



Welcome to the Summer edition of the VACCSline newsletter

Changes to the delivery of VACCSline service

After over nine years of being a key part of the VACCSline team, Sarah Lang left at the end of June in response to re organisations within Public Health England. Her contribution to the service has been invaluable. The experienced Health Protection Practitioners who form part of the acute response centre at Public Health England, Chilton will now be more regularly responding to enquiries received. As a consequence an immediate reply may not always be possible however every effort will be made to respond as promptly as possible.

Pertussis immunisation in pregnancy

From 1st April 2016, pertussis containing vaccine should be offered to pregnant women from 16 weeks gestation, ideally after their foetal anomaly scan (usually at around 20 weeks). Practice areas need to ensure that their procedures reflect this change. The rational behind this change and information for health professionals about this programme can be accessed at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/529956/FV_JUNE_2016_PHE_pertussis_in_pregnancy_information_for_HP_.pdf

Vaccination of individuals with uncertain or incomplete immunisation status

The infant dose of Men C at 12 weeks was removed from the routine immunisation schedule on the 1st July 2016. The PHE flow chart; Vaccination of individuals with uncertain or incomplete immunisation status, to use when working out how to catch up those who are not fully vaccinated has been updated to reflect these changes. Enquiries relating to this topic area have always been one of VACCSline's most frequent. You need to ensure that you are using the most recent version of the flow chart effective from July 2016 accessed at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/529103/PHE_vaccination_algorithm_individuals_with_uncertain_or_incomplete_immunisation_status.pdf

Men B vaccination in the second year of life for infants born on or after 1st May 2015

Men B was introduced into the national immunisation programme in September 2015 for infants born on or after the 1st May 2015. Infants within the catch up cohort (born 1st May to 30th June 2015) were eligible to receive either one or two doses of Men B depending on how many primary visits they had remaining. In the routine schedule infants receive two primary doses separated by two months. From 1st May 2016 infants who are reaching a year of age became due for their booster dose of Men B with the other routine immunisations. There is some confusion around completing schedules of Men B. Infants eligible to receive Men B as part of the national immunisation programme (i.e. born from 1st May 2015) only remain eligible up to the age of two years.

Scenario 1: Infants over 12 months of age (born from 1st May 2015) who have received either one or two doses of Men B in infancy. **Answer:** These infant should receive one booster dose of Men B (two months from their last primary dose) before their second birthday.

Scenario 2: Infants over 12 months who have not received any doses of Men B under the age of one (born from 1st May 2015). (Including those born overseas).

Answer: These infants should complete a primary course of Men B, which over the age of one year, is two doses two months apart. No booster dose is recommended.

Schedule for Men B after one year of age (up to two years of age) for infants born on or after 1st May 2015:

Number of doses of Men B received under one year	Number of doses of Men B required after the age of one (eligible up to two years of age)
1 or 2	1 booster dose (two months from last priming dose)
0	2 doses given with a two month interval



Its summer time and a time of travel

During the summer months more people travel to other countries prompting an increase in travel related vaccine enquiries. In addition the 2016 Olympics and Paralympics are due to be held this summer in Brazil. Although travel risks assessments should ideally be done well in advance of departure this is often not the case. To assist in responding to your travel related vaccine enquires please refer to NaTHNaC (National Travel Health Network and Centre) website that has a wealth of useful information <http://nathnac.net/> They also offer an advice line for health care professionals 0845 602 6712.

Thinking ahead to the Autumn: 2016/17 Influenza vaccination programme

Guidance documents and resources to support the influenza vaccination programme for this coming season are available on the PHE website including an online flu immunisation training programme. <https://www.gov.uk/government/collections/annual-flu-programme> Additional resources to support the children's flu programme aimed at parents and health professionals, including a collection of films, are available on the Oxford Academic Health Science Network website <http://www.oxfordahsn.org/our-work/clinical-networks/childrens-flu-information-and-immunisation-201516/>

Oxford Vaccine Group Update: Vaccines Against *Salmonella* Typhi Study

Oxford Vaccine Group is currently recruiting healthy volunteers between 18 and 60 years to this study. Typhoid fever is an infection caused by the bacterium *Salmonella* Typhi. Although it is from the same family as the *Salmonella* bacteria that cause gastroenteritis in the UK, it is quite different. *Salmonella* Typhi is very rarely found in the UK and mainly causes infection in developing countries. It is thought to cause illness in approximately 22 million people every year and up to 200,000 deaths, mostly in children. People from the UK could be exposed to the infection if travelling to these developing regions. Typhoid infection is most common in poor communities with inadequate sanitation and water supplies. The bacteria are spread by the faecal oral route. Symptoms of infection include headache, fever and generalised aches and pains. If not treated properly typhoid infection can lead to severe complications and even death.

This study aims to understand more about how different typhoid vaccines generate immune protection against typhoid infection. Knowledge gained from this study will contribute to the use of vaccines against *Salmonella* Typhi and help to control this preventable disease.

Further information about this study and others currently recruiting can be accessed at: <http://trials.ovg.ox.ac.uk/>

Introduction to Immunisation Training 2016/17

Berkshire	3rd & 4th October 2016 Bracknell Open Learning Centre	BHFT staff book through intranet Email: learningdevelopment@berkshire.nhs.uk Phone: 01344 415729
Bucks	20th & 21st February 2017 Aylesbury Area, location TBC	Email: Learning.development@buckshealthcare.nhs.uk Phone: 01494 734681
Oxfordshire	14th & 15th September 2016 Unipart Conference Centre, Oxford	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 or email Marilyn.Lansley@berkshire.nhs.uk. Her office number may be given to patients. For advice about adult travel immunisations, practitioners are directed to NaTHNaC <http://nathnac.net/>

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,