**Shingles**

Shingles is available to ALL persons between the ages of 70 and 80. Zostavax is the primary vaccine of choice; should a person be immunocompromised and cannot receive Zostavax due to its live vaccine content Shingrix is available.

All those who turn 70 should be actively called for their vaccine.

All those who between 70 and 80 who are immunocompromised should be actively called to receive Shingrix if not already offered/administered.

Zostavax can be given at the same time as 23-valent pneumococcal polysaccharide vaccine (PPV-23) for those who are eligible for both vaccines. Zostavax can also be co-administered with the inactivated influenza vaccine when available.

Shingrix® can be given concomitantly with inactivated influenza vaccine. Because of the absence of data on co-administration of Shingrix® vaccine with adjuvanted influenza vaccine,
it should not be routine to offer appointments to give this vaccine at the same time as the adjuvanted influenza vaccine. Where individuals attend requiring both vaccines, however, and require rapid protection or are considered likely to be lost to follow up, co-administration may still be considered.

Immunisation with Zostavax® and Shingrix® should ideally be delayed for seven days after COVID-19 vaccination and vice versa and not co-delivered. Neither vaccine has been tested for routine co-administration; there is potential for the side effects of Shingrix® to be confused with those of COVID-19 vaccines, and there may be a reduced response to Zostavax®. Where individuals attend requiring both vaccines, however, and require rapid protection or are considered likely to be lost to follow up, co-administration may still be considered.

**PNEUMOCOCCAL**

All those who are 65 and over, or clinically at risk (in line with the Green book – chapter 25) are eligible for the pneumococcal vaccine (PPV-23). Stocks are now regular and centrally procured so practices can order two weeks’ worth at 30 packs per account per week via Immform. Practices are asked to consider these stock ordering levels and review if there are opportunities within these limits to ensure all those eligible are vaccinated where possible.

The Pneumococcal vaccine can also be co-administered with the influenza vaccine, COVID vaccines, Zostavax and Shingrix. The vaccines should be administered at different injection sites.

**CHIS Reminder to Register Patients Correctly**

SW CHIS would like to remind you of the importance of registering patients correctly – whether they are new babies or children who have moved into the area. It is important that the correct patient/demographic data is selected. CHIS have had many instances of practices selecting an out of area baby with the same name/DOB as the child in our area but with a different mother. CHIS receive an automatic message from NHS Digital for all new registrations in our area which we share with selected stakeholders. If the data we receive is incorrect that data will be incorrect on our system and health visitor’s, or school immunisation teams for older children. SW CHIS have also had some instances of children being deceased on the practice clinical system, rather than deducted. This triggers an electronic Death message from NHS Digital to us. While SW CHIS will always investigate all of these with the practice prior to actioning them, the information may stay on the national Spine and other systems for some time after the practice corrects it and could affect the care the child is due.

**Hepatitis B Vaccination – Selective Programme for Infants Born to Hepatitis B Positive Mothers**

We would like to remind practices of the importance of timely vaccination for infants born to Hepatitis B positive mothers. These infants will require additional hepatitis B vaccinations as a post exposure treatment to help prevent the infant from developing chronic Hepatitis B infection. Practices must ensure that arrangements are made to vaccinate babies following this schedule on time. When Hepatitis B is identified through the antenatal Infectious Diseases screening programme, you will be notified of the mother’s status. When the baby is born, details of the first vaccination given within 24 hours of birth will be documented on the mother’s discharge summary from the hospital trust. In addition to this, Child Health Information Service
(CHIS) will notify the practice by letter with details of the first dose of vaccine and when the next dose is due. You will need to ensure that the vaccinations are scheduled on time and arrange appointments accordingly.

### The Vaccination Schedule

<table>
<thead>
<tr>
<th>Age</th>
<th>Routine Childhood Programme</th>
<th>Selective Programme – Babies born to Hepatitis B Positive Mothers</th>
<th>Responsible for giving the vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth</td>
<td>X</td>
<td>✓</td>
<td>Monovalent HepB (Engerix B® or HBvaxPRO Paediatric®) (With HBIG if indicated)</td>
</tr>
<tr>
<td>4 weeks</td>
<td>X</td>
<td>✓</td>
<td>Monovalent HepB (Engerix B® or HBvaxPRO Paediatric®)</td>
</tr>
<tr>
<td>8 weeks</td>
<td>✓</td>
<td>✓</td>
<td>DTaP/IPV/Hib/HepB (Infanrix hexa®)</td>
</tr>
<tr>
<td>12 weeks</td>
<td>✓</td>
<td>✓</td>
<td>DTaP/IPV/Hib/HepB (Infanrix hexa®)</td>
</tr>
<tr>
<td>16 weeks</td>
<td>✓</td>
<td>✓</td>
<td>DTaP/IPV/Hib/HepB (Infanrix hexa®)</td>
</tr>
<tr>
<td>1 Year</td>
<td>X</td>
<td>✓</td>
<td>Monovalent HepB (Engerix B® or HBvaxPRO Paediatric®) Test for HBsAg</td>
</tr>
</tbody>
</table>

The first dose is given at birth by the maternity services of the hospital the baby is born in. All other doses will be the responsibility of the GP surgery (unless the baby is still under the care of the hospital at 4 weeks of age and has not yet been discharged).

Parents of infants on this pathway are advised to register their child with the surgery as soon as possible. This should mean that the baby will be registered by the time they are four weeks of age. However, it is important that the vaccination is not delayed and should the child not be registered, a temporary registration can be done to avoid any delays to the immunisation.
The four week and 12 month dose of vaccine needs to be a monovalent hepatitis B vaccine. This will need to be ordered directly from the vaccine manufacturer and will usually be delivered the next working day.

**Monovalent hepatitis B vaccine**

- Engerix B Paediatric® vaccines are available from GlaxoSmithKline (Tel: 0808 100 9997).
- HBvaxPRO Paediatric® vaccines are available from MSD (Tel: 0800 0855511).

**Dry Blood Spot Test**

At 12 months, the child will require a Surface Antigen (HBsAg) blood test to check if they have developed hepatitis B virus infection. This is done using a Dry Blood Spot (DBS) test at the same time as the 12 month vaccination. DBS kits will be sent to you directly from CHIS along with a reminder of the 12 month vaccination. If you haven’t received this kit or need a replacement, please contact your local CHIS who can organise for a replacement to be sent out.

Further information on DBS testing including a video of how to take a DBS sample, fact sheet and information for parents, see links below:

- [Hepatitis B dried blood spot (DBS) testing for infants - GOV.UK (www.gov.uk)](http://www.gov.uk)
- [Video on how to do a DBS test](http://www.gov.uk)

**Information for healthcare professionals relating to the selective hepatitis B vaccination programme**

- [The hexavalent DTaP_IPV_Hib_HepB combination vaccine (publishing.service.gov.uk)](https://www.gov.uk)
  (For selective programme, page 15 onwards)
- [Immunisation in Pregnancy Section 3 Selective programmes for neonates (updated September 2021).pptx](https://www.gov.uk)

**Resources for patients**

- [https://www.gov.uk/guidance/hepatitis-b-dried-blood-spot-dbs-testing-for-infants](https://www.gov.uk/guidance/hepatitis-b-dried-blood-spot-dbs-testing-for-infants)

If you have any queries relating to the Selective Hepatitis B vaccination programme, please contact the Immunisation Clinical Advice Service (ICARS) at the following email address:

england.swicars@nhs.net
Information regarding 2-3 year olds flu (LAIV) vaccination

Communications to support 2-3 year olds flu vaccination

Posters and leaflets to support children’s flu vaccination (including translated materials), can be found here:

Flu vaccination for children: leaflets and posters - GOV.UK (www.gov.uk)

Vaccine ordering levels for Children’s flu programme (2-3 year olds and children in clinical risk groups)

We have received some queries regarding controls of amount of vaccines practices can order. Vaccines will be released and delivered in batches this year. If you require more stock that Immform allows you to order, please contact the immform helpdesk helpdesk@immform.org.uk – please also see information below (taken from the Immform site):

LAIV ordering information for General Practice

As in previous years, ordering controls will be in place for general practices, to enable UKHSA to balance incoming supply with demand. These controls work by allocating an amount of LAIV based on the number of registered eligible patients and are tailored to each practice.

The following availability is expected, however at this time, this information remains subject to change:

- Each GP practice will initially be allocated sufficient LAIV to vaccinate up to 45% of their eligible patients (all 2 and 3 year olds, plus children in clinical risk groups from age 4 to <18 years) when ordering commences.
- The next step, once sufficient vaccine is available, all practices will be able to order up to last year’s INDIVIDUAL uptake level achieved (or remain at 45% if individual uptake was lower).
- Further amendments to these allocations will be made in response to demand and vaccine availability.
- Requests for extra vaccine will be considered on a case-by-case basis throughout the ordering period. Requests should be sent to the helpdesk (helpdesk@immform.org.uk) and in good time before your order cut-off. Out of schedule deliveries will be by exception only.

Multi-Branch Practices and LAIV allocations

Please note that GP practices or groups that operate over multiple sites but are part of the same organisation will have a joint allocation (as in previous years), even where each site has a unique ImmForm account. This means that it is possible for one site to potentially order all of the available vaccine for the group, unless there is local agreement on how the allocated volume is shared. UKHSA recommend that this agreement is in place before ordering opens. The allocation information above allows practices to estimate the amount of vaccine they will initially have access to, and how it should be split between all sites.
Inactivated flu vaccine ordering

2 inactivated vaccines will also be available for children for the 2022/23 season:

- Quadrivalent Influenza Vaccine (split virion, inactivated) (QIVe) which should only be ordered for children in clinical risk groups aged from six months to less than 2 years old, with an initial order cap of 2 doses per week (supplied in a single dose pack).
- Cell Based Quadrivalent Influenza Vaccine (Surface Antigen, Inactivated) (QIVc), which will be available for:
  - Children aged 2 to <18 years old in clinical risk groups for whom LAIV is clinically contraindicated or otherwise unsuitable; and
  - Healthy children from 2 years of age to those in school year 9, for whom LAIV is unsuitable (for example, due to objection to LAIV on the grounds of its porcine gelatine content). This vaccine will be available in a single dose pack to:
    - GPs, with an initial order cap of 8 doses per week
    - School-age providers, with an order cap of 400 doses per week.

For one-off larger orders of inactivated vaccines, requests should be made via helpdesk@immform.org.uk in good time before your order cut-off.

Flu Protocol

Flu Protocol is now available

The National Protocol for Inactivated Influenza Vaccine has been published and can be accessed through this link:


This protocol is for the administration of inactivated influenza vaccine to individuals in accordance with the national influenza vaccination programme.

Health and Social Care Workers Winter Vaccinations 2022 – Resources to support vaccination

Please see link for resources to support staff vaccination campaigns Health and Social Care Workers Winter | Campaign Resource Centre (phe.gov.uk)

Further Information

- Back issues of these bulletins and attachments are available on the NHSEI website here.
- If you have any questions or wish to provide feedback, please contact the Integrated Public Health Team at england.swscreeningandimms@nhs.net