



Vaccine update

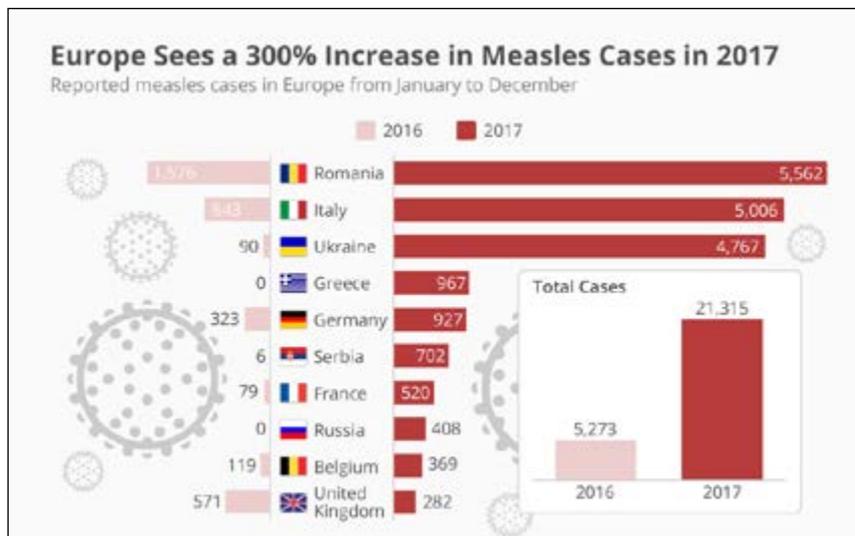
Easter sun and foreign travel

Ongoing measles outbreaks in Europe – travel advice for Easter period

PHE is urging people planning to travel to Europe over the Easter holidays to ensure they are up to date with the MMR (measles, mumps and rubella) vaccine, due to ongoing measles outbreaks. Measles is a highly infectious viral illness that can lead to serious complications and in rare cases can be fatal.

The European Centre for Disease Prevention and Control ([weblink 7](#)) has reported a high risk of measles in Europe, with cases being imported and exported between countries. Measles continues to spread across Europe as MMR vaccine uptake in many countries has been below the 95% WHO target.

In England, this year there have already been 168 laboratory confirmed^[1] measles cases with London, South East, West Midlands and South West regions reporting the most cases. About half of the cases in England in 2018 have been in young people and adults over the age of 15 years.



[1] Figures are provisional and include reports received up until 26th March

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The MMR vaccine is available to all adults and children who are not up to date. Patients over the age of three years and four months who do not have two recorded doses of MMR vaccine should be caught up opportunistically. In addition MMR vaccine can be given from six months of age before travel to a high risk country. Children who receive an MMR dose before their first birthday still require two further doses to be given at the recommended times.

Measles case management ([weblink 14](#)):

- suspected measles cases (a rash and a fever) should be isolated immediately to protect other patients and should be excluded from school, nursery or work for 4 days after the onset of rash
- recent travel to countries with ongoing measles outbreaks increases the likelihood of a measles diagnosis
- all suspected measles cases should be promptly notified by phone to the local Health Protection Team (HPT), seen at [weblink 15](#), to facilitate timely public health action, including urgent risk assessment of any vulnerable contacts

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 1](#).

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 PHE RIgS team for advice and supply of rabies vaccine and/or rabies immunoglobulin.



#BeRabiesAware

PHE Rabies and Immunoglobulin Service (RIgS)

Telephone: 020 8327 6204, Monday – Friday, 09.00-17.00
with on call support for emergencies outside these hours

Local Health Protection Team Find details for your area at [weblink 2](#).

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.

Subscribe to Vaccine Update at [weblink 6](#)

Useful links: NaTHNaC/Travel Health Pro rabies factsheet: See [weblink 1](#)

Vaccine ordering and supply enquiries: vaccinesupply@phe.gov.uk

Award winning RIgS! Well done.

The Rabies and Immunoglobulin Service (RIgS) received an accolade from Civil Service, Operational Delivery Profession (ODP) for their excellence in customer service at the Celebration Event in London on 5 March 2018.

RIgS provide treatment guidance for health professionals in England about communicable infections. A multi-disciplinary team, RIgS process thousands of pre and post exposure Rabies enquiries every year along with queries regarding anti-toxin for Botulism and Diphtheria and immunoglobulins such as Varicella, Measles and Hepatitis A.



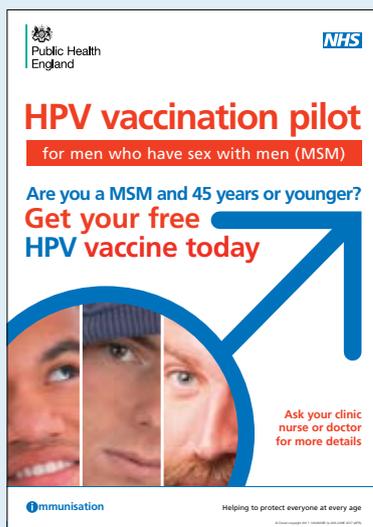
The team supports effective joint working with internal and external stakeholders such as GPs, nurses, clinics, A&E Departments and Health Protection Teams. RIgS has demonstrated innovative customer service by implementing differing styles of communications and new delivery methods to improve and develop the crucial service they provide.

HPV vaccination programme for MSM begins

You can find all the programme information at [weblink 13](#).

The leaflet and record card are for MSM, up to and including 45 years of age, who are offered the HPV vaccine as part of the programme and provides information on HPV infection and the HPV vaccine.

The poster, leaflet and record card are available to order from the DH health and social care orderline



HPV for MSM A3 Poster
Product code: 3204637B



HPV for MSM Leaflet
Product code: 3204637A



HPV for MSM Record Card
Product code: 3202636B

Update on hepatitis B vaccine supply constraints: phased re-introduction of vaccine

Since mid-2017, the UK has experienced a shortage of hepatitis B vaccine due to global manufacturing issues. In response, PHE developed temporary recommendations on hepatitis B vaccine use (see [weblink 3](#)) including risk-based prioritisation of vaccine, dose-sparing and deferral of boosters.

Vaccine supplies are now improving and more vaccine is becoming available during 2018. However supplies will remain constrained due to backlog demand from 2017 and low UK allocations from some manufacturers. Supply management and restrictions will therefore continue until further notice. PHE, working with manufacturers and DHSC, has published a recovery plan ([weblink 3](#)) to support re-introduction of vaccine in a phased approach to maintain continuity of supply during 2018.

The main aspects of the plan which have implications for NHS and non-NHS providers of vaccination are:

- Hepatitis B vaccine will remain available for those individuals at highest immediate risk, i.e. PHE priority groups 1-3 and will become more routinely accessible without need for an override request. This includes post-exposure vaccination and for pre-exposure vaccination of high risk groups (e.g. people who inject drugs, prisoners, people with multiple sexual partners, MSM) and healthcare staff routinely undertaking exposure prone procedures (e.g. midwives, dentists, surgeons, some dental nurses, some doctors, and some laboratory staff). A risk assessment should be undertaken to determine priority status (See PHE temporary recommendations, August 2017 at [weblink 3](#)).
- from early spring 2018, hepatitis B monovalent vaccine will become available for individuals in priority groups 4 (other than for travel) where vaccination occurs mainly in general practice. This includes patients with chronic liver disease and household or sexual contacts of chronic hepatitis B cases, and completion of post exposure vaccination courses.
- from mid spring 2018, hepatitis B monovalent vaccine will become available for individuals in priority group 4 who are healthcare workers and students, frontline workers and first responders with direct patient contact or at risk of exposure to blood and body fluids. For these individuals, vaccination is mainly provided by occupational health or university health services.
- monovalent hepatitis B vaccine should not be used for most travel indications, but combination hepatitis A/ hepatitis B vaccine can now be used where appropriate for high risk travel indications (see PHE Addendum, November 2017 at [weblink 4](#)).
- on the advice of the Joint Committee on Vaccination and Immunisation (JCVI), boosters (priority group 5) will no longer be routinely required in healthy, immunocompetent adults who have completed a primary course of vaccine, including healthcare workers who are known responders. This change will be reflected in the next revision of Chapter 18 of the Green Book: Immunisation against Infectious Disease (see [weblink 5](#)).

Vaccine is being released based on the estimated numbers of individuals in each priority group and the estimated backlog of those whose vaccination was deferred in 2017.

GP surgeries and community pharmacists will be able to order a small volume of stock. Where larger amounts of vaccine are required for priority group 4 patients e.g. for close contacts in a large household, PHE Health Protection Teams will provide an override approval for manufacturers to release additional vaccine to GPs. Information on this override process for priority group 4 patients is detailed in the recovery plan ([weblink 3](#)).

NHS Trusts and organisations providing occupational health services for non-NHS staff will be able to access to larger volumes of vaccine. Vaccination of healthcare workers and students, and frontline public services workers should be prioritised according to whether their routine duties involve exposure prone procedures (EPP), following a risk assessment. The recommended order of prioritisation is outlined in the recovery plan. Providers should not organise large catch-up sessions without ensuring that they can secure sufficient stock.

Ordering restrictions, although less restrictive, will remain in place for monovalent hepatitis B vaccine to discourage stockpiling and/or use for lower risk indications (e.g. travel). Stock may need to be ordered in small amounts and frequently. If used appropriately, the volume of vaccines available to order over the course of 2018 should be sufficient for priority groups 1-4, without many override requests.

As the situation is dynamic, ordering restrictions are subject to change at short notice if demand increases due to inappropriate use.

Meningococcal disease: guidance on public health management

The guidance for public health management of meningococcal disease in the UK has been updated and published on the PHE website ([weblink 11](#)). This 2018 guidance on the public health management of individual cases and clusters of invasive meningococcal disease is an amalgamation of the 2014 guidance on preventing secondary cases of MenB disease and the 2012 version of the guidance for public health management of meningococcal disease in the UK. Templates for communication with general practice, contacts and in certain settings (nursery, school, university) following cases of invasive meningococcal disease are also available at [weblink 11](#) as appendices.

Immunisation training resources for healthcare professionals

An interactive immunisation e-learning course ([weblink 8](#)) has been designed in line with the latest training recommendations which can be found at [weblink 9](#). It consists of seven knowledge sessions with accompanying assessments relevant to all healthcare practitioners with a role in immunisation whether they advise on or deliver immunisations. You can register free of charge at [weblink 10](#).

The screenshot shows the e-Learning for Healthcare (e-LH) website. The header includes the e-LH logo and NHS Health Education England branding. A navigation menu contains links for Home, Programmes, About, News, Support, Demo, and Contact us. A search bar is located on the right. Below the navigation, there is a 'Sections' dropdown menu. The main content area features a large banner for 'Immunisation' with the text: 'An interactive e-learning programme to support the training of healthcare practitioners involved in advising on and/or delivering immunisations across the life course'. Below the banner, a blue bar states 'This programme is in partnership with...'. At the bottom, there are logos for the following partner organizations: Public Health England, Royal College of Nursing, RCPCH (Royal College of Paediatrics and Child Health), ITCA (Infectious Diseases Society of the United Kingdom), GPC (General Practice Council), and HSC Public Health Agency.

PHE National Immunisation Network Meeting

Monday 23 – Sunday 29 April 2018

NIN Conference: Book today!

According to the World Health Organisation (WHO) says that vaccines, along with clean water, are the public health interventions that have had the greatest impact on the world's health. The National Immunisation Network provides critical vaccine programme information regarding implementation, vaccine supply, training and related clinical matters. It is a mechanism for feedback on many issues and provides a regular clear channel for communication between all the screening and immunisation teams and stakeholders working across England in various health care settings. The annual NIN conference is an important highlight in the Immunisation calendar providing an opportunity to meet each other face to face and share knowledge and experience.



Welcome to all of our new readers and thank-you for subscribing to Vaccine Update. We would like to invite you to attend our immunisation conference in April.

This two day meeting combines the well-established annual 'Scientific issues in immunisation' meeting with 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 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 vaccination story in conjunction with the EIW annual theme 'Vaccines work!'. This will form the thematic spine 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, we look forward to welcoming Natasha Crowcroft, Chief of Applied Immunization research and evaluation, Public Health Ontario, Canada, as our keynote speaker.

We hope that by providing the science and rationale behind immunisation policy and decision-making, and by sharing experience and the latest and future 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 everyone with an interest in the science behind the immunisation programme. The second day has been designed mainly for colleagues with a local leadership role in the commissioning, delivery and quality assurance of the immunisation programme.

All members of the Screening and Immunisation Teams (SITs) and Health Protection Teams (HPTs) with an interest and/or role in immunisation are encouraged to attend. We are hoping that at least one member of each SIT and HPT will be able to join us. In addition general registration is now open to all readers with an interest in immunisation. 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.



Visit the meeting website to book now

Vaccine Supply

Final batch of Fluenz Tetra® expired 15 March

The final batch of Fluenz Tetra® for the 2017-18 children's flu vaccination programme expired on 15 March 2018.

Please ensure that any remaining stock is disposed of in line with local policies and recorded through the ImmForm Stock Incident page.

Other children's flu vaccines still available

The following vaccines, which are supplied by PHE for children who are contraindicated for Fluenz Tetra® and in a clinical risk group, remain available to order by providers of the children's national flu programme via the ImmForm website.

In the event that you still 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), then it is safe and effective to give inactivated vaccine as a second dose.

| Vaccine | Manufacturer |
|--|----------------|
| Inactivated influenza vaccine (split virion) BP® (trivalent) | Sanofi Pasteur |
| Fluarix Tetra® | GSK |

Good Friday and Easter Monday Bank Holidays

Due to the Easter Bank Holidays, there will **not be any deliveries or order processing** by Movianto UK on Friday 30 March and Monday 2 April 2018.

Due to the May Bank Holidays, there will also not be any deliveries or order processing by Movianto UK on Monday 7 May and Monday 28 May 2018.

Please see the tables below for revised ordering and delivery dates.

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

Customers with a standard delivery day of Friday should be aware that after **23 March, your next available delivery day will be the 6 April 2018.**

Customers with a standard delivery day of Monday should be aware that after **26 March, your next available delivery day will be the 9 April 2018.**

| Delivery date | Order cut-off date | Order cut-off time |
|--------------------|-------------------------------|--------------------|
| Friday 23 March | Wednesday 21 March | 11:55 AM |
| Monday 26 March | Thursday 22 March | 11:55 AM |
| Tuesday 27 March | Friday 23 March | 11:55 AM |
| Wednesday 28 March | Monday 26 March | 11:55 AM |
| Thursday 29 March | Tuesday 27 March | 11:55 AM |
| Friday 30 March | CLOSED – NO DELIVERIES | |
| Monday 2 April | CLOSED – NO DELIVERIES | |
| Tuesday 3 April | Wednesday 28 March | 11:55 AM |
| Wednesday 4 April | Thursday 29 March | 11:55 AM |
| Thursday 5 April | Tuesday 3 April | 11:55 AM |
| Friday 6 April | Wednesday 4 April | 11:55 AM |
| Monday 9 April | Thursday 5 April | 11:55 AM |

Early May Bank Holiday

Customers with a standard delivery day of Monday should be aware that **after 30 April, your next available delivery day will be the 14 May 2018.**

| Delivery date | Order cut-off date | Order cut-off time |
|-----------------|-------------------------------|--------------------|
| Monday 30 April | Thursday 26 April | 11:55 AM |
| Tuesday 1 May | Friday 27 April | 11:55 AM |
| Wednesday 2 May | Monday 30 April | 11:55 AM |
| Thursday 3 May | Tuesday 1 May | 11:55 AM |
| Friday 4 May | Wednesday 2 May | 11:55 AM |
| Monday 7 May | CLOSED – NO DELIVERIES | |
| Tuesday 8 May | Thursday 3 May | 11:55 AM |
| Wednesday 9 May | Friday 4 May | 11:55 AM |
| Thursday 10 May | Tuesday 8 May | 11:55 AM |
| Friday 11 May | Wednesday 9 May | 11:55 AM |
| Monday 14 May | Thursday 10 May | 11:55 AM |

Spring Bank Holiday

Customers with a standard delivery day of Monday should be aware that **after 1 May, your next available delivery day will be the 4 June 2018.**

| Delivery date | Order cut-off date | Order cut-off time |
|------------------|-------------------------------|--------------------|
| Monday 21 May | Thursday 17 May | 11:55 AM |
| Tuesday 22 May | Friday 18 May | 11:55 AM |
| Wednesday 23 May | Monday 21 May | 11:55 AM |
| Thursday 24 May | Tuesday 22 May | 11:55 AM |
| Friday 25 May | Wednesday 23 May | 11:55 AM |
| Monday 28 May | CLOSED – NO DELIVERIES | |
| Tuesday 29 May | Thursday 24 May | 11:55 AM |
| Wednesday 30 May | Friday 25 May | 11:55 AM |
| Thursday 31 May | Tuesday 29 May | 11:55 AM |
| Friday 1 June | Wednesday 30 May | 11:55 AM |
| Monday 4 June | Thursday 31 May | 11:55 AM |

BCG? Time to catch up!

The factsheet on use of Intervax BCG vaccine has been updated to include information on use in eligible groups, needle priming and vaccine contents. See [weblink 12](#).

Reminder about Purified Protein Derivative PPD 10TU ordering through ImmForm

Purified Protein Derivative PPD 10TU/0.1ml for Mantoux testing will soon no longer be available to order through ImmForm as incoming supply has come to an end. Ordering of PPD 10TU will continue on ImmForm until the remaining stocks are used up. This will not impact on routine Mantoux testing and PPD 2TU/0.1ml will continue to be available to order through ImmForm.

In the UK, the standard concentration of Purified Protein Derivative (PPD) 2TU/0.1ml is used for routine Mantoux testing to identify latent TB infection among contacts of active TB cases, migrants and in individuals prior to immunosuppressive therapy. The higher concentration of 10 TU/0.1 ml is only used in rare circumstances, for example where the first Mantoux test (PPD 2TU) is negative (less than 5 mm in diameter) and a retest is considered appropriate for clinical purposes e.g. in immunocompromised patients/contacts (Green Book page 404).

PHE is reviewing the evidence for the use of PPD10TU and will be issuing information in the near future on possible appropriate alternatives.

Reminder about MMR vaccine ordering restriction

There are currently 2 vaccines available to order for the MMR programme, M-M-RvaxPro® and Priorix®. Orders for Priorix® continue to be capped at 6 packs per order per week for accounts in England and Wales. Controls are also in place for Scottish customers. This is needed to rebalance central supplies.

The alternative MMR vaccine, M-M-RvaxPro®, remains available to order without restriction. If you specifically require additional Priorix® stock, for example because you serve communities that do not accept vaccines that contain porcine gelatine then please contact the ImmForm Helpdesk for assistance at helpdesk@immform.org.uk or 0844 376 0040.

Vaccine supply for non routine programmes

HEPATITIS A VACCINE

Adult

- **GSK:** Supplies of Havrix PFS singles, PFS packs of 10 and vials in singles are available. Please note, there may not be sufficient stock in each presentation to accommodate demand, therefore you may not be able to access supply of some presentations
- **Sanofi Pasteur:** Avaxim is currently out of stock. Limited supplies of Avaxim are expected in May
- **MSD:** VAQTA Adult is currently unavailable and there will be intermittent supplies during 2018

Paediatric

- **GSK:** Havrix Paediatric singles and packs of 10 are currently available
- **MSD:** VAQTA Paediatric is currently available with supplies expected throughout 2018

HEPATITIS B VACCINE

All Hepatitis B monovalent and combination hepatitis A/B vaccines are currently under supply management. While priority groups 1-3 (in the PHE temporary recommendations) will continue to have access to Hepatitis B monovalent vaccines, availability for priority group 4 patients has commenced in a phased approach. Further details available at [weblink 3](#).

Adult

- **GSK:** Engerix B PFS singles are available
- **GSK:** Engerix B PFS packs of 10 are available
- **GSK:** Very limited supplies of Engerix B vials are available
- **GSK:** Fendrix is 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:** 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 & B VACCINE

- **GSK:** Twinrix Adult and Paediatric presentations are available
- **GSK:** Ambirix is available

COMBINED HEPATITIS A & TYPHOID VACCINE

- **GSK:** GSK is discontinuing Hepatyrix vaccine that has been under constrained supply for several years due to challenges associated with its manufacturing
- **Sanofi Pasteur:** Viatim is currently out of stock. It is likely to be back in stock in May

TYPHOID VACCINE:

- **GSK:** GSK is discontinuing Typherix vaccine that has been under constrained supply for several years due to challenges associated with its manufacturing.
- **Sanofi Pasteur:** Typhim is available to order without restrictions
- **PaxVax:** Vivotif is available

RABIES VACCINE

- **GSK:** limited supplies of Rabipur are available due to increased demand. Supply is being prioritised to hospitals and GPs for use in notified post-exposure cases only
- **Sanofi Pasteur:** Limited supplies of Rabies BP are available. It is likely that there will be order restrictions in place

PPV (Pneumococcal Polysaccharide Vaccine)

- **MSD:** Stock is currently available and additional replenishment is planned for April and June 2018

VARICELLA ZOSTER VACCINE

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

MMR

- **MSD:** No MMR stock is available for the private market and no further dates for further replenishment are available
- There is no impact on the National Immunisation Programme

HUMAN PAPILLOMAVIRUS VACCINE

- **MSD:** Stocks of GARDASIL are available for private market sales and for the National Immunisation Programme
- **MSD:** limited supplies of Gardasil-9 are currently available and supplies are expected to be constrained until July 2018. It is recommended that course completion is prioritised over new initiations. For further information contact MSD directly

MENINGITIS ACWY VACCINE

- **GSK:** Menveo is heavily constrained and supply anticipated to improve in late 2018
- **Pfizer:** Nimenrix is currently available for private sales. There is no impact on the National Immunisation Programme

Weblinks

- weblink 1 <https://travelhealthpro.org.uk/factsheet/20/rabies>
- weblink 2 <https://www.gov.uk/health-protection-team>
- weblink 3 <https://www.gov.uk/government/publications/hepatitis-b-vaccine-recommendations-during-supply-constraints>
- weblink 4 <https://www.gov.uk/government/publications/hepatitis-b-vaccine-recommendations-during-supply-constraints>
- weblink 5 <https://www.gov.uk/government/publications/hepatitis-b-the-green-book-chapter-18>
- weblink 6 <https://public.govdelivery.com/accounts/UKHPA/subscribers/new?preferences=true>
- weblink 7 <https://ecdc.europa.eu/en/publications-data/rapid-risk-assessment-risk-measles-transmission-eueea>
- weblink 8 <https://www.e-lfh.org.uk/programmes/immunisation/>
- weblink 9 <https://www.gov.uk/government/publications/national-minimum-standards-and-core-curriculum-for-immunisation-training-for-registered-healthcare-practitioners>
- weblink 10 <https://portal.e-lfh.org.uk/Register>
- weblink 11 <https://www.gov.uk/government/publications/meningococcal-disease-guidance-on-public-health-management>
- weblink 12 <https://www.gov.uk/government/publications/intervax-bcg-vaccine-training-slideset-for-healthcare-professionals>
- weblink 13 <https://www.gov.uk/government/collections/hpv-vaccination-for-men-who-have-sex-with-men-msm-programme>
- weblink 14 <https://www.gov.uk/guidance/mmr-catchup-programme-diagnosis-case-management-and-advice>
- weblink 15 <https://www.gov.uk/health-protection-team>