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**NHS England Regional Directors and Directors of Commissioning Operations
NHS England Heads of Public Health/ Public Health England Screening and
Immunisation Leads
Clinical Commissioning Groups Clinical Leaders and Accountable Officers
General Practitioners
Local Medical Committees
Local Authority Chief Executives and Directors of Public Health**

For information:

**Chief Pharmacists of NHS Trusts
NHS Foundation Trusts
NHS Trusts**

Dear Colleague,

**Removal of the infant dose of meningococcal serogroup C (MenC)
conjugate vaccine given at three months from 1 July 2016**

The Joint Committee on Vaccination and Immunisation (JCVI) have recommended that infants no longer require vaccination against meningococcal serogroup C (MenC). Therefore, from 1 July 2016, infants should no longer receive the dose of MenC conjugate vaccine currently given at the second primary immunisation visit at around 12 weeks of age. The Hib/MenC vaccine (Menitorix) dose given at 12 months of age and the MenACWY conjugate vaccine dose given at around 14 years of age are unaffected by this change and should still be given.

The JCVI noted that, because of the successful MenC programme introduced in 1999, there are now very few cases of invasive MenC disease. Vaccination of adolescents with MenC conjugate vaccine which began in the 2013/14 academic year, and later, MenACWY conjugate vaccine; should sustain good herd protection and therefore the risk to infants will remain low. The dose of combined Hib/MenC offered at 12 months of age will provide good protection to toddlers and younger children. In addition, the introduction of Bexsero® (i.e. MenB vaccine) in to the infant programme may provide a degree of protection against some cases of invasive MenC disease.

The JCVI's statement is available in the minutes of the June 2015 meeting, at:
[The JCVI statement on the removal of the infant MenC dose](#)

The revised chapter on meningococcal disease in *Immunisation against Infectious Disease (the Green Book)* will be available shortly at:
[Meningococcal chapter of the Green Book](#)

The UK's successful national immunisation programme brings great benefits to the health of the whole population and we would like to take this opportunity to thank all involved in delivering the programme for their continuing hard work.

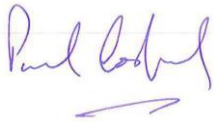
If you have any queries about the content of this letter please contact:

immunisation@phe.gov.uk

Yours sincerely,



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THE CHANGE TO THE VACCINATION SCHEDULE FOR MENC-CONTAINING VACCINES (i.e. Hib/MenC and MenACWY).

1. The change to the schedule for MenC-containing vaccines is based on advice from the Joint Committee on Vaccination and Immunisation (JCVI)¹, the UK's independent committee of immunisation experts. Full guidance can be found in the revised chapter on meningococcal vaccination now included in *Immunisation against infectious disease* ('the Green Book')²: [The Green Book, chapter 22](#)

The revised routine schedule for MenC-containing vaccinations from 1 July 2016.

Age	Dose & Vaccine
12-13 months old	one dose - Hib/MenC vaccine
Around 14 years old (ideally at the same time as the Td/IPV)	one dose – MenACWY conjugate vaccine [§]

[§]From September 2015, the routine MenC booster dose that was offered to pupils in school year 9/10 was replaced with the MenACWY conjugate vaccine to offer additional protection against meningococcal capsular group A, W and Y in response to a national outbreak of invasive MenW disease.

- As part of a time limited catch-up campaign, those aged up to 25 years entering university as undergraduates for the first time, should be offered a MenC-containing vaccine.
- A comprehensive MenACWY catch-up programme was introduced last Autumn through general practice and schools to vaccinate all adolescents aged 14-18 years in response to an increase in meningococcal W (MenW) disease. Further details can be found in the [MenACWY introductory letter](#).
- Detailed recommendations on the administration of the vaccine are set out in the [Chapter 22](#) of the Green Book. This guidance must be followed at all times.

Background to the changes can be found at: [The JCVI statement on the removal of the infant MenC dose](#)

¹ JCVI statement: [The JCVI statement on the removal of the infant MenC dose](#)

² Meningococcal: the green book chapter 22: [Green Book Chapter 22](#)

Vaccination of individuals with uncertain or incomplete immunisation status.

2. For those children who have not been immunised according to the UK routine schedule, please access 'Vaccination of individuals with uncertain or incomplete immunisation status' from this link:
<https://www.gov.uk/government/collections/immunisation>

Funding implications

Removing the three month dose

3. Childhood immunisations are classified as additional services in the GP contract and the infrastructure costs of delivering these are covered by GP practices core funding (global sum payment or baseline PMS funding). GP practices are also eligible for target payments if they have vaccinated 70% or 90% of their two-year old patients with the recommended vaccines, including currently one dose of MenC vaccine.
4. NHS England plans an adjustment to those target payments to reflect the removal of the 3 month MenC dose from the infant schedule. However, this adjustment will not be made until 2018/19 reflecting the vaccination status is not assessed until two years of age (i.e. children aged three months by 30 June 2016 receiving the 3 month MenC dose will still need to be assessed when they reach two years of age).

Communications and information for parents and health professionals

5. The existing immunisation information booklets will be amended to bring them into line with the new schedule. Information flyers and leaflets for parents and young people will be updated to support the removal of the infant MenC dose and will be available from the [Publications Orderline](#) in the usual way.
6. Materials for health care professionals can be accessed here:
[Materials for Health Care professionals](#)
7. Materials for parents and young people can be accessed here:
[Materials for Parents and Young people](#)

Personal Child Health Record (the "Red Book")

8. Arrangements have been made for the Red Book record of childhood vaccinations to be amended to reflect this change to the childhood schedule. It is important that information about vaccinations given is recorded in the Red Book, when it is available. Further information on the details to be recorded is given in Chapter Four of the Green Book. It is important that providers are using the latest copies of the Red Book containing the amendments where possible.

Communications for GP IT suppliers and child health information systems and services (CHIS)

9. The delivery of the childhood immunisation programme is underpinned by the use of GP systems and Child Health Information Systems (CHIS). These systems schedule appointments (call/recall system), facilitating the accurate recording of vaccination activity and extraction of data from CHIS for vaccine coverage collections (COVER

programme). They will need to be updated to reflect the removal of MenC vaccine at 3 months from the immunisation schedule and this will take place at a local and national level.

10. NHS England local teams should work with each Child Health Record Department Child Health Manager and System Manager with responsibility for making the required update of their systems scheduling function.

Disease Surveillance and vaccine coverage monitoring

11. Public Health England will continue to monitor the incidence of invasive meningococcal disease and investigate cases in the same way as currently. See link: [Meningococcal disease enhanced surveillance plan](#)
12. Coverage of the combined Hib/MenC vaccine will continue to be collected at two years of age.
13. An automated coverage collection for MenACWY vaccine delivered to the priority catch-up campaign cohort (those born 1/9/1996 to 31/8/1997) in general practice from August 2015 is underway. Coverage of MenACWY vaccine in adolescents who will be offered the vaccine predominantly through schools is currently being developed.

Reporting and management of cases of meningococcal disease

14. Current guidance should continue to be followed. See link: [Meningococcal disease: guidance on public health management](#)

MenC Vaccine Ordering

15. MenC vaccine (NeisVac-C®) will continue to remain available to order through ImmForm until 1 July 2016.
16. Locally held stocks of MenC vaccine (NeisVac-C®) should be carefully reviewed before ordering more vaccine, to take account of the cessation date and to ensure vaccine is not ordered unnecessarily.
17. Any stock remaining in fridges on 1 July 2016 should be retained until it expires at which point it should be disposed of in line with local policies. Any stock disposal should be recorded on the ImmForm website.