

# VACCINE UPDATE

Protecting and improving the nation's health

Issue 259, February 2017

#### MenACWY vaccines

Nimenrix is currently the sole MenACWY vaccine available to order for customers in **England, Wales 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.

### InterVax BCG vaccine

InterVax BCG vaccine remains available to order without restriction 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.

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 available at weblink 1.

#### **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. Should additional MMRvaxPro be required due to local requirements please contact the ImmForm helpdesk.

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# **Primary infant vaccine**

Due to delivery delays, ordering for Pediacel remains 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.

# **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 all 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

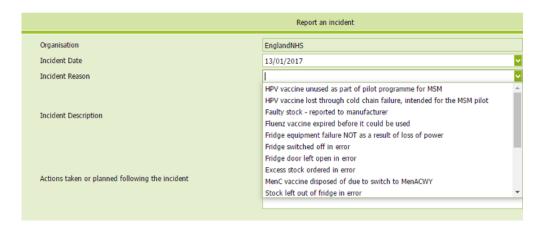
Inactivated influenza vaccine (split virion) BP has a cap of 5 doses per order per week. Fluarix Tetra® has a cap of 30 doses per order per week. These controls continue to be regularly reviewed and any update will be provided through the ImmForm website.

# 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 which 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:





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

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.

# Reporting vaccine adverse events

All vaccines are extensively tested for quality, safety and immunogenicity and/or efficacy before being licensed and used routinely in the UK. As not all side effects may have been identified prior to licensing, particularly if they occur very rarely, careful surveillance is required throughout their use. Important information on vaccine safety is routinely collected through the Yellow Card scheme by the Medicines and Healthcare products Regulatory Agency (MHRA).

MHRA has responsibility for monitoring the safety of all marketed medicines including vaccines. The Yellow Card scheme is a voluntary reporting system for suspected adverse reactions to medicines, which includes vaccines. Suspected vaccine related adverse events should be reported via the Yellow Card scheme. The easiest way of doing this is via the on-line reporting system.

The success of the Yellow Card scheme depends on early, complete and accurate reporting of suspected adverse events. A Yellow Card should be submitted when a causal association is suspected between the medicinal product administered and the condition experienced by the patient. The MHRA encourages reporting of suspected adverse reactions (ADRs) even if there is uncertainty as to whether the vaccine played a casual role:

- All suspected ADRs occurring in children should be reported
- Newly licensed medicines, including vaccines are subject to enhanced surveillance and are given 'black triangle' status (▼). For such products, all serious and non-serious suspected adverse events should be reported, for both adults and children
- Are serious reactions e.g. life-threatening, medically significant, resulted in hospitalisation

Further information on the reporting of vaccine adverse events can be found at weblink 2. Find out more about the MHRA Yellow Card scheme at weblink 3.

### **New publications**

We have been working hard to produce a new set of resources in response to an outbreak of Hepatitis B, promoting vaccination in at risk adults.

There are two designs of a poster, flyer and postcard available to download from weblink 4.

#### Hep B risky business poster





#### Hep B risky business flyer





#### Hep B risky business postcard





All are available to order from the DH health and social care orderline. Remember this is a free of charge service which delivers the publications to your healthcare setting. Register online by using weblink 5. If you need a large order please telephone: 0300 123 1002.

# **Green Book updates**

The Green Book has the latest information on vaccines and vaccination procedures, for vaccine preventable infectious diseases in the UK. If you have not read it for a while, take some time to read through any revised chapters.

#### **Anthrax: Chapter 13**

This chapter (weblink 6) has been revised to provide updated advice on the need for and timing of booster doses for anthrax vaccine. For those occupations at potential risk of exposure, the risk is now defined as either 'continuous low-level' or 'intermittent high-level', with advice on vaccination provided for each group.

# Pre-natal pertussis vaccine coverage continues to rise

Pertussis vaccine coverage in pregnant women averaged 75% across October and December 2016 (November data not available), 14.2% higher than the same period in 2015 (Figure 1). This continues the upward trend that started in the summer of 2016. Higher coverage in October to December may relate to pregnant women receiving pertussis vaccination alongside seasonal influenza vaccine. 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), may have also contributed to the increase.

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 and the improved coverage reported here suggests the delivery of this programme is becoming better embedded. Screening and Immunisation Teams should continue to update service providers on the current epidemiology of the disease, the recent changes to and impact of the vaccination programme and the need to maintain and improve coverage achieved thus far. If coverage, and ultimately the impact of the programme itself, is to be accurately monitored, it is essential that GPs and practice nurses continue to ensure that vaccination and date of delivery are recorded in the patient's GP record. 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. Maternity units not offering pertussis vaccines to pregnant women should continue to discuss its importance, making use of available resources (see weblink 7) and sign-post the woman to her GP to receive the vaccine.

The full coverage report can be found at weblink 8.and further pertussis immunisation information can be found in the "Immunisation against infectious disease" book (the green book), chapter 24 at weblink 9.

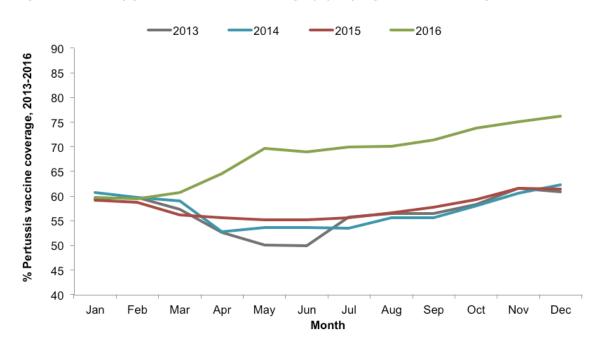
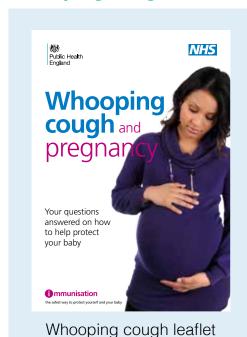


Figure 1: Monthly pertussis vaccine coverage (%) in pregnant women: England, 2013-2016

# Whooping cough leaflet and poster



Product code: 3235344

The leaflet provides in-depth information on:

- why the vaccine is needed
- how maternal pertussis vaccination helps to protect babies from whooping cough
- when expectant mothers can have the vaccine
- vaccine safety and efficacy.

The poster has been designed to promote the need for maternal pertussis vaccination which is now recommended from week 20 of each pregnancy. It is suitable for GP surgeries, hospitals, maternity units, nurseries, child care centres and libraries.

The leaflet (product code: 3235344) and poster (product code: 54263393) are available to order free of charge from the DH health and social care order line. See weblink 10.

# Web links

web link 1	https://www.gov.uk/government/collections/vaccine-update
web link 2	https://www.gov.uk/government/publications/surveillance-and-monitoring-for-vaccine-safety-the-green-book-chapter-9
web link 3	https://yellowcard.mhra.gov.uk/
web link 4	https://www.gov.uk/government/publications/hepatitis-b-promoting-vaccination-in-at-risk-adults
web link 5	https://www.orderline.dh.gov.uk/ecom_dh/public/home.jsf
web link 6	https://www.gov.uk/government/publications/anthrax-the-green-book-chapter-13
web link 7	https://www.gov.uk/government/publications/pregnancy-how-to-help-protect-you-and-your-baby
web link 8	https://www.gov.uk/government/publications/pertussis-immunisation-in-pregnancy-vaccine-coverage-estimates-in-england-october-2013-to-march-2014
web link 9	https://www.gov.uk/government/publications/pertussis-the-green-book-chapter-24
web link 10	https://www.gov.uk/government/publications/resources-to-support-whooping-cough-vaccination

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