



## Has your patient moved to the UK? Help them get up-to-date with their vaccinations

Public Health England have published a leaflet to encourage vaccination uptake amongst new migrants to the UK (weblink 22) and inform migrants of how they can access health services in England. This leaflet has been developed in collaboration with migrants living in England and stakeholders across the NHS, local authorities and charities. It will also be made available in multiple languages.

Access to primary care is **free of charge** to everyone. This includes routine vaccinations in line with the complete immunisation schedule and the testing and treatment for blood-borne viruses and sexually-transmitted infections. Some newly-arrived migrants to Europe are less likely to be immunised than the general population<sup>1</sup>.

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Have your say on Gov.uk!



View the leaflet here: [www.gov.uk/government/publications/immunisation-information-for-migrants](http://www.gov.uk/government/publications/immunisation-information-for-migrants)

Order your copy from the health publications website using the product code: MG235589 at [weblink 23](#).

[1] Mipatrini D, Stefanelli P, Severoni S, Rezza G. Vaccinations in migrants and refugees: a challenge for European health systems. A systematic review of current scientific evidence. Pathog Glob Health. 2017;111(2):59–68.

The immunisation status of new migrants should be checked at the time of registration and vaccination status brought in line with the National Immunisation Schedule ([weblink 19](#)).

Most migrants have already been vaccinated in their home country but their immunisation schedules may be very different from the UK's. Public Health England have provided information on other countries' immunisation schedules to support healthcare practitioners in making the necessary adaptations to the UK schedule ([weblink 20](#)).

It is important that healthcare professionals are aware of the entitlements to primary care health services and are equipped to recognise and respond to the health needs of migrants in an appropriate, timely and culturally-sensitive manner. Public Health England's Migrant Health Guide ([weblink 21](#)) is an open-access online resource that contains practical guidance on NHS entitlements, a range of health issues and country-specific information for more than 100 countries of origin.

Migrants and their health needs are wide-ranging. There are various factors that can affect their health outcomes and health-seeking behaviour, such as their country of origin, the length of time they stay in the UK, living conditions, socioeconomic status, the reasons why they have migrated and cultural, ethnic and genetic factors.

Ensuring that migrants are kept up-to-date with their vaccinations is important for their health and for the prevention of outbreaks of vaccine-preventable diseases, such as measles and Hepatitis A.

Whilst most migrants who come to the UK are young and healthy, some groups may be more vulnerable or have more complex needs, such as refugees, asylum seekers and victims of human trafficking.

To address gaps in this area, Public Health England's Migrant Health Guide provides information about vulnerable migrants ([weblink 21](#)). It also signposts to other resources that may be useful for the healthcare providers, potential red flag for identifying victims and safeguarding principles.



## HPV vaccine drives cancer-causing infections down to very low levels

Cancer-causing HPV16 and 18 infections are now extremely uncommon in young sexually active women in England, following the introduction of HPV vaccination in 2008.

These infections have been found in less than 2% of 16 to 18-year-old women since 2014, new data from Public Health England (PHE) show. In a sample of over 600 young women tested in 2018, no HPV16 or 18 infections were detected.

This is a dramatic reduction from 2008, when over 15% of young sexually active women were found to have these infections.

Cervical cancer is currently the most common cancer in women under 35, killing about 850 women a year.

HPV causes 99% of cervical cancers and types 16 and 18 are responsible for around four in five cases. The virus can also cause anal and penile cancer and some types of head and neck cancer.

The prevalence of HPV6 and 11 – which cause 90% of genital warts – also fell for the first time in 16 to 18-year-old women, from about 7% to 10% between 2010 and 2017, down to 4.1% in 2018.

### **Dr Vanessa Saliba, Consultant Epidemiologist, Public Health England, said:**

“This is clear evidence of the success of our immunisation programme, which continues to achieve high coverage.

“With millions of young women protected by HPV vaccination, we expect to see big reductions in cervical cancer in years to come and the introduction of the boys’ programme will accelerate this progress.

“I encourage parents of all eligible girls and boys to ensure they take up this potentially life-saving vaccine when offered.”

**HPV16 and 18  
infection rates have  
fallen below**

**2%**

**in 16 to 18-year-old  
women**

**Prevalence of HPV6  
and 11 – which  
cause 90%**

**90%**

**of genital warts –  
has halved**

**This is a result of  
high HPV vaccine  
uptake. Eleven  
million doses have  
been given to young  
women in England,  
with the latest PHE  
data showing**

**83.9%**

**coverage in  
year 9 girls**

The national HPV vaccination programme was introduced for girls in 2008 and was extended to boys in 2019. The current vaccine protects against HPV16, 18, 6 and 11.

The prevalence of three other cancer-causing types – HPV31, 33 and 45 – has also declined, suggesting the vaccine provides substantial cross-protection. The first dose of the HPV vaccine is offered to 12 and 13-year-olds in year 8. The second dose is given routinely anytime between six to 12 months after. Two doses are needed to be fully protected.

The latest PHE statistics show that 83.9% of year 9 girls had received both doses in 2018 to 19.

Eleven million doses of the vaccine have been given to young women in England, meaning over 80% of women aged 15 to 24 are protected.

Young people who missed the vaccine when it was offered to them at school should talk to their school nurse or GP to arrange getting caught up without delay. They remain eligible until their 25<sup>th</sup> birthday.

It is important that women who have had their HPV vaccine still attend for cervical screening when invited as the vaccine does not protect against all types of HPV.

**Robert Music, Chief Executive,  
Jo's Cervical Cancer Trust:**

“It is fantastic to see the effectiveness of the HPV vaccine among young women, hopefully this will lead to significant reductions in cervical cancer diagnoses. Ensuring uptake remains high must remain a priority and this new data will hopefully encourage such action. We must not forget that the vaccine does not prevent against all HPV types and there is still a risk of cervical cancer among those who have had the vaccine. Cervical screening remains the best way to further reduce this risk.”

**Shout out  
to all the  
school teams  
immunising  
this term!**







## HPV vaccination in schools – going from strength to strength

We visited the Ilkley Grammar school in Yorkshire in September 2019 to see how the HPV vaccination sessions were going and to film and interview the nurses, eligible school children and staff about the vaccination programme.

We would like to extend our deepest gratitude to the staff and all the children who took part in the filming on the day and especially to Sumayya Hussain, Madeha Safdar, Jenelle Spencer-Bennett and Kathy O'connell, the nurses who took part and helped to make the whole day so successful.



David Green

David Green, one of our nurse consultants kindly took part in the filming with his son Toby and Toby's friend Zoe and their contributions really help to make this important public health messaging video a powerfully positive addition to our resources to promote the programme.

### HPV arm against cancer video

Please preview and download at [weblink 24](#).



Toby Green

### HPV social version for use on Twitter, Facebook or Instagram

Please preview and download it at [weblink 25](#).

You can also view and download them from the Health Publications website at [weblink 26](#).



## How we did it!

### Challenges

- List size 4200 patients
- Highest population per 1000 patients 65 and over
- Total of 537 patients over 65
- One of the most deprived wards in Enfield
- Large number of non English speaking patients

### Aims and goals

To achieve the national target of 75% coverage before the end of October 2019

### Our Flu Campaign

- Practice Meeting to set out task and appoint named vaccination leads
- Advertising: (jayex board, practice website, flyers, right hand side of prescriptions, practice notice board, text messages)
- Dedicated clinics: Increased frequency of clinics. Saturday clinics
- Opportunistic vaccination for walk in patients
- Sanofi Pasteur flu vaccination voice message reminder service to landline telephones for patients without a mobile phone
- Mobile clinics for housebound patients
- Vulnerable patients carers and next of kin contacted directly to book an appointment
- Patients that DNAd called at the end of the same day to rebook the missed appointment
- Those with questions or who are unsure about the flu vaccination booked with a GP Principal for a face to face discussion

# Success!

# 75%

The national target uptake was achieved by 20 October 2019

# 95.6%

uptake achieved before end November 2019

Pictured above: Dr Mohammed Abedi GP Principle Left, Dr Uzma Abedi Left, Julia Reid back left, Practice Nurse Maureen Herbertson middle left, Receptionist Gaitry Naiken middle, Clinical Pharmacist Ike Okeke back middle, Practice manager Luthfa Ali Front right, Receptionist Sue Edney end Right, Receptionist Lisa Lamey back right

## Revised Greenbook chapters published!

For infants born on or after 1 January 2020 in England, Wales and Northern Ireland the routine pneumococcal vaccination schedule will change from a 2+1 schedule (with doses given at 8 weeks, 16 weeks and one year of age) to a 1+1 schedule (with doses given at 12 weeks and one year of age). This change will happen slightly later in Scotland.

In preparation for this change, some chapters of the Green Book have been revised and updated. These are: Chapter 7 (Immunisation of individuals with underlying medical conditions), Chapter 11 (UK immunisation schedule) and Chapter 25 (Pneumococcal).

### The main changes to be aware of are as follows:

#### **Chapter 7 (Immunisation of individuals with underlying medical conditions) at [weblink 1](#)**

- Recommendations in the routine schedule for immunising individuals with asplenia, splenic dysfunction or severe immunocompromise have been updated.
- Removal of the recommendation for an additional Hib vaccine for children and adults with asplenia or splenic dysfunction.

#### **Chapter 11 (UK immunisation schedule) at [weblink 2](#)**

- Updated with the new pneumococcal schedule.

#### **Chapter 25 (Pneumococcal) at [weblink 3](#)**

- The background information has been extensively revised and updated with the latest information and data.
- The schedule has been updated with the changes to the routine infant programme.
- The recommendations for children and adults in clinical risk groups have been reviewed and simplified.

#### **Chapter 35 Yellow fever**

This chapter has been updated to reflect the recommendations of the Commission on Human Measures (CHM) to strengthen measures to minimise the potential risk of rare but serious and fatal adverse events associated with yellow fever vaccination (in those with weakened immune systems, those aged 60 years or older and anyone who has had their thymus removed).

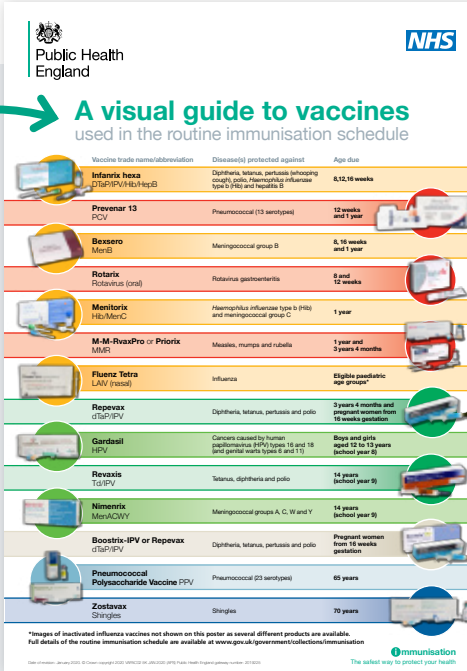
#### **Chapter 35 update at [weblink 4](#)**

It has been updated in line with the CHM, see the joint letter issued by the MHRA, PHE, HPS and NaTHNaC which gives further detail. See [weblink 4](#) for more information.

## Resources for the national programmes

**A visual guide to vaccines has been revised and is available!**

It includes the new schedule details and some updates (see [weblink 6](#)).



Vaccine trade name/abbreviation	Disease(s) protected against	Age due
Infanrix hexa dTap/IPV/Inf/Inf/5	Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib) and hepatitis B	8, 12, 16 weeks
Prevenar 13 PCV	Pneumococcal (13 serotypes)	12 weeks and 1 year
Boostrix MenB	Meningococcal group B	8, 16 weeks and 1 year
Rotarix Rotavirus (oral)	Rotavirus gastroenteritis	8 and 12 weeks
Menitorix Hib-MenC	Haemophilus influenzae type b (Hib) and meningococcal group C	1 year
M-M-RvaxPro or Priorix MMR	Measles, mumps and rubella	1 year and 3 years 4 months
Fluenz Tetra LAIV (nasal)	Influenza	Eightable paediatric age groups*
Repevax dTap/IPV	Diphtheria, tetanus, pertussis and polio	3 years 4 months and pregnant women from 16 weeks gestation
Gardasil HPV	Cancers caused by human papillomavirus (HPV) types 16 and 18 (and genital warts types 6 and 11)	Boys and girls aged 12 to 13 years (school year 8)
Revaxis Td/IPV	Tetanus, diphtheria and polio	14 years (school year 9)
Nimenrix MenACWY	Meningococcal groups A, C, W and Y	14 years (school year 9)
Boostrix-IPV or Repevax dTap/IPV	Diphtheria, tetanus, pertussis and polio	Pregnant women from 16 weeks gestation
Pneumococcal Polysaccharide Vaccine PPV	Pneumococcal (23 serotypes)	65 years
Zostavax Shingles	Shingles	70 years

\*Images of inactivated influenza vaccines not shown on this poster as several different products are available. Full details of the routine immunisation schedule are available at [www.gov.uk/government/collections/immunisation](http://www.gov.uk/government/collections/immunisation)

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immisation  
The safest way to protect your health

## Vaccines for all: Promoting access and uptake

Conference (with lunch)

9:30 – 16:00, 14 February 2020

etc. venues, Prospero House, 241 Borough High Street,  
London SE1 1GA

Events  
and  
training

[Register here](#)

The **Health Protection Research Unit (HPRU)** in Immunisation warmly invites you to a free one-day conference: **‘Vaccines for All: Promoting access and uptake’** to celebrate its 5th Anniversary. The HPRU in Immunisation is a research partnership between Public Health England and the London School of Hygiene & Tropical Medicine.

The conference will have an overarching theme of tackling inequalities in access to and uptake of vaccination. We will share highlights from research which has shaped and supported the implementation of the national immunisation programme over the last five years, with opportunity for questions and discussion. Interactive workshops in the afternoon will focus on how the latest research can inform practice to reduce inequalities.

Subscribe to Vaccine update [here](#). Order immunisation publications [here](#).  
For centrally-supplied vaccine enquiries, email: [vaccinesupply@phe.gov.uk](mailto:vaccinesupply@phe.gov.uk)



A panel question and answer session including representatives from Public Health England's national immunisation team will conclude the day.

If you are involved in or interested in promoting access to immunisation programmes and ensuring people receive the vaccines, then please do sign up for this free one-day conference. We invite anyone with an interest in vaccinations, whether health practitioners and carers, social workers, researchers, and members of the public – all are welcome.

### **Practical arrangements**

The day will include breakfast, lunch and refreshments and all attendees will receive a certificate of attendance. Registration is required by 3 February.

Please visit LSHTM's website for event updates, including logistical arrangements and a final agenda with speakers. For any questions, contact Lee at [lee.white@lshtm.ac.uk](mailto:lee.white@lshtm.ac.uk).

## **Vaccine Supply – centrally supplied**

Centrally supplied vaccines can be used for the purposes defined in chapter 3 of the Green Book ([weblink 7](#)), and in the 'Vaccines available on ImmForm' helpsheet ([weblink 8](#)).

### **Children's flu vaccine for 2019/20**

As in previous years, PHE is centrally supplying Fluenz Tetra® and Quadrivalent Influenza Vaccine (split virion, inactivated) (QIVe) for children included in this year's flu programme, including those aged from six months to less than 18 years old in clinical risk groups. Please refer to the ImmForm website ([weblink 9](#)) for the most up to date information on ordering for both vaccines.

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 2019/20.

Please refer to guidance from your respective health departments for arrangements in Scotland, Wales and Northern Ireland.

## Expiry dates for Fluenz Tetra<sup>®</sup> issued for the 2019/20 children's programme

Batch numbers and associated expiry dates of Fluenz Tetra<sup>®</sup> for all other batches that will be issued this season are set out in the table below. Several batches which have been distributed this season have now expired and marked in red.

Please ensure that the expiry date is always checked before use and that expired stock is disposed of in line with local policies. Any disposed stock should be recorded through the ImmForm stock incident page at [weblink 10](#).

Batch	Expiry date in 2020
<b>LJ2149</b>	<b>08-Jan</b>
<b>LJ2168</b>	<b>09-Jan</b>
<b>LJ2169</b>	<b>10-Jan</b>
<b>LJ2334</b>	<b>16-Jan</b>
LJ2515	27-Jan
LK2526	06-Feb
LK2527	10-Feb
LK2979	13-Feb
LK2980	20-Feb

Batch	Expiry date in 2020
LK2981	27-Feb
LK2982	02-Mar
LL2196	05-Mar
LL2197	12-Mar
LL2198	16-Mar
LL2199	20-Mar
LL2567	26-Mar
LM3089	31-Mar
LL2570	01-Apr
LN2084	06-Apr

## All influenza vaccines for the 2019/20 season

Information on all influenza vaccines that have been marketed in the UK for the 2019/20 season are available at [weblink 11](#). Please refer to the flu letter at [weblink 12](#) for information on which vaccines are eligible for reimbursement in the 2019/20 season.

## Maternal Pertussis programme – Change to dTaP/IPV vaccine

The maternal pertussis immunisation programme commenced in October 2012, initially using Repevax<sup>®</sup> vaccine (dTaP/IPV). From July 2014, Boostrix<sup>®</sup>-IPV (dTaP/IPV) has been supplied. Repevax<sup>®</sup> is now available to order through ImmForm for use in the maternal pertussis immunisation programme instead of Boostrix<sup>®</sup>-IPV.

This is a temporary change and it is anticipated that supplies will revert back to Boostrix<sup>®</sup>-IPV in autumn 2020. This change is necessary as PHE is running down all stock of Repevax<sup>®</sup> before the introduction of Boostrix<sup>®</sup>-IPV across both the maternal pertussis and the pre-school booster programmes.

There is no other change to the maternal pertussis immunisation programme, further details about this programme can be found in chapter 24 of the Green Book at [weblink 13](#).

## PCV13 schedule change reminder

As published in issue 303 (Dec 2019), the PCV13 routine immunisation schedule changed on the 1 January 2020. The change means that babies born on or after 1 January 2020 will have one priming dose of PCV13 at the age of 12 weeks, followed by a booster dose at the age 12 months. Babies born on or before the 31 December 2019 will continue to be offered two priming doses at the age of 8 and 16 weeks, followed by a booster dose at the age 12 months. Further information is available at [weblink 14](#).

### **PCV PGD v03.00 (Gateway number: GW-1012)**

This is to replace the PCV PGD V02.00 (Gateway number: 2015618) and is valid from 26 February 2020. However, the PCV PGD V02.00 should continue to be used until 27 March 2020 for individuals born on or before 31 December 2019 and less than 12 weeks of age.

### **PCV Risk Groups PGD V04.00 (Gateway number: GW-1013)**

This is to replace the PCV Risk Groups PGD V03.00 (Gateway number: GW-357) on 26 February 2020.

Please ensure that you keep the change in schedule in mind when ordering Prevenar13 from ImmForm and do not order too much. We recommend that customers hold a maximum of 2-4 weeks stock to minimise the potential for wastage.

## Update to Bexsero Patient Information Leaflet

Every pack of Bexsero (Meningitis B vaccine; 10 doses) is supplied with a pad of ten Patient Information Leaflets (PILs), as well as there being a single PIL inside each Bexsero pack. Since late-September 2019, an updated version of the PIL pad has been distributed with Bexsero orders. Please dispose of the single PIL from inside the pack, as it will be out-of-date.

We will advise further when the PIL supplied in the pack is in line with the PIL pad.

## MMR vaccine ordering

There are currently two different vaccines available to order for the MMR programme, MMRvaxPRO® and Priorix®. Orders for Priorix® are capped at **20 packs** per order per week for accounts in England and Wales. Controls are also in place for Scottish customers. This is needed to rebalance central supplies.

The alternative MMR vaccine, MMRvaxPRO®, remains available to order without restriction. If you specifically require additional Priorix® stock, for example because you serve communities that do not accept vaccines that contain porcine gelatine then please contact the ImmForm Helpdesk for assistance at [helpdesk@immform.org.uk](mailto:helpdesk@immform.org.uk) or 0844 376 0040.

## The EU Falsified Medicines Directive (FMD) and Delegated Regulation as applicable to PHE supplied vaccines for the national immunisation programme

Full information on FMD as it applies to centrally supplied vaccines for the National Immunisation Programme can be found in the April 2019 edition of Vaccine update at [weblink 15](#).

ImmForm vaccines in FMD-compliant packs (i.e. subject to the requirements of the Delegated Regulation) are being distributed for all centrally-supplied products (see table below). We would encourage all of our customers to visit the GOV.UK page on FMD at [weblink 16](#) and spend some time becoming familiar with the content and links to various other guidance documents on the implementation of the legislation.

Product	Brand name	FMD-compliant packs will be issued which require verification and decommissioning
Pneumococcal conjugate vaccine (PCV)	Prevenar13	Live
DTaP/IPV vaccine for pregnant women	Boostrix-IPV	Live
Meningococcal Group ACWY vaccine	Nimenrix	Live
Measles-Mumps-Rubella (MMR) vaccine	MMR VaxPRO	Live
DTaP/IPV/Hib/HepB vaccine	Infanrix Hexa	Live
Tuberculosis vaccine (BCG)	BCG Vaccine AJV	Live
Meningococcal Group B vaccine	Bexsero	Live
Shingles (Herpes zoster) vaccine	Zostavax	Live
Hib/MenC vaccine	Menitorix	Live
Measles-Mumps-Rubella (MMR) vaccine	Priorix	Live
Rotavirus vaccine	Rotarix	Live
Human papillomavirus (HPV) vaccine	Gardasil	Live
DTaP/IPV vaccine for infants	Repevax	Live
Td/IPV vaccine	Revaxis	Live
LAIV	Fluenz Tetra	Live
Quadrivalent inactivated flu vaccine (QIVe)	Quadrivalent Influenza Vaccine (split virion, inactivated)	Live
Purified protein derivative (Mantoux test)	Tuberculin PPD-2TU	All stock will be in non-FMD packs (as it is unlicensed in UK)



**Please note that the barcode on Rotarix batch AROLC284AA (exp. 31/05/2021) is non-serialised and therefore cannot be verified or decommissioned.**

If you have identified yourself to PHE as being exempt from decommissioning under Article 23 of the Delegated Regulation and this has been agreed, then you will be supplied with decommissioned vaccine.

Please see our guidance for more information on the roles and responsibilities in relation to FMD and the Delegated Regulation, regarding vaccines and other medicines centrally supplied by PHE to the NHS and other customers.

This document is accessible via GOV.UK at [weblink 5](#).



**Have your say on Gov.uk!**

**We'd like your views on the immunisation pages of Gov.uk ([weblink 17](#)) as part of our Value of Vaccines work and our commitment to ensure our online information is the best it can possibly be.**

**Your feedback will help shape changes to the pages to improve your experience when accessing the information and resources you need in your role.**

**The survey will close on Friday 28 February. Please take a few minutes to complete it at [weblink 18](#).**

# Vaccine supply for the non routine programme

## HEPATITIS A VACCINE

### Adult

- **GSK:** Havrix Adult PFS singles and packs of 10 are available
- **Sanofi Pasteur:** Avaxim is available
- **MSD:** VAQTA Adult is available

### Paediatric

- **GSK:** Havrix Paediatric PFS singles are currently unavailable. Resupply affected early February 2020
- **GSK:** Havrix Paediatric PFS packs of 10 are currently available
- **MSD:** VAQTA Paediatric is available

## HEPATITIS B VACCINE

### Adult

- **GSK:** Engerix B PFS singles and packs of 10 are available
- **GSK:** Engerix B vials singles are available
- **GSK:** Engerix B vial packs of 10 are unavailable
- **GSK:** Fendrix is available
- **MSD:** HBVAXPRO 10 µg is unavailable until further notice
- **MSD:** HBVAXPRO 40 µg is unavailable until further notice

### Paediatric

- **GSK:** Engerix B Paediatric singles are available
- **MSD:** HBVAXPRO 5µg are available

## COMBINED HEPATITIS A & B VACCINE

- **GSK:** Limited supplies of Twinrix Adult singles and packs of 10 are available
- **GSK:** Twinrix Paediatric is available
- **GSK:** Ambirix is available

## COMBINED HEPATITIS A & TYPHOID VACCINE

- **Sanofi Pasteur:** Viatim is available

## TYPHOID VACCINE

- **Sanofi Pasteur:** Typhim is available
- **PaxVax:** Vivotif is available

## RABIES VACCINE

- **GSK:** Limited supply of Rabipur is currently available
- **Sanofi Pasteur:** Rabies BP is currently out of stock. An alternative vaccine is available, please contact Sanofi Pasteur directly for more information

**PPV (Pneumococcal Polysaccharide Vaccine)**

- **MSD:** Limited supplies of Pneumococcal Polysaccharide Vaccine vials are available. (Please see page 12 of the Bug Special Vaccine Update. Issue 300, October 2019 for further information)
- **MSD:** Supplies of PNEUMOVAX 23 PFS are currently unavailable. Resupply is expected in April 2020

**PPV (Pneumococcal Polysaccharide Conjugate Vaccine)**

- **Pfizer:** Prevenar 13 is available

**VARICELLA ZOSTER VACCINE**

- **GSK:** VARILRIX is currently available
- **MSD:** VARIVAX is currently available
- **MSD:** Supplies of ZOSTAVAX is currently unavailable. Resupply is expected Q1 2020

**DIPHTHERIA, TETANUS AND POLIOMYELITIS (inactivated) VACCINE**

- **Sanofi Pasteur:** Revaxis is available

**DIPHTHERIA, TETANUS, PERTUSSIS (acellular) AND POLIOMYELITIS (inactivated) VACCINE**

- **GSK:** Limited supply of Boostrix-IPV is currently available

**MMR**

- **MSD:** Limited supply of MMRvaxPro is currently available
- **GSK:** Limited supply of Priorix is currently available

**HUMAN PAPILLOMAVIRUS VACCINE**

- **MSD:** Limited supply of GARDASIL is available
- **MSD:** Gardasil 9 is currently available
- **GSK:** Cervarix is currently available

**MENINGITIS ACWY VACCINE**

- **GSK:** Supply of Menveo is available
- **Pfizer:** Nimenrix is currently available

**YELLOW FEVER**

- **Sanofi Pasteur:** Stamaril is available

## Weblinks

- Weblink 1 <https://www.gov.uk/government/publications/immunisation-of-individuals-with-underlying-medical-conditions-the-green-book-chapter-7>
- Weblink 2 <https://www.gov.uk/government/publications/immunisation-schedule-the-green-book-chapter-11>
- Weblink 3 <https://www.gov.uk/government/publications/pneumococcal-the-green-book-chapter-25>
- Weblink 4 <https://www.gov.uk/government/publications/yellow-fever-the-green-book-chapter-35>
- Weblink 5 <https://www.gov.uk/government/publications/fmd-guidance-for-recipients-of-phe-supplied-vaccines>
- Weblink 6 <https://www.gov.uk/government/publications/a-visual-guide-to-vaccines-poster>
- Weblink 7 <https://www.gov.uk/government/publications/storage-distribution-and-disposal-of-vaccines-the-green-book-chapter-3>
- Weblink 8 <https://portal.immform.dh.gov.uk/IntranetPortal/files/4b/4b55cf0c-3044-4e1b-bf15-e83269ef685a.pdf>
- Weblink 9 <https://portal.immform.dh.gov.uk/Logon.aspx?returnurl=%2f>
- Weblink 10 <https://portal.immform.dh.gov.uk/Logon.aspx?returnurl=%2fVaccineSupply%2fVaccineSupply%2fStock-Incident%2fAdd-Stock-incident.aspx>
- Weblink 11 <https://www.gov.uk/government/publications/influenza-vaccine-ovalbumin-content>
- Weblink 12 [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/788903/Annual\\_national\\_flu\\_programme\\_2019\\_to\\_2020\\_.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/788903/Annual_national_flu_programme_2019_to_2020_.pdf)
- Weblink 13 <https://www.gov.uk/government/publications/pertussis-the-green-book-chapter-24>
- Weblink 14 <https://www.gov.uk/government/publications/vaccine-update-issue-303-december-2019-pcv-special-edition>
- Weblink 15 <https://www.gov.uk/government/publications/vaccine-update-issue-293-april-2019>
- Weblink 16 <https://www.gov.uk/guidance/implementing-the-falsified-medicines-directive-safety-features>
- Weblink 17 <https://www.gov.uk/government/collections/immunisation>



## Weblinks

- Weblink 18 <https://surveys.phe.org.uk/TakeSurvey.aspx?SurveyID=96KL5m421#>
- Weblink 19 <https://www.gov.uk/government/publications/vaccination-of-individuals-with-uncertain-or-incomplete-immunisation-status>
- Weblink 20 <https://www.gov.uk/government/publications/uk-and-international-immunisation-schedules-comparison-tool>
- Weblink 21 <https://www.gov.uk/guidance/vulnerable-migrants-migrant-health-guide>
- Weblink 22 <https://www.gov.uk/government/publications/immunisation-information-for-migrants>
- weblink 23 <https://www.healthpublications.gov.uk/ViewArticle.html?sp=Smovedtotheukmigranthealthimmunisationleaflet>
- Weblink 24 <https://publichealthengland-immunisati.box.com/s/4rby3k10mkei691foh4jyr4od4fq7hry>
- Weblink 25 <https://publichealthengland-immunisati.box.com/s/7vyqjhgcek4ndbybi4r6grumw7kcagzb>
- Weblink 26 <https://www.healthpublications.gov.uk/ArticleSearch.html?sp=St-1266&sp=Sreset>