



**VACCS line Tel: 01865 225918**

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**Quarterly newsletter**

**Spring 2007—Issue 4**

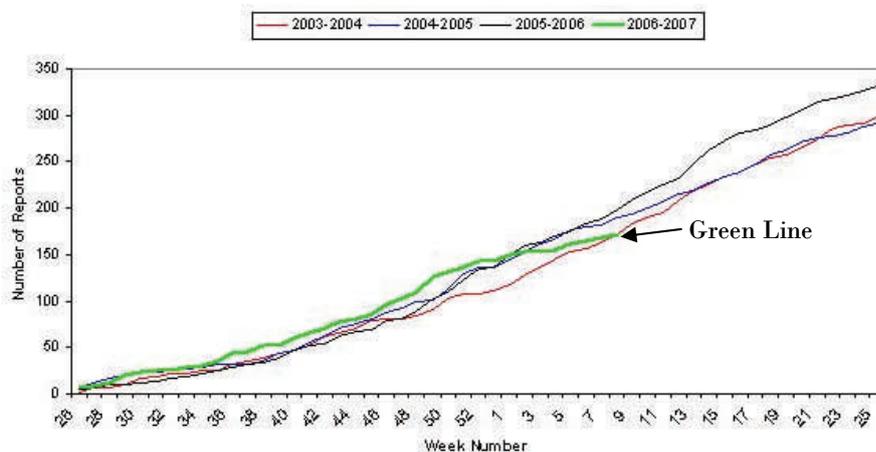


**THAMES VALLEY  
HEALTH  
PROTECTION UNIT**

**VACCSline** 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.

**WELL DONE EVERYONE** the pneumococcal catch up campaign already appears to be reducing the incidence of Invasive Pneumococcal Disease caused by the serotypes present in PCV (Prevenar) which is illustrated by the flattening of the green line in the graph below counting cases per year (week 36 corresponds to the introduction of PCV).

**Cumulative Weekly Number of Reports of Invasive Pneumococcal Disease Due To One of the Seven Serotypes Present in Prevenar™ for Children Aged 0-2 Years in England and Wales by Epidemiological Year: July-June (2003 to Date)**



Source: Health Protection Agency Centre of Infections

### COMMON QUERIES RELATING TO THE NEW IMMUNISATION SCHEDULE

**Do infants who have received 3 MenC doses as an infant under the old schedule need a Hib/MenC booster once they reach 12 months of age?**

Yes; all children who received three doses of MenC as an infant need the Hib/MenC (Menitorix) given at 12 months as part of the current immunisation schedule. Giving Hib/MenC at 12 months of age will act as a booster enhancing the immune response made to the vaccines given in infancy, with the aim of extending duration of protection to Hib and MenC further into childhood. The timing and age of when vaccines are given, in addition to the number of doses, is important for inducing long term protection.

**A 15 month old attends clinic for their Hib/MenC booster. Should it be given even though they are over 12 months?**

Yes; all children who were less than 12 months of age as of the 4<sup>th</sup> Sep 06 should receive the Hib/MenC booster as it is now part of the routine schedule. If the child has also not received the MMR and PCV, give PCV and MMR first, followed by Hib/MenC a month later; the child would not have previously received any vaccine against MMR and maternal antibodies will be waning. If rapid protection is needed or there is chance that any of these immunisations will be missed then MMR, PCV and Hib/MenC may be given on the same day or at any interval. (At present it is a precautionary measure to leave a one month gap between Hib/MenC and PCV as there is a theoretical possibility of a reduced response to one or other of the vaccines (Green Book, 2006)).

**Should PCV be given to a child 2 years 3 months?**

Yes; all children identified as part of the cohort to receive PCV as part of the catch up campaign, i.e. those aged over 2 months and under 2 years as of 4<sup>th</sup> Sep 2006, should be offered the vaccine. There is clinical benefit to children who present over the age of two receiving PCV even though the incidence of pneumococcal disease reduces aged two years and above. The catch up campaign will also have an effect on herd immunity. The catch up campaign is due to finish at the end of March 2007 (CMO letter July 2006), all children who were identified to receive the PCV should be given the opportunity to have it. Once the catch up is complete then all children up to two years of age should receive pneumococcal immunisation unless in a clinical at risk group for which there is no upper age limit. Vaccination schedules for those in a clinical risk group are given in the Green Book 2006, chapter 25.

## The New Green Book: An Essential Resource for Immunisers.

Paper copies of Immunisation against Infectious Disease (2006) "The Green Book" has been distributed by the Department of Health. It can still be accessed on the web at [www.dh.gov.uk/greenbook](http://www.dh.gov.uk/greenbook) where updates will be available.

Queries that have arisen from practitioners when using the New Green Book :

- ◆ To immunise children aged one to ten years who are fully immunised appropriate to their age for diphtheria, tetanus and polio, but did not get vaccinated against pertussis, DTaP/IPV/Hib (Pediace) or DTaP/IPV (Infranrix-IPV) should be used. Pediace is a five component acellular pertussis vaccine and Infranrix-IPV is a three component acellular vaccine. Using a three component acellular pertussis vaccine for priming is a change from previous advice given within the Green Book which had recommended that a five component pertussis vaccine should be used for priming.
- ◆ Premature infants should be vaccinated at 2, 3 and 4 months at their chronological age (calculated from their date of birth) and no adjustment should be made for their prematurity.

### **JOB VACANCY**

#### **Immunisation Advisor and Health Protection Nurse.**

Working within the Oxford Thames Valley Health Protection Unit (TVHPU) and the Oxford Vaccine Group with a particular focus on delivering immunisation advice, teaching and training with the other part of the post contributing to the delivery of the full range of health protection services

provided by the TVHPU. (Closing date 23/03/07)

More details available at: <http://www.jobs.nhs.uk/cgi-bin/vacdetails.cgi?selection=911759216> or contact Dr McCarthy 01865 281535, Mrs Alyson Smith 01296310020 or Dr Diggle 01865 857420

### **Immunisation Conference—Tuesday 24 April 2007 9am - 4pm**

Lecture Theatre 1 Academic Centre, John Radcliffe Hospital Oxford

The importance of vaccination: sharing parents stories *Linda Glennie, Meningitis Research Foundation*

Rationale & questions on the new childhood immunisation schedule *Laura Craig, Centre for Infections HPA*

Running an immunisation travel service *Norma Evans, Independent Travel Health Specialist*

Targets, payments & local issues *Dr Noel McCarthy, Thames Valley HPU*

Immunisation challenges and the future *Dr Andrew Pollard, Oxford Vaccine Group*

Also:

Understanding the immunology of vaccination

Q&A sessions and scenarios

Hepatitis vaccines: What, When, Why?

Supporting immunisers: Vaccline service

Contraindications to vaccination & special considerations

**Cost:£30 To register and for further information contact Sue Sheaf:**

**[sue.sheaf@paediatrics.ox.ac.uk](mailto:sue.sheaf@paediatrics.ox.ac.uk) or tel. 01865 231701**

**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 602 6712  
<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