

PHPU Newsletter

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Prevenar 13[®] - reports of unusual appearance

Pharmacy Public Health have recently received several reports of unusual appearance of Prevenar 13[®] vaccine where a white deposit was observed. The [SPC](#) describes that sometimes this occurs on storage. The vaccine should be shaken well and allowed to settle to obtain an homogenous white suspension before administration

Please report any incidents where a vaccine has been discarded because of a concern about its appearance to PPH on a [Suspected Defective Medicines form](#) section 11.6.1.

Pneumococcal Polysaccharide Vaccine - supplies

There have been sporadic supply difficulties with Pneumococcal Polysaccharide Vaccine, PPV, (formerly known as Pneumovax II) since August 2016.

Pharmacy Public Health regularly contacts the manufacturers for updates and has been advised that when small amounts of vaccine become available they are used to fill 'back orders'. However, the manufacturers cannot currently give firm information on timescales for full supply of the vaccine.

PPV is **not** available from the Pharmacy Distribution Centre (PDC) for administration to over-65- year-olds as part of the National Immunisation Programme. In exceptional circumstances only, their own stock permitting, PDC may be able to supply PPV for administration to patients with special clinical needs e.g. immunocompromised. Contact Pharmacy Public Health for advice.

Prevenar13[®] (Pneumococcal Conjugated Vaccine) is for use in the Childhood Immunisation Programme. It may be administered to patients with special clinical needs in line with Green Book recommendations but it must **not** be used as a substitute for Pneumococcal Polysaccharide Vaccine.

Flu vaccine stocks – end of season arrangements

Adults

Practices should have now informed Movianto of how many outer boxes are ready for uplift. Any practice that has not yet responded to Movianto is urged to do so as soon as possible and **before 7th April** to ensure Board receives some financial recompense for unused stock. Practices should ensure they only request uplift **once** due to costs involved. All vaccine should be returned, even small amounts, and not destroyed locally. Practices with no vaccine stocks remaining should advise a 'nil' return. Vaccines will be uplifted from week beginning 3rd April. Any enquiries please contact Flu.Scotland@Movianto.com or Customer Services 01234 248 623

Children

Most GPs ordered sufficient Fluenz[®] to undertake immunisation of pre-school children as part of the extended seasonal flu programme. Fluenz[®] stock has a short shelf life and most of the vaccines previously distributed have expired. Any flu immunisation required after this time will need to use injectable vaccine. Expired Fluenz[®] vaccine should not be returned via Movianto but be clearly marked 'for disposal' with the name of the practice and practice number and uplift should be arranged with the PDC. Please inform PDC that uplift is required either by telephone (0141 347 8974) or fax (0141 445 1513).

Green Book Updates

Immunisation staff should note the following updates in the [Green Book](#)

[Chapter 13](#) (Anthrax). The update includes advice on the need for and timing of booster doses for anthrax vaccine for occupation groups.

[Chapter 25](#) (Pneumococcal). The update provides background information and clarification on the immunisation schedule, as well as advice for children and adults in at risk groups (version 6).

New guidance – potentially infectious samples

A change in the guidance on potentially infectious samples was authorised by the Diagnostics Directorate in January. Staff are no longer required to use the yellow "DANGER OF INFECTION" stickers for samples containing, or suspected of containing, blood borne viruses (BBV). Please click on the [link](#) for more details

Vaccine incident – guidance

In recent years an unprecedented number of new and catch-up immunisation programmes have been introduced and most delivered by Primary Care Services.

Vaccine errors can occur during scheduling, preparation and administration of vaccines and may affect the quality of the immunisation programme. One of the functions of the Health Protection team is to provide advice and support to immunisers and, occasionally, this advice is on the actions to be taken by staff when a vaccine has not been prepared or administered according to national guidelines.

To assist in providing the appropriate response to these calls, the HPS document [Vaccine Incident Guidance - Actions to take in response to vaccine errors \(2013\)](#) is a useful guide for professionals and immunisers.

The aim of guidance:-

- Provide a starting point from which to consider the appropriate response to vaccine incidents
- Provide consistent advice to vaccinators when incorrectly handled vaccines have been administered to patients and minimise the consequences of those errors
- Ensure vaccines are given correctly and have the best chance of providing protection
- Encourage vaccinators to work in an open and supportive environment in which they feel able to report vaccine incidents without fear of recrimination (HPS 2013)

Childhood immunisation statistics published for 2016

On the 28th March 2017, ISD published its [report](#) for childhood immunisation statistics in Scotland for the year ending 31st December 2016. The main points in the report show that for 2016 :-

- Uptake rates by 12 months of age for complete primary courses of immunisation against diphtheria, tetanus, pertussis (whooping cough), polio and Hib (the five-in-one vaccine), MenC and PCV remained high, with rates above 96%.
- Uptake of the vaccine against rotavirus, a common cause of severe diarrhoea in infants, remained at 92.9% by 12 months of age.
- Uptake of completed courses of the five-in-one, MenC and PCV vaccines by 12 months were above 95% in all deprivation categories. Although vaccine uptake was high in the most deprived areas, the rates were slightly lower in these areas compared to the least deprived areas.
- Uptake rates of the Hib/MenC and PCV booster vaccines by 24 months remained high at 95.1 and 95.0% respectively.
- The national target is for 95% uptake of one dose of the MMR vaccine by five years of age, with a supplementary measure at 24 months. In 2016, annual uptake of one dose of MMR vaccine by 24 months of age decreased slightly to 94.9%. Uptake of one dose by five years of age was 96.8%. Uptake rates of one dose of MMR by five years have remained above the 95% target since 2009.
- Uptake of the vaccines normally given around three years four months of age remained at a similar level. By five years of age, 93.4% of children had completed the booster course of immunisation against diphtheria, tetanus, pertussis and polio, and 92.9% had received the second dose of MMR vaccine.

Pre-natal pertussis vaccine uptake in Scotland

In April 2016, there was a change to the pre-natal pertussis programme with vaccine offered from 16 weeks gestation rather than 28 weeks as previously. [Figure 1](#) presents vaccine uptake by month and year until the end of December 2016. The monthly vaccine uptake in pregnant women averaged 70.4% across October to December 2016 representing an increase of 6.2% from the same period in 2015. This continues the upward trend observed from the summer of 2016, which although initially was most likely due to a data artefact has since then shown a further increase which has been sustained. Therefore this may indicate an impact of the move to offer from 16 weeks alongside the previously observed seasonal effect resulting from women receiving pertussis vaccination alongside seasonal influenza vaccine.

The completeness of the data relies on timely recording of dates of delivery in the mother's medical records in addition to the recording of vaccine administered. Therefore all efforts by primary care colleagues to improve the accuracy of the data are appreciated.

As pertussis continues to circulate in Scotland above historical levels, immunisation of pregnant women is vital.

Further pertussis immunisation information can be found in the Green Book, [Chapter 24](#).

(Source: HPS Vaccine Update March 2017)

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