



Welcome to the winter edition of the VACCSline newsletter

Pertussis vaccination in pregnancy

Question: If someone who is currently pregnant, received pertussis immunisation during a previous pregnancy, do they need another pertussis immunisation during this pregnancy?

Answer: Yes. The programme aims to boost immunity in women during the 3rd trimester of pregnancy so that pertussis antibodies are passed to the infant, to protect them during their first few months of life. The high levels of antibody following a fresh booster are needed to ensure that enough is transferred to the baby to give protection. It is recommended that this is done in each pregnancy whilst the temporary pertussis programme is in place. <http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/WhoopingCough/ImmunisationForPregnantWomen/whoogandaPertussisVaccinationProgrammeForPregnantWom/>

Meningococcal ACWY: conjugate and polysaccharide vaccines

Meningococcal ACWY vaccines may be indicated for: international travellers, individuals with asplenia, splenic dysfunction and complement deficiency and individuals exposed to cases of meningococcal infection. Three different products to vaccinate against meningitis ACWY are available:

- **Menveo®** and **Nimenrix®** (Quadrivalent **conjugate** ACWY vaccine) – manufactured by Novartis® and GlaxoSmithKline® respectively.
- **ACWYVax®** (Quadrivalent ACWY **polysaccharide** vaccine, GSK)

In all indicated groups, the conjugate vaccines; Menveo® and Nimenrix® should be used in preference to the polysaccharide vaccine and ACWYVax must not be used for non travel indications. The conjugate vaccines promote a better immune response.

Vaccine supply: Are you familiar with which vaccines are used in your practice? Some practices are less familiar with the conjugate vaccines and still keep stock of polysaccharide vaccines.

Recording vaccine names: When administering any vaccine the brand name of the product given should be recorded. This is especially important with the new MenC booster programmes as it may be complicated to assess retrospectively which vaccine a patient has received.

Adolescent meningococcal C conjugate vaccine

Question: An adolescent is due a routine booster of MenC vaccine, they have previously had a Meningococcal ACWY vaccine. Do they still need the MenC vaccine?

Answer: If either of the conjugate ACWY vaccines (Menveo® or Nimenrix®), were given over the age of 10 years, no further dose of MenC is indicated. However, if the polysaccharide ACWY vaccine was administered then the "C" part may not have conferred enough immunity and a booster should be given. A booster should also be offered if the record is not clear or the vaccines were given before the age of 10.

Shingles vaccine for immunosuppressed patients

Live vaccines are usually contraindicated in patients who are immunosuppressed due to medication or medical condition/s. Chapter 6 of the Online Green Book provides guidance on this: <https://www.gov.uk/government/publications/contraindications-and-special-considerations-the-green-book-chapter-6>

However, for the shingles (herpes zoster) vaccine, which is also live, some additional guidance has been given around administering vaccine to patients on three specific immunosuppressive medicines. Certain doses of each of the following medicines; methotrexate, azathioprine and 6mercaptopurine do not contraindicate the use of the shingles vaccine. Immunisers should refer to the shingles chapter in the Online Green Book for details of dosages.

For all other patients who are immunosuppressed due to other medications or treatments, shingles vaccine will usually be contraindicated.



PCV13; change in advice from VACCSline

From 2014 VACCSline will no longer be advising that unimmunised children aged 2-5 years who are **not** in pneumococcal clinical risk groups should receive a single PCV13 vaccine.

Rationale: PCV13 was added to the routine schedule in spring 2010. PCV13 provides direct protection to those vaccinated against infection but also reduces nasopharyngeal carriage and together these have reduced the amount of pneumococcal bacteria circulating in the community (of the strains included in the vaccine). After almost four years of vaccinating routinely with PCV13, there is now little benefit in vaccinating the aforementioned children. Children over 2 in at risk groups continue to require further vaccination as per Online Green Book recommendations.

Advice: VACCSline advice will be in line with that from PHE nationally and published on the incomplete immunisation algorithm: to ensure all children aged between 12 and 24 months receive a single PCV13 vaccine. Link to algorithm: http://www.hpa.org.uk/webc/hpawebfile/hpaweb_c/1194947406156

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

OVG Immunisation Seminar 2014: Thursday 20th March, 2014

This popular day 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.

Click on the link for programme/booking details: <http://www.ovg.ox.ac.uk/immunisation-seminar>

MenB Study: OVG is currently conducting a study of 10-19 years olds for a multinational, phase 3 clinical trial of a Meningococcal serogroup B vaccine (known as 'bivalent LP2086'). The study aims to recruit 3600 adolescents worldwide and is a blinded, randomised, control trial which will assess lot consistency and reactogenicity. Recruitment is now complete, and participants will receive three immunisations of either LP2086 or the control, a hepatitis A vaccine, and will have three blood tests over a period of seven months. More information is available at: <http://www.ovg.ox.ac.uk/recruiting-studies>

Upcoming Immunisation Training

Berkshire	Introduction to Immunisation: 25/02/14 Easthampstead, Bracknell 15/10/14 Easthampstead, Bracknell	<i>Contact:</i> BHFT staff book through intranet learningdevelopment@berkshire.nhs.uk For enquiries please call: 0118 960 5213
Buckinghamshire	Introduction to Immunisation: 14/05/14 High Wycombe Update: 17/11/14 High Wycombe	<i>Contact:</i> 01494 734681 training.department@buckshealthcare.nhs.uk
Oxfordshire	Introduction to Immunisation: 01/04/14 Unipart, Oxford	<i>Contact:</i> Kaye Hewer 01865 325496 kaye.hewer@oxfordhealth.nhs.uk
Other providers	Update: 30/01/14, High Wycombe	<i>Contact:</i> 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

Part of Oxford Vaccine Group, CCVTM, Churchill Hospital, Old Road, Headington, Oxford OX3 7LE, and Thames Valley Public Health England Centre, Public Health England, Chilton, OX11 0RQ .