



VACCSline NEWSLETTER

WINTER 2011 - ISSUE 18



Welcome to the winter edition of the VACCSline newsletter

Influenza Vaccine - Frequently Asked Questions

Do all pregnant women need to have a flu vaccine?

All pregnant women are included in this year's influenza vaccine programme. Practices should ensure that the mechanisms for identification and sending invitations for vaccination to pregnant women are robust. The draft minutes from the JCVI in October 2010, pages 8-9 (see link below), state that the JCVI recommend that pregnant women should be routinely vaccinated against seasonal influenza. Within these minutes are references to papers detailing the safety of influenza vaccine in pregnant women and evidence of passive immunity protecting infants in their first few months of life. http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@ab/documents/digitalasset/dh_121763.pdf

Our practice has no seasonal influenza vaccine left and are using H1N1 vaccine, if a patient had H1N1 monovalent vaccine last year do they need it again this year?

Until supplies of trivalent seasonal influenza vaccine are replenished, patients in at risk groups who present for immunisation should be vaccinated with a single dose of H1N1 vaccine.

A patient has an egg allergy, can they be vaccinated?

The contraindications to the trivalent seasonal and the H1N1 monovalent vaccines are:

- ◆ a confirmed anaphylactic reaction to a previous dose of the vaccine,
- ◆ or to any component of the vaccine,
- ◆ or a confirmed anaphylactic hypersensitivity to egg products.

A non-anaphylactic reaction is not a contraindication to vaccination.

For the latest influenza immunisation guidance please go to the Department of Health website:
www.dh.gov.uk/en/Publichealth/Immunisation/index.htm

Chemotherapy and Vaccine Preventable Disease

For patients undergoing chemotherapy or other immunosuppressive treatments there are two focuses for immunisation; 1. Vaccination of the individual 2. Vaccination of close family contacts.

Vaccination of the individual

Influenza vaccine should ideally be administered at least two weeks prior to the commencement of chemotherapy to maximise the immune response to the vaccine. However, if a patient has already commenced chemotherapy flu vaccine is not contraindicated but the pathway in the Green Book for immunosuppressed patients should be followed, where vaccine supply allows.

Pneumococcal vaccine (PPV) should ideally be administered four to six weeks prior to commencement of treatment but a minimum interval of two weeks can suffice. If this is not possible, immunisation should be delayed until three months following completion of treatment, to maximise the immune response to the vaccine.

Vaccination of close household and family contacts

Close household and family contacts are a potential source of infection to the patient. Individuals undergoing immunosuppressive treatment cannot receive certain vaccines but remain at an increased risk of complications from these infections. Therefore, the following vaccines should be considered;

Influenza vaccine should be offered to all close family contacts from 6 months of age.

Varicella vaccine should be offered to any children over 12 months of age who have not had chickenpox and will have continued close contact with a chemotherapy patient i.e. sibling or parent. Varicella vaccine is a live vaccine with a schedule of two doses with a 4 week interval.

Routine childhood immunisations, particularly MMR, should also be up to date in close family and household contacts and should be completed as a priority.



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Vaccine Advice for Clinicians Service

Call on 0845 279 9878 or email vaccs.line@paediatrics.ox.ac.uk

Webpage: <http://www.paediatrics.ox.ac.uk/ovg/Vaccsline.htm>

Change in routine childhood immunisations at 12 and 13 months of age

In November 2010, the Department of Health announced that the childhood immunisation schedule would be simplified following advice from the JCVI. The immunisations previously given at two separate visits at 12 and 13 months of age are now combined into one visit between 12 and 13 months; Hib/MenC, PCV and MMR should now all be administered at this one visit. The relevant Green Book chapters were updated in December to reflect the new schedule.

Administering three vaccines at one visit: Three vaccines are administered routinely in the primary schedule, at four months of age and the principles of this process remain the same when administering three vaccines to a 12 or 13 month old child. The Green Book (Chapter 11) recommends that PCV is given in a separate limb due to the slightly higher incidence of local reactions. Additional vaccines can be given at the same time (such as influenza) if they are indicated.

Retirement News

We would like to announce that Judith Moreton retired from working at VACCSline in December. Judith has worked at VACCSline since 2007, following her 'first retirement' from the Department of Health. Judith has inspired many immunisers over many years with her tireless enthusiasm and dedication. We wish her well in her retirement.

Oxford Vaccine Group Update: Swine flu vaccine follow on study

This study will follow up children who took part in last year's swine flu study, in which children aged six months to 12 years were given two doses of either Celvapan or Pandemrix, two novel varieties of swine flu vaccine. The original study enrolled 943 children over five sites. This follow up study has enrolled over 300 children and will assess the persistence of immunity to the H1N1 swine flu strain. In addition, these children are being offered a dose of this season's trivalent seasonal flu vaccine (including swine flu as one of its component strains), and the response to this is being evaluated.

Oxford Vaccine Group Immunisation Seminar, Thursday 3rd March 2011

Registration for this seminar is now open. Follow this link for the programme and registration details:
<http://www.paediatrics.ox.ac.uk/ovg/teaching.html>

Introduction to immunisation study days

Each host organisation will have a limited number of places available to staff from outside their PCT (but working within the Thames Valley.) Please contact the relevant team to book onto a study day.

Upcoming Immunisation Training		
Oxford	Introduction to Immunisation Study Day 7th April 2011, Unipart Centre Oxford	<i>Contact:</i> Kay Hewer 01865 421466 kaye.hewer@oxfordshirepct.nhs.uk .
Buckinghamshire	New Skills Date and venue to be confirmed	<i>Contact:</i> Education, learning & development 01296 310117
Milton Keynes	Introduction to Immunisation Study Day 10th October 2011 Post Grad Centre, MK General Hospital	<i>Contact:</i> Fiona Anaman 01908 278777 Fiona.anaman@miltonkeynes.nhs.uk
Berkshire (E & W)	Update sessions Dates available from contacts (see next box)	Contacts: East Iris Mitchell 01753 635117 iris.mitchell@berkshire.nhs.uk West Sarah Manning 0118 949 5179 BWLDcourses@berkshire.nhs.uk

To receive future VACCSline newsletters by direct email, please email your request to elly.kilsby@hpa.org.uk

VACCSline provides advice on childhood & adult immunisations to health professionals in Buckinghamshire, Milton Keynes, Oxfordshire and West Berkshire. In East Berkshire immunisation enquiries should continue to be directed to the PCT Immunisation Coordinator, Dr. Marilyn Lansley; either on her office number 01344 458109 or mobile 0771 247 1375. Her office number may be given to patients. For advice about adult travel immunisations, practitioners are directed to www.nathnac.org.

VACCSline hours

Monday	10.30am to 4.15pm
Tuesday	9am to 4 pm
Wednesday	9am to 4.pm
Thursday	9am to 4 pm
Friday	9 am to 1 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, Centre for Radiation, Chemical & Environmental Hazards, HPA, Chilton, OX11 0RQ .