



Welcome to the Autumn edition of the VACCSline newsletter

An increase in measles—Ensure all those eligible are appropriately immunised with MMR.

In 2015, there were no confirmed cases of measles reported in Thames Valley (TV) residents, though one case was reported in an overseas visitor. However so far in 2016 there have been five confirmed cases of measles reported. This increase is in line with a national increase in cases reported over the summer consisting of outbreaks associated with music festivals and other gatherings. The TV cases were all unvaccinated (four cases were adults - two of whom with a direct link to festivals and the other two being siblings of one of these cases - and one case was a baby linked to travel abroad who was too young to have received the MMR vaccination).

Healthcare workers should ensure that they are fully protected through vaccination. Unprotected healthcare workers who are exposed to measles through their work may become cases and this may result in considerable work identifying vulnerable contacts who may require immunoglobulin or vaccination. Any suspected cases seen within a healthcare setting need to be isolated promptly.

Measles is highly infectious and requires high levels of vaccination coverage to achieve herd immunity. This is why it is so important to ensure the whole population is appropriately immunised. Two doses of MMR, given at least three months apart if aged between 12 and 18 months and one month apart if the course is started at the age of 18 months of age or over, are required to be considered fully immunised.

Vaccination Coverage of MMR in the Thames Valley

The WHO-recommended target coverage for two doses of MMR vaccination is 95%. Between 1st April to 30th June 2016 vaccine coverage for the second dose of MMR measured at five years of age ranged within TV local authorities from 81% to 94% with a decrease in uptake observed in some areas. The national vaccine coverage in England was 88% for the same time period. The decrease of MMR coverage in some TV areas mirrors a national trend observed in annual vaccine coverage for some childhood immunisations 2015/16.

Every opportunity should be taken to review immunisation status for example at the two year developmental check and well baby clinics held by health visitors, when new patients register at a practice, at appointments for other routine immunisations such as the teenage boosters, and opportunistically, for example promoting MMR for women who are planning pregnancies.

Current questions about influenza vaccine

Why is the UK still strongly recommending the nasal flu vaccine? The Joint Committee on Vaccination and Immunisation (JCVI) was asked in August 2016 to review and update data from the 2015/16 flu season in the UK and other countries. This request was made as the US announced in June 2016 that it would not recommend the use of the nasal flu vaccine (live attenuated influenza vaccine (LAIV)) in 2016/17 season but instead recommended the injected inactivated flu vaccine. This was in response to research carried out by the US Centre of Disease Control and Prevention that showed the LAIV was less than three percent effective in 2015/16 in the US. These findings are contradicted by research from the UK, Finland and Canada which shows that the LAIV in children gives a similar level of protection to the inactivated flu vaccine in adults. In the UK vaccine efficacy for LAIV in 2015/16 was 57.6%. The JCVI continues to recommend using the LAIV for preventing flu in children. Resources to help respond to questions:

JCVI statement on the use of nasal spray flu vaccine for the childhood influenza immunisation programme
www.gov.uk/government/uploads/system/uploads/attachment_data/file/548515/JCVI_statement.pdf

OVG Vaccine Knowledge Project Blog: <http://vk.ovg.ox.ac.uk/uk-nasal-flu-recommendation>

Are unvaccinated contacts at risk of becoming ill with the flu vaccine virus in the nasal flu vaccine?

Those who are severely immunosuppressed (for example post bone marrow transplant) could potentially be at risk of transmission of the live attenuated flu virus in LAIV from those vaccinated in the past one to two weeks. Other unvaccinated contacts are not at risk of becoming ill either through being in the same room where the LAIV vaccine is given or by being in contact with a recently vaccinated individual. Further information within:
www.gov.uk/government/uploads/system/uploads/attachment_data/file/551676/Childhood_flu_programme_information_for_healthcare_practitioners.pdf

Can inactivated influenza vaccine be given at the same time as a pertussis immunisation in pregnancy?

Influenza vaccine can be given at any stage of pregnancy but the earlier in the possible flu season the better to give maximum potential benefit of protecting the mother. Pertussis immunisation can be given from 16 weeks gestation but ideally after the fetal anomaly scan at around 20 weeks. If influenza vaccine has not been given when the pertussis containing vaccine dTaP/IP is due (Boostrix-IPV) an inactivated influenza vaccine can be given at the same time or at any interval before or after. Further information within:
www.gov.uk/government/uploads/system/uploads/attachment_data/file/529956/FV_JUNE_2016_PHE_pertussis_in_pregnancy_information_for_HP_.pdf



New cohorts for shingles vaccination from 1st September 2016

New cohorts are now eligible for shingles vaccination (Zostavax) in the 2016/17 programme. They became eligible from the first day of September after their 70th (born 02/09/1945 to 01/09/1946) or 78th (born 02/09/1937 to 01/09/1938) birthday. In 2015/16, the third year of the programme, uptake of shingles vaccine was lower than in previous years. Efforts should be made to increase the uptake in 2016/17. Zostavax can be given at the same time or at interval from inactivated influenza vaccine and pneumococcal polysaccharide vaccine (Pneumovax).

A comprehensive resource for health professionals which covers many common questions relating to the shingles vaccination programme can be found at: www.gov.uk/government/uploads/system/uploads/attachment_data/file/503099/PHE_Shingles_advice_for_health_professionals_2015-16_February2016_V4.pdf

A poster which simply illustrates who is eligible for vaccination including age and date of birth range can be accessed at: www.gov.uk/government/uploads/system/uploads/attachment_data/file/554821/Who_is_eligible_for_the_Shingles_vaccine_poster.pdf

Oxford Vaccine Group Update

The SNIFFLE 4 Study -Safety of Nasal Influenza Immunisation in Children with Asthma

The live attenuated influenza vaccine (LAIV) has been shown to be safe in children with mild-moderate asthma. A study is now being carried out hoping to show that the LAIV is safe in children with more severe asthma too. The study is being carried out at Children's Hospital in Oxford and other paediatric centres in the UK in collaboration with Public Health England and Imperial College Healthcare. For further information please email childrensresearch@paediatrics.ox.ac.uk or call the research nurses on 01865 231729

OVG Immunisation Seminar Thursday 23rd March 2017

Venue: The Richard Doll Building, Old Road Campus, Roosevelt Drive, Oxford, OX3 7LF

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 2017 is expected to feature presentations from local and national immunisation leaders including a chance to pose questions to a panel of experts and a debate. The registration fee is £95.

A draft programme is available at <http://www.ovg.ox.ac.uk/immunisation-seminar>

The on-line booking facility will open on 1 December at: <https://www.oxforduniversitystores.co.uk/browse/product.asp?catid=14&modid=5&compid=1>

Introduction to Immunisation Training 2016/17

Berkshire	No more dates in 2016. TBC for 2017	BHFT staff book through intranet Email: learningdevelopment@berkshire.nhs.uk Phone: 01344 415729
Bucks	20th & 21st February 2017 Aylesbury Area, location TBC	Email: Learning.development@buckshealthcare.nhs.uk Phone: 01494 734681
Oxfordshire	No more dates in 2016. TBC for 2017	Oxford Health Staff: 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 or email Marilyn.Lansley@berkshire.nhs.uk. Her office number may be given to patients. For advice about adult travel immunisations, practitioners are directed to NaTHNaC <http://nathnac.net/>

VACCsline hours

Monday	10.30am to 4pm
Tuesday	9am to 4pm
Wednesday	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,