



# VACCS line

## Quarterly newsletter

### Autumn 2008 — Issue 9



Welcome to the autumn edition of the VACCSline newsletter

### Current Topics in Immunisation

#### MMR catch-up programme

A decade of low immunisation uptake of MMR has resulted in a large number of unvaccinated or partially vaccinated children in the UK leading to localised measles outbreaks. In response to this the Department of Health (DoH) announced an MMR catch-up programme in August, the CMO letter can be downloaded at: <http://www.immunisation.nhs.uk/publications/CMO060808.pdf>

Measles is highly contagious and two doses of MMR are needed to be fully immunised. Around 90% of children will respond to the first dose of a measles containing vaccine (DoH 2006 Immunisation Against Infectious Diseases) with this increasing when the second dose is given so that approximately 99% protection is expected after 2 doses. Very high coverage (over 95%) is needed in a population to stop transmission.

**New name of MMR vaccine** MMRvaxPRO has replaced MMRII manufactured by Sanofi Pasteur MSD. The active ingredients have stayed the same with only changes made in the recombinant albumin used in the manufacturing of the vaccine.

#### Vaccine supply for pre-school booster

The vaccine now being supplied for the pre-school booster is Infanrix/IPV+**Hib**. The Hib part of this vaccine is packed in an ampoule below the Infanrix-IPV ampoule; the two must be mixed just before injection. Errors have been reported where the Hib part has been omitted, the DoH have circulated a letter regarding this vaccine:

[http://www.immunisation.nhs.uk/publications/DH\\_letter\\_Infanrix-IPVHib\\_260908.pdf](http://www.immunisation.nhs.uk/publications/DH_letter_Infanrix-IPVHib_260908.pdf)

In addition, the packing of Infanrix/IPV+**Hib** is very similar to Infanrix/IPV; great care needs to be taken to avoid administration of the incorrect vaccine.

#### Reviewing the immunisation status of new students in further education

As new patients register at your practice, it is an ideal time to assess their immunisation status. Men C conjugate vaccine is recommended for all full time students attending university, regardless of age, because the close proximity in which students live and socialise can promote bacterial transmission. Men C was routinely introduced into the UK schedule in 1999 for all under 18s, with this extended to include all adults under 25 years in 2002. For overseas students Men C may not be part of their routine immunisation programme. If an individual has received Men ACWY polysaccharide vaccine for travel purposes, Men C conjugate vaccine is still indicated due to the differing immune responses resulting from immunisation with these two types of vaccine. Over the age of one year a single dose of Men C conjugate is considered as a complete course.

The MMR status of new students should also be reviewed as some fall into the age cohort that have received only one MMR and a second is required.

To plan how to complete a course of immunisation for those partially immunised, use the HPA algorithm which can be downloaded at:

[http://www.hpa.org.uk/web/HPAwebFileHPAweb\\_C/1194947406156](http://www.hpa.org.uk/web/HPAwebFileHPAweb_C/1194947406156)

#### HPV vaccine programme

The HPV routine programme has now commenced in some areas with early reports suggesting good uptake within the Thames Valley region. To support the national HPV programme an NHS helpline has been set up 0845 602 3303. Other supporting material can be accessed and downloaded from: <http://www.immunisation.nhs.uk/>

**VACCSline PHONE NUMBER changed in August to 0845 2799 878**

**[vaccs.line@paediatrics.ox.ac.uk](mailto:vaccs.line@paediatrics.ox.ac.uk)**

## Vaccines given in special circumstances

### Specialist advice

General practices may receive requests from specialist physicians to administer immunisations that do not fit general DoH guidance. These recommendations are based on specialist knowledge reflecting both best practice and an individual's immunisation needs. Therefore this advice should be followed unless the rationale behind it is unclear when it may be questioned. For example some UK paediatric vaccinologists and immunologists recommend pneumococcal conjugate vaccine (Prevenar), for children over 5 years who have received chemotherapy (usually only given to the under fives).

### Flu and pneumococcal vaccination in the immunocompromised due to chemotherapy

Vaccsline has been receiving calls about this issue. Influenza and pneumococcal vaccination is recommended for children and adults who are immunocompromised due to chemotherapy. While their response to vaccination maybe suboptimal, the benefit of immunisation is that it can reduce the severity of disease for these patients. This year the influenza vaccines contain three new strains to reflect those that are expected to be circulating this winter. Between the ages of 6 months and 12 years, two doses of influenza vaccine are required if receiving influenza immunisation for the first time. More details of all clinical risk groups requiring influenza and pneumococcal immunisation, dosage and schedule are given in the relevant chapters of the Green Book and CMO letter which can be downloaded at:

<http://www.dh.gov.uk/en/Publichealth/Healthprotection/Immunisation/Greenbook/index.htm>

[http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Professionalletters/Chiefmedicalofficerletters/DH\\_083812](http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Professionalletters/Chiefmedicalofficerletters/DH_083812)

### Oxford Vaccine Group Trials—Recording non UK routine vaccines

The Oxford Vaccine Group are currently carrying out a study using a Men B vaccine aimed at protecting infants from meningitis caused by meningococci serotype B. In this study, infants receive Infanrix Hexa in place of Pediacel as the study is being carried out across Europe where Hep B is often routinely given. Infanrix Hexa contains DTaP/HepB/IPV/Hib. OVG contacts each practice and child health department with details of any child immunised as part of one of their studies. When recording vaccines administered, all antigens should be entered along with the batch number and name of the vaccine.

<b>Upcoming Immunisation Training</b>		
<b>Oxfordshire</b>	25th Feb 2009 Immunisation Study Day	Contact: Kay Hewer, Training Administrator 01865 336815 or
<b>Buckinghamshire</b>	27th Feb 2009 New skills for immunisers	Contact: Education, learning & development 01296 310117
<b>Berkshire</b>	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.

Immunisation enquiries in East Berkshire should continue to be directed to Dr. Marilyn Lansley, Immunisation Co-ordinator for the Berkshire East 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, Monday – Friday 9 - 12pm & 2 - 4.30pm.

<b>VACCSline hours</b>	
<b>Monday</b>	<b>10.30am to 4.15pm</b>
<b>Tuesday</b>	<b>9am to 4.15pm</b>
<b>Wednesday</b>	<b>9am to 4.15pm</b>
<b>Thursday</b>	<b>9am to 4 pm</b>
<b>Friday</b>	<b>9.30 am to 1.30 pm</b>

## **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