



VACCSline NEWSLETTER

SUMMER 2011 - ISSUE 20



Welcome to the summer edition of the VACCSline newsletter

FAQ's MMR vaccine

Question 1. International travel

There has been a large rise in the number of cases of measles in some European countries since the beginning of 2011, in particular France. The 496 confirmed cases of measles in England in the first five months of 2011 have already exceeded the total for 2010, with many cases linked to European travel. Any individuals travelling to areas where measles is endemic or epidemic should be fully vaccinated with two MMR vaccines. For young children travelling, guidance is as follows:

Children between 12 months and 3 years and 4 months: Children who have had one dose of MMR vaccine after their first birthday can be given a second dose of MMR early. An interval of at least three months should be left between doses if the child is under 18 months of age, an interval of one month is sufficient for children aged over 18 months.

Vaccination prior to 12 months of age: Children aged under 12 months who are travelling to areas of increased risk, can have a dose of MMR vaccine, from six months of age. However as maternal antibodies may inhibit the response to the vaccine, this dose should be discounted and the child re-vaccinated at the usual times. See page 219 of the Green Book.

The HPA have issued a useful fact sheet on FAQs about measles, especially aimed at schools and travellers with children: http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1296687918015

Question 2. Separate/single vaccines already given

Parents of children previously immunised with single doses of measles, mumps and rubella vaccines may ask for a dose of MMR vaccine to complete the course. Two doses of MMR vaccine are recommended because the quality and efficacy of single dose unlicensed vaccines cannot be guaranteed.

Serogroup C Meningococcal (MenC) vaccine and students

Students of all ages should be fully immunised in line with the UK schedule, i.e. they should have had two doses of MMR vaccines, a single dose of meningitis C vaccine over the age of 12 months and a total of five doses of tetanus, diphtheria and polio vaccines. Students coming from overseas who have been vaccinated with the quadrivalent polysaccharide meningococcal ACWY vaccine, should still receive a single conjugate MenC vaccine as the polysaccharide vaccine is less immunogenic. A conjugate meningococcal ACWY vaccine is available, which does give adequate protection against meningitis C, but if the individual is uncertain of which vaccine they have had, they should be offered a meningitis C vaccine.

Migrants to the UK

Earlier this year the HPA launched a new migrant health guide <http://www.hpa.org.uk/migranthealthguide> This comprehensive guide recommends that the immunisation status of all new migrants should be assessed and updated in line with the UK schedule. It also recommends that any future travel plans should be considered so that appropriate advice or vaccinations can be offered. This resource also has links to immunisation leaflets in many languages which can be accessed at: <http://www.hpa.org.uk/web/HPAweb&Page&MigrantHealthAutoList/Page/1281954637835>

Maternal and neonatal immunisations: considerations for midwives and other healthcare 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>

Green Book chapter updates

Influenza chapter

This chapter, updated in May 2011, now includes guidance on administering influenza vaccine to patients with a history of egg allergy. In summary, egg-free vaccine (licensed for those aged 18 years and over) and very low ovalbumin content vaccines are now available. Patients who have either confirmed anaphylaxis to egg or egg allergy with uncontrolled asthma, can be immunised with an egg-free influenza vaccine (if available) as a single dose in primary care. If an egg-free vaccine is not available, there is now advice on using low ovalbumin vaccines in these patients. Link to the updated chapter: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_128075.pdf

Vaccine safety and adverse events following vaccination, Chapter 8

Guidance has been updated around the use of prophylactic antipyretics. It is now recommended that paracetamol and ibuprofen are not used routinely to prevent fever following vaccination. There is some evidence that prophylactic administration of antipyretic drugs around the time of vaccination may lower antibody responses to some vaccines. (Prymula et al., 2009)

Other chapters

The Green Book is updated regularly and can be accessed via the DH website. The VACCsline newsletter only highlights some changes and vaccinators should ensure they check for other updates.

Oxford Vaccine Group Update: Pre-school Booster Study

Between the ages of three and five, children receive two combination booster vaccinations. One of these protects against diphtheria, tetanus, whooping cough and polio and the other against measles, mumps and rubella (MMR). The Oxford Vaccine Group are conducting a study comparing the immune response to two diphtheria, tetanus, whooping cough and polio vaccines (Repevax and Boostrix Polio) which are made by two different companies. Both vaccines have been shown to be safe and effective with the only difference between them being that Boostrix Polio has only been used in children aged four years and older.

Children between the age of three and five years are eligible to take part, in this study. To participate they must have completed their primary vaccinations and first MMR vaccine, but have not yet received their pre-school booster and second MMR.

Upcoming Introduction to Immunisation Training

Berkshire (E & W)	Introduction to Immunisation Study Day 19th October 2011 Easthampstead Baptist Church	Contacts: East Iris Mitchell 01753 635117 iris.mitchell@berkshire.nhs.uk West Sarah Manning 0118 949 5179 BWLDcourses@berkshire.nhs.uk
Buckinghamshire	Introduction to Immunisation Study Day 24th January 2012, Stoke Mandeville Hospital	Contact: via L&D BHT
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
Oxford	Introduction to Immunisation Study Day 1st September 2011, Littlemore Hospital	Contact: Kaye Hewer 01865 421466 kaye.hewer@oxfordshirepct.nhs.uk

To receive future VACCsline newsletters by direct email, send your request to Jeremy.meadows@hpa.org.uk

During August there may be temporary alterations to the operating hours of VACCsline. Information regarding any alteration will be available on the VACCsline voicemail service.

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 4.15pm
Wednesday	9am to 4pm
Thursday	9am to 4pm
Friday	9am to 1pm

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.