



Public Health GP Bulletin

Issue 57: 1st October 2021

Section 7a: Screening & Immunisations

About this bulletin:

This weekly bulletin is the NHSE/I South West Integrated Public Health Team's main method of communicating with Practice Managers in BNSSG, BSW, Cornwall & IOS, Devon, Dorset, Gloucestershire and Somerset.

The bulletin contains important Public Health information relating to Section 7a Screening and Immunisation programmes commissioned by NHSE/I. Content may include requests for information and deadlines affecting payments, as well as updates on issues relating to GP contracts.

Current issues and back copies of the bulletins and attachments are available on the NHSE/I website [here](#). If you have any questions or wish to provide feedback, please contact the Integrated Public Health Team at england.swscreeningandimms@nhs.net

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ICARS COVID-19 Newsletter

We are pleased to bring you the latest updates from our ICARS service. This newsletter is attached to your email.

Funding to Vaccinate All Eligible Primary Care Contractors

It has been announced and we are pleased to confirm that additional funding is available to vaccinate **all eligible primary care contractors** and their frontline staff for this influenza season. Significantly and for the first time, this also includes frontline patient-facing NHS primary dental or general ophthalmic contractors and their frontline staff. Details of how dental and optometry staff can access the flu jab are outlined in [this letter](#) along with further details on the flu vaccine rollout through community pharmacy and general practice. The Patient Group Direction and National Protocol for Influenza vaccine will be updated shortly.

Top Tips for Flu Vaccinations

Following the [NHSE](#) letter yesterday and update to the Flu ES specification, the Wessex LMC have updated their Flu Top Tips for practices. This can be accessed using the link below:

<https://www.flipsnack.com/wessexlead/doc-0172-flu-top-tips-brochure-top-2021-22/full-view.html>

Reminder that shingles vaccines cannot be co-administered with COVID-19 vaccination

We know that clinicians often use the flu programme as a way of opportunistically offering shingles vaccine to eligible people this is an effective way of getting people to have the shingles vaccine. Flu, shingles and PPV vaccinations can all be co-administered, and a fair proportion are administered in this way each year.

However, we wanted to remind you the shingles vaccine **cannot** be co-administered with COVID-19, and there needs to be a gap of at least 7 days. As ever, before you vaccinate for COVID-19 please check if your patient has received their shingles vaccine in the last week and refer the [green book](#) for more details, as well as re-invite/book the patient in for a subsequent shingles vaccine if applicable. The question in the point of care systems remains to ensure a check is in place.

CHIS: Undertaking a 4/1 scheduling audit for children who have already received a Hib containing vaccine

As you are aware from the update in Issue 44, sent 02 July 2021 ([sw-public-health-gp-bulletin-issue-44.pdf \(england.nhs.uk\)](#)), CHIS scheduling under System C appears to have continued to schedule for a 4 in 1 instead of a 5 in 1 from Aug 2017, or a 6 in 1 from Sept 2019 for children who had had incomplete primary vaccinations and received a Hib containing vaccine after the age of one. This has been fixed in the recent System C upgrade. However, there is potential concern that some children may have been administered either a low dose of 4 in 1 or high dose of 4 in 1 inappropriately due to incorrect scheduling during this time.

Currently all of our CHIS using System C in the South West are undertaking an audit of these children to check what primary vaccinations they actually received.

We are aware that a high dose 4 in 1 was an option to practitioners if the 5 in 1 wasn't available from 2017-2019, and that PHE stopped issuing any Infanrix IPV (the high dose 4 in 1) via ImmForm in

the summer of 2017. Secondly, it has never been advised for children under any circumstances that a low dose 4 in 1 should be used as part of a primary course – information that is well known amongst vaccinators and remains clear in the Green Book so we are confident this risk is low.

However, following the audits led by CHIS, should a case be found where an inappropriate dose was given to a child during this time, CHIS will be in touch with you directly to discuss the individual case(s) and next steps.

This does not affect any current practice, and as always, it is the responsibility of the healthcare professional to ensure the correct vaccine is being delivered at the time of the appointment. Continue to follow normal processes when considering the primary course of vaccinations for children who have incomplete vaccination status using core resources including the [incomplete vaccination framework](#).

If you have any questions please contact england.swscreeningandimms@nhs.net.