



VACCSline NEWSLETTER

AUTUMN 2011 - ISSUE 21



Welcome to the autumn edition of the VACCSline newsletter

Influenza immunisation programme 2011/12

The influenza immunisation programme for 2011/12 began amidst an unseasonably warm start to autumn. The programme will run until the end of January 2012 (Chief Medical Officer letter, 25th May 2011). The full details can be found in the Influenza chapter of the Green Book. Here are some of the highlights regarding this year's programme:

Egg allergy: This year the Green Book offers more detailed guidance on the use of egg-free (no ovalbumin) and low ovalbumin vaccines for those with egg allergy. The Department of Health has published the ovalbumin (egg protein) content of each egg-containing vaccine that is being supplied this flu season. For full details refer to the influenza chapter in the Green Book, which was updated on the 28th September and can be accessed at the following link:

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_130281.pdf

Please note that any earlier versions of this chapter may contain inaccurate information and should not be used

In those with egg allergy and over 18 years of age, an egg-free vaccine should be used if available. The JCVI recommend using the low ovalbumin products in children rather than the egg-free because this product does not have a license in children. However, some specialist centres, including the Oxford Radcliffe Hospitals have a protocol to support use of the egg-free product in children. This option is also available based on the clinical judgement of prescribers, outside the hospital setting. Otherwise, in patients under 18 years, with confirmed anaphylaxis to egg OR egg allergy with uncontrolled asthma, referral to a hospital specialist is advised.

Pregnant women: All pregnant women should be vaccinated against influenza at any stage of pregnancy. The Summary of Product Characteristics (SPCs) for some vaccines state that influenza vaccination may only be given during certain trimesters. Regulatory authorities have recently agreed for the wording in the SPCs to be changed to include *all of pregnancy* and the Department of Health have provided clear guidance on this in the August/September 2011 edition of Vaccine Update available at:

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_130434.pdf

It is important to identify those women who become pregnant during the flu season to ensure timely vaccination.

Healthcare workers: All frontline healthcare workers should be vaccinated against influenza; protecting not just their patients, who may be at increased risk of influenza and its complications but also themselves and their own families.

Vaccine storage

During the flu season, systems for vaccine storage can be put under strain due to space restrictions. In September 2010, the Department of Health produced a protocol for ordering, storing and handling vaccines. VACCSline often receives a number of enquiries regarding cold chain and vaccine error incidents which could have been avoided if this protocol had been adhered to. The protocol can be found at the following link:

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_130276.pdf

University students and MMR and Men C immunisations

All university students should be fully immunised with MMR and meningitis C vaccines. The Health Protection Agency produced a new leaflet last month for new university students about the importance of these immunisations. The leaflet can be found at the following link:
<http://www.hpa.org.uk/Publications/InfectiousDiseases/InfectionControl/1109studentimmunisation/>

Cases of measles have risen during 2011. The HPA report that by the end of July 2011 there were 777 lab confirmed cases of measles in England and Wales compared to 374 for the whole of 2010.



UNIVERSITY OF
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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>

Frequently Asked Questions: hepatitis B vaccine commenced in infancy overseas

A child has commenced a course of hepatitis B vaccination overseas:

1. Should the course be completed?

It is considered best practice to complete a course of hepatitis B immunisation commenced overseas. When finishing a course of hepatitis B vaccine for those where vaccination is not due to maternal or other current exposure, we recommend 0,1,6 months schedule of vaccination. All previous doses given count.

2. Should the family be charged for the vaccine?

The vaccine should be given without the family incurring any charges.

3. Does this child require a booster dose of vaccine?

Children routinely vaccinated against hepatitis B in infancy are not usually given booster doses. The routine schedule in some countries are three doses given at monthly intervals and this is considered to be protective in the context of a routine hepatitis B immunisation programme.

However, booster doses may be advised if the child is at risk of continued or future exposure. Continued risk of infection maybe due to ongoing exposure to another member of their household who is infected with hepatitis B or who is an IV drug user or they may travel overseas to an endemic area. In these cases a booster dose would usually be advised.

If the child's mother was known to be hepatitis B positive during pregnancy then the child should enter the programme that is specifically for these children and individual advice sought from either the programme lead/community paediatrician, VACCsline or Thames Valley Health Protection Unit.

Oxford Vaccine Group Update

The Oxford Vaccine Group will be enrolling children into a study of a new quadrivalent influenza vaccine this autumn.

FLU D-QIV could potentially offer additional protection against an emerging influenza B strain not covered by the current trivalent vaccine. Parents in Oxfordshire will be mailed a letter informing them of the study and we hope that the opportunity to vaccinate a child not normally eligible for seasonal influenza vaccination could be appealing to many parents. GP surgeries will receive a letter outlining the study in more detail.

Upcoming Introduction to Immunisation Training

Berkshire (E & W)	Introduction to Immunisation Study Day To be confirmed	<i>Contacts: East</i> Iris Mitchell 01753 635117 iris.mitchell@berkshire.nhs.uk <i>West</i> Sarah Manning 0118 949 5179 BWLDcourses@berkshire.nhs.uk
Buckinghamshire	Introduction to Immunisation Study Day 24th January 2012, Stoke Mandeville Hospital	<i>Contact:</i> 01494 734681 training.department@buckshealthcare.nhs.uk
Milton Keynes	Introduction to Immunisation Study Day To be confirmed	<i>Contact:</i> Fiona Anaman 01908 278777 Fiona.anaman@miltonkeynes.nhs.uk
Oxford	Introduction to Immunisation Study Day To be confirmed	<i>Contact:</i> 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

VACCsline provides advice on childhood and 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 4pm
Tuesday	9am to 4pm
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.