Scottish Vaccine Update

Health Protection Scotland

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NHS National Services Scotland

Childhood immunisation statistics report published

On the 28th March 2017 the report for childhood immunisation statistics for the year ending 31 December 2016 were published. The report is available here. The main points in the report show that for 2016

- Uptake rates by 12 months of age for complete primary courses of immunisation against diphtheria, tetanus, pertussis (whooping cough), polio and Hib (the five-in-one vaccine), MenC and PCV remained high, with rates above 96%.
- Uptake of the vaccine against rotavirus, a common cause of severe diarrhoea in infants, remained at 92.9% by 12 months of age.
- Uptake of completed courses of the five-in-one, MenC and PCV vaccines by 12 months were above 95% in all deprivation categories. Although vaccine uptake was high in the most deprived areas, the rates were slightly lower in these areas compared to the least deprived areas.
- Uptake rates of the Hib/MenC and PCV booster vaccines by 24 months remained high at 95.1 and 95.0% respectively.
- In 2016, annual uptake of one dose of MMR vaccine by 24 months of age decreased slightly to 94.9%. Uptake of one dose by five years of age was 96.8%. Uptake rates of one dose of MMR by five years have remained above the 95% since 2009.
- Uptake of the vaccines normally given around three years four months of age remained at a similar level. By five years of age, 93.4% of children had completed the booster course of immunisation against diphtheria, tetanus, pertussis and polio, and 92.9% had received the second dose of MMR vaccine.

Pre-natal pertussis vaccine update

In April 2016 there was a change to the pre-natal pertussis programme with vaccine offered from 16 weeks gestation rather than 28 weeks as previously. Figure 1 presents vaccine uptake by month and year until the end of December 2016. The monthly vaccine uptake in pregnant women averaged 70.4% across October to December 2016 representing an increase of 6.2% from the same period in 2015. This continues the upward trend observed from the summer of 2016, which although initially was most likely due to a data artefact has since shown a sustained increase. Therefore this may indicate an impact of the move to offer from 16 weeks alongside the previously observed seasonal effect resulting from women receiving pertussis vaccination alongside seasonal influenza vaccine.

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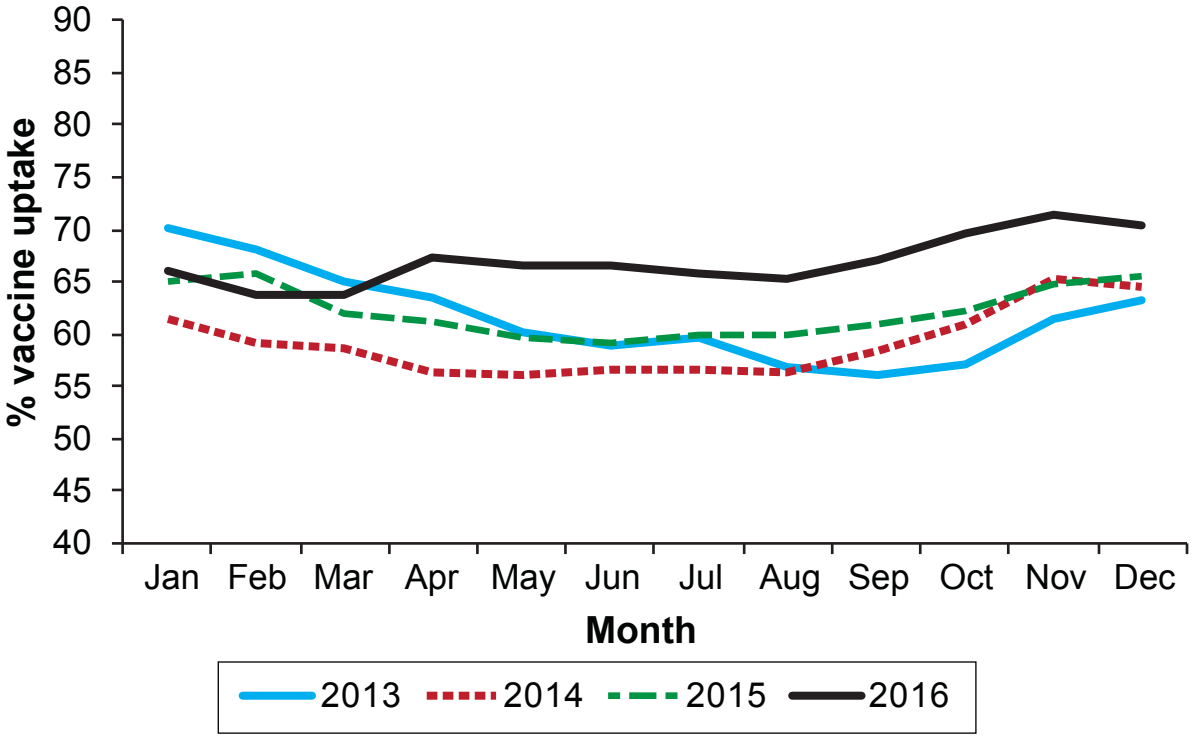
Figure 1: Pre-natal pertussis vaccine uptake in Scotland by year and month from 2013-16



The completeness of the data relies on timely recording of dates of delivery in the woman's medical records in addition to the recording of vaccine administered. Therefore all efforts by primary care colleagues to improve the accuracy of the data are appreciated.

As pertussis continues to circulate in Scotland above historical levels, immunisation of pregnant women is vital.

The current epidemiology of pertussis in Scotland and information on vaccine uptake is available here. Further pertussis immunisation information can be found in the "Immunisation against Infectious Disease" book (the green book), chapter 24 here.

Distribution of flu vaccine – feedback from GP practices

In late 2016, GP practices were asked to complete an online survey about their experience with the new flu vaccine distribution arrangements. 394 practices responded.

Overall, feedback about the new arrangements was very positive with an average overall satisfaction rating of 4.2 out of 5. Key themes from responses included:

- Fast and easy to place orders at any time of day
- Efficient and reliable delivery
- Ability to track orders and delivery dates
- Accessible and helpful customer service team
- Ability to place orders throughout the season made it easier to manage stock/storage space and avoid over-buying

- Helpful to have a single point of contact; some practices were ordering from multiple pharmacies

Practices were also asked to report any problems experienced and suggestions for future years. Key themes:

- Suggestions for improvements to the online order platform including the wording used (a number of practices over-ordered in error by ordering the total number of individual vaccines required rather than the number of packs of 10).
- Single packs of vaccines were made available to practices. This created some confusion and there was a strong preference for packs of 10 to minimise storage space.
- Scope to improve labelling on the delivery packaging to make clearer the need for storage in a fridge immediately on receipt.

A small number of practices experienced delivery delays. This was a particular issue in remote and rural areas where the delivery arrangements involved sub-contractors, adding complexity to the arrangements. A key theme was the need for increased communication when delays arise.

A small number of practices requested increased flexibility in delivery days.

The results from the survey, together with an analysis of practice buying patterns and feedback from the project's stakeholder group will be used to develop a lessons learned report with recommendations for future years.

Return of unused adult flu vaccines

Collection of unused adult flu vaccines will begin week commencing 3 April 2017.

Depending on which NHS board your practice is located in, vaccines should be returned to Movianto through national return arrangements or returned to your local vaccine holding centre.

Details of how to arrange a return can be found on the Practitioner Services website here.

Reporting vaccine adverse events

All vaccines are extensively tested for quality, safety and immunogenicity and/or efficacy before being licensed and used routinely in the UK. As not all side effects may have been identified prior to licensing, particularly if they occur very rarely, careful surveillance is required throughout their use. Important information on vaccine safety is routinely collected through the Yellow Card scheme by the Medicines and Healthcare products Regulatory Agency (MHRA).

MHRA has responsibility for monitoring the safety of all marketed medicines including vaccines. The Yellow Card scheme is a voluntary reporting system for suspected adverse reactions to medicines, which includes vaccines. Suspected vaccine related adverse events should be reported via the Yellow Card scheme. The easiest way of doing this is via the on-line reporting system.

The success of the Yellow Card scheme depends on early, complete and accurate reporting of suspected adverse events. A Yellow Card should be submitted when a causal association is suspected between the medicinal product administered and the condition experienced by the patient. The MHRA encourages reporting of suspected adverse reactions (ADRs) even if there is uncertainty as to whether the vaccine played a casual role:

- All suspected ADRs occurring in children should be reported
- Newly licensed medicines, including vaccines are subject to enhanced surveillance and are given 'black triangle' status (▼). For such products, all serious and non-serious suspected adverse events should be reported, for both adults and children
- Are serious reactions e.g. life-threatening, medically significant, resulted in hospitalisation

Further information on the reporting of vaccine adverse events can be found here. Find out more about the MHRA Yellow Card scheme here.

Yellow Fever Vaccine supply

Sanofi Pasteur has advised they are currently managing stock for yellow fever vaccine Stamaril® until the next delivery scheduled mid-May 2017. Sanofi customers with standing orders for Stamaril® should continue to receive stock as per contract. Customers without standing orders for Stamaril® may have issues ordering this vaccine. All enquiries relating to yellow fever vaccine supply should be directed to Sanofi Pasteur: 0800 854430

Rabies (Rabipur®) vaccine update

GlaxoSmithKline (GSK) has issued the following updates about Rabipur® (Rabies vaccine, inactivated):

The Medicines and Healthcare products Regulatory Agency have approved the use of international packs of Rabipur® vials in the UK.

GSK is expecting the next delivery of Rabipur® in the UK towards the end of March, this will be in a new presentation of a pre-filled syringe and vial. The formulation and presentation of the international packs of Rabipur® are identical to the current UK packs. However, the international pack has slightly different packaging compared to the UK and contains a PIL that is slightly different to the one supplied with UK packs. The PIL will be written in English.

Post-exposure (PEP) Rabies Treatment for Patients

In Scotland, GP's can obtain vaccine through stock order but it is recognised that not all community pharmacies will hold rabies vaccine and there may be a delay in obtaining it via this route. Since PEP should be instituted as soon as possible, if a delay is likely then patients should be referred to the local infectious disease physician for immediate management.

Green Book Updates

The Green Book is available here.

Chapter 13 (anthrax) has been updated. The chapter has been updated to include advice on the need for and timing of booster doses for anthrax vaccine for occupation groups. The updated chapter is available here.

Chapter 25 (pneumococcal) has been refreshed with Updated background information and clarification on the immunisation schedule, and advise for children and adults in at risk groups (version 6). The updated chapter is available here.

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