



West Midlands Immunisation Newsletter Quarter 3, 2019/20 (published October 2019)

To:

GP Practices (Practice Managers), School Age Immunisation Services (SAIS), CCG/LA/HV/Midwifery Immunisation Leads, CHIS Hub Managers, PHE HPU, Immunisation Programme Board members

In:

Birmingham, Coventry, Dudley, Herefordshire, Sandwell, Solihull, Walsall, Warwickshire, Wolverhampton and Worcestershire

The newsletter contains important updates for those involved in delivering immunisation services. It is primarily aimed at immunisation providers (GP Practices, School Age Immunisation Services), but should also be of interest to wider stakeholders. This does not replace other communications sent out by NHS England or national publications such as Vaccine Update¹ or updates to The Green Book².

Contents:

- Flu
- Cold chain
- CHIS / SAIS contact details
- Incomplete immunisations
- Shingles

All clinical immunisation queries should be sent to the West Midlands Clinical Advice Service (WMICAS) on england.wmid-imms@nhs.net (for use by health professionals only, send from a secure NHS.net email address but do not give any PID in the email).

Kind regards,

Dr Ash Banerjee

Screening and Immunisation Lead
Public Health England and NHS England (West Midlands)

¹ <https://www.gov.uk/government/collections/vaccine-update>

² <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>

1. Flu update and top tips

1.1. Top tips

Practices are encouraged to use the template, invite at-risk letters, we have provided when inviting pregnant women and patients with immunosuppression, neurological disease and liver disease for flu immunisation. These letters use behavioural insights methodology and have led to around a 5% increase in uptake in pilot schemes.

Practices are encouraged to provide a practice email address to the Pharmoutcomes system when available. This will help ensure practices are notified in a timely manner when their patients receive flu immunisation in community pharmacies. Lack of sign up to this system was a significant issue last year.

1.2. Ordering children's flu vaccines

GP ordering for children's' flu vaccines is now open but capped at 20% of the eligible numbers of children. We sympathise with practice frustrations this year but hope the information below will help explain the background to the situation and provide some guidance on clinical prioritisation.

The initial window for GP orders was delayed to w/c 14/10/19 due to a late change to the World Health Organisation's recommendation on which strains of virus should be included in this year's flu vaccines. This had a knock-on impact on the production of some products including LAIV (Fluenz Tetra). This means that the national availability of Fluenz Tetra was later in 2019 than it has been in previous years. An operational decision was made by PHE to open ordering to school teams in the first instance, with ordering for GPs following as soon as possible, to reduce the impact of the later than usual availability of vaccine on the delivery of the school's programme, which extends to all primary school aged children this year.

In addition, we recently learnt that AstraZeneca is delaying their delivery of some batches of the childhood nasal spray flu vaccine (Fluenz Tetra®) due to be delivered to PHE in November. This is due to an 'invalid' test result in its routine quality testing process which needs to be repeated before these batches of vaccine are released by the independent regulator. This is not related to the safety or the efficacy of the vaccine itself, which has passed all the other tests. Although we anticipate that this issue will be resolved quickly; there will be an unavoidable delay to the release of some stock, which may have a knock-on effect on the release of vaccine through ImmForm. It does not affect batches of the vaccine already distributed, or those currently available to order and use for the 2019/20 season.

Phased deliveries throughout the season are usual and necessary as the vaccine has a very short shelf life. As all flu vaccines are seasonal, they cannot be stockpiled in advance. PHE is working closely with the manufacturer to expedite the final deliveries and release processes to make stock available for ordering as quickly as possible.

GPs are requested to implement the seasonal influenza programme as outlined in the Direct Enhanced Service Specification (<https://www.england.nhs.uk/wp-content/uploads/2019/03/dess-sfl-and->

[pneumococcal-1920.pdf](#)). As part of this, GPs are required to call in those children who are eligible for flu vaccination, and to undertake recall for those children in clinical risk groups for influenza. Because of the phasing of supplies, PHE recommends planning the childhood vaccination programme using the following priorities:

- Children in high risk groups aged 6 months to 2 years – these children should be called and offered quadrivalent inactivated influenza vaccine (QIVe)
- Children in high risk groups from 2 to 18 years should be prioritised and offered LAIV (unless contraindicated).
 - those aged 2-3 years and age 11-18 years should be called in and offered LAIV or a suitable quadrivalent influenza vaccine (QIV)
 - those of primary school age (4-10 years) will be invited through schools, but should be vaccinated with LAIV or QIV if they choose to present in general practice
 - Where a practice does not have LAIV available, vaccination of children in high risk groups should not be delayed and a suitable QIV should be offered as an alternative.
- Healthy children aged 2-3 years should be called and offered LAIV as the practice receives stock. Two-year olds who are receiving vaccine for the first season are a higher priority than 3 year olds.

Responsible ordering will help support the direction of stock to those with greatest immediate need as it becomes available. Practice staff are asked to only order vaccine needed for the forthcoming week, even if this is below the maximum quota and to avoid stockpiling. Close adherence to the vaccine storage in the cold chain is essential to avoid vaccine wastage.

Further details on eligible groups can be found in 'The Green Book':

<https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19>

An information leaflet is being developed for parents to explain which children are eligible for vaccination and where this will be delivered and will be posted shortly on the PHE website.

1.3. Flu Immunisation for GP Staff- Indemnity cover

We have had several queries about indemnity for practices immunising their own staff against flu. The following advice has been received from the national team. Please note we do not deal with occupational issues so cannot give any further advice beyond the extract reproduced below.

Flu vaccinations will not be covered by the Clinical Negligence Scheme for General Practice (CNSGP) for the following reasons:

Vaccinating your own staff is not a GMS service and would be undertaken as an occupational health benefit, it is not a commissioned service through GMS, PMS or APMS and therefore would fall outside the scope of the CNSGP.

The scheme applies to 'any liability in tort ...that arises as a consequence of a breach of duty of care owed by an eligible person to a third party...' The CNSGP regulations (5(1)(a) and (b)) make it clear that in this

context the third party (injured party) must be a person other than the eligible person or a member of staff.

DES Specification (Seasonal influenza and pneumococcal polysaccharide vaccination programme) makes clear that staff of GP practices/contractors and other primary care staff are the responsibility of their employer as part of occupational health arrangements. See: <https://www.england.nhs.uk/wp-content/uploads/2019/03/dess-sfl-and-pneumococcal-1920.pdf> (Annex B (page 25)).

Some practices do directly vaccinate their own staff, but others have an Occupational Health service to do it for them or refer staff to their own GPs. This is set out in NHS Resolution's scope table at: <https://resolution.nhs.uk/scheme-documents/scheme-scope/>

The national team have made enquiries with the three main medical defence organisations (MDOs) and all have confirmed that their *standard* indemnity products cover these vaccinations. MDDUS have uploaded an FAQ to their website <https://www.mddus.com/join/gp---england-wales> and are writing out to all members to confirm the same.

MPS have issued the statement from Dr Rob Hendry to their members, and MDU are have uploaded a statement to their website to indicate the same <https://www.themdu.com/guidance-and-advice/latest-updates-and-advice/providing-work-related-vaccinations-to-practice-staff>. These services are covered at no additional cost and so all GPs who have indemnity cover with MDOs (for professional indemnity, private work etc.) are covered for staff flu vaccinations. I hope the MDOs' position helps allay your initial concerns on this issue.

In addition, the Specialist Pharmacy Service (SPS) has worked with the CQC, MHRA, RCN, PHE, BMA Occupational Health Committee and representatives from NHS and independent sectors to identify a way that organisations can offer employee seasonal 'flu vaccinations within the legislation. The outcome of this work has been to produce a written instruction for seasonal influenza vaccination.

The written instruction can be adopted by organisations following the signed authorisation of the written instruction by an appropriate doctor. This medical signatory must be the doctor assuming responsibility for the delivery of the influenza vaccination programme to staff within an organisation; this should be an Occupational Health Physician employed by the organisation, but where there is no such doctor employed/contracted by the organisation it should be the doctor assuming responsibility for the delivery of the influenza vaccination programme to staff within the organisation (for example the organisation's Medical Director or a GP partner). Once signed and adopted, it allows named registered nurses to administer the seasonal influenza vaccination to the organisation's staff, including as a peer to peer vaccinator. Immunisers must be trained and competent to work in accordance with the written instruction.

The written instruction template is available, along with a factsheet to support the use of the written instruction by organisations via <https://www.sps.nhs.uk/articles/written-instruction-for-the-administration-of-seasonal-flu-vaccination/>

2. Cold chain issues

2.1. Policy for Ordering, Storing and handling vaccines

Previously NHS England (West Midlands) had a local cold chain policy ('POLICY FOR ORDERING, STORING AND HANDLING VACCINES'). This has expired and will not be reissued as there is now excellent national guidance which negates the need for any local policy. Providers are directed to the following resources:

<https://www.gov.uk/government/publications/protocol-for-ordering-storing-and-handling-vaccines>

<https://www.gov.uk/government/publications/storage-distribution-and-disposal-of-vaccines-the-green-book-chapter-3>

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/671373/Cold_chain_vaccine_fridge_control_poster.pdf

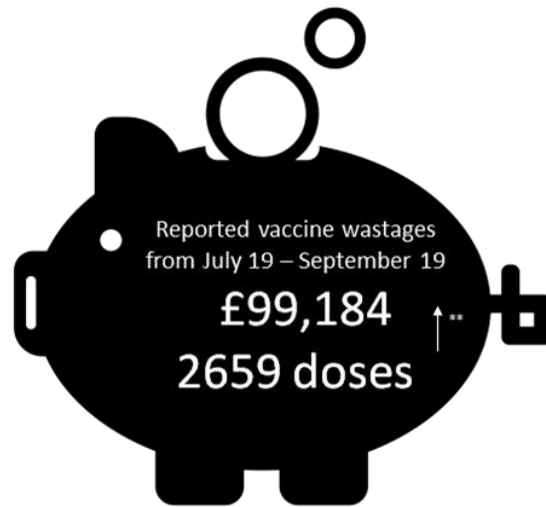
[RECENTLY UPDATED] <https://www.gov.uk/government/publications/vaccine-incident-guidance-responding-to-vaccine-errors>

2.2. Use of Vaccines stored outside of cold chain

A new leaflet has been produced for parents, carers and patients explaining what this means and is available for you to use if needed:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/832153/Use_of_vaccines_stored_outside_cold_chain_parents_leaflet.pdf

2.3.Vaccine Wastage – almost £100K wasted in 3 months



*Includes all GP practices who report vaccine wastages on immform within GP Practice across the West Midlands

Image: TheNounProject

**Increase in wastage since last newsletter

3. Reminder of local contact details – CHIS and SAIS teams

Child Health information services

Hub and contact details	Areas covered
Central Hub Birmingham 0121 466 3300	Birmingham Dudley Sandwell Solihull Walsall
North Hub Stafford 01785 221 151	Wolverhampton Shropshire Staffordshire
South Hub Stratford 01926 495321	Coventry Herefordshire Warwickshire Worcestershire

School Aged immunisation service contact information

Service & email address	Telephone number
Coventry School Aged Immunisation Service	Office Tel: 024 76 961422
General email: bewise.immunise@covwarkpt.nhs.uk	
Warwickshire South Team School Aged Immunisation Service	Office Tel: 01926 406738
General Email SOUTHIMMS@covwarkpt.nhs.uk	
Warwickshire North Team School Aged Immunisation Service	Office Tel: 024 76321550
General Email NORTHIMMS@covwarkpt.nhs.uk	
Herefordshire Team School Aged Immunisation Service	Office Tel: 0300 303 4017
General Email: HerefordshireIMMS@covwarkpt.nhs.uk	
Worcestershire Team School Aged Immunisation Service	Office Tel: 024 77710950
General Email WorcestershireIMMS@covwarkpt.nhs.uk	
Solihull Team School Aged Immunisation Service	Office Tel: 0121 329 4943
General Email: Solihull.IMMS@covwarkpt.nhs.uk	
Dudley School Aged Immunisation Service	Office Tel: 01902 682674
General email vaccinationdudley@evguk.co.uk	
Wolverhampton School Aged Immunisation Service	Office Tel: 01902 682922
General email vaccinationwolverhampton@evguk.co.uk	
Walsall School Aged Immunisation Service	Office Tel: 01902 683049
General email vaccinationwalsall@evguk.co.uk	
Birmingham School Aged Immunisation Service	Office Tel: 0121 466 3410
General Email BCHNT.HPVTeamSouth@nhs.net	
Sandwell School Aged Immunisation Service	Office Tel: 0121 530 8035
General Email BCHNT.ImmsTeamSandwell@nhs.net	

4. Vaccination of Individuals with uncertain or incomplete immunisation status- algorithm

This algorithm has recently had a couple of updates, please ensure you are using the October 2019 edition which can be found here:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/836241/Algorithm_immunisation_status_07_October_2019.pdf

The recent changes have been added:

1. Details on the universal HPV programme

- All females who have been eligible remain so up to their 25th birthday
- Males born on or after 1/9/06 are eligible and remain so up to their 25th birthday

2. Details on the MMR programme

- A second dose of MMR should not be given before 18 months of age except where protection against measles is urgently required
- A minimum of one month should be left between 1st and 2nd dose of MMR

- If child is younger than 3 years 4 months give 2nd dose of MMR with dTaP/IPV unless there is a specific reason to give earlier

3. Hepatitis B

- Children from first birthday who have had primary vaccines without HepB, do not need to catch up the Hep B antigen alone unless the child is high risk

5. Shingles Update

Less than a third of eligible patients are receiving their shingles vaccines which compares very poorly to vaccination uptake for flu and pneumococcal immunisations in the elderly. Uptake is highest in South Warwickshire (43.0%) and lowest in Sandwell & West Birmingham (23.9%)

Table- Shingles vaccine coverage for quarters 1 to 4 and overall shingles coverage among routine and catch-up cohorts by CCG. Adults turning 70 and 78 years old between 1 April 2018 and 31 March 2019 and vaccinated up to end of June 2019

	Cumulative Shingles coverage (%) 70 year olds in 2018/19	Cumulative Shingles coverage (%) 78 year olds in 2018/19
CCG name	70th birthday in Quarters 1,2, 3, 4 (dobs 1/4/48 to 31/03/49)	78th birthday in Quarters 1,2, 3, 4 (dobs 1/4/40 to 31/03/41)
NHS Birmingham And Solihull CCG	28.0	28.3
NHS Coventry And Rugby CCG	30.2	29.5
NHS Dudley CCG	28.5	32.5
NHS Herefordshire CCG	27.7	29.4
NHS Sandwell And West Birmingham CCG	23.9	23.7
NHS South Warwickshire CCG	43.0	42.7
NHS South Worcestershire CCG	33.0	38.1
NHS Walsall CCG	33.0	34.0
NHS Warwickshire North CCG	34.8	36.6
NHS Wolverhampton CCG	30.2	33.3
ENGLAND	31.9	32.8

Sufficient shingles vaccine is now available, and practices are encouraged to opportunistically immunise patients who become 70 or 78 years of age **at any point in the year following their 70th or 78th birthday.**

Shingles vaccine should be offered to:

- patients aged 70 years
- patients aged 78 years
- patients born on or after 2/9/42 who missed out on shingles vaccination remain eligible till they reach their 80th birthday

GPs are able to apply their clinical discretion and provide the vaccine, following a clinical assessment, to those who are not currently eligible for the national programme but who would benefit medically, for example those with underlying conditions which increase their risk of shingles. Please note that vaccine supplied free of charge to practices via Immform cannot be used for this purpose.

For further guidance please see the national shingles immunisation programme document

<https://publichealthengland-immunisati.app.box.com/s/or7emz1v30ycrpyzolavr623o8c438tk>