.

Further information on preventing vaccine wastage is available, including: Protocol for ordering, storing and handling vaccines at web link 16, and Chapter 3 of the Green Book – Storage, distribution and disposal of vaccines at web link 17.

In addition, reporting of vaccine wastage incidents through ImmForm at web link 18 and to screening and immunisation teams is recommended as good practice.

Monthly myth buster

The whooping cough vaccine can’t be very effective, otherwise we wouldn’t be seeing so many cases, would we?

Whooping cough is a cyclical disease, with peaks of incidence every three or four years (see p.2 in Vaccine update 211 at web link 10). We do not know why these cycles occur but the peak in 2011/12 was particularly high and babies were contracting the disease before they could be vaccinated. For this reason, the vaccination programme for pregnant women was introduced in September 2012.

This has already had a positive impact on the level of disease as the graph at web link 10 indicates. This shows that the vaccine is very effective but sometimes nature catches us out and we have to take steps to mitigate its effects.
Resources

What would you like to get from the PHE health protection website?

As part of Public Health England’s (PHE) online service team’s commitment to providing a quality service, PHE – formerly the Health Protection Agency (HPA) – would like to interview users of PHE’s health protection website (web link 11) to discover more about peoples’ online information gathering behaviours.

We would like to gain a better understanding of why people visit this site and whether the site meets visitors’ needs and expectations. In particular, we want to know:

- what information they need to access and why
- how users go about finding that information
- what users’ patterns of behaviour are like.

We would like to interview a broad range of users from health professionals and journalists to members of the public and we would welcome your input. The feedback we receive will help us develop the PHE website.

The PHE online services team have already started the interview process and will continue to arrange interviews throughout March 2014 (via phone, Skype or in person). Each interview should last approx. 30 minutes.

If you’re willing to be interviewed, please complete our 60-second user survey at web link 11 and specify that you’d like to join our research panel. A member of the PHE online services team will contact you to schedule an interview at a time that is convenient to you.

If you’re not able to commit to an interview but you would like to share your feedback on your experience of using the site, please complete our 60-second user survey at web link 12 and select ‘No’ for question 6.

Supporting the delivery of immunisation education

This resource from the Royal College of Nursing, which has contributions from a wide range of experts on immunisation, builds on the national guidance for immunisation training and includes a detailed competency framework to support staff and help managers assess competence and knowledge. See web link 13.

MenC vaccination advice for healthcare professionals updated

This publication at web link 5 has been updated to bring it into line with current policies and procedures.
Vaccine supply

Further details on who’s supplying Fluenz for the 2014/15 flu vaccination programme

All supplies of Fluenz, the nasal flu vaccine for children aged two to 17, will be centrally supplied and available to order via the ImmForm website.

The cohorts of children who will be getting Fluenz next year are those aged:

- 2, 3 and 4 via GP surgeries
- 5 to 10 in the same primary school pilot areas as 2013/14
- 11 to 13 in school years 7 and 8 in pilot areas around the country
- 2 to 17 and who are in clinical risk groups.

Where Fluenz is not suitable because of allergy or for other medical reasons or treatments, inactivated flu vaccine will be available through ImmForm. Inactivated flu vaccine will also be made available for children at risk aged six months to two years for whom Fluenz is not suitable.

Movianto UK deliveries over Easter / May / Spring Bank Holidays

Due to the Easter, May Day and Spring Bank Holidays, there will be **no deliveries or order processing** by Movianto UK on:

- Friday 18 April
- Monday 21 April
- Monday 5 May
- Monday 26 May

Please see the table below for revised order and delivery dates.

Customers whose scheduled delivery day falls on a Bank Holiday are reminded to be prepared for the break in deliveries and to order accordingly. Please make sure you have sufficient room in your fridge for any additional vaccine you wish to stock over this holiday period.

Orders can still be placed on ImmForm on all days, but on Bank Holidays they will not be processed by Movianto UK for dispatch at their warehouse, hence the revised order cut off day.

We recommend you have two to four weeks of vaccine stock held in your fridge, so you may wish the bear this in mind when ordering for the holiday period. We also recommend that you have at least two contacts registered on ImmForm, as cover for leave etc. To register please see the ImmForm helpsheet on how to register at [web link 14](#).
### Easter, Early May and Spring Bank Holidays orders and deliveries

<table>
<thead>
<tr>
<th>Delivery date</th>
<th>Order cut-off date</th>
<th>Order cut-off time</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Easter Bank Holiday</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monday 14 Apr</td>
<td>Thursday 10 Apr</td>
<td>11:55</td>
</tr>
<tr>
<td>Tuesday 15 Apr</td>
<td>Friday 11 Apr</td>
<td>11:55</td>
</tr>
<tr>
<td>Wednesday 16 Apr</td>
<td>Monday 14 Apr</td>
<td>11:55</td>
</tr>
<tr>
<td>Thursday 17 Apr</td>
<td>Tuesday 15 Apr</td>
<td>11:55</td>
</tr>
<tr>
<td>Good Friday 18 Apr</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Easter Monday 21 Apr</td>
<td>Closed – No DELIVERIES</td>
<td></td>
</tr>
<tr>
<td>Tuesday 22 Apr</td>
<td><strong>Wednesday 16 Apr</strong></td>
<td>11:55</td>
</tr>
<tr>
<td>Wednesday 23 Apr</td>
<td><strong>Thursday 17 Apr</strong></td>
<td>11:55</td>
</tr>
<tr>
<td>Thursday 24 Apr</td>
<td>Tuesday 22 Apr</td>
<td>11:55</td>
</tr>
<tr>
<td>Friday 25 Apr</td>
<td>Wednesday 23 Apr</td>
<td>11:55</td>
</tr>
<tr>
<td><strong>Early May Bank Holiday</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monday 28 Apr</td>
<td>Thursday 24 Apr</td>
<td>11:55</td>
</tr>
<tr>
<td>Tuesday 29 Apr</td>
<td>Friday 25 Apr</td>
<td>11:55</td>
</tr>
<tr>
<td>Wednesday 30 Apr</td>
<td>Monday 28 Apr</td>
<td>11:55</td>
</tr>
<tr>
<td>Thursday 1 May</td>
<td>Tuesday 29 Apr</td>
<td>11:55</td>
</tr>
<tr>
<td>Friday 2 May</td>
<td>Wednesday 30 May</td>
<td>11:55</td>
</tr>
<tr>
<td>Early May Bank Holiday Monday 5 May</td>
<td>Closed – No DELIVERIES</td>
<td></td>
</tr>
<tr>
<td>Tuesday 6 May</td>
<td><strong>Thursday 1 May</strong></td>
<td>11:55</td>
</tr>
<tr>
<td>Wednesday 7 May</td>
<td><strong>Friday 2 May</strong></td>
<td>11:55</td>
</tr>
<tr>
<td>Thursday 8 May</td>
<td>Tuesday 6 May</td>
<td>11:55</td>
</tr>
<tr>
<td>Friday 9 May</td>
<td>Wednesday 7 May</td>
<td>11:55</td>
</tr>
</tbody>
</table>
### Delivery date | Order cut-off date | Order cut-off time
--- | --- | ---
**Spring Bank Holiday**

| Monday 19 May | Thursday 15 May | 11:55 |
| Tuesday 20 May | Friday 16 May | 11:55 |
| Wednesday 21 May | Monday 19 May | 11:55 |
| Thursday 22 May | Tuesday 20 May | 11:55 |
| Friday 23 May | Wednesday 21 May | 11:55 |

| Spring Bank Holiday Monday 26 May | **Closed – No DELIVERIES**

| Tuesday 27 May | **Thursday 22 May** | 11:55 |
| Wednesday 28 May | **Friday 23 May** | 11:55 |
| Thursday 29 May | Tuesday 27 May | 11:55 |
| Friday 30 May | Wednesday 28 May | 11:55 |

An example of how deliveries are affected by the Bank Holidays: if your normal delivery day is a Monday, the cut off for placing an order for a delivery for use around the Easter Bank Holiday is 11:55 on Thursday 10 April for delivery on Monday 14 April. If you miss this date, the next Monday delivery will be Monday 28 April.

The normal delivery cycle resumes on Thursday 24 April and normal ordering cycle resumes on Tuesday 22 April.

Out of schedule deliveries cannot be made for failure to place orders in good time.

### Boostrix IPV replacing Repevax

The vaccine offered to pregnant women to protect their new born from pertussis is changing from Repevax to Boostrix IPV in the early summer. Both vaccines have the same components but are made by different manufacturers. Boostrix IPV will be available to order via ImmForm. Repevax will continue to remain available to order for the pre-school booster programme alongside Infanrix IPV, until all remaining stock is consumed.

We have had several queries about ordering Repevax for private patients. Centrally purchased vaccines for the national immunisation programme for the NHS can only be ordered via ImmForm and are provided free of charge to NHS organisations. Vaccines for private prescriptions, occupational health use or travel, are NOT provided free of charge and should be ordered directly from the vaccine manufacturers.
Infanrix IPV/Hib as an alternative to Pediace
Infanrix IPV/Hib is being introduced alongside Pediace as the infant primary vaccine also in the summer. Both Infanrix IPV/Hib and Pediace will be available to order from ImmForm in the usual way.

Further details on both these new vaccine introductions will appear in future issues of Vaccine update.

**MMR capping of VaxPro**
To balance the national stock of MMR vaccine we will be introducing a cap on VaxPro to 12 doses per practice per week from 1 April 2014. There will be no limit on the amount of Priorix that can be ordered.

**Yellow fever vaccine**
Sanofi Pasteur MSD’s Stamaril single dose presentation is now available to all registered yellow fever centres.
Vaccine ordering and supply enquiries: vaccinesupply@phe.gov.uk