



Welcome to the winter edition of the VACCSline newsletter

Busy times and vaccine errors

Autumn 2015 has been a very busy time for immunisers, with new programmes being introduced, catch up programmes running and the annual influenza vaccine programme beginning. From 1st September to 30th November 2015, VACCSline experienced a 68% increase in enquiries compared to the preceding three months (590 vs 352).

Vaccine errors

During this time enquiries regarding vaccine errors increased from 18 to 44.

Around a quarter of reported errors were linked to MenACWY vaccine not being re-constituted correctly and Men B being given routinely at 12 months to infants who are not within eligible cohorts. The other enquiries about vaccine errors included: administering either the wrong vaccine, extra doses or an expired vaccine, a contraindicated vaccine administered and vaccine given outside the licensed age group.

Most errors occurred during either vaccine selection and preparation or vaccine history checking and scheduling. Vaccines/programmes that were new also featured in the reported errors. Immunisers should ensure that they are familiar with all vaccines that they are using, take all the recommended steps and checks prior to administration. Good stock monitoring and control should prevent expired vaccines being available in a fridge.

Zoster vaccine administered to a patient with severe immunosuppression

Most of the vaccine errors VACCSline were contacted about were not considered to potentially harm the vaccinee. However, if a live vaccine is administered to an individual who is severely immunosuppressed the patient is put at risk. In such individuals, their own immunity may be unable to prevent extensive replication of the vaccine strain of the disease administered within the vaccine and could result in severe or fatal infection.

Q. What action should be taken if shingles vaccine has been administered to a patient who is immunosuppressed ?

Urgent assessment of the individual by a clinician needs to take place to establish their degree of immunosuppression. Prophylactic acyclovir may be considered for individuals in whom the attenuated vaccine virus poses a significant risk. Comprehensive guidance on how to manage individuals who have received shingles vaccine despite a contraindication is included (with details of what constitutes immunosuppression) within the PHE publication: Vaccination against shingles 2015/16 information for health care professionals. Link: [https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/466913/PHE Shingles advice for health professionals October 2015-16 .pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/466913/PHE_Shingles_advice_for_health_professionals_October_2015-16_.pdf)

HPV vaccine safety: no link with 'debilitating illnesses'

The safety of HPV vaccine began to be questioned by some British media in the summer of 2015, around concerns of links to girls with Complex Regional Pain Syndrome (CRPS) or Postural Orthostatic Tachycardia Syndrome (POTS).

In November 2015, the European Medicines Agency (EMA) published a report that confirms the evidence does not support that HPV vaccines cause CRPS or POTS. The EMA review found no evidence that the overall rates of CRPS and POTS were different from expected in those vaccinated compared to those unvaccinated, even allowing for the possibility of under reporting.

Immunisers should be able to confidently discuss these issues and provide parents and young people with evidence and clear reassurance of vaccine safety. To assist in responding to questions, more information can be found at: **Vaccine Knowledge Project:** <http://www.ovg.ox.ac.uk/ema-hpv-vaccine-safety> and <http://www.ovg.ox.ac.uk/hpv-vaccine-claims>. **The EMA report:** http://www.ema.europa.eu/docs/en_GB/document_library/Referrals_document/HPV_vaccines_20/Opinion_provided_by_Committee_for_Medicinal_Products_for_Human_Use/WC500196773.pdf



Influenza and shingles immunisation programmes continue

So far this season, rates of influenza like illness have remained low. This provides an opportunity to offer vaccination to all those who are eligible before the influenza season begins. Some women will have become pregnant and are eligible now for vaccination.

Adults eligible for the Shingles vaccine can be vaccinated at the same time as influenza vaccine. The shingles vaccine programme continues until August 2016 and any opportunity to offer vaccination should be taken to those patients in the eligible cohort.

For the national childhood influenza programme, due to shortages in the UK labelled nasal live attenuated influenza vaccine (LAIV), Fluenz Tetra[®], two batches of the US labelled FluMist[®] Quadrivalent vaccine are being supplied. The LAIV has a short shelf life with batches of Fluenz Tetra expiring in January and FluMist Quadrivalent in February. To avoid administering expired vaccine check your stock and rotate to ensure to use that with the shortest shelf life first.

Q What should you do if a child requires a second dose of influenza vaccine after FluMist[®] Quadrivalent has expired?

If a child is aged under nine years, in a clinical risk group and has not previously received influenza vaccine in another flu season then they require two doses of influenza vaccine. If the first dose has been given as nasal vaccine (LAIV) and the second dose is due after the expiry date for LAIV then it is safe and effective to give an inactivated vaccine licensed for the child's age for the second dose. Age indications for the different inactive influenza vaccines was provided in the June 2015 vaccine update accessed at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/

Oxford Vaccine Group Update

OVG Immunisation Seminar Thursday 17th March 2016

This popular seminar provides an ideal opportunity for practitioners to both update their current immunisation knowledge and to hear the latest news on the topic of vaccination. It appeals to practice nurses, health visitors, school nurses, community nurses and general practitioners. The programme for 2016 features presentations from local and national immunisation leaders including NaTHNaC (National Travel Health Network and Centre), a chance to pose questions to a panel of experts and a debate. The registration fee is £95. For the full programme, further information and booking details please visit the following link:

<http://www.ovg.ox.ac.uk/immunisation-seminar>

Introduction to Immunisation Training 2016

Berkshire	14th & 15th March 2016 Easthampstead Baptist Church, Bracknell	BHFT staff book through intranet Email: learningdevelopment@berkshire.nhs.uk Phone: 01344 415729
Oxfordshire	25th & 26th April 2016 Unipart Conference Centre, Oxford	Oxford Health Staff only: http://apps.oxfordhealth.nhs.uk/LandDPortal/Home/Welcome.aspx Email: cpd@oxfordhealth.nhs.uk Phone: 01865 902468/902105

To receive future VACCsline newsletters by direct email, send a request to: richard.galuszka@phe.gov.uk

VACCsline provides advice on childhood and adult immunisations to health professionals in the Thames Valley. In East Berkshire immunisation enquiries may also be directed to the Immunisation Lead, Dr Marilyn Lansley, either on her office number 01753 635542 or mobile 0771 247 1375. Her office number may be given to patients. For advice about adult travel immunisations, practitioners are directed to www.nathnac.org.

VACCsline hours	
Monday	10.30am to 4pm
Tuesday	9am to 4pm
Wednes-	9am to 4pm
Thursday	9am to 4pm
Friday	9am to 4pm

Vaccine Advice for Clinicians Service

Part of Public Health England South East Centre, Chilton, OX11 0RQ &
Oxford Vaccine Group, CCVTM, Churchill Hospital, Old Road, Headington, Oxford OX3 7LE,