

Contents

- Hep B vaccination and the GMS
- Drug alert - Agrippal flu vaccine
- Hep C Treatment - MCN event at Marriott
- Audit of babies born to Hep B +ve mothers
- 'Uncertain or incomplete immunisation' updated guidance
- Recall of Typhim Vi
- Shortage of rabies vaccines
- Amended PGDs

Rotavirus vaccine

[New oral vaccine to be introduced in 2013 for babies under 4 months](#)

PHPU Newsletter

Public Health Protection Unit
Telephone 0141 201 4917

e-mail: phpu@ggc.scot.nhs.uk
Fax 0141 201 4950

Hep B vaccination - clarification re GMS contract

The PHPU recently sought and received guidance from the Scottish Government Health Department relating to Hep B vaccination and the GMS contract.

The following points were made: -

- All vaccinations recommended for *clinical reasons*, where the condition is not included in a national programme, are included within the core element of the GP contract (p5, para 4; [BMA Focus on Hep B Immunisation, 2012](#))
- GPs are expected to apply General Medical Council's (GMC) guidance on Good Medical Practice by protecting people at risk from infectious diseases in the same way that they would provide medications for other conditions
- The guidance from the [GPC](#) does not run contrary to this position
- Hepatitis B for clinical reasons, in accordance with the GMC's Good Medical Practice, is included within the core GMS contract and is funded through the global sum

Drug alert - Agrippal suspension for pre-filled syringes

At the request of MHRA, Novartis Vaccines and Diagnostics is executing a [precautionary recall](#) of two batches of Agrippal suspension for pre-filled syringe. This is due to the presence, in one of the components, of visible protein aggregates that were identified following additional testing during the course of an investigation. Such protein aggregation can occur in influenza vaccines. The aggregation consists mostly of viral proteins expected in the vaccine, and when observed, aggregation is transient and disappears upon shaking as recommended in product labelling. No visible protein aggregates were detected at the time of product release in any of these UK batches.

Based on the information available, there is no evidence of any new safety concerns or of any impact on efficacy. No adverse reactions which may be associated with this issue have been reported to Novartis in connection with these batches. Those who have had a flu vaccine from these batches should have no cause for concern and there is no need for revaccination.

Please note that this vaccine represents less than 10% of orders but is one of the few vaccines licensed for children from 6 months. Other vaccines suitable for this age group include:-

Inactivated influenza vaccine (Sanofi/Masta)

Imuvac

Influvac

Fluarix

Practices are asked to ensure they manage stocks of vaccine appropriately so that sufficient vaccine is available for selected patient groups

Hep C treatment - MCN event at the Marriot Hotel

Hepatitis C Treatment & Drug Interactions - practical information for prescribers and HCWs

Relevant to: HCV consultants and Clinical Nurse Specialists
Addiction Service Medical Officers and Nurses
General Practitioners, esp. those working in Shared Care
Pharmacists working in acute or community settings
Prison GPs and nursing staff

Venue: [Glasgow Marriot Hotel](#)

Date: Thursday 15th November

Time: 6:00-8:00 pm

Programme: 6:00-6:30 Buffet food and drink.
6:30-7:30 Presentations from Prof David Back (Prof Pharmacology, Liverpool University) and
Fiona Marra (Specialist BBV Pharmacist, Gartnavel General Hospital)
7:30-8:00 Questions from the floor

To reserve a place please contact joe.schofield@ggc.scot.nhs.uk

Renfrew BCGs

BCG appointments for babies in the Renfrew area should now be made by calling the PHPU (0141 201 4932)

PHPU audit of babies born to HBV- positive mothers

All pregnant women in NHSGGC are offered screening for HIV, syphilis, hepatitis B and immunity to rubella as part of a national screening programme. The uptake of antenatal screening for HBV is high (99% uptake during 2012/13).

Following the first dose of vaccine at the birth of the baby, the paediatrician informs the Screening Department (Child Health at Templeton) by fax or email. The Screening Department records the baby's details on SIRS which generates letters for the mother, GP and HV when subsequent doses of hepatitis B vaccine are due.

The 0,1,2,12 month schedule is followed with an additional 'pre-school' booster. Following the 4th dose of hepatitis B vaccine, the infant should be checked for response using assay for HBsAg and anti-HBs. The GP is asked to refer the baby to the paediatric infectious disease service at RHSC/RAH for this blood test.

PHPU Audit of babies born to HepB-positive mothers in Jan - Dec 2010

100% received first dose of Hep B vaccine at birth and were recorded on SIRS

96% of infants had received the correct number of doses of hepatitis B vaccine for their age

63% of infants still within NHSGGC at Sept 2012 had been tested for antibody response following 4 doses of vaccine (0,1,2,12 month schedule) and none was HBsAg positive

See [Results Flow Chart](#) for details and audit recommendations

Uncertain or incomplete immunisation status - guidance

The [HPA guidance](#) for individuals with uncertain or incomplete immunisation history has been updated. Unless there is a reliable vaccine history, individuals should be assumed to be unimmunised and a full course of immunisations planned.

Those individuals who come to the UK part way through their immunisation schedule should be transferred onto the UK schedule and immunised as appropriate for age.

If the primary course has been started but not completed then continue from where it was left off - there is no need to repeat doses or to restart course.

Recall of Typhim Vi

Due to a concern about lower than specified antigen levels several batches of the typhoid vaccine Typhim Vi have been recalled and any remaining stocks of these affected batches should be returned (see [MHRA Alert](#)) The recall will result in this product now being out of stock so revaccination is not practical.

For advice regarding travellers who were previously immunised with one of the affected batches and who require continued protection please contact PHPU. All travellers should be advised of the importance of exercising scrupulous hygiene when visiting areas where typhoid is prevalent.

Shortage of rabies vaccine - update

In response to the ongoing shortage of rabies vaccines in the UK, the [MHRA](#) has agreed that Sanofi Pasteur MSD can import Verorab[®] rabies vaccine in order that supply is maintained.

Verorab[®] is unlicensed in the UK but has been used in the past during the rabies vaccine shortage of 2008/9. Verorab[®] **should be administered using a patient specific direction (PSD)**. This vaccine is widely used throughout Europe and is approved by the World Health Organisation.

Verorab[®] has the same schedule as Rabies Vaccine BP[®] and Rabipur[®]. If a patient has already started a course of rabies vaccination with Rabipur[®] or Rabies Vaccine BP[®] the course can be completed with Verorab[®] since the vaccines may be used interchangeably to provide protection pre- or post-exposure.

Vaccine-order enquiries should be made to Sanofi Pasteur MSD customer service 0800 085 5511.

Medical enquiries should be made to Sanofi Pasteur MSD medical information 01628 587 693

Contact MASTA for supplies delivery (orders before 3pm qualify for next day delivery) sales@masta.org or fax to 0113 2387501

Amended PGDs

[Pediacef PGD](#) - amended to allow administration to infants from 6 weeks of age to protect against pertussis

[Prevenar13 PGD](#) (PCV) - amended to allow concomitant administration of this vaccine under the childhood immunisation programme.

[Pediacef PGD](#), [Hib MenC PGD](#) and [MenC PGD](#) - upper age limit extended to allow administration to children up to 10 years old for those who present late for vaccination.

The wording regarding latex allergy (which will be applied prospectively to all vaccine PGDs) clarifies the use of latex-free vaccines. The exclusion criterion is now *History of severe (i.e. anaphylactic) reaction to latex where vaccine is not latex free*

If you would like to comment on any aspect of this newsletter please contact Marie Laurie on 0141 201 4933 or at marie.laurie@ggc.scot.nhs.uk