

VACCSline NEWSLETTER AUTUMN 2013 - ISSUE 29



Welcome to the Autumn edition of the VACCSline newsletter

Immunisation programme changes; issues and challenges (part two)

For full programme details see Public Health England's (PHE) immunisation webpages:

https://www.gov.uk/government/organisations/public-health-england/series/immunisation

1. Administration of live vaccines During 2013, three additional live vaccines have been introduced into the UK immunisation schedule; Rotarix® (oral rotavirus vaccine), Fluenz® (intranasal influenza vaccine) and Zostavax® (Shingles vaccine). Other live vaccines currently in use include BCG, MMR, yellow fever and oral typhoid vaccine. Live vaccines that are injected should be given on the same day or at an interval of four weeks. When the body mounts an immune response to a live vaccine, natural interferon is released. There is a theoretical risk that the circulating interferon may prevent replication of a second live vaccine virus, given later than the first, if injected before an interval of four weeks.

The influenza chapter of the online Green Book states; "there are no data on whether this advice applies to live attenuated intranasal influenza vaccine". Whilst it is ideal to administer Fluenz® on the same day as or at least four weeks after other live immunisations, vaccination with Fluenz® should not be deferred because of another recent live vaccination already given.

The table below summaries live vaccine administration.

	INJECTABLE LIVE	ORAL LIVE
INJECTABLE LIVE	Same day or four weeks apart	Any interval
ORAL LIVE	Any interval	Any interval
NASAL LIVE	Ideally same day or four weeks later;	Any interval
	if not possible at any interval	

2. Injection technique Unlike most other vaccines, the Shingles vaccine, Zostavax® is licensed to be given by subcutaneous (SC) injection. Injection technique is described in detail in Chapter four of the online Green Book (Immunisation procedures). The main differences in technique between SC and intramuscular injection (IM) are summarised here:

Intramuscular (IM)	Subcutaneous (SC)
Needle (25mm) at 90 degrees to the skin	Needle at 45 degrees to the skin

3. Frequently Asked Questions: Fluenz® **and preschool boosters.** Can Fluenz® be given to a child at the same time as MMR, dTaP/IPV or DTaP/IPV?

Yes: Fluenz may be given at the same time as a child's routine preschool vaccines. It is recommended that the nasal vaccine is administered before the injected vaccines to reduce distress to the child.



FAQS Continued: Unit size of Fluenz®. How many doses of Fluenz® are including within one box?

There are ten doses of vaccine within one box of Fluenz® i.e. enough to vaccinate ten children. When ordering, you order by box and not dose (i.e. ten doses per unit ordered)

Resources to help respond to frequently asked questions

Q&As for health professionals have been produced by Public Health England for the rotavirus, childhood flu programme and shingles. They contain information in addition to that in the online Green Book to reflect practitioners' questions. They can be accessed from the PHE immunisation webpages under "recent and new vaccine introductions" (see page one for web address).

Hepatitis B immunisation at pre-school age for at risk children: RIO scheduling

Children born to hepatitis B positive mothers are vaccinated at 0,1,2 & 12 months followed by a booster at 3yrs 4mths which is given with the routine pre-school boosters. In some areas, this is being scheduled by RIO. Although it is the fifth dose in total, RIO schedules it as the fourth dose which causes some confusion for practice staff. The RIO schedule is referring to the fact that this is the fourth dose given in the community (the birth dose having been given in hospital). Local immunisation teams are flagging this anomaly nationally. Please contact VACCSline with any queries about hepatitis B schedules.

Oxford Vaccine Group (OVG) Update: http://www.ovg.ox.ac.uk/

SNIFFLE Study: This study will assess the safety of a live attenuated intranasal influenza vaccine (Fluenz®) in egg allergic children. This vaccine has been used for several years in the USA but there are no safety data available for egg allergic children. As the vaccine virus is cultured in hen's eggs, the vaccine contains a small trace of egg protein which could potentially cause allergic reactions in these children. This study is a multi-centre study led by Southampton University. OVG is one of ten centres recruiting for this study and children who participate will be vaccinated at the Children's Hospital. Overall 300 participants will be recruited during this flu season. Interested parents should contact Dr Rachele Tavanayan or Elizabeth Davis on 01865 231729

OVG Immunisation Seminar 2014: Thursday 20th March, further details on OVG website.

Upcoming Introduction to Immunisation Training			
Berkshire (E & W)	ТВС	Contact: BHFT staff book through intranet learningdevelopment@berkshire.nhs.uk For queries please call: 0118 960 5213	
Buckinghamshire	Immunisation update 19th November	Contact: 01494 734681 training.department@buckshealthcare.nhs.uk	
Oxford	ТВС	Contact: Kaye Hewer 01865 325496 kaye.hewer@oxfordhealth.nhs.uk	
Other providers	Introduction to Immunisation Study Day 5th November, High Wycombe, Bucks	Contact: Clinical training limited www.clinicaltrainingltd.co.uk	

To receive future VACCSline newsletters by direct email, send your request to richard.galuszka@phe.gov.uk

VACCSline provides advice on childhood and adult immunisations to health professionals in Buckinghamshire, Oxfordshire and West Berkshire. In East Berkshire immunisation enquiries should continue to 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	
Wednesday	9am to 4pm	
Thursday	9am to 4pm	
Friday	9am to 4pm	

Vaccine Advice for CliniCians Service