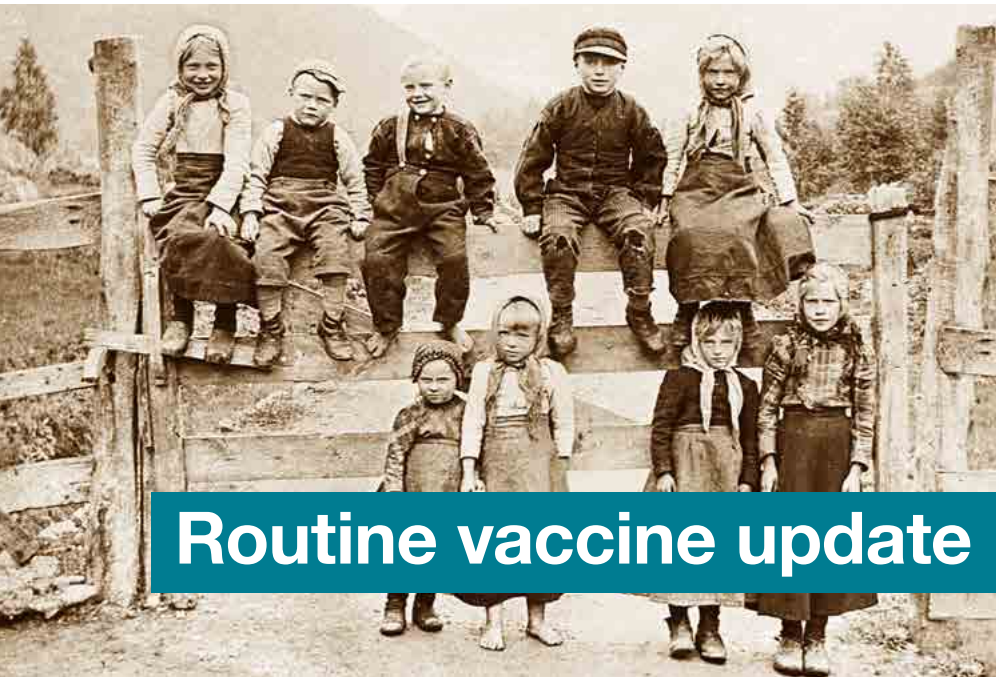
UK Health Security Agency

Vaccine Update

Issue 329 · May 2022



Routine vaccine update

Childhood diseases are making a comeback

As we return to communities circulating and mixing at the same levels as pre-pandemic, we are seeing outbreaks of Respiratory Syncytial Virus (RSV) and bronchitis, scarlet fever, chickenpox, hepatitis, and diphtheria. Not all these diseases circulating are vaccine preventable, but for those that are, vaccination is the best protection.

We also need herd protection for those too young or too unwell to be vaccinated. There are many reasons why families and individuals may have missed routine vaccination appointments or have not been able to respond to invitations. Lower vaccine coverage in MenACWY, MMR, pre-school and one-year boosters can lead to outbreaks of these diseases and we cannot afford to be complacent.

> “Families and young people should be encouraged to make routine vaccination a priority before summer travel or attending large events such as festivals.”
>
> **Dr Mary Ramsay**
> **Director Public Health Programmes (including Immunisation)**

CONTENTS

Vaccine confidence – it's not all about COVID-19

Whilst the COVID-19 vaccination programme has increased vaccine health literacy in our population, there is work to do to develop routine vaccine literacy and the importance of the protection that the national routine immunisation schedule provides for infants, children, young people and adults. An important difference between pandemic vaccines for COVID-19 and vaccines within the national immunisation programme (apart from seasonal flu) is the provision of lifelong protection to help to reduce the burden of disease over a lifetime. Often it is the same underserved communities who have borne the highest burden of COVID-19 infection and mortality, who are at risk of the highest burden of these outbreaks. This places great importance on providing vaccination information tailored to these community's needs.

Family vaccinations – convenience

Providing families and individuals with invitations to appointments that are convenient is important. We have seen considerable success with vaccinations being offered in the evenings and at weekends, this can be very helpful for parents and carers unable to take time off work to attend. Make every contact count by checking if children, young people and older adults are up-to-date with their routine vaccinations. We need GPs to vaccinate opportunistically and invite patients with incomplete vaccination histories. Read on to see a range of resources to support vaccination conversations. It is very valuable to provide the accessible version of the leaflet – such as translated, large print, braille, BSL, audio or Easy Read – with their invitation. Remember to check which language or accessible version of the leaflet would be best.

Pregnant women

Flu vaccination in season is offered to all pregnant women and in 2021 to 2022 provisional data (up to 28 February 2022) showed that over 244,000 pregnant women had received a vaccine.

Maternal vaccination against pertussis is needed for every pregnancy. It is important to offer vaccination at every visit to antenatal clinic, at scan, and day assessment.

This gives pregnant women an opportunity to discuss vaccination and the protection it helps to provide during pregnancy and for the baby after birth while they are too young to have their vaccinations.

Exposure to chickenpox, measles or rubella whilst pregnant can be very serious. MMR vaccination at 1 year and again at 3 years, 4 months provides the best protection and pregnant women who have not had their MMR vaccines should be encouraged to have them once they have given birth to protect them and their infants until they are old enough to be vaccinated.

Quick links – Vaccination for pregnant women poster

Quick links poster to signpost pregnant women to the COVID-19 guide and the Pregnancy your baby and you leaflet which explains pertussis and flu vaccination: weblink 27, product code: 2021PQR.

Who has missed their MMR?

The recent European Immunization week news and events emphasised the importance of vaccines to protect people of all ages, and we are also reflecting on the drop in vaccine coverage. More than 1 in 10 eligible children under the age of 5 in England haven't had the MMR vaccine or are only partially vaccinated.

This leaves these children unprotected and increases the risk of measles outbreaks occurring in nurseries and schools. We are reminding parents and carers or guardians to ensure their children are protected by taking up 2 doses of the MMR vaccine at the right time.

Since the start of the COVID-19 pandemic in March 2020, there has been a significant drop in the number of parents and carers getting their children vaccinated against MMR and taking up other childhood vaccines.

Measles is highly contagious so even a small decline in MMR uptake can lead to a rise in cases. As international travel resumes, there is more chance for measles to be brought in from countries where it is common. Catching-up children who missed out on their MMR vaccines during the pandemic is a priority to help prevent a rise in measles cases.

Vaccinations remain the best defence against infection, so it is very important that children attend their routine vaccination appointments and catch up on any they may have missed. You can see the updated routine childhood schedule spring 2022 at weblink 1.

Measles is a very contagious viral illness that used to be common in childhood but is now rare due to the MMR vaccination programme.

When you catch it, at first it can feel like you have a cold with a runny nose and a cough, sore red eyes (conjunctivitis) and a fever, but this is followed a few days later by a rash that spreads all over the body. Most people will feel better after 7 to 10 days, however measles can lead to complications such as ear and chest infections, fits and diarrhoea and dehydration in younger children. On rare occasions measles can also lead to infection of the lining of the brain and spinal cord (meningitis) or brain itself (encephalitis) which can lead to long term disabilities or even death.

The first MMR dose is offered to infants when they turn 1 and the second dose to pre-school children when they are around 3 years and 4 months old.

The MMR vaccine is the safest and most effective way to protect anyone against measles, mumps and rubella. Over 99% of those who have 2 doses of the MMR vaccine will be protected against measles and rubella.

Since the MMR vaccine was introduced in 1988, measles, mumps and rubella have become rare in the UK. However, outbreaks of disease, especially measles, have occurred when the number of people having the vaccine has dropped.

Since the introduction of the measles vaccine in 1968, 20 million measles cases and 4,500 deaths have been prevented in the UK. However, countries around the world with low MMR vaccine uptake continue to experience large measles outbreaks and epidemics.

Travelling abroad this summer?

It is especially important to check you are up-to-date with your 2 doses of MMR before you travel. Not only would it be unpleasant to become ill whilst abroad, but you may risk bringing the infection back with you and exposing your family and friends.

Anyone who has not had 2 doses of the MMR vaccine can contact their GP surgery to book an appointment. It is never too late to catch-up.

It's important to check you've had both doses if you:

- are about to start college or university
- are going to travel abroad
- are planning a pregnancy
- are a frontline health or social care worker

Why should I have the MMR vaccine?

You should have the vaccine to protect yourself against 3 serious infections. By doing so you will also help to protect others who can't have the vaccine. These include unborn babies, infants who are too young to have the vaccine and children or adults who can't have the vaccine because they have weakened immune systems.

You should also have the vaccine if you work with young children or care for people as part of your work. Passing on measles to children who are too young to have the MMR vaccine or to someone who is already ill, can have very serious consequences for their health.

To find out more visit

- MMR (measles, mumps and rubella) vaccine – See weblink 2 on www.nhs.uk
- Measles – See weblink 3 on www.nhs.uk
- Mumps – See weblink 4 on www.nhs.uk
- Rubella (german measles) – See weblink 5 on www.nhs.uk
- MMR for all leaflet (weblink 6). Copies available to order at the Health Publications website at weblink 7
- translated versions of this leaflet are available free to download in the following languages: Bengali, Polish, Romanian, Somali, Ukrainian and Yoruba see weblink 28

Chickenpox exposures in pregnant women

As people have begun to mix more widely, it is inevitable that cases of infectious diseases are on the rise. Typically, rates of chickenpox infections are highest between the months of March and May. Chickenpox infection is most common in young children, for whom the disease is normally mild. However, certain groups are at risk of severe or even life-threatening disease and therefore should be offered post-exposure treatment if they are susceptible at the time of exposure.

Pregnant women with no previous history of infection or vaccination, immunosuppressed individuals, and neonates in the first week of life (whose mothers are not immune) should be risk assessed to determine if they require post-exposure treatment with either anti-viral medication or varicella zoster immunoglobulin (VZIG). After reviews of the effectiveness of anti-virals and VZIG in prevention of chickenpox, anti-viral medication is now the post-exposure treatment of choice for all immunosuppressed patients and pregnant women, regardless of stage in pregnancy. The only group of individuals where VZIG is recommended for Post-Exposure Prophylaxis (PEP) is those neonates exposed within 1 week of delivery, either in utero from maternal infection or post-delivery.

The recommend doses of anti-virals are given in the table below, with treatment starting from day 7 after onset of infection or day of exposure. Further doses of antivirals can be given if there is a second or later exposure.

	Oral Aciclovir	Oral Valaciclovir
Infants over 4 weeks to children under 2 years age	10mg/kg 4 times daily, days 7 to 14 after exposure	Not recommended
Children 2 to 17 years of age	10mg/kg (up to a maximum of 800mg), 4 times daily, from days 7 to 14 after exposure	20 mg/kg (up to a maximum 1000mg) 3 times daily, from days 7 to 14 after exposure
Adults	800mg 4 times daily, from days 7 to 14 after exposure	1000mg 3 times daily, from days 7 to 14 after exposure

VZIG will only be issued for susceptible neonates exposed within 1 week of birth (either in utero from maternal infection, or post-delivery) or if oral antivirals are contraindicated due to malabsorption, or renal toxicity, or because the patient is less than 4 weeks of age.

If required, VZIG needs to be given within 7 days of contact (immunosuppressed) or within 10 days (pregnant women and neonates) and can be arranged by contacting the Rabies and Immunoglobulin Service (RIgS) at UKHSA on 0330 128 1020 between 9am and 5:30pm, 7 days a week. VZIG will not be issued outside these hours.

Prior to calling, please make sure you have the following information available:

- demographic details of the patient (name, date of birth, NHS number)
- any history of chickenpox/shingles infection or vaccination
- date, type, and duration of exposure
- quantitative VZ antibody level (mIU/ml)
- reason why anti-virals are contraindicated
- details of the healthcare practitioner who will administer the VZIG

Further information can be found at weblink 8.

Rabies-like viruses in bats in the UK

Even in this country, those steps to prevent rabies are not always well understood. Whilst we don't have rabies in terrestrial animals in the UK, risks do exist from contact with bats. Rabies-like viruses (bat lyssaviruses) can be found in many countries around the world, including in the UK. There is a passive surveillance program of dead bats for lyssaviruses in the UK, and this year alone lyssaviruses have been identified in 4 bats. As rabies can be passed on to people through a bat bite, scratch or contact with the bat's saliva, it is therefore important that all bat bites, scratches or other exposures, whether in the UK or abroad, should be assessed promptly by a health professional so that they can arrange rabies post-exposure treatment if needed.

This time of year, as the evenings are becoming longer and weather is getting warmer, bats have mainly come out of hibernation and are hungry and active. It is a perfect time for spotting bats. However, if the nights are cold they may become cool and inactive again. Bat bites can occur if someone handles a bat without wearing appropriate protective gloves, so never pick up a bat with bare hands, even if it appears inactive. Bat bites in the UK are felt rather than seen and may not always bleed or leave an obvious mark on the skin.

UKHSA has developed a leaflet for the public and health professionals explaining the rabies risks from bat contact. This covers what people should do if they find an injured or grounded bat as well as what to do if they come into contact with a bat. Further information is available at weblink 9 and copies of the leaflet can be ordered through the Health Publications website at weblink 10.

Patients with confirmed or suspected contact with a bat should be started on a course of rabies vaccines, which should be available in all NHS Trusts, and the UKHSA Rabies and Immunoglobulin Service (RIgS) team based at Colindale contacted during working hours to arrange the rest of the course of treatment. Any rabies vaccine used locally for post-exposure treatment will be replaced, provided RIgS is notified by the end of the next working day.

Actions following an animal bite anywhere in the world

If someone is bitten, scratched or licked by any animal, they should immediately wash and thoroughly flush the area with soap and lots of water. Medical attention should be sought locally and travellers overseas should not wait until they return to the UK to start a course of rabies post-exposure treatment if it is required. For some animal bites, a course of antibiotics may be required and for puncture wounds an assessment of their tetanus risk should be undertaken with a tetanus booster if indicated.

Information on the country risk for rabies and the need for rabies post-exposure treatment can be found at weblink 14.

Overseas travellers looking for Easter sun

After the lockdowns last year, more people are beginning to travel overseas again, and it is important that all travellers check whether rabies is present in the place they are visiting. This information can be found on the TravelHealthPro country information pages at weblink 11. Pre-exposure rabies vaccination may be appropriate for some travellers depending on where they are travelling to and what activities they will be doing there. Further information is available in the Green Book at weblink 12.

Travellers should be reminded to avoid contact with animals while they are abroad. They should be advised not to touch, feed or pat wild or domestic animals, even within temples, zoos or sanctuaries. Children are at greatest risk of exposure to rabies as they are more likely to touch animals and may not then tell their parents or guardians.

A leaflet with further advice for overseas travellers can be ordered for GP surgeries, hospitals, travel clinics or other locations through the Health Publications website (weblink 13) using product code 400322RT.

Rabies guidelines and advice

Updated guidelines on managing rabies post-exposure treatment was published by UKHSA in September 2021 (weblink 15). The Rabies and Immunoglobulin Service (RIgS) team is based in UKHSA's National Infection Service at Colindale and is available to assist health professionals with enquiries and rabies post-exposure risk assessments between 9am and 7pm on 0330 128 1020. Outside of these hours, if there is a potential rabies exposure, patients should be started on a course of rabies vaccine. Rabies vaccine should be available in all trusts in England for prompt initiation of post-exposure treatment if needed (weblink 16).

Contact details for the provision of specialist advice on the assessment of the risk and appropriate management of potential rabies exposures in Northern Ireland, Scotland and Wales can be found in the Green Book (weblink 12).

#BeRabiesAware

Travelling abroad – check out NaTHNaC (weblink 21)

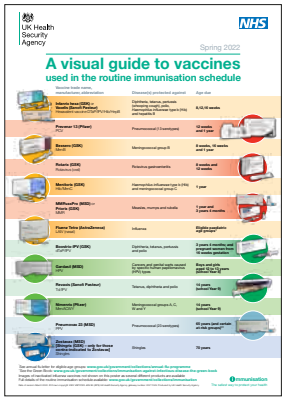
NaTHNaC is the National travel health website for health professionals.

NaTHNaC – New NaTHNaC Advice Line number

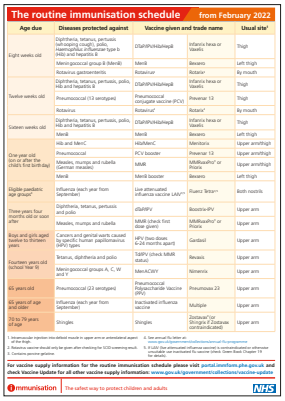
The telephone advice line number is changing from the non-geographic 0845 number to 0207 383 7474 following feedback from some callers to the line.

travelhealthpro.org.uk

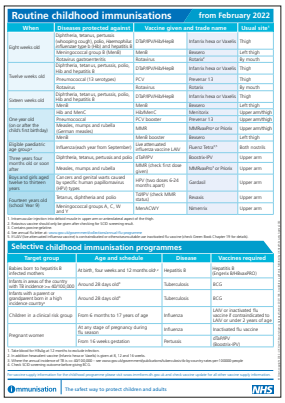
New for spring – ready to download now!



A visual guide to vaccines
(weblink 18)



Complete routine immunisation schedule
(weblink 19)



Routine childhood immunisation schedule
(weblink 20)

The 2 schedules have been updated to include the recent changes including the HPV universal and MSM programme, BCG and SCID changes.

Health Publications survey – we need you!

The aim of this exploratory study is to gather insights into how healthcare practitioners currently experience using the healthpublications.gov.uk website and service or what they might expect from this website.

Should you agree to join this study, you will be asked to respond to a few general questions concerning publications search and the overall use of the healthpublications.gov.uk website. After this, at the end of the survey, you will be asked to complete 1 task on the healthpublications.gov.uk website and answer additional usability-related questions. Finally, optionally, you will be asked to leave your email address should you wish to join future user tests. Please note, there will not be any difficult questions, we just want to understand what you think about the service and how it could be improved. It will not require any special preparation, just your honest thoughts. This will help us to improve the service to support the recovery of the national immunisation programme (weblink 22).

Annual flu letter published

The tripartite annual flu letter has now been published on behalf of the Department of Health and Social Care, NHS England and Improvement, and the UK Health Security Agency. It sets out which groups are eligible for flu vaccination this coming flu season in 2022 to 2023 (weblink 31).

Updated diphtheria guidelines published

The UK Health Security Agency (UKHSA) has updated the guidelines for the public health control and management of diphtheria in England. The updated guidelines set out the rationale and recommendations for the control of diphtheria in England and are intended for those involved in the public health control of diphtheria, including UKHSA Health Protection Teams and NHS staff in England. The guidelines were last updated in 2015 and the key changes include:

- emphasis on prompt administration of diphtheria anti-toxin (DAT) for confirmed and probable cases where indicated
- updated recommendations on antibiotic treatment
- revised advice for the public health management of non-toxigenic toxin gene-bearing (NTTB) strains
- detailed advice on the management of zoonotic sources in collaboration with the Animal and Plant Health Agency (APHA)

You can access the latest diphtheria guidelines at weblink 29. Training on these updated guidelines will be available in due course.

UKHSA National Immunisation Network Meeting 2022 Wednesday 18 May – 2pm to 4.30pm

Microsoft Teams Live Events – **www.ukhsa-events.org.uk/immunisation22**

National Immunisation Network Meeting 2022, taking place online on **Wednesday 18 May from 2pm to 4.30pm.**

The theme for this year's meeting is 'Recovering the national immunisation programme' and the session will provide all those in the field with up-to-date information on the emerging situation and support the recovery of uptake of the routine and selective immunisations.

This meeting will focus on current and emerging scientific issues in immunisation and implementation challenges relating to the UKHSA's national immunisation programme.

Participants will learn the science and rationale behind the immunisation policy and decision making, and latest developments to better equip them in their public health roles. The meeting will provide a valuable opportunity to hear the most recent information and resources to support the programmes.

Available meeting resources

As part of the meeting offer, participants can request to receive a meeting pack of the latest publications to support the national immunisation programme.

To see full details about the programme and to book your place, please visit the meeting website at weblink 32.

Webinar recording

The meeting webinar will be recorded and available to all registered attendees with access for up to 12 weeks following the event. You will be given a link to log in and view the recording.

Unable to attend?

If you can't make it to the meeting but would like to watch the recording later, you can still register. The webinar recording will be available for all attendees, and those registered, for up to 12 weeks after the event has taken place.

Vaccine supply

Routine vaccination programme

Platinum Jubilee Bank Holidays

Due to the Platinum Jubilee bank holidays, there will be **no deliveries or order processing** by Movianto UK on Thursday 2 June and Friday 3 June. Please see the table below for revised order and delivery dates.

For customers with standard delivery day of **Thursday or Friday**, please be aware that:

- after Thursday 26 May, your next available delivery day will be Thursday 9 June 2022
- after Friday 27 May, your next available delivery day will be Friday 10 June 2022

You are reminded to be prepared for the break in deliveries and to order accordingly. Please make sure you have sufficient room in your fridge for any additional vaccine you wish to stock over this holiday period, bearing in mind the recommendation that only 2 to 4 weeks of vaccine stock be held at any one time.

Platinum Jubilee Bank Holidays – Thursday 2 and Friday 3 June 2022		
Delivery day	**Delivery date**	**Place order before 11:55am on**
Thursday	26 May 2022	24 May 2022
Friday	27 May 2022	25 May 2022
Weekend		
Monday	30 May 2022	26 May 2022
Tuesday	31 May 2022	27 May 2022
Wednesday	1 June 2022	30 May 2022
Thursday	2 June 2022	**Closed – No deliveries or order processing**
Friday	3 June 2022	
Weekend		
Monday	6 June 2022	**31 May 2022**
Tuesday	7 June 2022	**1 June 2022**
Wednesday	8 June 2022	6 June 2022
Thursday	9 June 2022	7 June 2022
Friday	10 June 2022	8 June 2022

Please be advised that emergency or out-of-schedule deliveries cannot be arranged for failure to place orders in good time.

Availability of Vaxelis® vaccine as an alternative to Infanrix hexa®

Since 31 January 2022, as part of the current vaccination programme, Vaxelis® has been available to order via ImmForm. Vaxelis® is an alternative hexavalent vaccine to Infanrix hexa® (DTaP/IPV/Hib/HepB) for routine infant primary immunisations scheduled at 8, 12 and 16 weeks of age. Vaxelis protects against the same 6 diseases as Infanrix hexa® and has been licensed in Europe for more than 5 years.

Infanrix hexa® will also continue to be available via ImmForm.

Vaxelis® and Infanrix hexa® vaccines are interchangeable, but where possible and if local stock allows, it is preferable that the same DTaP/IPV/Hib/HepB-containing vaccine be used for all 3 doses of the primary course. However, vaccination should never be delayed because the vaccine used for previous doses is not known or unavailable.

The hexavalent vaccine DTaP/IPV/Hib/HepB PGD national template (version 03.00, valid from 1 September 2021) includes use of both Infanrix hexa® and Vaxelis®.

Ordering controls for Vaxelis® will be in place to balance incoming supply with demand. Customers in England and Wales may order up to 10 packs of Vaxelis® per ImmForm account per week. Orders for Infanrix hexa® remain unrestricted. Customers in Scotland should refer to their local ordering restrictions. Providers should not order more than 2 weeks' worth of stock to minimise wastage due to fridge failures.

Further details can be found in the Vaxelis® Summary of Product Characteristics at – Vaxelis suspension for injection in pre-filled syringe – Summary of Product Characteristics (SmPC) – (emc) (weblink 24).

Supply of vaccines with reduced shelf life

Vaccines supplied via ImmForm for the routine immunisation programme will usually have at least 3 months of shelf-life remaining at the time of delivery. To help reduce wastage, vaccines with reduced shelf life will occasionally be supplied. ImmForm customers will be informed of vaccines which have reduced shelf life via ImmForm news articles, updates on the particular ImmForm product page, or a click-thru pop-up message at the time of ordering.

ImmForm customers should order no more than 2 weeks' worth of stock to minimise wastage due to fridge failures or failure to use stock before expiry. See Chapter 3 of the 'Green Book' (Immunisation against infectious disease) for further details on the storage and supply of vaccines (weblink 30).

Viper antivenom supplied via ImmForm has changed to ViperaTAb®

ImmForm account holders with access to viper antivenom should be aware that the product supplied via ImmForm has changed back from VIPERFAV® to ViperaTAb®. The products have different active ingredients, formulations and presentations:

Product	VIPERFAV®	ViperaTAb®
Source of immune sera	Equine	Ovine
Licensed status	Unlicensed in the UK	Unlicensed in the UK
Storage	Store in a refrigerator between 2°C and 8°C	Store in a refrigerator between 2°C and 8°C
Presentation	Each pack includes 1 x 4 mL vial containing 396–468 mg F(ab')2 fragments	Each pack includes 2 x 4 mL vials, containing 100 mg Fab fragments each
Initial treatment recommendation	The initial dose of Viperfav® is the contents of 1 x 4 mL vial (i.e. 1 pack per patient)	The initial dose of ViperaTAb® is the contents of 2 x 4 mL vials (i.e. 1 pack per patient)

Emergency departments are advised to stock only 1 dose (1 pack) of viper antivenom. Recommendations for the treatment of common adder bites and the administration of ViperaTAb® and VIPERFAV® can be found on TOXBASE (www.toxbase.org).

To minimise wastage, please use all locally held stocks of in-date VIPERFAV® to treat eligible patients, before switching to ViperaTAb®.

Update to Bexsero Patient Information Leaflet

Every pack of Bexsero (Meningitis B vaccine; 10 doses) is supplied with a pad of 10 Patient Information Leaflets (PILs), as well as there being a single PIL inside each Bexsero pack. Since September 2020, an updated version of the PIL pad has been distributed with Bexsero orders. Please dispose of the single PIL from inside the pack, as it will be out-of-date.

We will advise further when the PIL supplied in the pack is in line with the PIL pad.

MMR vaccine ordering

To rebalance central supplies of both MMR vaccines please consider ordering M-M-RvaxPRO® as your first choice, which is available without restriction.

Customers in England and Wales who require Priorix®, for example because you serve communities that do not accept vaccines containing porcine gelatine, may order up to **6 packs** of Priorix® per ImmForm account per week. For assistance please contact the ImmForm Helpdesk at helpdesk@immform.org.uk. Customers in Scotland should refer to their local ordering restrictions.

Registering for a new or updating your existing ImmForm vaccine ordering account

When you register for or update an existing ImmForm account, UK Health Security Agency as a wholesaler of vaccines need to verify the requesting customer. Please ensure you have your professional regulatory body registration number or Wholesaler Dealer Licence and an organisation code which can be verified when requesting updates or requesting a new vaccine ordering account. For more information please see the ImmForm Helpsheet – How to register at weblink 25.

Movianto UK drivers delivering centrally supplied products are not able to phone delivery points

Please note that Movianto UK drivers delivering centrally supplied products are not able to phone a delivery point upon arrival at the delivery location. Customers are expected to make arrangements ahead of the scheduled delivery day to receive their deliveries.

ImmForm customers should report long-term changes to opening hours for deliveries

Customers should report long-term changes to the days and times when they can accept deliveries, such as routine training days and closures, by contacting Movianto UK Customer Care (MoviantoUK.NHSCC@movianto.com; 01234 587207). This should not be used to report short-term changes due to absence or holidays.

Customers are reminded to be prepared for any break in deliveries due to absences or holidays and to order accordingly. Please make sure you have sufficient room in your fridge for any additional vaccine you wish to stock. Deferred orders can also be placed in advance. Out of schedule deliveries cannot be arranged for failure to place orders in good time.

The EU Falsified Medicines Directive (FMD) and Delegated Regulation as applicable to UKHSA-supplied vaccines for the national immunisation programme

The EU Falsified Medicines Directive 2011/62/EU (FMD) (weblink 26) and Delegated Regulation ((EU) 2016/161) (The Delegated Regulation) impose legal obligations on the EU medicines supply chain to prevent entry of falsified medicinal products into the supply chain.

The Delegated Regulation was implemented in all EU Member States on 9 February 2019. Following the UK's departure from the EU, the Delegated Regulation ceased to apply in Great Britain from 31st December 2020, but continues to apply in Northern Ireland.

Information for customers in Northern Ireland

FMD-barcoded packs of routine immunisation programme vaccines that are centrally supplied by UKHSA continue to be supplied with active FMD serialisation, and should be decommissioned by end users in Northern Ireland. Customers in Northern Ireland who access centrally supplied vaccines are encouraged to review local guidance on implementation of the EU Falsified Medicines Directive.

To date, COVID-19 vaccines have so far been exempt from the requirements of FMD, however FMD compliant packs are in place for Moderna (now named Spikevax) COVID-19 vaccine batch 3005688 with expiry date 14/2/2022. This batch should be decommissioned by end users.

Further updates will be provided as more become available.

Vaccine supply

Non-routine vaccination programme

HEPATITIS A VACCINE

Adult

- **GSK:** Havrix Adult PFS singles and packs of 10 are available
- **Sanofi Pasteur:** Avaxim PFS singles are restricted to 20 doses per customer/month till May 2022 and prebooked standing order are being fulfilled in line with contract agreements. Packs of 10 prebooked standing orders are being filled with single PFS. No daily orders being fulfilled with 10 packs – until May 2022
- **MSD:** VAQTA Adult is available

Paediatric

- **GSK:** Havrix Paediatric PFS singles is currently unavailable – expected resupply in June 2022. Packs of 10 are available
- **MSD:** VAQTA Paediatric is available

HEPATITIS B VACCINE

Adult

- **GSK:** Engerix B PFS singles and packs of 10 are currently unavailable and expecting resupply by second week of April
- **GSK:** Supply of Fendrix is available
- **MSD:** HBVAXPRO 10 µg is available
- **MSD:** HBVAXPRO 40 µg is available

Paediatric

- **GSK:** Supplies of Engerix B Paediatric singles is currently unavailable
- **MSD:** HBVAXPRO 5µg is available

COMBINED HEPATITIS A & B VACCINE

- **GSK:** Twinrix Adult singles and packs of 10 are available
- **GSK:** Twinrix Paediatric is available
- **GSK:** Ambirix is available

COMBINED HEPATITIS A & TYPHOID VACCINE

- **Sanofi Pasteur:** Viatim is currently only available for standard orders. Restricted supply for daily orders. Viatim will be restricted to 20 doses per customer per month until June 2022. Pre-booked standing orders will be fulfilled in line with contract agreements

TYPHOID VACCINE

- **Sanofi Pasteur:** Typhim singles are restricted to 20 doses per customer/month up to May 2022. Pre-booked standing orders are being fulfilled in line with contract agreements. No daily orders are being fulfilled using the 10 pack – until May 2022
- **Emergent:** Vivotif OOS until mid-2022

RABIES VACCINE

- **Valneva:** Rabipur is currently available
- **Sanofi Pasteur:** Rabies BP is available

PNEUMOCOCCAL POLYSACCHARIDE VACCINE (PPV)

- **MSD:** Supply of Pneumovax 23 (PPV23) PFS is available

PNEUMOCOCCAL POLYSACCHARIDE CONJUGATE VACCINE (PCV)

- **Pfizer:** Prevenar 13 is currently available

VARICELLA ZOSTER VACCINE

- **GSK:** Supply of VARILRIX is available
- **MSD:** VARIVAX is available
- **MSD:** ZOSTAVAX is available

DIPHTHERIA, TETANUS AND POLIOMYELITIS (INACTIVATED) VACCINE

- **Sanofi Pasteur:** Revaxis is available

DIPHTHERIA, TETANUS, PERTUSSIS (ACELLULAR) AND POLIOMYELITIS (INACTIVATED) VACCINE

- **GSK:** Supply of Boostrix-IPV is currently available
- **Sanofi Pasteur:** Repevax is available without any restrictions

MMR

- **MSD:** MMR Vaxpro is available
- **GSK:** Priorix is currently available

MENINGITIS ACWY VACCINE

- **GSK:** Menveo is available
- **Pfizer:** Nimenrix is currently available
- **Sanofi Pasteur:** MenQuadfi is available to order without any restrictions

YELLOW FEVER

- **Sanofi Pasteur:** Stamaril is available

HUMAN PAPILLOMAVIRUS VACCINE

- **MSD:** GARDASIL has been discontinued (please refer to ImmForm for NIP supply status)
- **MSD:** Gardasil 9 is currently available
- **GSK:** Cervarix has been discontinued

CHOLERA VACCINE

- **Valneva:** Dukoral is available

JAPANESE ENCEPHALYTIS VACCINE

- **Valneva:** Ixiaro is available

Weblinks

Weblink 1	https://www.gov.uk/government/publications/routine-childhood-immunisation-schedule
Weblink 2	https://www.nhs.uk/conditions/vaccinations/mmr-vaccine/
Weblink 3	https://www.nhs.uk/conditions/measles/
Weblink 4	https://www.nhs.uk/conditions/mumps/
Weblink 5	https://www.nhs.uk/conditions/rubella/
Weblink 6	https://www.gov.uk/government/publications/mmr-for-all-general-leaflet
Weblink 7	https://www.healthpublications.gov.uk/ViewArticle.html?sp=Smmrvaccinewhichhelpsprotectagainstallthree-488
Weblink 8	https://www.gov.uk/government/publications/post-exposure-prophylaxis-for-chickenpox-and-shingles
Weblink 9	https://www.gov.uk/government/publications/rabies-risks-from-bat-bites
Weblink 10	https://www.healthpublications.gov.uk/Home.html
Weblink 11	https://travelhealthpro.org.uk/countries
Weblink 12	https://www.gov.uk/government/publications/rabies-the-green-book-chapter-27
Weblink 13	https://www.healthpublications.gov.uk/ViewArticle.html?sp=Sbatcontactandrabiesriskleaflet-484
Weblink 14	https://www.gov.uk/government/publications/rabies-risks-by-country
Weblink 15	https://www.gov.uk/government/publications/rabies-post-exposure-prophylaxis-management-guidelines
Weblink 16	https://www.gov.uk/government/publications/rabies-post-exposure-prophylaxis-management-guidelines
Weblink 17	https://travelhealthpro.org.uk/news/606/new-nathnac-advice-line-number
Weblink 18	https://www.gov.uk/government/publications/a-visual-guide-to-vaccines-poster
Weblink 19	https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule

Weblinks

Weblink 20	https://www.gov.uk/government/publications/routine-childhood-immunisation-schedule
Weblink 21	https://travelhealthpro.org.uk/news/606/new-nathnac-advice-line-number
Weblink 22	https://www.healthpublications.gov.uk/Home.html
Weblink 23	https://theapsgroup.typeform.com/to/rX0bBxWZ
Weblink 24	https://www.medicines.org.uk/emc/product/12264/smpc
Weblink 25	https://www.gov.uk/government/publications/how-to-register-immform-helpsheet-8
Weblink 26	https://ec.europa.eu/health/system/files/2016-11/dir_2011_62_en_0.pdf
Weblink 27	https://www.healthpublications.gov.uk/ViewArticle.html?sp=Squicklinksvaccinationforpregnantwomenposter
Weblink 28	https://www.healthpublications.gov.uk/Home.html
Weblink 29	https://www.gov.uk/government/publications/diphtheria-public-health-control-and-management-in-england-and-wales
Weblink 30	https://www.gov.uk/government/publications/storage-distribution-and-disposal-of-vaccines-the-green-book-chapter-3
Weblink 31	www.gov.uk/government/publications/national-flu-immunisation-programme-plan
Weblink 32	https://www.ukhsa-events.org.uk/hpa/frontend/reg/thome.csp?pageID=447764&eventID=1004&CSPCHD=000001000000SDDb9tIkpQGR6JYq9yW5AT3s2bWKzOrXhMYJWv