



Vaccine update



#BeRabiesAware

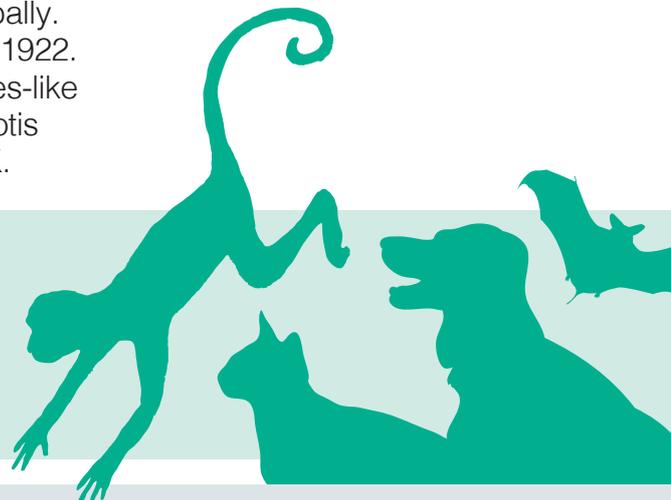
World Rabies day 28 September 2017

Rabies is an acute viral infection that is almost invariably fatal once symptoms develop. It is the leading cause of death out of all diseases spread from animals to humans (zoonoses) and more than 55,000 people die each year from rabies worldwide, with 95% of these deaths occurring in Africa and Asia. World Rabies Day on 28 September 2017 highlights the global importance of this disease which leads to the death of up to 100 children each day across the world.

Rabies is preventable by vaccination and 28 September also marks the anniversary of the death of Louis Pasteur, the French chemist and microbiologist, who found fame through the invention of the pasteurization process but also developed the first rabies vaccine.

All warm blooded animals, such as dogs, cats, monkeys, bats and other wildlife, can catch rabies. It is spread through the saliva of an infected animal, with dog bites being the cause of more than 99% of human rabies deaths globally. The UK has been free of rabies in land animals since 1922. However, European Bat Lyssavirus 2 (EBLV2), a rabies-like virus, has been found in some Daubenton's bats (*Myotis daubentonii*) and other related species across the UK.

World Rabies day 28 September 2017



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It is important that travellers are aware of the potential rabies risks from animals to ensure they don't put themselves at risk while abroad. By avoiding touching or feeding animals; this may reduce the risk that someone is bitten, scratched or licked by an animal that is carrying rabies. Rabid animals may not always show signs of disease.

If someone has been bitten, scratched or licked by an animal overseas, they should seek local medical attention and then contact their General Practitioner on return.

PHE will then carry out a risk assessment to determine if rabies post-exposure treatment is required. In addition, anyone who may have had a bite or scratch from a bat in the UK or abroad should also have a risk assessment for rabies post-exposure treatment.

So this year on 28 September, remember [#WorldRabiesDay](#) and remind your patients to [#BeRabiesAware](#).

Further information

Rabies risk by country: [weblink 14](#)

Guidelines on rabies post-exposure treatment: [weblink 15](#)

Meet the Team!



**NHS Blood and Transplant/ Public Health England's Epidemiology Unit
Department of Immunisation, Hepatitis and Blood Safety. Public Health England, Colindale.**

While you may be surprised to stumble across the NHS Blood and Transplant/Public Health England Epidemiology Unit within the pages of Vaccine Update, we hope you will be interested in hearing what they do. This small group of scientists and public health professionals put the 'Blood Safety' into the broader Immunisation department name.

Here, the two teams are linked quite literally by 'hepatitis' – but the association with these viruses began back in 1995 when the unit was set up within the predecessors to PHE's hepatitis team. Then the 'unit' co-ordinated the surveillance of hepatitis B and C, and HIV, among blood donations tested by the English blood service to provide key data to monitor blood donation policies, and the epidemiology of these infections within a sentinel population who were selected to be at low-risk of infectious disease. Similarly, the hepatitis section informed the unit of any individuals with HBV or HCV with UK transfusion as the suspected source of infection, which were passed on to the blood services for investigation and review. As vaccines developed, the hepatitis team joined the immunisation team, and the blood safety team went too.

Over 20 years on, the scope of the unit and number of members has increased to include organ and tissue donors but their mission remains the same to monitor infection among these groups and ensure safety measures are working effectively. These data show the very low risk of infection from transfusion in the UK, and are useful benchmarking for the UK against blood services around the world. Most recently the unit has contributed both data and expertise to the review of blood donor selection criteria by the Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO) who advise UK ministers and health departments. A change to blood donor policy was announced by the government in July which will allow more people to donate blood. See more at [weblink 1](#).

The unit's 2016 annual review is published this month (at [weblink 2](#)), comprising a series of infographics summarising key findings from their surveillance programmes, and emphasising the safety of blood, tissue and organ donations.



Stay Well This Winter 2017-2018

We are proud to announce that the flu vaccination phase of the Stay Well This Winter campaign launches on 9 October targeting pregnant women, parents of 2 and 3 year old children and people in clinical at risk groups. Supporting communications materials can be ordered from the PHE Campaign Resource Centre at [weblink 4](#).

Annual flu programme 2017-2018

For full details of the Annual flu programme please see Vaccine update edition 268 August 2017 at [weblink 12](#).

Social care providers should offer vaccination to all staff. The low cost of vaccination compared with the impact it can have on the service should be an important consideration for employers of staff directly involved in delivering care. As with NHS healthcare workers the vaccination should be funded by employers at local level as part of their occupational health responsibilities. There is no central provision of vaccine for NHS or social care services. With many local national pharmacies and supermarkets offering flu vaccinations, the service can be set up easily and delivered at a relatively low cost. More information on the potential models of delivery is provided in our new guidance found at [weblink 13](#).



Flu immunisation for social care staff
[weblink 13](#)

Vaccine supply

Hexavalent vaccine (Infanrix hexa®) ordering open

Infanrix hexa® (DTaP/IPV/Hib/HepB) ordering is open on ImmForm.

For infants born on or after 1 August 2017, Infanrix hexa® should be offered for the routine childhood immunisations at 8, 12 and 16 weeks of age in place of pentavalent vaccine (DTaP/IPV/Hib).



Infants born before 1 August 2017 should receive DTaP/IPV/Hib (Pediace!® or Infanrix-IPV+Hib®) to initiate (first dose) or complete their course (second or third dose); ImmForm ordering remains open for both Pediace!® and Infanrix-IPV+Hib® if no stocks are held locally.

Babies born on or after 1 August 2017 to hepatitis B infected mothers will still require a dose of monovalent vaccine immediately after birth and at 4 weeks of age and then follow the routine schedule with hexavalent vaccine (at 8, 12 and 16 weeks of age). They will require a further dose of monovalent hepatitis B vaccine at one year of age and should be tested to exclude infection at the same time. A further dose of hepatitis B-containing vaccine at 3 years and 4 months is no longer recommended for those children who have completed their routine primary immunisations with the hexavalent hepatitis B-containing vaccine.

In order to avoid wastage, as a temporary measure, Pediace!® or Infanrix-IPV+Hib® can be used for pre-school boosting at the age of 3 years and 4 months. Once ordering for these vaccines is closed, pre-school boosting should revert back to using Repevax® (dTaP/IPV).

For more details on Infanrix Hexa please see the Vaccine Update special edition at [weblink 3](#).

Shingles vaccine Zostavax available for 2017/18 programme

The shingles vaccine Zostavax is available to order for the 17/18 programme. Remaining local stocks from 16/17 should continue to be used, but please check the expiry date before use. Please remember to place any orders for Zostavax at the same time as your normal childhood vaccine orders.

Change to InterVax BCG vaccine recommendations

The supply of BCG vaccine for the UK programme remains fluid due to on-going manufacturing issues with the UK licensed supply from AJVaccines. As a reminder there is currently sufficient stock of InterVax BCG vaccine to offer BCG vaccine to all eligible groups, including Occupational Health teams. Please see the following link for the full list of eligible groups and updated advice, published July 2017: [weblink 5](#)

Please note that future supply remains uncertain and further restrictions could be implemented at short notice.

Vaccine Information and Availability 2017/18 for the children's national flu vaccination programme

As in previous years, PHE has centrally procured flu vaccine for children included in this year's phase of the roll out, including those aged from six months to less than 18 years old in clinical risk groups.

The following vaccines are now available via the ImmForm website:

Vaccine	Manufacturer
Fluenz Tetra (LAIV)	AstraZeneca UK Ltd
Inactivated influenza vaccine (split virion) BP	Sanofi Pasteur
Fluarix Tetra	GSK

Order controls – Fluenz Tetra

There are order controls in place for Fluenz Tetra for both general practice and school providers. Full details of these restrictions have been communicated to all providers via email (GPs) or letter (school providers), and set out in the August edition of vaccine update at [weblink 6](#).

Inactivated flu vaccine ordering

The inactivated influenza vaccines, procured by PHE for children who are contraindicated for Fluenz Tetra and in a clinical risk group, will also be subject to the following ordering controls:

- Inactivated influenza vaccine (split virion) BP will have an initial cap of 5 doses per order per week, and

- Fluarix Tetra® will have an order cap of 30 doses per order per week.

These controls will also be regularly reviewed and updates on changes will be provided on the ImmForm news item.

Please refer to guidance from your respective health departments on supply of influenza vaccines in Scotland, Wales and Northern Ireland.

Eligibility of children for flu vaccines

Eligibility and the type of vaccine to offer children under 18 is as follows:

Eligible cohort	Which vaccine		Setting in which it is normally offered	Key notes
	Children in clinical risk groups	Children not in clinical risk groups		
6 months to less than 2 years old	Offer suitable inactivated flu vaccine	Not applicable	General practice	Eligibility is based on age at which they present
2 and 3 years olds (but not 4 years or older) on 31 August 2017*	Offer LAIV If LAIV is medically contraindicated, then offer suitable inactivated flu vaccine	Offer LAIV (unless medically contraindicated)	General practice	Children who turn 2 years of age after 31 August 2017 are not eligible Children who were 3 and turn 4 after 31 August 2017 remain eligible
Children in reception class and school years 1, 2, 3 and 4 (aged 4 to 8 years on 31 August 2017**)	Offer LAIV If LAIV is medically contraindicated, then offer suitable inactivated flu vaccine	Offer LAIV (unless medically contraindicated)	School based provision	At risk children may be offered vaccination in general practice if the school session is late in the season or parents prefer it
Children in school year 5 and above (aged 9 years or older on 31 August 2017) and less than 18 years old	Offer LAIV If LAIV is medically contraindicated, then offer suitable inactivated flu vaccine	Not applicable	General practice	

*Date of birth on or after 1 September 2013 and on or before 31 August 2015.

** Date of birth on or after 1 September 2008 and on or before 31 August 2013.

Giving a second dose of Fluenz Tetra

The patient information leaflet provided with LAIV states that children should be given two doses of this vaccine if they have not had flu vaccine before. However, the Joint committee on Vaccination and Immunisation (JCVI) considers that a second dose of the vaccine provides only modest additional protection. On this basis, JCVI has advised that most children should be offered **a single dose** of LAIV. However, children in clinical risk groups aged 2 to less than 9 years who have not received flu vaccine before should be offered two doses of LAIV (given at least four weeks apart).

The General Principles for LAIV ordering

- Remember that LAIV is supplied in a 10-dose pack.
- Remember that you can order weekly and receive weekly deliveries.
- Be realistic about the amount of vaccine that you need, and when you need it.
- Spread your orders over the course of the flu vaccination season – later ordered stock will have a later expiry date and will last longer.
- Hold no more than 2 weeks' worth of stock in your fridge. Local stockpiling can cause delays or restrictions on stock being released to the NHS, and increases the risk of significant loss of stock if there is a cold chain failure in your supply chain or premises.

Influenza Vaccines for the 2017 to 2018 influenza season

Aside from this central procurement of vaccine for children less than 18 years of age, it remains the responsibility of GPs and other providers to order sufficient flu vaccine directly from manufacturers for older eligible patients of the flu programme in 2017/18.

The vaccines available are set out in the table on the following page.

The vaccines available for the 2017/18 season are:

Supplier	Name of product	Vaccine Type	Age indications	Ovalbumin content micrograms/ml (micrograms/dose)	Contact details
AstraZeneca UK Ltd	Fluenz Tetra ▼	Live attenuated, nasal (quadrivalent)	From 24 months to less than 18 years of age	≤0.12 (≤0.024/0.2ml dose)	0845 139 0000
GSK	Fluarix™ Tetra ▼	Split virion inactivated virus (quadrivalent)	From 3 years	≤0.1 (≤0.05/0.5ml dose)	0800 221 441
MASTA	Imuvac®	Surface antigen, inactivated virus	From 6 months	0.2 (0.1/0.5ml dose)	0113 238 7552
	Inactivated Influenza Vaccine (Split Virion) BP	Split virion, inactivated virus	From 6 months	≤0.1 (≤0.05/0.5ml dose)	
	Quadrivalent Influenza Vaccine (Split Virion, inactivated) ▼	Split virion, inactivated virus	From 3 years	≤0.1 (≤0.05/0.5ml dose)	
Mylan (BGP Products)	Influvac® sub-unit	Surface antigen, inactivated virus	From 6 months	0.2 (0.1/0.5ml dose)	0800 358 7468
	Imuvac®	Surface antigen, inactivated virus	From 6 months	0.2 (0.1/0.5ml dose)	
	Influenza vaccine, suspension for injection (influenza vaccine, surface antigen, inactivated)	Surface antigen, inactivated virus	From 6 months	0.2 (0.1/0.5ml dose)	
Pfizer Vaccines	Influenza vaccine (Split Virion, inactivated), pre-filled syringe	Split virion, inactivated virus	From 5 years	≤2 (≤1/0.5ml dose)	0800 089 4033
	Enzira®	Split virion Inactivated virus	From 5 years	≤2 (≤1/0.5ml dose)	
Sanofi Pasteur Vaccines	Quadrivalent Influenza Vaccine (Split Virion, inactivated) ▼	Split virion, inactivated virus	From 3 years	≤0.1 (≤0.05/0.5ml dose)	0800 854 430
	Inactivated Influenza Vaccine (Split Virion) BP	Split virion, inactivated virus	From 6 months	≤0.1 (≤0.05/0.5ml dose)	
Seqirus Vaccines Ltd	Agrippal®	Surface antigen, inactivated virus	From 6 months	≤0.4 (≤0.2/0.5ml dose)	08457 451 500

Note, the ovalbumin content is provided in units of micrograms/ml and micrograms/dose.

None of the influenza vaccines for the 2017/18 season contain thiomersal as an added preservative.

Vaccine supply for non-routine programmes

Hepatitis A

Adult

- GSK: Havrix PFS singles and Havrix PFS packs of 10 are currently unavailable and are unlikely to be available until 2018
- Sanofi Pasteur: Avaxim is currently unavailable. Please contact Sanofi Pasteur for information regarding availability of a Hepatitis A vaccine
- MSD: VAQTA is unavailable until mid-October. There will be restricted supplies for the remainder of 2017

Paediatric

- GSK: Havrix Paediatric singles will be unavailable until late October 2017. There will be restricted supply of this vaccine for the remainder of 2017
- GSK: Havrix Paediatric packs of 10 will experience supply constraints for the remainder of 2017
- MSD: VAQTA Paediatric is unavailable until mid-October

Hepatitis B

All hepatitis B containing monovalent and bivalent (HepA/HepB) vaccines are currently under supply management processes. This approach has been developed with support from PHE and DH.

Adult

- GSK: Limited supplies of Engerix B PFS singles are available
- GSK: Engerix B PFS packs of 10 are currently unavailable until late 2017
- GSK: Limited supplies of Engerix B vials are available
- GSK: Limited supplies of Fendrix are available
- MSD: Limited supplies of HBVAXPRO 10µg are available from week commencing 25 September
- MSD: Limited supplies of HBVAXPRO 40µg are available

Paediatric

- GSK: Engerix B Paediatric singles will be unavailable in August and experience constrained supply for the remainder of 2017
- MSD: Limited supplies of HBVAXPRO 5µg are available

Combined hepatitis A and hepatitis B vaccine

- GSK: Supplies of the adult presentation (Twinrix) and paediatric presentation (Twinrix Paediatric) will be constrained until late 2017. These vaccines are currently under supply management process as agreed with PHE and DH
- GSK: Ambirix is currently unavailable until late October 2017

Combined Hepatitis A and Typhoid

- GSK: Hepatyrix is unavailable until at least 2019
- Sanofi Pasteur: limited supplies of Viatim are available. It is likely there will be order restrictions in place

Typhoid

- GSK: Typherix is unavailable until at least 2019
- Sanofi Pasteur: Typhim is available with no order restrictions
- PaxVax: Vivotif is available

Rabies

- GSK: Rabipur is available
- Sanofi Pasteur: licensed Rabies Vaccine BP is currently unavailable for daily sales. For more information contact Sanofi Pasteur

PPV

- MSD: Limited supplies of Pneumococcal Polysaccharide Vaccine (also known as Pneumovax 23) are available

Varicella Zoster vaccine

- GSK: Varilrix is available
- MSD: VARIVAX is currently available

Diphtheria, tetanus and poliomyelitis (inactivated) vaccine

- Sanofi Pasteur: Limited supplies of Revaxis are available. There are likely to be order restrictions in place for travellers. Please contact Sanofi Pasteur for information regarding availability

Public Health England

NHS

Who's eligible for a
shingles
vaccination?

People in their 70's born on or after 2 September 1942
and those aged 78 or 79 years are eligible
for shingles vaccination.

Type your date of birth below and
click OK to see if you are eligible for
the shingles vaccination.

01/01/1930 **OK**

The Shingles Vaccination calculator works
best with Adobe Reader. Get it here free:
get.adobe.com/uk/reader

Exit

Spotlight on Shingles – The calculator is back!!

Due to popular demand we have revised the Shingles calculator and it is live at [weblink 16](#).

You can use the calculator on this page or you can download and save it to your computer and can then use it offline.

MMR and measles banners: for Facebook, Twitter and other social media

National vaccine coverage of the first MMR dose measured at 5 years has reached the WHO 95% target for the first time ([weblink 17](#)), which is a huge achievement and testament to the hard work by all our frontline immunisers. Unfortunately coverage of the first MMR dose measured at 2 years has fallen for the third year in a row to 91.6%. In addition there are currently several large measles outbreaks across Europe with Romania and Italy being the worst affected countries.

We have produced these banners (shown below) which are available to anyone wishing to promote the MMR vaccination and are suitable for Twitter, Facebook and can be used on the Jayex and other brands of digital displays. If you want a copy of them to use locally please email Rehana.shivji@phe.gov.uk

measles

It's not just a kids problem
and it can be serious.

It's never too late to have your
MMR vaccine. Protect yourself
and those around you from
measles, mumps and rubella.

Call your GP surgery to book
your two doses of MMR vaccine.

Immunisation
Helping to protect everyone,
at every age

MMR
MEASLES MUMPS RUBELLA

Protect yourself and your family
from measles, mumps and rubella.

Get two doses of MMR from your GP surgery.

Immunisation
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measles

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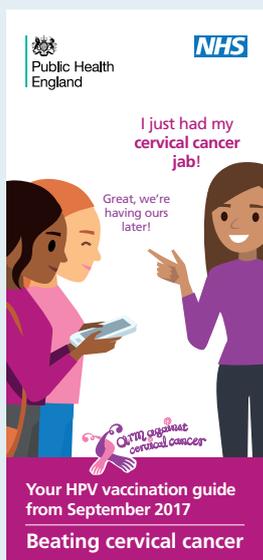
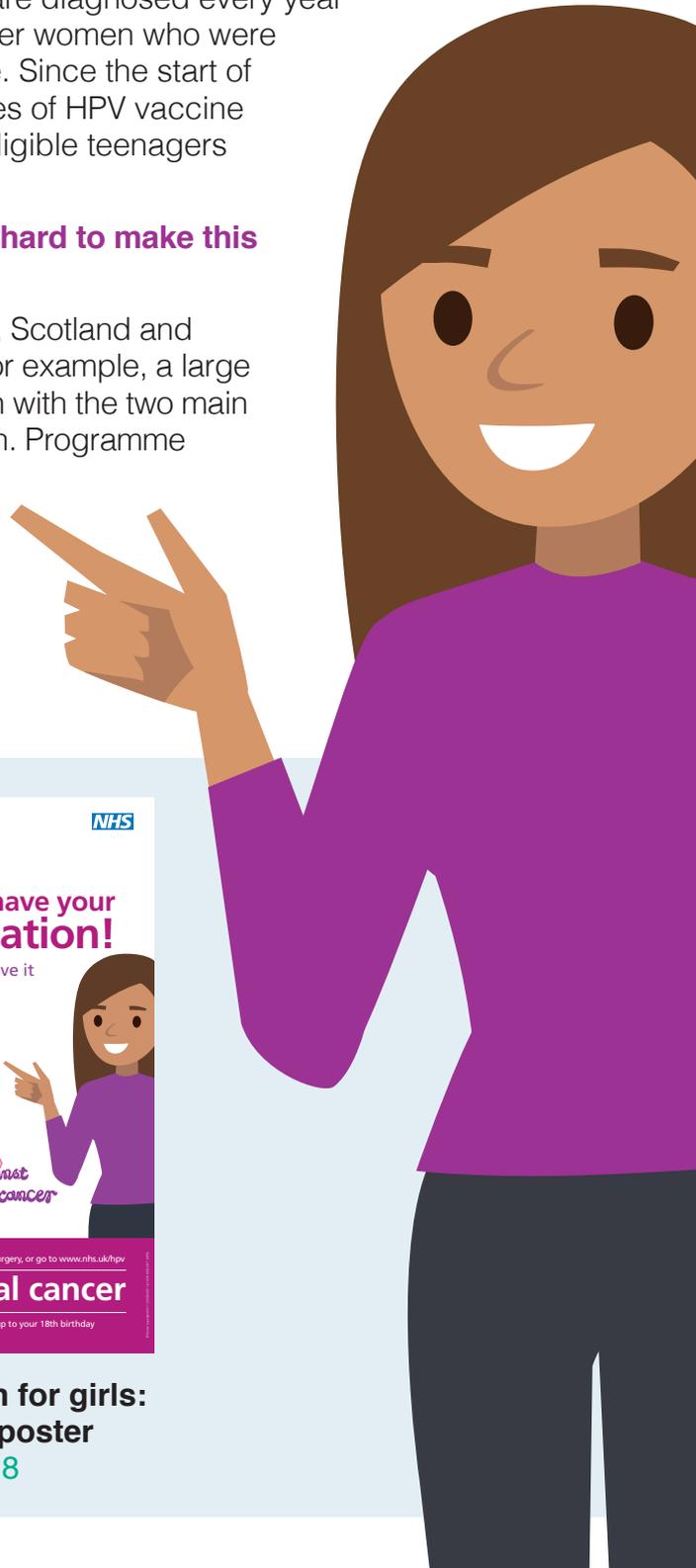
HPV Vaccination programme for girls

The start of another academic year means that all over the country school immunisation teams are geared up to kick off the HPV vaccination programme for girls in school years 8 and 9. The HPV vaccine is routinely offered to girls aged 12 to 13 in the UK in order to protect them from cervical cancer, which is the commonest cancer in women under the age of 35.

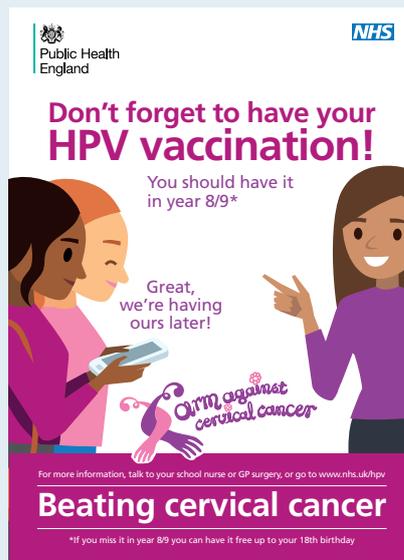
In the UK, around 3000 cases of cervical cancer are diagnosed every year and about 900 women die from it, almost all in older women who were unable to benefit from the vaccination programme. Since the start of the programme in 2008 more than 8.5 million doses of HPV vaccine have been given in the UK, with close to 90% of eligible teenagers vaccinated.

So a big thank you to all the teams working so hard to make this programme so successful.

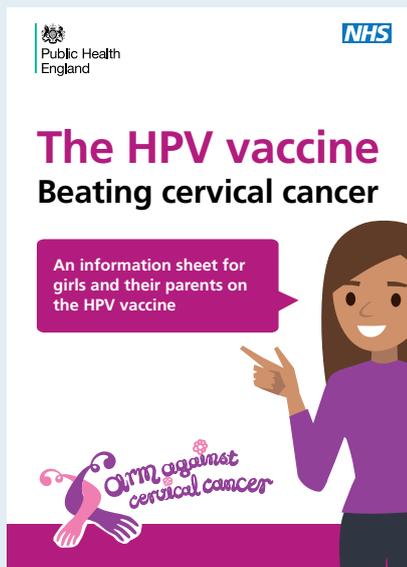
There is already evidence from Australia, Denmark, Scotland and England that the vaccine is making a difference. For example, a large drop has already been seen in the rates of infection with the two main cancer-causing HPV types in both women and men. Programme information materials have been refreshed for the 2017/18 scholastic year. The main leaflet, the poster and record card have been re-designed and are now open for ordering. The longer Q+A leaflet has been revised to include the latest evidence and is available to download for girls or parents requesting more detailed information.



**HPV vaccine:
vaccination guide leaflet**
[weblink 7](#)



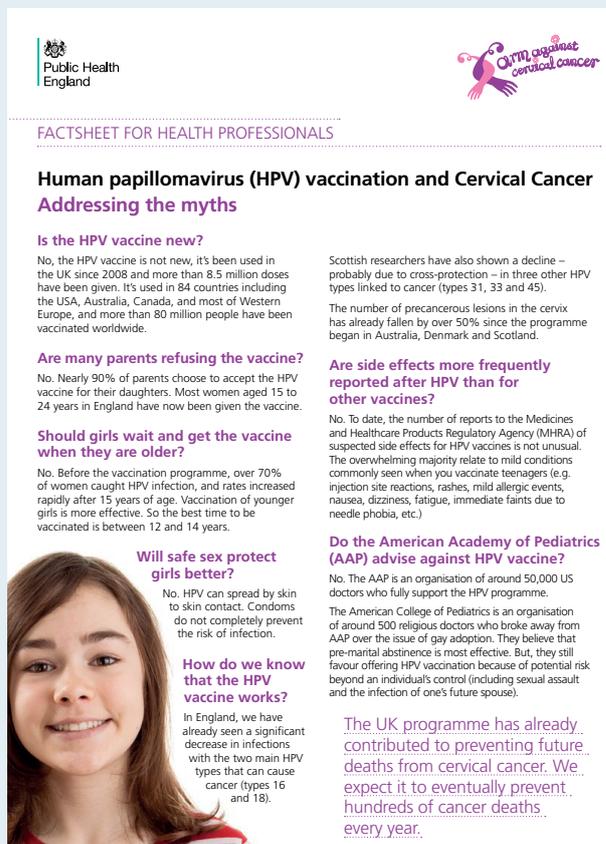
**HPV vaccination for girls:
programme poster**
[weblink 8](#)



**HPV vaccine:
beating cervical cancer**
[weblink 9](#)



**Human papillomavirus (HPV):
vaccination record card**
[weblink 10](#)



In addition, earlier this year we also published a **Factsheet for health professionals** ([weblink 11](#)) addressing some specific questions that girls or their parents may have around the safety of the vaccine.

Web links

- web link 1 <https://www.gov.uk/government/publications/blood-tissue-and-cell-donor-selection-criteria-report-2017>
- web link 2 <https://www.gov.uk/government/publications/safe-supplies-annual-review>
- web link 3 <https://www.gov.uk/government/publications/vaccine-update-issue-266-july-2017-special-edition>
- web link 4 <https://campaignresources.phe.gov.uk/resources/campaigns/34-stay-well-this-winter-/resources>
- web link 5 <https://www.gov.uk/government/publications/vaccine-update-issue-265-july-2017-bcg-special-edition>
- web link 6 <https://www.gov.uk/government/publications/vaccine-update-issue-269-august-2017>
- web link 7 <https://www.gov.uk/government/publications/hpv-vaccine-vaccination-guide-leaflet>
- web link 8 <https://www.gov.uk/government/publications/hpv-vaccination-programme-from-september-2014-poster>
- web link 9 <https://www.gov.uk/government/publications/the-hpv-vaccine-beating-cervical-cancer-questions-and-answers>
- web link 10 <https://www.gov.uk/government/publications/human-papillomavirus-hpv-vaccination-record-card>
- web link 11 <https://www.gov.uk/government/publications/hpv-vaccination-and-cervical-cancer-addressing-the-myths>
- web link 12 <https://www.gov.uk/government/publications/vaccine-update-issue-268-august-2017-flu-special-edition>
- web link 13 <https://www.gov.uk/government/publications/flu-immunisation-for-social-care-staff>
- web link 14 <https://www.gov.uk/government/publications/rabies-risks-by-country>
- web link 15 <https://www.gov.uk/government/publications/rabies-post-exposure-prophylaxis-management-guidelines>
- web link 16 <https://www.gov.uk/government/publications/shingles-vaccination-for-adults-aged-70-78-or-79-years-of-age-calculator>
- web link 17 <http://digital.nhs.uk/catalogue/PUB30085>