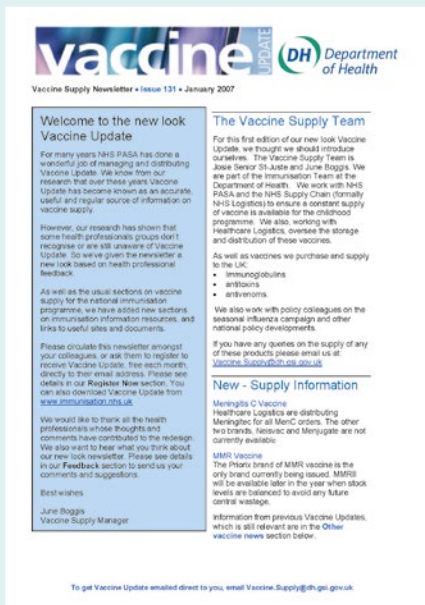




SPECIAL EDITION SPECIAL EDITION SPECIAL EDITION SPECIAL EDITION SPECIAL EDITION SPECIAL EDITION

## Vaccine Update 250<sup>th</sup> anniversary



This is the 250<sup>th</sup> edition of Vaccine Update. For those of you who remember the first online edition was number 131 in January 2007. So 119 editions later, we are still keeping everyone up to date with vaccine supply, programme news and new resources every month and sometimes more often.

Here is baby Emilia who is the granddaughter of our previous editor Chris Owen. She is the star of our newest publication highlighting the need to keep up to date with infant vaccination programmes. As a fully protected child she is only one of the millions

of children who benefit from the pioneering UK programmes.

We would like to take this opportunity to thank all of you who help ensure that this success is sustained.

**To all subscribers, we congratulate you on being part of the world leading vaccination programmes that save lives and prevent disease every day.**



### Apologies for the erratum

The GSK – Fluarix TM Tetra in the Influenza vaccines for the 2016/17 season in the August edition 251 of Vaccine update was incorrectly labelled Fluenz Tetra. This was promptly corrected. Please accept our apologies. Weblink: [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/546614/Vaccine\\_Update\\_251\\_August2016.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/546614/Vaccine_Update_251_August2016.pdf)

# Vaccine Supply

## Flu vaccine ordering controls for the children's part of the 2016/17 national flu vaccination programme

As we move into the fourth year of the children's flu programme we would like to thank everybody for the huge effort that has gone into delivering this element of the national flu programme.

However, as reported in previous editions of Vaccine Update [June](#), [July](#) and [August](#) 2016, **excess ordering** of Live Attenuated Influenza Vaccine (LAIV) for the children's flu programme remains a serious challenge that requires action for the 2016/17 season.

We ask that you please support us to improve the efficiencies in vaccine ordering and distribution across England. There are small changes we can all make that will contribute to significant national level improvements in the delivery of the programme. This will help to improve our flu immunisation coverage protecting children and their families against the serious complications of flu.

### Ordering controls

ImmForm customers that ordered significantly more vaccine than they administered to children in 2015/16 have been contacted individually to raise awareness to this issue. We ask all those responsible for the ordering of LAIV to review their past ordering and identify ways in which vaccine ordering can be better matched to the pattern of delivery to eligible patients, and based on realistic uptake projections.

**Proportionate ordering controls will be in place for General Practice providers in 2016/17.** These controls will work by allocating an amount of vaccine to each practice, based on the number of eligible patients<sup>1</sup>. They will apply for an initial period, and will be regularly reviewed and updated throughout the season.

During the **initial ordering period, this allocation will be set at a level of 35% of eligible patients**, which is in line with the average uptake level achieved by general practice nationally last season<sup>2</sup>. This will have the impact of ensuring that all practices can access a substantial proportion of what they might need initially, whilst helping to reduce the amount of vaccine which may go unused if there were no controls in place.

We stress that **35% is not a target in the initial period, or a level that should automatically be ordered up to if you do not expect to use the vaccine**. The national uptake ambition for 2 to 7 year olds remains at 40-65% by the end of the season, as set out in the 2016/17 flu plan and letter<sup>3</sup>. Our advice to hold 2 weeks' worth of stock at any one time still applies.

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1. For the initial period of ordering controls, the number of eligible patients has been calculated using the data submitted at the end of the 15/16 season. Allocations will be updated once 16/17 cohort data has been received through ImmForm.

2. There will be a default allocation of 1 pack (10 doses) per week for any general practices who did not submit patient data in 2015/16, but this may be increased on a case by case basis.

3. [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/529954/Annual\\_flu\\_letter\\_2016\\_2017.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/529954/Annual_flu_letter_2016_2017.pdf)

We understand and acknowledge that there are practices that achieved higher uptake than the average by the end of the last season, and potentially earlier on in the season. If you are one of these practices and you need to access more vaccine before the controls are increased or removed this year, then you can contact the ImmForm helpdesk to order more vaccine (number available on the ImmForm website).

**Requests for additional vaccine will be considered on a case by case basis**, but please note, this does not mean that practices with previous uptake higher than 35% at the end of the season will be automatically allowed to order more vaccine in the first few weeks. Frontloading of vaccine when it has a very short shelf life cannot be supported and it is important that vaccine already ordered is used before determining the requirement for more. Practices will need to make a strong case for ordering over the set level during the initial period.

The controls have been put in place to manage the national supply across the season, and will be kept under review. It is anticipated that the allocations will be increased as the season progresses. **Changes to controls in-season will be communicated via the news item on the ImmForm front page** so please check this regularly.

These measures have been taken to ensure that vaccine is available for those that need it and to help the NHS save a significant amount of money.

At present there are no plans to implement similar controls on school based providers as last years' data suggests that vaccine ordered was well matched to the vaccine uptake data. However there will be 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 will need to contact the ImmForm helpdesk directly to arrange a larger order. This cap will also be kept under review throughout the season and changes reported through ImmForm.

## Vaccine supply for the children's part of the 2016/17 national flu vaccination programme

As in previous years, PHE has centrally procured flu vaccine for children included in this year's phase of the roll out and those aged from six months to less than 18 years old in clinical risk groups. This is to simplify the supply of LAIV and inactivated flu vaccine for GPs and other providers during the phased implementation of the programme.

With the exception of the central procurement of vaccine for children less than 18 years of age, it remains the responsibility of GPs and other providers to order sufficient flu vaccine directly from manufacturers for older eligible patients of the flu programme in 2016/17.

The following vaccines will be available for the 2016/17 influenza season for children, and are expected to be available to order via the ImmForm website from September.

**The dates below are tentative at this time so please bear in mind that they are still subject to change.** For information on supply of influenza vaccines in Scotland, Wales and Northern Ireland, please refer to guidance from your respective health departments.

Vaccine	Pack size	Manufacturer	Anticipated week for ordering to start
Fluenz Tetra (LAIV)	10 dose	AstraZeneca UK Ltd	Week ending Friday 16 September
Fluarix Tetra (inactivated)	Single dose	GSK	Week ending Friday 9 September
Inactivated influenza vaccine (split virion) BP	Single dose	Sanofi Pasteur MSD	Week ending Friday 9 September

The vaccines are supplied for the following cohorts:

Vaccine	Type	Age indication	Cohort
Fluenz Tetra (LAIV), AstraZeneca UK Ltd	Quadrivalent live attenuated	From 24 months to less than 18 years of age	<ul style="list-style-type: none"> <li>All 2, 3 and 4 year olds</li> <li>All children of school years 1, 2 and 3 age</li> <li>All primary school-aged children from previous pilot areas</li> <li>All children from 2 years to less than 18 years old in clinical risk groups</li> </ul>
Fluarix Tetra, GSK	Quadrivalent inactivated	From 3 years of age	<ul style="list-style-type: none"> <li>Children in the above cohorts aged from 3 years who are contraindicated for Fluenz Tetra and in a clinical risk group</li> </ul>
Inactivated influenza vaccine (split virion) BP, SPMMSD	Trivalent inactivated	From 6 months of age	<ul style="list-style-type: none"> <li>Children aged 6 months to less than 2 years in a clinical risk group</li> <li>Children aged less than 3 years who are contraindicated for Fluenz Tetra and in a clinical risk group</li> </ul>

## Fluenz Tetra shelf life

Fluenz Tetra is a live attenuated vaccine and as such has a **very short shelf life**. Please bear this in mind when ordering. You will be able to place an order **every week** and deliveries will be made weekly alongside your usual deliveries of vaccines. Where possible do not order more than you will need for the next two weeks.

This is to minimise vaccine wastage due to the vaccine passing its expiry date before it can be administered to patients.

The vaccine will be available to order throughout the entire flu season to ensure there is in date stock available into the New Year. Subsequent deliveries of vaccine will have later expiry dates of January, March and April.

Please remember the general principles below:

### The General Principles for LAIV ordering

- LAIV is supplied in a 10-dose pack: **1 pack = 10 doses**
- **Order small amounts weekly** and receive weekly deliveries
- **Be realistic** about the amount of vaccine that you expect to need
- Spread your orders over the course of the flu vaccination season – **later ordered stock will have a later expiry date and will last longer**
- Hold no more than 2 weeks stock in your fridge; **local stockpiling can cause delays or restrictions on stock being released to the NHS, and increases the risk of significant loss of stock if there is a cold chain failure in your practice**

## Influenza vaccines for the 2016/17 influenza season

Supplier	Name of product	Vaccine Type	Age indications	Ovalbumin content µg/ml (µg/dose)	Contact details
AstraZeneca UK Ltd	Fluenz Tetra ▼	Live attenuated, nasal	From 24 months to less than 18 years of age	≤1.2 (≤0.24/0.2ml dose)	Fluenz Tetra® for use in the national children flu programme should be ordered through ImmForm** Otherwise: 0845 139 0000
GSK	Fluarix™ Tetra ▼	Split virion inactivated virus	From 3 years	≤0.1 (≤0.05/0.5ml dose)	0800 221 441
MASTA	Imuvac®	Surface antigen, inactivated virus	From 6 months	0.2 (0.1/0.5ml dose)	0113 238 7552
	Inactivated Influenza Vaccine (Split Virion) BP	Split virion, inactivated virus	From 6 months	≤0.1 (≤0.05/0.5ml dose)	
Mylan (BGP Products)	Influvac®	Surface antigen, inactivated virus	From 6 months	0.2 (0.1/0.5ml dose)	0800 358 7468
	Imuvac®	Surface antigen, inactivated virus	From 6 months	0.2 (0.1/0.5ml dose)	
	Influenza vaccine, surface antigen, inactivated	Surface antigen, inactivated virus	From 6 months	0.2 (0.1/0.5ml dose)	
Pfizer Vaccines	Influenza vaccine (split virion, inactivated), pre-filled syringe	Split virion, inactivated virus	From 5 years	≤2 (≤1/0.5ml dose)	0800 089 4033
	Enzira®	Split virion Inactivated virus	From 5 years	≤2 (≤1/0.5ml dose)	
Sanofi Pasteur MSD	Inactivated Influenza Vaccine (Split Virion) BP	Split virion, inactivated virus	From 6 months	≤0.1 (≤0.05/0.5ml dose)	0800 085 5511
	Intanza® 15 micrograms	Split virion, inactivated virus	60 years of age and over	≤0.24 (≤0.024/0.1ml dose)	
Seqirus Vaccines Ltd, formerly Novartis Vaccines	Agrippal®	Surface antigen, inactivated virus	From 6 months	≤0.4 (≤0.2/0.5mL dose)	08457 451 500

\*\* In England, this vaccine should be ordered online via the ImmForm website: [portal.immform.dh.gov.uk](http://portal.immform.dh.gov.uk)

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

None of the influenza vaccines for the 2016/17 season contain thiomersal as an added preservative.

## Update on Hepatitis B vaccine ordering

GSK have accelerated the resupply of paediatric hepatitis B vaccine to the UK and will have supplies in all UK depots this week. The ordering restrictions applied in May 2016 have now been lifted and normal supply has resumed. The adult formulation of hepatitis B vaccine will continue to have ordering restrictions in place until the resupply of these vaccines which is predicted to be Autumn 2016.

For more information on ordering these GSK vaccines visit [www.vaccines.co.uk](http://www.vaccines.co.uk) or on 0808 100 9997.

## MenACWY vaccine

In England and Wales, ordering for the MenACWY vaccine Nimenrix on ImmForm is currently restricted to 5 packs per order per week. This is to balance central stocks and the alternative MenACWY vaccine Menveo is available without restriction.

## InterVax BCG vaccine availability

The BCG vaccine supplied by InterVax Ltd, Canada and manufactured by BB-NCIPD Ltd, Bulgaria, remains available to order for certain accounts in line with the advice outlined in the BCG Vaccine Update special edition (see [weblink 1](#)).

Please see PHE [weblink 2](#) for more information on the use of the InterVax BCG vaccine which has a different presentation to the Statens Serum Institute (SSI) BCG vaccine.

## Use of SSI BCG vaccine batch 114022A

In January 2016 PHE recommended that SSI BCG vaccine batch 114022A with a labelled expiry of 29 February 2016, could continue to be used up to 31 August 2016 (see [weblink 3](#)). This was based on the known stability of the SSI BCG vaccine and on a review undertaken by the MHRA of information provided by the manufacturer.

If you have local stocks of BCG vaccine batch 114022A from SSI, these should continue to be used in preference to the alternative unlicensed InterVax BCG vaccine only up until 31 August, at which point any remaining stock of SSI BCG vaccine should be disposed of in line with local policies and recorded on ImmForm.

## Shingles vaccine expiry

The shingles vaccine Zostavax is now available for the fourth year of the programme starting in September 2016. Please note that some Zostavax currently being issued has a short expiry of December 2016. Please ensure that you do not over order this stock and only order enough to meet demand for your next two weeks.

Please ensure that when ordering for Zostavax and other childhood vaccines, the required products are all placed in the same ImmForm order to reduce the number of deliveries which have to be made at this very busy time of year.

## 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.

## MenC Vaccine Ordering

A reminder that the MenC infant vaccination programme ceased on 1 July 2016 for England, Wales and Northern Ireland and NeisVac-C is no longer available to order through ImmForm accounts in these countries. ImmForm accounts in Scotland can continue to order NeisVac-C. Any stock remaining in fridges should be retained for potential future use until it expires, at which point it should be disposed of in line with local policies. Any stock disposal should be recorded on the ImmForm website as a stock incident.

## 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.

## PPD10TU

Due to manufacturing delays PPD10TU is not currently available to order. As per the Green Book guidance (see [weblink 4](#)), for routine use and for patients in whom TB is suspected PPD2TU should be used. The 10TU is recommended if a second Mantoux test is required for clinical diagnostic purposes and alternative testing may be available.

## Pre-School Booster

The pre-school booster vaccine given to infants from three years four months old will switch from Infanrix IPV to Repevax later in 2016. It is anticipated that ordering for Repevax will open on ImmForm alongside Infanrix IPV around October 2016, with ordering for Infanrix IPV closing several weeks after this. Whilst stocks of Infanrix IPV remain available these should be used first. Both Repevax and Infanrix-IPV are suitable for the pre-school booster vaccination, regardless of the vaccine used for primary vaccination.



As a reminder, Repevax is supplied as a pre-filled syringe without needles and manufactured by Sanofi Pasteur MSD.

Repevax is **not for use in the maternal pertussis programme**, for which Boostrix IPV continues to be available.



## Shingles programme from 1 September 2016

From 1 September 2016, shingles immunisation should be offered to individuals aged 70 for the routine programme, and aged 78 for the catch-up programme. Eligibility is determined by the patient's age on 1 September 2016. GPs should also continue to offer immunisation to all those who became eligible from 1 September 2013 (i.e. those aged 71 to 73, and 79 on 1 September 2016), if they have not already been immunised, until their 80th birthday.

By the end of March 2016 just under half of eligible 70 and 78 year olds had been vaccinated against shingles for the current year of the programme. GPs are urged to use every opportunity to offer shingles vaccination to eligible patients to help to protect as many elderly people as possible from this painful and debilitating condition. This applies both in the remainder of this shingles year (i.e. up to 31 August), and next year (i.e. from 1 September).

The annual shingles immunisation letter introducing the fourth year of the programme has been published, see [weblink 5](#). The shingles guidance and vaccination programme online page is available at [weblink 12](#). The Shingles vaccination calculator for adults aged 70, 78 or 79 years of age has now been updated. Please follow [weblink 13](#). The main shingles leaflet has been updated and is available to download now. Stocks will be available to order shortly at [weblink 14](#).

## Resources

### MenACWY resources update

The following updated resources for the MenACWY programme are now available and free to order from the Publications Orderline (see [weblink 6](#)):



### Resources for school/college age adolescents

DL leaflet – [weblink 7](#). Publications Orderline product code: **2904173**

Poster – [weblink 8](#). Publications Orderline product code: **2904172**


### Resources for first time university entrants up to 25 years

DL leaflet – [weblink 9](#). Publications Orderline product code: **2748602**

Poster – [weblink 10](#). Publications Orderline product code: **2748622**

All this year's MenACWY programme resources, including a letter for surgeries to invite eligible patients, are listed under [weblink 11](#).


## Human papillomavirus (HPV) vaccination pilot in England for men who have sex with men (MSM)



**HPV vaccination pilot for men who have sex with men (MSM)**

**Protecting yourself against warts and cancer**

caused by human papillomavirus



**immunisation**  
Helping to protect everyone, at every age

**What is human papillomavirus (HPV) and what diseases can it cause?**

There are over 100 types of HPV that infect the skin and mucous membranes. The majority of HPV infections do not cause any symptoms and infections usually resolve on their own.

HPV infections which persist can lead to cancers e.g. HPV types 16 and 18 cause the majority of HPV associated cancers, notably anal, throat and penile in men and cervical cancer in women.

Other types of HPV such as 6 and 11 cause genital warts.

**How is HPV infection spread?**

HPV is one of the most common sexually transmitted infections in the UK. HPV is spread mainly by skin to skin contact. Genital HPV infections are highly contagious, and usually associated with sexual contact. Nearly all sexually active people get infected with HPV at some point in their lives. The risk increases with the number of sexual partners you and/or your partners have.

**Can HPV infection be prevented?**

Condoms do not guarantee protection from infection. This is because HPV can be transmitted by skin contact with areas not covered by condoms.

The best way to protect yourself from HPV infection is to get vaccinated. The vaccine we offer to MSM attending GUM/HIV clinics is called Gardasil. It protects against the four HPV types 6, 11, 16 and 18 that are responsible for causing cancers and genital warts.

The vaccine is a course of 3 injections over 4-12 months if you are 16 years or older up to and including 45 years old. If you are under 15 you only need two doses (6 months apart).

WHAT DO I NEED?
From 15 to 45 years of age*
<b>1st dose</b>
at least one month after the first dose
<b>3rd dose</b>
at least 3 months after the second dose and ideally within 12 months of the first dose

\*There is a 2-dose schedule for under 15 year olds.

Ideally, vaccine should be given before you become sexually active, but the protection is still good even if you receive the vaccine later. To get the best protection, it is important you receive the full course of vaccination.

**Why should MSM attending GUM/HIV clinics be vaccinated?**

The risk of anal cancer in MSM is higher than in heterosexual men. If you also have HIV, this risk is higher again. In addition, MSM are more likely to get genital warts. MSM attending GUM/HIV clinics are known to have an increased risk of HPV infection and disease.

In the UK, a HPV vaccine programme for girls aged 12-13 has been in place since 2008. Vaccinating the majority of girls in the UK, means that their male partners get some protection too. However boys who grow up to become MSM will get far less of this protection.

HPV vaccination is a very effective way to reduce your risk of genital warts immediately and your risk of developing HPV-associated cancer in the future.

**Is the vaccine safe?**

Gardasil is a very safe vaccine. The vaccine meets the rigorous safety standards required for it to be used in the UK and other European countries. It has been used in England since autumn 2012 and more than three quarters of a million schoolgirls have received at least one dose of the vaccine. It has been given safely to millions more in Europe, the Americas and Australasia. HPV vaccine safety is taken seriously by the Medicines and Healthcare products Regulatory Agency (MHRA), and its safety is kept under continual review.

**Does it have any side effects?**

The most common side effects are soreness, swelling and redness at the site of the injection, similar to other common vaccines. More serious side effects are rare.

**I'd like to have the vaccine. What do I do now?**

Please ask your clinic nurse or doctor for more details.

Initially the vaccine will be piloted in selected genito-urinary medicine (GUM) and HIV clinics in England.

This pilot will help to determine whether it is possible to establish an appropriate and effective way to deliver the vaccination programme across the country at a later date.

For more information on the vaccine and its safety, visit:  
[www.nhs.uk/conditions/hpv-vaccination](http://www.nhs.uk/conditions/hpv-vaccination)  
[www.nhs.uk/Livewell/518/Pages/cancers-and-cancer.aspx](http://www.nhs.uk/Livewell/518/Pages/cancers-and-cancer.aspx)

In November 2015, the Joint Committee on Vaccination and Immunisation (JCVI) published advice that a three dose HPV vaccination programme should be introduced for MSM aged up to 45 years who attend genitourinary medicine (GUM) and HIV clinics, subject to procurement of the vaccine and delivery of the programme at a cost-effective price.

A PHE-led pilot is taking place in selected GUM and HIV clinics in England to:

- identify and resolve a range of practical and implementation issues such as demand, vaccine supply & usage, data flows & monitoring, capacity and cost; and
- determine whether an effective targeted HPV/MSM programme in GUM and HIV clinics can be delivered at a cost-effective price.

Clinic participation in the pilot is by invitation based on geographic spread and the number of MSM attending each clinic. The aim is to include some areas with the highest MSM populations as well as areas with smaller MSM populations in order to evaluate the ability to implement an equitable programme. This large scale pilot should eventually reach up to 40,000 MSM, representing over 35% of those who attend GUM and HIV clinics annually.

The pilot began rolling out in June and is underway in a small number of GUM clinics. PHE is currently in the process of finalising further clinics who will join the pilot as soon as they are ready. This is a targeted pilot programme that will aim to offer vaccination to MSM who are already attending for an appointment at a participating GUM & HIV clinic. Information is available at participating pilot clinics for MSM being offered the vaccine.

The leaflet and other materials to support the pilot are used solely in participating clinics. If you have any comments or questions about the pilot you can contact the PHE Immunisation team at: [immunisation@phe.gov.uk](mailto:immunisation@phe.gov.uk)

## New – Weekly Flu Vaccine Uptake Summary Report

General practice name		Week 36 (w/e Sunday 11 Sep 2016)				
		Switch to full view				
	Eligible Population	Remaining patients to vaccinate	Vaccinations to meet National Ambition	Variance to uptake this time last year	Ranking within CCG based on Uptake%	Uptake% v's CCG Average Uptake%
<b>At-Risk - Age Groups</b>						
65 and over	1001	446	295	45.5%	1/2	
16 years to under 65 years	1400	480	0	64.3%	1/2	
5 years to under 16 years	120	8	0	58.3%	1/2	
2 years to under 5 years	110	9	0	54.5%	1/2	
6mths to 2 years	101	11	5	49.5%	2/2	
<b>Children</b>						
Aged 2 (Born: 01/09/2013 - 31/08/2014)	210	19	0	52.4%	1/2	
Aged 3 (Born: 01/09/2012 - 31/08/2013)	250	15	0	60.0%	1/2	
Aged 4 (Born: 01/09/2011 - 31/08/2012)	290	11	0	65.5%	1/2	
<b>Pregnant Women </b>						
At-Risk	240	190	92	16.7%	1/2	
Not At-Risk	1100	530	105	45.5%	1/2	
<b>Carers </b>	10	10*	7	-50.8%	2/2	
<b>&lt;65 At-Risk - By Condition</b>						
Chronic Heart Disease	14	4*	0	71.4%	1/2	
Chronic Respiratory Disease	30	4*	0	86.7%	1/2	
Chronic Kidney Disease	46	4*	0	91.3%	1/2	
Chronic Liver Disease	62	4*	0	93.5%	1/2	
Diabetes	78	4*	0	94.9%	1/2	
Immunosuppression	94	4*	0	95.7%	1/2	
Chronic Neurological Disease	110	4*	0	96.4%	1/2	
Asplenia or dysfunction of the spleen	126	4*	0	96.8%	1/2	
<b>Notes</b> * does not reflect declined vaccination as this data is not available.						

From October, this new weekly report will be available to GP practices, CCG Leads and SILs via ImmForm. It will highlight how the flu vaccination programme is progressing and will draw attention to areas of low uptake as well as providing relevant key data for each cohort.

It has been developed in close consultation with a user group comprising GP practice managers, CCG leads and SILs.

CCG leads not already registered on ImmForm should email [helpdesk@immform.org.uk](mailto:helpdesk@immform.org.uk) to get registered in time for the flu season.

Further information will be made available in September.

Please contact the PHE mail box [influenza@phe.gov.uk](mailto:influenza@phe.gov.uk) for clinical/programmatic queries.

## Save the day!



Following on from the success of the NIN symposium of 2016 we are delighted to announce next years dates. We are working hard on developing an exciting new agenda for our two day symposium and will release more information about our guest speakers nearer the day. The first day will focus on scientific issues and the second on programme implementation.

Please put these dates into your diary as we are very keen to welcome as many delegates from the NIN network and further afield. In addition we will be running the poster presentation event that we began last year and look forward to receiving any poster submissions later in the year.

It will be a great opportunity to be informed by up-to -date information and network with colleagues.

## Web links

- web link 1 <https://www.gov.uk/government/publications/vaccine-update-issue-247-june-2016-special-edition>
- web link 2 <https://www.gov.uk/government/publications/intervax-bcg-vaccine-training-slideset-for-healthcare-professionals>
- web link 3 <https://www.gov.uk/government/publications/bcg-vaccine-expiry-extension-for-ssi-bcg-vaccine-batch-114022a>
- web link 4 <https://www.gov.uk/government/publications/tetanus-the-green-book-chapter-30>
- web link 5 <https://www.gov.uk/government/publications/shingles-immunisation-programme-letter-from-september-2016>
- web link 6 [https://www.orderline.dh.gov.uk/ecom\\_dh/public/home.jsf](https://www.orderline.dh.gov.uk/ecom_dh/public/home.jsf)
- web link 7 <https://www.gov.uk/government/publications/meningitis-and-septicaemia-leaflet-for-students-in-years-9-to-13>
- web link 8 <https://www.gov.uk/government/publications/meningitis-and-septicaemia-information-for-students>
- web link 9 <https://www.gov.uk/government/publications/meningitis-and-septicaemia-leaflet-for-new-university-entrants>
- web link 10 <https://www.gov.uk/government/publications/meningitis-and-septicaemia-poster-for-new-university-entrants>
- web link 11 <https://www.gov.uk/government/collections/meningococcal-acwy-menacwy-vaccination-programme>
- web link 12 <https://www.gov.uk/government/collections/shingles-vaccination-programme>
- 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/shingles-vaccination-for-adults-aged-70-or-79-years-of-age-a5-leaflet>