



Public Health GP Bulletin

Issue 63: 12th November 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 this week's ICARS COVID-19 Newsletter. This can be accessed via the link below, or there is a pdf copy attached to your email.

[ICARS Newsletter 12th November 2021](#)

LIVE VACCINE CONTRAINDICATION: any infant who has been exposed to immunosuppressive treatment from the mother

The UKHSA has recently been asked to provide clinical advice about whether BCG can go ahead for a neonate whose mum was seriously unwell with COVID-19 in pregnancy and she received specific COVID-19 monoclonal antibody therapy (which are not immunosuppressive) and in addition also received tocilizumab - which is immunosuppressive.

The published clinical advice can be found here:

<https://www.gov.uk/drug-safety-update/live-attenuated-vaccines-avoid-use-in-those-who-are-clinically-immunosuppressed> and it includes this specific paragraph on BCG in neonates.

Fatal BCG infection in neonates after in utero exposure to TNF α antagonist

We have received 4 Yellow Card reports regarding neonates who have died from disseminated BCG or tuberculosis infection after exposure to a TNF α antagonist in utero; they were probably not known to be immunosuppressed at the time of vaccination. As a precaution, any infant who has been exposed to immunosuppressive treatment from the mother either in utero during pregnancy or via breastfeeding should have any live attenuated vaccination deferred for as long as a postnatal influence on the immune status of the infant remains possible. In the case of in utero exposure to TNF α antagonists and other biological medicines, this period should be until the infant is age 6 months, after which time vaccination should be considered.

The same advice is also captured in the Green Book BCG chapter and is included as a contraindication in the PGD etc:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/731848/Greenbook_chapter_32_Tuberculosis_.pdf

Some cases of fatal BCG infection in infants after in utero exposure to TNF α antagonist have been reported through the Yellow Card scheme. Immunisation with live vaccines, including BCG, should be delayed for 6 months in children born of mothers who were on immunosuppressive biological therapy during pregnancy. If there is any doubt as to whether an infant due to receive a live attenuated vaccine may be immunosuppressed due to the mother's therapy, including exposure through breastfeeding, specialist advice should be sought.

Opportunity to administer Shingles and Pneumococcal (PPV) vaccines this winter

Shingles vaccination coverage has fallen consistently over recent years, including during the COVID-19 pandemic. During the winter, shingles and PPV are often delivered at the same time as the flu vaccine as a way of using the opportunity to vaccinate eligible people attending the practice. Flu, shingles and PPV vaccinations can all be co-administered. Practices are asked to ensure that, wherever possible, shingles and PPV vaccinations are offered alongside flu vaccinations where patients are eligible and due a vaccine.

The shingles vaccine cannot be co-administered with COVID-19 vaccine, and there needs to be a gap of at least 7 days. Before administering shingles or COVID-19 vaccine please check if your patient has received either vaccine in the last week and refer to the [green book](#) for more details, as well as re-invite/book the patient in for a subsequent appointment if applicable.