

## Vaccination Newsletter No 1 - January 2009

### Introduction

The most topical issues currently are the 'MMR catch-up' and the HPV vaccination programme.

### HPV Vaccination

Currently the programme in schools is progressing well with good take-up of the vaccine across Devon. There have been a few additional points that have emerged about the vaccines

- For those girls who started a course with Gardasil, the ideal is of course, to finish with Gardasil. However, the advice from the JCVI and Department of Health is that it is acceptable to finish the course (either one or two doses) with Cervarix. There is no evidence to back this up, but it is felt to be reasonable.
- If for some reason, the standard interval between the second and third doses of Gardasil cannot be adhered to, the third dose can be administered a minimum of three months after the second.
- Girls who want a reminder about the date for their second and third doses of HPV vaccine can text 'HPV' and the date of their first dose to 64746

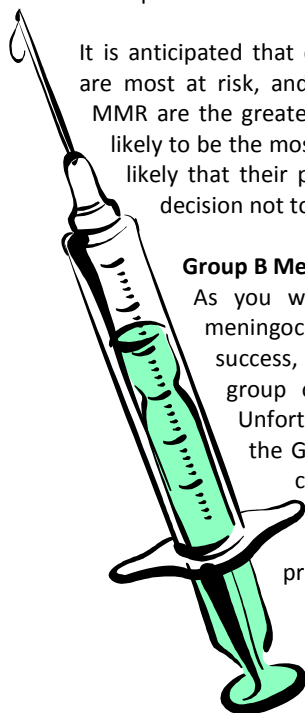
### MMR Catch-up

There is mounting concern about more widespread outbreaks of Measles as the numbers of susceptible individuals build up following the drop in uptake of MMR post 1997.

It is anticipated that children under the age of 10 are most at risk, and those who have never had MMR are the greatest priority, although they are likely to be the most difficult to vaccinate, as it is likely that their parents have made a positive decision not to have the vaccine.

### Group B Meningococcal Vaccine Trial

As you will be aware, the Group C meningococcal vaccine has been a big success, virtually eliminating this group of meningococcal infections. Unfortunately, the largest Group, the Group B organisms which now cause more than 90% of meningococcal disease in the UK have been difficult to produce an effective vaccine



against. This new vaccine builds on the success of the vaccine currently in use in New Zealand and is showing promise. The vaccine is given as a three dose course between 2 and 7 months and the research is also looking at the antibody response when given both at the same time as the other vaccines, or separately. The other difference from the standard schedule is that the DTaP/HiB vaccine will be Infanrix Hexa which also contains Hepatitis B vaccine. This is because this is an international study, and most participating countries use the hexavalent vaccine. Babies participating will need to have 2 blood samples taken by the investigators. All the childhood vaccines will be administered by the research team, and all the research work will be undertaken by them. However, for GMS remuneration purposes the vaccines should be considered to have been given by the practice. Further information is available from the research nurses on 01392 403154 or 01392 403 127.

### The Germans are coming (Have come)

Menjugate kit – Novartis are supplying some Meningococcal group C vaccine, originally for the German market, to the UK.

Infanrix-IPV/HiB, Owing to a shortage of pre-school booster vaccine for the UK market, stocks were imported with German packaging and a small package insert in English describing how the product should be made up by adding the HiB to the DTaP/IPV. Unfortunately, when this product was initially supplied there were a few instances of the vaccine being given without the HiB. No harm done, except for – a second jab for the baby, but an important lesson in checking the packaging and instructions before use.

### Green Book/Data Sheet/SPC

We still occasionally get queries about variation between the Department of Health advice on use of vaccines and that of the manufacturers', for instance, pediacel according to the SPC should only be used up to age 4, but the Green Book recommends its use in Primary immunisation up to age 10. The advice is quite clear, where there are variations, the recommendations in the 'Green Book' should be followed. (page 25 Green Book).

# South West Peninsula Health Protection Unit

## Green Book Updates

**Ambirix** – new combined Hep A/Hep B vaccine – this new vaccine has some advantages over Twinrix as owing to the higher dose of both antigens, shorter schedules can be used in children under 16, for Hepatitis A a single dose of Ambirix can give rapid protection for up to twelve months, a second dose is recommended however at 6-12 months to give the full duration of protection. In the case of Hepatitis B, for children under 16, only 2 doses of the vaccine need be given for the primary course, with the second 6-12 months after the first.

### Recommended Hepatitis B schedule for risk groups

– the accelerated schedule of 0,1,2 months is now recommended for prisoners, IV drug users and GU patients at risk. This recognises a slightly poorer immune response, but balances this against the need for rapid protection. Also a 12 month booster will, if given, generate much the same overall response as the standard primary course.

**Pertussis vaccine for children under 10** who have had the primary schedule without pertussis, the recommendation is to give a single dose of either Pediacel or Infanrix, the dose of pertussis antigen in Repevax is too low for children not previously primed.

**BCG** – The recommendations for travel have been further tightened, BCG is now only recommended

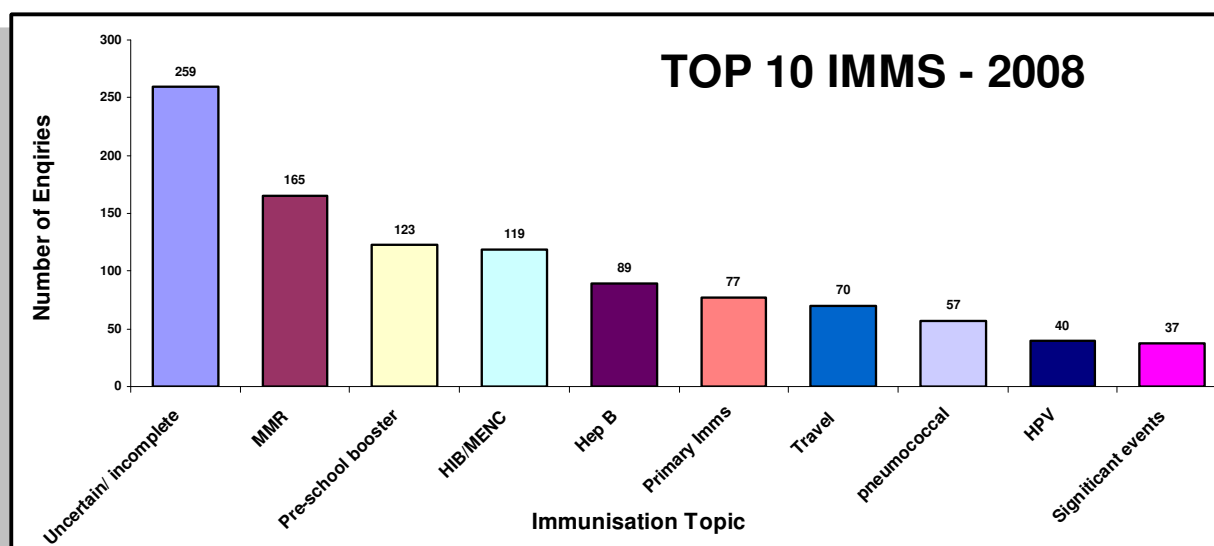
for children under 16, living or working in high incidence countries for 3 months or more.

**Typhim Vi** – the relatively poor immunogenicity of polysaccharide vaccines mean that the minimum age for standard vaccination for travel has been raised from 18 months to two years. The vaccine can still be given to children aged from 12 months to 2 years if the risk justifies this, but protection cannot be relied upon.

**HPV Vaccine** – The Department of Health are suggesting that courses begun with Gardasil can be completed with Cervarix, either using one or two doses of Cervarix, depending on where the person is in the schedule. They also suggest more flexibility in the schedule for Cervarix to deal with young people with exams or infrequent attenders. It is suggested that the minimum interval between second and third doses is three months, and that where the second dose was given late (say at three months after the first or later) then the third dose can be given 1 month later, but only when it is thought that otherwise the third dose would not be given.

**Supplies** - just a reminder, in case anyone doesn't know, No vaccines are now distributed on allocation, they all need to be ordered through Movianto.

Immunisation queries – graph of number of queries by topic for 2008



## South West Peninsula Health Protection Unit

- **Linda Churm** - Specialist Health Protection Nurse - [Linda.churm@hpa.org.uk](mailto:Linda.churm@hpa.org.uk)
  - **Mark Kealy** - Consultant in Communicable Disease Control - [mark.kealy@hpa.org.uk](mailto:mark.kealy@hpa.org.uk)
  - **Rachel Campbell** - Specialist Health Protection Nurse - [Rachel.Campbell@hpa.org.uk](mailto:Rachel.Campbell@hpa.org.uk)
- Devon Team Tel 01803 861833