



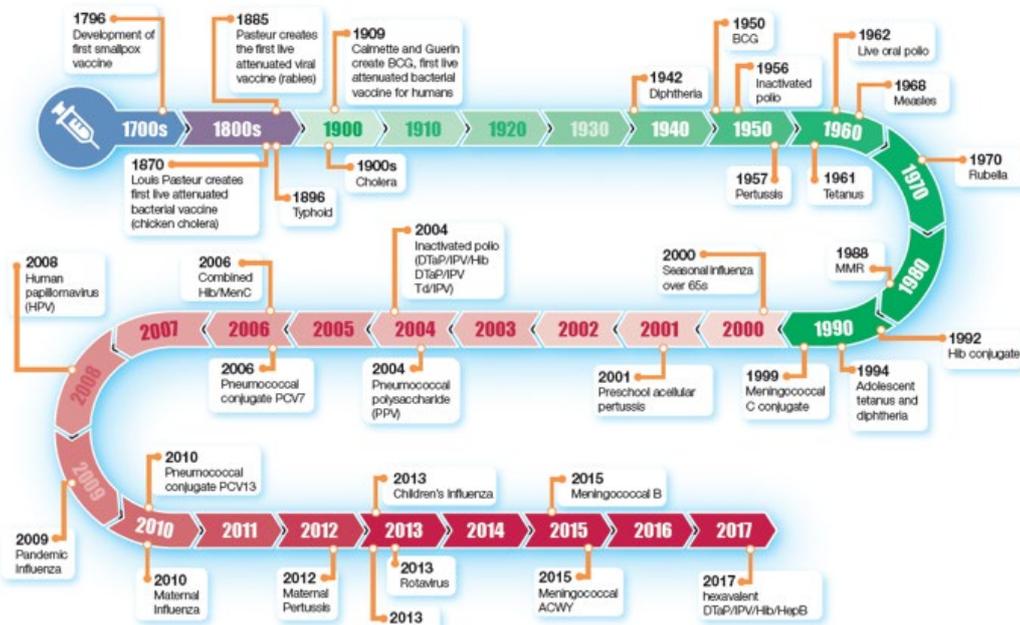
Vaccine update

The value of immunisation

'The oldest inhabitants recollected no period at which measles had been so prevalent, or so fatal to infant existence; and many were the mournful processions which little Oliver headed, in a hat-band reaching down to his knees, to the indescribable admiration and emotion of all the mothers in the town.'

This sentence taken from Oliver Twist shows the impact of measles in Victorian London. Many of us in the UK struggle to remember the kind of impact that infectious diseases had on families and communities. We can only wonder at the horror that mothers and fathers had to endure in the face of so many serious infectious diseases. Measles killed many people here during the last century and even now, in 2016, around 90,000 people died from measles globally.

It can, in the rush of modern life, be hard to remind ourselves of the near miracle that is immunisation and of the millions of lives that it has saved worldwide since its earliest introduction. The 'immunisation snake' shown below tells a story that would have astonished (and possibly thrilled) Dickens' readers.



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And yet despite this progress we still have to contend with the sort of doubts and concerns that have assailed the programme since vaccines were first thought of. The cartoon above shows Jenner and colleagues seeing off anti vaccinationists although the modern eye may not be reassured by the blood stained knife!

As we focus on our own programme we can sometimes forget that we are part of a greater picture encompassing the whole world. We all know that smallpox has been eradicated but polio, measles, rubella and hepatitis b are all lining up for elimination and eventual eradication.

As we head towards 2018 we should take time to remember and celebrate the tremendous success of our immunisation programme. Everybody who has contributed in any way can know that they have made any re-telling of Dickens' story simply a lesson from the history books.

Happy Christmas to all and best wishes for a peaceful New Year.

This image comes from Wellcome Images, a website operated by Wellcome Trust, a global charitable foundation based in the UK.

Meet the team Matt Olley

This is London calling... mind the gap!

Hello and welcome to London, we are the capital's immunisation commissioning team based within NHS England. We pride ourselves as being a truly integrated team with NHS England commissioners and Public Health England specialists working side by side to commission high quality immunisation services across London as part of the Section 7A mandate. We are based at Skipton House and work within a wider public health commissioning directorate alongside colleagues in Screening, Health in the Justice, Contracting and Finance.

We are a passionate and energetic team who strive to place immunisations at the forefront of the public health agenda – our three priorities are to improve immunisation uptake rates year on year, reduce inequalities and provide patient choice by widening access to services. To meet this challenge our team are aligned with the newly emerging STP footprints with an experienced commissioning manager and officer being able to lead the commissioning of all S7A immunisation programmes locally.

Much of our work is around performance, for example monitoring provider performance against agreed uptake rates and ensuring quality and safety. We do this in a number of ways whilst working closely with stakeholders in the wider commissioning landscape such as primary care commissioning, CCGs and Directors of Public Health based in the 32 London Local Authorities. Ensuring the delivery of high quality, effective immunisation programmes in London is a big challenge as we work with 1400 GP practices, 1300 pharmacists, 16 maternity trusts and 9 school aged providers across London. We are a friendly team who feel strongly about protecting all Londoners against vaccine preventable diseases; promoting health and well-being.

Our team can be contacted by emailing us at londonimms@nhs.net



Back Row – left to right; Liz Mansfield, Amanda Goulden, Lucy Rumbellow, Sobia Chaudhry, Zoe Sullivan, Chris Salt, Jack Copas, Matt Olley, Debbie Green
Middle row – left to right; Rehana Ahmed, Bernadette Johnson, Oasis Harris, Catherine Heffernan
Centre – Michael Adjei-Tabirade

Ensure you're up to date with the MMR job if travelling to Romania, Italy and Germany this Christmas



Public Health England is urging anyone planning to travel to Europe this winter to make sure they are up to date with their MMR vaccines. Unvaccinated people travelling to Romania, Italy and Germany, where there are currently large measles outbreaks, are at particularly high risk. Measles is a highly infectious viral illness that can be very unpleasant and can sometimes lead to serious complications. The MMR vaccine is available to all adults and

children who are not up to date with their two doses. It can be given from six months of age before travel to a high risk country.

Recent measles outbreaks in Leeds, Liverpool, Birmingham, Manchester and Surrey are all linked to the ongoing large outbreaks in Europe. The UK recently achieved WHO measles elimination status and so the overall risk of measles to the UK population is low. However the ongoing measles outbreaks in Europe remain a challenge and as we have seen with the recent linked outbreaks in England, we will continue to see cases in unimmunised individuals with limited onward spread in communities with low MMR coverage and in age groups with very close mixing.

Have they had their MenACWY vaccination?

MenW cases rose in November and we are entering the time of year when rates of meningococcal disease are at their highest. Please take every opportunity to check that eligible teenagers have been vaccinated with MenACWY vaccine. Teenagers born between 01/09/1998-31/08/1999 (2017 school leaver cohort) should already have been invited by their GP practice for vaccination as set out in the 2017/18 GMS contract changes. They remain eligible for MenACWY vaccine until their 25th birthday.

The following individuals should be immunised opportunistically with MenACWY conjugate vaccine if they present before their 25th birthday:

- anyone born on or after 01/09/1996 who has missed routine school (administered in school years 9/10 at 13-15 years) or catch-up MenACWY vaccination in older age groups;
- new entrants to higher education (university freshers) who have not yet been immunised with MenACWY vaccine.

MenACWY vaccine should be given to all eligible individuals who have not received this vaccine regardless of their MenC vaccination history. In view of the current measles outbreaks this is also a good opportunity to check **MMR status** and vaccinate where needed. The meningococcal ACWY (MenACWY) vaccine was introduced in response to an increase in cases of invasive meningococcal disease capsular group W (MenW). The vaccine protects against meningitis and septicaemia caused by meningococcal groups A, C, W and Y. MenW disease continued to increase overall in 2016/17. There have, however, been no cases in teenagers vaccinated under the current programme. Around a third of MenW cases in this age group have been fatal.



MMR vaccine, who is eligible and can I use stock from Immform to catch up adults?

All children over the age of three years and four months who do not have two recorded doses of MMR vaccine remain eligible and should be caught up at the earliest opportunity. Catching up children aged 16 years or younger is covered as part of an additional service (see [weblink 1](#) for list of additional and enhanced immunisation services).

Practices should note that there is no upper age limit to offering MMR vaccine and that adults who are not protected should also be caught up. An item of service fee can be claimed manually via the CQRS MMR programme for each dose of MMR administered to patients aged 16 years or over. This includes patients born before 1970 who have no history of measles or MMR vaccination. (see [weblink 2](#)).

Central MMR vaccine stock (ordered from Immform) can be used to catch-up anyone of any age – this also covers opportunistic catch-up prompted by travel.

NIN 2018 Keynote speaker and booking opens soon



NATIONAL IMMUNISATION MEETING 2018 **Tuesday 24 and Wednesday 25 April 2018** **Grand Connaught Rooms, Holborn, London**

This two day meeting comprises of a day of presentations focusing on new and current scientific issues in immunisation and a second day focusing on the implementation issues relating to our national immunisation programme.

This year's **National Immunisation Network Meeting** is being held in European Immunization Week (EIW), which is being celebrated between 23–29 April 2018 in conjunction with other World Health Organization (WHO) regional initiatives and World Immunization Week.

Our theme this year is 'Vaccines: our immunisation story' in conjunction with the EIW theme Prevent, protect, immunize. This will form the theme for our two-day event allowing us to explore immunisation at every stage of life and every age. As well as presentations from world-class epidemiologists and experts in immunisation from the UK, and Europe, we look forward to welcoming Professor Natasha Crowcroft, Chief of Applied Immunization research and evaluation, Public Health Ontario, Canada, as our keynote speaker.

Booking will open shortly. Please save the dates!

Winter sun and foreign travel – Be rabies aware!

It's that time of year when people start to look overseas for winter sunshine or consider taking a seasonal break so it's an ideal opportunity for everyone to 'Be Rabies Aware'. WHO report that rabies is present on all continents except Antarctica, with over 95% of human deaths occurring in the Asia and Africa regions.



Although cases of rabies in travellers are rare, bites and scratches from potentially rabid animals occur frequently and it is important that travellers and healthcare workers are aware of the risks and know what to do.

Advice for travellers on avoiding animal bites can be found on the NaTHNaC website at [weblink 3](#). Pre-exposure rabies vaccine for travellers visiting rabies affected areas should be considered, particularly for those whose activities may put them at increased risk.

If any patient is bitten, scratched or licked by an animal or bat during travel abroad they should be advised to attend a reputable clinic in country for medical advice and a risk assessment for rabies post-exposure treatment. They should then contact their GP surgery on return to the UK to ensure that courses of post-exposure treatment can be completed.

Healthcare professionals in England can contact the following for advice and supply of rabies vaccine and/or rabies immunoglobulin

- **PHE Rabies and Immunoglobulin Service (RIgS)** Telephone: 020 8327 6204, Monday-Friday 0900-1700, with on call support for emergencies outside these hours
- **Local Health Protection Team** Find details for your area at [weblink 4](#).

RIgS updates

Whilst the supply of rabies vaccine is limited for routine travel we would like to remind surgeries that any rabies vaccine used from surgery stock for post exposure treatment would be replaced quickly from PHE RIgS once contact is made and risk assessment completed.

RIgS are conducting a customer satisfaction survey of the rabies service in January 2018 and you may be invited to complete a brief questionnaire early in the New Year. If you are contacted we would be grateful to hear any feedback as we are always looking at ways to improve the service and ensure patients receive appropriate post-exposure rabies treatment.

Useful links

1. NaTHNaC/ Travel Health Pro rabies factsheet: see [weblink 5](#)
2. Green Book Chapter 27 Rabies: see [weblink 6](#)

Earlier Vaccine update newsletters on rabies

- Issue 263, May 2017, see [weblink 7](#)
- Issue 269, August 2017, see [weblink 8](#)
- Issue 270, September 2017, see [weblink 9](#)

Annual HPV vaccination coverage in girls in England for the 2016/17 academic year

The annual HPV vaccine coverage statistics for the routine immunisation programme for girls have been published. This is the third year of the two-dose schedule. HPV vaccine coverage for the priming dose remained stable at 87.2% in Year 8 girls in 2016/17, compared to 87.0% in 2015/16 and 89.4% in 2014/15. A total of 95 local authorities offered two doses of HPV vaccine to all girls in school Year 8, in 2016/17 (compared to 85 in 2015/16 and 86 in 2014/15), and coverage for the completed course in these local authorities was 80.8% (range 44.0% to 93.4%). In 2016/2017 83.1% of Year 9 girls completed the two-dose HPV vaccination course, compared to 85.1% in 2015/16, and 86.7% completing a three-dose course in 2013/14. This coverage reflects delivery of the second dose in Year 8 (12-13 year olds) in 2015/16 in some local authorities (LAs), and Year 9 in 2016/17 in others. See [weblink 18](#)

Herpes zoster (shingles) immunisation programme: September 2016 to August 2017

This PHE report presents the evaluation of vaccine coverage for the fourth year of the herpes zoster (shingles) vaccination programme in England, from 1 September 2016 to 31 August 2017.

Shingles vaccine coverage in the routine cohort (aged 70 years) was 48.3% in 2016/17 representing a 13.5% decline since the start of programme (54.9% in 2015/16, 59.0% in 2014/15, 61.8% in 2013/14). A decrease in coverage was also observed in the catch-up cohort (aged 78 years) to 49.4% in 2016/17 (from 55.5% in 2015/16 and 57.8% in 2014/15).

Given the lower coverage achieved in the routine and catch-up cohort in 2016/17 compared with previous years, GPs are urged to continue to offer vaccinations to these cohorts as per current guidance, to improve protection in these age groups. See [weblink 19](#).

Cover report

UK vaccine coverage estimates for routine childhood immunisations evaluated for children aged one, two and five years of age in the July to September 2017 quarter remain very similar to the previous quarter. See [weblink 20](#).

Vaccine supply

Flu Vaccine Information and Availability 2017/18 for the children's national immunisation programme

Reporting any remaining unused Flu Vaccine ordered for the Children's Flu Programme

As the vaccination period for flu draws to a close, it is important to remember that any vaccine that has expired, or remains otherwise unused at the end of the season, is recorded on ImmForm, using the Stock Incident page. This is to ensure that all stock is accounted for and supports efforts across the system to reduce the level of vaccine which may go unused at the end of the season.

Please ensure that you select the appropriate reason (i.e. 'expired before use' or 'cold chain failure') when recording the disposal of any stock.

Expiry dates for Fluenz Tetra®

The first batch of Fluenz Tetra® supplied for the 2017-18 children's flu vaccination programme will expire on **26 December 2017**. Expiry dates for this and subsequent batches that are being supplied this season are set out in the table below.

Batch	Expiry date	Batch	Expiry date
JH2616	26-Dec-17	JH2617	27-Dec-17
JH2618	28-Dec-17	JH2619	02-Jan-18
JH3127	04-Jan-18	JJ2069	04-Jan-18
JJ2071	09-Jan-18	JJ2609	10-Jan-18
JJ2612	15-Jan-18	JJ2837	15-Jan-18
JJ2838	17-Jan-18	JK2130	22-Jan-18
JK2131	23-Jan-18	JK2516	29-Jan-18
JK2516B	13-Feb-18	JK2516C	15-Mar-18

Please ensure that the expiry date is always checked before use and that any expired stock is disposed of in line with local policies.

Please record any stock that is disposed of due to expiry before use through the ImmForm Stock Incident page.

Incident reporting on ImmForm website – example e-form:

Report an incident

Organisation	<input type="text" value="England/NHS"/>
Incident Date	<input type="text" value="13/01/2017"/>
Incident Reason	<input type="text" value="Fluenc vaccine expired before it could be used"/>
Incident Description	<div style="border: 1px solid #ccc; height: 40px;"></div>
Actions taken or planned following the incident	<div style="border: 1px solid #ccc; height: 40px;"></div>

When investigating a possible breach of the cold chain, healthcare professionals are strongly encouraged to make contact with their local NHS England Screening and Immunisation Team (SIT) in the first instance (<https://www.england.nhs.uk/contact-us/>). It is important that all vaccines exposed to temperatures outside of the manufacturers recommendations are embargoed inside the same fridge until further advice from the SIT has been obtained. If possible, the vaccine fridge environment should not change. The fridge should remain switched on at the electrical supply and vaccines should be labelled as not for use- do not discard vaccines.

Vaccine	No. of doses
10TU - PPD	<input type="text" value="0"/>
2TU - PPD	<input type="text" value="0"/>
BCG SSI - BCG	<input type="text" value="0"/>
Bexsero - Meningitis B	<input type="text" value="0"/>
Boostrix IPV - Boostrix IPV	<input type="text" value="0"/>
Fluarix Tetra - Flu (Quadrivalent inactivated)	<input type="text" value="0"/>
Gardasil - HPV	<input type="text" value="0"/>
Inactivated Influenza Vaccine (Split Virion) BP - Flu (Trivalent inactivated)	<input type="text" value="0"/>
Infanrix/IPV+Hib - DTaP/IPV+Hib	<input type="text" value="0"/>
Infanrix-IPV - DTaP/IPV	<input type="text" value="0"/>
Menitorix - Hib/MEN C	<input type="text" value="0"/>
MMR Vaxpro - MMR	<input type="text" value="0"/>
NeisVac-C - MEN C	<input type="text" value="0"/>
Nimenrix - Meningococcal Group ACWY Vaccine	<input type="text" value="0"/>
Nimenrix EXP - Meningococcal Group ACWY Vaccine	<input type="text" value="0"/>
Pediaceel - DTaP/Hib/IPV	<input type="text" value="0"/>
Prevenar13 - PCV	<input type="text" value="0"/>
Priorix - MMR	<input type="text" value="0"/>

Incident reporting on ImmForm website – drop down reason list:

If you are unsure how to record this information you can find help sheets on the ImmForm website. Alternatively, you can contact the helpdesk for assistance.

Flu vaccines available for the children's programme

The following vaccines remain available to order by providers of the children's national flu programme via the ImmForm website:

Vaccine	Manufacturer
Fluencz Tetra® (LAIV)	AstraZeneca UK Ltd
Inactivated influenza vaccine (split virion) BP	Sanofi Pasteur
Fluarix Tetra	GSK

Please see table on page 11 for the age indications for each of the vaccines used for the children's programme.

Order controls for Fluencz Tetra®

General Practices in England are now able to order 1 pack (10 doses) of Fluencz Tetra® per week. Requests for larger volumes should continue to be made via the ImmForm helpdesk: helpdesk@immform.org.uk

Order controls are also in place for all other providers. Please refer to the news item on the ImmForm website for the latest updates on these controls.

Giving a second dose of LAIV

The patient information leaflet provided with LAIV states that children should be given two doses of this vaccine if they have not had flu vaccine before. However, the Joint committee on Vaccination and Immunisation (JCVI) considers that a second dose of the vaccine provides only modest additional protection. On this basis, JCVI has advised that most children should be offered a **single dose** of LAIV. However, children in clinical risk groups aged 2 to less than 9 years who have not received flu vaccine before should be offered two doses of LAIV (given at least four weeks apart).

Influenza Vaccines for the 2017 to 2018 influenza season

Aside from this central procurement of vaccine for children less than 18 years of age, it remains the responsibility of GPs and other providers to order sufficient flu vaccine directly from manufacturers for older eligible patients of the flu programme in 2017/18. The vaccines available for the 2017/18 season are:

Supplier	Name of product	Vaccine Type	Age indications	Ovalbumin content micrograms/ml (micrograms/dose)	Contact details
AstraZeneca UK Ltd	Fluenz Tetra ▼	Live attenuated, nasal (quadrivalent)	From 24 months to less than 18 years of age	≤0.12 (≤0.024/0.2ml dose)	0845 139 0000
GSK	Fluarix™ Tetra ▼	Split virion inactivated virus (quadrivalent)	From 3 years	≤0.1 (≤0.05/0.5ml dose)	0800 221 441
MASTA	Imuvac®	Surface antigen, inactivated virus	From 6 months	0.2 (0.1/0.5ml dose)	0113 238 7552
	Inactivated Influenza Vaccine (Split Virion) BP	Split virion, inactivated virus	From 6 months	≤0.1 (≤0.05/0.5ml dose)	
	Quadrivalent Influenza Vaccine (Split Virion, inactivated) ▼	Split virion, inactivated virus	From 3 years	≤0.1 (≤0.05/0.5ml dose)	
Mylan (BGP Products)	Influvac® sub-unit	Surface antigen, inactivated virus	From 6 months	0.2 (0.1/0.5ml dose)	0800 358 7468
	Imuvac®	Surface antigen, inactivated virus	From 6 months	0.2 (0.1/0.5ml dose)	
	Influenza vaccine, suspension for injection (influenza vaccine, surface antigen, inactivated)	Surface antigen, inactivated virus	From 6 months	0.2 (0.1/0.5ml dose)	
Pfizer Vaccines	Influenza vaccine (Split Virion, inactivated), pre-filled syringe	Split virion, inactivated virus	From 5 years	≤2 (≤1/0.5ml dose)	0800 089 4033
	Enzira®	Split virion Inactivated virus	From 5 years	≤2 (≤1/0.5ml dose)	
Sanofi Pasteur Vaccines	Quadrivalent Influenza Vaccine (Split Virion, inactivated) ▼	Split virion, inactivated virus	From 3 years	≤0.1 (≤0.05/0.5ml dose)	0800 854 430
	Inactivated Influenza Vaccine (Split Virion) BP	Split virion, inactivated virus	From 6 months	≤0.1 (≤0.05/0.5ml dose)	
Seqirus Vaccines Ltd	Agrippal®	Surface antigen, inactivated virus	From 6 months	≤0.4 (≤0.2/0.5ml dose)	08457 451 500

Reminder: Hexavalent (DTaP/IPV/Hib/HepB) vaccine for infants

Infanrix hexa® (DTaP/IPV/Hib/HepB) is available for the routine childhood immunisations (eligible infants born on or after 1 August 2017) at 8, 12 and 16 weeks of age. Infanrix hexa® (DTaP/IPV/Hib/HepB) should also be provided to infants born before 1 August 2017 who commenced the primary vaccine course with previously supplied pentavalent vaccine (DTaP/IPV/Hib – Infanrix IPV Hib or Pediacel) but where this is now unavailable to complete the course.

Babies born to hepatitis B infected mothers will still require a dose of monovalent vaccine immediately after birth and at 4 weeks of age and should then follow the routine schedule with Infanrix hexa® (DTaP/IPV/Hib/HepB) vaccine at 8, 12 and 16 weeks of age. They will require a further dose of monovalent hepatitis B vaccine (not centrally supplied) at one year of age and should be tested to exclude infection at the same time.

In order to avoid wastage, as a temporary measure, any last remaining local stocks of pentavalent vaccine can also be used for pre-school boosting at the age of 3 years and 4 months.

For more details, please see the following patient group direction at [weblink 10](#).

Vaccine supply for non routine programmes

Hepatitis A

Adult

- GSK: Havrix PFS singles and Havrix PFS packs of 10 are currently unavailable and are unlikely to be available until 2018
- Sanofi Pasteur: Limited supplies of Avaxim are available. It is likely that there will be order restrictions in place
- MSD: There will be restricted supplies of VAQTA for the remainder of 2017
- Paediatric
- GSK: Havrix Paediatric singles and packs of 10 will experience supply constraints for the remainder of 2017
- MSD: Limited supplies of VAQTA Paediatric are available

Hepatitis B

All hepatitis B containing monovalent vaccines are currently under supply management processes. This approach has been developed with support from PHE and DH.

Adult

- GSK: Limited supplies of Engerix B PFS singles are available
- GSK: Engerix B PFS packs of 10 are currently available
- GSK: Very limited supplies of Engerix B vials are available
- GSK: Limited supplies of Fendrix are available
- MSD: Limited supplies of HBVAXPRO 10µg are available
Supplies are expected to be restricted throughout 2018
- MSD: Limited supplies of HBVAXPRO 40µg are available
Supplies are expected to be restricted throughout 2018

Paediatric

- GSK: limited supplies of Engerix B Paediatric singles are available
- MSD: Limited supplies of HBVAXPRO 5µg are available. Supplies are expected to be restricted throughout 2018

Combined hepatitis A and hepatitis B vaccine

- GSK: Limited supplies of Twinrix Adult and Paediatric presentations are available for high risk travellers and other patients requiring both Hepatitis A & B components
- GSK: Limited supplies of Ambirix is available for high risk travellers and other patients requiring both Hepatitis A & B components

Combined Hepatitis A and Typhoid

- GSK is discontinuing Hepatyrix vaccine that has been under constrained supply for several years due to challenges associated with its manufacturing
- Sanofi Pasteur: Limited supplies of Viatim are available. It is likely there will be order restrictions in place

Typhoid

- GSK is discontinuing Typherix vaccine that has been under constrained supply for several years due to challenges associated with its manufacturing
- Sanofi Pasteur: Limited supplies of Typhim are available. It is likely there will be order restrictions in place. The restrictions are likely to improve in January 2018
- PaxVax: Supplies of Vivotif are available

Rabies

- GSK: limited supplies of Rabipur are available
- Sanofi Pasteur: Licensed Rabies BP is unavailable for daily sales. Please contact Sanofi Pasteur for information regarding availability of a Rabies vaccine

PPV

- MSD: Very limited stock of Pneumococcal Polysaccharide Vaccine is available. Further replenishment is due in January 2018

Varicella Zoster vaccine

- GSK: Varilrix is currently available
- MSD: VARIVAX is currently available

Diphtheria, tetanus and poliomyelitis (inactivated) vaccine

- Sanofi Pasteur: Limited supplies of Revaxis are available. There are likely to be order restrictions in place for travellers. Please contact Sanofi Pasteur for information regarding availability

Change to Revaxis® packs



Please note that there has been a change to the manufacturer logo on the packaging of Revaxis® (Td/IPV) centrally supplied for the teenage booster and distributed by PHE (as shown in the image below). There will be a transitional period whereby some orders placed through ImmForm will result in deliveries of vaccines in the old packaging until those stocks are used up.

Christmas and New Year Bank Holiday Deliveries 2017/18

Due to the Christmas and New Year Bank Holidays, there will **not be any deliveries or order processing** by Movianto UK on Monday 25 and Tuesday 26 December 2017 and Monday 1 January 2018. Please see the table below for revised order and delivery dates.

Customers with a standard delivery day of Monday should be aware that after 18 December, your next available delivery day will be the **8 January 2018**.

Customers with a standard delivery day of Tuesday should be aware that after 19 December, your next available delivery day will be the **2 January 2018**.

You 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, bearing in mind the recommendation that only two to four weeks of vaccine stock be held at any one time.

CHRISTMAS AND NEW YEAR BANK HOLIDAYS 2017/18

Delivery date	Order cut-off date	Order cut-off time
Monday 18 December	Thursday 14 December	11:55 AM
Tuesday 19 December	Friday 15 December	11:55 AM
Wednesday 20 December	Monday 18 December	11:55 AM
Thursday 21 December	Tuesday 19 December	11:55 AM
Friday 22 December	Wednesday 20 December	11:55 AM
Monday 25 December	CLOSED – NO DELIVERIES	
Tuesday 26 December	CLOSED – NO DELIVERIES	
Wednesday 27 December	Thursday 21 December	11:55 AM
Thursday 28 December	Friday 22 December	11:55 AM
Friday 29 December	Wednesday 27 December	11:55 AM
Monday 1 January	CLOSED – NO DELIVERIES	
Tuesday 2 January	Thursday 28 December	11:55 AM
Wednesday 3 January	Friday 29 December	11:55AM
Thursday 4 January	Tuesday 2 January	11:55AM
Friday 5 January	Wednesday 3 January	11:55AM

Training



Health Protection Research Unit (HPRU) in Immunisation Event

Vaccines today: Challenges in vaccination delivery and evidence for practice

26 January 2018, King's College London

~ Free Event ~

The Health Protection Research Unit (HPRU) in Immunisation, in collaboration with Kings' College London, is hosting a one-day conference for all practitioners involved in supporting immunisation uptake entitled: 'Vaccines Today: Challenges in Vaccination Delivery and Evidence for Practice'.

This event will showcase some of the work of the HPRU, which is a collaboration between Public Health England (PHE) and the London School of Hygiene & Tropical Medicine (LSHTM). The overarching topics for the day are vaccine communication, addressing inequalities in programme delivery, school based immunisation and adolescent consent and the value of vaccines in society.

The sessions will feature contributions from research and practice leads in the field including Prof Helen Bedford (Professor of Children's Health at UCL), Helen Donovan (RCN Professional Lead for Public Health), Dr James Wilson (Senior Lecturer, Dept. of Philosophy, UCL) Dr Mary Ramsay and Jo Yarwood from PHE, and Prof Anthony Scott from LSHTM.

There will be ample opportunity for questions, interactive workshops in the afternoons and a panel question and answer session to conclude the day.

Programme and booking information available at [weblink 11](#).

Immunisation of pregnant women and newborn infants training slides

A training resource focussing on the Immunisation of pregnant women and newborn infants is now available. This resource has been developed to support the delivery of immunisation training to health care workers providing or advising on immunisation to pregnant women. The resource consists of five slide sets covering:

1. Maternal vaccination: Background, history and attitudes towards maternal vaccination
2. Vaccine recommendations for pregnant women: Influenza and pertussis vaccines
3. Selective vaccination programmes for neonates
4. Vaccine for pre or post natal vaccination
5. Governance considerations, challenges to achieving high vaccine coverage, horizon scanning and resources

The resource can be accessed on Gov.UK at [weblink 12](#)

Or by using the links below:

-  Immunisation in pregnancy slides – section 1
Background history and attitudes: [weblink 13](#)
-  Immunisation in pregnancy slides – section 2
Influenza and Pertussis: [weblink 14](#)
-  Immunisation in pregnancy slides – section 3
Selective programme for neonates: [weblink 15](#)
-  Immunisation in pregnancy slides – section 4
Pre and post-natal viral rash illness inadvertent vaccination: [weblink 16](#)
-  Immunisation in pregnancy slides – section 5
Governance, challenges and horizon scanning and resources: [weblink 17](#)



Web links

- web link 1 <https://www.england.nhs.uk/publication/enhanced-service-specifications/>
- web link 2 <https://www.gov.uk/government/publications/measles-the-green-book-chapter-21>
- web link 3 <https://travelhealthpro.org.uk/factsheet/20/rabies>
- web link 4 <https://www.gov.uk/health-protection-team>
- web link 5 <https://travelhealthpro.org.uk/factsheet/20/rabies>
- web link 6 <https://www.gov.uk/government/publications/rabies-the-green-book-chapter-27>
- web link 7 <https://www.gov.uk/government/publications/vaccine-update-issue-263-may-2017>
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