PHPU Newsletter

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PHPU Website **PHPU newsletters**

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Welcome

Welcome to our November edition of the PHPU Newsletter. We hope you find it useful. Feedback is welcome – please email us at phpu@ggc.scot.nhs.uk

School Flu Vaccination Programme

There have been a few enquiries from parents and from GPs about children who missed their flu vaccine at school, as they are wondering how to go about getting their missed vaccine. The advice from the School Immunisation Team is:

Any child who misses their flu vaccination in school will have a second opportunity to get their vaccine in January 2023. The School Immunisation Teams will revisit every school to catch up on absentees, and give any child who refused on the day another chance to take it.

Patient Vaccination Histories

A number of patients and GPs have emailed PHPU asking for patient vaccination histories. PHPU does not have access to vaccination records, so we would advise that GP Practices please submit vaccination history requests on behalf of their patients directly to: childhealth.screening@ggc.scot.nhs.uk

Pneumococcal & Shingles Vaccination

All patients newly eligible or who are eligible but have not yet been offered the Shingles or Pneumococcal Vaccine will be offered this in due course. We completed some of these clinics earlier this year and have further clinics planned for the start of next year. If you have a patient asking for these vaccinations please advise them they will be contacted in due course. We use a call/recall system and therefore there is no need to refer these patients for vaccination via SCI gateway unless there is a change in the

patient's clinical condition that requires vaccination to be given sooner e.g. commencing Chemotherapy, etc. We are currently not delivering routine Shingles/Pneumococcal Vaccinations during the Autumn/Winter season due to our focus on delivery the Covid and Flu Programme. Please reassure any eligible patients that they will be contacted in due course.

New HPV (Gardasil) vaccine schedule

A recent CMO letter (4th Oct 2022) confirmed changes to the HPV vaccination schedule for various groups as detailed. The main change, from 1st January 2023, involves adolescents and men who have sex with men (MSM) up to the age of 25 years old receiving just one HPV (Gardasil) vaccine to complete their course. Those >25 years old require two vaccines spaced at least 6 months apart to complete the course. Those who have HIV or are otherwise immunosuppressed require three vaccines spaced appropriately.

Medicine and vaccine defect reporting processes

Medicines and vaccine production, although tightly regulated with robust quality management systems, can occasionally result in products with defects. These can manifest as sub-therapeutic doses, faulty devices, impurity presence, and many others. Where defects are suspected the following should be followed:

- Do not use the product
- Quarantine the product in a way to prevent inadvertent use (retain for samples)
- Photograph the product
- Fill in the medicines defect reporting form (available from pharmacypublichealth@ggc.scot.nhs.uk)
- Send to pharmacypublichealth@ggc.scot.nhs.uk with as much information as possible including batch number, location of use, if administered to a patient, etc
- DATIX the event

The only exception to this process is where a defect or issue has had a summary statement put out by Pharmacy Public Health. The only recent history of this is the bung defect on Pfizer/BioNTech Comirnaty vaccine. All other suspected defects are to be reported as above and PPH thank you for this important governance activity.

WHO

International Year of Basic Sciences for Sustainable Development

2022

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Monkeypox programme update

Another CMO letter (4th Oct 2022) details a development to the monkeypox vaccination programme. Intradermal dosing is an acceptable alternative to the pre-existing routes of subcutaneous (SC) and intramuscular (IM) administration. Intradermal dosing uses 0.1mL of modified vaccinia ankara – Bavarian Nordic (MVA-BN) compared to a usual full dose of 0.5mL that is given SC/IM. This maximises doses available. Intradermal vaccine should only be given by appropriately trained staff who have been signed off as competent in this technique.

The data underpinning efficacy of intradermal administration shows comparable immune responses to liquid MVA-BN administered via this route versus subcutaneous administration – as shown below in data from the European Medicines Agency (internal/staff only). Local reactogenicity is, however, higher.

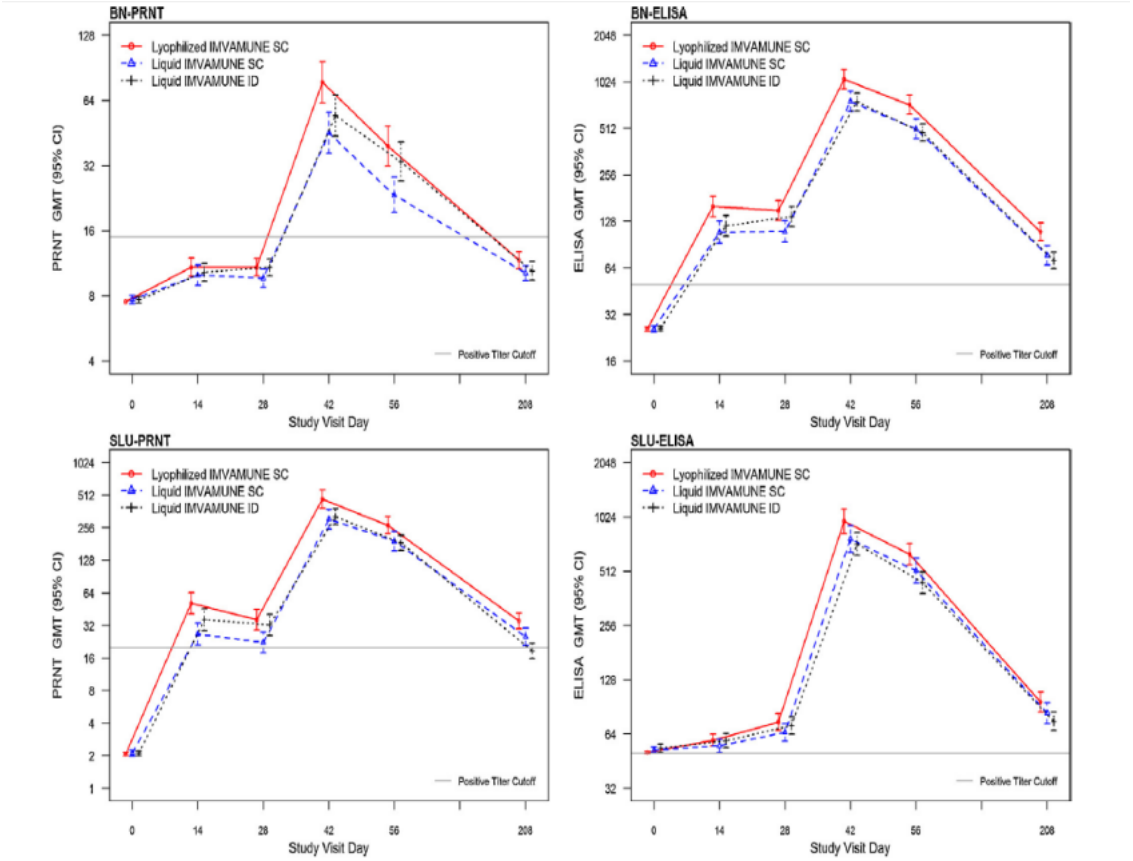

Fig. 3. Per protocol Analysis of Geometric Mean Titers (GMT) and 95% Confidence Intervals (CI) by Group and Day Post First Vaccination for (a) BN PRNT, (b) SLU PRNT, (c) BN ELISA and (e) SLU ELISA. PRNT = Plaque reduction neutralizing antibody. ELISA = Enzyme linked immunosorbent assay.