



VACCS line

Quarterly newsletter

Spring 2009 — Issue 11



Welcome to the spring edition of the VACCSline newsletter

Vaccination of individuals migrating to the UK

The most common enquiry to VACCSline is regarding children who have come to the UK from overseas. A review of 6 months of VACCSline data found 107 enquiries regarding children moving to the UK from 49 different countries. The USA, India, Australia and Poland were the most common countries with most enquiries covering scheduling and translating. This edition of the VACCSline newsletter will focus on this group so that healthcare professionals can confidently establish the vaccine history and plan a schedule.

Establishing vaccine history

Patient/parent held records may be in a different language or use vaccine names that are not used in the UK. There are many electronic resources available to assist in translating vaccines records and establishing non UK vaccine schedules.

Translation Aids:

Typing an unknown vaccine term into a internet search engine can provide a good starting point.

Translations of the NHS immunisation publications can be helpful in explaining what immunisations an individual has received and what they need. Tables of vaccines schedules are included which may provide instant translation of vaccine terms. These can be accessed at: <http://www.immunisation.nhs.uk/Library/Publications/Translations>

A US immunisation website for health professionals provides lists of translations of vaccine related terms and vaccine trade names accessed at:

Translations of terms: <http://www.immunize.org/izpractices/p5121.pdf>

Translation of trade names: <http://www.immunize.org/izpractices/p5120.pdf>

International Schedules:

WHO website. The current vaccine schedule for most countries can be accessed at: <http://www.who.int/vaccines/globalsummary/immunization/countryprofileselect.cfm>

EUVAC website. A surveillance community network for vaccine preventable infectious disease. This provides the current vaccine schedule for countries which are part of Europe, accessed at: <http://www.euvac.net/graphics/euvac/vaccination/vaccination.html>

As it is the most current vaccine schedule that is listed on these websites, and they do not flag up when changes to the countries schedules have occurred, they should only be used as a guide to what the individual should have received.

Planning the individual's vaccine schedule

Once the vaccine history has been established, a course of vaccination can be planned. If there is no clear or reliable history of a vaccine being given then the individual should be assumed to be unimmunised. For healthy individuals there is no harm in revaccinating but there are potentially life threatening consequences of omitting a vaccine. To assist in bringing an individual up to date with the UK schedule, refer to the specific vaccine chapters of the Green Book and the algorithm produced by the Health Protection Agency, *Vaccination of Individuals with Uncertain or incomplete Immunisation Status*, which provides age related flow charts to follow. This resource can be accessed at: http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1194947406156

Once planned, the schedule must be clearly documented and all immunisation records sent to child health. Establishing histories and planning schedules are time consuming activities and resources must be allocated to complete these. For migrants to the UK, their immunisation status should ideally be established at the point of registration with a GP surgery allowing a pro-active delivery of vaccines.

Vaccine Advice for Clinicians Service

Call on 0845 2799 878 or email vaccs.line@paediatrics.ox.ac.uk

Frequently asked questions:

Q. A 13 month old received a measles vaccination at 9 months of age in France. Do they need MMR?

A. All single doses of measles, mumps or rubella containing vaccine should be discounted; as well as any MMR given under one year of age. Individuals require 2 doses of MMR to be considered fully immunised given at the recommended ages and time intervals.

Q. A 4 year old received a 4th dose of DTP/IPV/Hib at 16 months of age. Do they need to have the DTaP/IPV part of their preschool booster?

A. Yes, DTaP/IPV should be given as part of their preschool booster and a second dose of MMR. An additional dose of DTaP/IPV given under the age of three years should be discounted and the first and second boosters given at the recommended ages. Individual immunity would wane to below protective levels if they did not receive a booster again until their school leavers dose of Td/IPV.

Current Issue – Missed booster of Hib/MenC Vaccine

VACCsline has received many enquiries about children who have not received Hib/MenC (Menitorix) at 12 months of age and are now attending for their preschool booster. The Hib/MenC booster was introduced on the 4th Sep 06; therefore any child born 04/09/05 or since should have received Hib/MenC at 12 months of age. If this vaccine has been missed then it should be given with the preschool booster of DTaP/IPV (Infanrix-IPV) or dTaP/IPV (Repevax) and MMR.

OVG update—A new combination vaccine against 6 childhood diseases

A study will start in April with a vaccine developed to prevent 6 childhood diseases in one combination vaccine (Diphtheria, Tetanus, Pertussis, Poliomyelitis, *Haemophilus influenza* type b and Meningococcal type C). The study will assess infants' immune responses and monitor safety. 280 babies will be enrolled and randomised to receive either the new combination "6:1" vaccine or the two vaccines currently used, i.e. the "5:1" vaccine (Peadiacel) and a vaccine against MenC (Menjugate). All other scheduled routine immunisations will be administered with the infants participating until 14 months of age. The "6:1" vaccine will be recorded as DTaP/IPV/Hib-MenC on unscheduled forms.

Upcoming Immunisation Training

Oxfordshire	Immunisation Study Day 24th Sept, mandatory for PCT staff Improving Immunisation in Primary Care 18th June, 8th Sept & 10th Dec (12-3) Focused workshops to support practice All of above at Unipart Centre, Oxford	Contact: Kay Hewer, Training Administrator 01865 336815 or http://nww.oxweb.nhs.uk Contact: Anna Hinton, Principal in Health Protection 01865 336858 or anna.hinton@oxfordshirepct.nhs.uk
Buckinghamshire	Introduction to Immunisation 5th June in Aylesbury 8th October at WGH Immunisation Updates (9-12.30) 22nd June at WGH & 25th June at SMH Flu Updates 8th Sept at WGH & 29th Sept at SMH	Contact: Education, learning & development 01296 310117 WGH = Wycombe General Hospital SMH = Stoke Mandeville Hospital
Berkshire	Contact Learning and Development for forthcoming immunisation training	Contact: Sarah Manning, Booking Administrator 0118 949 5179

VACCsline has been running since April 2005 providing consistent advice on childhood & adult (non travel) immunisations to health professionals across Oxfordshire, Buckinghamshire, Milton Keynes and West Berkshire. If you would like this newsletter emailed directly to you then please email your request to elly.kilsby@hpa.org.uk

Immunisation enquiries in East Berkshire should continue to be directed to Dr. Marilyn Lansley, Immunisation Co-ordinator for the PCT either on her office number 01344 458109 or her mobile 0771 247 1375. Her office number may be given to patients.

For advice about adult travel immunisations, practitioners are directed to the National Travel Health Network and Centre – 0845 602 6712.

VACCsline hours

Monday	10.30am to 4.15pm
Tuesday	9am to 4.15pm
Wednesday	9am to 4.15pm
Thursday	9am to 4 pm
Friday	9.30 am to 1.30 pm

Vaccine Advice for Clinicians Service

Part of Oxford Vaccine Group, CCVTM, Churchill Hospital, Old Road, Headington, Oxford OX3 7LJ, and Thames Valley Health Protection Unit, John Eccles House, Oxford Science Park, Oxford