



MenB, the news many parents have been waiting for – almost

On 21 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.

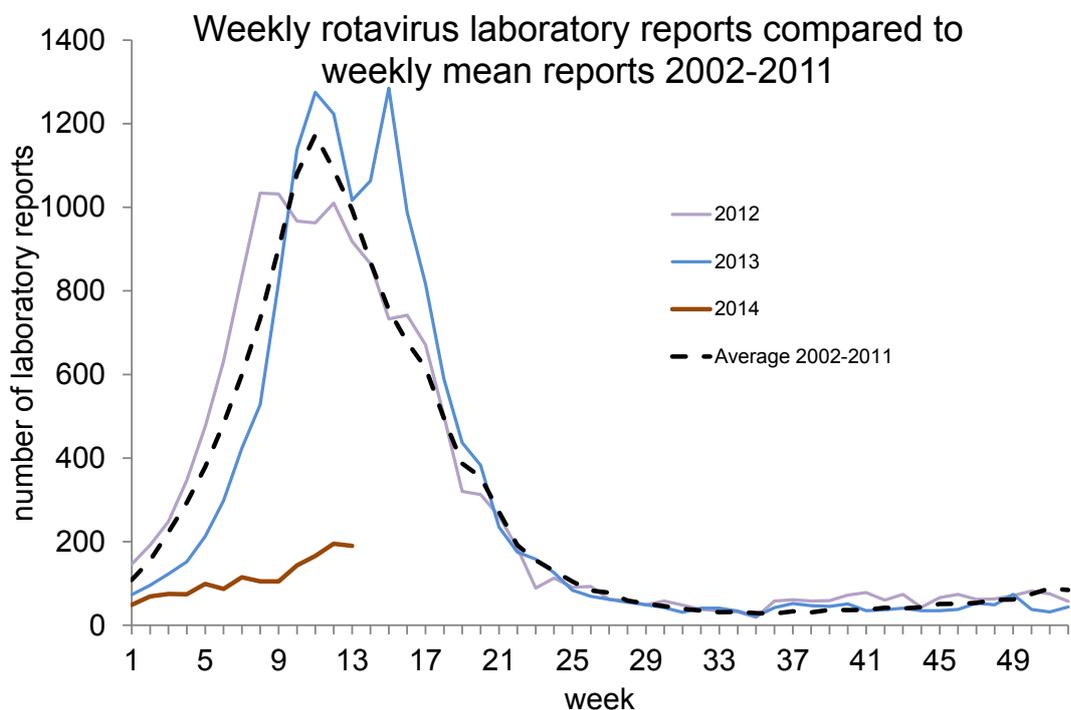
Full details of the programme are still to be confirmed but in the meantime JCVI's statement can be viewed at [web link 1](#) and NHS Choices has information at [web link 2](#). The meningococcal chapter in the Green Book has also been fully updated and is available at [web link 10](#).

You can keep up to date with all of JCVI's activities at [web link 3](#).

Immunisation news

The best Easter egg ever?

In the December issue of *Vaccine update*, we suggested that an ideal Christmas present for babies born since the rotavirus vaccination programme began, would be the flat-lining of the rotavirus graph on page 330 of the Green Book ([see web link 4](#)). Well, it looks like Father Christmas has delivered a super Easter egg, as the graph shows. Although it isn't completely a flat line, rotavirus really is on the run and thousands of babies have been spared the dehydrating and debilitating symptoms of rotavirus gastroenteritis.



On a scientific note, back in 2007, Jit and Edmunds predicted that vaccinating a birth cohort with rotavirus vaccine would prevent up to 90 000 infections, 10 000 hospitalisations and perhaps two deaths in the first five years of life – see para 8 in Annex B at [web link 5](#). We are currently seeing a 70% drop in the number of infections, so if this maintained to the end of the rota season the total number of cases will have dropped from the previous average of 130 000 to 39 000 – a drop of 91 000. We can forgive them an underestimate of 1000, don't you think?

Of course, having said that, we won't know for certain until this trend is repeated over two or three years but for this year it's a huge thank you to all those who have contributed to this major success story that has not only saved a great deal of suffering and parental stress but also significantly reduced the burden on the NHS generally and hospital beds in particular.

For full details on the uptake of rotavirus vaccine and October to December's COVER data, see [web link 6](#).

Rota's sweet drops diminish the distress

Following our request for information regarding the reported pacifying effect of the giving rotavirus drops after the two- and three-month injections, we are grateful to those practice nurses who have written in to say their experience is just the same, although one gave it two minutes before the injections, so any soothing effect of the sugar in the vaccine has time to act.

Change to the HPV vaccination schedule

From September 2014, the number of doses of HPV vaccine that is given to teenage girls will be reduced from three to two.

Why is this happening?

Research since the vaccination programme began, shows that the protection provided by two doses of the vaccine in adolescent girls is as good and lasts just as long as that provided by the three-dose course. Emerging evidence from evaluations of the programme around the world has shown that the number of young women with pre-cancerous lesions is falling – and all the indications are that this protection will last for at least 20 years.

When will the new schedule start?

It will start in September, at the beginning of the academic year 2014/15.

When should the first dose be given?

As previously, the first dose can be given at any time during school year 8 as long as the girl is in the 12- to 13-year-old age band.

When should the second dose be given?

The second dose can be given between six and up to 24 months after the first. PHE is discussing the best way to deliver the programme with local area teams and this might involve giving the first HPV vaccine dose to year 8 girls, and the second dose 12 months later, when the girls are in year 9.

What if a girl misses her first dose? Can she have it later when she's 15?

Girls who have not had their first dose of HPV vaccine by the time they are 14 years old should be offered the three dose schedule. This is because the response in older girls is not quite as good, so to be on the safe side they should have three doses at zero, one and six months.

What if a girl has had the first two doses of the current three dose schedule – does she still need the third one now?

Yes, girls who have started a three-dose schedule should complete it as originally planned.

Is anything else changing to the programme?

No, everything else stays the same.

Will the vaccine that is being saved by this change be used to protect men against HPV and genital warts?

All vaccination programmes are kept under constant review so they can be improved in the light of experience. The routine use of HPV vaccine in boys, and men who have sex with men, is something that has been raised at JCVI and will continue to be taken into consideration in their future deliberations.

HPV vaccine uptake maintained at high levels

The latest HPV vaccine uptake data in England up to 31 December 2013 is now available at [web link 7](#). It shows levels consistent with those in previous years at 85% for dose one and 69.8% for dose two.

What's going on out there?

The Joint Committee on Vaccination and Immunisation (JCVI) would like to know from vaccine manufacturers and others what is happening in the development of new vaccines that are likely to be licensed over the next five years. If you are interested in submitting information, there's guidance and a horizon scanning report form to complete at [web link 8](#). Applications close on 2 May 2014.

Resources

Whooping cough and pregnancy flyer and leaflet



These publications have been updated to reflect the impact of the vaccination in pregnancy programme that has now been running for 18 months. Although the figures look promising, there is no room for complacency and expectant mothers should continue to be vaccinated between 28 and 32 weeks to protect their babies and themselves from whooping cough.

The flyer and leaflet can be ordered via [web link 9](#).

MenC freshers' leaflet



Highlighting the risks of getting meningitis when teenagers start living in halls of residence at university, and recommending that students get vaccinated against MenC infection before they move in, this leaflet will be distributed through UCAS to new students, as well as being generally available through the orderline at [web link 9](#). A pdf version is also available for downloading at [web link 16](#).

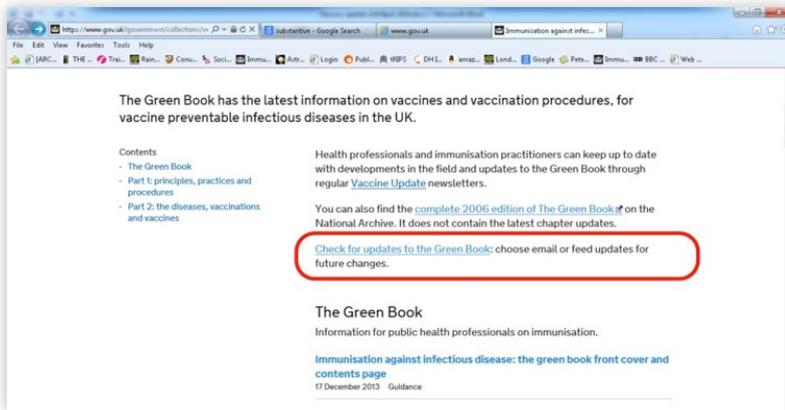


MenC vaccines – getting it right

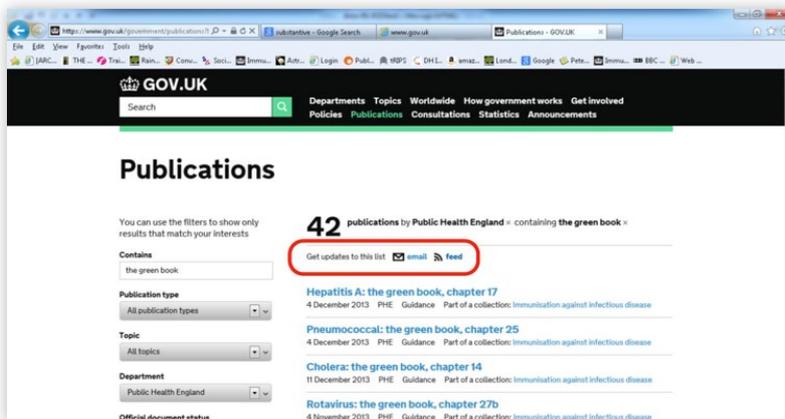
This poster has been produced to remind immunisers to select the correct MenC vaccine for infants, adolescents and students – see [web link 15](#) and also the Vaccine supply section below.

Want to keep up to date on Green Book updates?

There's now an update facility on the main Green Book page at [web link 10](#).



Clicking on the 'Check for updates to the Green Book' takes you to:



Here, you can choose to get updates by e-mail or feed. You will then be automatically advised whenever a chapter is replaced or updated.

If you encounter any problems with this service, please use the 'Contact' facility at the very bottom of the page, you can then click on the **GOV.UK form** to report your problem. Please do not contact *Vaccine update*.

Green Book

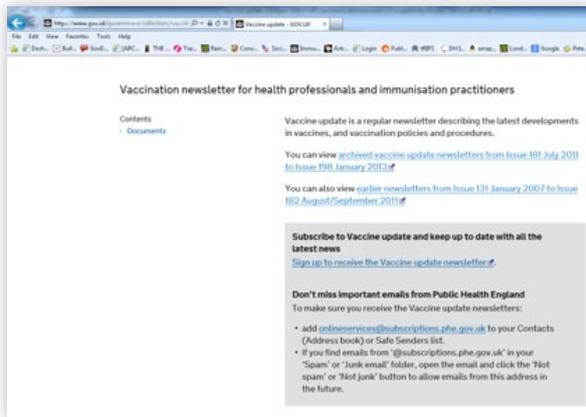
Chapter 22 Meningococcal

This chapter has been fully updated and can be viewed at [web link 10](#).

Vaccine update subscriptions: [Click here](#)

Vaccine ordering and supply enquiries: vaccinesupply@phe.gov.uk

Are you getting your copy of *Vaccine update*?



This may seem a strange question if you're not but it would appear that not everyone who receives *Vaccine update* actually opens it. This may be because the e-mail address through which you receive it is recognised as spam or junk mail and it is

dumped in your trash bin. We've tried to rectify this by putting a notice on the Vaccine update page at [web link 11](#).

If your colleagues are experiencing problems in getting *Vaccine update* perhaps you could point them in the direction of this link. Thank you.

Monthly myth buster

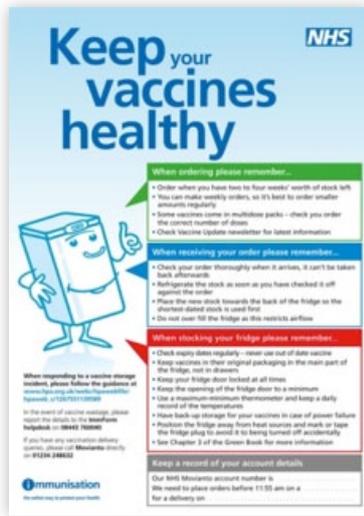
HPV and CFS

Since 2008, when the human papillomavirus (HPV) vaccination was introduced, there have been reports of girls getting chronic fatigue syndrome (CFS) very soon after their injections. The three HPV vaccinations are given to girls at 12 to 13 years of age and, coincidentally, this is the age that CFS often develops in boys and girls (see [web link 12](#)).

It's understandable, therefore, that parents associate the two events but, as there's always been a background rate of CFS in children of this age it's inevitable that sometimes the vaccinations will be given just before CFS manifests itself. It is a temporal association not a causal one.

All vaccines are thoroughly tested and trialled before being licensed for use and the manufacturers will have looked into all the possible associations between the vaccine and serious medical conditions to make sure that the former doesn't lead to the latter.

Vaccine wastage



Healthy vaccines poster updated

The 'Keep your vaccines healthy' poster above has been updated with new information about what to do in the event of a vaccine incident or wastage.

The poster contains all you need to know about how to avoid vaccine wastage and to make the most efficient use of your supplies.

We suggest you print it out and hang it near your vaccine fridge. See [web link 13](#).

Vaccine supply

Flu vaccines for 2014/15 – don't trip up over your Tetras – is it Fluenz or Fluarix?

This year, Fluenz Tetra (quadrivalent live, attenuated influenza vaccine administered by nasal spray) will be supplied centrally in place of Fluenz that 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 that can be purchased locally for the rest of the flu vaccination programme – the 65 and overs, the under 65s at risk, pregnant women and healthcare workers – so 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. So it's essential that the correct vaccine is chosen for the patient awaiting vaccination. This will also have implications for data recording – making sure that the correct vaccine is entered on the ImmForm documentation.

Children aged three and over who are allergic to Fluenz Tetra, or can't have it for other medical reasons, can have Fluarix Tetra instead, which 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:

- **Fluenz** is the **nasal** flu vaccine
- **Fluarix** is the **arm injected** vaccine

If you can think of other mnemonics, please let us know at Vaccineupdate@phe.gov.uk

MenC vaccine for the adolescents' vaccination programme



Meningitec and NeisVac-C are recommended for the adolescent vaccination programme. NeisVac-C is also the recommended vaccine for the three-month vaccination.

Meningitec **should not** be used for the routine vaccination of babies at three months of age.

To ensure that the correct MenC vaccines are used for this programme, we recommend that GP practices label any remaining packs of Meningitec 'For the adolescent programme only'. There's also the new 'Don't mess up with your MenC vaccines! poster – see Resources section above – that can be downloaded, printed and stuck on, or near, your vaccine fridge.

Please remember that accurate data recording of brand and batch in relevant data systems following vaccination is essential to allow assessment of uptake, safety and to inform any future public health actions.

Boostrix IPV

As mentioned in last month's *Vaccine update*, the vaccine to protect pregnant women and their newborn infant from pertussis (whooping cough) is changing from Repevax to Boostrix IPV in summer 2014. Both vaccines have the same components but are made by different manufacturers. However, unlike Repevax, Boostrix is not licensed for use as the pre-school booster (PSB) at three years and four months of age.

From 1 July 2014, practices should, where possible, offer Boostrix IPV to eligible pregnant women and any outstanding doses of Repevax should be used for the PSB. To ensure that practices have adequate supplies in place, ordering for Boostrix IPV through ImmForm will open 1 June.

Below is an image of the Boostrix packaging. Please note that there are some similarities between this and the Menitorix packaging also shown below. Please ensure that you are taking the correct vaccine out of the fridge.

Please also remember that Infanrix IPV should continue be used only for the PSB, and not in pregnant women.



And, as above, remember that accurate data recording of brand and batch in relevant data systems following vaccination is essential to allow assessment of uptake, safety and to inform any future public health actions.

Infanrix IPV Hib as an alternative to Pediacel

Infanrix IPV Hib is being introduced alongside Pediacel as an alternative infant primary vaccine in the summer. Both Infanrix IPV Hib and Pediacel will be available to order through the ImmForm website in the usual way.

The packaging for Infanrix IPV Hib shown below is very clearly different from Infanrix IPV which is given to pre-schoolers, but again please familiarise yourself with the difference to ensure infants receive the correct vaccine.



Infanrix IPV Hib is presented in single dose boxes comprising a pre-filled syringe (containing DTaP-IPV suspension) and a vial (containing the Hib in powder form). The vaccine will therefore require reconstituting before administration (the entire contents of the pre-filled syringe should be added to the vial, vial shaken vigorously and the entire mixture then withdrawn back into the syringe). Correct reconstitution is extremely important in order to ensure infants are offered protection against all five diseases.

Shingles vaccination – first year reminder

The first year of the shingles vaccination programme ends on 31 August 2014. GPs can continue to offer vaccination to all those who were aged 70 or 79 on 1 September 2013, until this date. Practices should check how much stock they hold before ordering more and it is recommended that you hold no more than two weeks' worth of stock. The expiry date of some of the earliest distributed stock is 30 September 2014, with subsequent batches of distributed stock have expiry dates ranging between October 2014 and April 2015.

If excess stock has been ordered and if it continues to be stored correctly, this can be used in the second year of the programme which will start on 1 September 2014.

Please note that Zostavax supplied centrally through ImmForm is for the national programme only. Sanofi Pasteur MSD currently has a supply of Zostavax available for customers to order privately. Orders can be placed by calling their Customer Service Department on (free phone) 0800 085 5511.

Repevax and Pediacel

These vaccines are no longer available to order direct from Sanofi Pasteur MSD for private customers.

MMR capping of VaxPro

To balance the national stock of MMR vaccine, a cap on VaxPro orders of 12 doses per practice per week has been in place since 1 April 2014. There is no limit on the amount of Priorix that can be ordered.

Viper venom antiserum

Orders for European viper venom antiserum continue to be capped at two doses a week per customer. This is to ensure equitable distribution of new stock to replace that expiring on 31 March 2014.

PPD 2TU

Tuberculin purified protein derivative (PPD) containing two tuberculin units per 0.1ml (2TU) is currently available to order but a restriction of one order for one pack per week is now in place. Please note that each pack of PPD2TU contains ten vials with a minimum of ten doses per vial, i.e. 100 doses in all.

ACWY Vax vaccine discontinued

GlaxoSmithKline (GSK) are discontinuing their ACWY polysaccharide vaccine, ACWY Vax, with supplies expected to last until July 2014. GSK will continue to market their ACWY conjugate vaccine Nimenrix. Novartis' ACWY conjugate, Menveo, also remains available.

Movianto UK deliveries over Easter / May / Spring Bank Holidays

This is a repeat of the information given in March's issue.

Due to the Easter, May Day and Spring Bank Holidays, there will be **no deliveries or order processing** by Movianto UK on:

- Friday 18 April
- Monday 21 April
- Monday 5 May
- Monday 26 May

Please see the table below for revised order and delivery dates.

Customers whose scheduled delivery day falls on a Bank Holiday are reminded to be prepared for the break in deliveries and to order accordingly. Please make sure you have sufficient room in your fridge for any additional vaccine you wish to stock over this holiday period.

Orders can still be placed on ImmForm on all days, but on Bank Holidays they will not be processed by Movianto UK for dispatch at their warehouse, hence the revised order cut off day.

We recommend you have two to four weeks of vaccine stock held in your fridge, so you may wish to bear this in mind when ordering for the holiday period. We also recommend that you have at least two contacts registered on ImmForm, as cover for leave etc. To register please see the ImmForm helpsheet on how to register at [web link 14](#).

Easter, Early May and Spring Bank Holidays orders and deliveries

Delivery date	Order cut-off date	Order cut-off time
Easter Bank Holiday		
Monday 14 Apr	Thursday 10 Apr	11:55
Tuesday 15 Apr	Friday 11 Apr	11:55
Wednesday 16 Apr	Monday 14 Apr	11:55
Thursday 17 Apr	Tuesday 15 Apr	11:55
Good Friday 18 Apr Easter Monday 21 Apr	Closed – No DELIVERIES	
Tuesday 22 Apr	Wednesday 16 Apr	11:55
Wednesday 23 Apr	Thursday 17 Apr	11:55
Thursday 24 Apr	Tuesday 22 Apr	11:55
Friday 25 Apr	Wednesday 23 Apr	11:55
Early May Bank Holiday		
Monday 28 Apr	Thursday 24 Apr	11:55
Tuesday 29 Apr	Friday 25 Apr	11:55
Wednesday 30 Apr	Monday 28 Apr	11:55
Thursday 1 May	Tuesday 29 Apr	11:55
Friday 2 May	Wednesday 30 May	11:55
Early May Bank Holiday Monday 5 May	Closed – No DELIVERIES	
Tuesday 6 May	Thursday 1 May	11:55
Wednesday 7 May	Friday 2 May	11:55
Thursday 8 May	Tuesday 6 May	11:55
Friday 9 May	Wednesday 7 May	11:55

Delivery date	Order cut-off date	Order cut-off time
Spring Bank Holiday		
Monday 19 May	Thursday 15 May	11:55
Tuesday 20 May	Friday 16 May	11:55
Wednesday 21 May	Monday 19 May	11:55
Thursday 22 May	Tuesday 20 May	11:55
Friday 23 May	Wednesday 21 May	11:55
Spring Bank Holiday Monday 26 May	Closed – No DELIVERIES	
Tuesday 27 May	Thursday 22 May	11:55
Wednesday 28 May	Friday 23 May	11:55
Thursday 29 May	Tuesday 27 May	11:55
Friday 30 May	Wednesday 28 May	11:55

An example of how deliveries are affected by the Bank Holidays: if your normal delivery day is a Monday, the cut off for placing an order for a delivery for use around the Easter Bank Holiday is 11:55 on Thursday 10 April for delivery on Monday 14 April. If you miss this date, the next Monday delivery will be Monday 28 April. The normal delivery cycle resumes on Thursday 24 April and normal ordering cycle resumes on Tuesday 22 April.

Out of schedule deliveries cannot be made for failure to place orders in good time.

Web links

- web link 1 <https://www.gov.uk/government/publications/meningococcal-b-vaccine-jcvi-position-statement>
- web link 2 <http://www.nhs.uk/Conditions/vaccinations/Pages/meningitis-B-vaccine.aspx>
- web link 3 <https://www.gov.uk/government/policy-advisory-groups/joint-committee-on-vaccination-and-immunisation>
- web link 4 <https://www.gov.uk/government/publications/rotavirus-the-green-book-chapter-27b>
- web link 5 <https://www.gov.uk/government/publications/national-immunisation-programme-planned-changes-for-2013-to-2014>
- web link 6 <http://www.hpa.org.uk/hpr/infections/immunisation.htm#cvrq4>
- web link 7 <https://www.gov.uk/government/collections/vaccine-uptake#hpv-vaccine-uptake>
- web link 8 <https://www.gov.uk/government/publications/jcvi-horizon-scanning-2014>
- web link 9 http://www.orderline.dh.gov.uk/ecom_dh/public/home.jsf
- web link 10 <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>
- web link 11 <https://www.gov.uk/government/collections/vaccine-update>
- web link 12 <http://www.nhs.uk/conditions/Chronic-fatigue-syndrome/Pages/Introduction.aspx>
- web link 13 <https://www.gov.uk/government/publications/keep-your-vaccines-healthy-poster>
- web link 14 <https://www.gov.uk/government/publications/how-to-register-immform-helpsheet-8>
- web link 15 <https://www.gov.uk/government/collections/meningococcal-c-menc-vaccination-programme>
- web link 16 <https://www.gov.uk/government/publications/meningitis-c-leaflet-for-university-students>