



VACCSline NEWSLETTER

WINTER 2011 - ISSUE 22



Welcome to the winter edition of the VACCSline newsletter

Frequent enquiries received by VACCSline

Hepatitis B vaccination for patients with chronic renal failure

Individuals with chronic renal failure have lower responses to hepatitis B vaccination compared to healthy individuals and their levels of anti-HB decline more rapidly (Immunisation against infectious disease, DH 2006). In view of this, there are specific hepatitis B vaccines that have been formulated for patients with chronic renal insufficiency. They contain either a higher dose and/or an adjuvant to optimise an individual's immune response: HBvaxPRO40[®] and Fendrix[®].

Enquiry: A patient with chronic renal failure, pre-dialysis, was vaccinated with a standard formulation hepatitis B vaccine. When they returned for their second vaccine one month later, the practice nurse realised this and wanted advice on how to complete this course.

Answer: Continue the course of vaccination using an appropriate hepatitis B vaccine, noting that the schedule is different for each of the licensed products. If neither HBvaxPRO40[®] or Fendrix[®] are available then Engerix B[®] is licensed to be administered as four double doses, see the summary of product characteristics:

<http://www.medicines.org.uk/EMC/medicine/24844/SPC/Engerix+B+20+micrograms+1+ml/>

Once the immunisation course has been completed, the individual's response should be checked by serology and monitored annually. If a patient has not responded, the same blood sample can be used to check for evidence of past hepatitis B infection. If there is no evidence of past infection, a repeat course should be undertaken using a different vaccine appropriate for patients with renal insufficiency.

Egg allergy and vaccination

We have received numerous enquires relating to individuals having an "allergy" and whether they can receive a particular vaccine. In order to be able to make a clinical judgement a full history of the allergy needs to be obtained. Contraindications to any vaccine include a confirmed anaphylactic (i.e. life-threatening) reaction to either a previous dose of the vaccine or to any component of the vaccine.

Enquiry: A 12 month old vomited, developed a rash, and became a bit puffy in the face for a few hours shortly after eating scrambled egg for the first time. Can they receive the MMR vaccine and if so where should it be given?

Answer: Children with egg allergy should receive MMR vaccine. The vaccine is cultured in fibroblasts which are derived from chick embryos rather than on egg itself; therefore the amount of egg protein within the vaccine is negligible. There is no evidence of any increased risk of anaphylaxis following MMR vaccination in those with egg allergy. The British Society for Allergy and Clinical Immunology advocate vaccination with MMR within primary care for all children with an egg allergy (Clark A.T et al 2010 British Society for Allergy and Clinical Immunology guidelines for the management of egg allergy, *Clinical & Experimental Allergy*, 40 1116-1129) and we support this view at VACCSline.

Please note that for those with a confirmed history of anaphylaxis to egg, Yellow Fever vaccine is contraindicated and only influenza vaccines with no or a low content of ovalbumin are recommended.

The HPV vaccine programme

In November 2011, the Department of Health (DH) announced that following a new procurement process the HPV vaccine supply would change to Gardasil[®] from September 2012. Like Cervarix[®], Gardasil[®] provides protection against the HPV strains 16 & 18 that cause over 70% of cervical cancers. In addition, Gardasil protects from HPV strains 6 & 11 which cause 90% of genital warts however it does not offer better protection against cancer. A change in vaccine could affect the uptake of the programme. It is important to promote and encourage individuals to be vaccinated and complete their course this academic year. There are no data on the interchangeability of the products within a course of vaccination. When a course can not be completed by the original provider with the same vaccine, the advice to complete using an alternative product is based on clinical judgment.

To respond to queries DH have prepared a question and answer sheet accessed at: http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_131607



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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.ovg.ox.ac.uk/Vaccsline.htm>

Influenza vaccination in pregnancy

All pregnant women should be offered influenza vaccine during any trimester of their pregnancy. As the end of winter and the influenza season draws closer any opportunity to offer the benefit of vaccination to pregnant women should not be missed; it is not too late! Babies born next summer to women vaccinated this flu season will have the benefit of protection from flu during their first winter due to the transfer of maternal antibodies.

Emailing enquiries to VACCsline

When emailing VACCsline, please include all relevant information for us to be able to respond, for example: age of the individual to which the query relates, a clearly presented comprehensive vaccination history for the vaccines that relate to your enquiry with the dates administered and your name, job title and place of work. Please remember not to include any patient identifiable information (except a date of birth) as this is rarely needed to answer enquires. This will maintain patient confidentiality.

Oxford Vaccine Group Immunisation Seminar, Thursday 22nd March 2012

This popular seminar is aimed at all healthcare professionals involved in immunisations and will be held at the Richard Doll building, Old Road Campus, Oxford, OX3 7LF. Alongside local immunisation experts speakers also include Jo Yarwood from the Department of Health and Jane Chiodini, Travel Health Specialist Nurse. Attendees will receive a certificate which can be used as evidence of attending an immunisation update. To view details of the programme and to register go to:

<http://www.ovg.ox.ac.uk/teaching.html>

OVG Update: An alternative booster vaccine against meningitis and ear infections

Starting early 2012, infants will be enrolled into a study to assess an alternative type of pneumococcal vaccine (PCV10). In addition to preventing pneumococcal infections, PCV10 has the potential to protect against another bacterium: "non-typeable *H. influenzae*", which frequently cause ear infections in young children. The study vaccine (PCV10) will be compared to the current vaccine (PCV13) to see which one generates a better immune response when given as a 'booster' dose at 12 months of age. All other routine childhood immunisations (Hib-MenC and MMR) will be administered to children enrolled within the study.

Upcoming Introduction to Immunisation Training

Berkshire (E & W)	Introduction to Immunisation Study Day To be confirmed	<i>Contacts:</i> 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	<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 .