



IMMUNISATION PROGRAMME NEWSLETTER
February 2019

The purpose of this newsletter is to provide information on immunisation programmes to all staff involved in these programmes across Kent and Medway.

Important Information!

Patient Group Directions (PGDs)

From January 2019, all PGDs approved by NHS England can be accessed on the NHS England South East webpage. Please follow the link below to access the PGDs for the Routine Childhood Immunisation Programme, Adult Vaccination Programmes and Travel Health Vaccination Programmes.

Link to PGD web page: <https://www.england.nhs.uk/south-east/our-work/info-professionals/pgd/kss/>

This page also contains helpful information regarding immunisations: including links to resources such as the 'Green Book – Immunisation against infectious disease' and the complete schedules for immunisation.

Retaining PGD documentation:

PGD documentation includes master authorised (signed) copies of PGDs, lists of authorised practitioners and patient supply/administration records, including electronic records/agreements.

The same rules apply to PGD records as to all other patient records:

- For adults all PGD documentation in a patient's clinical record must be kept for eight years.
- For children all PGD documentation in a patient's clinical record must be kept until the child is 25 years old or for eight years after a child's death.
- Staff authorisation records should be kept for 8 years after the expiry date of the PGD if the PGD relates to adults only and for 25 years after the expiry date of the PGD if the PGD relates to children.
- The final authorised copy of the PGD should be kept for 8 years after the expiry date of the PGD if the PGD relates to adults only and for 25 years after the expiry date of the PGD if the PGD relates to children.
- The main content of a PGD (i.e. an unauthorised final copy), which contains no patient identifiable information or staff authorisation records, may be retained by an organisation for up to 20 years for purposes of business planning/continuity if there is reason to do so (i.e. reference for future PGDs).

Any queries related to the routine childhood and adult vaccination programme should be directed to the Kent & Medway Screening and Immunisation Team: phst@nhs.net

Children who do not attend for vaccination

The Kent Immunisation Service (KIS) provides school aged vaccinations to children and young people across Kent and Medway. In addition KIS contact parents/carers of unvaccinated children aged 48 – 51 months old to discuss the missed immunisations. Parents will be encouraged to either attend a community clinic or book an appointment with their GP.

If you are aware of any child (aged 0 – 19 years) who has an incomplete childhood immunisation schedule, KIS may be able to help. If every effort has been made to vaccinate these children, they can be referred to the service using an outreach referral form, available from:

www.kentcht.nhs.uk/immsreferral.

For further information please contact KIS directly, either by telephone: 0300 123 5205 or by email: kchft.cyp-immunisationteam@nhs.net

Rotavirus vaccination

We have recently completed an investigation into late administration of the rotavirus vaccination. In Kent and Medway there were a small number of children who received their vaccination later than the recommended schedule detailed in the Green Book.

Rotavirus vaccinations administered late between 01/12/17- 01/12/18 in Kent and Medway:

- 1st dose of rotavirus vaccination administered over 15 weeks of age = 101 babies
- 2nd dose of rotavirus vaccination administered over 24 weeks of age = 25 babies

Rotavirus vaccine protects against the most common strains of rotavirus. It does not protect against other types of virus, such as norovirus or salmonella that can cause gastroenteritis. However, as rotavirus is the most common cause of gastroenteritis in young infants, it has a significant impact on the total number of young children who become ill with gastroenteritis and the number of infants with severe disease. Although some vaccinated infants may still get rotavirus infection, the disease is usually milder.

Rotavirus vaccination schedule

All children should be offered the vaccine to protect against rotavirus with their primary vaccines scheduled at 8 weeks and 12 weeks of age. Children should receive 2 doses of Rotarix vaccine, with an interval of at least 4 weeks between doses. It is preferable that the full course of 2 doses of Rotarix be completed before 16 weeks of age, but it must be completed by 24 weeks of age.

Infants who have received their first dose of vaccine before 15 weeks of age (by 14 weeks and 6 days of age) can receive their second dose of Rotarix vaccine as long as it is given before 24 weeks of age. Infants who have not received their first dose before 15 weeks of age (by 14 weeks and 6 days) should not be offered Rotarix vaccine. However, they should continue to receive their other routine primary immunisations.

Children who inadvertently receive the first dose of Rotarix vaccine at age 15 weeks or older should still receive their second dose 4 weeks later (providing that they will still be under 24 weeks of age at this time). The reason for the 15 week age limit is not only to provide protection before the main burden of disease but also to avoid a temporal association with intussusception, a known adverse event associated with this vaccine.

No specific clinical action needs to be taken if the first dose of vaccine is inadvertently given after 15 weeks of age but, as with all parents of infants receiving rotavirus vaccination, the parents should be made aware of the symptoms of intussusception and advised to seek medical advice if concerned. Similarly, if a child inadvertently receives Rotarix vaccine over 24 weeks of age, no specific clinical action needs to be taken but immunisers should be reminded that Rotarix vaccine should not be given to infants older than 24 weeks, even if they have not completed the 2 dose schedule.

Where either the Rotarix first dose has been given over 15 weeks or the second dose over 24 weeks, a significant events reporting form must be completed. Please contact the Screening and Immunisation Team (SIT) at phst@nhs.net.

For further information and guidance please see the recently updated PHE document for health care professionals: [Rotavirus vaccination programme: advice for health professionals - GOV.UK](#)

Shingles Vaccination News

The shingles vaccination guidance for healthcare professionals has been updated and can be found at the link below. It includes an eligibility flowchart to support immunisers with the criteria for inclusion to the vaccination programme. In order to offer patients the vaccination opportunistically, practices are encouraged to identify their eligible patients and highlight them on their IT system. Practices with the highest uptake have found that identifying and sending an invite to their eligible patients has significantly increased their uptake. <https://www.gov.uk/government/publications/shingles-vaccination-guidance-for-healthcare-professionals>

The Screening and Immunisation Team are currently planning a shingles vaccination awareness campaign and more details will be circulated in the next few weeks.

Flu vaccination

We would like to thank practices for their hard work and support throughout the 2018/19 flu season. Flu vaccinations can be administered up to 31st March 2019 and we continue to encourage practices to identify patients who have not yet been vaccinated and invite them for vaccination. Practices can claim payment via CQRS for flu vaccinations administered between 1st September 2018 and 31st March 2019.

In Kent and Medway the uptake for patients in a clinical risk group remains below the target ambition of 55%, with uptake, reported at 31st December 2018, varying between 34.9% and 43.7% across CCGs. To ensure ImmForm reflects accurate uptake for your eligible patient population, all flu vaccinations given in pharmacy should be uploaded onto your clinical IT system. The final ImmForm data collection for patients will be open from 1st February 2019 and will collect data for all flu vaccinations administered to patients from 1st September 2018 to 31st January 2019. Please ensure that you check ImmForm to make sure that the correct data has been uploaded for your practice. If you have any queries or concerns regarding the data please email phst@nhs.net.

Healthcare workers flu vaccination:

The data collection on ImmForm for healthcare workers (HCW) is a manual submission and requires a member of staff from the practice to access ImmForm and upload the data. The next survey opens on 1st February and closes on 11th February 2019. This is the penultimate HCW data collection and the final one will open on 1st March 2019. Please ensure that data is supplied for your practice in order not to appear as a non-responder in the final report. If you have any queries or concerns regarding the data please email phst@nhs.net.

Planning for the 2019/20 flu season:

Practices may have placed initial orders for vaccines for the 2019/20 season in line with the Dept. of Health/Public Health England letter circulated on 20th November 2018. There has been an additional letter circulated on 23rd January 2019 that provides further information regarding the vaccines recommended for use in the 2019/20 flu season as follows:

- The standard egg cultured quadrivalent inactivated vaccine (QIVe) will continue to be recommended for 18 to 64 year olds in clinical risk groups, including frontline health and social care workers.
- The adjuvanted trivalent inactivated vaccine (aTIV) will continue to be recommended for individuals aged 65 years and over.
- In addition, the cell grown quadrivalent vaccine (QIVc), Flucelvax[®] Tetra, is now licensed for use in the UK for patients aged nine years and upwards including patients over 65 years of age. QIVc is equally suitable to:
 - QIVe for those aged 9 to 64 years in clinical at-risk groups, including frontline health and social care workers.
 - Adjuvanted trivalent vaccine (aTIV) for individuals aged 65 years and over

The Screening and Immunisation Team are working closely with their partners to plan for the 2019/20 flu season in order to support practices and other providers to improve uptake of the vaccination across Kent and Medway. We recognise that this has been a challenging flu vaccination season and are endeavouring to learn from this experience and plan for the next season.

We have arranged a 2019/20 flu planning meeting for **Tuesday 12th March** and have invited CCGs, Local Authorities and other stake holders to attend. The meeting will be used to develop an action plan for all stake holders and will consider the roles and responsibilities for each organisation. We would like to invite representatives from primary care and therefore ask that any practice staff who may be interested to contact the team at phst@nhs.net for further details.

Hepatitis B

Each year, around 3000 babies are at risk of developing hepatitis B infection following exposure to the hepatitis B virus from their mother's blood during childbirth. Hepatitis B vaccine is prioritised for these babies and can prevent infection in around 90% of them if it is given at the correct times.

The first dose should be given within 24 hours of birth and is usually administered in the maternity unit. The second dose of vaccine should be given to the infant at 4 weeks of age in primary care.

In Kent and Medway following the birth of a baby to a mother who is hepatitis B positive, practices will receive notification from the SIT. Practices should ensure that they have the vaccine in stock and ready for the second dose at 4 weeks of age. The baby will then commence the routine immunisation schedule at 8 weeks of age and will have 3 doses of the hexavalent vaccine (6 in 1) at 8, 12 and 16 weeks of age. The final hepatitis B vaccine should be given to the baby at 12 months of age. At this point they will also require a dried blood spot (DBS) test for hepatitis B infectivity which can be done at the same time as the final vaccination for hepatitis B. The DBS testing kit will be sent to the practice by the SIT just before the baby's first birthday. Practices should contact phst@nhs.net if they have not received a DBS kit for an eligible baby.

An aide memoire for hepatitis B vaccination in primary care has been produced by Public Health England and is available at:

<https://www.gov.uk/government/publications/hepatitis-b-vaccine-for-at-risk-infants-aide-memoire>

Vaccine Errors and Incidents

Practices should be aware that when a vaccine error or significant event takes place within an immunisation programme they should report the event internally to their practice manager. They should also contact the SIT to report the event. The SIT will send a significant event reporting form to be completed and returned. The purpose of reporting and recording these events is to provide information and improve practice through learning. It enables others to develop good practice and prevents further significant events from occurring. Significant events should be reported by either telephoning the team on **01233 658405** or by emailing phst@nhs.net.

Since November 2018 there have been 8 reported vaccine errors and 3 reported cold chain incidents. Examples of the types of vaccine errors that have occurred include:

- Repeat pneumococcal vaccination given
- Repeat shingles vaccine given
- Repeat pertussis vaccine given
- Incorrect pertussis vaccine given to a pregnant woman
- Incorrect flu vaccine given
- Nasal flu vaccine given to child under 2 years of age
- Incorrect 12-13 month vaccinations given

Each incident is investigated and subsequent actions are recommended to the practice to help prevent the incident recurring. The CCG is also sent a copy of the reporting form for information purposes. The reporting process aims to provide information on the lessons learned and to improve future practice, in order to maintain a high quality immunisation programme. The SIT will also review the reports for any trends and themes and will circulate advice to immunisers accordingly. Therefore it is important that staff report all errors and significant events.

Our Contact Details

Screening and Immunisation Team Tel: 01233 658405. Team email: phst@nhs.net

Please contact us if you require any information.