



More NHS staff than ever have been vaccinated against flu this winter

Figures published on the 19th January by Public Health England show that more NHS staff than ever before have been vaccinated against flu.

Flu is a serious concern for the NHS and our patients, especially during winter, so the rise in staff vaccinations is an important step towards keeping employees and patients safe.

In the winter of 2010/11 359,080 (34.7 per cent) of frontline NHS staff were vaccinated and this has increased to 594,700 (61.8 per cent) across England by 31 December 2016. This total will increase until the end of February.

NHS Employers has run the flu fighter campaign annually since autumn 2011. It provides materials and support to NHS trusts across England and Wales, helping them to run dozens of lively local campaigns. This winter flu fighter also ran its first #jabathon event (5-10 December 2016), which helped to sustain vaccination rates when they usually dip in December. In total 61,311 (6.2 per cent) of staff were vaccinated in December compared to 28,475 (3.5 per cent) a year ago.

This has been a tremendous effort and everybody involved has clearly worked really hard. Thank you!

The figures published on the 19th January by Public Health England are available here: [web link 11](#).

Schools based immunisation programmes and consent

For children under the age of 16 years who are offered immunisation in schools, consent is normally sought from the person with parental responsibility ahead of the immunisation session. This involves providing parents, or those with parental responsibility, with written information about the vaccine being offered and a consent form to sign and return, indicating if consent has been given or not.

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Sometimes on the day of the session, there are children for whom no consent form is available, leaving the immuniser unclear whether immunisation can take place. In these cases, every effort should be made to contact the person with parental responsibility by phone to ascertain if consent is given to immunisation.

Where it is not possible to contact the person with parental responsibility, consideration should be given to the child's ability to provide their own consent to immunisation. Children aged under 16 years, who have sufficient understanding to understand fully what is involved in a proposed immunisation, are considered to have the capacity to consent to immunisation. This is sometimes described as 'Gillick competence' and is designed to better reflect the individual child's maturity.

If the child is judged Gillick competent and gives consent after receiving the appropriate information, that consent is legally valid; additional consent by a person with parental responsibility will not be required. Despite this, if the child consents to their information being shared, it is good practice to involve the child's family in the decision-making process. If a child is not considered Gillick competent, then the consent of a person with parental responsibility is needed in order to proceed with immunisation.

For the small number of children for whom a parental consent form is not available on the day of immunisation, the additional opportunities to seek appropriate consent listed below may be followed. This has the advantage of ensuring children receive important and timely protection against vaccine preventable diseases.

For those under 16 years, immunisers should

- Seek consent from the person with parental responsibility before the day of immunisation
- If there's no consent form on the day, phone the parent to seek consent to immunisation
- If it has not been possible to speak to the person with parental responsibility, consider if the child has the ability to provide their own consent

Further information may be obtained from [web link 1](#).

Six to eight week baby checks and immunisations

PHE has had a number of enquiries about whether it is necessary to defer routine childhood immunisations in babies who have not yet had their 6 to 8 week checks.

The 6 to 8 week check forms part of the newborn and infant physical examination screening programme (NIPE). The newborn element aims to identify and refer all children born with congenital abnormalities of the eyes, heart, hips, and testes, within 72 hours of birth. The second examination is designed to identify abnormalities that may become detectable in older infants – that is at 6-8 weeks of age.

As none of the conditions screened for would constitute a contra-indication to immunisation, there is no requirement for the examination to be undertaken before the first vaccines are given. Babies will need the normal assessment of suitability for vaccines as outlined in the relevant documents e.g. vaccine PGDs.

If a baby presents for vaccination at eight weeks having not had the 6 to 8 week check, then this is an opportunity to do the check at the same visit.

Further details of the NIPE screening programme can be found at [web link 2](#).

Early estimates of cumulative shingles vaccine coverage are down compared to same time in previous years

Recently published estimates of cumulative vaccine coverage for the first three months of the 2016/17 shingles vaccine programme show that, compared with the first three months of the 2015/16 programme, coverage has decreased by 4.6% for both the routine and catch-up cohorts, continuing a decreasing trend in vaccine coverage seen since the programme introduction.

Between September and November 2016 33.2% of the 70 year old routine cohort and 33.6% of the 78 year old catch-up cohort were vaccinated (Figures 1 and 2).

Several factors may have contributed to the decline, including:

- Recent expansion of the influenza immunisation programme and the immunisation programme in general putting additional demand on primary care
- Difficulties in practices identifying 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
- Patients receiving flu vaccine at pharmacies or other providers than their GP practice and therefore not being identified for shingles vaccination during flu immunisation sessions
- Possible lowering of patients' awareness of the vaccine since its introduction in 2013.

As well as publishing tools ([web link 8](#)) to help identify eligible individuals quickly ([web link 9](#)) PHE is promoting the need for shingles vaccines through professional channels ([web link 12](#)) and considering a range of possible approaches to simplify the programme and associated eligibility criteria.

Previous cohorts remain eligible for vaccination until their 80th birthday, and longer term vaccine coverage data has shown increases in coverage in these cohorts in subsequent years. It is important that GPs continue to offer the shingles vaccine to eligible patients from the current and previous cohorts in order to prevent the significant burden of disease associated with shingles among older adults in England.

The full report and associated data tables can be found at [web link 13](#).

Figure 1. Monthly cumulative shingles coverage for the routine cohort (70 year olds) for September to November 2016, compared to 2015/16, 2014/15 and 2013/14 data, England

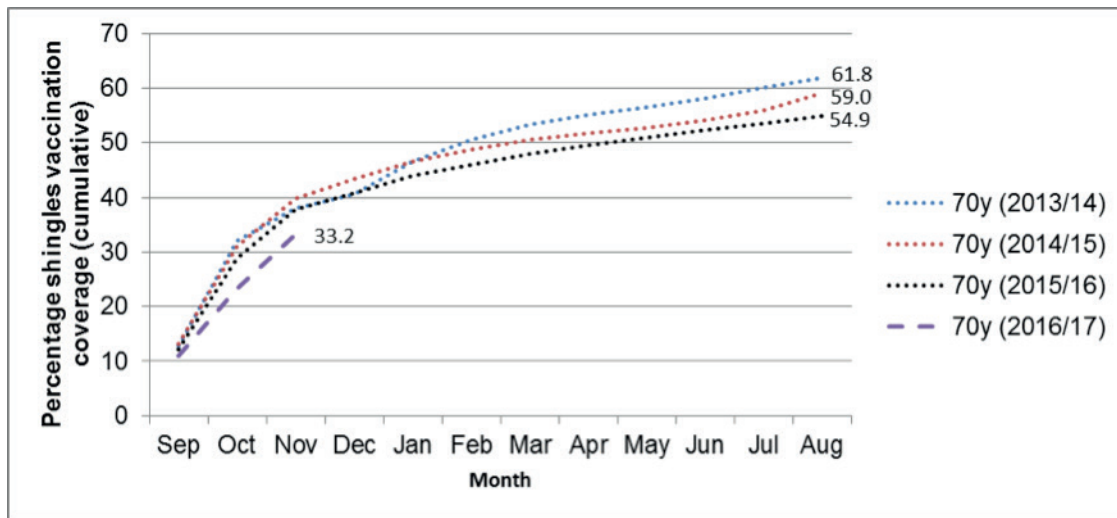
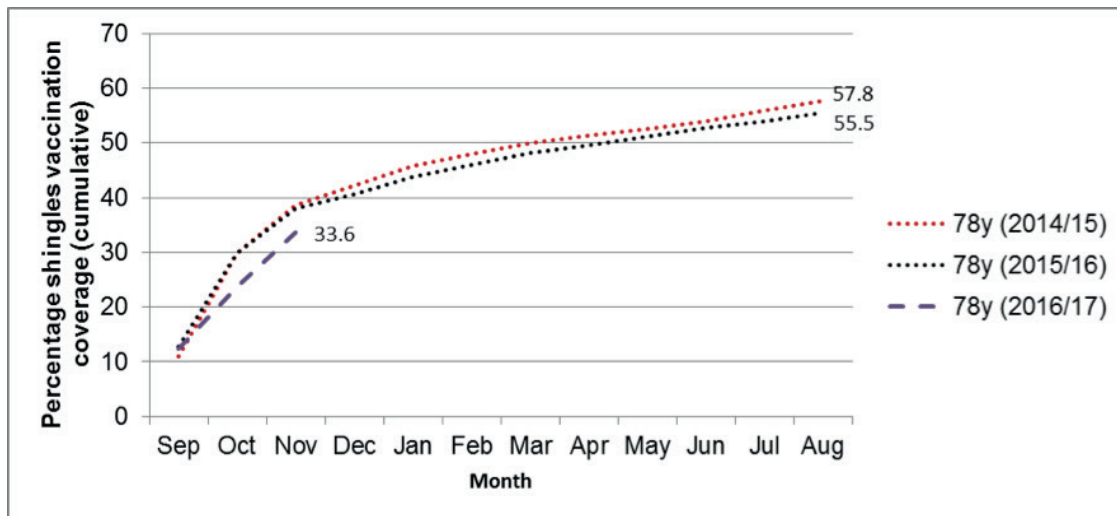


Figure 2. Monthly cumulative shingles coverage for the catch-up cohort (78 year olds) for September to November 2016, compared to 2015/16 and 2014/15 data, England



NB: Coverage for the 2013/14 catch-up cohort are not shown as they were a different age cohort (79 years of age)

Shingles materials

Shingles vaccination for adults aged 70, 78 or 79 years of age: calculator ([web link 9](#))

Who is eligible? New Improved online calculator

We have just revised and improved our Shingles calculator so that is easy to use and highlights who is eligible. Follow the link (via [web link 9](#)) and enter the patients date of birth for example: 03/05/1945 and click the OK button to calculate whether your patient is eligible.

For anyone without access to the internet to use the calculator we have two posters which are available to download.

These are available now so please download and print them out now!

Date of birth	Current age	First became or will become eligible	Eligible in 2016/17
On or after 2 September 1949 to 3 September 1949	66 or under	2017/18 onwards	No
2 September 1949 to 3 September 1949	70	2016/17	Yes
2 September 1948 to 1 September 1949	71	2016/18	Yes
2 September 1947 to 1 September 1949	72	2016/15	Yes
2 September 1946 to 1 September 1949	73	2016/14	Yes
2 September 1945 to 1 September 1949	74	2020/21	No
2 September 1944 to 1 September 1949	75	2019/20	No
2 September 1943 to 1 September 1949	76	2018/19	No
2 September 1942 to 1 September 1949	77	2017/18	No
2 September 1941 to 1 September 1949	78	2016/17	Yes
2 September 1940 to 1 September 1949	79	2015/16	Yes (Sign to NHS handbook)
2 September 1939 to 1 September 1949	80	2014/15	No
2 September 1938 to 1 September 1949	81	2014/15	No
2 September 1937 to 1 September 1949	82	2013/14	No
On or before 1 September 1935	83	Never have been eligible	No

Who is eligible for the shingles vaccine beyond 2016? ([web link 10](#))

Who is eligible for the 2016 to 2017 shingles vaccine? ([web link 8](#))

Vaccine Supply

A change to InterVax BCG vaccine ordering

The future supply of BCG vaccine for the UK remains fluid due to on-going manufacturing issues with the UK licensed supply from SSI and the increased global demand which impacts availability of vaccine from other supply routes. However, current supplies are stable and with that in mind the previous restrictions on ordering of unlicensed InterVax BCG vaccine have now been lifted for eligible accounts.

The central stock levels will be closely monitored and restrictions on volumes ordered may be re-applied in future depending on demand and the security of future incoming supplies.

The vaccine continues to be made available in line with prioritisation advice from PHE to ensure this stock is directed to those at greatest risk. Therefore, only accounts seeing high numbers of at risk infants currently have access. ImmForm accounts with access will have been notified via email.

As a reminder, each InterVax BCG vaccine pack contains twenty 1ml ampoules of freeze dried vaccine, (a maximum of 400 paediatric doses) which require careful reconstitution with the supplied diluent. Providers are encouraged to continue to organise the administration of BCG vaccinations in ways that optimise the use of the multi-dose ampoules, for example by scheduling patients requiring BCG vaccine into the same clinic.

For detailed information about the InterVax BCG vaccine please see the special edition of Vaccine Update issue 244 available at [web link 3](#).

MenACWY vaccines

Nimenrix is now the only MenACWY vaccine available to order for customers in England and Scotland and is suitable for vaccinating teenagers and freshers against meningitis. There are no restrictions on the volume which can be ordered, and it is presented in a single dose pack with needles included.

For customers in Wales, Menveo currently remains available to order in a 5 dose pack without needles, and there are no restrictions in place on volume. Orders for Nimenrix are temporarily suspended to balance the expiry date on central stocks and ensure that valuable vaccine is not wasted. This situation is likely to remain in place for several weeks, at which point ordering will switch to Nimenrix only.

MMR vaccines

To remind readers, there are 2 MMR vaccines supplied centrally, Priorix and MMRvaxPro, and they are interchangeable in the MMR vaccination schedule.

Orders for Priorix are currently restricted to 6 packs per order per week, in order to balance central stocks. The alternative vaccine, MMRvaxPro, remains available to order without restriction. These controls apply to customers in England, Scotland and Wales.

Primary infant vaccine

Due to delivery delays, ordering for Pediacel remain restricted to 3 doses per order, per week in England. Restrictions are also in place for Wales and Scotland. The alternative vaccine Infanrix IPV Hib is available to order, with no restriction on volume. Where possible and if local stock holding 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.

Rabies vaccines

Rabies vaccine for post-exposure treatment of individuals exposed to rabies (eg. following an animal bite overseas) is currently available through PHE Colindale (0208 327 6204).

During January, both Sanofi Pasteur and GSK have had limited supplies of rabies vaccine for the private occupational and travel market, although the supply situation is expected to improve during February 2017.

GSK have advised that they are now easing their general restrictions on Rabipur ordering and allowing 3 doses of Rabipur per account, which can be ordered for both pre- and post-exposure prophylaxis. GSK have advised that the clinical need to supply larger quantities can be considered on a case-by-case basis and have advised on contacting the GSK customer support team on 0808 100 9997. GSK will continue to monitor their stock levels and adjust maximum order quantities accordingly and are preparing a revised communication to customers on this.

Sanofi Pasteur have advised that they should have new stocks available the week commencing 30th January 2017.

Expiry dates for Fluenz Tetra®

The majority of the **batches of Fluenz Tetra®** supplied for the 2016-17 children's flu vaccination programme **have now expired**. Expiry dates for all batches supplied this season are set out in the table below. 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, on the Stock Incident page.**

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

There is currently a 1 pack per week order restriction in place for General Practice providers in ENGLAND.

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

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 continue to be regularly reviewed and any update will be provided through the ImmForm website.

Reporting any remaining unused Flu Vaccine ordered for the Children's Flu Programme

As the vaccination period for flu draws to a close, it is important to remember that any leftover vaccine that is held locally, but that has not been used is recorded on ImmForm, on the Stock Incident page. This is to ensure that all stock is accounted for and supports efforts across the system to reduce the level of vaccine which may go unused at the end of the season. Please ensure that you select the appropriate reason (i.e. 'expired before use' or 'cold chain failure') when recording the disposal of any stock.

Screen shot of incident reporting on ImmForm website – example e-form:

Report an incident

Organisation	EnglandNHS
Incident Date	13/01/2017
Incident Reason	Fluenc vaccine expired before it could be used
Incident Description	
Actions taken or planned following the incident	

When investigating a possible breach of the cold chain, healthcare professionals are strongly encouraged to make contact with their local NHS England Screening and Immunisation Team (SIT) in the first instance (<https://www.england.nhs.uk/contact-us/>). It is important that all vaccines exposed to temperatures outside of the manufacturers recommendations are embargoed inside the same fridge until further advice from the SIT has been obtained. If possible, the vaccine fridge environment should not change. The fridge should remain switched on at the electrical supply and vaccines should be labelled as not for use- do not discard vaccines.

Vaccine	No. of doses
10TU - PPD	0
ZTU - PPD	0
BCG SSI - BCG	0
Bexsero - Meningitis B	0
Boostrix IPV - Boostrix IPV	0
Fluarix Tetra - Flu (Quadrivalent inactivated)	0
Gardasil - HPV	0
Inactivated Influenza Vaccine (Split Virion) BP - Flu (Trivalent inactivated)	0
Infanrix/IPV+Hib - DTaP/IPV+Hib	0
Infanrix-IPV - DTaP/IPV	0
Menitorix - HIB/MEN C	0
MMR Vaxpro - MMR	0
NeisVac-C - MEN C	0
Nimenrix - Meningococcal Group ACWY Vaccine	0
Nimenrix EXP - Meningococcal Group ACWY Vaccine	0
Pediaxel - DTaP/Hib/IPV	0
Prevenar13 - PCV	0
Priorix - MMR	0

Screen shot of incident reporting on ImmForm website – drop down reason list:

Report an incident	
Organisation	EnglandNHS
Incident Date	13/01/2017
Incident Reason	<ul style="list-style-type: none"> HPV vaccine unused as part of pilot programme for MSM HPV vaccine lost through cold chain failure, intended for the MSM pilot Faulty stock - reported to manufacturer Fluenz vaccine expired before it could be used Fridge equipment failure NOT as a result of loss of power Fridge switched off in error Fridge door left open in error Excess stock ordered in error MenC vaccine disposed of due to switch to MenACWY Stock left out of fridge in error
Incident Description	
Actions taken or planned following the incident	

If you are unsure how to record this information you can find help sheets on the ImmForm website. Alternatively, you can contact the helpdesk for assistance.

A PHE commissioned national survey of parental attitudes to immunisation

Our national vaccination programmes have been supported by a series of national surveys undertaken into the attitudes of parents towards childhood immunisation. These have helped establish parental views on: the seriousness of diseases that the vaccines prevent; concerns about vaccine safety; the type and amount of information that parents need; and what influences parental decisions to vaccinate children. Surveys were undertaken between 1991-2010 and PHE re-established these as annual surveys in 2015.

The 2017 survey will start in different locations across the country on 31 January and continue until the first week in April. Approximately 1000 interviews will be undertaken with parents of children aged 0-2 years and 1000 interviews with parents of 3-4 year olds. These interviews are conducted face-to-face in the home by the independent research agency BMG Research on behalf of PHE. BMG Research interviewers are fully trained and will always show parents identification and a letter of authority that has been written by PHE and includes BMG and PHE contact points. BMG also informs the local police that the survey is being conducted in that area and the letter of authority includes police reference numbers for each local authority that generates these and parents (and others) can contact the police to check the authenticity of this survey if they wish to do so.

The findings of these surveys are invaluable in informing our national programmes and we would very much welcome your support. Further information about the research can be found on PHE's website (see [web link 4](#)).

Fundamentals of Immunisation

UCL Great Ormond Street Institute of Child Health

30 Guilford Street
London WC1N 1EH

Monday 13 and Tuesday 14 March 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

To book, please use the following link: [web link 6](#)

Public Health England

FACTSHEET FOR HEALTH PROFESSIONALS

Human papillomavirus (HPV) vaccination and Cervical Cancer
Addressing the myths

Is the HPV vaccine new?
No, the HPV vaccine is not new. It has been used in the UK since 2008 and more than 8.5 million doses have been given. It's used in 84 countries including the USA, Australia, Canada, and most of Western Europe, and more than 80 million people have been vaccinated worldwide.

Are many parents refusing the vaccine?
No. Nearly 90% of parents choose to accept the HPV vaccine for their daughters. Most women aged 15 to 24 years in England have been given the vaccine.

Should girls wait and get the vaccine when they are older?
No. Before the vaccination programme, over 70% of women caught HPV infections, and rates increased rapidly after 15 years of age. Vaccination of younger girls is more effective. So the best time to be vaccinated is between 12 and 14 years.

Will safe sex protect girls better?
No. HPV can be spread by skin to skin contact. Condoms do not completely prevent the risk of infection.

How do we know that the HPV vaccine works?
In England, we have already seen a significant decrease in infections with the two main HPV types that can cause cervical types 16 and 18.

Do the HPV vaccine and cervical cancer link?
Scottish researchers have also shown a decline – probably due to cross-protection – in three other HPV types linked to cancer (types 31, 33 and 45). The number of precancerous lesions in the cervix has already fallen by over 50% since the programme began in Australia, Denmark and Scotland.

Are side effects more frequently reported after HPV than for other vaccines?
No. To date, the number of reports to the Medicines and Healthcare Products Regulatory Agency (MHRA) of suspected side effects for HPV vaccines is not unusual. The overwhelming majority relate to mild reactions commonly seen when you receive tetanus (e.g. injection site reactions, redness, mild allergic events, nausea, dizziness, fatigue, immediate faints due to needle phobia, etc.).

Do the American Academy of Pediatrics (AAP) advise against HPV vaccine?
No. The AAP (an organisation of around 60,000 US doctors who fully support the HPV programme). The American College of Obstetrics and Gynaecology (ACOG) of around 500 gynaecologists who broke away from AAP over the issue of gay adoption. They believe that pre-marital abstinence is most effective. But, they still favour offering HPV vaccination because of potential risk beyond an individual's control (including sexual assault and the infection of one's future spouse).

The UK programme has already contributed to preventing future deaths from cervical cancer. We expect it to eventually prevent hundreds of cancer deaths every year.

Product code: 2016462

HPV vaccination and cervical cancer: addressing the myths factsheet

This factsheet has been produced to support health care professionals delivering the HPV vaccination programme for girls. It addresses the key myths regarding the vaccine, its safety and why the programme recommends it to young girls to help protect them from cervical cancer. You can download it from [web link 5](#).

It can be ordered free of charge from the DH health and social care order line from [web link 14](#) or you can telephone them on 0300 123 1002 to place an order once you have registered.

Please recommend Vaccine update to colleagues

Subscribe to Vaccine update and keep up to date with all the latest news. Sign up to receive the Vaccine update newsletter by using [web link 7](#).

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To make sure you receive the Vaccine update newsletters:

- add onlineservices@subscriptions.phe.gov.uk to your Contacts (Address book) or Safe Senders list
- if you find emails from '@subscriptions.phe.gov.uk' in your 'Spam' or 'Junk email' folder, open the email and click the 'Not spam' or 'Not junk' button to allow emails from this address in the future

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For vaccine ordering and supply enquiries, email: vaccinesupply@phe.gov.uk

Thinking about what you want from Vaccine update

If you have an idea for an article, have feedback on any featured article or can suggest anything you would like featured in Vaccine update then please email me

cherstyn.hurley@phe.gov.uk

Web links

- web link 1 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/138296/dh_103653__1_.pdf
- web link 2 <https://www.gov.uk/government/publications/newborn-and-infant-physical-examination-programme-handbook>
- web link 3 <https://www.gov.uk/government/collections/vaccine-update>
- web link 4 <https://www.gov.uk/government/collections/parental-attitudes-to-vaccination-in-young-children>
- web link 5 <https://www.gov.uk/government/publications/hpv-vaccination-and-cervical-cancer-addressing-the-myths>
- web link 6 http://onlinestore.ucl.ac.uk/browse/extra_info.asp?compid=1&modid=2&deptid=132&catid=272&prodid=1757
- web link 7 <https://public.govdelivery.com/accounts/UKHPA/subscribers/new?preferences=true>
- web link 8 <https://www.gov.uk/government/publications/who-is-eligible-for-the-2015-to-2016-shingles-vaccine>
- web link 9 <https://www.gov.uk/government/publications/shingles-vaccination-for-adults-aged-70-78-or-79-years-of-age-calculator>
- web link 10 <https://www.gov.uk/government/publications/who-is-eligible-for-the-shingles-vaccine-beyond-2016>
- web link 11 <https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-healthcare-workers-1-september-2016-to-31-december-2016>
- web link 12 <https://www.gov.uk/government/publications/shingles-vaccination-training-slideset-for-healthcare-professionals>
- web link 13 <https://www.gov.uk/government/publications/herpes-zoster-shingles-immunisation-programme-2013-to-2014-provisional-vaccine-coverage-data>
- web link 14 https://www.orderline.dh.gov.uk/ecom_dh/public/saleproduct.jsf?catalogueCode=2016462