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For information:
Chief Pharmacists of NHS Trusts, London
NHS Foundation Trusts, London
NHS Trusts, London

10 August 2022

Polio vaccination campaign

Dear Colleague,

We are writing to you to set out urgent actions that we need to take together following the detection of poliovirus type 2 (PV2) in London sewage, including the polio vaccination of all children aged 1-9 years old in London.

The UKHSA has declared a national enhanced polio incident response and the Joint Committee on Vaccination and Immunisation (JCVI) have advised that an urgent supplemental polio vaccination strategy is now required to respond to this public health emergency.

The [JCVI advise](#) that, as well as the ongoing catch-up offer, a supplementary Inactivated Polio Vaccine (IPV) campaign should be implemented for children aged 1 to 9 years in London, including those with a complete course of polio vaccination.

This means all children aged 1 to 9 years in London will now be offered a dose of IPV-containing vaccine irrespective of vaccination status to prevent cases of paralysis due to poliovirus and to interrupt transmission of Vaccine Derived Polio Virus type 2 (VDPV2) in the community.

FOR IMMEDIATE ACTION

The IPV booster campaign is an urgent intervention and should be prioritised in the affected boroughs. Overall, the programme should be considered equivalent priority to the other planned time sensitive immunisation programmes including COVID-19 and seasonal influenza.

Therefore, we are asking all London systems to work with their local partners to support delivery as soon as possible, starting no later than 15th August, with all 1-9 year olds having been offered a vaccination by 26th September.

DELIVERY MODELS

Most routine childhood vaccinations are offered by general practice and we anticipate GPs will continue to offer vaccination in line with their routine offer, extending where possible to all 1-9 year olds.

Recognising the urgency and the pressures on general practice, we need systems to work with partners to design and implement additional capacity to support delivery. Drawing on the experience and expertise of local partners and networks, this must include targeted outreach to under-vaccinated and unregistered communities. NHS London will continue to work with systems to support the development of these delivery plans and additional funding will be made available to systems to support outreach.

Contractual and payment arrangements are being shared directly with providers and further information, including supporting programme resources can be found in the annexes of this letter.

VACCINE TYPE AND SUPPLY

Three IPV containing vaccines that all have the same polio content and are already being used safely in the NHS childhood immunisation programme will be used to strengthen protection across the whole age range. Based on existing approvals, and to support an immediate response, specific products are being recommended for different age-groups and can be administered under a Patient Group Direction (PGD).

Centrally supplied vaccines for the NHS national immunisation programme and for the management of outbreaks can only be ordered through UKHSA via ImmForm. Providers should note the clinical advice regarding the recommended vaccine type by age group and order sufficient amounts of the appropriate vaccine/s for the clinics they are running. Accompanying clinical guidance on eligibility can be found [here](#) and in Annex A. Where PCNs are collaborating to deliver at pace and scale, orders and deliveries can be made to a nominated site with an ImmForm account on behalf of the collaborative.

CALL AND RECALL

The Child Health Immunisation Services (CHIS) will support regional call and recall services. CHIS will also update point of care recording so that additional doses for those with a complete course can be accurately recorded.

MONITORING

The impact of the polio campaign will be evaluated through monitoring of coverage (including inequalities), continued environmental surveillance, and enhanced surveillance of paralytic polio presentations. A related public health message was cascaded through the CAS alert system on the 22nd of June [here](#).

ENGAGEMENT AND COMMUNICATIONS

To support uptake, a focused campaign will start now in the London boroughs where VDPV2 has been detected to date. This includes Barnet, Brent, Camden, Enfield, Hackney, Haringey, Islington and Waltham Forest as a priority, with a view to rapidly extending to all London boroughs. Rollout beyond these initial boroughs will begin within a week of the start of the programme.

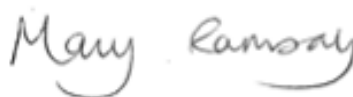

Campaign and communication materials that can be adapted for use locally will be shared in the usual way and can be found on the UKHSA campaign centre [here](#). Additionally, public facing

communication to support GP practices will be shared shortly, including messaging for websites.

If you have any further queries, in the first instance please contact the NHS England London Region's Public Health Commissioning Team ENGLAND.londonimms@nhs.net or UKHSA immunisation@phe.gov.uk.

We would like to take this opportunity to thank everyone involved in delivering and supporting the NHS childhood immunisation programme for the important work you are doing and for contributing to ensuring as many children as possible are protected against polio in the capital.

Yours sincerely,



Will Huxter
NHS England (London Region)
Director of Primary Care & Public
Health Commissioning

Dr Mary Ramsay
UK Health Security Agency
Director of Public Health Programmes
(including Immunisation)

Annexe A - detailed information and guidance for healthcare professionals

This guidance is based on advice from the Joint Committee on Vaccination and Immunisation (JCVI) the UK's independent advisory committee of immunisation experts.

Information and guidance for healthcare professionals and patients

Healthcare professional information and guidance and an eligibility algorithm to support the IPV booster vaccination campaign have been published [here](#).

A campaign specific patient information leaflet is available here and can also be ordered from the [Health Publications website](#).

See **Annexe C** for further details on programme information resources to support the change.

IPV-containing vaccines

All IPV containing vaccines have the same polio content and will provide an excellent boost across the whole age range. Based on existing approvals and to allow an immediate response to be implemented, three different products are recommended as follows:

- Children aged 1 to <3 years 4 months are offered the hexavalent (DTaP/IPV/Hib/HepB) vaccine (both Infanrix Hexa[®] and Vaxelis[®] to be used)
- Children aged 3 years 4 months up to and including 5 year olds are offered Boostrix-IPV[®] (dTaP/IPV)
- Children aged 6 to 9 years are offered Revaxis[®] (Td/IPV)

Timing and age cohort

The polio vaccination campaign is being launched in response to a public health emergency, so there is a need for rapid deployment of the offer, first of all in the boroughs where poliovirus has been detected and to the rest of London and rapidly thereafter. All children resident in London who turn 1 by 31 August 2022 and who are under the age of 10 years at 31 August 2022 will be included. Children who are not up to date with their polio vaccinations should be caught up while other children will be offered an additional dose of IPV-containing vaccine - see full detail in [eligibility algorithm](#).

Vaccine supply

Centrally supplied vaccines for the NHS national immunisation programme and for the management of outbreaks can only be ordered through UKHSA via ImmForm (<https://portal.immform.phe.gov.uk/>). Providers should note the clinical advice regarding the recommended vaccine type by age group and order sufficient amounts of the appropriate vaccine/s for the clinics they are running.

Where PCNs are collaborating to deliver at pace and scale, orders and deliveries can be made to a nominated site with an ImmForm account on behalf of all practices.

Vaccines are provided in single dose packs as follows (these are the same as supplied for the routine programme):

Infanrix Hexa (DTaP/IPV/Hib/HepB): powder and suspension for suspension for injection in PFS, (2x needles; one for reconstitution, one for injection)

Vaxelis (DTaP/IPV/Hib/HepB): suspension for injection in PFS, (no needle)

Boostrix IPV (dTAP/IPV): suspension for injection in PFS, (no needle)

Revaxis (Td/IPV): suspension for injection in PFS, (no needle)

PFS = pre-filled syringe

Patient Group Directions (PGDs)

The PGDs for the IPV vaccines have been reviewed and updated to allow use of the vaccines in the target age ranges in this outbreak response. Some of the age recommendations fall outside of the SPC for the products and will therefore be 'off-label' use. These are now available from the [PGD collection](#) on GOV.UK. Please note these PGDs must be organisationally authorised in section 2 before being adopted by provider organisations and section 7 also completed.

Annexe B – Polio campaign target vaccine uptake, data recording, monitoring vaccine coverage and evaluating impact

Campaign aims

The aim is to achieve 100% offer of an IPV-containing vaccine to all children in the target age cohort in London as rapidly as possible. In order for the campaign to be successful targeted interventions to enable high uptake in traditionally under-vaccinated communities are likely to be needed. This will ensure we prevent cases of paralysis and increase the likelihood that transmission of the poliovirus is interrupted. If successful this should prevent further escalation of the situation and limit the need to deploy additional interventions in the medium to long term.

Call recall

The Child Health Immunisation Services (CHIS) will support regional call and recall services. CHIS will also update point of care recording so that additional doses for those with a complete course can be accurately recorded.

Data recording and transfer

Accurate recording of all vaccines given, and good management of all associated documentation, is essential as per the standards set out in the core service specifications, Statement of Financial Entitlement (SFE) and contracts.

The Provider must ensure that information on vaccines administered, including the product name of the vaccine administered is submitted directly to the Registered General Practitioner and any relevant population vaccination registers, in most areas this is the CHIS.

Following a vaccination session/clinic or individual vaccination, local arrangements should be made for the transfer of data onto the relevant CHIS. Where possible this should aim to be within 2 working days.

Arrangements will also be required to inform neighbouring areas when children resident in their area are immunised outside their local area.

Monitoring vaccine coverage

An initial view of capacity and geographical coverage will be requested of systems, with support and targeted outreach offered to areas of low coverage. Following the programme launch, coverage will be monitored through uptake measures across key variables such as age, and regional identifiers. Reporting on this will be produced in-week, to identify areas and ages of low uptake and support corrective action.

Evaluating impact

The impact of the IPV campaign will be evaluated through monitoring of vaccine coverage (including inequalities), continued environmental surveillance, and enhanced surveillance of paralytic polio presentations. Other studies, such as stool surveys, are also being explored to determine whether further interventions are required. UKHSA will continue to closely monitor emerging evidence around the polio incident and the control measures deployed. JCVI will issue further advice on additional interventions if required.

Annexe C – supporting programme resources

Health professional guidance

'Information for Healthcare Practitioners': guidance document about the IPV booster campaign intended for healthcare staff involved in delivering the programme and includes information on:

- background and rationale
- polio
- vaccine recommendations
- vaccine administration queries

<https://www.gov.uk/government/publications/inactivated-polio-vaccine-ipv-booster-information-for-healthcare-practitioners>

'Algorithm for healthcare professionals delivering the IPV Booster campaign': this A4 poster can be downloaded and locally printed and is an aid to determining the age and schedule that each child should receive.

Patient facing resources

Please place orders now for the English version of the leaflet below.

Polio vaccination leaflet for parents and carers of children in London aged 1 to 9 years of age.

<https://www.gov.uk/government/publications/polio-booster-campaign-resources>

Copies available to order in Albanian, Arabic, Bengali, Bulgarian, Chinese, Chinese (simplified), Estonian, Hindi, Gujarati, Italian, Latvian, Lithuanian, Polish, Panjabi, Pashto, Russian, Spanish, Somali, Turkish, Tigrinya, Ukrainian, Urdu, Yoruba and Yiddish. It is also available as a braille, BSL and large print copy.

Copies of these polio leaflets and the core polio and routine immunisation programme leaflets for parents listed below are available free to order from the Health Publications order line call 0300 123 1002 or visit [Health Publications](#) website. Please register as an NHS vaccination provider and you can place orders for 500 to 1000 copies of all the leaflets, stickers etc.

1. **Primary course** [Immunisations at one year of age - GOV.UK \(www.gov.uk\)](#) Product code [2022QG1EN](#)
2. **Pre-school booster** [Pre-school vaccinations: guide to vaccinations from 2 to 5 years - GOV.UK \(www.gov.uk\)](#) Product code [3197560P](#)
3. **Teenage booster** [Immunisations for young people - GOV.UK \(www.gov.uk\)](#) Product code [2902598B](#)