

# PHPU Newsletter

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## Primary School Flu Immunisation Programme

Flu immunisation consent packs were issued to parents in August, ahead of this year's primary school flu immunisation programme which starts on Monday 2<sup>nd</sup> October and runs until early December.

NHSGGC's School Immunisation Teams are working closely with colleagues in Education and schools to safely reintroduce the injectable flu vaccine into the flu immunisation sessions that will be delivered by the teams in schools this year. Parents/carers have been made aware of this development.

As in previous years, primary school aged children who miss their flu vaccination at school (nasal spray or injectable vaccine) can attend their GP practice to be vaccinated as part of the agreed mop-up arrangement as per [NHS Circular: PCA \(M\)\(2017\)02](#)

## Seasonal Flu Algorithm – 2017/18

The seasonal [flu algorithm](#) has been updated for 2017/18. Please note there are 3 algorithms on the link – Birth to Pre-school Immunisation; Primary School Immunisation; and Secondary School to over-65-years age groups, pregnant women and other special groups.

## Flu vaccine – delivery and storage

Healthcare staff are working hard to prepare for the 2017-18 flu immunisation programme. As it's often the responsibility of administration staff to receive and store vaccine upon delivery and monitor fridge temperatures, it's important that everyone working in GP practices and clinics understands the importance of maintaining the cold chain. All staff involved in delivering vaccination, handling vaccines and monitoring the cold chain should complete the [NHSGGC Cold Chain LearnPro or Community LearnPro module](#)

Key points for GP practices and clinics are:-

- Reception staff should know when a vaccine delivery is expected and that it must be stored in the fridge *immediately* upon receipt
- Vaccine refrigerators should not be overfilled
- Fridge doors should be closed carefully and locked to prevent the door bouncing back open
- Staff should ensure that fridge sockets can't be accidentally turned off or unplugged

## Men B – injection site in infants

Immunisation staff should note that Men B can be given with other immunisations in the same limb in babies.

The Green Book [Meningococcal Chapter 22](#) (page 10) states: -

*Meningococcal vaccines can be given at the same time as other vaccines such as pneumococcal, measles, mumps and rubella (MMR), diphtheria, tetanus, pertussis, polio and Hib. The vaccines should be given at a separate site, preferably in a separate limb. If given in the same limb, they should be given at least 2.5cm apart ([American Academy of Pediatrics page 23](#)). The site at which each vaccine is given should be noted in the child's clinical record.*

**Paracetamol dosage and dose times**

A 2.5ml dose of liquid paracetamol (infant paracetamol 120mg/5ml) should be given orally as soon as possible *after* vaccination, followed by a second 2.5 ml dose *after 4-6 hours* and a third 2.5 ml dose *4-6 hours after the second dose*.

## Immunisation Update Seminars 2017 – presentation slides

Slides from this year's Immunisation Update Seminars are now available [online](#)

## Hexavalent vaccine for childhood schedule

Please note that only hexavalent vaccine will now be supplied from the PDC replacing the pentavalent vaccines, Infanrix-IPV+Hib® and Paediacel®. It is possible that practices will have both types of vaccine in their fridge and care needs to be taken to ensure that babies born after 1<sup>st</sup> August receive the appropriate vaccine. **Practices should only use their existing stocks of the pentavalent vaccines to complete the routine schedule of those babies born before 1<sup>st</sup> August.** If practices do not have pentavalent vaccine for these babies the hexavalent vaccine, Infanrix hexa®, should be used. Please note new ordering forms for the PDC will no longer contain a fax number, forms should, instead, be e mailed to [vaccines@ggc.scot.nhs.uk](mailto:vaccines@ggc.scot.nhs.uk). The new forms will be emailed to practices in the next few weeks.

## Flu vaccine and Zoster vaccine Uptake by HSCP 16/17

**Table 1** shows the cumulative flu vaccine uptake for the last flu season (Oct 2016 to March 2017) in Scotland and NHSGGC broken down by HSCP. Although the uptake in NHSGGC is either comparable or better than the Scottish average uptake, it is however concerning that the uptake in general has dropped three years in a row and by nearly 10% for those in the *under 65s at risk* group. There are also significant variations in uptake among the HSCPs. GP practices are encouraged to do everything possible to maximise uptake rates in the coming season.

Table 1

HSCP	Over 65s	Under 65s at risk group	Pregnant (not in clinical risk group)	Pregnant (in clinical at risk group)	Pre- school 2-5 yrs old
East Dunbartonshire	75.6%	47.3%	64.3%	71.8%	66.5%
East Renfrewshire	74.0%	43.7%	57.7%	64.7%	62.4%
Inverclyde	71.2%	45.9%	52.1%	69.0%	54.2%
Glasgow City – NE	71.0%	46.0%	51.5%	57.6%	52.8%
Glasgow City – NW	71.2%	44.9%	56.7%	64.8%	56.1%
Renfrewshire	73.0%	45.6%	57.7%	57.6%	54.9%
Glasgow City – South	72.9%	46.7%	56.1%	65.1%	52.6%
West Dunbartonshire	75.8%	49.3%	54.6%	65.9%	55.6%
<b>NHSGGC</b>	<b>72.9%</b>	<b>46.1%</b>	<b>56.2%</b>	<b>63.5%</b>	<b>56.0%</b>
<b>SCOTLAND</b>	<b>72.8%</b>	<b>44.9%</b>	<b>49.3%</b>	<b>58.0%</b>	<b>54.3%</b>

**Table 2** shows the shingles vaccine-uptake rates for the routine and catch-up cohorts for the period 1<sup>st</sup> September 2016 to 30<sup>th</sup> June 2017. As can be seen, the uptake in NHSGGC is slightly lower than the Scottish average with significant variations among HSCPs. Practices should endeavour to further improve uptake by identifying all those eligible persons, still under the age of 80 years, who were already targeted in previous years but who remain unimmunised, as well as the newly eligible cohorts from 1<sup>st</sup> September.

Table 2

HSCP	Aged 70 years	Aged 76 years	Total
East Dunbartonshire	51.0%	38.5%	45.6%
East Renfrewshire	36.3%	30.9%	34.0%
Inverclyde	35.5%	30.6%	33.5%
Glasgow City – NE	43.7%	33.0%	39.0%
Glasgow City – NW	39.8%	37.5%	38.8%
Renfrewshire	42.5%	32.7%	38.4%
Glasgow City – South	43.6%	35.7%	40.2%
West Dunbartonshire	47.9%	44.0%	46.3%
<b>NHSGGC</b>	<b>42.5%</b>	<b>35.3%</b>	<b>39.5%</b>
<b>SCOTLAND</b>	<b>45.0%</b>	<b>38.1%</b>	<b>42.1%</b>