



Meet Our Team

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We aim to respond to all queries within 3
working days

SURREY AND SUSSEX

SCREENING AND IMMUNISATION NEWSLETTER

Produced by Public Health England Screening & Immunisation Team

Your Screening & Immunisation Team - Update



We are pleased to welcome Caroline Vass, Consultant in Public Health, to the team. Caroline has taken on the role of Screening and Immunisations Lead for Surrey and Sussex following the retirement of Max Kammerling. Please note the updated Team information listed on this page.

IMMUNISATION PROGRAMMES

Recent Increase in Mumps in Teenagers and Young Adults

There has been a recent increase in cases of mumps with 243 cases in the South East between 1st January to 31st May 2019. Nationally, the majority of cases are aged 15-24 years and there have been a number of outbreaks linked to universities and colleges.

Although around half of the cases have no record of MMR vaccination, the other half have been vaccinated with at least one dose. While the mumps component of MMR is highly effective at protecting young children, immunity can wane over time, therefore, older teenagers and adults who have been vaccinated may still get mumps although in these cases symptoms may be mild.

What can practices do?

1. Be vigilant for possible cases of mumps, particularly in those aged 15-24 years, even if they have been previously vaccinated with MMR.
2. Notify the Surrey and Sussex Health Protection Team of any suspected cases of mumps by phone (0344 225 3861, option3) or sending a notification form. Please record the name of any relevant college or university attended so that outbreaks in these settings can be detected early.
3. Offer/recommend MMR vaccination to any patients over the age of 3 years and 4 months who do not have two recorded doses.

MMR Vaccination Eligibility Criteria and Payment Mechanisms

There is no upper age limit to offering MMR vaccine and practices should maximise opportunities to ensure that patients who are not protected are fully vaccinated:

- ◆ catching up children aged 15 years or younger is covered under the global sum
- ◆ from April 2019 GPs have been able to claim an item of service fee for checking MMR status for children aged 10 and 11 years and for calling them in to receive missing MMR doses
- ◆ An item of service fee can be claimed manually via the CQRS MMR programme for each dose of MMR administered to patients 16 years or over.

Those at highest risk of mumps are those born since 1980 who are unvaccinated or have only received vaccination against measles and rubella. Those born between 1970 and 1980 who are unvaccinated for measles should be offered MMR for measles protection. As advised in the Green Book, individuals born before 1970 are likely to have had all 3 natural infections and are therefore a lower priority; they may be vaccinated if they are at higher risk of exposure (e.g. healthcare workers). It should be noted that centre MMR vaccine stock can be used for catchup vaccination.



Shingles Vaccination Programme - resources and eligibility calculator online



Shingles is an infection of a nerve and the area of skin around it. It is caused by the herpes varicella-zoster virus which also causes chickenpox. Following chickenpox infection the virus can lie dormant in the nervous tissue but may reappear following reactivation as shingles. It is possible to have shingles more than once.

The shingles vaccination programme started in September 2013 but exact eligibility for the shingles vaccine changes every autumn. For easy and up to date information regarding eligibility we recommend using the resources and eligibility calculator online:

<https://www.gov.uk/government/collections/shingles-vaccination-programme>

The vaccine is offered once patients reach 70 and 78 years old, with catch up cohorts between, i.e. anyone who was previously eligible (born on or after September 2 1942) but missed out on their shingles vaccination remains eligible until their 80th birthday. When a patient is eligible, they can have the shingles vaccination at any time of year. The shingles vaccine is not available on the NHS to anyone aged 80 and over because it is less effective in this age group.

2019/20 Flu Planning



We would like to thank all our practices for their continued support with the robust planning in place for the delivery of our yearly flu vaccination campaign. We really value all the preparation and resources that practices put in place to ensure that all their eligible patients are being identified and offered the opportunity to have their flu vaccine.

The Annual Flu letter (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/788903/Annual_national_flu_programme_2019_to_2020_.pdf) provides information on the adults and children eligible to be vaccinated under the programme for the coming season and has been previously circulated to all our practices.

In 2019/20 NHS England will continue to support vaccination of social care and hospice workers.

Below is a summary table of which flu vaccines to offer children and adults

Eligible group	Type of flu vaccine
At risk children aged from 6 months to less than 2 years	Offer standard egg-grown quadrivalent influenza vaccine (QIVe)* QIVe is offered to these children as the live attenuated influenza vaccine (LAIV) is not licenced for children under 2 years of age.
At risk children aged 2 to under 18 years	Offer live attenuated influenza vaccine (LAIV) If child is contraindicated to LAIV (or it is otherwise unsuitable) offer standard egg-grown quadrivalent vaccine (QIVe)*
Universal children's programme: Those aged 2 and 3 years on 31 August 2019 All primary school aged children (aged 4 to 10 on 31 August 2019)	Offer live attenuated influenza vaccine (LAIV) If child is in at risk group and is contraindicated to LAIV (or it is otherwise unsuitable) offer standard egg-grown quadrivalent vaccine (QIVe)*
At risk adults (aged 18 to 64), including pregnant women	Offer EITHER standard egg-grown quadrivalent influenza vaccine (QIVe) OR cell-grown quadrivalent influenza vaccine (QIVc) These two vaccines are considered equally suitable for use in adults under 65 years of age.
Those aged 65 years and over**	Offer EITHER adjuvanted trivalent influenza vaccine (aTIV)*** OR cell-grown quadrivalent influenza vaccine (QIVc) These vaccines are considered equally suitable for use in adults aged 65 and over.

The eligible groups will remain the same as in 2018/19 and vaccination will be available through community pharmacy or their registered general practice¹. This scheme is intended to complement, not replace, any established occupational health schemes that employers have in place to offer flu vaccination to their workforce. Please also refer to the updated Green Book Influenza Chapter for more information on eligibility criteria, updated egg allergy section, recommended vaccines for this flu season: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/796886/Green-Book_Chapter_19_Influenza_April_2019.pdf



Immunisation Queries and Incidents

The Screening and Immunisation Team is able to offer support with managing immunisation incidents and queries regarding the NHS Routine Immunisation Schedule:

<https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule>

If you have a query:

◆ **Have you have read the appropriate PHE Green Book chapter?**

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

◆ **Have you looked at the other GOV.UK links?**

<https://www.gov.uk/government/collections/immunisation>

◆ **If it is about missing or incomplete immunisations, have you followed the algorithm?** <https://www.gov.uk/government/publications/vaccination-of-individuals-with-uncertain-or-incomplete-immunisation-status>

◆ **Have you consulted the appropriate PGD?**

<https://www.england.nhs.uk/south-east/our-work/info-professionals/pgd/kss/downloads/>

If you have a query concerning an outbreak or a query outside of the Section 7a Routine Immunisation Schedule

our local **Health Protection Team** may be able to assist you:

PHE Surrey and Sussex Health Protection Team (South East), County Hall, Chart Way, Horsham RH12 1XA
PHE.sshpu@nhs.net ; 0344 225 3861 option 3.

Out of hours for health professionals only: 0844 967 0069

If you have a query about travel vaccines please contact NaTHNaC: <https://nathnac.net/>. Advice line for health professionals only - 0845 602 6712 (local call rate). The advice line is usually staffed by one Specialist Nurse Advisor.

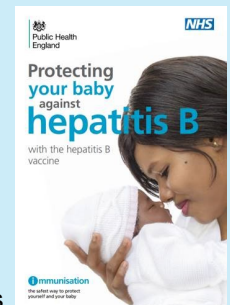
TakeNote!



Hepatitis B vaccine for infants born to Hepatitis B infected mothers

Infants born to hepatitis B infected mothers are at risk of perinatal transmission. The National policy recommends immunisation of infants (with vaccine +/- hepatitis B immunoglobulin) at birth, four weeks and at 12 months of age. In addition, hexavalent vaccine (Infanrix hexa) is given at 8, 12 and 16 weeks of age with a blood test carried out at 12 months to exclude infection. There are several useful resources available for professionals and parents which can be ordered and/or downloaded from here: <https://www.gov.uk/government/collections/hepatitis-b-guidance-data-and-analysis#infants-born-to-hepatitis-b-infected-mothers>

We have had a recent incident where a high risk baby missed the important 4 week dose of Hep B vaccine: the family moved home soon after the birth and transferred to a new GP practice. When the baby's notes were reviewed by the practice it was not noted that the baby was on the selective Hepatitis B vaccine schedule therefore we would like to remind all practices that they need a robust process to review records when new patients are registered.



SCREENING PROGRAMMES

urgent **important** **Reminder** **Don't forget** **attention** **deadline**

Cervical Screening - Preparation for conversion to Primary HPV

All cervical screening sample takers need to complete **Primary HPV screening e-learning course for sample takers** training **by the end of September 2019** and forward their certificate of completion to our generic email address at: PHE.Screening-ImmsSSAT@nhs.net:

The training is accessible on the e-Learning for Health portal available at:

<https://portal.e-lfh.org.uk/>. You will need to register in order to access the training. This link will take you directly to the HPV training but you will need to register first as above:

<https://portal.e-lfh.org.uk/Component/Details/559150>. If you have any issues please contact e-LfH direct who should be able to help you as we don't have any input into their website.

Update Training

Please note that completing the Primary HPV training course is not sufficient for your three yearly update training. If you have not completed update training in the last three years then you must either undertake a recognised taught course or complete the e-learning course **Cervical sample taker update training**, which is also on the e-Learning for Health portal (link as above). Once again we require a copy of your certificate in order to update your records.

Changes to the Cervical Screening Programme

Berkshire and Surrey Pathology Service (BSPS) won the contract to provide Primary HPV testing across the South East and South Central areas

Transfer to this laboratory should be completed by the end of 2019. During this transition time there may be delays to women receiving results for their cervical screening of up to 14 weeks. We have sent letters to all practices and colposcopy units requiring sample takers to advise women that there is a delay.

Once Primary HPV has been fully implemented, we expect test reporting times to come back to under 2 weeks.

NHSE also sent a letter asking sample takers to advise women that the test taken may be analysed using liquid based cytology OR Primary HPV. The link to patient information is:

<https://www.gov.uk/government/publications/cervical-screening-hpv-primary-screening>

The letter also advised all sample takers to ensure they have done the online training in preparation:

<https://portal.e-lfh.org.uk/Component/Details/559150>

Cervical screening saves lives.



Shared Learning - learning from incidents

The following reminders have arisen as a result of incidents recently reported to us

Test of Cure Sample?

Make sure you are clear on the Request Form!

If you are taking a cervical screening sample for Test of Cure please make sure you write clearly on the request form that the woman has recently undergone treatment and that the sample is for Test of Cure. Without this information it is not clear to laboratories that HPV testing is required.

Abnormal appearance of cervix at time of sampling

Please remember that the cervix must be fully visualised at the time of screening and if you notice abnormalities suggesting possible malignancy, the woman should be referred for gynaecological examination. These women must be seen urgently, within two weeks of referral.



NHS Screening Programmes

New e-learning Module on Screening Incidents

A new e-learning module on screening incidents is now available at: <https://portal.e-lfh.org.uk/Component/Details/592175>

Cervical Screening - managing your prior notification lists

Following the transition of the administration service that supports the National Cervical Screening Programme **new guidance is available to help GP practices** in their use of Open Exeter to update prior notification lists and non-responders to ensure the correct updating of patient records. The guidance is available on the Cervical Screening Administration Service (CSAS) page which can be found at: <https://www.csas.nhs.uk/>. Online enquiry is now also available on this website which contains the same information previously available on the PCSE website.



Contact information:

CSAS.Enquiries@nhs.net

CSAS.Enquiries-Preston@nhs.net

CSAS.Enquiries-Leeds@nhs.net

CSAS.engagement@nhs.net

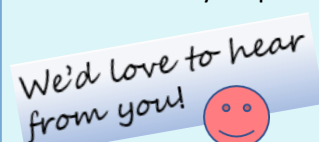
The Support Centre telephone number remains unchanged:

0333 014 2884 Cervical Screening option 4 to re-directed to the operational team.

New address: PO Box 572, Darlington DL1 9AG

Cancer Screening Forum - second multi agency stakeholder event held in July

The aims of the Cancer Screening Forum are to work closely with the Cancer Alliance (Surrey and Sussex) Prevention and Early Diagnosis team and relevant stakeholders across Surrey and Sussex to increase uptake of the three cancer programmes and to decrease inequalities. In the first two meetings we sought to understand what we can all do to support each other to achieve these aims. Work has also started to map activity across the Surrey and Sussex area and where there may be particular gaps or issues.



We would really love to hear from any service that is doing anything to increase uptake or provide extra support to reduce inequalities in any of the cancer screening programmes.

The next meeting is in October.

New Improved Home Testing Kit for Bowel Screening

On 17th June 2019 the NHS Bowel Screening Cancer Programme introduced a new improved testing kit for bowel screening. FIT (Faecal Immunochemical Test) Will replace the gFOB (guaiac Faecal Occult Blood Test) currently being sent to those people who are 60-75 years old. The main advantages of FIT are:



- FIT requires only a **single sample** which is easily collected and then returned in a sealed bottle, rather than the 6 samples from 3 bowel motions.
- FIT can detect **human haemoglobin (Hb)** at **lower concentrations** and with much less interference than gFOBT. It can detect more cancers and particularly advanced adenomas (tumours that may become cancers) and will have fewer false positives. This means the service will remove many more polyps at colonoscopy that might otherwise grow into cancers.
- FIT will reduce the number of repeat tests needed as there are no borderline results (only normal or abnormal).

Those eligible for FIT will receive full instructions on how to complete the kit and should they have any questions the NHS Bowel Cancer Screening Programme operates a freephone helpline on 0800 707 60 60 for public and primary care enquiries.

The NHS Bowel Cancer Screening Programme reduces the risk of dying from cancer, detecting disease before symptoms appear and when it is easier to treat therefore giving a better chance of survival.

Other Screening Information

Screening Timeline

An updated version of the Screening Timeline poster is now available via the link below. We encourage practices to display this in waiting rooms to signpost patients to the screening programmes they are eligible for: <https://phescreening.blog.gov.uk/2019/07/23/brilliant-new-screening-timeline/>

PHE Screening Blog

Take a look at the PHE Blog which is updated as news breaks so is a good place to check for the latest information on all of the national screening programmes. Sign up here: <https://phescreening.blog.gov.uk/>

Breast Screening

For the first time in 5 years there has been an increase in the number of eligible women taking up the offer for breast screening with levels remaining above the NHS Screening Programme's minimum standard of 70%.

The next issue of the Surrey and Sussex Screening and Immunisation Newsletter will be in January 2020