



Vaccine update

KEEP CALM
AND CARRY ON
VACCINATING!



COVID-19 has brought with it seismic shifts in the ways we do everything, and the vaccination landscape has seen significant changes too.

We want to say a huge thank-you to you all for delivering life-saving vaccines. When the usual routes are not available, we see teams from around the country coming up with new methods, locations and spaces for vaccine administration. These have included gyms, community halls, community health centres, car parks and other spaces. It is clear that the immunisation workforce is committed and has sought novel solutions to the problem of how to 'Keep calm and carry on vaccinating'. It is wonderful to see, and we send our biggest cheers and salute you all. Some of you have been lucky with the weather and have been working in the bright sunlight and some have been managing to keep going in torrential rain, we see you and we are deeply grateful to you all. Going that extra mile and making these appointments available to parents, children and young people is what will help to keep the population safe from vaccine-preventable diseases.

We have also missed meeting many of you face to face at the range of conferences we attend with our immunisation stand and want to reassure you that we are working on a solution.

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We want to make sure that you have all the publications and resources you need to promote and deliver the complete immunisation programme. Please visit the Health Publications website regularly and see what's new at [weblink 1](#).

We are incredibly proud of all immunisers whatever setting you work in and want you to know how much your work every day is appreciated. We are all working to the ultimate goal of everyone who is eligible having all their vaccines and the important protection that they provide. It is clear that during these last months immunisers have shown considerable fortitude in keeping immunisation programmes running. Thank you and well done.

To help support continued delivery of vaccinations during the COVID19 pandemic, a guidance document for immunisers, is now available on the following NHS England webpages at [weblink 18](#), [weblink 19](#) and [weblink 20](#).

Expansion of Translated Resources

We have continued expansion of our translated resources, with TB, BCG and Your Baby now available in a range of 10+ languages and more leaflet translations are coming soon. Developing a range of translations is essential to ensuring that fair, accurate and helpful information is available to as many people as possible. Increasing the accessibility of reliable information about vaccinations is vital to ensuring that we maintain good coverage and even persuade those who may have been vaccine-hesitant before. TB, BCG and Your Baby in Pashto (2020069) and a range of other languages.



TB, BCG and your baby translated into Iso available in Bengali, Farsi (Persian), Gujrati, Hindi, Nepalese, Pashto, Punjabi, Somali, Tamil and Urdu. Hard or paper copies of this leaflet in English can also be ordered using the product code: 2900193 and can be seen at [weblink 2](#).

Meningitis research Foundation launches ‘Vaccines Are Vital’ campaign

Meningitis Research Foundation (MRF) launched their new Vaccines Are Vital’ campaign on June 18th 2020. Aiming to address growing concerns that the COVID-19 pandemic could threaten global immunisation uptake. MRF is encouraging everyone, everywhere, to take up the routine vaccinations available to them.

“Vaccines are vital because they save lives,” said Gemma Lessells, MRF Ambassador. Gemma’s son Matthew contracted deadly MenB meningitis in 2010, aged just 13 months.

The MenB vaccine is now routinely given to babies in the UK and Ireland at 2, 4 and 12 months. After Matthew’s recovery, Gemma and her family helped MRF raise awareness of the devastating consequences of MenB meningitis, and supported the campaign that helped to get a MenB vaccine into routine immunisation in the UK.

MRF Ambassador Danny Sweatman, who has endured the very rare experience of losing two family members – his brothers Ryan and Joe – to meningitis, is also a vocal advocate of vaccines.

He said: “Vaccines are vital. I know they can’t bring Ryan or Joe back, but they can certainly help prevent other families from experiencing the same pain that we have been through.”



MRF’s Vaccines are Vital campaign urges individuals to ensure they continue to prioritise immunisation whilst observing government guidance to combat COVID-19. We have also provided access to vaccine schedules in different countries, and advice on identifying misinformation related to vaccines. Any missed vaccine appointments should be rescheduled as soon as possible.

They have produced a suite of digital assets for social media, including two videos featuring touching personal testimony from their charity ambassadors Gemma Lessells and Danny Sweatman (see [weblink 3](#)). Their digital recourses also focus on the increase of misinformation about vaccinations and healthcare in general during the current pandemic. Addressing this so-called ‘infodemic’ of inaccurate health advice is one of our main goals here in the Immunisation department of PHE at [weblink 3](#).

Vaccine coverage report published

This report summarises UK quarterly vaccine coverage data for each routine childhood vaccination for children who reached their first, second, or fifth birthday during the evaluation quarter. Analyses are presented at NHS England local team (April 2018 configuration) and devolved administration levels only.

In England, 5 year MMR1 and Hib/MenC booster remained at 94.6% and 92.8% respectively. Three of thirteen English local teams exceed the 95% target for these vaccines. Coverage at five years for these vaccines primarily reflects vaccinations delivered four years ago

- Pre-school booster (DTaP/IPV) and MMR2 coverage exceeded 90% in the devolved administrations but only three English local teams reached this level for both vaccines
- In England, coverage for the pre-school booster increased 0.2% to 85.7% and remained at 86.9% for MMR2

Read the full report and see the tables in the Quarterly vaccination coverage statistics for children aged up to five years in the UK (COVER programme): January to March 2020 at [weblink 15](#).

School-age vaccinations: sharing best practice

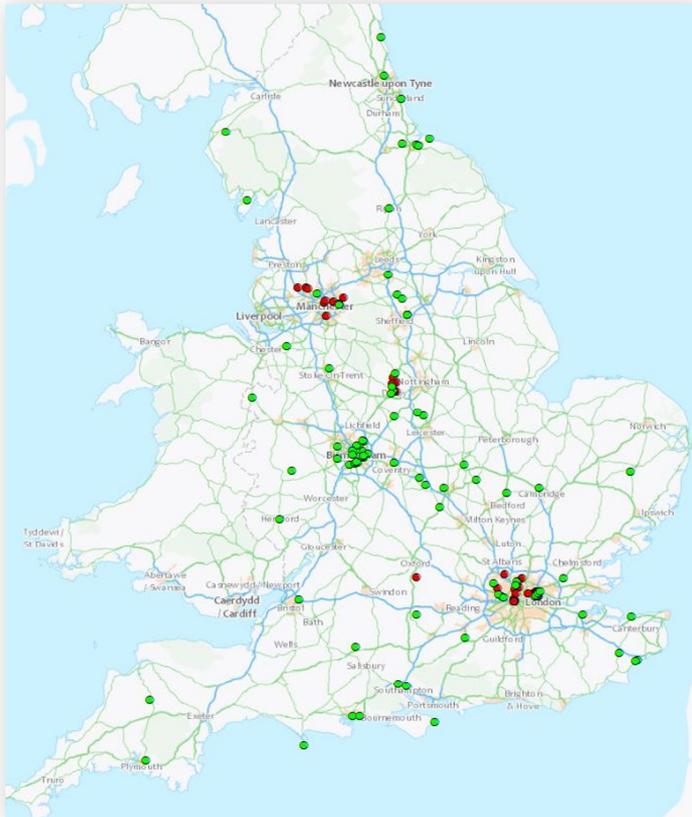
School-age vaccinations (SAVs) were impacted by the closure of schools during the COVID-19 pandemic. SAV providers across the country are now working with NHS England and NHS Improvement (NHS EI) commissioners with clinical advice from Public Health England (PHE) to catch up on vaccinations and there is some great work taking place to do this.

NHS EI and PHE are aiming to assist SAV providers by sharing some of this innovative practice, and are looking for providers to submit short pieces of text on how they are overcoming some of the challenges they are facing – for example in terms of infection prevention and control, accessing venues, and workforce. These will be collated and shared for learning.

If you would like to share some of your learning with other providers, or you have any questions, please email Phil Wainwright of NHS EI at philwainwright@nhs.net. No information you provide will be shared without your permission.

sKIDS school surveillance update

Over the past 2 weeks, we have recruited a total of 138 schools across England, including 89 schools that are participating in the weekly swab study and 47 schools having swabs and blood tests done at the beginning and at the end of the summer term.



Public Health England

sKIDS Surveillance School Newsletter

Information and updates for participating schools – 1st edition

Dear participating sKIDS schools,

We are excited to release our first sKIDS newsletter this week. Over the past 2 weeks, we have recruited a total of 138 schools across England, including 89 schools that are participating in the weekly swab study and 47 schools having swabs and blood tests done at the beginning and at the end of the summer term.

Over the past 2 weeks, we have recruited 138 schools across England.

So far, we have processed more than 10,000 swabs from staff and students. We also have more than 1,000 blood samples that are waiting to be tested for antibodies against the coronavirus, SARS-CoV-2, at our reference laboratory in London.

Many schools have reported the study to be a very positive experience and we hope to provide the overall results of all the tests we have done so far in our next newsletter.

Reporting of swab test results:

- The results are halved within 24-48 hours of arriving at our reference laboratory.
- Thousands of swabs are tested every day and nearly all of them are negative.
- We check the results every morning.
- As soon as we identify a positive swab result, we telephone the participant and advise all household contacts to remain at home. We also inform the schools so that appropriate actions can be taken to ensure the safety of the other staff and students, such as asking a school bubble to self-isolate for 14 days.
- We will also inform the local health protection team (HPT) so that they are aware. We will not routinely contact schools or participants to inform negative results for the swab tests.

Helpful tips overview

sKIDS Surveillance School Newsletter

Member and guides for participating schools

Helpful tips

Participant numbers 2

For the swabbing study, each participant (staff or student) should have their own code that consists of 2 letters that is unique to the school and a number (e.g. AD501) when they are recruited.

This number will remain with the participant until the end of the study.

This number should be written on the consent form, the questionnaire, the participant log in the sKIDS, the swab sample bottles with the label on it and the sKIDS green and white form.

A visual guide to the PHE sKIDS swab study 1

We have produced a video you can use to help you clarify the processes and procedures for the swab study in schools.

Subsequent visits 3

There is no need to obtain another consent for subsequent visits, unless you recruit new participants, which you can do, as long as you have a signed consent form and a completed questionnaire.

During subsequent visits, each participant should still have the same number from the participant log, which should be written on the first sample bottle with the label on it and the sKIDS green and white form along with the date of sample.

The sample log form (in the sKIDS) should also be completed with the date of the subsequent visits for all participants.

For any queries or to order more equipment for the sKIDS study, please contact us at sKIDS@phe.gov.uk

For courier bookings and confirmation, please contact us on 0208 865 3600. We will be in touch again next week with further updates.

Dr S. Ladhani, Dr F. Blainey, Debbie, Felicity, Michael, Oly, Yusef and Zahir

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Many schools have reported the study to be a very positive experience and we hope to provide the overall results of all the tests we have done in future vaccine updates.

We are so grateful to each of the almost 200 schools across the country who have committed their valuable time to this important public health surveillance. We know that many more schools wanted to be part of the study but we have now closed recruitment.

We have produced a video at [weblink 6](#) to clarify the processes and procedures for the nose swab study in schools. We look forward to making more videos to support the vaccine programmes in the future.

Guidance on immunisation training during the COVID-19 pandemic

During the global COVID-19 pandemic, it is imperative that vaccine uptake remains high and that vaccines continue to be delivered safely by a well-trained and confident workforce. The response to the pandemic has disrupted the provision of face to face, classroom-based immunisation training which has resulted in requests for advice about training during this time. PHE has therefore published “Guidance on immunisation training during the COVID-19 pandemic” to support providers for whom immunisation is going to be an on-going routine professional responsibility. Please see [weblink 7](#).

Seasonal flu vaccine uptake in children of primary school age: winter 2019 to 2020

This report describes influenza vaccine uptake for children of primary school age in England from 1 September 2019 to 31 January 2020. The eligible school cohorts under survey are children in school academic years Reception, 1, 2, 3, 4, 5 and 6 (based on age at 1 September 2019) at [weblink 8](#).

Seasonal flu vaccine uptake in healthcare workers: winter 2019 to 2020

The 2019 to 2020 season saw 74.3% of all frontline HCWs (from all organisations) with direct patient care reported to have received the 2019 to 2020 seasonal influenza vaccine in England. This is an increase in uptake compared with 70.3% of all frontline HCWs who received the seasonal influenza vaccine in the 2018 to 2019 season at [weblink 9](#).

Seasonal flu vaccine uptake in GP patients: winter 2019 to 2020

Report on the uptake of influenza vaccine in eligible GP patient groups during the 2019 to 2020 influenza vaccination programme in England at [weblink 10](#).

Vaccine supply

Routine vaccination programme

ImmForm web address has changed

As part of planned works to ensure continued availability of the ImmForm website, the web address has changed to <https://portal.immform.phe.gov.uk>.

There is currently an auto-redirect from the old address to the new web address. However, please update your shortcut or favourite links to the new PHE URL <https://portal.immform.phe.gov.uk> as soon as possible.

For assistance please contact the ImmForm helpdesk by calling 0207 183 8580 or emailing helpdesk@immform.org.uk.

Registering for a new or updating your existing ImmForm vaccine ordering account

When you register for or update an existing ImmForm account, Public Health England as a wholesaler of vaccines need to verify the requesting customer.

Please ensure you have your professional regulatory body registration number or Wholesaler Dealer Licence and an organisation code which can be verified when requesting updates or requesting a new vaccine ordering account. For more information please see the ImmForm Helpsheet – How to register at [weblink 4](#).

Loss of vaccines in 2019

During 2019 vaccine wastage voluntarily reported through ImmForm was valued at £5.8 million based on list price. This was £500k less than in 2018. The majority of the reported incidents were avoidable (see pie chart), and these accounted for 76% (£4.4 million) of the overall value at list price of reported wastage in 2019.

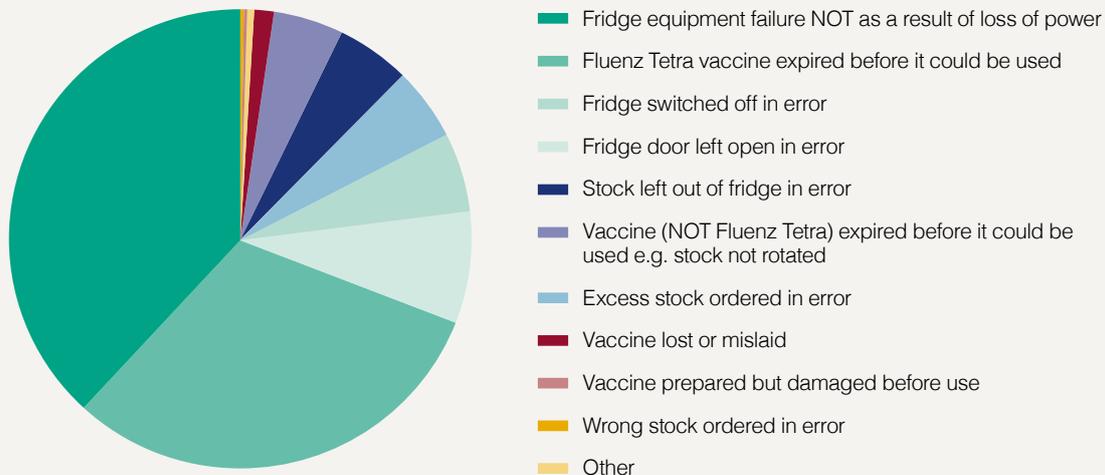
The major cause remains incidents involving refrigeration temperature deviations. To minimise wastage due to excess or expiring stock, you should hold no more than 2-4 weeks supply of vaccines and place your ImmForm orders with scheduled clinics in mind.

Are you reporting vaccine wastage on ImmForm?

Any vaccine ordered via ImmForm that have not been used should be recorded using the ImmForm Stock Incident web form. The Stock Incident reporting tab is found on the Product Ordering homepage.

If vaccines are not stored correctly, it is not only wasteful and expensive for the NHS but vaccines may lose their effectiveness. This could result in a failure of the vaccine to provide the required immune response. In addition, if a vaccine is not stored or transported within the required temperature range of 2°C to 8°C then it is no longer within the terms of its product licence.

Causes of avoidable vaccine wastage incidents 1 January 2019 – 31 December 2019



Everyone who handles vaccines should ensure that there are local policies in place to make sure that vaccines are stored, handled, and disposed of correctly, and vaccine wastage incidents are appropriately managed. These local policies should reflect national policy and best practice recommendations which can be found in Chapter 3 of the Green book (see [weblink 16](#)). There is also a 'Protocol for ordering, storing and handling vaccines' available on the Public Health England website which sets out the minimum standards expected of healthcare professionals working with vaccines (see [weblink 17](#) – please note that this guidance will be updated in due course).

To protect your patients, you need to protect your vaccines so remember to:

- **Read:** take a daily reading of the thermometer's maximum, minimum and current temperatures at the same time every day during the working week
- **Record:** record temperatures in a standard fashion, on a standard form and sign each entry on the recording sheet
- **Reset:** reset the thermometer after each reading. The thermometers should also be reset when temperatures have stabilized after periods of high activity e.g. restocking
- **React:** the person making the recording should take action if the temperature falls outside the +2°C to +8° C range and document this action

COVID-19 arrangements might have had an impact on your immunisation clinics and you may find that you have more stock in your fridge than you usually do, or you don't need to place vaccine orders as frequently.

- check your stock, place stock with a short expiry date near the front of the fridge to be used first
- always check the expiry date before giving a vaccine
- ensure you follow the above '4 R's' guide on protecting your vaccines

PCV13 schedule change reminder

As published in issue 303 (Dec 2019), the PCV13 routine immunisation schedule changed on the 1 January 2020. The change means that babies born on or after 1 January 2020 will have one priming dose of PCV13 at the age of 12 weeks, followed by a booster dose at the age 12 months. Babies born on or before the 31 December 2019 will continue to be offered two priming doses at the age of 8 and 16 weeks, followed by a booster dose at the age 12 months. Further information is available at [weblink 5](#).

Please ensure that you keep the change in schedule in mind when ordering Prevenar13 from ImmForm and do not order too much. We recommend that customers hold a maximum of 2-4 weeks stock to minimise the potential for wastage.

Maternal Pertussis programme – Change to dTaP/IPV vaccine

The maternal pertussis immunisation programme commenced in October 2012, initially using Repevax[®] vaccine (dTaP/IPV). From July 2014, Boostrix[®]-IPV (dTaP/IPV) has been supplied. Repevax[®] is now available to order through ImmForm for use in the maternal pertussis immunisation programme instead of Boostrix[®]-IPV.

This is a temporary change and it is anticipated that supplies will revert back to Boostrix[®]-IPV in autumn 2020. This change is necessary as PHE is running down all stock of Repevax[®] before the introduction of Boostrix[®]-IPV across both the maternal pertussis and the pre-school booster programmes. There is no other change to the maternal pertussis immunisation programme, further details about this programme can be found in chapter 24 of the Green Book at [weblink 11](#).

Update to Bexsero Patient Information Leaflet

Every pack of Bexsero (Meningitis B vaccine; 10 doses) is supplied with a pad of ten Patient Information Leaflets (PILs), as well as there being a single PIL inside each Bexsero pack. Since late-September 2019, an updated version of the PIL pad has been distributed with Bexsero orders. Please dispose of the single PIL from inside the pack, as it will be out-of-date. We will advise further when the PIL supplied in the pack is in line with the PIL pad.

MMR vaccine ordering

There are currently two different vaccines available to order for the MMR programme, MMRvaxPRO[®] and Priorix[®]. Orders for Priorix[®] are capped at **10 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, MMRvaxPRO[®], 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 0207 183 8580.

The EU Falsified Medicines Directive (FMD) and Delegated Regulation as applicable to PHE supplied vaccines for the national immunisation programme

Full information on FMD as it applies to centrally supplied vaccines for the National Immunisation Programme can be found in the April 2019 edition of Vaccine update at [weblink 12](#). ImmForm vaccines in FMD-compliant packs (i.e. subject to the requirements of the Delegated Regulation) are being distributed for all centrally-supplied products. We would encourage all of our customers to visit the GOV.UK page on FMD at [weblink 13](#) and spend some time becoming familiar with the content and links to various other guidance documents on the implementation of the legislation.

Please note that the barcode on Rotarix batch AROLC284AA (exp. 31/05/2021) is non-serialised and therefore cannot be verified or decommissioned; however, it can still be used.

If you have identified yourself to PHE as being exempt from decommissioning under Article 23 of the Delegated Regulation and this has been agreed, then you will be supplied with decommissioned vaccine. Please see our guidance for more information on the roles and responsibilities in relation to FMD and the Delegated Regulation, regarding vaccines and other medicines centrally supplied by PHE to the NHS and other customers. This document is accessible via GOV.UK at [weblink 14](#).

Vaccine supply

Non-routine vaccination programme

HEPATITIS A VACCINE

Adult

- **GSK:** Havrix Adult PFS singles and packs of 10 are available
- **Sanofi Pasteur:** Avaxim PFS singles and packs of 10 are available
- **MSD:** VAQTA Adult is available

Paediatric

- **GSK:** Havrix Paediatric PFS singles and packs of 10 are available
- **MSD:** VAQTA Paediatric is available

HEPATITIS B VACCINE

Adult

- **GSK:** Engerix B PFS singles and packs of 10 are available
- **GSK:** Engerix B vials singles are available
- **GSK:** Engerix B vials packs of 10 are unavailable
- **GSK:** Fendrix is available
- **MSD:** HBVAXPRO 10 µg is unavailable until further notice
- **MSD:** HBVAXPRO 40 µg is unavailable until further notice

Paediatric

- **GSK:** Enderix B Paediatric singles are available
- **MSD:** HBVAXPRO 5µg are available

COMBINED HEPATITIS A & B VACCINE

- **GSK:** Twinrix Adult singles and packs of 10 are available
- **GSK:** Twinrix Paediatric is available
- **GSK:** Ambirix is available

COMBINED HEPATITIS A & TYPHOID VACCINE

- **Sanofi Pasteur:** Viatim is available

TYPHOID VACCINE

- **Sanofi Pasteur:** Typhim singles and packs of 10 are available
- **Emergent:** Vivotif is available

RABIES VACCINE

- **GSK;** Rabipur is currently available
- **Sanofi Pasteur:** Rabies BP is currently out of stock. An alternative vaccine is available, please contact Sanofi Pasteur directly for more information

PNEUMOCOCCAL POLYSACCHARIDE VACCINE (PPV)

- **MSD:** Pneumococcal Polysaccharide Vaccine vials are now unavailable. There has been a switch from the vials to the Pnemovax 23 prefilled syringes (PFS). Limited supplies of the Pneumovax PFS are available. (Please see page 12 of the [Bug Special Vaccine Update issue 300, October 2019](#) for further information)
- **MSD:** Limited supplies of PNEUMOVAX 23 PFS are currently available

PNEUMOCOCCAL POLYSACCHARIDE CONJUGATE VACCINE (PCV)

- **Pfizer:** Prevenar 13 is currently available

VARICELLA ZOSTER VACCINE

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

DIPHTHERIA, TETANUS AND POLIOMYELITIS (inactivated) VACCINE

- **Sanofi Pasteur:** Revaxis is available

DIPHTHERIA, TETANUS, PERTUSSIS (acellular) AND POLIOMYELITIS (inactivated) VACCINE

- **GSK:** Supply of Boostrix-IPV is currently available

MMR

- **MSD:** MMRvaxPro is currently available
- **GSK:** Priorix is currently available.

MENINGITIS ACWY VACCINE

- **GSK:** Menveo is available
- **Pfizer:** Nimenrix is currently available

YELLOW FEVER

- **Sanofi Pasteur:** Stamaril is available

HUMAN PAPILLOMAVIRUS VACCINE

- **MSD:** Limited supply of GARDASIL is available.
Supplies for the national immunisation programme are unaffected
- **MSD:** Gardasil 9 is currently available
- **GSK:** Cervarix is currently available

CHOLERA VACCINE

- **Valneva:** Dukoral is available

JAPANESE ENCEPHALYTIS VACCINE

- **Valneva:** Ixiaro is available

Weblinks

- weblink 1 <https://www.healthpublications.gov.uk/Home.html>
- weblink 2 <https://www.healthpublications.gov.uk/ArticleSearch.html?sp=St-63&sp=Sreset>
- weblink 3 <https://www.youtube.com/watch?v=-AJ-PWWROWs>
- weblink 4 <https://portal.immform.dh.gov.uk/Help-Guides.aspx>
- weblink 5 <https://www.gov.uk/government/publications/vaccine-update-issue-303-december-2019-pcv-special-edition>
- weblink 6 <http://youtu.be/OgNerUtNPhM>
- weblink 7 <https://www.gov.uk/government/publications/immunisation-training-guidance-during-the-covid-19-pandemic>
- weblink 8 <https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-children-of-primary-school-age-winter-2019-to-2020>
- weblink 9 <https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-healthcare-workers-winter-2019-to-2020>
- weblink 10 <https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-gp-patients-winter-2019-to-2020>
- weblink 11 <https://www.gov.uk/government/publications/pertussis-the-green-book-chapter-24>
- weblink 12 <https://www.gov.uk/government/publications/vaccine-update-issue-293-april-2019>
- weblink 13 <https://www.gov.uk/guidance/implementing-the-falsified-medicines-directive-safety-features>
- weblink 14 <https://www.gov.uk/government/publications/fmd-guidance-for-recipients-of-phe-supplied-vaccines>
- weblink 15 <https://www.gov.uk/government/statistics/cover-of-vaccination-evaluated-rapidly-cover-programme-2019-to-2020-quarterly-data>
- weblink 16 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/223753/Green_Book_Chapter_3_v3_0W.pdf
- weblink 17 <https://www.gov.uk/government/publications/protocol-for-ordering-storing-and-handling-vaccines>