



Shingles: super sixty per cent seals vaccination success in 2014

The report on the shingles vaccination programme for the first full year of its operation is now available at [web link 1](#) and see also the [article below](#). The programme aims to reduce the incidence and severity of shingles by boosting individuals' pre-existing varicella zoster virus immunity. The report highlights the successful implementation of the programme in England. In 70-year-olds, uptake was a highly commendable 61.8% and in 79-year-olds 59.6%.

This success story is just one of many achieved during 2014, with the rotavirus vaccination programme having had a very significant impact of the incidence of the disease in young babies and the routine childhood immunisation programme reaching the highest levels of uptake for the primary vaccinations since records began.

The HPV vaccination programme has maintained its excellent uptake levels with over 91% of eligible girls receiving one dose during 2013/14 and over 86% having completed their three-dose course (see below). In addition, the childhood flu programme has been extended to four-year-olds and the pilot programme expanded to secondary schools.

All staff associated with the development and implementation of the UK's routine vaccination programmes are to be congratulated on this tremendous effort especially against a backdrop of continuing transition and reorganisation and as the year draws to a close we look forward to working with our colleagues in area teams and CCGs over the next 12 months.

We thank you all, and offer everyone involved in our immunisation work our best wishes for Christmas and the new year.

Breaking news

We have been made aware of reports of immunisers failing to reconstitute the *Haemophilus influenzae* type B (Hib) component of the Infanrix-IPV-Hib vaccine prior to administration. [Please see the article on p.7.](#)

Immunisation news

Focusing on flu

On Friday 21 November, a conference organised by the events team at Public Health England (PHE) on behalf of the immunisation department was held in Birmingham. Attended by over 100 screening and immunisation leads, managers and co-ordinators, and other health professionals, and introduced by Paul Cosford, Director for Public Health at PHE, talks were given on a wide range of topics. These included the current status of the vaccination programme, vaccine supply, the Flu fighter campaign, JCVI, data collection, and the national taskforce for the childhood part of the programme.

Perspectives from the frontline were presented from a GP, a school nursing team representative, and pharmacies. These provided delegates with ideas for improving vaccine uptake in their areas such as a Flu-a-thon which involved taking over a single-handed GP practice in a village in Essex for a day and putting on activities such as baking competitions and face painting in the grounds. Residents and their children could then pop into the surgery for their vaccinations.

The ideas and initiatives presented will be used by PHE and NHS England in developing their plans for next year's national flu vaccination programme.

The event was rated as good or very good by 76% of the respondents to the evaluation survey and many would like to see more conferences of this kind. We welcome all feedback – both negative and positive – because it's only by taking this into consideration for future conferences that we can tailor the content to meet your needs.

Keep vaccinating

Whilst it's highly desirable to complete the flu vaccination programme before the end of December and certainly before flu starts circulating widely in the community – usually in January and February – flu can continue to circulate considerably later than this and clinicians should apply clinical judgement to assess the needs of individual patients for vaccination during and beyond this time period. This should take into account the level of flu-like illness in the community and the fact that the immune response following flu vaccination takes about two weeks to develop fully.

Can children who are allergic to eggs have the flu vaccine?

Yes, providing the ovalbumin content of the vaccine is not more than 0.12µg/ml (equivalent to 0.06µg for 0.5ml dose). A full list of injectable inactivated flu vaccines is given in Table 19.6 in the Green Book at [web link 15](#) where full details on this topic can be found on p.206. The nasal spray vaccine Fluenz should not be used on children who are allergic to eggs.

Men C freshers' vaccination programme extended

Immunisation experts and university leaders are urging first year university students (freshers) to get vaccinated to protect them against meningococcal C infection following recent reports of cases of meningococcal disease among the student population.

Provisional figures show that more than 20 cases of meningococcal disease have been reported in university students since the start of the academic year in September and a small number have been confirmed due to serogroup C infection – but the total number emphasises the higher risk of disease that occurs in students at this time of year.

All UK children are offered meningococcal C (Men C) vaccine to protect against MenC infection but, as the protection offered by the vaccine in pre-school children can wane, a booster for teenagers at school was introduced during the 2013/14 school year and a booster catch-up was also offered to university students from August this year.

The freshers' catch-up programme was scheduled to run until the end of October, but NHS England has confirmed that the programme will be extended until March 2015. Recent cases of meningitis and septicaemia have resulted in increased awareness of the disease, leading to reports of more freshers getting vaccinated against the 'C' strain of the disease. See [web link 2](#) for more information and the [Vaccine supply article on NeisVac](#) which is the vaccine for the freshers' MenC programme.

Shingles vaccination programme – one year on

While the success of the first year of this programme should not be underestimated, it's important that practices continue to offer the vaccine during and beyond the current flu campaign to maintain and hopefully further improve on the coverage achieved in the first year. And despite being very encouraged by this success, a few issues have come to light during the year that need addressing:

Coding

Data from our primary care sentinel surveillance schemes have suggested that a small proportion of practices have incorrectly coded shingles vaccination as shingles disease. Although this appears to be a relatively minor issue we would like to take this opportunity to remind practices of the importance of recording shingles vaccination using the correct codes.

Contraindications

As a live vaccine, it's important to assess the eligibility of individuals prior to offering the shingles vaccine. Whilst a number of individuals in the eligible cohort are likely to have underlying medical conditions, many are likely to benefit and therefore prior assessment is essential to ensure individuals who can benefit from the vaccine are not excluded.

Groups for whom the vaccine is contraindicated include individuals with severe immunosuppression either as a result of combination immunosuppressive therapies or due to a known primary or acquired immunodeficiency state such as leukaemia or lymphoma. A full list is available in the shingles chapter of the Green Book at [web link 3](#).

Pregnant women

As a live viral vaccine, the shingles vaccine is contraindicated for pregnant women. However, PHE has recently received reports of pregnant women receiving the shingles vaccine inadvertently.

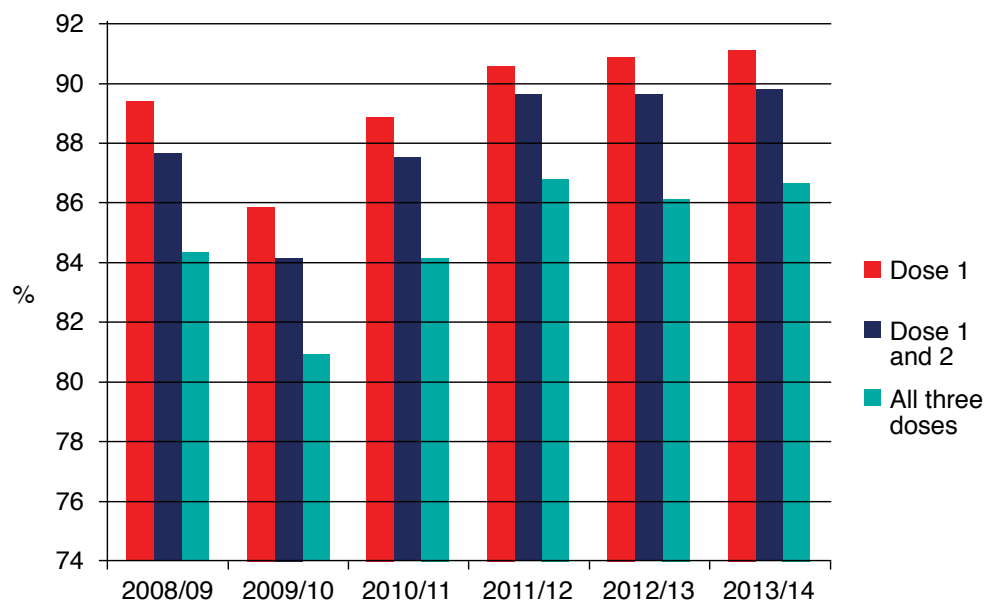
If a pregnant woman is inadvertently immunised with Zostavax and has a past history of chickenpox, shingles or two doses of a varicella-containing vaccine, and is not immunosuppressed, protection can be assumed and reassurance given.

However, if she has an uncertain chickenpox or vaccination history and is not known to be immune, please follow the guidance at [web link 4](#).

The virus in both varicella (chickenpox) and shingles vaccines has been weakened so that it is safer in humans than the wild virus. Whilst there is no known risk to the pregnancy or to the fetus, women who are inadvertently immunised with shingles vaccine should be followed up through the PHE Vaccination in Pregnancy surveillance, more details on this can be found at [web link 5](#).

HPV annual vaccine coverage data for 2013/14

Annual human papillomavirus (HPV) immunisation programme data recently published show that uptake of HPV vaccination in England remains high, with nearly 87% of 12- to 13-year-old girls receiving the full course (see graph and [web link 6](#)).



HPV vaccine coverage (%) in girls aged 12-13 years in England in academic years 2008/9 to 2013/14

HPV vaccination protects women against strains of the virus that cause most cases of cervical cancer. We encourage all eligible teenage girls to take up the offer of vaccination. The benefits delivered by the national HPV vaccination programme are in addition to the benefits provided to women by the national Cervical Cancer Screening Programme. Cervical screening remains important for women to reduce their risk of cervical cancer even after vaccination, as vaccination does not protect against all cancer-causing HPV types.

HPV vaccine uptake optional data collection tool

This publication at [web link 7](#) provides guidance on how to use the optional tool that allows the collection of school-level data, grouped by local authorities, for the appropriate birth cohorts of females eligible for the HPV vaccine during the academic year. The tool has new functionality and allows area teams to update and track their school roll denominators and vaccinations for each school during the 2014 to 2015 academic year.

New COVER Information Standards Notice and COVER user guide

An updated Information Standards Notice (ISN) for the Cover of vaccination evaluated rapidly (COVER) programme which monitors vaccine coverage data for children up to five years of age, has been approved by the Standardisation Committee for Care Information (SCCI). The Health and Social Care Information Centre (HSCIC) has now published details of the standard and supporting documents at [web link 8](#).

The ISN gives detailed instruction for Child Health Information System (CHIS) IT suppliers and all data providers on the:

- geographies required for data output (a new local authority resident output, continuation of former PCT responsible population output for trend)
- recent changes to routine childhood immunisation schedule (MenC, rotavirus)
- inclusion of selective BCG coverage to be evaluated at 12 months for those areas offering a universal programme
- inclusion of a field for MenB vaccine reporting – this will only become active should the vaccine be procured at a cost-effective price and a national programme implemented
- need to refine the definition of completed doses for age-dependent vaccines in the COVER request parameters to ensure information on children who were immunised outside the UK is captured accurately.

A new COVER user guide to accompany the revised ISN is available at [web link 9](#).

Pertussis vaccination in pregnancy

In October's issue (see [web link 10](#), we reported on the latest coverage data that showed an uptake of 54% which is down on the previous reporting period but is now showing a gradual increase. Whilst this is encouraging, you should continue to ensure pregnant women get vaccinated between 28 and 32 weeks of their pregnancy wherever possible, although vaccination may be given up to 38 weeks. This has already helped protect babies who were too young to be immunised and it's important to continue with this as pertussis is still circulating in the community.

Rotavirus vaccination in young babies

The report in October's issue (see [web link 10](#)) showed an uptake of over 92% for the first dose and over 87% for the second in children evaluated at 25 weeks of age between February and September 2014 according to data from 90% of surgeries in England. We are delighted with these preliminary results, and the high vaccine coverage reported for the first cohort of children to be offered this vaccine routinely in England suggests that we are on the way to significantly reducing the burden of rotavirus.

Resources

Why are children sometimes offered off-label vaccines – are they safe?

The image displays three NHS leaflets related to off-label vaccines. The first leaflet, titled 'Why is my child being offered an "off-label" vaccine?', is a guide for parents explaining that vaccines are authorized by the MHRA or EMA and that off-label use occurs when a vaccine is used in a way slightly different from its license. The second leaflet, 'Off-label vaccines', is an introductory guide for healthcare professionals detailing the circumstances for off-label use and the reasons why it may be recommended. The third leaflet, 'The use of vaccines that have been temporarily stored outside the recommended temperature range', is a brief guide for parents explaining that vaccines are authorized by the MHRA or EMA and that off-label use occurs when a vaccine is used in a way slightly different from its license.

This is a question that is occasionally asked of immunisation practitioners, so we have produced guidance for parents and health professionals at [web link 11](#).

We have also produced a factsheet on the related issue of interruptions to the cold chain, see [web link 12](#).

Vaccine supply

Infanrix-IPV-Hib

We have been made aware of reports of immunisers failing to reconstitute the *Haemophilus influenzae* type B (Hib) component of the Infanrix-IPV-Hib vaccine prior to administration. The Hib component is supplied as a freeze-dried preparation in a separate glass vial that must be reconstituted with the pre-filled syringe containing diphtheria, tetanus, acellular pertussis and inactivated poliomyelitis antigens. It is important for all immunisers to be familiar with the packaging of Infanrix-IPV-Hib (not to be mistaken with the pre-school booster of Infanrix-IPV) and to ensure that all components of the vaccine are reconstituted as per manufacturer's instructions. Further information on Infanrix-IPV-Hib vaccine and what actions to take in the event of an administration error can be found in the advice for healthcare professionals document at [web link 16](#).

Fluenz Tetra shelf life

Fluenz Tetra supplied for the children's part of the national flu programme and pilot programmes has a shorter shelf life than other influenza vaccines. Fluenz Tetra has been supplied with expiry dates ranging from 22 December 2014 and into early January 2015. Please ensure that the expiry date is always checked before use.

A smaller volume of stock will be available with expiry dates later in January and into February 2015. Due to the smaller volume of stock available with longer expiry dates, it will be important to ensure that efforts are made to vaccinate eligible children before the Christmas holidays.

Deliveries of Fluenz Tetra continue to be made weekly alongside usual deliveries for childhood vaccines. We suggest only ordering enough stock to cover the next two to three weeks to minimise wastage.

Men C vaccine for freshers

The programme offering a booster dose of meningococcal C conjugate (MenC) vaccine to new university entrants aged between 17 and 25 years of age is being extended until March 2015. This programme will offer NeisVac-C to university freshers to protect them from meningococcal C disease.

When placing orders for Men C vaccine for the freshers' programme please select the product called '**MEN C – NeisVac-C for Adolescents & Freshers**'.

Flu vaccines – still plenty available

Suppliers still have influenza vaccine available to order for the 2014/15 season. The table below contains contact details for the suppliers.

Supplier	Name of product	Vaccine type	Age indications	Contact details
Abbott Healthcare	Influvac	Surface antigen, inactivated virus	From 6 months	0800 358 7468
	Imuvac	Surface antigen, inactivated virus	From 6 months	
AstraZeneca UK Ltd	Fluenz Tetra ▼	Live attenuated, nasal	From 24 months to less than 18 years of age	0845 139 0000
GlaxoSmithKline	Fluarix Tetra ▼	Split virion inactivated virus	From 3 years	0800 221 441
MASTA	Imuvac	Surface antigen, inactivated virus	From 6 months	0113 238 7552
	Inactivated influenza vaccine (split virion) BP	Split virion, inactivated virus	From 6 months	
	Enzira	Split virion inactivated virus	From 5 years	
Novartis Vaccines	Agrippal	Surface antigen, inactivated virus	From 6 months	08457 451 500
	Optaflu ▼	Surface antigen, inactivated virus, prepared in cell cultures	From 18 years	
Pfizer Vaccines	CSL inactivated influenza vaccine	Split virion, inactivated virus	From 5 years	0800 089 4033
	Enzira	Split virion inactivated virus	From 5 years	
Sanofi Pasteur MSD	Inactivated influenza vaccine (split virion) BP	Split virion, inactivated virus	From 6 months	0800 085 5511
	Intanza 9 µg	Split virion, inactivated virus	From 18 years – 59 years	
	Intanza 15 µg	Split virion, inactivated virus	From 60 years	

None of the influenza vaccines for the 2014/15 season contains thiomersal as an added preservative.

Boostrix IPV

Boostrix IPV is available to order for pregnant women to protect their newborns against whooping cough.

Boostrix IPV should only be used for the maternal pertussis programme and not for the pre-school booster, or in response to outbreaks.

Availability of Infanrix IPV Hib and Pediacel

Infanrix IPV Hib is available to order. Pediacel is not currently available.

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.

Zostavax

The shingles programme for 2014/15 started on 1 September 2014 and covers those aged 70, 78 and 79 years on that date – see [web link 13](#).

Please order Zostavax alongside your usual childhood vaccine ordering to minimise the number of additional orders that have to be processed at this very busy time of year.

Hepatitis A and typhoid vaccines

Sanofi Pasteur MSD (SPMSD) are experiencing delays in the next delivery of TYPHIM Vi (typhoid polysaccharide vaccine) and VIATIM (hepatitis A (inactivated, adsorbed) and typhoid polysaccharide vaccine) into the UK. The delay has led to these vaccines being made available in limited capacities. Customers of SPMSD are being informed of the current situation.

The deliveries of Avaxim (hepatitis A vaccine (inactivated, adsorbed) for adolescents and adults aged 16 years or over and Vaqta Paediatric (hepatitis A vaccine (purified, inactivated, adsorbed)) for children and adolescents aged from one year up to 17 years are not affected.

SPMSD are working to provide additional supplies of Avaxim and Vaqta Paediatric. These will be available to cover the shortfall from other manufacturers. However, due to the increased demand, SPMSD will be limiting the number of doses of Vaqta Paediatric per customer until the first quarter of 2015 when it's anticipated that normal supply will be resumed.

PPD2TU (Mantoux test)

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 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 pack per order per week is 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.

European viper (adder) anti-venom

Orders for anti-venom to the common European viper (adder) are not currently being accepted on ImmForm. We are awaiting further stock which is undergoing testing and ordering is expected to reopen in early 2015.

Where possible, in date stocks of European viper venom antiserum (EVVa) and ViperaTAb held locally should be shared between hospitals as the need arises.

PHE retains a small reserve of stock for emergencies. If you have exhausted all possible avenues for securing EVVa or ViperaTAb locally, in an emergency, you should contact the ImmForm helpdesk on 0844 376 0040 to request emergency stock.

Movianto UK deliveries over Christmas and New Year holidays

This is a repeat of the article that appeared in issues 221 and 222.

Due to the Christmas and New Year holidays, there will be no vaccine deliveries or order processing by Movianto UK on:

- Thursday 25 December 2014
- Friday 26 December 2014
- Thursday 1 January 2015

Deliveries normally scheduled for these days will not be rescheduled, so please bear this in mind when placing orders. For example, if your delivery day is Thursday 18 December, the cut off for placing an order for a delivery for use over the holiday period is 11:55am on Tuesday 16 December. If you miss this date, the next Thursday delivery will be Thursday 8 January. The normal ordering and delivery cycle resumes on Friday 2 January*.

Please see the table on the next page for the revised schedule.

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

We recommend that you have two to four weeks of vaccine stock held in your fridge, so you may wish to consider this 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 Helpsheets 8 on how to register at [web link 14](#).

The Vaccine Supply and ImmForm Teams wish all their customers a very Merry Christmas and a Happy New Year.

Delivery date	Order cut-off date	Order cut-off time
Monday 22/12/2014	Thursday 18/12/2014	11:55 am
Tuesday 23/12/2014	Friday 19/12/2014	11:55 am
Wednesday 24/12/2014	Monday 22/12/2014	11:55 am
Thursday 25/12/2014	Closed – NO DELIVERIES	
Friday 26/12/2014	Closed – NO DELIVERIES	
Monday 29/12/2014	Tuesday 23/12/2014	11:55 am
Tuesday 30/12/2014	Wednesday 24/12/2014	11:55 am
Wednesday 31/12/2014	Monday 29/12/2014	11:55 am
Thursday 01/01/2015	Closed – NO DELIVERIES	
*Friday 02/01/2015	Tuesday 30/12/2014	11:55 am
Monday 05/01/2015	Wednesday 31/12/2014	11:55 am
Tuesday 06/01/2015	Friday 02/01/2015	11:55 am

*As Scotland has a bank holiday on Thursday 2 January, no deliveries will be made to Scotland on that day.

If you do not receive your scheduled delivery on either the 24 or 31 December for reasons outside of the control of the distributor, then Movianto will make every effort to re-deliver the vaccines on the next working day available. To check the status of your deliveries please contact Movianto directly on 01234 248632 or email them on customercare.uk@movianto.com

Web links

- web link 1 <https://www.gov.uk/government/publications/herpes-zoster-shingles-immunisation-programme-2013-to-2014-evaluation-report>
- web link 2 <https://www.gov.uk/government/news/freshers-told-its-not-too-late-for-meningitis-c-vaccine>
- web link 3 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/357155/Green_Book_Chapter_28a_v0_5.pdf
- web link 4 <https://www.gov.uk/vaccination-in-pregnancy-vip#shingles-vaccine-administration-in-pregnancy>
- web link 5 <https://www.gov.uk/vaccination-in-pregnancy-vip>
- web link 6 <https://www.gov.uk/government/statistics/annual-hpv-vaccine-coverage-2013-to-2014-by-pct-local-authority-and-area-team>
- web link 7 <https://www.gov.uk/government/publications/human-papillomavirus-hpv-vaccine-uptake-data-collection-tool-guidance>
- web link 8 http://www.isb.nhs.uk/documents/isb-0089/amd-8-2014/index_html
- web link 9 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/377554/SCCI_0089_COVER__User_Guide_v1_0.pdf
- web link 10 <https://www.gov.uk/government/publications/vaccine-update-issue-221-october-2014>
- web link 11 <https://www.gov.uk/government/publications/off-label-vaccine-leaflets>
- web link 12 <https://www.gov.uk/government/publications/vaccines-stored-outside-the-recommended-temperature-range-leaflet>
- web link 13 <https://www.gov.uk/government/publications/shingles-vaccination-for-adults-aged-70-78-or-79-years-of-age-calculator>
- web link 14 <https://www.gov.uk/government/publications/how-to-register-immform-helpsheet-8>
- web link 15 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/385226/Green_Book_Chapter_19_v8_2.pdf
- web link 16 <https://www.gov.uk/government/publications/use-of-infanrix-ipvhib-in-the-infant-immunisation-schedule>