



VACCSline NEWSLETTER

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Welcome to the spring edition of the VACCSline newsletter

Your immunisation questions: Ask the experts

At the Oxford Vaccine Group immunisation seminar in March, delegates were invited to submit questions to be put to a panel of experts during the afternoon. Over 80 questions were received, which meant they could not all be put to the panel. Professor Andrew Pollard, Dr. Noel McCarthy and Dr. Matthew Snape have answered some of the remaining questions below.

Question 1: What is the earliest age that primary immunisations can be started?

Answer: Responses to vaccination increase in the first months of life so that a dose of vaccine given at six weeks is likely to have a lower response to one at two months. Waiting until later than two months gives a stronger reaction still. The UK choice of two months is a balance of waiting for a good response and providing early protection. Other countries recommend starting primary immunisations as early as six weeks of age or as late as three months. We would not recommend earlier than six weeks generally, however in settings such as a long period of travel starting at an earlier age, earlier immunisation can be offered without any absolute limit. The later doses would follow at the usual times (three and four months or as soon thereafter as the child returns or parents can arrange vaccination elsewhere) rather than using a one month gap from the first dose.

Question 2: After swine influenza vaccine, a febrile reaction is associated with a greater immune response, is this so after any vaccine?

Answer: Immune response is not necessarily linked with reactions. There are not enough data in other situations to be sure about the relationship between systemic reactions and immune response. It is also worth noting that there was no relationship between local reactions to the swine flu vaccine and the immune response. Also, reductions in vaccine immunogenicity observed following the use of prophylactic paracetamol in a paper by Prymula et al, were independent of the effect on fever, further suggesting that the relationship between immunogenicity and reactogenicity is not straightforward.

Question 3: Why is the mantoux test not licensed? (resulting in a PSD being required)

Answer: Licensing is a process of being authorised to market a product. No producer has wanted to go through the process and expense of seeking a UK licence for tuberculin PPD. The DH has therefore sought a supplier for the UK able to provide a safe product. The lack of a licence is in no way an indication that the product is not safe, only that commercially, no producer was willing to go through the process and expense of licensing.

Question 4: If cases of TB have risen, why is BCG not being given routinely?

Answer: Dr. McCarthy replied, that TB cases have risen in some sections of society. In UK born people without risk factors TB remains low and is not rising or at a level where vaccination is required. There is no evidence of an impact on this (large) part of the population due to the higher number of cases in some other sections of the population. Vaccination is therefore targeted to those who are at risk. Professor Pollard suggests that whilst there is an argument for universal BCG, the low rates in most of the country preclude this on a cost effectiveness basis. Although cost effectiveness through protection from TB does not support universal vaccination, some research suggests other health benefits such as improved responses to other vaccines in those who have had BCG. Further research in this area is needed to identify if these are sufficient to support a universal BCG programme.

Maternal and neonatal immunisations: considerations for midwives and other health care professionals and managers

22nd September 2011, Unipart conference centre 9am-2pm

The Thames Valley Immunisation Group have organised a free meeting in September focusing on immunisations for pregnant women, postnatal mothers and neonates. Topics are vaccinations for influenza, hepatitis B, BCG, MMR and Varicella along with discussion around the role of the midwife in vaccine preventable disease, vaccines for occupational health and training immunisers. Training tools for local use will be made available after the meeting. Email tvhpu@hpa.org.uk to book a place.



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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 to pneumococcal vaccination programme for people aged 65 years and over

The Joint Committee on Vaccination and Immunisation (JCVI) have advised the DH to discontinue the pneumococcal vaccination programme for the over 65's. The DH is consulting on whether to implement this advice. The programme is to continue unchanged until further notice from the DH. It is likely that the outcome will be to follow JCVI advice. Full details are on the Department of Health website: http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_125195

Pertussis vaccination for adults travelling to Australia

VACCSline is being contacted by practices where adults travelling to Australia are requesting immunisation against pertussis. Healthcare professionals are advised to check the NaTHNaC website and the Australia country specific pages for the latest guidance.

http://www.nathnac.org/pro/clinical_updates/pertussis_171109.htm

New Immunisation Advisor

VACCSline is pleased to welcome a new Immunisation Advisor to our team: Fiona Tompkins. Fiona currently works as a research nurse at the Oxford Vaccine Group and previously worked as a practice nurse. Thames Valley Health Protection Unit staff are also providing cover for VACCSline enquiries.

Oxford Vaccine Group Update: The MALTA Study (Meningococcal Alternating Limb Trial)

This study will assess the persistence of immunity when babies receive either 0, 1 or 2 priming doses of a MenC-CRM 197 conjugate vaccine (Menjugate kit) or 1 priming dose of a MenC-TT conjugate vaccine (Neis-vac) in the first year of life. All children will receive a Hib-MenC-TT vaccine (Menitorix) at 12 months of age. There is currently no clear guidance on whether vaccines should be administered in the same limb as the previous dose or in alternating limbs. This study will therefore evaluate the impact on immune response of vaccinating in consistent or alternating limbs.

Understanding Typhoid disease: Developing a Salmonella Typhi challenge model in healthy adults

Currently available typhoid vaccines are only moderately effective and new, more effective vaccines are needed. In order to improve typhoid vaccines, we need to improve our understanding of how typhoid infection affects the body and how the immune system responds. We hope to develop a human model of typhoid infection in 2011 and use the model to test new typhoid vaccines.

Upcoming Immunisation Training

Oxford	Introduction to Immunisation Study Day Dates to be advised	Contact: Kaye Hewer 01865 421466 kaye.hewer@oxfordshirepct.nhs.uk
Buckinghamshire	Introduction to Immunisation Study Day 19th May 2011, Aston Rowant	Contact: Wendy Lee at Clinical Training wendy.lee@clinicaltrainingltd.co.uk
Milton Keynes	Introduction to Immunisation Study Day 10th October 2011 Post Grad Centre, MK General Hospital	Contact: 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, send your request to Jeremy.meadows@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.