



REMINDER – Since 1 July it is not necessary to give meningococcal C (MenC) vaccination at 12 weeks

Due to the success of the MenC programme, the infant dose of MenC that is given at 12 weeks of age **should no longer be given**. This change came into effect on 1 July 2016. All children will continue to be offered a combined Hib/MenC vaccine when they reach one year of age.

See the Vaccine Update June edition issue 248 (see [weblink 1](#)) for more information and materials associated with this change.

Shingles programme from 1 September 2016

The annual shingles immunisation letter (see [weblink 2](#)) introducing the fourth year of the programme has been published on GOV.UK.

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.

REMINDER – MenACWY immunisation of school year 13s in general practice

Year 13 school leavers in the 2015/16 and 2014/15 school years:

Since April 2016, current school year 13 students (DOB 01/09/1997 – 31/08/1998) are eligible to receive the MenACWY vaccination (see [weblink 3](#)). Practices should operate an active call and re-call service under the NHS England Enhanced Service (ES) Specification (see [weblink 4](#)). Vaccination should preferably occur before the start of the 2016/17 academic year.

Under the same ES, practices should offer to vaccinate last year's year 13s (DOB 01/09/1996 – 31/08/1997) on an opportunistic basis who have not yet been vaccinated (see [weblink 4](#)).

First time university entrants up to 25 years

From July 2016, older university freshers up to 25 years (01/09/1991 – 31/08/1997) who are due to start at university this September and who have not already received MenACWY vaccination, should be offered MenACWY vaccination opportunistically when they present at the surgery.

Further information and the timelines for the implementation of the full MenACWY programme can be found in the letter announcing the programme at [weblink 3](#).

Further details on the eligibility for GP based programmes for meningococcal vaccines for 2016/17 can be found in the April edition of Vaccine Update at [weblink 5](#).

Further details on the MenACWY vaccination programme can be found at [weblink 6](#).

Scheduling – the right time for vaccination

The national routine immunisation schedule (see [weblink 15](#)) specifies that four vaccines are due at one year of age: Hib/MenC, PCV13, MMR1 and MenB. If these vaccines are administered prior to the first birthday, their efficacy may be decreased and they will not be counted towards the vaccine coverage estimates. Children should therefore not be called for these vaccines prior to their first birthday – this includes calling at weeks 48 through to 52.

Similarly, although the majority of Child Health Information Systems (CHISs) and GPs running a call recall system to schedule the DTaP/IPV pre-school booster (PSB) now offer appointments from the recommended 3 years and 4 months, some children are routinely receiving the vaccine earlier.

It is recommended that all call recall systems standardise on scheduling the PSB from 3 years and 4 months.

Pertussis is on the increase

The number of confirmed pertussis cases reported in England in 2015 was the highest since the peak in 2012. Cases have continued to increase in the first five months of 2016¹. This increase has been seen across all age groups including infants under 3 months of age who are most vulnerable to severe disease.

There have been two deaths in infants with pertussis confirmed in the first five months of this year. Sixteen deaths have now been reported in young babies with confirmed pertussis who were born after the introduction of the pregnancy programme. Only two of these infants had a mother who had been vaccinated during pregnancy but in both cases this was too close to delivery (<10 days) to confer optimal passive protection in the infant. All of the sixteen babies were too young to be fully protected by vaccination themselves and only one had received their first dose of pertussis-containing vaccine.

It is important to be aware that the recent increases in pertussis activity come on top of persistent raised levels of disease in older age groups since the 2012 peak. It is therefore important that pregnant women continue to be encouraged to be immunised against pertussis.

The pertussis vaccination in pregnancy programme was introduced in October 2012 in response to a national outbreak and a significant increase in infant cases and deaths. Pertussis immunisation in pregnancy is a safe and highly effective way for women to protect their babies from the time they are born^{2,3,4} and the programme is in place until at least 2019⁵.

From 1 April 2016 the recommended gestational age for vaccination was revised to between 16–32 weeks (previously recommended from 28–32 weeks) to offer more opportunities for women to be vaccinated⁶. For operational reasons, pertussis vaccination should be offered from around 20 weeks on, or after the foetal anomaly scan.

Pertussis guidelines have been updated and were published on the PHE website last week⁷.

References / Sources of information

1. Public Health England. Laboratory confirmed pertussis in England: data to end-May 2016. HPR Volume 10 Number 23 Published on 15 July 2014 – see [weblink 21](#).
2. Amirthalingam G, Andrews N, Campbell H et al (2014). Effectiveness of maternal pertussis vaccination in England: an observational study *Lancet*.
3. Donegan K, King B, Bryan P (2014). Safety of pertussis vaccination in pregnant women in the UK: observational study. *British Medical Journal*.
4. Dabrera G, Amirthalingam G, Andrews N et al (2014). A case-control study to estimate the effectiveness of maternal pertussis vaccination in protecting newborn infants in England and Wales, 2012–2013 *Clinical Infectious Diseases* (online, 19 October).
5. Joint Committee on Vaccination and Immunisation. (2014). Joint committee on vaccination and immunisation: minute of meeting held June 2014. JCVI PHE. Retrieved from [weblink 22](#).
6. Joint Committee on Vaccination and Immunisation. (2016). Joint committee on vaccination and immunisation: minute of the meeting held February 2016. JCVI PHE. Retrieved from [weblink 23](#).
7. PHE Pertussis Guidelines Group (July 2016). Guidelines for the Public Health Management of Pertussis in England – see [weblink 24](#).

Shingles and Pneumococcal Polysaccharide Vaccine (PPV) vaccine coverage reports published

The latest shingles vaccine coverage report (see [weblink 7](#)) describes the first nine months (September 2015 to May 2016) of the third year of the shingles vaccination programme in England. Provisional cumulative vaccine coverage estimates show 51.0% coverage for the routine 70 year old and 51.1% for the 78 year old catch-up cohort, a slight decline compared to the same time point in 2015. It is important that GPs continue to offer the shingles vaccine to eligible patients in order to prevent the significant burden of disease associated with shingles among older adults in England, and ensure those who are approaching their 80th birthday do not miss out on the opportunity to get vaccinated.

Coverage of PPV (see [weblink 8](#)) in adults aged 65 years and over, vaccinated any time up to and including 31 March 2016, was 70.1%, compared with 69.8% in 2015. The proportion of adults aged 65 years who were vaccinated in the last 12 months was 16.6%, compared with 16.1% in 2015. For the first year, data by individual year group were collected for those aged 66 to 69 years and indicated that many of those eligible for PPV vaccination do not receive the vaccine in the first year that they become eligible but in the subsequent years, with additional uptake gradually decreasing with age. Increasing vaccine coverage in the older age groups demonstrates that vaccination continues to be offered opportunistically in primary care to those aged over 65 years.

In support of the shingles vaccine programme, the training slide set has recently been updated and is available at [weblink 9](#).

More information on who is eligible for the vaccine is available at [weblink 10](#).

Your view counts! Tell us about your experience of managing and delivering the immunisation programme

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The Health Protection Research Unit in Immunisation, which includes researchers from the London School of Hygiene & Tropical Medicine and Public Health England, is conducting a questionnaire survey to find out how the immunisation programme is being managed in the new health system (post April 2013 reorganisation).

They are keen to learn about how health related organisations across England are working together to deliver Section 7a immunisation programmes, and to find out what is being done to monitor and improve the performance of immunisation services.

Who can take part?

The survey is targeted at anyone who plays a role in delivering and managing the immunisation programme. Whatever your role – whether as someone who gives immunisations, commissions programmes or advises on the planning and assurance of immunisation services, please do take this opportunity to share your views and experiences.

This is your chance to have your say about what is working well in your area, and also to identify issues where you feel more input may be needed. Your contribution will help inform future strategic and programmatic decision-making about the management of the immunisation programme.

••• Please hurry the survey closes 26 August! •••

How do I take part?

You can either click on the below link or copy it to your preferred internet browser. This should take you straight to the survey interface where you will be given more information about the survey. Completing the survey is completely voluntary and you will be asked to opt in on this page.

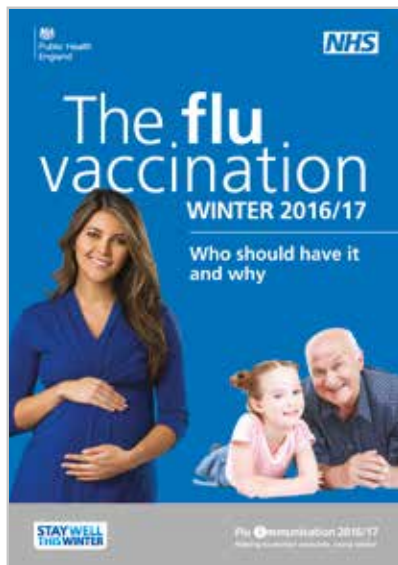
If you have any problems with accessing the survey or any questions about the purpose of the survey, you can contact Tracey Chantler or Sandra Mounier-Jack from the London School of Hygiene & Tropical Medicine, on the following email: IMMS_Survey@lshtm.ac.uk

**Thank you for considering this invitation to make a difference to the way
the immunisation programme is managed and delivered.**

Link to access the survey:

https://lshtm.qualtrics.com/SE/?SID=SV_eya3X9DbfTX0OmV

Resources



National flu immunisation programme

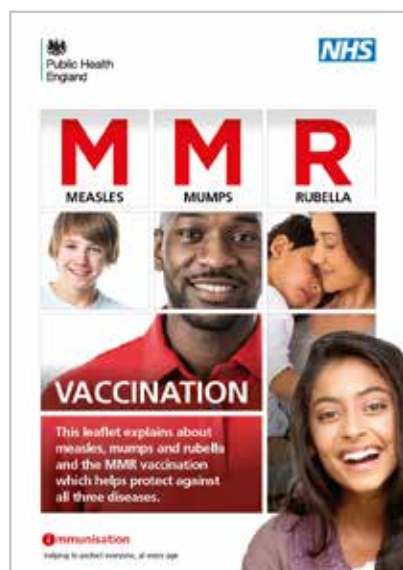
The general flu leaflet “Flu vaccination: Who should have it and why?” has been updated for the 2016/17 flu season. This can be downloaded from the website and copies ordered for free. See [weblink 19](#).

Letter templates for GP practices to use to invite patients who are eligible for flu vaccination are also available to download and adapt locally. There are two templates:

- For those who are eligible because of their age, medical condition, or because they are the main carer of someone who is elderly or disabled.
- To invite parents of children aged 2, 3, and 4 years old for flu vaccination.

In addition the training slide sets for the adult and childhood 2016/17 flu programme and the ‘Information for healthcare practitioners’ on the childhood flu programme document (which includes frequently asked questions) have been updated and published on the PHE website at [weblink 11](#).

The interactive flu immunisation elearning programme, written by PHE, and produced by Health Education England’s eLearning for Healthcare has also been updated. The updated version will be available imminently and is available for anyone involved in delivering the flu immunisation programme to access (see [weblink 20](#)).



New general MMR leaflet

To accompany our new MMR posters and leaflets aimed at young people who may have missed out on their MMR vaccine we have produced a new general MMR leaflet.

The leaflet is suitable for older children and adults, particularly women of child-bearing age, who may not be protected against measles, mumps or rubella.

It is online at [weblink 12](#) and will be available to order free from the DH health and social care order line shortly.

Seasonal flu marketing campaign

This year's seasonal flu marketing campaign will again be part of the wider Stay Well This Winter campaign which runs from 10 October 2016 to 4 March 2017.

Partners are encouraged to support the campaign. A range of branded resources will be made available via the PHE Campaign Resource Centre (see [weblink 13](#)) as they are developed. Please sign up for alerts.

Phases of the campaign:

1. Flu vaccination: 10 October to 30 October 2016
2. First Signs (part 1): 7 November to 11 December 2016
3. Self-care: 12 December to 25 December 2016
4. First Signs (part 2): 26 December 2016 to 4 March 2017

Phase 1 – Flu vaccination

The first phase of this year's Stay Well This Winter campaign will launch on 10 October to encourage uptake of the free flu vaccination among children of 2–4 year old (targeting their parents/ carers), pregnant women and those with long-term health conditions, e.g. COPD, bronchitis, heart disease etc. Another audience will be parents of children in school years 1, 2 and 3, (ages 5–7), who will be made aware of the children's flu vaccination programme and encouraged to give permission for their children to receive the free nasal spray vaccination.

It is expected that the Flu phase of Stay Well This Winter will consist of TV, print, radio, online, digital, direct marketing, social media, PR, partnerships, and roadshow events.

Phases 2 and 4 – First Signs

The second and fourth phases of the Stay Well This Winter campaign will launch on 7 November. These phases will prompt all those aged 65 years and over or people with long-term health conditions and their carers, family and friends to take specific actions to stay well over the winter. Please note that the First Signs message will differ for phase 2 and 4, in the following way:

- 7 Nov – 11 Dec 2016 will deliver through broadcast channels messages: 1) seek advice from a pharmacist at the first signs of illness; and 2) have a flu jab;
- 26 Dec 2016 – 4 Mar 2017 will deliver through broadcast channels only 1 core message: 1) seek advice from a pharmacist at the first signs of illness.

Phase 3 – Self-Care

The third phase of the campaign will begin on 12 December and will run for two weeks prior to the Christmas break. This phase prompts the key target audiences to prepare for winter by stocking-up ahead of the cold weather and holiday period closures with food and other essential supplies and getting their prescriptions filled. It will also advise to seek advice from a pharmacist at the first signs of illness.

It is expected that phases 2–4 of Stay Well This Winter will consist of TV, print, radio, online and, social media.

Please contact partnerships@phe.gov.uk if you have any enquiries about resources.

Vaccine Supply

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.

MenACWY vaccine

Ordering on ImmForm for the MenACWY vaccine Nimenrix is currently restricted to 10 packs per order per week. This is to balance central stocks and the alternative MenACWY vaccine Menveo is available without restriction.

Availability of MenACWY vaccines for each phase of the MenW programme is below.

Vaccine available from:	Which school year of pupils is the vaccine for?	Dates of birth of pupils/ students who will receive the vaccine (inclusive)
Available now (opened 1 April 2016)	Current school year 13 catch-up programme	1/9/1997 to 31/8/1998
Available now (opened 1 Jan 2016)	Current school year 11 catch-up programme	1/9/1999 to 31/8/2000
Available now (opened Sept 2015)	Routine adolescent programme (current school year 9 or 10)	1/9/2000 to 31/8/2002

Available now for those that missed vaccination	2014/15 school year 13s	1/9/1996 to 31/8/1997
Available now for those that missed vaccination	Older university entrants (freshers' programme)	1/9/1990 to 31/8/1996
1 April 2017	Current school year 12s (who will be school year 13 when the vaccine becomes available in academic year)	1/9/1998 to 31/8/1999

Shingles vaccine

The shingles vaccine (Zostavax) remains available for those who are eligible for vaccination in the 2015/16 programme year. Further information on eligibility can be found at [weblink 14](#).

BCG vaccine availability

InterVax BCG vaccine is available to order on ImmForm in line with the advice outlined in the BCG Vaccine Update special edition (see [weblink 16](#)). Please note, where local stocks allow BCG vaccine from the Statens Serum Institute (SSI) should be used in preference to the alternative unlicensed InterVax BCG vaccine.

Please see PHE webpages at [weblink 17](#) for more information on the use of the InterVax BCG vaccine which has a different presentation to SSI BCG vaccine.

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 1st 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

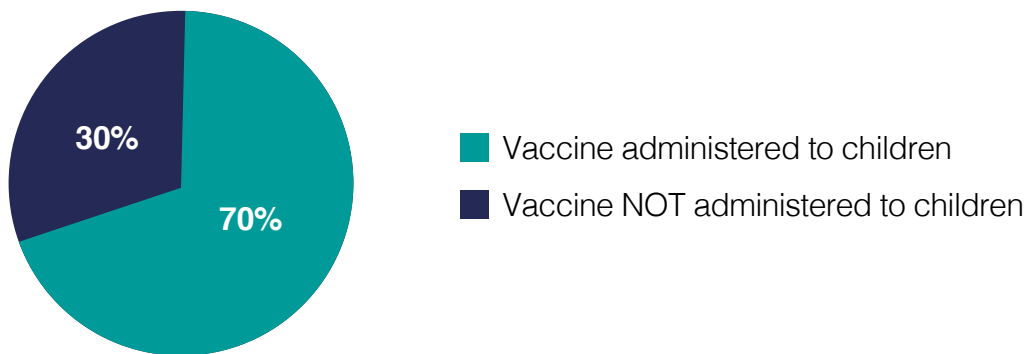
Due to manufacturing delays, PPD10TU (Mantoux) ordering through ImmForm is currently closed. If you require PPD10TU, please contact the ImmForm helpdesk on 0844 376 0040 or helpdesk@immform.org.uk.

Reducing excess LAIV ordering in General Practice

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 this element of the national flu programme.

As reported in issue 248 of Vaccine Update (see [weblink 1](#)), **excess ordering** of Live Attenuated Influenza Vaccine (LAIV) for the children's flu programme is a serious challenge, especially in General Practice. Last year, data indicated that **approximately 30%** of the LAIV ordered through General Practice was not administered to children. Also a significant amount of over-ordering happened at the beginning of the ordering period, and **expired before it could be used**.

Figure 1: Vaccine ordered by General Practice



Please take measures to ensure that ordering of LAIV is better matched with the pattern of delivery of the vaccine to eligible patients, and based on realistic expected uptake rates.

We would ask all those responsible for the ordering of LAIV vaccine to review their past ordering, identify the ways in which ordering can be better informed and act on them. This could help the NHS save a significant amount of money and ensure vaccine is available for those who need it.

Practices that ordered significantly more vaccine than they delivered to children in 2015/16 may be contacted individually, to help raise awareness to this issue.

Better ordering

Your answers to these questions will help you identify possible areas for improvement:

1. How much LAIV was ordered but not used in your practice last year, i.e. how much did you dispose of?

The higher the ratio of unused vaccine, the more need there is for improvement.

2. Did you have to dispose of expired LAIV and re-order more during the course of the season?

If you disposed of expired vaccine during the season and had to re-order, then it is possible that you ordered too much vaccine early in the season.

3. How many eligible children were vaccinated in your practice in previous years?

The total number of eligible children that you vaccinated, plus a small 'buffer', should give an indication of the total number of vaccines that you need to order over the course of the season.

4. How many children did/will you realistically vaccinate in a given week? Was this higher at the start of the season, did it peak during a certain time?

Being pragmatic about the number of vaccines that you are likely to use in a given week will help you devise an ordering plan that matches the rate at which they will be used.

Your ordering plan

Answering the points above will move you towards better informed ordering.

Once you have identified the number of vaccines you think you need to order for the 2016/17 season, you should examine the practice plans to deliver the vaccine, for example:

- Are there planned clinics?
- Are they weekly or more/less frequently?
- For how many weeks are clinics planned?
- How many vaccines do you realistically expect to give at each one?

Answering these questions will help you improve your ordering plan.

Remember that this can be flexed as the season progresses. You will continue to have the opportunity to order more or less each week if the number of vaccinations delivered in a particular week is not as expected.

The example shown below outlines a practice plan to order 440 doses over the season:

Week	No of vaccines ordered	Notes
1	50	
2	50	
3	20	Reduced clinics this week due to staff absence

4	80	School half term – holding extra clinics
5	40	Check fridge stock before ordering, amend if necessary so that we are only holding a maximum of 3 weeks' stock
6	40	
7	40	
8	40	Check fridge stock before ordering, amend if necessary so that we are only holding a maximum of 3 weeks' stock
9	60	Last week of planned clinics
10	0	Christmas – only order if stock are low
11	20	Low demand expected
12	0	Begin to allow stock level to decrease due to end of vaccination season approaching

Why do I need to do this?

PHE orders sufficient LAIV to ensure that all providers can improve on their previous uptake rates. We spread the deliveries of LAIV into the UK over several weeks to reduce risk of substantial supply chain failure and to extend the shelf life of the vaccine throughout the season. This means we cannot support a scenario where general practices order 100+% of their total vaccine requirement in the first few weeks of ordering, which is why in certain circumstances, ordering restrictions are imposed. Restrictions may need to be implemented for general practice for the beginning of the 2016/17 season.

Ordering behaviour and levels of unused vaccine will continue to be monitored across both school delivery teams and general practice.

REMEMBER the General Principles for LAIV ordering

- Remember that LAIV is supplied in a 10-dose pack
- Remember that you can order weekly and receive weekly deliveries
- Be realistic about the amount of vaccine that you 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 about 2–3 weeks stock in your fridge; local stockpiling can 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 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 including 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. Aside from this 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 starting from late September or early October. Further details on the timing of availability of vaccines for each part of the programme (two- to four-year-olds through GPs, and five, six and seven year olds through school-based programmes) will be published as information becomes available through the summer.

Vaccine	Manufacturer	Indicative date for ordering to start
Fluenz Tetra (LAIV)	AstraZeneca UK Ltd	Late September/early October
Inactivated influenza vaccine (split virion) BP	Sanofi Pasteur MSD	Late September
Fluarix Tetra	GSK	Late September

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

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"> All 2, 3 and 4 year olds All children of school years 1, 2 and 3 age All primary school-aged children from previous pilot areas All children from 2 years to less than 18 years old in clinical risk groups
Fluarix Tetra, GSK	Quadrivalent inactivated	From 3 years of age	<ul style="list-style-type: none"> Children in the above cohorts aged from 3 years who are contraindicated for Fluenz Tetra and in a clinical risk group
Inactivated influenza vaccine (split virion) BP, Sanofi Pasteur MSD	Trivalent inactivated	From 6 months of age	<ul style="list-style-type: none"> Children aged 6 months to less than 2 years in a clinical risk group Children aged less than 3 years who are contraindicated for Fluenz Tetra and in a clinical risk group

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)	0800 358 7468
	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	CSL Inactivated Influenza Vaccine	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 (see [weblink 18](#))

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.

Web links

- web link 1 <https://www.gov.uk/government/publications/vaccine-update-issue-248-june-2016>
- web link 2 <https://www.gov.uk/government/publications/shingles-immunisation-programme-letter-from-september-2016>
- web link 3 <https://www.gov.uk/government/publications/menacwy-vaccine-introduction>
- web link 4 <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/04/MenACWY-2016-17.pdf>
- web link 5 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/518687/PHE_9785_VU_243_April_2016_06.pdf
- web link 6 <https://www.gov.uk/government/collections/meningococcal-acwy-menacwy-vaccination-programme>
- web link 7 <https://www.gov.uk/government/collections/vaccine-uptake#shingles-vaccine-uptake>
- web link 8 <https://www.gov.uk/government/collections/vaccine-uptake#ppv-vaccine-uptake>
- web link 9 <https://www.gov.uk/government/publications/shingles-vaccination-training-slideset-for-healthcare-professionals>
- web link 10 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/463490/Shingles_table_GP_poster_04_web.pdf
- web link 11 <https://www.gov.uk/government/collections/annual-flu-programme>
- web link 12 <https://www.gov.uk/government/publications/mmr-for-all-general-leaflet>
- web link 13 <https://campaignresources.phe.gov.uk/resources>
- web link 14 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/463490/Shingles_table_GP_poster_04_web.pdf
- web link 15 <https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule>
- web link 16 <https://www.gov.uk/government/publications/vaccine-update-issue-247-june-2016-special-edition>
- web link 17 <https://www.gov.uk/government/publications/intervax-bcg-vaccine-training-slideset-for-healthcare-professionals>
- web link 18 <https://portal.immform.dh.gov.uk/>
- web link 19 <https://www.gov.uk/government/publications/flu-vaccination-who-should-have-it-this-winter-and-why>
- web link 20 <http://www.e-lfh.org.uk/programmes/flu-immunisation/>
- web link 21 <https://www.gov.uk/government/publications/pertussis-laboratory-confirmed-cases-reported-in-england-2016>
- web link 22 <https://app.box.com/s/iddfb4ppwkmjtjusir2tc>
- web link 23 <https://app.box.com/s/iddfb4ppwkmjtjusir2tc>
- web link 24 <https://www.gov.uk/government/collections/pertussis-guidance-data-and-analysis>