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PHPU Newsletter

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Short catch-up MMR campaign for 10-17-year-olds

The recent [CMO](#) letter outlines the MMR catch-up campaign for the partially immunised or unimmunised in the 10 - 17-year-old age group. A [letter](#) from the PHPU was sent to all parents of children in this group on 27th May advising them to vaccinate where indicated. The [Immunisation Scotland](#) website has links to a booklet and Q&As.

There is a relatively high proportion of 10-17-year-olds in Scotland who are unimmunised or partially immunised. This is the age group offered MMR₁ and 2 as infants during the years of unfounded controversy over the safety of the vaccine. Evidence from outbreaks in Wales and England has shown that it is in this age group where significant transmission is taking place with onward spread to others in the communities affected, especially to infants aged less than one year who are too young to receive MMR immunisation. The HPS risk assessment shows that there are likely to be some pockets of co-terminous small areas, particularly in urban areas, where susceptibility in those aged 10-17 year olds will be relatively high. Levels of susceptibility will have been lowered as a result of vaccinations carried out since the CMO letter sent in 2011, however, more needs to be done to further reduce the risk of measles outbreaks. The impact of this campaign on the risk of measles and the need for further initiatives will be assessed by HPS.

LES for 16-17-yr-old males

An LES for MMR vaccination of males 16-17 years of age has been agreed. Males under 16 years, females of child-bearing age, and male staff working in antenatal clinics are covered under Annex J of the current contractual arrangement.

Healthcare staff

Healthcare staff born after 1st January 1970 are strongly advised to have MMR unless they are certain they have previously had 2 doses of MMR, definitely had measles (such as documented laboratory confirmed) or have had a blood test in Occupational Health confirming immunity. If there is any doubt, staff should have 2 doses of MMR (MMR given to a person who is immune carries no risk). HCWs who require MMR should contact their occupational health department in the first instance.

Ordering vaccine

Practices should order vaccine from the PDC and NOT from community pharmacies. Orders should be faxed on pre-printed order form specifying it is for catch-up of young adults; only the minimum required should be ordered.

Men C - changes to childhood immunisation programme

Primary care staff should note that from 1st June 2013, there was a change in the current schedule for administering the Men C conjugate vaccine - the removal of the 4-month dose. From September 2013, MenC vaccine will be introduced into the adolescent schedule at the S₃ appointment in secondary schools (see [Revised MenC 2013](#) table)

Since the beginning of May practices have been supplied with Menjugate Kit[®] from the PDC. From **May 1st**, **Meningitec[®] was not to be used** for immunisation against Men C at 3 months as babies would not be called to receive a second dose. Any remaining Meningitec[®] should be returned to the PDC for destruction and clearly marked with the name of the practice and practice number. Please inform the PDC by fax that uplift is required Fax no: 0141 445 1513.

Should Meningitec[®] have been given as part of the infant schedule (e.g., inadvertently or when overseas), a second dose of Men C vaccine should be given at least one month after the first dose. This second dose of vaccine should be one containing a CRM conjugate such as Meningitec[®] or Menjugate Kit[®] **but not NeisVac-C[®]**. Administration under these circumstances is not covered by the existing PGD and requires a Patient Specific Direction.

The screening department is reviewing its records to identify any babies inadvertently administered Meningitec[®] since the revised Men C vaccination schedule was introduced and will advise practices accordingly.

Other immunisation changes

From 1st July 2013: the introduction into the childhood immunisation schedule of a vaccine to protect infants against rotavirus

From 1st September 2013: the introduction of a shingles vaccine for people aged 70 years (routine cohort) and 79 years (catch-up cohort) to protect against herpes zoster

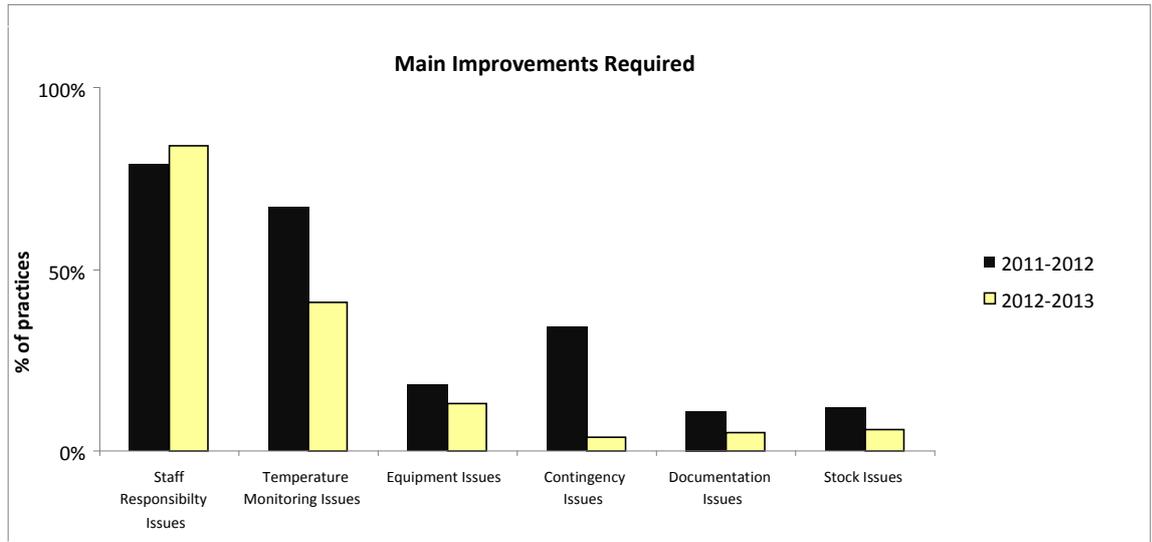
From Autumn 2013: phased implementation of the seasonal flu programme to extend to healthy children aged 2 to less than 17 years will begin. Vaccination will be offered to some pre-school children, accompanied by a limited pilot programme involving primary school children.

Further details of these changes are contained within the [CMO](#) letter of the 7th May .

Effective management of vaccines in primary care

With the number of new immunisation programmes to be introduced shortly, the storage and handling of vaccines has never been more important.

Self-audit of vaccine storage and temperature-mapping of fridges, undertaken by all practices, demonstrate encouraging results with a year -on-year improvement.



The main areas where further improvements can be made include:-

- Monthly review (and signed confirmation) of temperature records
- Resetting of thermometers after each reading
- Clear documentation of known reason for temperature excursion and the checking of temperature recovery 30 minutes later
- Uptake of e learning module

Nevertheless, incidents still happen and last year 83 incidents with an associated cost of £164k were reported but, after risk assessment, £116k of stock was advised to be reused. Around a third of these incidents could have been avoided if best practice had been followed.

An e learning module, which takes around 30 minutes to complete, offers practical advice on how to prevent incidents. To access the course, visit <http://nhs.learnprouk.com/> and register. Click on *More Learning* and the module is listed under the *Pharmacy* tab. Response from e learners has been extremely positive. Almost half of practices have at least one member of staff trained but ideally it should be undertaken by all staff involved with vaccines to improve the robustness of procedures.

Practices should also consider replacement of fridges as fridge functioning may deteriorate over time and the ability to maintain correct temperature cannot be guaranteed. These results demonstrate that around 30% of fridges are over 5 years old. Some new fridges now have a useful function to provide a record of temperatures in the event of any power interruption.

Colleagues are thanked for their continued support and cooperation in this important clinical governance activity.

New immunisation programme and cold chain management

Major developments in immunisation programmes, starting with the introduction of Rotarix® oral vaccine from 1st July 2013, will have significant impact on cold chain management in GP practices. This is demanding for Fluenz® which, due to its short expiry, needs to be delivered over a period of 8-12 weeks to protect against seasonal flu in pre-school children.

Care also requires to be given to the storage and management of Zostavax® which protects against shingles since it is a particularly expensive vaccine. Practices should also consider transport of this vaccine to other locations (e.g. care homes/domiciliary visits) which will require use of validated portable transport systems.

Over recent years, considerable improvements in cold chain management have been made by all practices. Nevertheless, fridge functioning may deteriorate over time and almost a third of practices have fridges that are over 5 years old. When the new immunisation programme is fully implemented, the number of people being offered vaccination will double so consideration by practices may have to be given to the purchase of a new fridge. Pharmaceutical fridges are available in a range of sizes and models costing from £500 to around £2000 depending on requirements. **Some manufacturers are, however, currently offering a time limited NHS discount provided the order is placed on NHS headed notepaper.** For more information see recent [LMC letter](#).

Please note that even during peak periods of activity a fridge should be no more than 2/3rds full to ensure good air flow. Fridge manufacturers are likely to receive increased enquiries as a result of these national changes and early placement of orders is advised. Information on suitable pharmaceutical fridges and portable vaccine storage solutions is contained in the [Immunisation and Best Practice Guidelines 2013 Chapter 4](#). In addition, practices are recommended to have several members of staff trained in [cold chain management](#) to improve the robustness of procedures and promote best practice.

NB

INFLUENZA VACCINE

Any remaining flu vaccine which expires end of June 2013 can now be returned. Please inform PDC by fax that uplift is required. Fax no 0141 445 1513

PATIENT SPECIFIC DIRECTION (PSD)

Everything you need to know is online at MHRA's [FAQs](#)

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