



VACCS line Tel: 01865 225918

Quarterly newsletter

Summer 2006—Issue 2



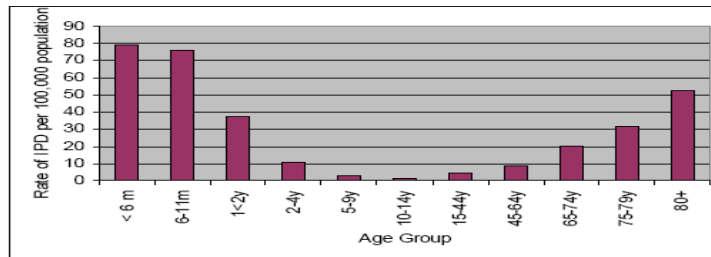
THAMES VALLEY
HEALTH
PROTECTION UNIT

VACCS line is a vaccination advice service for clinicians within the Thames Valley sector of the NHS South Central SHA currently serving Buckinghamshire, West Berkshire and Oxfordshire, jointly developed and managed by the Thames Valley Health Protection Unit and the Oxford Vaccine Group (University of Oxford)

Planned changes to the childhood immunisation programme

INTRODUCTION OF PNEUMOCOCCAL CONJUGATE VACCINE

Pneumococcal infection causes Invasive Pneumococcal Disease (IPD) e.g. meningitis, septicaemia and bacteraemic pneumonia and Non-invasive disease e.g. otitis media and sinusitis. One of the highest risk groups for IPD are the under twos as illustrated in figure 1 (Fletcher et al 2006 *Int J Clin Pract* 60;(4)450-56) with around 50 deaths per year in this age group (Ispahani et al 2004 *Arch.Dis.Child* 89; 757-62). Of those who survive pneumococcal meningitis half will be left with a permanent disability (Bedford et al 2001 *BMJ* 323;533-6). The pneumococcal conjugate vaccine (PCV) will protect against seven common serotypes of pneumococcal bacteria responsible for around 82% of IPD in young children in England and Wales (CMO Feb 2006)



Source: Health Protection Agency, Centre for Infections
Figure 1 Invasive pneumococcal disease (IPD) rates by age per 100,000 population per year

Further information: New Green Book chapters are on line at: <http://www.dh.gov.uk/> enter Green Book into the search box

Information materials for parents and health professionals will be available soon at <http://www.immunisation.nhs.uk/>

Information and key facts on pneumococcal disease and the pneumococcal conjugate vaccine will shortly be provided as a toolkit of educational support for immunisers at: <http://www.prevenar.co.uk>

NEW SCHEDULE AND PNEUMOCOCCAL CATCH-UP

From the 4 September 2006 the planned changes to the childhood immunisation programme are to be introduced, with the introduction of the Hib/MenC booster and pneumococcal vaccines (table 1 & 2) as detailed in the CMO letter 12 July 06

<http://www.dh.gov.uk/assetRoot/04/13/71/75/04137175.pdf>

TABLE
1

Vaccine/Age	2 mths	3 mths	4 mths	12 mths	13mths	3 -5yrs	13-18yrs
Diphtheria, Tetanus, Pertussis, Polio, Hib	DTaP-IPV-Hib (Pediacef)	DTaP-IPV-Hib (Pediacef)	DTaP-IPV-Hib (Pediacef)	Hib-MenC (Menitorix)		dTaP-IPV or DTaP-IPV (Repevax or Infanrix-IPV)	dT-IPV (Revaxis)
Meningococcal C		MenC (Neisvac C, Meningitec or Menjugate)	MenC (Neisvac C, Meningitec or Menjugate)				
Measles, Mumps, Rubella					MMR (Priorix or MMR II)	MMR (Priorix or MMR II)	
Pneumococcal Conjugate	PCV (Prevenar)		PCV (Prevenar)		PCV (Prevenar)		

TABLE
2
Catch-up
Programme
For PCV

Age at start of catch up	Doses of PCV	When to give
2-8 months	3 dose	2 doses separated by 2 months gap with scheduled visits or as extra visits and then 3 rd dose at the 13 month visit
8-13 months	1 dose	At scheduled 13 month visit
13 months to 2 years	1 dose	As soon as possible as an extra visit

QUERIES THAT MAY ARISE FOLLOWING THE CHANGE IN SCHEDULE

QUESTION: PNEUMOCOCCAL CATCH-UP A child born in June 2005 (>13mths) comes to clinic with their new younger sibling who is due their 1st primary immunisations on 07/09/06. Can the older child be given their dose of PCV at the same time?

ANSWER: Yes children born between 5/09/04 and 03/08/05 should be vaccinated as early as possible. There is sufficient pneumococcal vaccine currently available to allow these children to receive the PCV before the dates outlined for call up in the CMO letter July 2006. It is important to vaccinate the under 2's asap as there is a higher incidence of pneumococcal disease the younger the child

QUESTION: DELAYED 12 MONTH VISIT A 15mth old attends late for their 12 month visit, should the Hib/MenC booster be given or the MMR and PCV?

ANSWER: Give the MMR and PCV and then the Hib/MenC a month later. Current outbreaks of measles within the Thames Valley make it important that all children receive their MMR. Also the incidence of pneumococcal disease is greater than MenC.

QUESTION: EARLY REQUEST FOR PCV A parent of a 9 month old child seeks pneumococcal immunisation should they be told to wait until the child is 13 months?

ANSWER: If given a dose of PVC at 9 months it will offer protection up to their 13 months scheduled dose which would be needed for long term protection.

QUESTION: INFANTS AGED 4 MONTHS AT THE START OF THE NEW PROGRAMME A 4 mth old has received 2 doses of MenC previously, should a 3rd dose be given at their 4 mth visit and when should their 2nd dose of PCV be given?

Answer: No a 3rd dose of MenC does not need to be given at the 4mth visit, infants should receive at least 2 doses of MenC and then a booster dose of Hib/MenC at 12 mths. The 2nd dose of PCV should be given at 6mths of age, there needs to be 2 mth gap between each dose of pneumococcal conjugate vaccine.

QUESTION: HEPATITIS B A 2 month old is due to have the 3rd Hep B vaccine, can this be given at the same visit as the routine primary immunisations?

Answer: Yes, the anterolateral aspect of the thigh is the recommended site for infants under 1 year of age. Two injections can be given in the same thigh separated by at least 2.5cm

IMMUNISATION TRAINING

OXFORDSHIRE

BOOKING FORMS AVAILABLE ON THE
PCT LEARNING DIRECTORY OR CONTACT
Kaye Hewer on 01993 209543

22 SEPTEMBER

EXETER HALL, KIDLINGTON

WEST BERKSHIRE

For details of training please look in the
Learning and Development Prospectus

BUCKINGHAMSHIRE

INFLUENZA UPDATE SESSIONS

CONTACT TRAINING & DEVELOPMENT
TEAM 01296 310038

14 SEPTEMBER, HIGH WYCOMBE

26 SEPTEMBER, SMH

29 SEPTEMBER, MILTON KEYNES

VACCS line service is for local health professionals only. Please do not pass our telephone number onto patients.

**For adult travel vaccination queries, please refer to NaTHNaC
(National Travel Health Network & Centre) on: 0845 6026712
<http://www.nathnac.org/>**

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