



## Immunisation news

### HPV vaccination programme schedule changing from three to two doses

From September this year, the number of doses of HPV vaccine that girls aged 12 to 13 years should receive, is being reduced from three to two. The two doses should be given at least six, and not more than 24 months apart, but for planning purposes, Public Health England is recommending an interval of twelve months between doses. Local needs, however, should be taken into consideration when planning the programme, so that any girls who may have missed out on their vaccinations can be accommodated.

Also, girls who have received two HPV vaccine doses under the 2013/14 programme should still receive their third dose, to complete their course.

This change to the programme follows a recommendation of the Joint Committee on Vaccination and Immunisation because recent research shows that antibody response to two doses in adolescent girls is as good as a three-dose course in the age group where efficacy against persistent infection and pre-cancerous lesions has been demonstrated.

In addition, emerging evidence from evaluation of HPV programmes around the world has shown that the number of young people with pre-cancerous lesions is falling and protection is expected to be long term.

Revised resources, including a revised Green Book chapter and a Q and A for health professionals, will be published to support the new schedule – see the Resources section below.

For full details of the change to the programme, see the letter from Public Health England, the Department of Health and NHS England at [web link 1](#).

**Number of doses of HPV vaccine to be reduced from three to two from 1 September 2014**

**Gap between doses to be at least six months and no more than 24 months**

**For planning purposes, PHE recommends a 12-month gap but local healthcare teams have flexibility to accommodate girls who may have missed their vaccinations**

## Shingles vaccine uptake continues upward trend

Provisional shingles vaccine coverage in the three months to the end of April 2014 continues to show improvement, with the routine cohort coverage increasing 8.2% to 54.8% and the catch-up cohort coverage increasing 7.6% to 53.1% since the last data published to the end of January.

These figures are likely to be an under-estimate of the true uptake because a proportion of the target population will be contraindicated for the vaccine and there are still several months left of this year's programme to run.

The annual uptake figures will give a more accurate indication of the uptake. Full coverage details are available at [web link 2](#).

## Travel-associated measles accounts for a third of England cases as numbers continue to decline

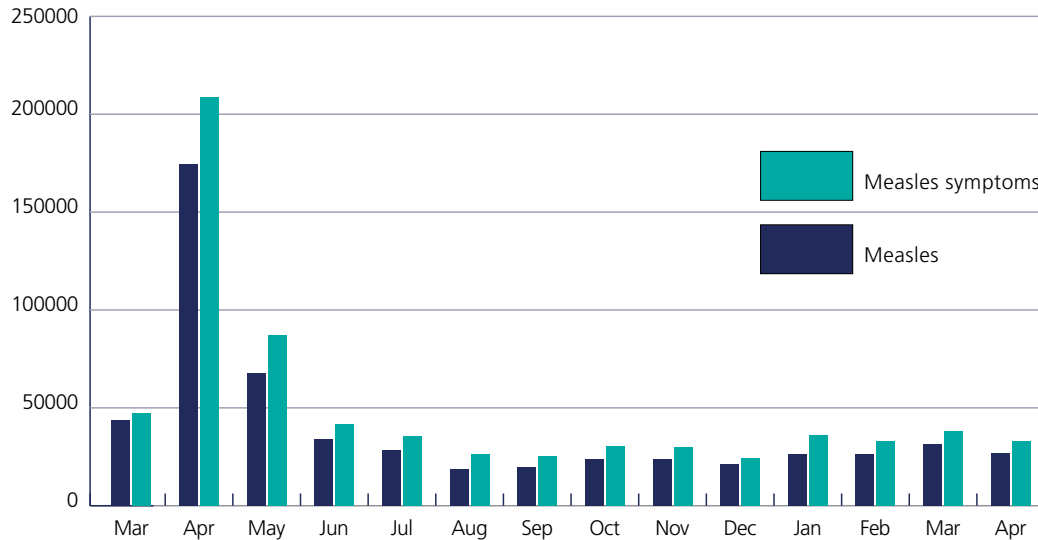
New figures published by Public Health England (PHE) show there were 70 measles cases confirmed in England between January and March this year. This shows a significant decrease from the same period in 2013 when 673 cases were confirmed, and an increase from October to December, when there were 24 cases.

Around a third of all new cases (27) were infected while overseas and 16 were associated with travel to the Philippines where there has been a large outbreak. During 2013, there were 10,271 cases of measles reported within the European Union. Of the cases reported in Europe, eight were complicated by acute measles encephalitis (infection of the brain) and three died.

Dr Mary Ramsay, PHE's Head of Immunisation said: 'With measles circulating widely across many parts of the world it is very important that before going overseas on summer holidays people are aware of their own and their family's vaccination status and ensure they have received two doses of the MMR vaccine. This information can be found through GP services'.

Full details on this item can be found at [web link 3](#).

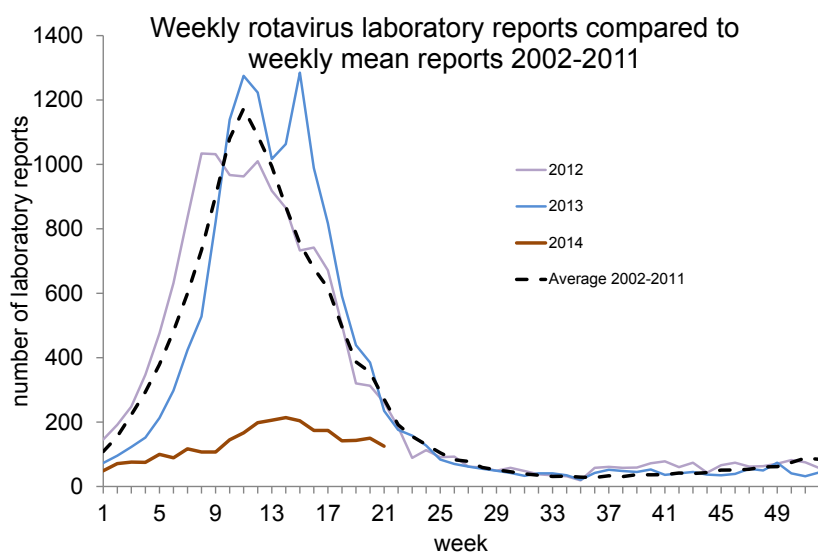
## Measles outbreak caused surge in visits to NHS Choices



Around this time last year, we were at the tail-end of the measles outbreak and, as you can see from the graph, the number of visits to the NHS Choices website surged by 400 to 500% compared with 'normal' months during February to April 2013. The blue line indicates page visits for 'measles generally' and the green 'measles symptoms'.

This surge skewed the overall 'visits' to immunisation-related content on the site which showed a slight fall from 614,575 in March 2013 to 542,215 in March 2014. However, between April 2013 and April 2014, there were over five million visits to the immunisation schedule pages.

## You can never have too much of a good thing



Nothing to add to previous reports, really – thank you and congratulations, everyone.

# Resources

## Coming soon for September 2014 – revised HPV leaflet



Updated to reflect the change in the programme from three doses to two in September, this leaflet can be ordered now at [web link 4](#) for delivery in June. It's also available as a pdf at [web link 5](#) together with the new consent form that can be downloaded and printed out locally.

The vaccination record card has also been updated and will be available to order as previously.

The previous leaflet and record card will be discontinued and any remaining stocks should be disposed of by recycling before the beginning of the next academic year.



## Interactive flu vaccine pdf now available as a poster

This pdf has been published at [web link 6](#) so that it can be downloaded, printed out and displayed as an A3 poster as a quick and easy reference to the flu vaccination programme for 2014/15.

## Routine childhood immunisation schedule updated for 2014

Now incorporating Infanrix IPV Hib as an alternative to Pediacel, and Fluenz for children, this poster at [web link 7](#) presents the routine childhood immunisation schedule in the UK starting in July 2014.

Please note that this poster, and the complete schedule at [web link 8](#), have been amended since uploading to include flu vaccination for at-risk children.

## Vaccine wastage

Vaccine wastage is a significant and unnecessary drain on the NHS's resources but there are several ways to avoid it from the ordering stage right through to administration. Having a tried and tested vaccine storage and handling protocol is an essential element in any GP practice's armoury to prevent vaccine wastage. Among plenty of other useful information on immunisation for nurses at [web link 9](#), the RCN has recently made a Nursing Standard article available that will help practices draw up such a protocol – see [web link 10](#).

## Vaccine supply

### Shingles vaccination – first year

The first year of the shingles vaccination programme ends on 31 August 2014. GPs should therefore continue to offer and vaccinate all those who were aged 70 or 79 on 1 September 2013, until the end of August (see [web link 11](#)).

Public Health England has distributed a large volume of the shingles vaccine, Zostavax, across the NHS and practices should continue to check how much stock they hold before ordering more. It's recommended that practices hold no more than two weeks' worth of stock.

Please note that the expiry date of some of the earliest distributed stock is 30 September 2014, however, it is likely that this has already been used. Subsequent batches of distributed stock have expiry dates ranging between October 2014 and April 2015. If excess stock has been ordered and if it continues to be stored correctly, this can be used in the second year of the programme which will start on 1 September 2014.

Please note that centrally supplied Zostavax is for the national programme only.

### Yellow fever vaccine, supply of Stamaril

Sanofi Pasteur MSD are experiencing a delay in their next delivery of Stamaril single dose presentation. SPMSD are liaising with both NaTHNaC and the Medicines and Healthcare products Regulatory Authority (MHRA) on importing alternative Yellow Fever vaccine, which is expected to be available later in June.

In the meantime, it may be necessary for healthcare professionals to refer those who need yellow fever vaccination, for personal protection or, to comply with certificate requirements, or both, to an alternative designated yellow fever centre. A list of which can be found on the NaTHNaC website.

SPMSD are working to make supplies of the single dose presentation of yellow fever vaccine available again as soon as possible.

## Boostrix-IPV replacing Repevax for the pregnant women programme

The vaccine offered to pregnant women to protect their new born from pertussis is changing from Repevax to Boostrix-IPV. In addition to pertussis, both vaccines protect against diphtheria, tetanus and polio but they are made by different manufacturers.

Ordering for Boostrix-IPV opened on 1 June. From 1 July 2014, practices should, where possible, offer Boostrix-IPV to eligible pregnant women. Ordering of Repevax for the pregnant women programme has now closed.

Repevax continues to remain available to order for the pre-school booster programme alongside Infanrix IPV. Infanrix IPV should continue to be used only for the pre-school booster, and not in pregnant women.

Please remember that accurate data recording of brand and batch in relevant data systems following vaccination is essential to allow assessment of uptake, safety and to inform any future public health actions.

Below is an image of the Boostrix-IPV packaging. Please note that there are some similarities between this and the Menitorix packaging also shown below. Please ensure that you are taking the correct vaccine out of the fridge.



We have had several enquiries about ordering Repevax for private patients. Centrally purchased vaccines for the national immunisation programme for the NHS can only be ordered via ImmForm and are provided free of charge to NHS organisations. Vaccines for private prescriptions, occupational health use or travel, are NOT provided free of charge and should be ordered directly from the vaccine manufacturers (please see statement below).

## **Infanrix IPV Hib as an alternative to Pediacel**

Infanrix IPV Hib will be introduced alongside Pediacel as the infant primary vaccine over summer 2014. Both Infanrix IPV Hib and Pediacel will be available to order from ImmForm in the usual way.

Infanrix IPV Hib and Pediacel are interchangeable, however, whenever possible, the same DTaP-containing vaccine product should be used for all three doses of the primary vaccine course. If this is not possible, whichever primary vaccine is available (Pediacel or Infanrix IPV Hib) should be used. Vaccination should not be delayed because the vaccine used for previous doses is unavailable or not known.

Infanrix IPV Hib is presented in single dose boxes comprising a pre-filled syringe (containing DTaP-IPV suspension) and a vial (containing the Hib in powder form).

The vaccine will therefore require reconstituting before administration (the entire contents of the pre-filled syringe should be added to the vial, vial shaken vigorously and the entire mixture then withdrawn back into the syringe). Correct reconstitution is extremely important in order to ensure infants are offered protection against all five diseases.

## **PPD 2TU**

Tuberculin purified protein derivative (PPD) containing two tuberculin units per 0.1ml (2TU) is currently available to order but a restriction of one order for one pack per week is now in place. Please note that each pack of PPD2TU contains ten vials with a minimum of ten doses per vial, i.e. 100 doses in all.

## **Change to supplies of European viper anti-venom (for the bite of the British adder)**

The anti-venom available in the UK for the bite of the British adder has changed to ViperaTAb.

ViperaTAb is now available to order through the ImmForm website and orders are currently capped at two doses per order per week to ensure equitable distribution. ViperaTab is an unlicensed product and will be supplied with a patient information leaflet containing information on usage and dosage. The previous product, European Viper Venom Anti-serum, is no longer available to order through the ImmForm website.

## **BCG vaccine**

BCG vaccine is currently available to order but an order restriction of ten packs per week per practice is now in place.

Please note that each pack of BCG vaccine contains ten vials with a minimum of ten doses per vial, i.e. 100 doses in all.



## Vaccines available to the private market for the primary immunisation, pre-school and teenage booster, and prenatal immunisation for pregnant women

### Supply

SPMSD are no longer supplying Repevax (which can be used for the pre-school booster and for pertussis in pregnant women) or Pediacel (for primary vaccination) to the private market. PHE currently continues to supply both of these vaccines to the NHS for the national immunisation programme.

GSK, who have recently started to supply Infanrix IPV Hib to PHE for the national immunisation programme (for primary vaccination), are not yet able to supply this product to the private market. Instead, GSK have available stocks of Infanrix IPV and Menitorix. Infanrix IPV can be used for the pre-school booster. Additionally, when combined with Menitorix, it can provide the same protection as the primary vaccination. For the pregnant women programme, GSK are trying to secure a supply of Boostrix for the private market (which is licensed from four years of age) but timing of availability is not confirmed at present.

Alternative products that are licensed in the UK may be available through wholesalers, please contact them for more information.

Private providers who are unable to access suitable vaccines in the private market may refer eligible patients to the NHS in order to ensure that patients receive the right vaccine at the right time, as per the current routine immunisation schedule.

Currently, there are no problems with the supply of suitable vaccines for the NHS immunisation programme, for which vaccines can continue to be ordered through the ImmForm website.

For the latest advice on availability of vaccines for the private market please contact the GSK customer service line on 0808 100 9997 or SPMSD on 0800 085 5511 or contact a pharmaceutical wholesaler.

### Suitable vaccines

The vaccines listed below are used in Europe, are licensed for use in the UK and may therefore be available for private use, but the Summary of Product Characteristics (SPC) should be checked and it is the clinician's responsibility to procure the right vaccines to ensure full coverage against all antigens. The available vaccines may contain different components and a full course may therefore involve giving more doses or injections than in the current UK schedule. The interchangeability of vaccines may not have been studied so, ideally, a course should be completed with the same product. Where this is not possible, there is, however, no need to restart a course but simply complete with the required number of doses for each antigen.



**Primary immunisation (infants under one year of age)**

- Pediacel (manufactured by SPMSD) – diphtheria, tetanus, pertussis, polio, and Hib
- Infanrix IPV Hib (manufactured by GSK) – diphtheria, tetanus, pertussis, polio and Hib
- Infanrix IPV (manufactured by GSK) – diphtheria, tetanus, pertussis and polio.
- Hiberix (manufactured by GSK) – Hib (and can be given alongside Infanrix-IPV)
- Menitorix (manufactured by GSK) – Hib and MenC (and can be given alongside Infanrix IPV, and used as the primary infant MenC and Hib doses)
- Infanrix hexa (manufactured by GSK) – diphtheria, tetanus, pertussis, polio, Hib and hepatitis B
- Hexyon (manufactured by SPMSD) – diphtheria, tetanus, pertussis, polio, Hib and hepatitis B

**Pre-school booster immunisation in children who have already been primed**

- Infanrix IPV (manufactured by GSK) – diphtheria, tetanus, pertussis and polio
- Infanrix hexa (manufactured by GSK) – diphtheria, tetanus, pertussis, polio, Hib and hepatitis B
- Hexyon (manufactured by SPMSD) – diphtheria, tetanus, pertussis, polio, Hib and hepatitis B

**Teenage booster for those already primed and boosted**

- Revaxis (manufactured by SPMSD) – diphtheria, tetanus, and polio (licensed from six years of age)
- Boostrix-IPV (manufactured by GSK) – diphtheria, tetanus, polio and pertussis (licensed from 4 years of age)

**Prenatal immunisation for pregnant women**

- Boostrix-IPV (manufactured by GSK) – diphtheria, tetanus, polio and pertussis
- Boostrix (manufactured by GSK) – diphtheria, tetanus, and pertussis.
- Repevax (manufactured by SPMSD) – diphtheria, tetanus, polio and pertussis

## Web links

- web link 1 <https://www.gov.uk/government/publications/schedule-change-from-3-to-2-doses-in-the-hpv-vaccination-programme>
- web link 2 <http://www.hpa.org.uk/hpr/infections/immunisation.htm#hzvip>
- web link 3 <https://www.gov.uk/government/news/travel-associated-measles-accounts-for-a-third-of-england-cases-as-numbers-continue-decline>
- web link 4 [http://www.orderline.dh.gov.uk/ecom\\_dh/public/home.jsf](http://www.orderline.dh.gov.uk/ecom_dh/public/home.jsf)
- web link 5 <https://www.gov.uk/government/collections/immunisation#human-papillomavirus-hpv>
- web link 6 <https://www.gov.uk/government/publications/flu-vaccinations-which-flu-vaccine-should-you-or-your-child-have>
- web link 7 <https://www.gov.uk/government/collections/immunisation>
- web link 8 <https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule>
- web link 9 [http://www.rcn.org.uk/development/practice/public\\_health/topics/immunisation](http://www.rcn.org.uk/development/practice/public_health/topics/immunisation)
- web link 10 [http://www.rcn.org.uk/\\_\\_data/assets/pdf\\_file/0007/576754/Safe\\_Storage\\_and\\_Handling\\_of\\_Vaccines\\_Nursing\\_Standard.pdf](http://www.rcn.org.uk/__data/assets/pdf_file/0007/576754/Safe_Storage_and_Handling_of_Vaccines_Nursing_Standard.pdf)
- web link 11 <https://www.gov.uk/government/publications/introduction-of-shingles-vaccine-for-people-aged-70-and-79-years>