



Encouraging first estimates of vaccine coverage for the new MenB vaccine

The Meningitis B (MenB) immunisation for infants was introduced on 1 September 2015. The vaccine is offered alongside other routine immunisations at two and four months of age, with a booster dose at 12-13 months, thus eligible infants were born on or after 1st July 2015. A limited one-off catch-up programme was also offered, targeting infants born in May and June 2015.

Preliminary vaccine coverage for children born in July 2015 was 94.0% for one dose and 84.8% for two doses when measured at six months of age. It is anticipated that coverage for both doses of vaccine will increase when evaluated again when they are 12 months of age. These initial coverage figures are encouraging and in line with expectations.

The introduction of MenB immunisation has been supported by a comprehensive media and communications campaign in partnership with health partners and meningitis charities, that has led to significant reporting in national, local and parenting media and social media. New patient information leaflets and posters have also supported the campaign, and comprehensive guidance has been added to the NHS Choices website. Existing children's immunisation information booklets and leaflets have been amended to reflect the new schedule. A training factsheet and video for health professionals has also been produced.

The full coverage report can be found at [weblink 1](#) and further immunisation information can be found in the "Immunisation against infectious disease" book (the green book – see [weblink 2](#)), chapter 22.

The PHE National Immunisation Network Meeting – London

Have you booked your place?

There is still time to book a place at the second PHE *National Immunisation Network Meeting* on Tuesday 26 and Wednesday 27 April 2016 in London.

We would like to invite you to attend this two day meeting which combines the well-established annual "Scientific issues in immunisation" meeting with a second day which focuses on the implementation issues relating to our national immunisation programme. This year's *National Immunisation Network Meeting* is being held in European Immunization Week which is being celebrated between 25-30 April 2016 in conjunction with other World Health Organization (WHO) regional initiatives and World Immunization Week. As well as presentations from world class epidemiologists and experts in immunisation from the UK and Spain, we look forward to welcoming the Immunization Programme Manager for the WHO European Regional Office and hearing his perspective on effective communication for vaccine acceptance.

We hope that by providing the science and rationale behind immunisation policy and decision-making, and by sharing experience and the latest and up-coming developments, delegates will feel better equipped in their roles in this important public health work. This is a great opportunity to hear up-to-date information and network with colleagues from across the immunisation community.

The first day is open to all with an interest in the science behind the immunisation programme. The second day has been designed to be of use to those with a role in running the immunisation service at local/area team level.

All members of the Screening and Immunisation and Health Protection teams with an interest and/or role in immunisation are encouraged to attend. We are hoping that at least one member of every SIT and HPT will be able to attend. We anticipate that spaces will be taken up quickly and urge you to book a place as soon as possible as places are limited. Fees apply.

Registration and coffee will be from 08:45 to 09:20 and the meeting will run **from 09:25 to 16:00**. The meeting will take place at the **Grand Connaught Rooms, 61-63 Great Queen Street, London WC2B 5DA**.

To see full details about the programme and to book your place, please visit the meeting website at [weblink 3](#).

Poster presentation!

As our agenda is very full we would like to extend the poster presentation area of our conference to ensure that every team has an opportunity to take part and share their experience. We would like to invite anyone who has not already done so to submit an abstract for a poster as soon as possible. The deadline for submission is the 8 March 2016 and candidates will be notified by 22 March. This is an opportunity to really inform delegates about your successes, strategies and findings.

Send your abstract to the events team Cherstyn.hurley@phe.gov.uk

High coverage of rotavirus vaccine in England continues

The latest rotavirus vaccine coverage estimates show a continuation of the high coverage trends observed since February 2014. Average vaccine coverage in England at six months of age is 93.8% for one dose and 88.9% for two doses, for the period August 2015 to January 2016 (see figure 1). In January, 50.4% of GPs achieved at least 95% coverage for completed courses of rotavirus vaccine. The success of the programme in reducing cases of rotavirus is indicated by the considerable decline in the number of laboratory reports of cases since the introduction of the vaccine (see [weblink 4](#)).

The full coverage report can be found at [weblink 5](#) and further immunisation information can be found in the “Immunisation against infectious disease” book (the green book – see [weblink 6](#)), chapter 27b.

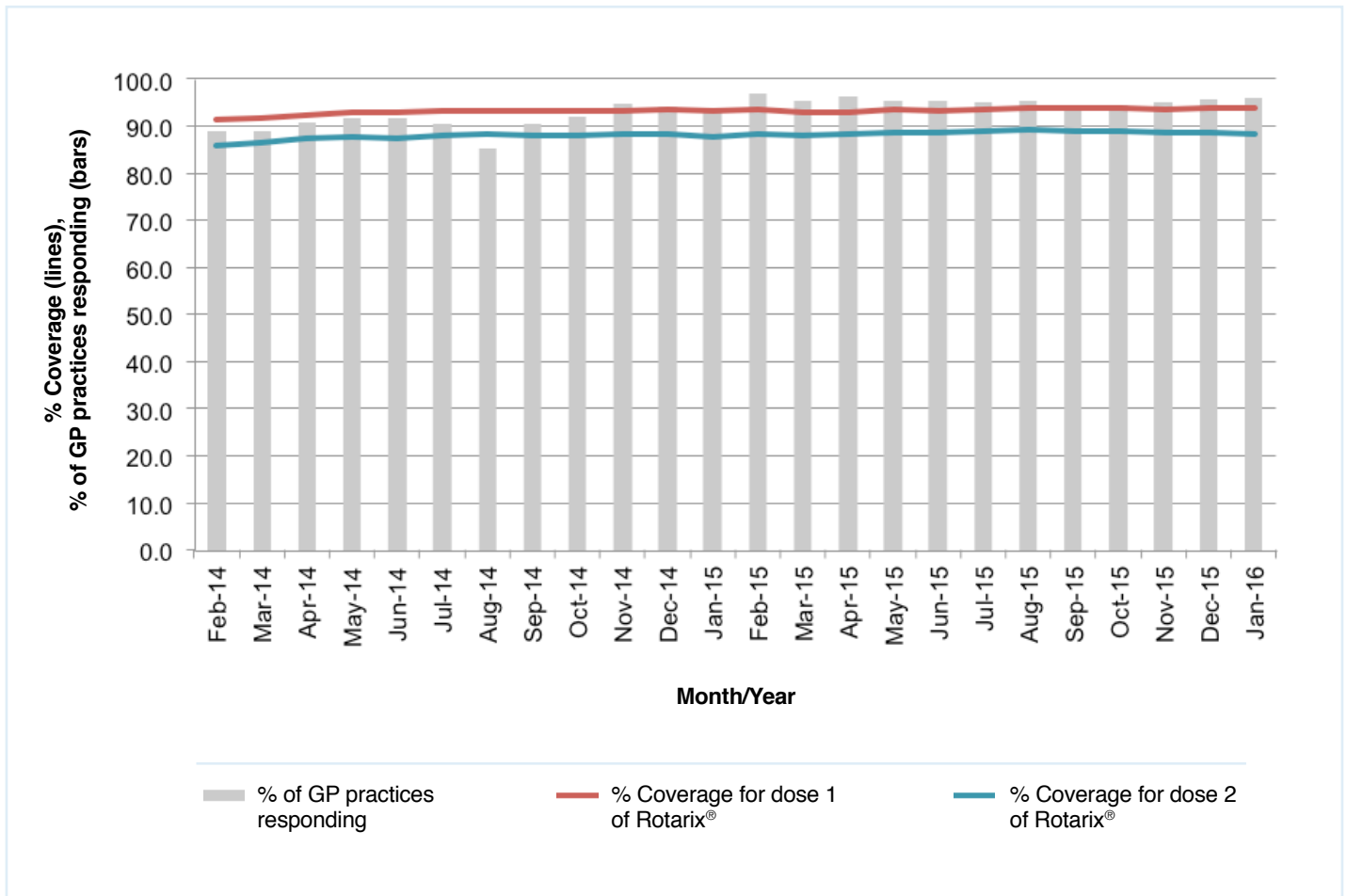


Figure 1. **Monthly rotavirus coverage at 25 weeks of age for one dose and two doses, and the percentage of GP practices reporting: England, February 2014 to January 2016**

High end of year coverage for the prenatal pertussis vaccine for the third year running

The latest figures show that pertussis vaccine coverage in pregnant women increased from 59.3% in October 2015 to 61.4% in December 2015, peaking at 61.6% in November 2015 (see figure 2). The increase in coverage in the final quarter coincides with the delivery of the seasonal influenza vaccination programme which also targets pregnant women. During the flu campaign GP practices actively call and recall eligible patients, which should include pregnant women, and this may be having a positive knock-on effect on pregnant women being offered pertussis vaccine at the same time.

Compared to the previous two years, it was encouraging to see that the dip in coverage during the Spring and Summer months was less distinct in 2015, suggesting that the vaccination of pregnant women with pertussis vaccine is being delivered more consistently throughout the year in England (see figure 2).

If coverage, and ultimately the impact of the programme itself, is to be accurately monitored, it is essential that GPs and practice nurses ensure that vaccination and date of delivery are recorded in the patient's GP record. GPs and midwives should continue to encourage pregnant women to book an appointment to receive the pertussis vaccine, ideally between weeks 28 and 32 of their pregnancy (but up to week 38), to further reduce the incidence of pertussis disease in young infants.

The full coverage report can be found at [weblink 7](#) and further pertussis immunisation information can be found in the "Immunisation against infectious disease" book (the green book – see [weblink 8](#)), chapter 24.

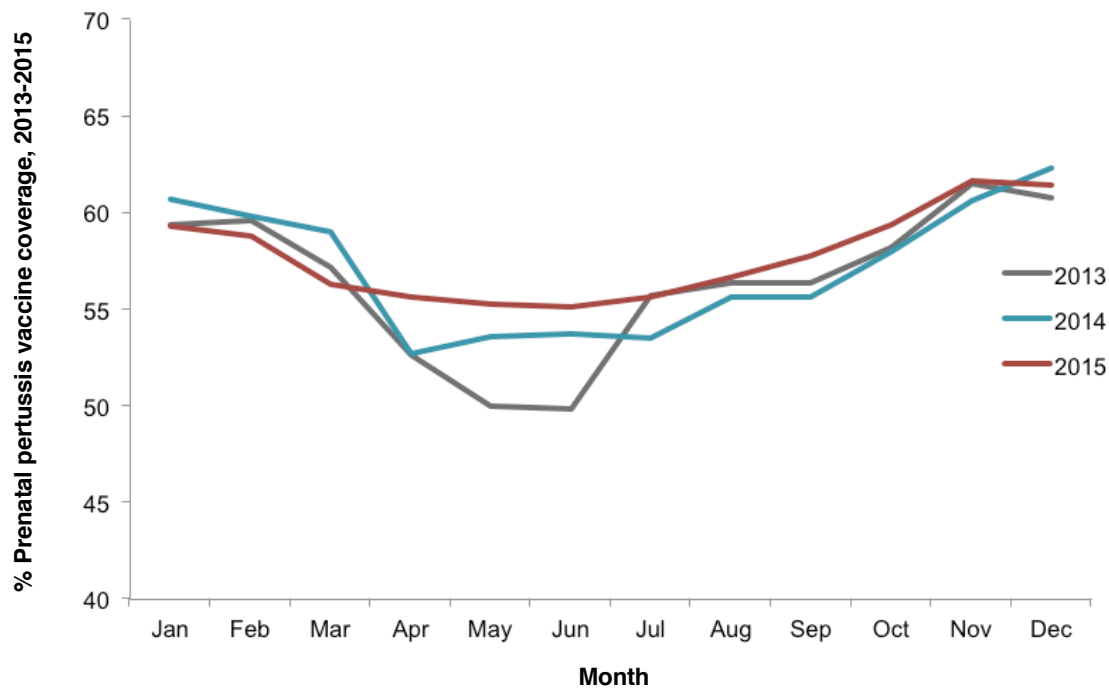


Figure 2. Prenatal pertussis vaccine coverage: England, 2013-2015

Shingles PGD template updated

In January 2016 shingles vaccine (Zostavax[®]) was licensed for administration via the intramuscular (IM) route. The PHE Shingles vaccine (Zostavax[®]) PGD template – see [weblink 9](#) – has therefore been updated to allow administration by either the IM or subcutaneous (SC) route and the Shingles Green Book Chapter 28a (see [weblink 10](#)) is in the process of being revised.

The vaccine's Summary of Product Characteristics, available via [weblink 11](#), reports that the general safety profiles of the SC and IM routes were otherwise comparable, but injection-site adverse reactions were significantly less frequent in the IM group (34%) compared with the SC group (64%).

IM administration into the deltoid region is therefore the preferred route for administration. However, SC administration should continue to be used for individuals with a bleeding disorder to reduce the risk of bleeding.

Vaccine supply

BCG vaccine availability and use of batch 114022A beyond expiry (29/02/2016)

Due to supply delays from the manufacturer, the Serums Staten Institut (SSI), BCG vaccine orders through ImmForm are restricted to 1 pack of BCG vaccine, per account, per fortnight. More detailed information about prioritisation and administration of the vaccine can be found in the Vaccine Update special edition published in September (see [weblink 12](#)).

Please note that the BCG vaccine manufactured by the SSI currently being distributed (batch 114022A) has an expiry of 29 February 2016. As further BCG vaccine supply from SSI is delayed the MHRA has agreed that it is acceptable to use batch 114022A for up to six months past its current expiry date, based on the known stability of the SSI BCG vaccine and on review of additional information provided by the manufacturer.

SSI BCG vaccine from batch 114022A ordered via ImmForm should therefore be retained and can be used past the labelled expiry date, outside of the marketing authorisation, until 31 August 2016. Batch 114022A of SSI BCG vaccine will not be re-labelled and a letter explaining the extension is being sent out with deliveries and should be kept with the BCG vaccine. The letter is available at [weblink 13](#).

Organisations may continue to supply and administer BCG vaccine by existing mechanisms, including via Patient Group Direction, as they deem appropriate. The administration of SSI BCG vaccine batch 114022A between 29 February 2016 and 31 August 2016 will be outside of the marketing authorisation (off-label) but there is no licensed alternative in the UK. MHRA have advised that a medicine which is for use outside its licenced indications can be included in a PGD. This use should be formally noted by the organisation but there is no requirement to amend existing PGDs for administration of the product.

As there is a global shortage of BCG, this batch may represent the only suitable UK supply for some months, and therefore BCG vaccine from Batch 114022A must not be discarded after February 2016.

Batch numbers

PHE have received a number of queries about which batch number and expiry date to record for some combination vaccines, including the MenACWY vaccines. This query has arisen because the components (e.g. the diluent and the vaccine) can each have their own batch numbers and expiry dates. In this situation, the batch number and expiry date on the carton box should be recorded. The expiry date on the carton will be the earlier of the two expiry dates of the vaccine components. The batch number on the carton will be a batch number for the entire product.

As an example for Priorix:

- The diluent has an expiry of 04/2017. Batch number is A69DA059A on the diluent container, with a “D” for “diluent”.
- The vaccine has an expiry of 07/2016. Batch number is A69FA059A on the Priorix lyophilized vial, with an “F” for “Freeze-dried”.
- The shortest expiry is printed on the external carton box: 07/2016. Batch number is A69CA059A, with a “C” for “Combined” (i.e. freeze-dried pellet combined with diluent). This expiry date and batch number on the external carton box is what should be recorded in the patient records and on the child health IT system.

MenACWY vaccine

School Year 11 catch-up – ordering open

In England, MenACWY vaccines are available to order through the ImmForm website for the current school year 11 catch-up programme.

Ordering for the routine adolescent programme (current school year 9 and 10), and the older university entrants (Freshers’ programme) remains open.

Further details on the availability of MenACWY vaccines for each phase of the programme is below.

When to order MenACWY vaccine

When ordering these vaccines it’s important to only order sufficient for your immediate needs. Over-ordering may lead to shortages and potentially deprive others of a supply.

From when is the vaccine expected to be available?	Which school year of pupils is the vaccine for?	Dates of birth of pupils/students who will receive the vaccine (inclusive)	In which academic year will the vaccine start to be given?
Available now for those that missed vaccination	2014/15 school year 13s	1/9/1996 to 31/8/1997	2014/15
Available now for those that missed vaccination	Older university entrants (freshers’ programme)	1/9/1990 to 31/8/1996	2014/15
Available now	Routine adolescent programme (school year 9 or 10)	1/9/2000 to 31/8/2002	2015/16
Available now	Current school year 11 catch-up programme	1/9/1999 to 31/8/2000	2015/16
April 2016	Current school year 13	1/9/1997 to 31/8/1998	2015/16
April 2017	Current school year 12s (who will be school year 13 at the time)	1/9/1998 to 31/8/1999	2016/17

Primary infant vaccine

Ordering for Pediacel is currently 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.

LAIV (FluMist® Quadrivalent) supplied for the Childhood Flu Programme has now expired.

All FluMist Quadrivalent supplied for the 2015/16 season (batches FL2113 & FL2118) expired on 24 February 2016.

To ensure timely supply of vaccine to the UK, changes in the planned supply schedule of FluMist® Quadrivalent were required. Consequently there is a mismatch between the actual expiry date (24 February) and that printed on the packaging and labelling. The two batches of FluMist® Quadrivalent that were supplied in the UK (FL2113 & FL2118) must not be used after the 24 February 2016.

Withdrawal of unused FluMist® Quadrivalent.

In agreement with the MHRA, a pre-planned withdrawal of any unused stock of FluMist® Quadrivalent commenced on the 25 January to help ensure that time-expired vaccine is removed from circulation by 24 February 2016. AstraZeneca's logistics provider Movianto has been contacting providers individually to arrange for any leftover vaccine to be collected. If you still have FluMist® Quadrivalent that needs to be returned, please arrange collection with Movianto as soon as possible.

All Fluenz Tetra® supplied for 2015/16 has also expired. If you are still holding any Fluenz Tetra® then please ensure that it is disposed of in line with local policies. Please record any stock that is disposed of due to expiry through the ImmForm website.

Providing a second dose of flu vaccine after the FluMist® Quadrivalent expiry date/withdrawal

If you need to give a second dose of flu vaccine four weeks after the first dose (for example, for children in clinical risk groups aged two to under nine years who have not received influenza vaccine before) but this date falls after the 24 February 2016 when all FluMist® Quadrivalent expires, then it is safe and effective to give inactivated vaccine as a second dose.

Adult Flu vaccinations for 2015/16.

Due to the recent arrival of cold weather, it is possible that there could be a late surge in demand for flu vaccinations from eligible groups. As General Practices prepare to return any unused stock to their suppliers, please consider whether you are retaining stock for a suitable time period, to enable you to meet any increased demand.

Web links

- web link 1 <https://www.gov.uk/government/publications/meningococcal-b-immunisation-programme-vaccine-coverage-estimates>
- web link 2 <https://www.gov.uk/government/publications/meningococcal-the-green-book-chapter-22>
- web link 3 <https://www.phe-events.org.uk/hpa/frontend/reg/thome.csp?pageID=224740&eventID=578&traceRedir=2&eventID=578>
- web link 4 <https://www.gov.uk/government/publications/horovirus-national-update>
- web link 5 <https://www.gov.uk/government/publications/rotavirus-immunisation-programme-vaccine-coverage-estimates>
- web link 6 <https://www.gov.uk/government/publications/rotavirus-the-green-book-chapter-27b>
- web link 7 <https://www.gov.uk/government/publications/pertussis-immunisation-in-pregnancy-vaccine-coverage-estimates-in-england-october-2013-to-march-2014>
- web link 8 <https://www.gov.uk/government/publications/pertussis-the-green-book-chapter-24>
- web link 9 <https://www.gov.uk/government/publications/shingles-vaccine-zostavax-patient-group-direction-pgd-template>
- web link 10 <https://www.gov.uk/government/publications/shingles-herpes-zoster-the-green-book-chapter-28a>
- web link 11 <http://www.medicines.org.uk/emc/medicine/25927>
- web link 12 <https://www.gov.uk/government/publications/vaccine-update-issue-233-september-2015>
- web link 13 <https://www.gov.uk/government/collections/immunisation>