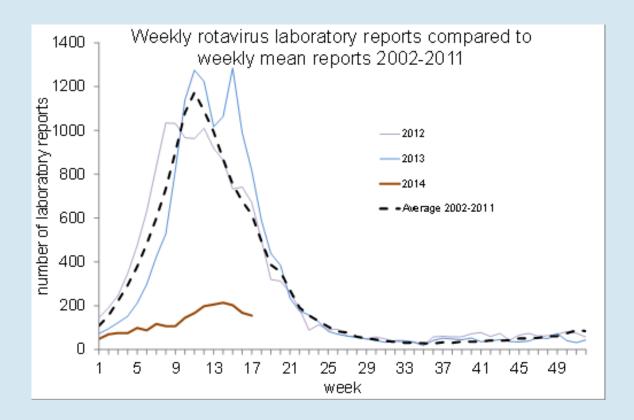
Vaccine update

Issue 215, May 2014

Rotavirus – a runaway success story

As illustrated in previous issues of *Vaccine update*, the graph below shows a continuing fall in the number of cases of rotavirus infection and that the peak in the weekly reports of laboratory-confirmed cases would appear to have passed. This means that, for this year at least, Jit and Edmund's prediction of 2007 was spot on and the bottom line is that over 70% of cases have been avoided by the vaccination programme, bringing significant benefits to babies, parents and the NHS.



Our thanks and congratulations go to all of you who have helped in achieving this tremendous result in such a short timeframe.

Immunisation news

Preparing for the flu vaccination programme 2014/15

The annual flu letter and *Flu plan* for winter 2014/15 were published on 28 April – see web link 1. They contain all the information needed to implement next year's vaccination programme where the only changes from 2013/14 are the addition of:

- four-year-olds to the children's two- and three-year-old pre-school cohorts, and
- children in years 7 and 8 in several pilot programmes in secondary schools around the country.

The seven pilots in primary school-aged children will also continue this year.

All other cohorts stay the same, i.e. 65 and over, under 65 at risk, pregnant women, those in residential care homes, frontline healthcare workers, and carers. This year, for patients in clinical risk groups, we are asking that GP practices and other providers prioritise improvements in vaccine uptake over and above last season in those with chronic liver and neurological disease, including people with learning disabilities, who are at the highest risk of mortality from flu but have the lowest rate of vaccine uptake, and in pregnant women.

To help in the selection of vaccines for these groups, taking into account those who can't have the nasal flu vaccine for medical reasons, an interactive pdf has been produced and is also available at web link 1.



Whooping cough and pregnancy – pertussis vaccine uptake up but vaccinations still needed

Pertussis vaccine uptake data up to March 2014, are now available at web link 9. The national coverage estimates reported between October 2013 and March 2014 show improvement on those reported in the first year of this immunisation programme, averaging at around 60% (see web link 11). These data are encouraging but should be interpreted with caution, particularly at the area team level as denominators reported vary considerably month-on-month, and continued monitoring is important.

From May 2014, PHE will implement an automated monthly collection of prenatal pertussis vaccination data from GP practices via the ImmForm website, starting with data for April 2014 (collected in May 2014), which will considerably reduce the burden on the NHS. This method has the potential to collate data from up to 90% of GP practices in England. Expected Date of Delivery (EDD) was not a universally reliable data item to be used in this survey and so the numerator and denominator for future surveys will be based on the **recorded date of delivery**.

Continued support for the implementation of this important programme is being sought from service providers. For the automated surveys to capture all eligible pregnant women it is important that the medical records of all pregnant women have the following fields completed:

- the date of delivery
- date of receipt of a pertussis-containing vaccine at or after week 28 of pregnancy, regardless of the setting where the vaccine was administered
- where relevant, any record of a premature delivery occurring at less than 28 weeks gestational age.

Green Book update subscription service



In addition to the updating service described in last month's issue of *Vaccine update*, you can now subscribe directly to receive updates to the Green Book as and when they are published by going to web link 2. From this page, you will just need to click 'Add subscriptions' to add 'The Green Book updates' to your existing subscriptions. You will then see the following page which lists your new topic.

Chapter updates will then be sent to you as they become available.

Resources



New centrally provided vaccines for 2014 poster

Featuring the new centrally provided vaccine brands Infanrix IPV Hib and Boostrix-IPV, this poster aims to avoid confusion with existing brands when ordering and selecting vaccines for the infant programme, the preschool booster and for protecting pregnant women against pertussis.

We suggest it is downloaded from web link 3, printed out and displayed near the vaccine fridge.

Updated immunisation schedule for summer 2014

With the new centrally provided vaccine brands coming this summer (see above), the schedule has been updated to show how they fit alongside the other vaccines in the existing programmes – see web link 4.

Basically, Boostrix-IPV replaces Repevax for pregnant women from 1 July 2014 but it is not suitable for the pre-school booster. Infanrix IPV is available for the pre-school booster, alongside Repevax (until stocks are exhausted).





From 1 June, Infanrix IPV Hib will be available as an alternative alongside Pediacel for the primary vaccination programme.

Green book

Chapter 11 The UK immunisation schedule and Chapter 35 Yellow fever These chapters have recently been revised and uploaded at web link 5 and web link 10 respectively.

Monthly myth buster

My child's always getting colds and snuffles – is it OK for him to have immunisations?

This is a question health professionals are often asked when parents bring their babies for vaccinations, but there's no need to worry.

If a baby has a minor illness without a fever, such as a cold or runny nose, they should have their immunisations as normal. If the baby is ill with a fever, the immunisation should be put off until they have recovered. This is to avoid the fever being associated with the vaccine, or the vaccine increasing the fever the child already has. If a baby:

- has a bleeding disorder (for example haemophilia, in which the baby's blood does not clot properly), or
- has had a fit not associated with fever

a doctor, practice nurse or health visitor should be consulted before he or she has any immunisation.

HPV and CFS

In last month's issue, we drew attention to the misplaced association between the HPV vaccination and chronic fatigue syndrome – see web link 6.

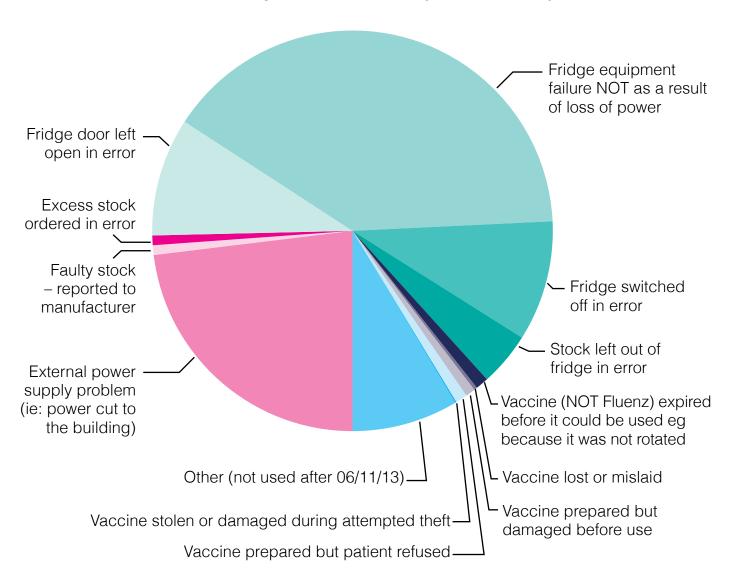
For those wanting some scientific background showing there's no evidence of a causal relationship between the two events to present to concerned parents, the MHRA has published an in-depth analysis of the evidence at web link 7.

Vaccine wastage

Fridge problems continue to cost millions

Between February 2012 and February 2014, 1153 vaccine wastage incidents were reported through the ImmForm website. The pie-chart below shows the reasons given for these incidents. Over half of these reported incidents involved the vaccine fridge: either the fridge door being left open or switched off accidentally, or the fridge failing. Best practice for use of the vaccine fridge is to ensure the fridge is secured with a locked door and for the fridge to have its own dedicated power supply, as well as ensuring they are properly maintained and serviced. This may have avoided many of these vaccine wastage incidents over the last two years, which have an indicative value of approximately £4 million.

No. vaccine wastage incidents: February 2012 - February 2014



Vaccine supply

Fluenz Tetra / Fluarix Tetra, which is it to be?

Last month, we sought ideas for remembering which flu Tetra vaccine was given as nasal drops and which as injection. One suggestion was that Fluarix Tetra rhymes with 'pricks' which you get from needles.

Introduction of Boostrix-IPV

As mentioned in previous issues of *Vaccine update*, the vaccine to protect pregnant women and their newborn infant from pertussis (whooping cough) is changing from Repevax to Boostrix-IPV in summer 2014. Both vaccines have the same components but are made by different manufacturers. However, unlike Repevax, Boostrix-IPV is not licensed for use as the pre-school booster (PSB) at three years and four months of age.

From 1 July 2014, practices should, where possible, offer Boostrix-IPV to eligible pregnant women and any outstanding doses of Repevax should be used for the PSB. To ensure that practices have adequate supplies in place before 1 July, ordering for Boostrix-IPV through ImmForm will open on 1 June.

Please also remember that Infanrix IPV should continue to be used only for the PSB, and not in pregnant women.

Infanrix IPV Hib as an alternative to Pediacel

Infanrix IPV Hib is being introduced alongside Pediacel as an alternative infant primary vaccine in the summer. From 1 June, both Infanrix IPV Hib and Pediacel will be available to order through the ImmForm website in the usual way. The vaccines are interchangeable.

Recording vaccinations is (almost) as important as administering them

Particularly with the introduction of new vaccines as described above, please remember that accurate data recording of brand and batch in relevant data systems following vaccination is essential to allow assessment of uptake and safety, and to inform any future public health initiatives.

Orders capped for Repevax for pre-school booster

To balance stocks of vaccine for the pre-school booster, orders for Repevax have been capped at one order of five doses per week per practice. There is no restriction on Infanrix IPV which can continue to be ordered for the PSB.

There is also no restriction on orders of Repevax for the pregnant women programme, but please order responsibly and remember that Boostrix-IPV will be available to order from 1 June.

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 available to order through the ImmForm website and orders are currently capped at one dose 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.

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.

BCG vaccine

BCG vaccine is currently available to order but a restriction of one order for two 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.

Movianto UK deliveries over the Spring Bank Holiday

This is essentially a repeat of the information given in March and April's issues.

Due to the Spring Bank Holiday, there will be **no deliveries or order processing** by Movianto UK on:

Monday 26 May

Please see the table below for revised order and delivery dates.

Customers whose scheduled delivery day falls on a bank holiday 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.

Orders can still be placed on ImmForm on all days, but on bank holidays they will not be processed by Movianto UK for dispatch at their warehouse, hence the revised order cut off day.

We recommend you have a maximum of two to four weeks of vaccine stock held in your fridge, so you may wish the bear this in mind when ordering for the holiday period. We also recommend that you have at least two contacts registered on ImmForm, as cover for leave etc.

To register, please see the ImmForm helpsheet on how to register at web link 8.

Spring Bank Holiday orders and deliveries

Delivery date	Order cut-off date	Order cut-off time
Monday 19 May	Thursday 15 May	11:55
Tuesday 20 May	Friday 16 May	11:55
Wednesday 21 May	Monday 19 May	11:55
Thursday 22 May	Tuesday 20 May	11:55
Friday 23 May	Wednesday 21 May	11:55
Spring Bank Holiday Monday 26 May	Closed - No DELIVERIES	
Tuesday 27 May	Thursday 22 May	11:55
Wednesday 28 May	Friday 23 May	11:55
Thursday 29 May	Tuesday 27 May	11:55
Friday 30 May	Wednesday 28 May	11:55

An example of how deliveries are affected by the bank holidays: if your normal delivery day is a Wednesday, the cut off for placing an order for a delivery for use around the Spring Bank Holiday is 11:55 on Friday 23 May for delivery on Wednesday 28 May. If you miss this date, the next Wednesday delivery will be 4 June. The normal ordering cycle resumes on Tuesday 27 May and normal delivery cycle resumes on Thursday 29 May.

Out of schedule deliveries cannot be made for failure to place orders in good time.

Web links

web links 1	https://www.gov.uk/government/publications/flu-vaccinations-which-flu-vaccine-should-you-or-your-child-have
web link 2	https://public.govdelivery.com/accounts/UKHPA/subscribers/ new?preferences=true
web link 3	https://www.gov.uk/government/publications/childhood-vaccinations-for-summer-2014
web link 4	https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule
web link 5	https://www.gov.uk/government/publications/immunisation-schedule-the-green-book-chapter-11
web link 6	https://www.gov.uk/government/publications/vaccine-update-issue-214-april-2014
web link 7	http://www.sciencedirect.com/science/article/pii/ S0264410X13011158
web link 8	https://www.gov.uk/government/publications/how-to-register-immform-helpsheet-8
web link 9	https://www.gov.uk/government/collections/vaccine- uptake#pertussis-vaccine-uptake
web link 10	https://www.gov.uk/government/publications/yellow-fever-the-green-book-chapter-35
web link 11	https://www.gov.uk/government/news/decline-in-whooping-cough-cases-continues

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