



## HPV for all

**The UK HPV immunisation programme is one of the most successful around the world, continuing to achieve high coverage with millions of doses of vaccine given to girls in the UK since its launch in 2008.**

From September 2019 the HPV immunisation programme was expanded to a universal programme with 12-13 year old boys becoming eligible alongside 12-13 years old girls in school year 8, and 13-14 year old girls in school year 9 across England.

Vaccine coverage estimates for the 2019 to 2020 academic year have been published in the most recent annual report at [weblink 15](#).

Due to the COVID-19 pandemic, all educational settings were closed from 23 March 2020 (with the last day of school on 20 March 2020) and the delivery of all school immunisation programmes were interrupted.

As a result, uptake of the HPV vaccines has been significantly impacted.



### CONTENTS

Latest UK vaccine coverage figures for children up to five years of age published

Supply of pneumococcal polysaccharide vaccine (Pneumovax® 23)

New start date for NHS SCID screening evaluation in England – September 2021

Changes to BCG

Primary care immunisation update webinar series 2020

Vaccines for the 2020/21 children's flu programme supplied by PHE

Maternal Pertussis programme – Change to dTaP/IPV vaccine

Update to Bexsero Patient Information Leaflet

MMR vaccine ordering

ALL CUSTOMERS – Christmas and New Year deliveries warning notice

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

ImmForm web address has changed

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



In the 2019 to 2020 academic year, 59.2% of eligible girls received their first HPV vaccine dose in Year 8 (28.8 percentage points lower than 2018 to 2019) and 64.7% of girls completed a 2-dose HPV schedule by the end of Year 9 (19.2 percentage points lower than 2018 to 2019).

It is very encouraging to see that in the first year that boys were offered the HPV vaccine a similar uptake was achieved to girls, with 54.4% of eligible boys in school Year 8 receiving their first HPV vaccine.

All NHS England and NHS Improvement (NHSEI) commissioned school aged providers have since implemented HPV vaccination restoration and recovery plans to ensure that those eligible for HPV vaccination have been offered at least 1 dose of vaccine in line with JCVI recommendations.

We would like to extend our thanks to all the immunisation teams working so hard this year to give the HPV vaccinations. We also wish to thank the children and young people, the schools, the providers who support the implementation of drive through vaccination centres in a wide variety of locations in carparks, sporting venues and garden centres. We heard of teams being supported by donations and assistance with building standing cover so vaccinations went ahead in rain or shine. Together you have achieved so much to keep this programme progressing well in difficult circumstances. So a big thank you to you all.

To see the resources to support the HPV for all programme can be found at [weblink 17](#).

## Latest UK vaccine coverage figures for children up to five years of age published

The quarterly COVER data for April to June 2020, published at the start of October 2020, shows that vaccination coverage remains high across the UK in all routine vaccinations in children aged up to 5 years. Vaccine coverage for children who reached their first, second, or fifth birthday in the evaluation quarter mostly either improved or remained the same when compared to the previous quarter (January to March 2020). See the full report at [weblink 1](#).

In this quarter, for 13 out of the 14 vaccines, coverage was stable or increased compared with the previous quarter. UK rotavirus coverage at the first birthday rose by 0.3% to 91.4%. Compared with the previous quarter, in England MMR1 coverage at 24 months increased 0.2% to 91.0%.

Coverage at five years for MMR1 increased 0.1% to 94.7%, whilst coverage at 5 years for MMR2 remained the same, at 86.9%. For coverage at 5 years, all countries continue to exceed the 95% WHO target for DTaP/IPV/Hib3, and the UK reached the WHO target of 95% for MMR1.

This first quarter of 2020 to 2021 continues the improving trends in vaccine coverage seen through 2019 to 2020. Final 2019 to 2020 coverage figures have been recently published in the annual vaccine coverage report published on 24 September 2020, see the full report at [weblink 2](#).

Data presented in this quarterly COVER report largely reflects vaccines administered prior to the end of 2019 and as such does not reflect impact of the COVID-19 pandemic or the related lockdown on the UK immunisation programme.

The UK has a world class national immunisation programme which is constantly reviewed and updated to reflect the changing nature of infectious diseases. High coverage provides herd protection for those who aren't vaccinated and prevents diseases that are no longer common from resurgence in the population. In the midst of the COVID-19 pandemic which has seen us all have to adapt to working in new ways to keep ourselves and those around us safe, we would like to express our sincere thanks to all of the immunisations teams across the country who have worked tirelessly in challenging circumstances to ensure the continued delivery of the vaccine programme.

## Supply of pneumococcal polysaccharide vaccine (Pneumovax® 23)

Due to increased demand, supplies of pneumococcal polysaccharide vaccine (PPV23) marketed by MSD as Pneumovax® 23 in pre-filled syringes remain limited and will be out of stock from mid-November until early January 2021. Clinicians should continue to prioritise vaccination according to the recommendations below.

### **PPV23 is recommended for:**

- individuals aged from 2 years or over in clinical risk groups
- all individuals aged 65 years and over

A single lifetime dose is recommended for most individuals. Five yearly boosters are recommended for asplenic patients and those with chronic kidney disease. PPV23 should not be routinely administered in hospitals to patients with COVID-19 infection for the prevention of secondary bacterial pneumonia. This is because the immune response is unlikely to be sufficiently rapid and limited evidence of secondary infection with *Streptococcus pneumoniae* in COVID-19 patients.

### **Advice on how to manage the PPV23 programme**

If you are able to procure stock, the priority should be to offer vaccine to those newly diagnosed with conditions in the high priority group followed by those in moderate priority groups who have never received PPV23 (see the table on the following pages). When such individuals are first identified, if no vaccine is available, please ensure that their records are flagged in order to call them for a future appointment. Also ensure that other aspects of management are optimised and in place (for example antibiotic prophylaxis, or booster doses of PCV13) – as advised in relevant guidance, or by the specialist clinician caring for patient.

Any PPV23 dose that the surgery is able to access should be offered opportunistically to high and moderate priority groups attending an appointment at the surgery who have never received PPV23 and are due this vaccine.

PPV23 vaccination for lower priority groups (including healthy individuals aged 65 years and over) and booster doses for asplenic, those with splenic dysfunction and chronic kidney disease are less urgent and can be planned when sufficient stock is available.

Providers should work together to ensure remaining stocks of PPV23 are where possible, made available to those who will benefit the most. This may require transfer of stock between providers in keeping with advice at [weblink 16](#).

National stocks of PCV13 (Prevenar13), or separately procured PCV10 (Synflorix), should not be used in place of PPV23 because herd protection from the childhood PCV13 programme has reduced pneumococcal disease due to these serotypes across all ages, including the elderly. PPV23 helps provide additional protection against serotypes that are not covered by PCV13 or PCV10.

**Table: Priority groups for Pneumococcal polysaccharide 23-valent vaccine (PPV23, Pneumovax 23)**

Clinical risk group	Examples (decision based on clinical judgement)
<b>High risk</b>	
Asplenia or dysfunction of the spleen	This also includes conditions such as homozygous sickle cell disease and coeliac syndrome that may lead to splenic dysfunction.
Immunosuppression	Due to disease or treatment, including patients undergoing chemotherapy leading to immunosuppression, bone marrow transplant, asplenia or splenic dysfunction, HIV infection at all stages, multiple myeloma or genetic disorders affecting the immune system (e.g. IRAK-4, NEMO, complement deficiency). Individuals on or likely to be on systemic steroids for more than a month at a dose equivalent to prednisolone at 20mg or more per day (any age), or for children under 20kg, a dose of 1mg or more per kg per day.
Individuals with cerebrospinal fluid leaks	This includes leakage of cerebrospinal fluid such as following trauma or major skull surgery (does not include CSF shunts).
Individuals with cochlear implants	It is important that immunisation does not delay the cochlear implantation.

Clinical risk group	Examples (decision based on clinical judgement)
<b>Moderate priority</b>	
Chronic respiratory disease	This includes chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema; and such conditions as bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD). Children with respiratory conditions caused by aspiration, or a neurological disease (e.g. cerebral palsy) with a risk of aspiration. Asthma is not an indication, unless so severe as to require continuous or frequently repeated use of systemic steroids (as defined in Immunosuppression below).
Chronic heart disease	This includes those requiring regular medication and/or follow-up for ischaemic heart disease, congenital heart disease, hypertension with cardiac complications, and chronic heart failure.
Chronic kidney disease	Nephrotic syndrome, chronic kidney disease at stages 4 and 5 and those on kidney dialysis or with kidney transplantation.
Chronic liver disease	This includes cirrhosis, biliary atresia and chronic hepatitis.
Diabetes	Diabetes mellitus requiring insulin or oral hypoglycaemic drugs. This does not include diabetes that is diet controlled.

Clinical risk group	Examples (decision based on clinical judgement)
<b>Low priority</b>	
Healthy individuals aged 65 years and over. Booster doses for asplenic, those with splenic dysfunction and chronic kidney disease.	

## New start date for NHS SCID screening evaluation in England – September 2021



The UK National Screening Committee (UK NSC) at [weblink 5](#) has recommended that screening babies for severe combined immunodeficiency (SCID) at [weblink 6](#) should be evaluated in the NHS.

Work paused due to the pandemic has now resumed to implement this SCID evaluation in **September 2021**. We will be updating you in the coming months as preparation continues.

### About SCID

SCID makes it very hard to fight off common infections like pneumonia and meningitis. You may have heard of babies with SCID having to live in a 'bubble' to avoid infections. Without treatment these babies rarely survive past the age of one.

Currently 30% of babies with SCID are identified via family history. The delay in finding the remaining 70% means that they have been exposed to infection for longer before receiving treatment. Screening would help to find and treat babies with SCID earlier.

### Changes to BCG

Some parents are offered the NHS neonatal BCG tuberculosis (TB) vaccine (see [weblink 7](#)) for their baby. The vaccine is recommended for babies who are identified as being at increased risk of exposure to TB to protect them from developing severe disease, such as TB meningitis and disseminated TB.

In the previous blog article\* the national newborn blood spot screening programme explained that the SCID evaluation is reliant on changes to the BCG vaccination programme. This is because treatment for SCID is more complicated if a baby has had the BCG vaccine. For those babies who are being screened for SCID, it is important that the SCID screening result is **available** before BCG is offered.

These changes will mean babies eligible for BCG will only be given the vaccine:

- once they have reached 28 days old **AND**
- on receipt of a screen negative SCID result (or 'SCID not offered' result if not within an area involved in the evaluation)

Read the SCID blogs at [weblink 3](#) and the original blog from October 2019 at [weblink 4](#). Please keep an eye out for PHE screening future blog articles under the SCID tag ([weblink 8](#)) and under the newborn blood spot category ([weblink 9](#)).

## Primary care immunisation update webinar series 2020

The primary care immunisation update webinar series 2020 is a training resource developed and provided by PHE London and funded by NHS England and NHS Improvement London.

Although originally developed for and delivered to immunisers in London, recordings of the webinars are now being made available to immunisers more widely for those who would like to use them as online update training during the COVID-19 pandemic. Maintaining a well-trained work force is essential to the success of the UK immunisation programme.

This series of webinars is designed to help immunisers revise and update their knowledge of key areas in immunisation. They are intended as updates for those already immunising, not as foundation training for new immunisers.

Each webinar focuses on a specific topic and lasts from 25 to 30 minutes. The programme for 2020 consists of 10 topics focused on the learning needs of immunisers in primary care. Further webinars will be added as they become available. If you would like to look at the webinars, please see [weblink 20](#).

## Vaccine supply For the routine vaccination programme

### Vaccines for the 2020 to 2021 children's flu programme supplied by PHE

#### **Update on the supply of inactivated vaccine for children in clinical risk groups for whom LAIV is unsuitable, and for children whose parents refuse LAIV due to the porcine gelatine content.**

The inactivated flu vaccine (QIVe), for all eligible children aged less than 9 years who are contraindicated for, or too young to receive Fluenz<sup>®</sup> Tetra AND are in a clinical risk group has now switched to Fluarix<sup>®</sup> Tetra, manufactured by GlaxoSmithKline.

Vaccine arrangements for children in clinical risk groups aged 9 years and over, for whom Fluenz<sup>®</sup> Tetra is unsuitable remains as follows:

- those vaccinated in general practice should be offered locally procured QIVc where available. Where QIVc is unavailable, GPs can offer QIVe, either from locally procured stock or centrally supplied stock available via ImmForm
- school aged providers can continue to offer centrally supplied QIVe

As set out in the flu letter published on 5 August, this year an offer of inactivated vaccine is also being made to children whose parents refuse LAIV due to the porcine gelatine content, subject to vaccine availability. Fluarix<sup>®</sup> Tetra, can also be ordered from ImmForm for this purpose.

### Order controls for Fluarix® Tetra

- there is an order cap of 30 doses per week for GPs
- there is an order cap of 500 doses per week for schools
- should you need to increase your order to more doses than the cap allows, please email the ImmForm helpdesk ([helpdesk@immform.org.uk](mailto:helpdesk@immform.org.uk)) in good time before your order cut-off. Out of schedule deliveries will be by exception only

### Expiry dates for Fluenz® Tetra issued for the 2020 to 2021 children's flu programme

Batch numbers and associated expiry dates of all batches of Fluenz Tetra that either have or will be issued this season are set out in the table. Please ensure that the expiry date is always checked before use and that expired stock is disposed of in line with local policies.

Any disposed stock should be recorded through the ImmForm stock incident page at [weblink 18](#).

Batch no.	Expiry date	Batch no.	Expiry date
MH2021	Thursday 17 December 2020	MK2249	Thursday 4 February 2021
MH2022	Friday 18 December 2020	MH3202	Monday 8 February 2021
MH2023	Monday 21 December 2020	MK3389	Monday 8 February 2021
MH2218	Tuesday 22 December 2020	MK2250	Monday 15 February 2021
MH3188	Wednesday 23 December 2020	MK3390	Wednesday 17 February 2021
MH3199	Thursday 24 December 2020	MK3467	Monday 22 February 2021
MJ3211	Wednesday 6 January 2021	ML2229	Monday 1 March 2021
MJ3329	Thursday 13 January 2021	ML2229C	Monday 15 March 2021
MJ3332	Monday 18 January 2021	ML2436	Monday 15 March 2021
MK3328	Monday 25 January 2021	ML2436B	Monday 22 March 2021



### Children's flu vaccine availability

The 3 vaccines in the table below are currently available to order by providers of the children's flu programme in England via PHE's ImmForm website.

Vaccine	Manufacturer	Available to order for
Fluenz® Tetra (LAIV)	AstraZeneca	All children aged from 2 years old to those in school year 7, and children in clinical risk groups aged 2 to <18 years*
Fluarix® Tetra (QIVe)	GlaxoSmithKline	Children in eligible cohorts aged from 6 months to <18 years for whom LAIV is unsuitable
Quadrivalent Influenza Vaccine (split virion, inactivated) (QIVe)**	Sanofi Pasteur	Children in eligible cohorts aged from 6 months to <18 years for whom LAIV is unsuitable

\* This vaccine can also be used to vaccinate children who are eligible as household contacts of individuals on the NHS shielded patient list

\*\*Whilst stocks last, capped at 10 doses per week

PHE does not supply any flu vaccines for patients aged 18 years and over.

Please refer to guidance from your respective health departments for arrangements in Scotland, Wales and Northern Ireland.

### Fluenz® Tetra ordering information for General Practice

- each GP practice has now been allocated sufficient vaccine to vaccinate at least 95% of their eligible patients (all 2 and 3 year olds, plus children in clinical risk groups from age 4 to <18 years)
- further changes to these allocations may be made in response to demand and vaccine availability so please check ImmForm regularly
- requests for additional vaccine should be sent to the ImmForm helpdesk ([helpdesk@immform.org.uk](mailto:helpdesk@immform.org.uk)) in good time before your order cut-off. Out of schedule deliveries will be by exception only

### **Multi-branch practices and Fluenz® Tetra allocations**

GP practices or groups that operate over multiple sites but are part of the same organisation have a joint allocation, even where each site has a unique ImmForm account. This means that it is possible for one site to order all of the available vaccine for the group, unless there is local agreement on how the allocated volume is shared.

PHE recommend that this agreement is in place before the start of the season to reduce the risk of supply interruption.

### **Fluenz® Tetra ordering information for school-age providers**

A default ordering cap of 300 packs (3000 doses) per week, per ImmForm account is in place for school providers.

- for one-off larger orders, requests should be made via [helpdesk@immform.org.uk](mailto:helpdesk@immform.org.uk) in good time before the order cut-off
- where a provider needs a larger weekly volume of vaccine to deliver the programme, a higher weekly cap should be requested via the PHE Vaccine Operations team by emailing [vaccinesupply@phe.gov.uk](mailto:vaccinesupply@phe.gov.uk)

### **All influenza vaccines for the 2020 to 2021 season**

Information on all influenza vaccines that are available in the UK for the 2020 to 2021 season is available at [weblink 19](#).

## **Maternal Pertussis programme – Change to dTaP/IPV vaccine**

The vaccine currently supplied for both the maternal pertussis and pre-school booster dTaP/IPV programmes is Repevax®. It is anticipated that supplies for both programmes will switch to Boostrix-IPV® in December 2020. Please refer to ImmForm news over the coming months for more information on when the switch to Boostrix-IPV® will take place. The 2 vaccines are equivalent, so locally held stocks of Repevax® should continue to be used for eligible individuals until no more of this brand remains, at which point Boostrix-IPV® can start to be used.

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 10 Patient Information Leaflets (PILs), as well as there being a single PIL inside each Bexsero pack. Since September 2020, 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 2 different vaccines available to order for the MMR programme, MMRvaxPRO® and Priorix®. Orders for Priorix® are 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, 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](mailto:helpdesk@immform.org.uk) or 0207 183 8580.

## ALL CUSTOMERS – Christmas and New Year deliveries warning notice

Due to the Christmas and New Year Bank Holidays, **there will no deliveries or order processing by Movianto UK on Friday 25 December 2020, Monday 28 December 2020, or Friday 1 January 2021. Order cut-offs will be earlier for some customers** with delivery days falling after the bank holidays, to allow sufficient time for order processing. Please see the table next page for revised order cut-off and delivery dates.

Customers with a standard delivery day of **Friday** should be aware that after **Friday 18 December 2020**, the next available delivery day will be **Friday 8 January 2021**.

Customers 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. Out of Schedule deliveries cannot be arranged for failure to place orders in good time.

<b>Scheduled Delivery Day – Christmas and New Year Holidays 2020</b>			
<b>Scheduled Delivery Day</b>	<b>Delivery Date</b>	<b>Place order before 11.55am on:</b>	<b>Notes/Holiday</b>
Monday	14 December	Thursday 10 December	
Tuesday	15 December	Friday 11 December	
Wednesday	16 December	Monday 14 December	
Thursday	17 December	Tuesday 15 December	
Friday	18 December	Wednesday 16 December	Next Friday delivery is 8 January 2021
Monday	21 December	Thursday 17 December	Next Monday delivery is 4 January 2021
Tuesday	22 December	Friday 18 December	
Wednesday	23 December	Monday 21 December	
Thursday	24 December	Tuesday 22 December	
<b>Friday</b>	<b>25 December</b>	<b>NO DELIVERIES</b>	<b>Christmas Day</b>
<b>Monday</b>	<b>28 December</b>	<b>NO DELIVERIES</b>	<b>Boxing Day (substitute day)</b>
Tuesday	29 December	Wednesday 23 December	
Wednesday	30 December	Thursday 24 December	
Thursday	31 December	Tuesday 29 December	
<b>Friday</b>	<b>1 January</b>	<b>NO DELIVERIES</b>	<b>New Year's Day</b>
Monday	4 January	Wednesday 30 December	Holiday in Scotland ONLY – orders delivered on the 5 January
Tuesday	5 January	Thursday 31 December	
Wednesday	6 January	Monday 4 January	
Thursday	7 January	Tuesday 5 January	
Friday	8 January	Wednesday 6 January	

## 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.

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](#).

**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.**

## 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>. Please update your shortcut or favourite links to the new PHE URL.

For assistance please contact the ImmForm helpdesk by calling 0207 183 8580 or emailing [helpdesk@immform.org.uk](mailto: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 <https://portal.immform.phe.gov.uk/Help-Guides.aspx>.

# 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:** Limited supplies of Engerix B single vials remain available within the wholesaler network
- **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:** Engerix B Paediatric singles are available
- **MSD:** HBVAXPRO 5µg is 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 have now been discontinued and all supply has been depleted
- **MSD:** Pneumovax 23: supplies are now unavailable until January 2021 (please see page 3 of this Vaccine Update for further information on management)

### **PNEUMOCOCCAL POLYSACCHARIDE CONJUGATE VACCINE (PCV)**

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

### **VARICELLA ZOSTER VACCINE**

- **GSK:** VARILRIX is available
- **MSD:** VARIVAX is available
- **MSD:** Limited supplies of ZOSTAVAX are 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 supplies of GARDASIL are available
- **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.gov.uk/government/statistics/cover-of-vaccination-evaluated-rapidly-cover-programme-2020-to-2021-quarterly-data>
- Weblink 2 <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-immunisation-statistics/england---2019-20>
- Weblink 3 <https://phescreening.blog.gov.uk/2020/10/02/new-start-date-for-nhs-scid-screening-evaluation-in-england>
- Weblink 4 <https://phescreening.blog.gov.uk/2019/10/29/scid-update-bloodspot-screening/>
- Weblink 5 <https://www.gov.uk/government/groups/uk-national-screening-committee-uk-nsc>
- Weblink 6 <https://www.gosh.nhs.uk/conditions-and-treatments/conditions-we-treat/severe-combined-immunodeficiency-scid>
- Weblink 7 <https://www.nhs.uk/conditions/vaccinations/bcg-tuberculosis-tb-vaccine/>
- Weblink 8 <https://phescreening.blog.gov.uk/tag/scid/>
- Weblink 9 <https://phescreening.blog.gov.uk/category/nbs/>
- Weblink 10 <https://www.gov.uk/government/publications/influenza-vaccine-ovalbumin-content>
- 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/publications/hpv-vaccination-coverage-in-adolescent-females-and-males-in-england-2019-to-2020>
- Weblink 16 <http://createsend.com/t/d-E5434ABA283BEA792540EF23F30FEDED>
- Weblink 17 <https://www.gov.uk/government/collections/hpv-vaccination-programme>
- Weblink 18 <https://portal.immform.phe.gov.uk/VaccineSupply/VaccineSupply/Stock-Incident/Add-Stock-incident.aspx>
- Weblink 19 <https://www.gov.uk/government/publications/influenza-vaccine-ovalbumin-content>
- Weblink 20 [www.gov.uk/government/publications/immunisation-update-webinars-for-primary-care-immunisers](http://www.gov.uk/government/publications/immunisation-update-webinars-for-primary-care-immunisers)