



# VACCS line Tel: 01865 225918

## Quarterly newsletter

### Winter 2006—Issue 3



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). Currently the service is staffed on Monday pm, Wednesday and Friday. For urgent queries outside these hours contact your local Health Protection Team: Buckinghamshire 01296 318654, West Berkshire and Oxfordshire 01865 226858

#### ESSENTIAL INTERNET RESOURCES FOR IMMUNISATION

To assist you in your practice some websites are extremely useful and will help answer many common queries. These are illustrated below using questions to identify which sites will help with different types of queries. Once you have accessed them add them to your favourites.

**Question 1** A 3 year old with nephrotic syndrome has not been immunised with any pneumococcal vaccine. What should they be given?

**Answer :** At-risk children 12 months to under five years should be given 1 dose of 7-valent pneumococcal conjugate (PCV- Prevenar) and 1 dose of 23-valent pneumococcal polysaccharide (PPV- Pneumovax) after their second birthday and at least two months after PCV. If the child has asplenia, splenic dysfunction or are immunosuppressed 2 doses of PCV are required with an interval of two months between doses. Patients with nephrotic syndrome are likely to be receiving steroids resulting immunosuppression and would therefore require 2 doses of PCV.

*Detailed guidance and recommendation for pneumococcal immunisation is given in the updated chapter of the Green Book. All chapters of the Green Book are available on the web at:*

<http://www.dh.gov.uk/greenbook>

#### Question 2.

A 4 month old presents for their third primary immunisations. You check their red book and note that the second dose of PCV was given at their second primary visit just 4 weeks from their first PCV. What action should you take?

**Answer 2:** PCV should be given a minimum of 2 months apart for primary or catch-up immunisation in the first year of life. If only a 4 week gap has been left between the first and second dose a third dose should be given 1 month later as well as a booster at 13 months old (HPA FAQs); this child should be given an another dose of PCV today. If the 2nd dose of vaccine has been given earlier than 4 weeks from the first dose, discount this dose and give a 3rd dose of PCV 2 months from the second dose given early in error and the booster at 13 months of age.

*This question along with many others relating to the new childhood immunisation schedule are answered in FAQ's found on the HPA website within vaccination/immunisation and under Vaccination Guidelines:*

[http://www.hpa.org.uk/infections/topics\\_az/vaccination/vac\\_guidelines.htm](http://www.hpa.org.uk/infections/topics_az/vaccination/vac_guidelines.htm)

**Question 3** A 15yr old from Poland is due to be immunised in school with their teenage immunisation (Td/IPV – Revaxis). They received Td in Poland last year but no Polio. Their fourth dose of OPV was given at 6years of age. Should Td/IPV be given? Are any other vaccines needed?

**Answer 3** As explained in the Green Book Polio is only given as part of a combination vaccine. Td/IPV should be given to this individual to complete their course of Polio vaccine. Where protection is required against tetanus, diphtheria or polio in order to provide comprehensive long term protection against all three diseases the appropriate combined vaccine for the individuals age should be given. One dose of MenC should also be given to this individual as this is not part of the routine immunisation programme in Poland. Only one dose of MenC is required over the age of 1 year.

*The immunisation schedule for each country is provided on the WHO website in Country by Country Profile which can be accessed via the HPA site at:*

[http://www.hpa.org.uk/infections/topics\\_az/vaccination/websites.htm](http://www.hpa.org.uk/infections/topics_az/vaccination/websites.htm)

*An algorithm for vaccination of individuals with Uncertain or Incomplete Immunisation Status can also be accessed from this webpage.*

## COMMON QUERIES

### **Question 1: Should all children over the age of 12 months be given a Hib/MenC booster?**

**Answer:** All children who were aged 12 months at the start of the new childhood immunisation schedule (4<sup>th</sup> Sept 2006) and those that become 12 months of age after this date should routinely be given the Hib/MenC (Menitorix) booster. If the child fits into this criteria but presents late for their immunisation then they should still be given a Hib/MenC booster to extend protection against Hib and MenC further into childhood and enhance the response made to these vaccines in infancy. There is no national catch – up for Hib/MenC. Children already over 1 year of age in Sept 2006 would benefit from receiving a Hib/MenC booster as the majority who were vaccinated only as babies will no longer have protective levels of serum antibodies. There was a case of Hib epiglottitis in the region this Autumn. It is not current Department of Health policy to offer a booster to all as this is not funded. If a parent requests a booster to Hib/MenC this could be given under a patient specific direction using a FP10 (private prescription).

### **Question 2: A 13 month old has been given Pneumovax (PPV) not Prevenar (PCV) in error. What action should be taken?**

**Answer:** Give Prevenar (PCV) two weeks after the dose of Pneumovax (PPV) has been given as young children are unlikely to have made a good response to the polysaccharide vaccine (HPA FAQs). This should be reported as a vaccine error. To try and prevent the two pneumococcal vaccines being mixed up consider keeping them in different areas of the vaccine fridge clearly labelled as “adult” or “infant” vaccine. Polysaccharide vaccines may reduce the immune response to future doses of both conjugate and polysaccharide vaccines (immunological hyporesponsiveness) and should not be used for routine immunisation in childhood. Great care should be taken to avoid immunisation in children under 2 years of age with the pneumococcal polysaccharide vaccine (PPV).

### **Question 3: A 26 year old who is 12 weeks pregnant, has asthma and receives repeated courses of inhaled steroids presents for influenza vaccine. Can it be given?**

**Answer:** A thiomersal – free influenza vaccine should be given to pregnant women if available, but if not, the benefits of vaccination outweigh the risks (if any) of exposure to thiomersal-containing vaccines (The Green Book). There is an increased risk of serious disease with influenza in pregnant women. Some countries may introduce routine influenza vaccine in pregnancy as a result of the disease risk and evidence of safety of immunisation.

### **Question 4: A 12 month old infant attends for their Hib/MenC booster (Menitorix), they are also due their 4<sup>th</sup> dose of HepB vaccine. Can this be given at the same time.**

**Answer:** Yes, HepB and Hib/MenC can be given at the same visit. Even though there is no specific safety data available of these two vaccines being given together Hib and MenC have been given at the same time as HepB. In addition as the number of visits required for immunisations increases there is more chance that they are missed.

## **COLD CHAIN INCIDENT**

The Scottish executive has requested all GP contractors to provide vaccine fridge temperature readings for the past three months. This request is in response to an investigation that found uncertainty that vaccines were stored consistently between 2–8°C and failure to correctly monitor the storage temperature of vaccines. This is a reminder of how important it is to carefully monitor cold chain. Detailed information about cold chain is given in chapter 3, Storage, distribution and disposal of vaccines in the Green Book online: <http://www.dh.gov.uk/greenbook>

## **IMMUNISATION TRAINING**

### **OXFORDSHIRE**

DATES FOR NEXT YEAR WILL BE INCLUDED IN THE PCT LEARNING DIRECTORY

### **WEST BERKSHIRE**

FOR DETAILS OF ANY TRAINING please look in the Learning and Development Prospectus

### **BUCKINGHAMSHIRE**

NEW IN POST IMMUNISERS  
Wed 28 February at SMH post grad.  
Contact Wendy Lee 01293 310117  
[wendy.lee@buckspct.nhs.uk](mailto:wendy.lee@buckspct.nhs.uk)

## **NATIONAL IMMUNISATION CONFERENCE**

A one day study day from Practice Nurse on the 8th December at the Copthorne Tara Hotel, London .

Details available at : <http://www.healthcare-events.co.uk/> or tel. 020 8541 1399

**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>**

### **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, Richards Building, Old Road, Headington. Oxford. OX3 7LG