



## National Immunisation conference 2017 – third year and going from strength to strength



**Dr. Mary Ramsay, head of the Immunisation, Hepatitis, Blood Safety and Countermeasures Response department.**

The annual conference (Tuesday 25 and Wednesday 26 April 2017 – The Grand Connaught rooms, London) was completely sold out and we were delighted to welcome a rapt audience of immunisation professionals to an ambitious programme of presentations from the national programmes and from abroad.

Our keynote speaker Professor Peter McIntyre provided insights into the Australian national Immunisation programme and highlighted the importance placed on experience and data from the UK programme. In an increasingly global world with communications via the internet, international attitudes to vaccination offer valuable insights into how we can work together to eliminate vaccine preventable diseases.

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**SAVE THE DATES**

**National Immunisation  
Conference**

**24-25 April 2018**

Further presentations from the Netherlands and Ireland on MMR and HPV provided fascinating information on the delivery in their communities. Robust programmes require continued diligence and it was stressed that the important role every health professional plays and the emphasis on following up every child, utilising every opportunity pays dividends to ensure the highest uptake and prevent further outbreaks.

World class science and an agile workforce makes our programmes the envy of much of the world. Compelling discussions and diverse presentations helped to bring our audience up to date with the scientific information on new and current vaccines underpinning programme implementation; thought provoking reflections on local approaches informed us about best practice in local programme delivery. A look back to programme success was augmented by a careful look at where we can improve. It was clear from our evaluation just how valuable the sessions were to our audience and it was so exciting to talk with delegates from all over the UK and further afield.

Our ambition to have a representation from every health protection team, screening and immunisation team, maternity unit, and school provider is well on its way and we plan to offer more places next year to reach a greater audience. Although we don't have room for every practice nurse you are still welcome and can help us to spread the word to your colleagues.



So a big thank-you to all our speakers, chairs and delegates whose participation made the event a success. Here is a timely reminder to pop next year's dates into your diary and to look out for the announcement of the booking for next year's event later in the year.

Due to election purdah we have been unable to circulate all the presentations to delegates and plan to make them available after 8 June 2017. Have a look at the *Vaccine update* April edition 262 which accompanied the delegate pack at the conference (see [weblink 1](#))

## New regular feature: Meet the team

Our recent conference brought to our attention that it would be very helpful to see the teams based in London (in Colindale and Waterloo) and around England and to explain how their work supports the national programmes. In upcoming editions we will be inviting screening and immunisation teams to contribute so if you are interested please get in touch and email [publications@phe.gov.uk](mailto:publications@phe.gov.uk)

## Meet the rabies team



Did you know that there's a team at Public Health England who can help with all your enquiries relating to post exposure rabies? We provide help, advice and where appropriate treatment for responding to travellers who have been bitten or scratched (by animals who may carry rabies) whilst on holiday.

**The Rabies and Immunoglobulin Service (RIGS)** is a specialist advisory service for healthcare professionals. The team is composed of nurses, doctors and administrators and is based at Public Health England Colindale, North London.

The RIGS undertakes post exposure rabies risk assessments and offers specialist advice relating to patients who have potentially been exposed to a rabies susceptible animal. Following risk assessment RIGS can dispatch post exposure rabies treatment directly to the healthcare professional responsible for managing patient medical care.

RIGS is available **for healthcare professionals only**, and can be contacted by telephone on 020 8327 6204, from Monday to Friday 09.00-17.00, with an on call consultant available for emergencies outside these hours.

Email: [RIGS@phe.gov.uk](mailto:RIGS@phe.gov.uk) – **for NON-urgent enquiries only**. Alternatively you can contact your local Health Protection Team (HPT) for advice (see [weblink 2](#)).

With the May bank holiday around the corner it would be a valuable opportunity to promote pre-travel advice to your patients. For country specific travel advice see NaTHNaC (National Travel Health Network and Centre) at [weblink 3](#).

## Vaccine coverage estimate for the GP based catch-up meningococcal ACWY (MenACWY) immunisation programme for school leavers (becoming 18 before 31 August 2016) in England, cumulative data to the end of March 2017

Cumulative national vaccine coverage for the second cohort offered MenACWY vaccine through the GP based catch-up programme (those born 1 September 1997 to 31 August 1998, now aged 18-19 years) and evaluated from April 2016 to the end of March 2017 was 33.0%, up 3.5% since the end of October 2016 (see report at [weblink 4](#)). Although it is expected that coverage will continue to increase, coverage for these 18-19 year olds is lower than the first catch-up cohort (those born 1 September 1996 to 31 August 1997, now aged 19-20 years) at the same point in time in 2016 (35.2% for the first cohort in March 2016). Continued monitoring of coverage in this first catch-up cohort who were offered MenACWY vaccine through the GP based catch-up programme from August 2015 shows cumulative national vaccine coverage was 38.9% when evaluated at the end of March 2017, an increase of 0.6% compared to the end of October 2016.

From 1 April 2017, individuals aged 18 years on 31 August 2017 will be offered MenACWY vaccine through a GP based catch-up programme (see [weblink 5](#)). Vaccine coverage in this cohort will be monitored alongside the first and second GP based catch-up cohorts who remain eligible for opportunistic vaccination through the freshers meningococcal vaccination programme for 2017/18, targeting patients aged 19 years on 31 August 2017 up to 24 years by 31 March 2018 (see [weblink 6](#)).

National coverage estimates for younger cohorts (school years 9-11) offered vaccine through the school-based MenACWY programmes delivered in the 2015/16 academic year ranged between 72% and 84% of 13 to 16 year olds (school years 9-11) – see [weblink 7](#). Coverage estimates for the school-based routine MenACWY programmes delivered in 2016/17 will be captured in an annual survey during September 2017 and are expected to be published in late 2017.

## Shingles vaccine coverage report, England, September 2016 to February 2017

Provisional cumulative vaccine coverage estimates show 42.0% of the 70 year old routine cohort and 42.4% of the 78 year old catch-up cohort were vaccinated up to the end of February 2017. Compared with February 2016, coverage is 4.0% lower for the routine and 3.6% lower for the catch-up cohort.

Previous cohorts remain eligible for vaccination. It is important that GPs continue to offer the shingles vaccine to eligible patients from the current and previous cohorts in order to prevent the significant burden of disease associated with shingles among older adults in England. See report at [weblink 8](#).



# Vaccine Supply

## Ordering restrictions for Infanrix IPV Hib

In order to balance central stocks, orders for Infanrix IPV Hib are restricted to 3 doses per order, per week in England and Wales. Restrictions are also in place for Scotland and Northern Ireland.

Pediacel is available 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.

## Change of vaccine for routine baby immunisation programme

Please note, following on from the announcement last month that later this year Infanrix hexa will replace both Pediacel and Infanrix IPV+Hib, the image of Infanrix hexa shared in last month's vaccine update showed incorrect needles, the pack and contents will look as follows:



## MMR vaccines

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 10 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.

## Bank Holiday deliveries

Due to the Spring Bank Holiday there will be no deliveries or order processing by Movianto UK on Monday 29 May 2017. Please see the table below for revised order and delivery dates. For customers with a delivery day of Monday, please be aware that after the 22 May, your next available delivery day will be the Monday 5 June.

For customers requiring a scheduled delivery on the 30 or 31 May orders will need to be placed before the Spring Bank Holiday by 11:55AM on Thursday 25 and Friday 26 May respectively.

You are reminded to be prepared for the break in deliveries and to order accordingly. Please make sure you have sufficient room in your fridge for any additional vaccine you wish to stock over this holiday period, bearing in mind the recommendation that only two to four weeks of vaccine stock be held at any one time.

### Spring Bank Holiday orders and deliveries

Delivery date	Order cut-off date	Order cut-off time
Monday 22 May 2017	Thursday 18 May 2017	11:55 AM
Tuesday 23 May 2017	Friday 19 May 2017	11:55 AM
Wednesday 24 May 2017	Monday 22 May 2017	11:55 AM
Thursday 25 May 2017	Tuesday 23 May 2017	11:55 AM
Friday 26 May 2017	Wednesday 24 May 2017	11:55 AM
<b>Monday 29 May 2017</b>	<b>Closed – No deliveries</b>	
Tuesday 30 May 2017	Thursday 25 May 2017	11:55 AM
Wednesday 31 May 2017	Friday 26 May 2017	11:55 AM
Thursday 01 June 2017	Tuesday 30 May 2017	11:55 AM
Friday 02 June 2017	Wednesday 31 May 2017	11:55 AM

## Change to Rotarix presentation

Rotarix supplied by GSK will change from an oral syringe to a tube later this year.

It is likely that this new tube presentation will start being issued by PHE in November and further guidance on the use of the Rotarix tube will be published by PHE prior to this.

Images for the new pack are shown below.



Old pack



New pack

## Non programme vaccine supply

### Hepatitis A

#### Adult

- GSK: Havrix PFS singles are currently available, however, there may be supply constraints between June and July
- GSK: Havrix PFS x 10 packs are unavailable until 2018
- Sanofi Pasteur: limited supplies of Avaxim are available. Contact Sanofi Pasteur for more information
- MSD: VAQTA is unavailable until late June.

#### Paediatric

- GSK: Paediatric doses of Havrix Monodose are available
- MSD: VAQTA Paediatric is unavailable until late August.

### Hepatitis B

#### Adult

- GSK: Engerix B PFS singles are available, packs of 10 are unavailable until 2018
- GSK: Engerix B vials singles and packs of 10 are available
- MSD: HBVAXPRO 10µg is unavailable until late July
- MSD: HBVAXPRO 40µg is in stock but ordering restrictions are in place until mid-July.

#### Paediatric

- GSK: Engerix B Paediatric is available
- MSD: HBVAXPRO 5µg is in stock but ordering restrictions are in place until early July.

### Combined hepatitis A and hepatitis B vaccine

- GSK: Supplies of the adult presentation (Twinrix) and paediatric presentation (Ambirix) remain available.

### Combined Hepatitis A and Typhoid:

- GSK: Hepatyrix is unavailable until 2019
- Sanofi Pasteur: ViATim is currently unavailable. There will be intermittent supply from now until late October. Supply should be more stable from late 2017.

### Typhoid:

- GSK: Typherix is currently available in packs of 10. This stock has an expiry date of August 2017 and will be available to purchase until the end of May
- Sanofi Pasteur: Typhim in packs of 10 are available. There are supply constraints with the single presentation and it is likely there will be order restrictions. Contact Sanofi Pasteur for more information
- PaxVax: Vivotif is available.



## Rabies

- GSK: Rabipur is now available in a new pre-filled syringe presentation. Both pre-filled syringes and vial presentations are available
- Sanofi Pasteur: licensed Rabies Vaccine BP is out of stock.

## PPV

- MSD: Pneumococcal Polysaccharide Vaccine (PPV or Pneumovax 23) is currently available.

## Varicella Zoster vaccine

- GSK: Varilrix is currently unavailable until mid-July. However, this is an estimated date and may be subject to change
- MSD: VARIVAX is currently available.

## Diphtheria, tetanus and poliomyelitis (inactivated) vaccine

- Sanofi Pasteur: there are limited supplies of Revaxis available. Supply should be more stable from July 2017.

If hospitals are having any problems getting Revaxis outside of the national programme through wholesalers, they can place an order (with no restrictions) directly with Sanofi by either calling 0800 854 430 or by emailing their PO to [GB-vaccinecustomerservices@sanofi.com](mailto:GB-vaccinecustomerservices@sanofi.com)

## Publication of PHE reports on the 2016/17 flu season

Surveillance of flu and other respiratory viruses in the UK is undertaken throughout the year by PHE using a variety of data sources, and is published annually. The following official statistics for the 2016/17 flu season were published on 11 May:

- Surveillance of influenza and other respiratory viruses in the United Kingdom: winter season 2016-2017. See [weblink 9](#)
- Seasonal flu vaccine uptake in GP patients in England: winter season 2016-2017. See [weblink 10](#)
- Seasonal flu vaccine uptake in healthcare workers in England: winter season 2016-2017. See [weblink 11](#)
- Seasonal flu uptake in children of primary school age: winter season 2016-2017. See [weblink 12](#).

Last season saw moderate levels of flu in the community, with influenza A(H3N2) the dominant circulating strain this season. Flu vaccine uptake rates were higher for all groups, apart from a slight decrease in the percentage of people aged 65 and over.

## Flu vaccination for children – resources for 2017/18

In 2017/18 children aged four to eight years-old (on 31 August 2017), that is those in reception class and school years 1 – 4, will be offered flu vaccination in schools.

Resources to support the schools programme are now available from [weblink 13](#).

These include:

### Immunising primary school children against flu: information for headteachers and school staff

This briefing for school staff, which includes Q&As, sets out details about the programme in 2017/18. Hard copies can be ordered.

### Flu immunisation consent form

This consent form template can be downloaded and adapted to suit the needs of local healthcare teams. It should be sent to parents of eligible children in schools, along with an information leaflet.

### Flu vaccination invitation letter

This letter template can be downloaded and adapted to suit the needs of local healthcare teams. It should be sent to parents of eligible children in schools, along with the consent form and information leaflet.

**Public Health England** **NHS**

## Immunising flu

primary school children against

**This information is for headteachers and school staff.** It gives details about the nasal flu vaccine being offered to children in the autumn term of 2017. It is not intended for children or parents/guardians as they will receive their own dedicated information at the appropriate time.

**Introduction**

Over the last two years, schools have supported the delivery of flu vaccination for primary school aged children in specified year groups by hosting vaccination sessions for their children. This is part of a programme that is designed to provide both individual protection to children who receive the vaccine and to prevent the spread of flu to their family and community.

Evidence from the children's programme indicates that there has been a positive impact on flu levels, both for the vaccinated children and the wider community. This has meant that there has been less illness in the community with fewer GP consultations, hospital admissions, and emergency department attendances. Flu vaccination of school-aged children also helps to promote a healthy school environment and may reduce absenteeism amongst pupils and staff.

We would like to thank schools for their engagement and their vital contribution to this programme. Last year the national flu vaccine uptake rates in schools were encouraging, with more parents agreeing for their children to be vaccinated than in the first year of the programme.

**STAY WELL THIS WINTER** Flu immunisation in England 2017/18 Helping to protect everyone, every winter.

**Immunising primary school children against flu: information for headteachers and school staff**  
Product code: 2016027

*[Provider letterhead plus NHS logo]*  
**TEMPLATE LETTER FOR SCHOOL-AGED CHILDREN**

[Date]

Dear Parent/Guardian,

**Your child's annual flu vaccination is now due**

This vaccination is recommended to help protect your child against flu. Flu can be an unpleasant illness and sometimes causes serious complications. Vaccinating your child will also help protect more vulnerable friends and family by preventing the spread of flu.

**Please complete the enclosed consent form (one for each child) and return to the school (by what [INSERT DATE or TIME FRAME] to ensure your child receives their vaccination.**

The vaccination is free and is a quick and simple spray up the nose. Even if your child had it last year, it is recommended to have the flu vaccine again this year.

A leaflet explaining the vaccination programme is enclosed and includes details about the small number of children for whom the nasal vaccine is not appropriate.

Since the programme was introduced, most children offered the vaccine in schools have had the remuneration.

If you have any queries please contact the healthcare team on [INSERT NUMBER].

Yours sincerely,

**[Signed by Provider]**

**If your child becomes wheezy or has their asthma medication increased after you return this form, please contact the healthcare team on [phone number].**

If you decide you do not want to vaccinate your child against flu, please return the consent form giving the reason. This will help us plan and improve the service.

**For further information see: [www.nhs.uk/childflu](http://www.nhs.uk/childflu)**

**Flu vaccination invitation letter**

**Flu immunisation consent form** **NHS**

Parent/guardian to complete

**Student details**

Surname		First name	
Date of birth:	Gender: <input type="checkbox"/> Girl <input type="checkbox"/> Boy <input type="checkbox"/>	School and class	
NPE number (if known):		Home telephone:	
Home address:		Parent/guardian mobile:	
Post code:		GP name and address:	

Has your child been diagnosed with asthma? **Yes**  **No**

Has your child already had a flu vaccination since September 2017? **Yes**  **No**

If **Yes**, and your child is currently taking inhaled steroids (i.e. uses a preventer or regular inhaler), please enter the medication name and dose (e.g. Budesonide 100 micrograms, four puffs per day):

Does your child have a disease or treatment that severely affects their immune system? (e.g. treatment for leukaemia) **Yes**  **No**

Is anyone in your family currently having treatment that severely affects their immune system? (e.g. they need to be kept in isolation) **Yes**  **No**

If **Yes**, and your child has taken steroid tablets because of their asthma in the past two weeks, please enter the name, dose and length of course:

Does your child have a severe egg allergy? (needing hospital care) **Yes**  **No**

Is your child receiving salicylate therapy? (e.g. aspirin) **Yes**  **No**

If you answered **Yes** to any of the above, please give details:

**On the day of vaccination, please let the immunisation team know if your child has been wheezy in the past three days.**

**Please let the immunisation team know if your child has to increase his or her asthma medication after you have returned this form.**

**NB:** The nasal flu vaccine contains proteins derived from pigs (porcine gelatine). If the vaccine is refused due to this concern, any children who are eligible for flu due to a medical condition will not be offered an alternative nasal vaccine. (More information: [www.nhs.uk/childflu](http://www.nhs.uk/childflu))

**Consent for immunisation (please tick YES or NO)**

**YES** I consent for my child to receive the flu immunisation.  **NO** I DO NOT consent to my child receiving the flu immunisation.

If **NO** please give reason(s) below:

Signature of parent/guardian (with parental responsibility): \_\_\_\_\_ Date DD/MM/YYYY \_\_\_\_\_

**Flu immunisation consent form**

## Leaflets and posters for children's flu vaccination programme – resources for 2017/18

Leaflets and posters for the children's programme, including those in schools and all children aged two and three years old (on 31 August 2017) who will be offered flu vaccine in general practice, are also available to order. See [weblink 14](#). These include:

### Protecting your child against flu

Product code for DH Health & Social care order line: 2902552. This leaflet explains which children are eligible for flu vaccination, as well as describing the disease and vaccine. Hard copies can be ordered.

### Five reasons to vaccinate your child against flu

Product code for DH Health & Social care order line: 2901251. An information poster aimed at parents outlining the benefits of vaccinating children against flu. Hard copies can be ordered.

Further resources for general practice that cover all groups eligible for flu vaccination will be available on the GOV.UK webpage shortly. See [weblink 15](#).

## Shingles eligibility

Shingles immunisation programme 2017/18 Prior to April 2017, shingles vaccine was offered routinely to individuals aged 70 years with a phased catch up programme based on age as of 1 September that year. However from 1 April, in order to simplify the delivery of programme, eligibility has been changed to the date a patient turns 70 years (routine cohort) and 78 years (catch up cohort). This change is likely to have an impact on shingles vaccine supply and so, for 2017/18 providers are encouraged to maintain their existing approach where the majority of individuals are vaccinated during the influenza season. Patients who attain the age of 70 or 78 in 2017/18 can however be opportunistically immunised at any point in the year

We have produced a new Shingles poster which can be viewed at [weblink 16](#) and will be available to order hard copies from the DH health and social care orderline shortly.



### Protecting your child against flu

Product code: 2902552



### Five reasons to vaccinate your child against flu

Product code: 2901251



### Shingles vaccination. Who's eligible?

Product code: 2942856B

## Web links

- web link 1 <https://www.gov.uk/government/publications/vaccine-update-issue-262-april-2017-special-edition>
- web link 2 <https://www.gov.uk/health-protection-team>
- web link 3 <http://travelhealthpro.org.uk/factsheet/20/rabies>
- web link 4 [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/611731/hpr1617\\_menACWY-vc.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/611731/hpr1617_menACWY-vc.pdf)
- web link 5 <https://www.england.nhs.uk/wp-content/uploads/2017/03/men-acwy-18-years-2017-18-service-specification.pdf>
- web link 6 <https://www.england.nhs.uk/wp-content/uploads/2017/03/enhanced-service-specification-meningococcal-freshers-1718.pdf>
- web link 7 <https://www.gov.uk/government/publications/meningococcal-acwy-immunisation-programme-vaccine-coverage-estimates>
- web link 8 [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/611730/hpr1617\\_shngls-vc.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/611730/hpr1617_shngls-vc.pdf)
- web link 9 [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/613493/Surveillance\\_of\\_influenza\\_and\\_other\\_respiratory\\_viruses\\_in\\_the\\_UK\\_2016\\_to\\_2017.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/613493/Surveillance_of_influenza_and_other_respiratory_viruses_in_the_UK_2016_to_2017.pdf)
- web link 10 <https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-gp-patients-in-england-winter-season-2016-to-2017>
- web link 11 <https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-healthcare-workers-in-england-winter-season-2016-to-2017>
- web link 12 [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/613457/Seasonal\\_influenza\\_vaccine\\_uptake\\_in\\_children\\_of\\_primary\\_school\\_age\\_2016\\_to\\_2017.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/613457/Seasonal_influenza_vaccine_uptake_in_children_of_primary_school_age_2016_to_2017.pdf)
- web link 13 <https://www.gov.uk/government/collections/annual-flu-programme>
- web link 14 <https://www.gov.uk/government/publications/flu-vaccination-leaflets-and-posters>
- web link 15 <https://www.gov.uk/government/collections/annual-flu-programme>
- web link 16 <https://www.gov.uk/government/publications/shingles-vaccination-eligibility-poster>