



Welcome to the spring edition of the VACCSline newsletter

Celebrating 10 years of VACCSline

VACCSline has reached its 10th birthday. Set up in 2005, it responds to around 1,500 enquiries annually from health professionals working within the Thames Valley. A small team of immunisation nurse specialists and health protection practitioners supported by consultants at Thames Valley PHE and Oxford Vaccine Group (OVG) respond to the enquiries. More information about the service can be found on the VACCSline webpages (see footer). A recent user survey found: that there was a high rate of satisfaction by users and they would recommend the service to a colleague, that the service was an integral part of immunisation practice support helping to reduce potential vaccine errors and promoting patient safety, that advice given enabled users to vaccinate patients who may otherwise have not been vaccinated.

Assessment of new registrants immunisation status

When a new patient registers at a practice/service their vaccination status should be assessed. Ensuring that all individuals are fully vaccinated according to their age is expected practice to ensure individuals are protected and adequate herd immunity is achieved to control and contain vaccine preventable diseases. The PHE algorithm "Vaccination of individuals with uncertain or incomplete immunisation status" is a useful tool in planning catch up schedules: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/347559/PHE-algorithm-September-2014.pdf

OVG immunisation seminar 18th March 2015: Selected FAQs

Vaccine administration

Q: If an individual has a bleeding disorder which injection technique should be used?

A: Most injectable vaccines are recommended to be given IM (intramuscular). However for individuals with a bleeding disorder a deep subcutaneous (SC) injection is recommended to reduce the risk of bleeding following vaccination. The different injection techniques are described in the "online green book": https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/147915/Green-Book-Chapter-4.pdf

Q: Can MMR vaccine and BCG be given at the same time/same day as they are both live vaccines?

A: Yes MMR and BCG can be given at the same time/same day. Guidance for administering more than one live vaccine was updated in April 2015. If a tuberculin skin (Mantoux) test has already been initiated, then MMR should be delayed until the skin test has been read (unless protection against measles is required urgently). If an individual has recently been vaccinated with MMR and a tuberculin skin test is required, a four week interval should be left between them. Other combinations of live vaccines and tuberculin skin testing are listed, and the rationale for them, within the updated guidance document:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/422798/PHE_recommendations_for_administering_more_than_one_live_vaccine_April_2015FINAL.pdf

Pertussis vaccination for each pregnancy

Q: A woman is due pertussis vaccination but had one in her previous pregnancy 18 months ago. Is there an increased risk of local reactions following this vaccination?

A: For pregnant women the benefit of vaccination outweighs the risk of local reactions. Immunity to pertussis is short-lived and therefore vaccination needs to be given in each pregnancy, between 28-32 weeks gestation, to boost circulating antibodies in the mother and maximise trans placental transfer to the baby. Whilst there is a risk of local reactions each time, the severity of them would not be expected to increase. Further information at: 1) Vaccination against pertussis (Whooping cough) for pregnant women- 2014 Information for healthcare professionals https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/338567/PHE_pertussis_in_pregnancy_information_for_HP_2014_doc_V3.pdf 2) Recently updated Pertussis chapter of the "online green book" https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/424448/Green_Book_Chapter_24_Pertussis_v2_0_April_2015.pdf



A reminder: Shingles immunisation programme continues to 31st August 2015

The 2014/15 Shingles vaccination programme continues until 31st August 2015. Current vaccine uptake in 70 year olds within the Thames Valley is around 35% which means that two out three persons eligible have not been vaccinated. In addition to the routine vaccination of adults aged 70 years, the catch up programme includes those age 78 and 79 years. Age eligibility is determined by the individual's age on the 1st September 2014.

Q: A 70 year old has recently had shingles disease. Can they be vaccinated?

A: The "online green book" states: all symptoms of shingles and post hepatic neuralgia should have ceased prior to vaccination. Natural infection may have boosted immunity. In immunocompetent individuals, vaccination should be delayed for 12 months following disease. Individuals who have two or more episodes of shingles in one year should have immunological investigation prior to vaccination. Further information:

1) Online green book shingles chapter: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/357155/Green_Book_Chapter_28a_v0_5.pdf 2) Vaccination against shingles for adults aged 70, 78 & 79 years of age; information for healthcare professionals: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/357164/PHE_Shingles_advice_for_health_professionals_2014_15_v2_FINAL_approved.pdf

Delayed edition of Spring Newsletter

This newsletter was due to be circulated in April but was delayed due to the general election and restrictions on government communications.

Oxford Vaccine Group update

EUCLIDS: Investigating the immune response to vaccination against Men B in infants

OVG has recruited 187 healthy Caucasian infants aged 8 to 12 weeks into a study investigating how children's immune systems respond to Men B (Bexsero) vaccine and to what extent this is affected by different genes. Which genes are 'switched on' and 'switched off' after vaccination will be identified and if the genes that are associated with side effects such as fever are the same ones that are needed for the vaccine to generate a good immune response. This information will help in the design of vaccines that are more effective and have fewer side effects in the future. All infants recruited receive their routine immunisations and Men B.

Introduction to Immunisation Training 2015

Berkshire	19th & 20th October 2015 Easthampstead Baptist Church, Bracknell	BHFT staff book through intranet Email: learningdevelopment@berkshire.nhs.uk Phone: 01344 415729
Buckinghamshire	30th June & 1st July 2015 18th & 19th November 2015 Medical Education Dept. High Wycombe	Email: Learning.development@buckshealthcare.nhs.uk Phone: 01494 734681
Oxfordshire	16th & 17th September 2015 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
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 .