



## Eliminate hepatitis – World Hepatitis Day 2017



**World Hepatitis Day takes place on 28 July each year and aims to highlight the global health burden from all forms of viral hepatitis and galvanise efforts to tackle the problem.**

One of just four disease-specific global awareness days officially endorsed by the World Health Organisation (WHO), World Hepatitis Day is an opportunity to boost the global profile of viral hepatitis. More information is available at [weblink 1](#).

While hepatitis A causes an acute infection only, hepatitis B and C, and rarely, hepatitis E can lead to persistent infection, chronic liver disease, cirrhosis and cancer. Hepatitis A and B are vaccine preventable and vaccinating high risk groups is a key control strategy. There is no vaccine for hepatitis C, and therefore, testing, early diagnosis and treatment are priority actions for the control of hepatitis C.



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In 2016, the WHO launched the first global health sector strategy on viral hepatitis. With the availability of effective vaccines and treatments for hepatitis B and curative treatments for hepatitis C, the WHO goal of elimination of viral hepatitis as a major public health concern now seems to be within our reach. The introduction of a hexavalent vaccine into the UK routine childhood immunisation programme this autumn also fulfils the WHO recommendation that every country should routinely immunise children against hepatitis B.

## Hepatitis A – outbreak among MSM continues

Cases of hepatitis A linked to the outbreak predominantly affecting men who have sex with men (MSM) continue to be reported – see previous piece on page 6 of Vaccine Update 264 ([weblink 12](#)). Since 1 July 2016, 730 Hep A cases have been reported with a date of onset up to 11 June 2017. Of these, 451 were identified to be outbreak related. Prior to the outbreak, 300-400 cases have been reported yearly in the last 10 years.

MSM are advised to get the hepatitis A vaccine at their local GUM or sexual health clinic. Health promotion posters and leaflets intended to raise awareness among MSM about the hepatitis A outbreak, including advice on getting vaccinated, other ways to prevent infection and how to recognise infection, are available to download or order from [weblink 13](#).

## Hepatitis B – Introduction of hexavalent vaccine into the routine childhood immunisation programme for babies born on or after 1 August 2017

In late September/early October, Infanrix hexa® (DTaP/IPV/Hib/HepB) will replace both Pediacel® and Infanrix/IPV+Hib® (DTaP/IPV+Hib) for routine childhood immunisations at 8, 12 and 16 weeks of age. The introduction of a hexavalent vaccine means that as well as being protected against diphtheria, tetanus, pertussis, polio and Hib, babies will also be protected against hepatitis B.

More information about the introduction of this vaccine has been included in a special edition of Vaccine Update available at [weblink 2](#).



## Elimination of hepatitis C as a major public health threat – finding the undiagnosed

Whilst not vaccine preventable, hepatitis C (HCV or Hep C) is a bloodborne virus that is often asymptomatic, and symptoms may not appear until the liver is severely damaged many years later. As a consequence, many individuals with long-lasting infection remain undiagnosed and fail to access treatment.

These individuals can then present late with complications of HCV-related end-stage liver disease (ESLD) and cancer, which have poor survival rates.

Symptoms can include flulike symptoms, such as muscle aches and fever; feeling tired all the time; loss of appetite; abdominal pain; nausea and vomiting.

The only way to know for certain if these symptoms are caused by Hep C is to get tested.

So who is at risk and might need testing? The hepatitis C virus is spread through blood-to-blood contact, and some ways the infection can be spread include:

- sharing unsterilised needles – particularly needles used to inject recreational drugs, even if this happened only once or many years ago
- blood transfusion before September 1991 or following receipt of blood products (such as clotting factor) before 1986 in the UK
- medical or dental treatment abroad in unsterile conditions; we know that there is a higher prevalence of infection in people from South Asia for example, particularly Pakistan
- tattooing or piercing when undertaken with unsterile equipment
- unprotected sex – although this is rare unless there are opportunities for blood-to-blood contact during sex, as can be the case in men who have sex with men
- vertical transmission from a pregnant woman to her unborn child – although this only occurs in around 6% of cases if the mother is HIV negative.

In the UK, most hepatitis C infections occur in people who inject drugs or have injected them in the past. It's estimated that around half of those who inject drugs have the infection.

Because there are large numbers of people who may be infected with hepatitis C but are unaware, our poster campaign invites people to take a quick 6-item quiz (at [weblink 3](#)) to find out whether they might have been exposed to the hepatitis C virus and should seek a test.

The image displays two promotional materials for hepatitis C awareness. The top material is a poster with a green background. At the top, it says 'ELIMINATE HEPATITIS' with a small logo. Below that, the text 'I AM' is written in large white letters, followed by a photo of a man in a white coat. Underneath the photo, it says '... concerned you may have Hep C and not know'. The poster contains several paragraphs of text, including: 'Most people with Hep C have no symptoms for years, or only non-specific symptoms like tiredness, and are therefore unaware they are infected. But Hep C can cause serious liver disease if it's left untreated.' It also includes a QR code and a red box with the text: 'If you want to check whether you might have been exposed to the Hep C virus, just take our quick online 6-item quiz at: [www.hepatitistrust.org.uk/quiz](http://www.hepatitistrust.org.uk/quiz)'. At the bottom, it says 'Ask your GP practice about Hep C. If you think you could be at risk of infection, new treatments are available.' and 'Take action today'. The bottom material is a screenshot of the Hepatitis C Trust website. The header includes 'THE HEPATITIS TRUST' logo, a search icon, and a 'Confidential helpline 020 7089 6221'. The navigation menu has links for 'Home', 'Support', 'Information', 'Services', 'Campaigning', and 'About Us'. The main content area shows 'You are here: Home' and 'Hepatitis C - Quiz' with the NHS logo. Below that, there is a section titled 'Could you have hepatitis C?' with the text: 'Hepatitis C is an unusual disease. Many people have no symptoms for years and often don't know they have it at all, but it can cause serious liver disease if it's left untreated.' There is a photo of four diverse people and a 'Start' button with a play icon. At the bottom of the screenshot, it says 'Please remember, this self-assessment quiz is for information only. Use only a health professional's advice.' and 'Produced by Public Health England'.

A positive hepatitis C antibody test indicates that the individual has been infected at some stage, but does not necessarily mean they are currently infected, as a minority of people may clear the virus without treatment. The only way to tell if they are currently infected is to have a PCR test. All those with a positive PCR test should be referred to a liver specialist for consideration for treatment.

Posters (Product code: HEPCQUIZ001, and the guidance factsheet to accompany the poster) can be ordered via [weblink 4](#) or by calling the health and social care orderline: 0300 123 1003.

New NICE approved direct acting antiviral (DAA) drugs for the treatment of hepatitis C are now being rolled out. These new drugs offer a fast and effective cure to the vast majority who receive them, without many of the complications associated with previous treatments.

Progress towards achieving the WHO elimination goal for Hep C will be available on World hepatitis Day (28 July) in our report: *Hepatitis C in the UK, 2017 report: Working to eliminate hepatitis C as a major public health threat* at [weblink 5](#).

## New regular feature: Meet the team

Our recent conference brought to our attention that it would be very helpful to see the teams based in London (in Colindale and Waterloo) and around England and to explain how their work supports the national programmes. In upcoming editions we will be inviting screening and immunisation teams to contribute so if you are interested please get in touch and email [publications@phe.gov.uk](mailto:publications@phe.gov.uk)

## Meet the hepatitis team



The hepatitis team at PHE Colindale, gathered round a commemorative tree planted in memory of the late Dr Sam Lattimore, a senior hepatitis scientist who died in 2015.

The hepatitis team at PHE, Colindale is made up of medical consultants, clinical, laboratory and epidemiology scientists, statisticians, data managers, information officers and administrators working across the epidemiology and reference laboratory departments. They work together on the surveillance and control of viral

hepatitis, such as collating and reporting data on prevention (including immunisation programmes), testing and diagnoses (including molecular characterisation of viruses), treatment and outcomes for viral hepatitis. This surveillance aims to monitor trends in disease in risk populations, identify outbreaks and to evaluate progress in national efforts to tackle viral hepatitis. The team also leads on developing national public health and laboratory guidance for management of viral hepatitis, outbreak response, and interventional research, give clinical advice and provides the scientific secretariat for the cross-organisational National Strategic Group for Viral Hepatitis. All the team's activities are geared towards informing evidence-based policy and interventions to minimise the number of new infections and reduce the health consequences of viral hepatitis for people in England.

## Immunisation against infectious diseases – The Greenbook – is changing!

Since 2013 the Greenbook has been a digital only publication. We advise healthcare professional to always use the digital version to ensure that they are using the latest clinical advice. We know however, that many users still print out chapters for reference. Anyone who has viewed chapter 18 – Hepatitis B will note that we have made some formatting changes to improve the accessibility of the document. Much of the formatting of the document has been inherited from when it used to be printed as a single book and is no longer relevant so we will be applying these minor formatting improvements to all the remain chapters over the next twelve months. Please take a look at the page at [weblink 14](#) where you will see two versions of the Hepatitis B chapter. This is mainly because of the introduction of the Infanrix Hexavalent vaccine for babies born on or after 1 August 2017, but also allows you to compare the formatting from the previous version (for babies born up to and including 31 July 2017). For all other indications other than babies, we recommend that you consult the new chapter that contains the most recent advice.



**18**  
**Hepatitis B** NOTIFIABLE

**The disease**

Hepatitis B is an infection of the liver caused by the hepatitis B virus (HBV). Many new infections with hepatitis B are sub-clinical or may have a flu-like illness. Jaundice only occurs in about 10% of younger children and in 30 to 50% of adults. Acute infection may occasionally lead to fulminant hepatic necrosis, which is often fatal.

The illness usually starts insidiously – with anorexia and nausea and an ache in the right upper abdomen. Fever, when present, is usually mild. Malaise may be profound, with disinclination to smoke or to drink alcohol. As jaundice develops, there is progressive darkening of the urine and lightening of the faeces. In patients who do not develop symptoms suggestive of hepatitis, the illness will only be detected by abnormal liver function tests and/or the presence of serological markers of hepatitis B infection (e.g. hepatitis B surface antigen (HBsAg), anti-HBc IgM).

The virus is transmitted by parenteral exposure to infected blood or body fluids. Transmission mostly occurs:

- through vaginal or anal intercourse
- as a result of blood-to-blood contact (e.g. sharing of needles and other equipment by injecting drug users (IDUs), 'needstick' injuries)
- through perinatal transmission from mother to child.

Transmission has also followed bites from infected persons, although this is rare. Transfusion-associated infection is now rare in the UK as blood donations are screened. Viral inactivation of blood products has eliminated these as a source of infection in this country.

The incubation period ranges from 40 to 160 days, with an average of 60 to 90 days. Current infection can be detected by the presence of HBsAg in the serum. Blood and body fluids from these individuals should be considered to be infectious. In most individuals, infection will resolve and HBsAg disappears from the serum, but the virus persists in some patients who become chronically infected with hepatitis B.

Chronic hepatitis B infection is defined as persistence of HBsAg in the serum for six months or longer. Individuals with chronic infection are sometimes

Hepatitis B  
February 2016

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**Previous chapter style**



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The virus is transmitted by parenteral exposure to infected blood or body fluids. Transmission mostly occurs:

- through vaginal or anal intercourse
- as a result of blood-to-blood contact through percutaneous exposure (e.g. sharing of needles and other equipment by people who inject drugs (PWID), 'needstick' injuries)
- through perinatal transmission from mother to child.

Transmission has also followed bites from infected persons, although this is rare. Transfusion-associated infection is now rare in the UK as blood donors and donations are screened. Viral inactivation of blood products has eliminated these as a source of infection in this country.

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Chronic hepatitis B infection is defined as persistence of HBsAg in the serum for six months or longer. Among those who are HBsAg positive, those in whom hepatitis B e-antigen (HBeAg) is also detected in the serum are the most infectious. These who are HBeAg positive and HBeAg negative (usually anti-HBe positive) are infectious but generally of lower infectivity. A proportion of chronically infected people who are HBeAg negative will have high HBV DNA levels, and may be more infectious.

Hepatitis B  
June 2017

Chapter 18 - 1

**New chapter style**

# Vaccine Supply

## Fluenz Tetra (LAIV) ordering controls for the children's part of the 2017/18 national flu vaccination programme

### Last season (2016/17)

In 2016/17 PHE put in place order controls for LAIV (Fluenz Tetra) for General Practice (GP) in response to a significant amount of vaccine being issued in previous flu seasons that was not subsequently administered to children.

These controls worked by allocating an amount of vaccine to each practice based on the number of eligible patients, which practices could then order as required. The amount of vaccine allocated was reviewed and updated as the season progressed, with requests for additional vaccine considered on a case by case basis.

On the whole these controls were well received by providers, and resulted in a 50% decrease in the amount of vaccine that was ordered by GPs but not administered.

However, no restrictions were placed on school providers in 2016/17, and levels of excess vaccine ordered by school teams appeared to increase significantly from the previous year.

### The forthcoming season (2017/18)

This coming winter the children's flu programme continues to expand and the provision of vaccination to 4 year olds will move to schools.

This means that there will be a reduction in the amount of vaccine that GPs will need to order, whilst there will be a significant increase in the amount of vaccine that school teams require, as their provision will increase from 3 school years to 5.

Therefore efforts in reducing vaccine over ordering will be focused on school providers in the 2017/18 season to ensure that central stock is preserved and remains available to those that need it throughout the vaccination period.

GPs will be subject to similar controls as last year.

Further details on vaccine supply ordering controls for the children's flu programme will be published in a special edition of Vaccine Update during August. Please ensure that you read this carefully if you are involved in the children's flu programme in 2017/18.

## Influenza vaccine supply for the children's part of the 2017/18 national flu vaccination programme

As in previous years, PHE has centrally procured flu vaccine for children included in this year's phase of the roll out including those aged from six months to less than 18 years old in clinical risk groups. This is to simplify the supply of Fluenz Tetra (LAIV) and inactivated flu vaccine for GPs and other providers during the phased implementation of the programme. Aside from this central procurement of vaccine for children less than 18 years of age, it remains the responsibility of GPs and other providers to order sufficient flu vaccine directly from manufacturers for older eligible patients of the flu programme in 2017/18. The following vaccines will be available for the 2017/18 influenza season for children, and are expected to be available to order via the ImmForm website starting from late September or early October.

Further details on the timing of availability of vaccines for each part of the programme (two and three year olds through GPs, and four to eight year olds through school-based programmes) will be published as information becomes available through the summer.

Vaccine	Manufacturer	Indicative date for ordering to start
Fluenz Tetra (LAIV)	AstraZeneca UK Ltd	Late September/early October
Inactivated influenza vaccine (split virion) BP	Sanofi Pasteur	Late September
Fluarix Tetra	GSK	Late September

Please refer to guidance from your respective health departments on supply of influenza vaccines in Scotland, Wales and Northern Ireland.

The vaccines are supplied for the following cohorts in England:

Vaccine	Type	Age indication	Cohort
Fluenz Tetra (LAIV), AstraZeneca UK Ltd	Quadrivalent live attenuated	From 24 months to less than 18 years of age	<ul style="list-style-type: none"> <li>All 2 and 3 year olds</li> <li>All children in reception, and school years 1,2,3 and 4</li> <li>All primary school-aged children from previous pilot areas<sup>1</sup></li> <li>All children from 2 years to less than 18 years old in clinical risk groups</li> </ul>

<sup>1</sup> Bury, Gateshead, Leicester City and Rutland, Havering and South East Essex

Vaccine	Type	Age indication	Cohort
Fluarix Tetra, GSK	Quadrivalent inactivated	From 3 years of age	<ul style="list-style-type: none"> <li>Children in the above cohorts aged from 3 years who are contraindicated for Fluenz Tetra and in a clinical risk group</li> </ul>
Inactivated influenza vaccine (split virion) BP, Sanofi Pasteur	Trivalent inactivated	From 6 months of age	<ul style="list-style-type: none"> <li>Children aged 6 months to less than 2 years in a clinical risk group</li> <li>Children aged 2 to less than 3 years who are contraindicated for Fluenz Tetra and in a clinical risk group</li> </ul>

## Influenza Vaccines for the 2017/18 Influenza Season

Note the ovalbumin content is provided in units of micrograms/ml and micrograms/dose.

Supplier	Name of product	Vaccine Type	Age indications	Ovalbumin content micrograms/ml (micrograms/dose)	Contact details
<b>AstraZeneca UK Ltd</b>	Fluenz Tetra ▼	Live attenuated, nasal (quadrivalent)	From 24 months to less than 18 years of age	≤0.12 (≤0.024/0.2ml dose)	0845 139 0000
<b>GSK</b>	Fluarix™ Tetra ▼	Split virion inactivated virus (quadrivalent)	From 3 years	≤0.1 (≤0.05/0.5ml dose)	0800 221 441



Supplier	Name of product	Vaccine Type	Age indications	Ovalbumin content micrograms/ml (micrograms/dose)	Contact details
<b>MASTA</b>	Imuvac®	Surface antigen, inactivated virus	From 6 months	0.2 (0.1/0.5ml dose)	0113 238 7552
	Inactivated Influenza Vaccine (Split Virion) BP	Split virion, inactivated virus	From 6 months	≤0.1 (≤0.05/0.5ml dose)	
	Quadrivalent Influenza Vaccine (Split Virion, inactivated) ▼	Split virion, inactivated virus	From 3 years	≤0.1 (≤0.05/0.5ml dose)	
<b>Mylan (BGP Products)</b>	Influvac® sub-unit	Surface antigen, inactivated virus	From 6 months	0.2 (0.1/0.5ml dose)	0800 358 7468
	Imuvac®	Surface antigen, inactivated virus	From 6 months	0.2 (0.1/0.5ml dose)	
	Influenza vaccine, suspension for injection (influenza vaccine, surface antigen, inactivated)	Surface antigen, inactivated virus	From 6 months	0.2 (0.1/0.5ml dose)	

Supplier	Name of product	Vaccine Type	Age indications	Ovalbumin content micrograms/ml (micrograms/dose)	Contact details
<b>Pfizer Vaccines</b>	Influenza vaccine (Split Virion, inactivated), pre-filled syringe	Split virion, inactivated virus	From 5 years	≤2 (≤1/0.5ml dose)	0800 089 4033
	Enzira®	Split virion inactivated virus	From 5 years	≤2 (≤1/0.5ml dose)	
<b>Sanofi Pasteur Vaccines</b>	Quadrivalent Influenza Vaccine (Split Virion, inactivated) ▼	Split virion, inactivated virus	From 3 years	≤0.1 (≤0.05/0.5ml dose)	0800 854 430
	Inactivated Influenza Vaccine (Split Virion) BP	Split virion, inactivated virus	From 6 months	≤0.1 (≤0.05/0.5ml dose)	
<b>Seqirus Vaccines Ltd</b>	Agrippal®	Surface antigen, inactivated virus	From 6 months	≤0.4 (≤0.2/0.5ml dose)	08457 451 500

None of the influenza vaccines for the 2017/18 season contain thiomersal as an added preservative.

## Change to InterVax BCG vaccine recommendations

The supply of BCG vaccine for the UK programme remains fluid due to on-going manufacturing issues with the UK licensed supply from AJVaccines. However, there is currently sufficient stock of Intervax BCG vaccine to open ordering more widely to all eligible groups, including Occupational Health teams. Please see the following link for the full list of eligible groups and updated advice, published July 2017: see [weblink 6](#).

Please note that future supply remains uncertain and further restrictions could be implemented at short notice.

## Shingles vaccine Zostavax remains available for 2016/17 programme

The shingles vaccine Zostavax can still be ordered for patients eligible under the 16/17 shingles programme (more details at [weblink 7](#)). Please remember to place any orders for Zostavax at the same time as your normal childhood vaccine orders.

Any Zostavax which has been ordered for the 16/17 cohort, but not used, can of course continue to be used until it expires.

## Ordering restrictions for Infanrix IPV Hib have been removed

Infanrix IPV Hib is now available to order without restriction, alongside Pediacel.

Where possible and if local stock allows, it is preferable that the same DTaP/IPV+Hib containing vaccine be used for all three doses of the primary course. However, vaccination should never be delayed because the vaccine used for previous doses is not known or unavailable.

## Bank Holiday deliveries

Due to the Summer Bank Holiday there will be no deliveries or order processing by Movianto UK on Monday 28 August 2017. Please see the table below for revised order and delivery dates.

For customers with a delivery day of Monday, please be aware that after the 21 August, your next available delivery day will be the Monday 4 September.

For customers requiring a scheduled delivery on the Tuesday 29 or Wednesday 30 August, orders will need to be placed before the Summer Bank Holiday by 11:55AM on Thursday 24 and Friday 25 August respectively.

You are reminded to be prepared for the break in deliveries and to order accordingly. Please make sure you have sufficient room in your fridge for any additional vaccine you wish to stock over this holiday period, bearing in mind the recommendation that only two to four weeks of vaccine stock be held at any one time.

### Summer Bank Holiday orders and deliveries

Delivery date	Order cut-off date	Order cut-off time
Monday 21 August 2017	Thursday 17 August 2017	11:55 AM
Tuesday 22 August 2017	Friday 18 August 2017	11:55 AM
Wednesday 23 August 2017	Monday 21 August 2017	11:55 AM
Thursday 24 August 2017	Tuesday 22 August 2017	11:55 AM
Friday 25 August 2017	Wednesday 23 August 2017	11:55 AM
<b>Monday 28 August 2017</b>	<b>Closed – No deliveries</b>	

Delivery date	Order cut-off date	Order cut-off time
Tuesday 29 August 2017	Thursday 24 August 2017	11:55 AM
Wednesday 30 August 2017	Friday 25 August 2017	11:55 AM
Thursday 31 August 2017	Tuesday 29 August 2017	11:55 AM
Friday 01 September 2017	Wednesday 30 August 2017	11:55 AM

## Vaccine supply for non-routine programmes

Ongoing global shortages of hepatitis A and B vaccines are impacting UK supply. PHE has provided temporary vaccine recommendations for hepatitis A and B vaccines to preserve existing stock and prioritise vaccine for those at highest immediate risk and with the greatest ability to benefit.

Hepatitis A vaccine: [weblink 11](#)

Hepatitis B vaccine: [weblink 15](#)

Please note that hepatitis B vaccine administration should never be delayed for infants born to hepatitis B infected mothers, as these infants have been exposed to a substantial volume of infectious blood during the birthing process. They are the highest priority for hepatitis B post-exposure vaccination. For all other pre and post exposure immunisation, an individual risk assessment is needed.

### Hepatitis A

#### Adult

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

#### Paediatric

- GSK: Havrix Paediatric singles will be unavailable until October 2017. There will be restricted supply of this vaccine for the remainder of 2017.
- GSK: Havrix Paediatric packs of 10 will experience supply constraints for the remainder of 2017.
- MSD: VAQTA Paediatric is unavailable until mid-September.

### Hepatitis B

#### Adult

- GSK: Engerix B PFS singles will experience supply constraints until September, and will then be unavailable until early 2018.
- GSK: Engerix B PFS packs of 10 are currently unavailable until late 2017.

- GSK: Engerix B vials are available, however supplies are limited.
- GSK: Fendrix is available.
- MSD: HBVAXPRO 10µg is unavailable until the end of August.
- MSD: HBVAXPRO 40µg is unavailable until early August.

### **Paediatric**

- GSK: Engerix B Paediatric singles will be unavailable in August and experience constrained supply for the remainder of 2017.
- MSD: HBVAXPRO 5µg is unavailable until mid-August.

### **Combined hepatitis A and hepatitis B vaccine**

- GSK: Supplies of the adult presentation (Twinrix) and paediatric presentation (Twinrix Paediatric) will be constrained until late 2017.
- GSK: Ambirix is currently available.

### **Combined Hepatitis A and Typhoid**

- GSK: Hepatyrix is unavailable until at least 2019.
- Sanofi Pasteur: ViATim is currently unavailable. Supplies are likely to become available from October.

### **Typhoid**

- GSK: Typherix is unavailable until at least 2019.
- Sanofi Pasteur: Typhim is available with no order restrictions.
- PaxVax: Vivotif is available.

### **Rabies**

- GSK: Rabipur is available.
- Sanofi Pasteur: licensed Rabies Vaccine BP is out of stock. For more information contact Sanofi Pasteur.

### **PPV**

- MSD: Pneumococcal Polysaccharide Vaccine (also known as Pneumovax 23) is available.

### **Varicella Zoster vaccine**

- GSK: Varilrix will be available from mid-July.
- MSD: VARIVAX is currently available.

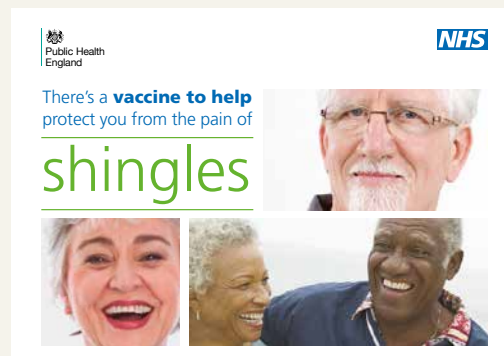
### **Diphtheria, tetanus and poliomyelitis (inactivated) vaccine**

- Sanofi Pasteur: Revaxis is available with no order restrictions.

## Shingles postcard, revised leaflet, poster

Shingles vaccination postcard (product code: 2942856C) for GP/Clinics to send to patients inviting them to attend their vaccination appointment – in stock and ready to order, along with shingles vaccination leaflet (product code: 2942856) and shingles vaccination poster (product code: 2942856B).

All three resources are free to order and delivery is also free. You can order them from the Health and Social care order line ([weblink 18](#)), or call 0300 123 1002. Stock quantities are limited on web site orders but if you require large volumes, please telephone your order as these large orders are prioritised daily.



### Shingles postcard: in stock and ready to order

Product code: 2942856C  
See [weblink 16](#)



### Shingles poster: in stock and ready to order

Product code: 2942856B  
See [weblink 17](#)




### Shingles leaflet: in stock and ready to order

Product code: 2942856  
See [weblink 16](#)

## Revised whooping cough and Pregnancy, your baby and you leaflet



**Whooping cough**  
Product code: 3235344  
See [weblink 8](#)



**Pregnancy, your baby and you**  
Product code: 2903655  
See [weblink 9](#)

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

The quarterly COVER data for January to March 2017 published at the end of June shows that vaccination coverage remains high across the UK in all routine vaccinations in children aged up to 5 years. In particular, we're pleased that UK MenB vaccine coverage at one year increased for this recently introduced vaccine to 93.1%, compared to 92.7% in the previous quarter, and has similar coverage levels to the other vaccines offered in the first year of life, which were 93.4% for the five-in-one vaccine (DTaP/IPV/Hib), 93.7% for PCV and 90.7% for rotavirus.

MMR coverage in the UK at two years decreased 0.4% to 91.7% this quarter, although 95.4% of UK children have received at least one dose of MMR by their fifth birthday, with 88.0% of these receiving the recommended two doses.

The UK has a world class national immunisation programme which is constantly reviewed and updated to reflect the changing nature of infectious diseases. Vaccination figures for the UK are close to the WHO target of 95%, with several regions already reaching this objective. High coverage provides herd protection for those who aren't vaccinated and prevents diseases that are no longer common from resurgence in the population.

We urge all parents to check that their children are up to date with their vaccinations and to contact their GP surgery to make sure their child is protected.

See the full report at [weblink 10](#).

## Stay Well This Winter – flu marketing campaign

Stay Well This Winter (SWTW) is a collaboration between Public Health England, NHS England and the Department of Health. It is an integrated campaign, involving advertising, PR, direct marketing, social media and partnerships. It engages some of society's most vulnerable people – frail, older people and those with underlying health conditions, plus their carers to help them take better care of their health and avoid becoming so ill that they need to go to hospital. It also reaches out to pregnant women, parents of small children and people with long-term health conditions with flu vaccination related advice.

This year's seasonal flu marketing campaign will again be part of the wider Stay Well This Winter campaign:

Flu vaccination campaign will run from 9 October to 29 October 2017 with aim to:

1. Promote the flu vaccination uptake amongst pregnant women, children, and those with long term health conditions
2. Improve awareness of the nasal spray among parents of children of eligible age
3. Continue to promote reasons to get the flu vaccine amongst pregnant women

In 2016/17 recognition of the flu campaign reached 79% among pregnant women and 71% among parents. 70% of the audience knew that the nasal spray is the vaccination method for children, while 78% agreed that "flu is a serious and debilitating illness".

### Partnerships support SWTW (Flu)

A wide range of NHS, local authority, commercial, and NGO partners will once again be supporting the *Stay Well This Winter* campaign – increasing the reach and impact by lending their voice to encourage those in at risk groups to take up their free flu vaccination and *Stay Well This Winter*.

### Free Campaign Resources

A range of branded resources will be made available for partners to use to deliver Stay Well This Winter messages to our target audiences, including social media toolkits, posters, leaflets, editorial copy, brand guidelines, facts and stats. All these Stay Well This Winter resources can be ordered or downloaded free of charge. In the next publication we will provide a more detailed list, including the dates, when the materials will be available on the PHE Campaign Resource Centre at [weblink 19](#).

Sign up for further information for you and your colleagues. Be the first to get campaign updates by signing up to the PHE Campaign Resource Centre (CRC) newsletter. Register on the site and select to receive the flu updates or, if already registered, update your newsletter preferences in "Your Account" area to begin to receive them.



## NaTHNaC Telephone Opening hours change



If you need travel health advice, the National Travel Health Network and Centre is a one stop shop giving health professionals easy access to the most up to date information. Their opening hours have changed and Wednesday afternoon session as re-opening. Usually there are two advisors available from 1-2pm.

### **From 7 August**

#### **Mornings**

9-11am (Mon to Fri)

#### **Afternoons**

1-3.30pm (Tues/Wed/Thurs)

1-2pm (Mon/Fri)



## Web links

- web link 1 <http://worldhepatitisday.org/en/about-us>
- web link 2 <https://www.gov.uk/government/publications/vaccine-update-issue-266-july-2017-special-edition>
- web link 3 <http://www.hepctrust.org.uk/quiz>
- web link 4 [https://www.orderline.dh.gov.uk/ecom\\_dh/public/home.jsf](https://www.orderline.dh.gov.uk/ecom_dh/public/home.jsf)
- web link 5 <https://www.gov.uk/government/publications/hepatitis-c-in-the-uk>
- web link 6 <https://www.gov.uk/government/publications/vaccine-update-issue-265-july-2017-bcg-special-edition>
- web link 7 <https://www.gov.uk/government/publications/shingles-immunisation-programme-letter-from-september-2016>
- web link 8 <https://www.gov.uk/government/publications/resources-to-support-whooping-cough-vaccination>
- web link 9 <https://www.gov.uk/government/publications/pregnancy-how-to-help-protect-you-and-your-baby>
- web link 10 <https://www.gov.uk/government/statistics/cover-of-vaccination-evaluated-rapidly-cover-programme-2016-to-2017-quarterly-data>
- web link 11 <https://www.gov.uk/government/publications/hepatitis-a-infection-prevention-and-control-guidance>
- web link 12 <https://www.gov.uk/government/publications/vaccine-update-issue-264-june-2017>
- web link 13 [https://www.orderline.dh.gov.uk/ecom\\_dh/public/home.jsf;jsessionid=MrKvrs2gHBKIGNqn0Jw44yVJ](https://www.orderline.dh.gov.uk/ecom_dh/public/home.jsf;jsessionid=MrKvrs2gHBKIGNqn0Jw44yVJ)
- web link 14 <https://www.gov.uk/government/publications/hepatitis-b-the-green-book-chapter-18>
- web link 15 <https://www.gov.uk/government/publications/hepatitis-b-vaccine-recommendations-during-supply-constraints>
- web link 16 <https://www.gov.uk/government/publications/shingles-vaccination-for-adults-aged-70-or-79-years-of-age-a5-leaflet>
- web link 17 <https://www.gov.uk/government/publications/shingles-vaccination-eligibility-poster>
- web link 18 [https://www.orderline.dh.gov.uk/ecom\\_dh/public/saleproduct.jsf?catalogueCode=2942856C](https://www.orderline.dh.gov.uk/ecom_dh/public/saleproduct.jsf?catalogueCode=2942856C)
- web link 19 <https://campaignresources.phe.gov.uk/resources/>