



Welcome to the Spring edition of the VACCSline newsletter

Changes to vaccine programmes

Changes have been announced to the following immunisation programmes: removal of Men C from the infant schedule from 1st July 2016, revised recommendations on the timing of pertussis vaccination for pregnant women and new cohorts to be vaccinated with MenACWY. It is important to understand the rationale for any changes to immunisation programmes to support communication between health care professionals and parents and/or patients.

Changes to programmes are usually made following a recommendation from the Joint Committee on Vaccination and Immunisation (JCVI). The JCVI meet three times a year and the minutes of their meetings are published on line. The minutes detail the factors that are considered by the JCVI prior to a recommendation being made including; empirical evidence, mathematical modelling, programmatic issues etc. For immunisers they give a useful insight into why programmes are changed/implemented. The minutes can be accessed at the following link: <https://www.gov.uk/government/groups/joint-committee-on-vaccination-and-immunisation>

Official letters, vaccine update, resources and updated leaflets to support the programme changes are available on the PHE immunisation pages at: <https://www.gov.uk/government/collections/immunisation>

Cessation of rubella screening in pregnancy – think MMR!

From 1st April 2016, routine screening for rubella susceptibility will no longer be undertaken during pregnancy. The rationale for this is that rubella infection in the UK is at a level defined as eliminated by the World Health Organisation. Screening for rubella susceptibility does not give any protection to the unborn baby in the current pregnancy and furthermore the test may offer false reassurance to women that they are not susceptible to rubella infection. Stopping antenatal screening is unlikely to result in increased rates of congenital rubella.

Uptake of MMR is very high in young children but there are pockets of the population who may not have received two doses of MMR and every opportunity should be taken to ensure any missing vaccines are caught up. These groups include : teenagers and young adults and migrants who have moved to the UK. Particular attention should be paid to assessing immunisation histories of new registrants to General Practice or as part of a pre-travel risk assessment.

Administering four vaccines to children at 12 months of age

Q: From the 1st May infants who received Men B as part of the catch up cohort will be 12 months old and will be scheduled to receive a booster of Men B along with PCV13, MMR and Hib/MenC. Can these four vaccines be administered at the same time?

A: The April edition of Vaccine Update has addressed this issue and states: "As MenB is still a relatively new vaccine, it is recommended that, as with the infant doses, this vaccine is administered into the left thigh, ideally on its own, so that any local reactions can be monitored more accurately. As vaccines can be given into the deltoid area of the upper arm from one year of age, it is recommended that the other vaccines due at one year of age (Hib/MenC, PCV and MMR) be given into the remaining three limbs. If it is not possible to use the arms, it is recommended that the MMR, as the vaccine least likely to cause local reactions, is given in the same thigh as the MenB and the PCV and Hib/MenC boosters are given into the other thigh." Link: <https://www.gov.uk/government/publications/vaccine-update-issue-243-april-2016>

New resource: Let's talk about protection - a communication guide on childhood vaccination

The European Centre for Disease Prevention and Control (ECDC) have published a new resource aimed at helping parents to understand vaccination and to support their choice to get their children protected. Research undertaken by ECDC identified three key recommendations to support parental vaccine choice: 1. Make vaccine communication more of a two-way information exchange, 2. Keep the focus of discussions on the benefits of "getting protected and protecting" , 3. Make the settings and systems in which people obtain vaccinations simpler, more accessible and easier to navigate. Further information is available on their webpage along with a training presentation, report and a flip book for use with parents: <http://ecdc.europa.eu/en/healthtopics/immunisation/comms-aid/Pages/protection.aspx#sthash.nsU0C2C8.dpuf>



Hepatitis B vaccination

VACCSline receives many enquiries regarding hepatitis B vaccination. Hepatitis B vaccination is used widely to prevent disease in persons at increased risk of infection due to; occupation, medical/lifestyle conditions or in those who may have been exposed to infection.

Types of hepatitis B vaccine: Hepatitis B vaccines are available in adult, paediatric and renal formulations, from two different manufacturers. It is essential to ensure that the correct vaccine is selected for each individual patient.

Two programmes that VACCSline commonly receives questions about are the neonatal hepatitis B programme and vaccination of renal patients.

Neonatal hepatitis B programme: neonatal Hep B vaccine is used to protect infants who have been exposed to hepatitis B infection from their mother at the time of birth. These babies are at extremely high risk from developing chronic hepatitis B infection and therefore going on to develop liver disease. Vaccination commences at birth and is completed in primary care with doses at 1,2 &12 months of age. Bloods are also taken at 12 months with a final booster administered alongside the pre-school immunisations.

Chronic Renal Failure: Immunisation against hepatitis B is recommended for patients on haemodialysis or renal transplantation programmes and for other patients with chronic renal failure as soon as it is anticipated that they may require these interventions. The response to hepatitis B vaccine among patients with renal failure is lower than among healthy adults. To optimise the immune response one of the vaccines formulated for use in patients with chronic renal failure should be used. Two renal formulation hepatitis B vaccines are available but the schedules are different depending on the brand being used. Immunisers are encouraged to check the SPC for the licensed schedule and administer accordingly.

Oxford Vaccine Group (OVG) Update

Immunisation Seminar March 2016. Videos of presentations from this event are available at: <https://www.ovg.ox.ac.uk/immunisation-seminar-videos-2016>

Chickenpox in the second year of life study.

OVG are currently recruiting children aged 12-13 months to a study looking at the effectiveness of a chickenpox vaccine. The study compares the Varilrix® vaccine, which is already licensed in the UK, with another version of the same vaccine that is made in a different way. Further details of the study available at: <http://www.chickenpoxstudy.org.uk/>

Introduction to Immunisation Training 2016/17

Berkshire	Date to be confirmed	BHFT staff book through intranet Email: learningdevelopment@berkshire.nhs.uk Phone: 01344 415729
Bucks	Date to be confirmed	Email: Learning.development@buckshealthcare.nhs.uk Phone: 01494 734681
Oxfordshire	Date to be confirmed	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. 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 Public Health England South East Centre, Chilton, OX11 0RQ &
Oxford Vaccine Group, CCVTM, Churchill Hospital, Old Road, Headington, Oxford OX3 7LE,