Timing of the UK childhood immunisation schedule

The childhood immunisation schedule has been designed to provide early protection against infections that are most dangerous for the very young. Recommendations for the age at which vaccines should be administered are informed by the age-specific risk for a disease, the risk of disease complications and the ability to respond to the vaccine. The schedule should therefore be followed as closely as possible.

In recent months, a number of immunisers have expressed the need for clarity on the exact timing of the primary immunisation schedule and whether vaccines should be administered according to a child's age in calendar months or weeks, i.e. from two months or 8 weeks. As a general rule children should be immunised sooner rather than later, this means that primary vaccines due at 2 months should be administered from 8 weeks, at 3 months from 12 weeks and 4 months from 16 weeks.

Vaccines offered at 12 months of age should be administered shortly after the child's first birthday (i.e. from 52 weeks) and not before. This is particularly relevant to the MMR vaccine as maternal measles, mumps and rubella antibodies may persist up to 12 months and can reduce the immune response to the vaccine. As a result, administering the MMR vaccine before 12 months may leave the child unprotected.

The optimal age chosen for scheduling children's vaccines is therefore a compromise between the risk of disease and the level of protection. Please see weblink 1.

Babies first immunisation – Are you using the correct one? Are you reconstituting the Hib component?

Primary immunisations must be with either Pediacel or Infanrix-IPV+Hib, not Infanrix-IPV. By incorrectly selecting Infanrix-IPV babies will not receive the protection they need against Haemophilus influenzae type B (Hib). In addition when using Infanrix-IPV+Hib please remember that the Hib component is supplied as a freeze-dried preparation in a separate glass vial that must be reconstituted with the pre-filled syringe containing diphtheria, tetanus, acellular pertussis and inactivated poliomyelitis antigens.

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It is important for all immunisers to be familiar with the packaging of Infanrix-IPV+Hib (in the pink packaging) and not to mistake it with the pre-school booster of Infanrix-IPV (in the green packaging) and to ensure that all components of the vaccine are reconstituted as per manufacturer’s instructions.

Further information on Infanrix-IPV+Hib vaccine and what actions to take in the event of an administration error can be found in the Information for Healthcare Professionals document at weblink 2.

Changes to the packaging of both Infanrix-IPV+Hib and Infanrix-IPV are being made by the manufacturer (GSK) and will be available later this year.

**Infanrix IPV Hib and Pediaacel**

Ordering for Pediaacel is currently restricted to 6 doses per order, per week in England. Restrictions are also in place for Wales and Scotland. Infanrix IPV Hib is available to order, with no restriction on volume.

Where possible and if local stock allows, it is preferable that the same DTaP/IPV-Hib containing vaccine be used for all three doses of the primary course. However, vaccination should never be delayed because the vaccine used for previous doses is not known or unavailable.

**Ordering for LAIV (FluMist® Quadrivalent) for the Childhood Flu Programme has now closed.**

Ordering through ImmForm for LAIV (FluMist® Quadrivalent) for the childhood flu programme closed on Wednesday 20 January 2016. Whilst sufficient vaccine should have already been ordered to enable you to complete your vaccination programmes, if you require additional stock it may be possible to process a further order. Please contact the ImmForm helpdesk to discuss your requirements.

**Expiry date for FluMist® Quadrivalent.**

All FluMist Quadrivalent supplied for the 2015/16 season (batches FL2113 & FL2118) expires on 24 February 2016.

To ensure timely supply of vaccine to the UK, changes in the planned supply schedule of FluMist® Quadrivalent were required. Consequently there is a mismatch between the actual expiry date (24 February) and that printed on the packaging and labelling. The two batches of FluMist® Quadrivalent that have been supplied in the UK (FL2113 & FL2118) must not be used after the 24 February 2016. **This does not affect the safety, quality or efficacy of the batches.**

**Withdrawal of unused FluMist® Quadrivalent.**

In agreement with the MHRA, a pre-planned withdrawal of any unused stock of FluMist® Quadrivalent commenced on the 25 January 2016. This will help ensure that no time-expired vaccine remains in circulation after 24 February 2016. AstraZeneca’s logistics provider Movianto, will contact providers individually to arrange for any leftover vaccine to be collected.
**Fluenz Tetra® has now expired.**

All Fluenz Tetra® supplied for 2015/16 has now expired. If you are still holding any Fluenz Tetra® then please ensure that it is disposed of in line with local policies. Please record any stock that is disposed of due to expiry through the ImmForm website (see weblink 3).

**Providing a second dose of flu vaccine after the FluMist® Quadrivalent expiry date/withdrawal**

If you need to give a second dose of flu vaccine four weeks after the first dose (for example, for children in clinical risk groups aged two to under nine years who have not received influenza vaccine before) but this date falls after the 24 February 2016 when all FluMist® Quadrivalent expires, then it is safe and effective to give inactivated vaccine as a second dose.

**Adult Flu vaccinations for 2015/16.**

Due to the recent arrival of cold weather, it is possible that there could be a late surge in demand for flu vaccinations from eligible groups. As General Practices prepare to return any unused stock to their suppliers, please consider whether you are retaining stock for a suitable time period, to enable you to meet any increased demand.

**Sharps, safe to use or not to use?**

Advice from the Health and Safety Executive published in 2013 sets out what employers and employees must do to comply with Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 (see weblink 4). This includes ensuring that risks from the use of sharps are assessed, that the use of sharps is safely managed, and that all staff are appropriately trained.

The regulations require that use of sharp devices is avoided where possible. As most vaccines are injectable, sharps remain an unavoidable part of immunisation in most cases. Where using a sharp is unavoidable, HSE guidance is, where practical, to use safer sharps with features that reduce the risk of accidental injury. However, before deciding to use a safer sharp device, HSE also advises that a number of factors must be considered first, including making sure the safer sharp device does not compromise patient care. This might include for example, ensuring the safer sharp device fits the syringe. If it is not possible to use a safer sharp device, there should be procedures in place to reduce the risk of sharps injury.

Injectable vaccines may be presented in a number of different ways, for example: with needles fixed to the syringe, a syringe with a choice of detachable needles or with no syringe or needle. Where the manufacturer has not supplied a needle or syringe, the use of safer sharp devices to reduce the risk of accidental needle stick injury should be considered in keeping with HSE advice.

However, where the vaccine manufacturer has supplied a syringe and detachable needles, these are likely to form part of the product licence and the expectation is that those needles will be used to administer the vaccine. If considering using needles other than those supplied by the vaccine manufacturer, advice should first be sought from your medicines management team and the vaccine manufacturer.
Wherever non-safer sharp devices are used, employers and employees should ensure that procedures to reduce the risk of accidental needle stick injury are in place and adhered to; through for example, not re-capping needles, not removing needles from syringes and safe disposal of all used devices and needles.

**BCG vaccine ordering**

Due to supply delays from the manufacturer, the Serums Staten Institut (SSI), BCG vaccine orders through ImmForm are restricted to 1 pack of BCG vaccine, per account, per week. More detailed information about prioritisation and administration of the vaccine can be found in the Vaccine Update special edition published in September (see weblink 5).

**BCG vaccination in pregnancy?**

Guidance published by NICE on the 13th January 2016 on Tuberculosis contains an error on page 8 in which it recommends immunising pregnant women with BCG vaccine (see weblink 6).

Please note, because BCG is a live vaccine, **it should not be given in pregnancy.** Although no harmful effects of BCG vaccination on the foetus have been observed where this vaccine has inadvertently been given to a pregnant woman, further studies are needed to prove its safety.

NICE have been informed of this error.

**BCG vaccine (batch 114022A) shelf life extension to 31 August 2016**

Please note that the BCG vaccine manufactured by the SSI (batch 114022A) currently being distributed by Movianto has an expiry date of 29 February 2016. As further BCG vaccine supply from SSI is delayed the MHRA has agreed that it is acceptable to use batch 114022A for up to six months past its current expiry date, based on the known stability of the SSI BCG vaccine and on review of additional information provided by the manufacturer.

SSI BCG vaccine from batch 114022A ordered via ImmForm should therefore be retained and can be used past the labelled expiry date, outside of the marketing authorisation, until 31 August 2016. Batch 114022A of SSI BCG vaccine will not be re-labelled and a letter explaining the extension will be sent out with deliveries and is available at weblink 7 and should be kept with the BCG vaccine.

Organisations may continue to supply and administer BCG vaccine by existing mechanisms, including via Patient Group Direction, as they deem appropriate. The administration of SSI BCG vaccine batch 114022A between 29 February 2016 and 31 August 2016 will be outside of the marketing authorisation (off-label) but there is no licensed alternative in the UK. MHRA have advised that a medicine which is for use outside its licenced indications can be included in a PGD. This use should be formally noted by the organisation but there is no requirement to amend existing PGDs for administration of the product.

As there is a serious global shortage of BCG, this batch may represent the only suitable UK supply for some months, and therefore BCG vaccine from Batch 114022A must not be discarded after February 2016.
MenACWY vaccine
School Year 11 catch-up – ordering open
In England, MenACWY vaccines are available to order through the ImmForm website for the current school year 11 catch up programme.
Ordering for the routine adolescent programme (current school year 9 and 10), and the older university entrants (Freshers’ programme) remains open.
Further details on the availability of ACWY vaccine for each phase of the programme is below.

When to order MenACWY vaccine

<table>
<thead>
<tr>
<th>From when is the vaccine expected to be available?</th>
<th>Which school year of pupils is the vaccine for?</th>
<th>Dates of birth of pupils/students who will receive the vaccine (inclusive)</th>
<th>In which academic year will the vaccine start to be given?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Available now for those that missed vaccination</td>
<td>2014/15 school year 13s</td>
<td>1/9/1996 to 31/8/1997</td>
<td>2014/15</td>
</tr>
<tr>
<td>Available now for those that missed vaccination</td>
<td>Older university entrants (freshers’ programme)</td>
<td>1/9/1990 to 31/8/1996</td>
<td>2014/15</td>
</tr>
<tr>
<td>Available now</td>
<td>Routine adolescent programme (school year 9 or 10)</td>
<td>1/9/2000 to 31/8/2002</td>
<td>2015/16</td>
</tr>
<tr>
<td>Available now</td>
<td>Current school year 11 catch-up programme</td>
<td>1/9/1999 to 31/8/2000</td>
<td>2015/16</td>
</tr>
<tr>
<td>April 2017</td>
<td>Current school year 12s (who will be school year 13 at the time)</td>
<td>1/9/1998 to 31/8/1999</td>
<td>2016/17</td>
</tr>
</tbody>
</table>

MenC vaccines
With ordering now open for MenACWY vaccines for the routine adolescent programme (years 9 and 10), it is possible that providers will have stocks of Men C vaccine (NeisVac-C) remaining. This stock should continue to be held locally and can be used to vaccinate those who require it in line with the Green Book chapter on meningococcal (see weblink 8). If stock expires, it should be disposed of in line with local policies and recorded on ImmForm as a vaccine wastage incident using the category “MenC vaccine disposed of due to switch to MenACWY”.

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Infant paracetamol for the MenB programme

Sachets of infant paracetamol oral suspension are no longer available to order through the ImmForm website.

Please refer to the advice published in the October edition of Vaccine Update available at weblink 9 for information about what to do when parents do not have paracetamol available.

If required, the leaflet “Using paracetamol to prevent and treat fever after MenB vaccination” can be ordered in hard copy from the DH Order line, available at weblink 10, in the usual way (product code: 3083756). You can also print the leaflet locally as required and it can be downloaded as a PDF from the same web link.

Good practice when ordering vaccines – reminder

Please ensure that when placing orders via ImmForm you include all required products for the next 2-4 weeks in the same order. In particular the shingles vaccine, Zostavax, and the newly introduced vaccines Nimenrix, Menveo and Bexsero should be requested in the same order as your routine childhood vaccines and not ordered separately.

Creating separate orders rather than amending existing orders where possible, increases the picking and packing time at this exceptionally busy period in the year, and can cause delays to deliveries. Orders for routine childhood vaccines can be amended until two days prior to dispatch, by either adding, editing or removing items in the ImmForm order and then reconfirming.

A PHE commissioned national survey of parental attitudes to immunisation commences

Our national vaccination programmes have been supported by a series of national surveys undertaken into the attitudes of parents towards childhood immunisation. These have helped establish parental views on: the seriousness of diseases that the vaccines prevent; concerns about vaccine safety; the type and amount of information that parents need; and what influences parental decisions to vaccinate children. Surveys were undertaken between 1991-2010 and PHE re-established these as annual surveys in 2015.

The 2016 survey will be piloted this week with fieldwork in different locations across the country starting early in the week commencing 1st February and continuing until the first week in April. Approximately 1000 interviews will be undertaken with parents of children aged 0-2 years and 1000 interviews with parents of 3-4 year olds. These interviews are conducted face-to-face in the home by the independent research agency BMG Research on behalf of PHE. BMG Research interviewers are fully trained and will always show parents identification and a letter of authority that has been written by PHE and includes BMG and PHE contact points. BMG also informs the local police that the survey is being conducted in that area and the letter of authority includes police reference numbers for each local authority that generates these and parents (and others) can contact the police to check the authenticity of this survey if they wish to do so.

The findings of these surveys are invaluable in informing our national programmes and we would very much welcome your support. Further information about the research can be found on BMG’s website (see weblink 11).
Invitation to the PHE National Immunisation Network Meeting

We are delighted to announce the second PHE *National Immunisation Network Meeting* on **Tuesday 26 and Wednesday 27 April 2016** in London.

We would like to invite you to attend this two day meeting which combines the well-established annual “Scientific issues in immunisation” meeting with a second day which focuses on the implementation issues relating to our national immunisation programme. This year’s *National Immunisation Network Meeting* is being held in European Immunization Week which is being celebrated between 25–30 April 2016 in conjunction with other World Health Organization (WHO) regional initiatives and World Immunization Week. As well as presentations from world class epidemiologists and experts in immunisation from the UK and Spain, we look forward to welcoming the Immunization Programme Manager for the WHO European Regional Office and hearing his perspective on effective communication for vaccine acceptance.

We hope that by providing the science and rationale behind immunisation policy and decision-making, and by sharing experience and the latest and up-coming developments, delegates will feel better equipped in their roles in this important public health work. This is a great opportunity to hear up-to-date information and network with colleagues from across the immunisation community.

The first day is open to all with an interest in the science behind the immunisation programme. The second day has been designed to be of use to those with a role in running the immunisation service at local/area team level.

All members of the Screening and Immunisation and Health Protection teams with an interest and/or role in immunisation are encouraged to attend. We are hoping that at least one member of every SIT and HPT will be able to attend. We anticipate that spaces will be taken up quickly and urge you to book a place as soon as possible as places are limited. Fees apply.

Registration and coffee will be from 08:45 to 09:20 and the meeting will run from **09:25 to 16:00**. The meeting will take place at the **Grand Connaught Rooms, 61-63 Great Queen Street, London WC2B 5DA**. To see full details about the programme and to book your place, please visit the meeting website at [weblink 12](#).

We hope we can look forward to welcoming you on the day. In the meantime, if you have any questions about the meeting, please send an email to [events@phe.gov.uk](mailto:events@phe.gov.uk).

**Mary Ramsay**  
Consultant Epidemiologist and Head of Immunisation  
Public Health England
Web links

web link 1  https://www.gov.uk/government/publications/routine-childhood-immunisation-schedule


web link 3  https://www.immform.dh.gov.uk/

web link 4  http://www.hse.gov.uk/pubns/hsis7.pdf


web link 6  https://www.nice.org.uk/guidance/ng33

web link 7  https://www.gov.uk/government/collections/immunisation


web link 10  https://www.orderline.dh.gov.uk/ecom_dh/public/home.jsf

web link 11  http://www.bmgresearch.co.uk/publichealthenglandsurvey

web link 12  http://www.phe-events.org.uk/NIN16