



Welcome to the spring edition of the VACCSline newsletter

This edition of the newsletter focuses on some of the questions that were submitted by delegates attending the Oxford Vaccine Group Immunisation seminar on the 21st March for the panel to answer.

Boosters of Meningococcal C vaccine

Question: Should 13/14 year olds who present at their GP surgery be vaccinated by the practice nurse or referred back to the school nursing services for vaccination?

Answer: The adolescent booster of MenC has been commissioned to be delivered by the school health nursing (SHN) service. However there is an expectation that GP practices will vaccinate a small minority of teenagers presenting in primary care for a valid reason, for example, true needle phobias. SHN teams are expected to make formal referrals for such cases. All other provision should be via school health nursing.

Question: Are we meant to be boosting all 20-25 year olds with MenC vaccine?

Answer: No. If an individual up to the age of 25 years has received no MenC vaccine previously then they should receive one dose, but boosting is not routine unless part of the university programme (see below). Further details of the MenC vaccination schedule for those with unknown or incomplete vaccination histories can be found in table 22.2 within the Meningococcal chapter of the online green book accessed at: <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>

Question: Should we be offering MenC vaccine to individuals going off to university?

Answer: The programme for new starters at university to receive a single dose of MenC is due to start from late summer 2014. Vaccination should be offered to those born on or after 1st September 1995. This cohort of individuals were vaccinated at a young age and their immunity may have waned. University students are at an increased risk of exposure to meningococcal infection as disease can spread quickly where people live closely to each other such as in halls of residence. For further information refer to the PHE document: Changes to the meningococcal C conjugate (MenC) vaccine schedule 2013-2014 Advice for healthcare professionals: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/287438/MenC_advice_for_healthcare_professionals_V4_Final.pdf

Meningococcal B vaccine

Question: Are there plans for teenagers and university students to receive MenB vaccine? It is difficult to explain to students why they should receive MenC but not MenB.

Answer: The JCVI released a position statement on the use of Bexsero® Meningococcal B vaccine in the UK on 21st March 2014. This can be accessed on line at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/294245/JCVI_Statement_on_MenB.pdf Its explains: "The overall impact of an adolescent vaccination programme in the UK would be highly dependent on the impact and duration of protection of the vaccine against acquisition of meningococcal carriage, which remained highly uncertain". The future inclusion of MenB in the routine infant schedule at two and four months with a booster dose at 12-13 months has been recommended while its routine use in adolescents remains under review. Current guidelines advocate MenB for those in clinical risk groups who should receive Meningococcal ACWY conjugate vaccine (excluding travel reasons), laboratory workers working with meningococci and for the management of MenB outbreaks. The Meningococcal chapter of the green book was updated on 11th April.

Shingles vaccination

Question: Many patients aged 60-70 or 71-78 request the shingles vaccine. Is it possible to prescribe it on the NHS for people outside the cohorts covered by the vaccination programme?

Answer: The shingles programme aims to balance vaccine supply, cost and vaccine effectiveness. While Zostavax is licensed from 50 years of age only those within the programme age cohorts should routinely be offered the vaccine unless there is an individual clinical reason to do otherwise. Further information and other questions at: PHE Shingles Q&As for healthcare professionals <https://www.gov.uk/government/publications/vaccination-against-shingles-for-adults-qas-for-healthcare-professionals>



Booster of dTaP/IPV before two years of age

Question: Some children who have been vaccinated in another country have received a fourth dose of dTaP/IPV or DTaP/IPV before they are two years of age. These children are automatically scheduled to attend for a pre school booster at around 3 years 4 months. Should they be given this booster?

Answer: Any additional doses of dTaP/IPV, DTaP/IPV or DTaP/IPV/Hib given under three years of age should be discounted as a booster to the primary course and a 5th dose (first booster to count) given. This is because the boosting effect of the vaccine given under three years of age may not provide satisfactory protection until their teenage booster due to waning immunity. Booster doses are scheduled at the age at which best immune responses have been seen to give the longest duration of protection. This does vary between countries reflecting disease epidemiology and programmatic issues.

The PHE algorithm: "Vaccination of individuals with uncertain and incomplete immunisation histories" is a useful tool in bringing an individual from overseas up to date with the UK vaccination programme.

Accessed at: http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1194947406156

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

A Study of the Interaction between BCG and MenC immunisation: BAM

OVG are conducting a study to look at whether the BCG vaccine can improve the way the immune system responds to other childhood vaccines, in particular the MenC vaccine. Thirty infants will be recruited in their first week of life from Oxfordshire who would not routinely be offered BCG. Infants will receive BCG at birth, three months or 13 months and all of their routine immunisations will be given as part of the study. Further details can be accessed at: <http://www.ovg.ox.ac.uk/study-the-interaction-between-bcg-and-menc-immunisation>

Other OVG studies which are currently recruiting can be viewed at: <http://www.ovg.ox.ac.uk/recruiting-studies>

Upcoming Immunisation Training

Berkshire	Introduction to Immunisation: 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	TBC	<i>Contact:</i> Kaye Hewer 01865 325496 kaye.hewer@oxfordhealth.nhs.uk
Other providers	Introduction to Immunisation: 18/11/14 High Wycombe Update: 26/06/14 & 05/02/15 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 .