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# PHPU Newsletter

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## Men B – update on provision of prophylactic paracetamol

Staff should note that from 1<sup>st</sup> October 2015 community pharmacists can provide a supply of infant paracetamol oral suspension 120mg/5mL for pyrexia in advance of, or following, MenB vaccination as a new component of the Public Health Service. More details are contained in the links below:-

- [CMO letter](#) - issued to health boards on 2<sup>nd</sup> October 2015
- [Chief Pharmaceutical Officer letter](#) - issued to all pharmacies on 28<sup>th</sup> September 2015

The following national resources are being amended to reflect this change:

- public information leaflet 'Help protect your baby against Men B'
- post-immunisation sheet 'What to expect after immunisation: Babies and children up to 5 years'

In addition, as part of the transition to the new arrangements, copies of an A5 flyer directing parents to community pharmacy to obtain paracetamol for their child in advance of, or following, Men B immunisation will shortly be sent to GP practices and pharmacies.

## Shingles vaccination – Green Book update

There have been [important changes](#) in the recently updated [Shingles chapter](#) in Green book which relate to immunosuppressed patients as well as those receiving immunosuppressive therapy. The [screening tool](#) for contra-indications for the shingles vaccine has also been updated and the NHSGGC PGD is being amended.

## Seasonal flu vaccine effectiveness – update

It is encouraging to see that last winter's flu vaccine was much more effective than initial estimates indicated. Early estimates are based on smaller number of cases, and the flu strains often change over the season. At one stage early in the season, it was estimated that the vaccine was protecting only three out of every 100 vaccinated people from the Flu infection. However, an [updated report](#) covering the whole last winter's Flu season shows much encouraging results with protection provided to one in every three vaccinated people.

Flu is an unpredictable virus and is constantly changing making it difficult to develop a vaccine - this is the reason why a new jab is needed each year. Every year the World Health Organization (WHO) picks the three strains of flu for the vaccine that are most likely to be circulating and in most years there is a close match between the WHO prediction and the actual virus that circulates in the following winter. But last Flu season, one of the strain of Flu mutated significantly during the year so that the vaccine provided slightly less protection than expected.

Whilst it's not possible to fully predict the strains that will circulate in any given season, flu vaccination remains the best protection against an unpredictable virus which, each year, can cause severe illness and deaths among at-risk groups. These include older people, pregnant women and those with a chronic health condition, even if their condition is well-managed.

Please note the [PGD Seasonal Influenza Vaccine Appendix 2015/16](#) (Flu Vaccine Allergy Chart)

## PHE *Unknown/Incomplete immunisation* chart update 2015

Immunisation staff should note the recent update of the Public Health England (PHE) [incomplete immunisation guidance chart](#). Changes include meningococcal vaccine recommendations and dates of birth for the eligible cohorts for flu and shingles vaccine.

## Men B and ACWY Webinar

NES and Health Protection Scotland recently recorded a [Webinar](#) to support the introduction of MenB and MenACWY. This recording and other material relating to the new vaccines can be found on the [NES Website](#)

## Updated Green Book chapters

Public Health England (PHE) has recently updated a number of Green Book chapters. Please find brief details and weblinks below.

[Influenza](#) - updated with revised background information and contra-indication information (clarification of topical & standard inhaled corticosteroids, clarification of asthma definitions, egg allergy).

[Meningococcal disease](#) - updated to clarify use of prophylactic paracetamol when Bexsero® is administered concomitantly with other vaccines in infants.

[RSV](#) - updated as change in formulation and to provide clarification around those in whom use of cost-effective.

[Typhoid](#) - updated details for Ty21a

[Varicella](#) - updated to reduce pregnancy avoidance advice from three to one month.

## Fluenz® and narcolepsy

Narcolepsy is a rare condition characterised by the person falling asleep at inappropriate times (<http://www.nhs.uk/conditions/Narcolepsy/Pages/Introduction.aspx>). Recognised triggers include hormonal changes (which can occur during puberty or the menopause), major psychological stress, a sudden change in sleep patterns and an infection (such as flu).

There have been a number of recent newspaper articles regarding an 11-yr-old boy in the Borders who developed narcolepsy (with cataplexy) shortly after receiving the nasal flu vaccine at school. In addition to this, there has been substantial discussions on Facebook and other social media forums (e.g. Twitter) on this issue which have resulted in parental concern around the safety of Fluenz®.

### Summary of evidence

There is **no evidence** of an association between currently-used influenza vaccines, including the live intranasal vaccine, Fluenz®, and narcolepsy. An increased risk of narcolepsy after vaccination with the adjuvanted pandemic A/H1N1 2009 vaccine Pandemrix® has been described previously. This vaccine is no longer used in the UK influenza immunisation programme.

HPS has been continuously reviewing hospital statistics (SMR01) on the number of patients admitted to hospitals in Scotland with a discharge diagnosis of narcolepsy (with/without cataplexy) as part of the ongoing evaluation of the extension of the seasonal influenza vaccination programme to children. These SMR data span from January 2008 to July 2015 and are broken down by age group - click on the link to see the [graph](#) (please note figures for 2015 are incomplete and subject to change).

Reassuringly, the number of patients admitted to hospital with a primary discharge diagnosis of narcolepsy (with/without cataplexy) has remained relatively constant over this period, particularly in the younger age groups

## Flu communications materials – adults and children

A range of communication materials and resources have been sent to GP practices to support informed uptake of both the seasonal flu vaccine for adults (materials with the common theme of a [sticking plaster graphic](#) on a bare arm of a pregnant women/HCWs/a man with an at-risk conditions) and the children's flu vaccine (materials with the common theme of an [umbrella](#) as the graphic). The former are directed at adults and are not designed for young people (under 18).

There may be potential confusion for young people at secondary school under 18 years of age who have an at-risk condition. The **live intranasal vaccine** should be preferentially used in this at-risk group up to the age of 18 (unless a contra-indication exists or to take account of religious belief). Therefore, the adult seasonal flu materials are not appropriate for this group, and the parent/young person should be directed to information on the intranasal children's flu vaccine.

## Primary school flu immunisation programme – mop up

Any primary school child who, for whatever reason, misses flu immunisation at school, can make an appointment with their GP practice to be immunized, see [CMO letter](#). This has been agreed as part of the DES with GPs for this season [http://www.sehd.scot.nhs.uk/pca/PCA2015\(M\)03.pdf](http://www.sehd.scot.nhs.uk/pca/PCA2015(M)03.pdf).

This year's school flu immunisation programme in NHSGGC began on 1<sup>st</sup> October and will run until 4<sup>th</sup> December.

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