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# PHPU Newsletter

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## Pregnant women – pertussis and flu update

Pertussis vaccination should **continue** to be offered to pregnant and newly-delivered women. From Summer 2014 [Boostrix®IPV](#) which contains pertussis, diphtheria, tetanus and polio, will be the vaccine of choice (replacing Repevax®) for this group. Supplies of Boostrix IPV® are expected to become available from beginning of June and the [PGD](#) has been amended accordingly. Repevax® will continue to be available to order for the childhood immunisation programme but **should not be used** for pregnant women once Boostrix® IPV becomes available.

Pertussis-containing vaccine should be offered in each pregnancy at 28-38 weeks gestation (ideally weeks 28-32).

Midwives are reminded that the flu immunisation programme ended on 31<sup>st</sup> March and therefore they should no longer be directing patients for flu vaccination. Direction of pregnant women should recommence at the beginning of October when the new flu season starts.

## New BBV training module

A new Blood Borne Virus e-learning module available free to all NHSGGC staff through the [Learn Pro](#) site under the “specialist subjects” tab. This module includes an overview of key information about HIV, Hep B and Hep C.

Additional training on blood borne viruses can also be accessed by contacting the BBV Training Team: 0141 211 8634 [GG-UHB.bbv.trainingteam@nhs.net](mailto:GG-UHB.bbv.trainingteam@nhs.net)

Dates of courses are available in the BBV Flyer the [BBV Flyer 2014](#).

## JCVI recommends introduction of MenB vaccine

On 21<sup>st</sup> March, the Joint Committee on Vaccination and Immunisation (JCVI) recommended that a MenB vaccine is introduced into the national immunisation schedule, provided that the vaccine can be obtained at a cost effective price.

As the introduction of the vaccine is dependent on reaching this agreement, it cannot be said for certain when the programme will start. And once the contractual arrangements have been completed, time will then be needed to manufacture sufficient vaccine to meet the initial demand.

What is agreed, should the programme go ahead, is that the vaccinations would be given to children alongside their routine vaccinations at two and four months of age, with a booster at 12 months (a 2+1 programme).

At the start of the programme, children who have already had their other routine vaccinations at two months of age, will be offered their MenB vaccination at the three-month and four-month visits. Those who have had their routine vaccines at two **and** three months, will be offered one MenB vaccination at four months of age. These children will all then be offered a booster at 12 months.

A catch-up programme for older children will not be implemented, as it would not be cost-effective given that the burden of the disease is predominantly in younger babies.

## HPV – changes to the programme

From September 2014, the HPV immunisation schedule will change to 2 doses. In NHSGGC, the programme will continue to be delivered in schools.

- January 2015 - the first dose HPV will be given to S1 & S2 girls with a catch-up in Feb/March (during DTP/MenC)
- January 2016 - the second dose HPV for S2 & S3 and first dose HPV for S1 in January 2016 with catch-up in Feb/March (during DTP/MenC)
- January 2017 onwards - second dose HPV for S2 and first dose HPV for S1 with catch-up in Feb/March (during DTP/MenC)

**N.B.** Pupils who do not receive the first dose before their 15<sup>th</sup> birthday will require 3 doses and this will be carried out within the school programme.

## Shingles immunisation programme – update

Since its introduction in September 2013, the shingles immunisation programme is progressing well with some practices having immunised almost 90% of their eligible patients; all 70-year-olds from 1<sup>st</sup> September 2013 and a catch-up cohort of 79-year-olds in 2013/14. Initially supplies were limited but sufficient supplies are now available to meet demand.

Shingles is a serious disease and it is important that every effort is taken to immunise all eligible patients

Practices are, however, reminded that Zostavax® is an expensive vaccine which is in limited supply and has a relatively short expiry date. So far NHSGGC has experienced few incidents, however, even this small number has a significant impact due to the cost of the vaccine. Practices are encouraged to check existing stock prior to submitting order and order the minimum required with no more than 2 weeks' stock held at any one time.

## Vaccine updates

### Rotavirus

The peak for rotavirus notifications based on past activity would appear to have passed and the effect of the new immunisation programme introduced in 2013 is quite evident from both the [HPS](#) and [NHS England](#) graphs.

### Routine Immunisation Schedule 2014

NHS England has produced [The complete routine immunisation schedule June 2014](#), and a helpful [New Vaccines 2014](#) poster which provides a quick guide to the new vaccine brands being introduced into the routine schedule and their indicated groups.

### Similarity in packaging of vaccines

Immunisation staff are asked to note that many of the current vaccines are in similar packaging and therefore care should be taken to ensure the correct vaccine is selected.

### Infanrix IPV Hib ®

Infanrix IPV Hib ® and Pediacel® will both be available for primary immunisation of infants. Staff should note, however, that Infanrix IPV Hib requires reconstitution. The entire contents of the pre-filled syringe should be added to the vial containing Hib, the vial should be shaken vigorously, and the entire mixture then withdrawn back into the syringe ready for administration.

### Flu vaccines - the Tetras

In season 2014/15, **Fluenz Tetra®** (quadrivalent live, attenuated influenza vaccine administered by nasal spray) will be supplied centrally in place of Fluenz® which was available for the 2013/14 flu season.

**Fluarix Tetra®** (quadrivalent inactivated influenza vaccine administered by injection) will also be available as one of the several flu vaccines which can be purchased locally for the rest of the risk groups; the 65s and over, the under 65s at risk, pregnant women and healthcare workers. Care must be taken not to confuse the two 'Tetra' brands, especially as **Fluarix Tetra® is not licensed for use in children under three years of age** and both vaccines will be in the fridge at the same time. It's essential that the correct vaccine is chosen for the patient awaiting vaccination.

Children aged 3 years and over who are allergic to Fluenz Tetra®, or can't have it for other medical reasons, can have Fluarix Tetra® - it will be centrally supplied exclusively for this purpose - or any of the other inactivated injected flu vaccines.

One way of remembering which vaccine is which is:

- Flue**NZ** is the **NaZal** flu vaccine
- Flu**AR**ix is the **ARm** injected vaccine

### ACWY Vax

Current product information for ACWY Vax states an antibody resistance of 3 years. Glaxo Smith Klein has, however, issued a [letter](#) to all healthcare professionals regarding study findings which demonstrate a waning of antibody titres one to two years post-vaccination. The advice is that:-

- individuals who remain at *high risk* of exposure to *Neisseria meningitidis* should be considered for revaccination earlier than currently recommended
- conjugate vaccine is recommended when revaccination within 2 years of administration of ACWY Vax is being considered as there is a risk of hyporesponsiveness to non-conjugated polysaccharide vaccine within this time period

**Staff should note that this vaccine is being discontinued and stocks will run out from July 2014.**

If you would like to comment on any aspect of this newsletter please contact Marie Laurie on 0141 201 4917 or at [marie.laurie@ggc.scot.nhs.uk](mailto:marie.laurie@ggc.scot.nhs.uk)