

# VACCSline NEWSLETTER SUMMER 2012 - ISSUE 24



# Welcome to the Summer edition of the VACCSline newsletter

Increase in number of cases of pertussis: Vaccination issues

**Epidemiology:** This year has seen a sharp rise in the number of confirmed cases of pertussis. By week 25 of 2012, 1395 cases had been confirmed with five deaths compared with 198 cases and four deaths for the same period in 2011. The age groups most affected by this rise are infants aged under 3 months of age and children aged 10 –14 years, although cases continue to occur across all age groups.

**Vaccination issues**: Pertussis vaccine is not routinely recommended for persons over 10 years of age. But under certain circumstances, vaccine may be offered to these individuals as an outbreak control measure, for example when pertussis occurs in enclosed communities, such as boarding schools.

Repevax (TdaP/IPV) is suitable for use in these circumstances as there is no upper age limit in the license for this vaccine. However, vaccine should be ordered directly from the manufacturer. The central stock from Movianto should not be used as this is reserved for the childhood immunisation programme. Vaccination may be delivered either by the patient's own GP or centrally (e.g. in school). The logistics of this response are agreed by an incident management team including primary care trusts, GPs and the Health Protection Agency.

# Varicella and herpes zoster vaccine

#### Varicella vaccination

At VACCSline we continue to receive enquiries from practices where parents are requesting varicella vaccine for their children. The Green Book varicella chapter details the risk groups for whom vaccination is recommended. But some parents, whose children are not in at-risk groups, would prefer to vaccinate their child. The vaccine is effective in preventing chickenpox and is included in the routine schedule in the US and some other countries. So what should practices do?

Practices are not under any obligation to provide varicella vaccine to children outside the at-risk groups but may do so if they judge it to be clinically appropriate. Practices cannot charge their own patients for this, unless it is in conjunction with international travel, and so the cost of the vaccine comes from the practices own medicines budget. Practices can offer this vaccine privately to patients who are not registered at their practice.

# Herpes zoster vaccination

At VACCSline we are also beginning to see an increase in the numbers of enquiries about herpes zoster vaccine. There is an effective and licensed vaccine against herpes zoster in the UK, and the JCVI have advised that a national programme could be cost effective dependent on vaccine costs. However it is not part of any immunisation programme at present and practices are not obliged to make it available. The JCVI updated their statement on zoster and varicella vaccines in April 2011 and it is available at the following link:

 $\frac{http://www.dh.gov.uk/prod\_consum\_dh/groups/dh\_digitalassets/@dh/@ab/documents/digitalasset/dh\_133599.pdf$ 

The costs of vaccine are included in the prescribing costs where a practice offer this vaccine to their own patients.

# Immunisation training of healthcare support workers

A new document has been published outlining the national minimum standards and core curriculum for healthcare support workers (HCSW) training as immunisers. The standards can be found at the following link: http://www.hpa.org.uk/webc/HPAwebFile/HPAweb\_C/1317134415868

Trained HCSW are only advised to administer flu and pneumococcal vaccines to adults. All other immunisations should be administered by a competent registered healthcare professional.



Vaccine Advice for CliniCians Service
Call: 0845 279 9878 or email vaccsline@ovg.ox.ac.uk (new email)
Webpage: www.ovg.ox.ac.uk/Vaccsline

# **Immunisation Training Standard**

The Thames Valley Immunisation Group have agreed a definition for an "up to date immuniser", consolidating a number of different models. In summary immunisers should:

- 1. Have completed basic training in immunisation and have gained competency in both theoretical and practical aspects
- 2. Review their competency assessment annually, as part of a self directed learning needs assessment
- 3. Update themselves regularly and record this activity annually as part of their CPD
- 4. Attend face to face training at an interval no greater than three years

A competency framework for immunisers can be found at this link: <a href="http://www.ovg.ox.ac.uk/sites/all/themes/OVG/Vaccsline/Competency2010final.pdf">http://www.ovg.ox.ac.uk/sites/all/themes/OVG/Vaccsline/Competency2010final.pdf</a>

# **New publications: Vaccine Incident Guidance**

In April this year, the HPA published a comprehensive guide to dealing with vaccine incidents. This guidance covers cold chain incidents and vaccine preparation and administration errors. It also clearly states the minimum satisfactory intervals between doses of vaccines following an incident or error. The guidance can be found at the following link: <a href="http://www.hpa.org.uk/webc/HPAwebFile/">http://www.hpa.org.uk/webc/HPAwebFile/</a>

#### **Oxford Vaccine Group Update**

OVG have a new website; <a href="http://www.ovg.ox.ac.uk/">http://www.ovg.ox.ac.uk/</a> full of useful information about the work of the research group and hosting the VACCSline web pages. It will shortly be going live with a "vaccine knowledge" section aimed at parents and carers who want in depth and independent information about vaccines.

The Oxford Vaccine Group will be enrolling 15 healthy adults in a new study designed to assess the antibody response to two quadrivalent meningococcal vaccines, ACWY polysaccharide (ACWYVax) and ACWY conjugate (MenVeo). The study is primarily designed to characterise the difference in the immune response to conjugated and unconjugated meningococcal vaccines, which will help inform our understanding of which type of vaccine is more likely to provide longer lasting protection. The study involves two vaccination visits and a further three visits for blood tests. Participants will benefit from immunisation with a vaccine licensed for use in travellers.

| Upcoming Introduction to Immunisation Training |  |  |
|--|--|--|
| Berkshire (E & W)                              | Introduction to Immunisation Study Day Tuesday 16th October        | Contact: BHFT staff book through intranet learningdevelopment@berkshire.nhs.uk |
| Buckinghamshire                                | Introduction to Immunisation Study Day To be confirmed             | Contact: 01494 734681<br>training.department@buckshealthcare.nhs.uk            |
| Milton Keynes                                  | Introduction to Immunisation Study Day Thursday 1st November       | Contact: Fiona Anaman 01908 254203 Fiona.anaman@miltonkeynes.nhs.uk            |
| Oxford   | Introduction to Immunisation Study Day<br>Wednesday 19th September | Contact: Kaye Hewer 01865 421466<br>kaye.hewer@oxfordhealth.nhs.uk             |

To receive future VACCSline newsletters by direct email, send your request to Richard.galuszka@hpa.org.uk

VACCSline provides advice on childhood and adult immunisations to health professionals in Buckinghamshire, Milton Keynes, Oxfordshire and West Berkshire. In East Berkshire immunisation enquiries should continue to be directed to the PCT Immunisation Coordinator, Dr. Marilyn Lansley; either on her office number 01344 458109 or mobile 0771 247 1375. Her office number may be given to patients. For advice about adult travel immunisations, practitioners are directed to <a href="https://www.nathnac.org">www.nathnac.org</a>.

| VACCSline hours |                |  |
|-----------------|----------------|--|
| Monday          | 10.30am to 4pm |  |
| Tuesday         | 9am to 4pm     |  |
| Wednesday       | 9am to 4pm     |  |
| Thursday        | 9am to 4pm     |  |
| Friday          | 9am to 1pm     |  |

#### Vaccine Advice for CliniCians Service