



Preventing shingles and its complications remains a priority

- Shingles can be a debilitating and painful illness in older people, persisting for several months or even years.
- The severity of shingles increases with age. It is estimated that over **50,000** cases of shingles occur in people aged 70 years and over each year in England and Wales with approximately 50 cases resulting in death.
- Since 2013, shingles vaccine is routinely offered to individuals aged 70 years with a phased catch up programme for individuals aged 71-79 years. The aim of the vaccination programme is to reduce the incidence and severity of shingles and shingles related complications in older adults.

Shingles (also known as herpes zoster), which occurs following the reactivation of the varicella zoster virus (the same virus that causes chickenpox), results in clusters of painful, itchy, fluid-filled blisters. These blisters can burst and turn into sores that eventually crust over and heal.



These blisters usually affect a single dermatome, most commonly the chest but sometimes also the head, face and eye.

The rash usually appears a few days after the initial pain and tingling and lasts for about a week. The older you are, the more likely you are to have **long-lasting** pain.

Sometimes shingles develops in the eye and may also affect the eyelid.

This can cause severe pain and lead to decreased vision or even **permanent blindness** in that eye.

Most people recover fully, but for some, the pain goes on for several months or even years – this is called post-herpetic neuralgia (PHN). This can prove very difficult to manage and be debilitating.

It is important that healthcare professionals encourage and offer vaccination to all eligible patients. Uptake of the shingles vaccine is falling. Let's all focus on shingles and encourage every eligible patient to have their vaccine today!

CONTENTS

- Preventing shingles and its complications remains a priority
- Shingles booklet
- Eligibility – it's not as complicated as you think.
- Annual coverage data for the third year of the shingles programme published
- Recommendations for post vaccination rash testing
- Healthy students in higher education
- Update on national vaccine coverage to the end of October published for GP-based MenACWY immunisation programme for school leavers
- Pre-natal pertussis vaccine coverage achieves highest level since start of programme
- Attention all customers – Bank Holiday deliveries warning notice
- Expiry dates for Fluenz Tetra®
- Controls on LAIV (Fluenz Tetra®) Ordering for the Children's Flu Programme
- Controls on Inactivated Flu Vaccine Ordering for the Children's Flu Programme
- Pre-School Booster vaccine
- MenACWY vaccines: two vaccines – one is restricted, one isn't
- Primary infant vaccine
- BCG vaccine
- PPD2TU
- PPD10TU
- Who gives flu vaccine for children who have missed their session at school?
- Flu vaccine uptake amongst frontline healthcare workers – have you had yours?
- Ordering volumes of LAIV – healthy children only need one dose!
- Fundamentals of Immunisation

Shingles booklet

Copies of *There's now a vaccine to help protect you against shingles* 8-page booklet are available free of charge from the DH Health and Social care order line, see [weblink 1](#). Product code: 2942856

Eligibility – it's not as complicated as you think.

If you are unsure, please take a couple of minutes to download your copy of the two posters and bookmark the ready reckoner so that you can use it when you need it.

We have three resources to help you work out if a patient is eligible:

1. An infographic poster
2. There is a poster with the criteria listed.
3. A ready reckoner which you can use to enter the date of birth of a patient and determine if they are eligible.

Annual coverage data for the third year of the shingles programme published

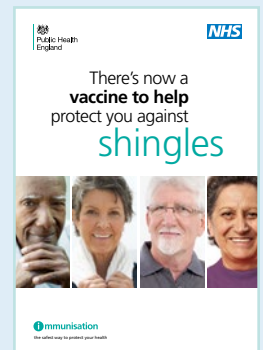
The third year of the shingles vaccination programme in England continued to see a decline in coverage (see [weblink 5](#)) in the routine (70 year old) and catch up (78 years old) cohorts (from 61.8% in 2013/14 to 54.9% in 2015/16 and from 57.8% in 2014/15 to 55.5% in 2015/16, respectively). Several factors may have contributed to the decline, including:

- difficulties in practices identifying the eligible patients – during busy influenza immunisation clinics
- lack of call/re-call in the service specification to allow mop up of those who missed immunisation during the flu season
- possible lowering of patients' awareness of the vaccine since its introduction in 2013.

PHE are promoting the need for shingles vaccines through professional channels and considering a range of possible approaches to simplify the programme and associated eligibility criteria.

Longer term follow-up data suggests that some of those eligible for shingles vaccination who did not receive it in the year they became eligible, catch up in subsequent years. The first routine cohort, who became eligible for shingles vaccine in September 2013 are now aged 73. Coverage for this cohort has increased from 59% in August 2014 to 69.2% by August 2016.

Given the lower coverage achieved in the routine and catch-up cohort in 2015/16 compared with previous years, GPs are urged to continue to offer vaccinations to these cohorts as per current guidance, to improve protection in these age groups, who remain eligible up to the age of 80.



Booklet
see [weblink 1](#)



Infographic poster
see [weblink 2](#)

 The poster contains a table with the following columns: 'Date of birth', 'Age on 1 September 2016', 'Eligible for routine vaccination', 'Eligible for catch-up vaccination', and 'Eligible at all ages'. The table lists various birth dates and corresponding eligibility statuses.

Criteria listed poster
see [weblink 3](#)



Ready reckoner
see [weblink 4](#)

Recommendations for post vaccination rash testing

Although transmission of the Zostavax[®] vaccine virus (Orka/Merck strain) has not been reported in clinical trials, varicella vaccine, which contains the same virus, can lead to generalised chickenpox like rash which has rarely been transmitted from vaccinees to susceptible close contacts.

Because of this, any person developing a vesicular rash after receiving Zostavax[®] should be tested, as recommended below, to determine whether the rash is due to the vaccine itself or from previous chicken pox infection.

As a precautionary measure, any person who develops a vesicular rash after receiving Zostavax[®] should ensure the rash area is kept covered when in contact with a susceptible (chickenpox naïve) person until the rash is dry and crusted. If the person who received the vaccine is themselves immunosuppressed, they should avoid contact with susceptible people until the rash is dry and crusted, due to the higher risk of virus shedding. Immunosuppressed individuals who develop a varicella rash following inadvertent vaccination should be urgently assessed and offered prompt treatment with acyclovir.

In addition to the measures outlined above, a vesicle fluid sample should also be sent for analysis to confirm the diagnosis and determine whether the rash is vaccine associated. All samples should be sent to the Virus Reference Department (VRD) at Public Health England, Colindale (T: 0208 327 6266).

Please note sampling kits are not supplied by the Virus Reference Department at Public Health England. Health professionals are encouraged to obtain sampling kits as per local arrangements. Forms and instructions on how to take a vesicular sample can be found at [weblink 6](#).

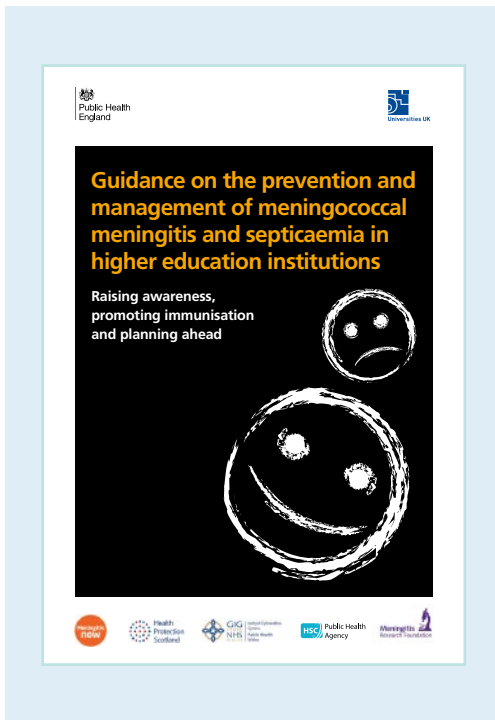
Contact tracing is not required if an immunocompetent person develops a localised vesicular rash following vaccination.

Healthy students in higher education

With around half of all school leavers going on to higher education, promoting and supporting good health in Higher Education Institutions (HEIs) is an important role for both staff and students.

Students at HEIs are at increased risk of meningococcal disease compared to their peers, particularly first year students in the opening weeks of the autumn term. We also know that a small but important proportion of students who enter university are not protected against measles and that measles cases and outbreaks have occurred in UK universities.

There is currently an outbreak of particularly nasty strain of meningococcal group W (MenW) disease in the UK with a high case fatality rate. To protect against this new risk, all those born between 01/09/1996 and 31/08/2001 are being offered a single dose of MenACWY vaccine as part of a catch-up campaign being offered until 2018.



All school leavers in summer 2015 and 2016 should have already been offered MenACWY vaccine. If these school leavers have missed getting vaccinated, they can still get the vaccine from their GP. This would also be a good opportunity to ensure that all students have previously received 2 doses of a measles-containing vaccine and that they are up to date with their other vaccinations.

Public Health England and Universities UK in partnership with the Meningitis Research Foundation, Meningitis Now, NHS National Services Scotland, Public Health Wales and Public Health Agency in Northern Ireland have just revised UK Guidance (see [weblink 7](#)) on the prevention and management of meningococcal meningitis and septicaemia in HEIs. This now covers the new MenACWY vaccination for students.

We have encouraged all HEIs to take an active role in implementing the guidance (see [weblink 8](#)), in collaboration with their student health partners. There are 3 key components:

- 1. Raising awareness** of meningococcal disease and its common signs and symptoms. Meningococcal disease can be difficult to diagnose and MenW has been associated with symptoms infrequently seen with meningococcal disease, such as severe diarrhoea and vomiting. It is important that all students know to tell someone if they feel unwell and seek medical advice immediately if someone has symptoms of concern or whose condition is getting worse. GPs should also be aware of the importance of “safety-netting”.
- 2. Promoting immunisation** amongst students. We know that efforts of HEIs in collaboration with their student health partners can make a difference in uptake when MenACWY vaccine has been offered opportunistically to their freshers.
- 3. Planning ahead** with allocated staff responsibilities and protocols in place to raise awareness, promote vaccination and support the management and communication around a case or cases of meningococcal disease should they arise and to support students and staff who are affected.

Additional information is available from PHE and the meningitis charities:

- Public Health England: www.gov.uk/government/collections/meningococcal-acwy-menacwy-vaccination-programme
- Meningitis Research Foundation: www.meningitis.org
- Meningitis Now: www.meningitisnow.org – video: player.vimeo.com/video/184345825

Update on national vaccine coverage to the end of October published for GP-based MenACWY immunisation programme for school leavers

Cumulative national vaccine coverage for the second cohort offered MenACWY vaccine through the GP based catch-up programme (now aged 18-19 years, born 1 September 1997 to 31 August 1998) and evaluated from April to the end of October 2016 was 29.5%, compared to 17.4% to the end of August.

It is expected that coverage will continue to increase in this cohort over the following years as it has for the first GP based cohort (now aged 19-20 years, born 1 September 1996 to 31 August 1997) – coverage for the first cohort was 38.3% when evaluated at the end of October 2016 (Figure 2). This compares to 35.2% at the end of March 2016 as indicates continued vaccination beyond the first year of eligibility.

The current outbreak of meningococcal group W (MenW) disease in the UK continues. This is a particularly nasty strain of MenW with a high case fatality rate and it is important that all those eligible for vaccination have the opportunity to be vaccinated. Both of the above cohorts remain eligible for vaccination until the age of 25, and general practice should use visits to the practice for other reasons as an opportunity to offer the MenACWY vaccine to this age group, who remain at risk of disease. Coverage estimates for the school-based routine and catch-up MenACWY programmes delivered in the 2015/16 academic year will be captured in an annual survey during September 2016 and are expected to be published in late 2016/January 2017.

The full coverage report can be found at [weblink 12](#) and further information relating to the implementation of this vaccination programme is available from the PHE website document collection, Meningococcal ACWY (MenACWY) vaccination programme (see [weblink 13](#)).

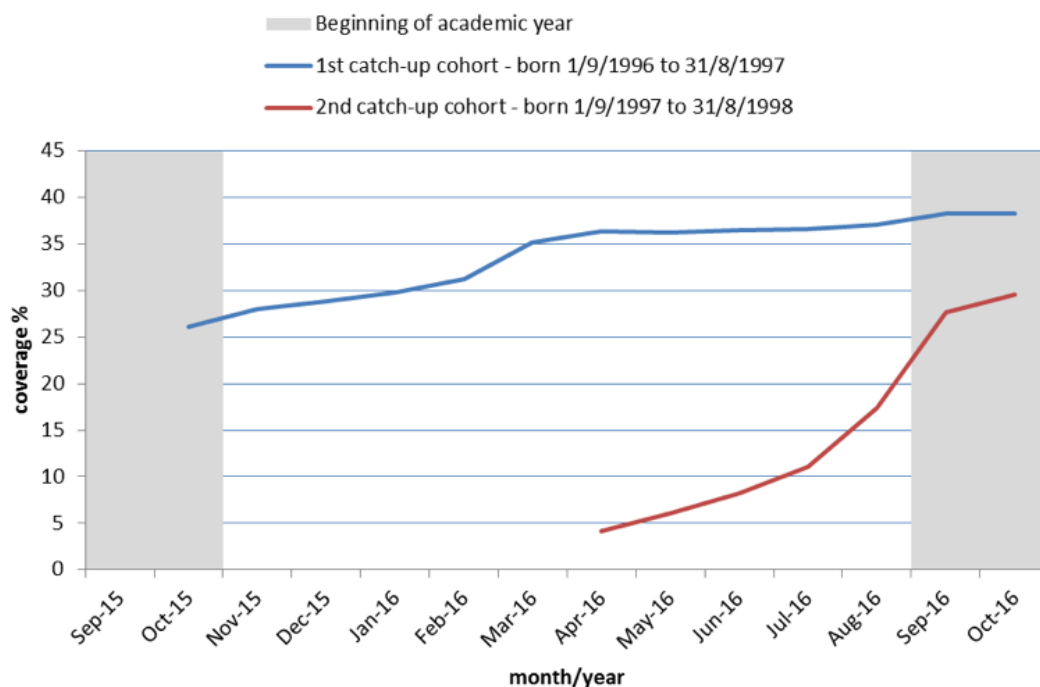


Figure 2. Monthly cumulative MenACWY vaccine coverage for 1st GP based catch-up cohort (from October 2015) and 2nd GP based catch-up cohort (from April 2016) up to the end of October 2016 : England

Pre-natal pertussis vaccine coverage achieves highest level since start of programme

Pertussis vaccine coverage in pregnant women averaged 70% across May to September 2016, 14% higher than the same period in 2015 (Figure 1). This increase is thought to be in part attributable to changes to the data extraction criteria from April 2016 and suggests coverage estimates prior to this may have been under-estimated. In addition, the extended eligibility criteria for the vaccine, available to women from 16 weeks of pregnancy since April 2016 (previously available from 28 weeks), would have started to impact coverage from September 2016, and this may have also contributed to the increase. Whilst the increase in uptake is great news, pertussis activity continues to be high in all age groups other than infants and therefore it remains really important that women get vaccinated at the recommended time, ideally between 20 and 32 weeks of pregnancy, as this is a safe and highly effective way to protect their baby from birth.

Continued support in the delivery of this important programme has been sought from service providers (GP practices and maternity units), Screening and Immunisation Teams and Health Protection Teams. Screening and Immunisation Teams should continue to update service providers on the latest disease trends, effectiveness of the programme, changes to eligibility and the need to improve coverage achieved thus far. It is essential that GPs and practice nurses continue to ensure that vaccination and date of delivery are accurately recorded in the patient's GP record in order to monitor coverage and impact of the programme. In areas that have commissioned maternity units to offer pertussis vaccines in pregnancy, it is important that providers ensure doses of vaccines given to individual women are also communicated to the woman's GP for these doses to be taken into account when vaccine coverage is estimated. Maternity units not offering pertussis vaccines to pregnant women should continue to discuss its importance, making use of available resources (see [weblink 9](#)) and sign-post the woman to her GP to receive the vaccine.

The full coverage report can be found at [weblink 10](#) and further pertussis immunisation information can be found in the "Immunisation against infectious disease" book (see green book at [weblink 11](#)), chapter 24.

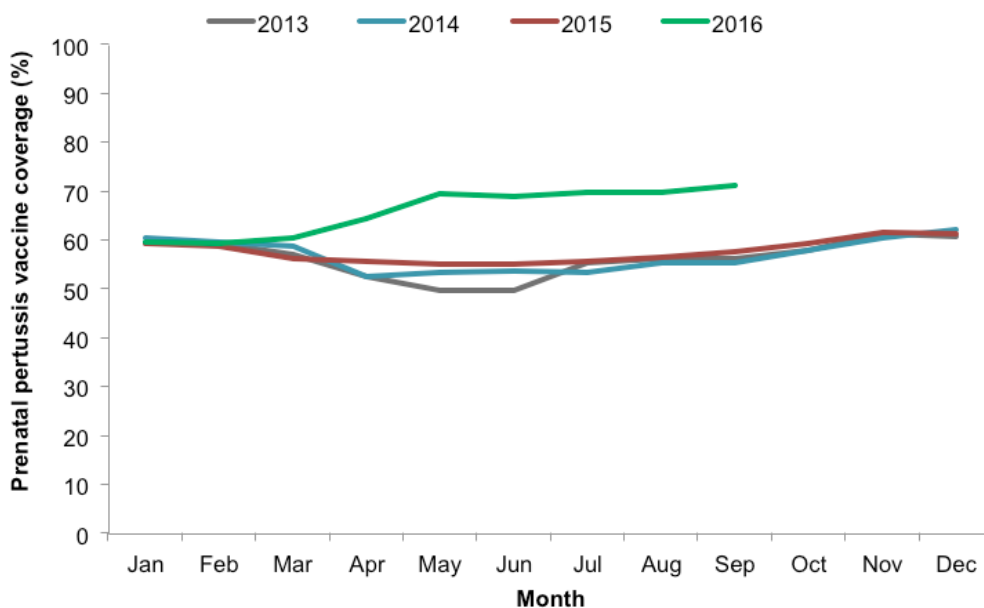


Figure 1 : Monthly pertussis vaccine coverage (%) in pregnant women: England, 2013-2016

Vaccine Supply

Attention all customers – Bank Holiday deliveries warning notice

Due to the Christmas and New Year Bank Holidays, there will **not be any deliveries or order processing** by Movianto UK on Monday 26 and Tuesday 27 December 2016 and Monday 2 January 2017. Please see the table below for revised order and delivery dates.

Customers with a standard delivery day of Monday, should be aware that after the 19th of December, your next available delivery day will be the **9 January 2017**.

Customers with a standard delivery day of Tuesday, should be aware that after the 20th of December, your next available delivery day will be the **3 January 2017**.

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.

Christmas and New Year Bank Holidays 2016/17		
Delivery date	Order cut-off date	Order cut-off time
Monday 19 December	Thursday 15 December	11:55 AM
Tuesday 20 December	Friday 16 December	11:55 AM
Wednesday 21 December	Monday 19 December	11:55 AM
Thursday 22 December	Tuesday 20 December	11:55 AM
Friday 23 December	Wednesday 21 December	11:55 AM
Monday 26 December	CLOSED – NO DELIVERIES	
Tuesday 27 December	CLOSED – NO DELIVERIES	
Wednesday 28 December	Thursday 22 December	11:55 AM
Thursday 29 December	Friday 23 December	11:55 AM
Friday 30 December	Wednesday 28 December	11:55 AM
Monday 2 January	CLOSED – NO DELIVERIES	
Tuesday 3 January	Friday 30 December	11:55 AM

Please be advised that Emergency or “Out of Schedule” deliveries cannot be arranged for failure to place orders in good time.

Expiry dates for Fluenz Tetra®

The **first batch of Fluenz Tetra®** supplied for the 2016-17 children's flu vaccination programme **will expire on 13 December 2016**. Expiry dates for this and subsequent batches that are being supplied this season are set out in the table below.

Batch	Expiry date
HF2241	13 Dec 2016
HF2242	14 Dec 2016
HH2921	16 Dec 2016
HF2254	19 Dec 2016
HF2071	26 Dec 2016
HF2075	27 Dec 2016
HJ2344	10 Jan 2017
HJ2598	11 Jan 2017
HF2077	23 Jan 2017
HK2090	13 Mar 2017
HF2079	03 Apr 2017

It is important to ensure that you are not holding more stock than you realistically expect to use before its expiry date, and you should be ordering little and often to ensure that the stock that you receive has the longest possible shelf life.

Please ensure that the expiry date is always checked before use and that any expired stock is disposed of in line with local policies. **Please record any stock that is disposed of due to expiry before use through the ImmForm website.**

While you should only be ordering Fluenz Tetra for the next 2 weeks, if there are exceptional circumstances where you need to order vaccine but are not expecting to use before the Christmas break, then it would be prudent to **check which batch is currently being dispatched before you place your order. Please contact the ImmForm helpdesk in the first instance.**

Controls on LAIV (Fluenz Tetra®) Ordering for the Children's Flu Programme

For the 2016/17 season, ordering controls are in place for General Practice providers **in ENGLAND**.

If the current controls do not allow you to order sufficient vaccine to allow you to complete planned activity in the next 2 weeks, you should contact the ImmForm helpdesk directly to discuss your requirements.

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

At present there are no controls on school based providers, however there is a high level cap on orders for schools, set at 300 packs (or 3,000 doses) per order per week to prevent accidental over-ordering. We recognise that there will be some instances in which school teams require more than this. Where this is the case, you can contact the ImmForm helpdesk directly to discuss your requirements. This cap will be kept under review throughout the season and changes communicated through the ImmForm news item.

Controls on Inactivated Flu Vaccine Ordering for the Children's Flu Programme

Inactivated influenza vaccine (split virion) BP has a cap of 5 doses per order per week. Fluarix Tetra® has a cap of 30 doses per order per week. These controls are also being regularly reviewed and updates provided through the ImmForm website.

Pre-School Booster vaccine

The pre-school booster vaccine given to infants from three years four months has switched from Infanrix IPV to Repevax. Ordering for Repevax is open on ImmForm, and ordering for Infanrix IPV is closed.

Whilst stocks of Infanrix IPV remain available locally, these should be used first and both Repevax and Infanrix-IPV are suitable for the pre-school booster vaccination regardless of the vaccine used for primary vaccination.

Repevax is not for use in the maternal pertussis programme, for which Boostrix IPV continues to be available. As a reminder, Repevax is supplied as a pre-filled syringe without needles and manufactured by Sanofi Pasteur MSD. Please note, the current Repevax pack will be changing to a smaller version around November. Please see images below.



Current pack



New smaller pack

MenACWY vaccines: two vaccines – one is restricted, one isn't

There are two MenACWY vaccines (Menveo and Nimenrix) suitable for vaccinating teenagers and freshers against meningitis and both are available to order through ImmForm.

Menveo is available without restriction to all ImmForm accounts, and is available in a 5 dose pack.

In order to balance central stocks, ordering for Nimenrix is currently restricted to 5 doses per order per week in England and Wales (Nimenrix is presented in a single dose pack).

Menveo can be used instead of Nimenrix to vaccinate teenagers and freshers against meningitis.

Primary infant vaccine

Ordering for Pediacel remains restricted to 3 doses per order, per week in England. Restrictions are also in place for Wales and Scotland. Infanrix IPV Hib is available to order, with no restriction on volume.

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.

BCG vaccine

SSI BCG vaccine batch 114022A with a labelled expiry of 29 February 2016, which was extended to 31 August 2016, should no longer be used and any remaining stock of SSI BCG vaccine from 114022A should be disposed of in line with local policies and recorded on ImmForm.

PPD2TU

Due to manufacturing delays, orders for PPD2TU (Mantoux) are currently restricted to 1 pack per account per fortnight for NHS customers and closed for private customers. Please note that each pack of PPD2TU contains ten multi-dose vials and efforts should be made to ensure efficient use of existing stocks to avoid wastage.

PPD10TU

Due to manufacturing delays PPD10TU is not currently available to order. As per the Green Book guidance (see [weblink 14](#)) PPD 10TU is recommended if a second Mantoux test is required for clinical diagnostic purposes, and alternative testing may be available."

Who gives flu vaccine for children who have missed their session at school?

There is some confusion about which provider is contracted to offer influenza vaccine to which children. For GPs the ages of the children to be offered immunisation are stipulated in the enhanced service specification – see [weblink 15](#).

GPs will offer vaccine to children who were either 2, 3 or 4 years of age on 31 August 2016. NOTE – This will include children who are now in Reception class at school, but were only 4 years old on 31 August 2016.

School based immunisation providers are offering influenza immunisation to children of appropriate age for school Year 1, 2 and 3.

School based providers are obliged to offer ‘second opportunity’ immunisation sessions to children who miss influenza immunisation at schools. Unless there are specific local contracts in place GPs are not contracted to immunise children of appropriate age for school year 1, 2 and 3.

Any queries or concerns, should in the first instance, be referred to the Local NHS England PH Commissioning teams and the embedded PHE Screening and Immunisation teams. Contact details for the teams, by region, can be found at [weblink 16](#).

Flu vaccine uptake amongst frontline healthcare workers – have you had yours?

The first provisional monthly flu vaccine uptake data for frontline healthcare workers has been published (see [weblink 17](#)). The good news is the data shows that by 31 October 2016, 40.4% of healthcare workers had received the flu vaccine (compared to 32.4% at the same point this time a year ago). For those healthcare workers who have not yet received the vaccine, there is still time.

Ordering volumes of LAIV – healthy children only need one dose!



Some general practices are ordering significantly more live attenuated influenza vaccine (LAIV) than the number of eligible children at their practice. This appears to have happened because the practice is ordering vaccine enough to offer all eligible children TWO doses.

Although the patient information leaflet provided with LAIV states that children should be given two doses of the vaccine if they have never had flu vaccine before, the additional protection provided is modest.

Therefore the Joint Committee on Vaccination and Immunisation (JCVI) recommended that healthy children should only be offered a single dose of LAIV each year.

Although at-risk children under 9 years who have not received flu vaccine before should be offered two doses of flu vaccine (with either LAIV or IIV), the number of children in these risk groups is very small and can probably be managed without ordering additional stock.

SAVE THE DATE

Fundamentals of Immunisation

UCL Great Ormond Street Institute of Child Health
30 Guilford Street
London WC1N 1EH

March 13th and 14th 2017

Public Health England and UCL Great Ormond Street Institute of Child Health are running a Fundamentals of Immunisation course. This annually held, two day intense theoretical course is designed for those new to a role in immunisation and is most suited to those who give or advise on a range of different vaccines. The course comprises a series of lectures from national immunisation experts and will provide delegates with up-to-the-minute information on the range of topics included in PHE's "Core Curriculum for Immunisation Training". A basic level of prior immunisation knowledge and familiarity with the Green Book (Immunisation against infectious disease) will be assumed.

- Course fee: £150
- Programme and booking information to follow in next month's Vaccine Update



The RCN is running a survey on people's views and experience of the RCN Travel Health Nursing: Career and Competence Development: RCN Guidance document (RCN, 2012). See [weblink 18](#).

The survey will help us to develop a revised version of the document in 2017. The survey is aimed at all nurses, doctors, pharmacists and other related healthcare professionals involved in Travel Health medicine.

» [CLICK HERE TO TAKE THE SURVEY](#)

The results of the survey will be analysed and reported alongside the findings of in-depth interviews conducted earlier this year with key stakeholders. For additional information please contact Julian Russell, RCN research analyst: julian.russell@rcn.org.uk

Web links

- web link 1 <https://www.gov.uk/government/publications/shingles-vaccination-for-adults-aged-70-or-79-years-of-age-a5-leaflet>
- web link 2 <https://www.gov.uk/government/publications/who-is-eligible-for-the-2015-to-2016-shingles-vaccine>
- web link 3 <https://www.gov.uk/government/publications/who-is-eligible-for-the-shingles-vaccine-beyond-2016>
- web link 4 <https://www.gov.uk/government/publications/shingles-vaccination-for-adults-aged-70-78-or-79-years-of-age-calculator>
- web link 5 <https://www.gov.uk/government/publications/herpes-zoster-shingles-immunisation-programme-2015-to-2016-evaluation-report>
- web link 6 <https://www.gov.uk/government/publications/varicella-zoster-virus-referral-form>
- web link 7 <https://www.gov.uk/government/publications/meningitis-and-septicaemia-prevention-and-management-in-higher-education-institutions>
- web link 8 <http://www.universitiesuk.ac.uk/blog/Pages/healthy-universities-new-guidance-on-meningococcal-disease.aspx>
- 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/publications/pertussis-immunisation-in-pregnancy-vaccine-coverage-estimates-in-england-october-2013-to-march-2014>
- web link 11 <https://www.gov.uk/government/publications/pertussis-the-green-book-chapter-24>
- web link 12 <https://www.gov.uk/government/publications/meningococcal-acwy-immunisation-programme-vaccine-coverage-estimates>
- web link 13 <https://www.gov.uk/government/collections/meningococcal-acwy-menacwy-vaccination-programme>
- web link 14 <https://www.gov.uk/government/publications/tetanus-the-green-book-chapter-30>
- web link 15 <http://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/04/Childhood-flu-2016-17.pdf>
- web link 16 <https://www.england.nhs.uk/about/regional-area-teams/>
- web link 17 <https://www.gov.uk/government/collections/vaccine-uptake>
- web link 18 <https://www.rcn.org.uk/professional-development/publications/pub-003146>