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# Primary Care Immunisation Update Webinar Series

## December 2023: Horizon scanning routine vaccine schedule changes

## Welcome to the webinar. Please take a note of the following tips below



- All delegate's lines are muted throughout the presentation
- If at other times you are in a noisy environment, please mute your line by pressing the mute button on your screen (this can be found at the bottom)
- If you would like to ask a question please use the message function, please keep questions relevant to the session (the chat message function can be found on the left-hand side of the screen)
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# Webinar Essentials

## Today's webinar

- Trainer is Helen Donovan
- 30 minutes Helen talking with slides for 30 with 10 - 15 minutes for questions and answers from delegates

## Access to slides

- Copy of slides will be emailed to delegates
- Underlined text on the slides are hyperlinks – click to go straight to the link

## Following the webinar

- You will be emailed a link to an electronic evaluation (Select Survey)
- Your feedback is essential to support the development of the webinar series
- A certificate will be emailed once the evaluation is completed



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REC

# Primary Care Immunisation Update Webinar Series

## December 2023: Horizon scanning routine vaccine schedule changes

### Presenter – Helen Donovan

# Learning outcomes

- Describe and discuss the **proposed** changes and **recommendations** to the routine immunisation schedule as advised by JCVI;
  - Discontinuation of the menitorix vaccine, amendment to the MMR schedule.
  - Addition of varicella vaccine for chicken pox
  - Potential new vaccine programmes for RSV
- Discuss strategies for keeping up to date
- Identify UKHSA and other resources to support practitioners and parents/carers
- Provide an opportunity to reflect on practice

# Role of immunisers

Successful immunisation programmes rely on public trust and confidence

This includes trust and confidence in:

- The immunisation programme – including processes such as monitoring safety
- The vaccines being administered
- The immuniser who is knowledgeable and promotes/administers the vaccine/s

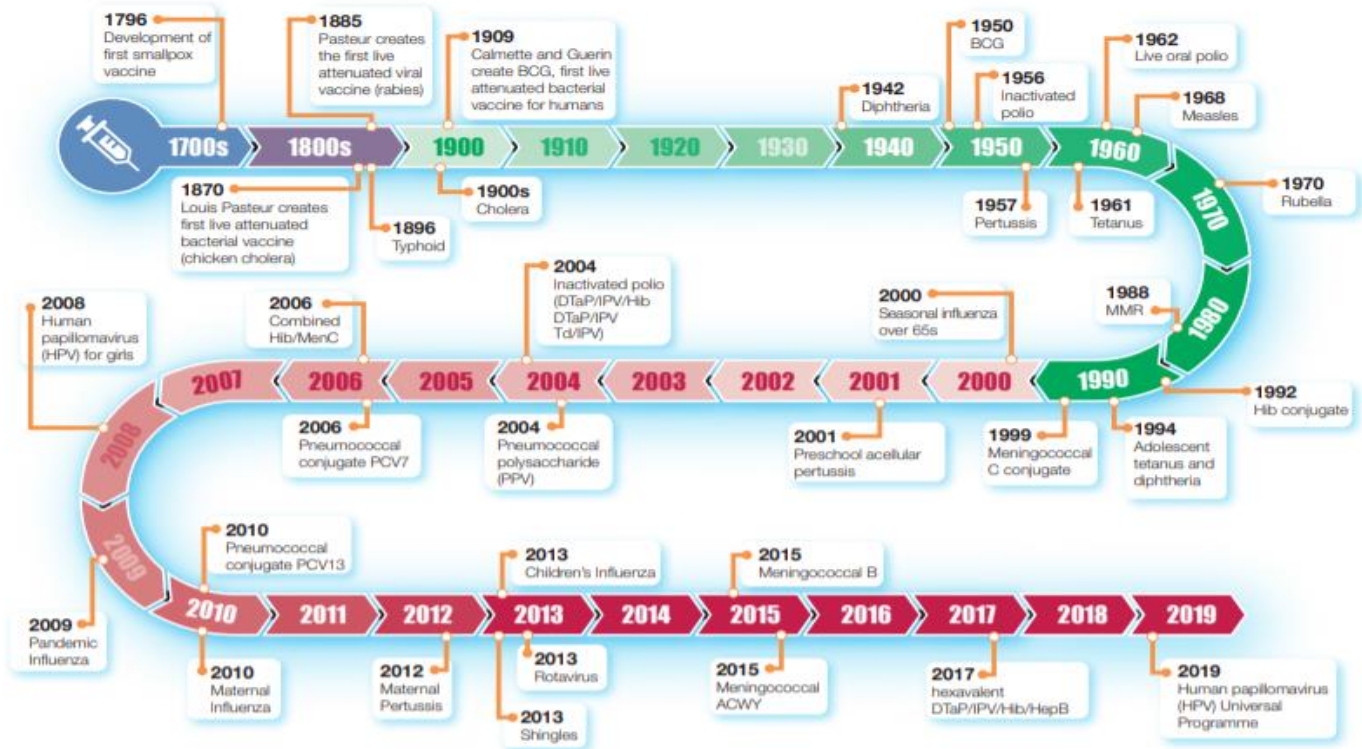


This session is an update for currently practising trained and competent immunisers  
Foundation immunisation training must be completed by all new immunisers

# Changes to the routine vaccine schedule



Public Health England Historical vaccine development and introduction of routine vaccine programmes in the UK



- Vaccine programmes will continue to evolve and develop;
- New vaccines become available
- Changes to the supply of vaccines
- Evidence on vaccines effectiveness and impact on disease.

Informed by  
**Joint Committee on Vaccination and Immunisation**

# Upcoming changes to the routine schedule



JCVI, a statutory advisory committee, with a remit;  
*To advise UK health departments on immunisations for the prevention of infections and/or disease following due consideration of the evidence on the burden of disease, on vaccine safety and efficacy and on the impact and cost effectiveness of immunisation strategies.*

GOV.UK  
Home > Parenting, children and children's services > Children's health and welfare > Children's health  
> Changes to the childhood immunisation schedule: JCVI statement

Department of Health & Social Care

Independent report  
**Joint Committee on Vaccination and Immunisation (JCVI) statement on changes to the childhood immunisation schedule**  
Published 30 November 2022

Contents  
Background  
Advice  
Additional immunisation visit  
Timing of the Hib dose  
Great C meningococcal vaccine  
Stakeholder response  
References

**Background**

The Joint Committee on Vaccination and Immunisation (JCVI) is an expert scientific advisory committee which advises the UK government on vaccination and immunisation matters.

The JCVI has been notified that Menitorix® (Hib/MenC) is to be discontinued. This was a commercial decision made by the marketing authorisation holder, GSK.

Menitorix® vaccine immunises against Haemophilus influenzae type b (Hib) and

GOV.UK  
Home > Health and social care > Public health > Health protection > Immunisation  
> RSV immunisation programme: JCVI advice, 7 June 2023 (updated 11 September 2023)

Department of Health & Social Care

Independent report  
**Respiratory syncytial virus (RSV) immunisation programme for infants and older adults: JCVI full statement, 11 September 2023**  
Updated 11 September 2023

Contents  
Introduction  
Background  
Programme to protect neonates and infants  
Programme for older adults  
Conclusions and advice  
Stakeholder engagement

**Introduction**

The Joint Committee on Vaccination and Immunisation (JCVI) is an expert scientific advisory committee which advises the UK government on matters relating to vaccination and immunisation.

JCVI has been monitoring products in development for the prevention of respiratory syncytial virus (RSV) disease for several years. Since January 2023, JCVI has been actively reviewing the latest evidence on immunisation products in the late stages of development or which are newly licensed which could protect both newborns or infants and older adults against RSV infection and disease. A series of meetings of the JCVI RSV

GOV.UK  
Home > Health and social care > Public health > Health protection > Immunisation  
> Childhood varicella vaccination programme: JCVI advice, 14 November 2023

Department of Health & Social Care

Independent report  
**JCVI statement on a childhood varicella (chickenpox) vaccination programme**  
Published 14 November 2023

Contents  
Recommendation  
Background and epidemiology  
Previous considerations  
Updated evidence reviewed  
Vaccination programme

**Recommendation**

The Joint Committee on Vaccination and Immunisation (JCVI) recommends a universal varicella (chickenpox) vaccination programme should be introduced as part of the routine childhood schedule. This should be a 2-dose programme offering vaccination at 12 and 18 months of age using the combined MMRV (measles, mumps, rubella and

[\(JCVI\) statement on changes to the childhood immunisation schedule November 2022](#)  
[Respiratory syncytial virus \(RSV\) immunisation programme for infants and older adults: JCVI statement, September 2023](#)  
[JCVI statement on a childhood varicella \(chickenpox\) vaccination programme November 2023](#)

# Upcoming changes – Menitorix© supply

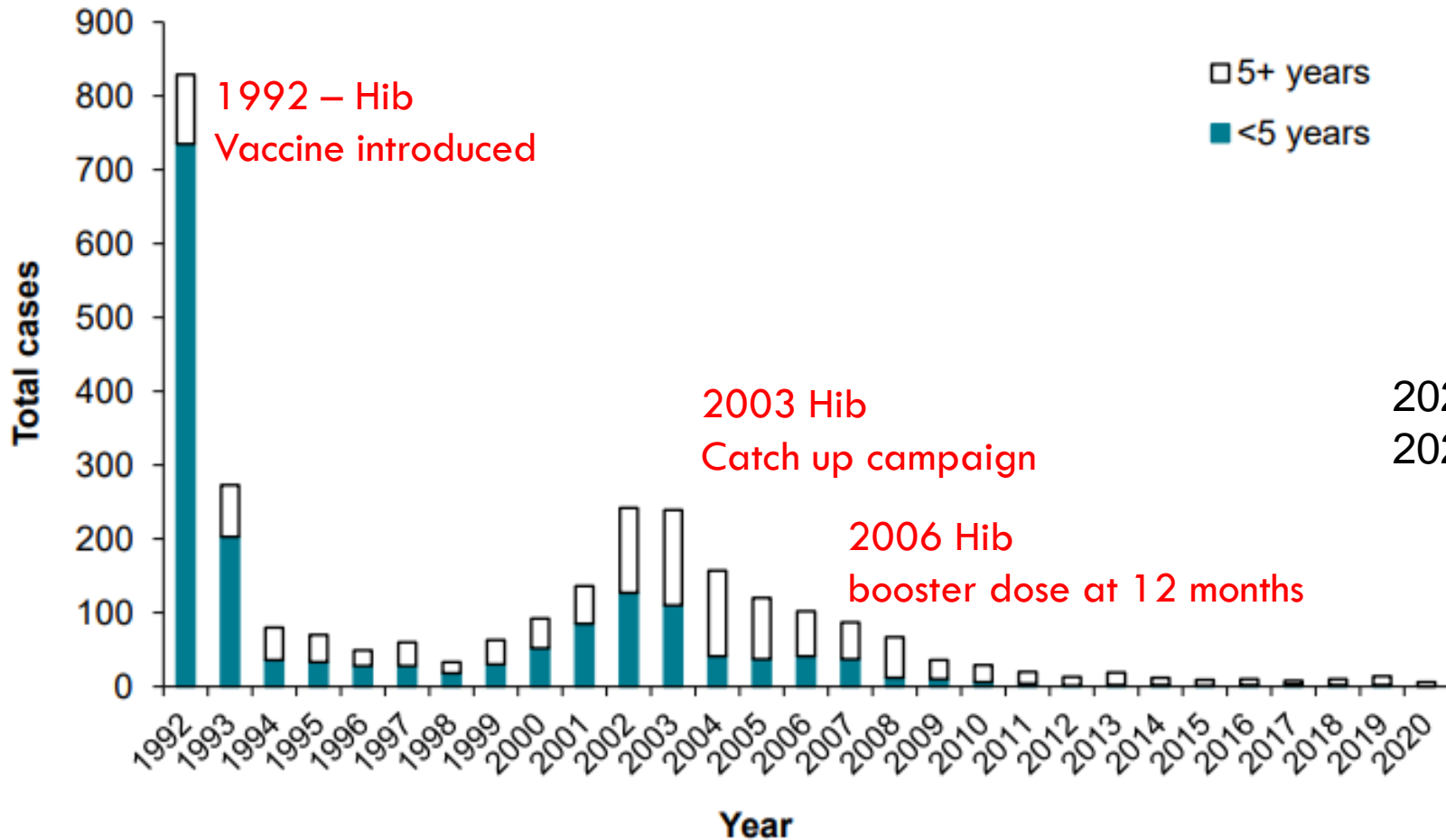
- JCVI informed late 2018, GSK decision to cease the manufacture and supply of Menitorix©, from late 2020.
- This is a commercial decision made by the marketing authorisation holder, GSK
- Menitorix© is the only Hib/MenC combination product currently available for the UK market, not used in any other programme.
- Menitorix© protects against; Haemophilus influenzae type b (Hib) and invasive meningococcal group C (MenC) disease
- The vaccine is currently given as part of the routine childhood immunisation schedule at 12 months of age, alongside; PCV13, MMR and MenB vaccine
- UKHSA stocks are currently being used, which will continue until the supply is exhausted in 2025.

# Upcoming changes – Menitorix© supply Haemophilus Influenza Type B (Hib)

- ~ Hib vaccination in the UK schedule since 1992 - now very good control of disease.
- ~ The vaccine is given at 8, 12 and 16 weeks and a booster at 12 months
- ~ JCVI consideration of the evidence - Hib control requires a booster dose of Hib-containing vaccine in the second year of life to sustained longer term protection.
- ~ Giving as 6 in one vaccine with dip/tet/polio/pertussis/Hep B is likely to be most sustainable and provides option for booster of polio and pertussis
- ~ Giving this at 18 months would require the creation of a new immunisation visit, It does however, leave scope and space in the programme;
  - ~ Potential to give the 2<sup>nd</sup> MMR earlier studies suggest this is associated with improved uptake.
  - ~ Potential to introduce varicella vaccine confirmed now [JCVI statement on a childhood varicella \(chickenpox\) vaccination programme](#) November 2023
  - ~ Reduces the number of injections required at one visit

# Haemophilus influenzae type B (HiB) - epidemiology

## Total cases of Hib by year, 1992 to 2020



- Hib protection wanes in 2<sup>nd</sup> year of life
- Booster dose required to maintain protection

2022 – 7 cases of Hib all in over 15s

2021 – 7 cases of Hib

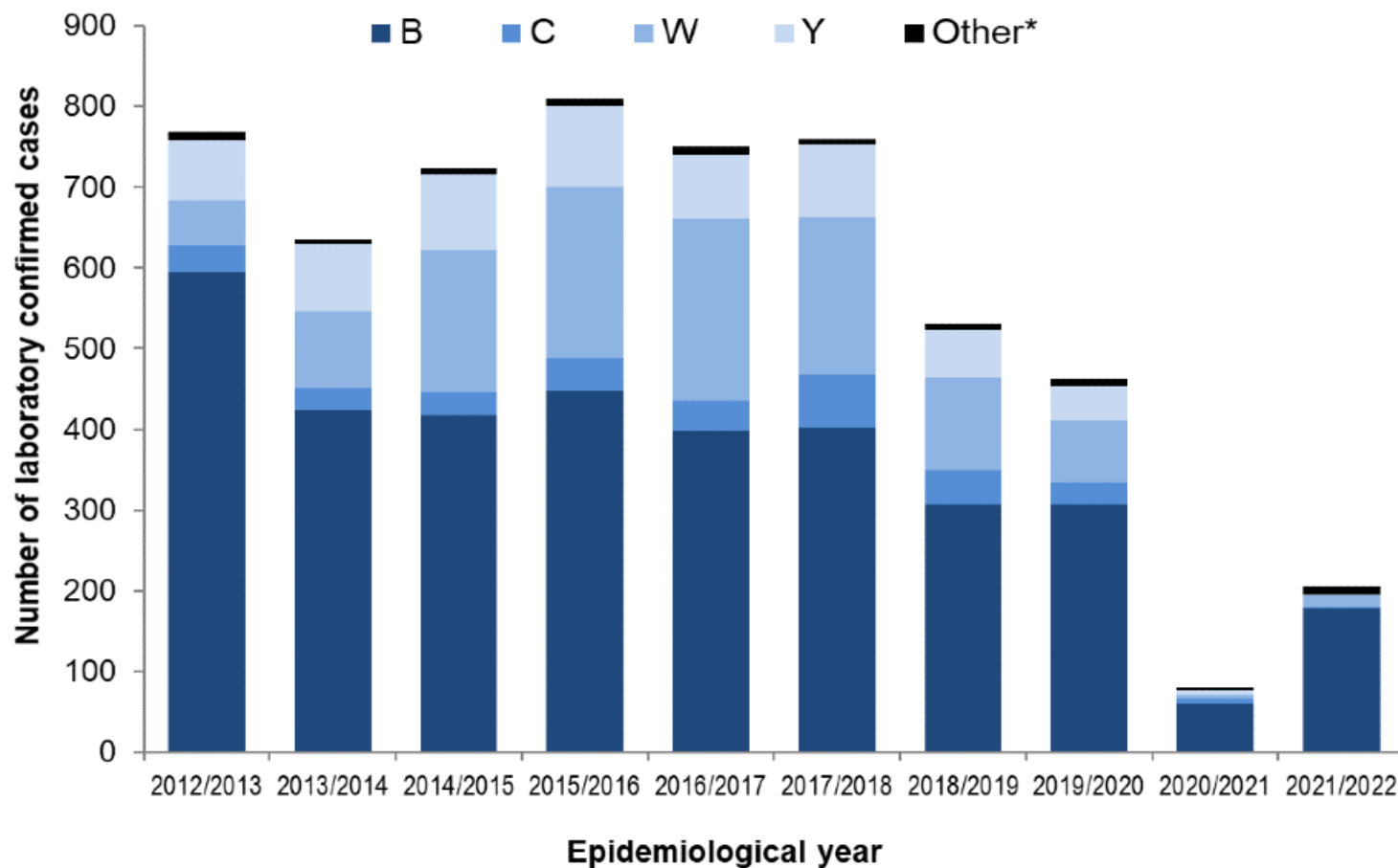
- 5 over 15 years of age
- 1 under 1 year
- 1 age 1-4 years

[UKHSA \(2020\) Laboratory reports of HIB by age group and serotype, England: annual 2020 \(and 2019\) HPR Volume 16 Number 1 25 January 2022](#)  
[Laboratory reports of Haemophilus influenzae by age group and serotype, England: annual 2022 \(and 2021\)](#)

# Upcoming changes – Menitorix© supply Meningococcal C disease (Men C vaccine)

- ~ Vaccination against MenC was introduced in 1999 with an extensive catch-up programme, leading to a significant reduction in MenC disease
- ~ The number of doses of MenC vaccine has been reduced, now given at 12m (Hib/MenC) and 14 years (Men ACWY)
- ~ JCVI have advised, that direct protection in infancy may not need to be maintained,
- ~ Modelling suggests that indirect protection against MenC in infants is sustained as a result of the teenage Men ACWY programme
- ~ Carriage of meningococcal bacteria is proportionately higher in teenagers and young adults
- ~ MenC and MenW protection across the population is likely to be sustained indirectly from the teenage MenACWY programme, providing current levels of coverage are maintained, eliminating the need for an infant dose.
- ~ There is some cross-protection against meningococcal W disease from the 4CMenB vaccine (Bexsero).

# Meningococcal disease



In 2021/22 - 205 cases  
Men C = 1  
Men W = 13  
Men B = 179

[Invasive meningococcal disease in England: annual laboratory confirmed reports for epidemiological year 2021 to 2022](#) June 2023

# Meningococcal vaccines

- Meningococcal B
  - ✓ Two doses of Bexsero (Men B) in infancy at 8 and 16 weeks
  - ✓ One dose of Bexsero at +12 month olds
- Meningococcal C
  - ✓ Men C antigen (along with HiB as Menitorix) +12 months
- Meningococcal A C W Y
  - ✓ One dose of Men ACWY vaccine for teenagers (Year 9 or 10 around 14 years of age)
    - Eligible young people remain eligible until their 25<sup>th</sup> Birthday
    - Provides protection of these strains in all ages across our population

**Good uptake in the teenage vaccination programme and offering the vaccine to those who missed it during the pandemic is critical to ensure that the indirect protection is maintained**

*NB: Some at risk individuals may also require further doses of MenACWY and Men B vaccine*

*MenACWY programme: [information for healthcare professionals](#)*

*[The complete routine immunisation schedule](#) (September 2023)*

*Immunisation of individuals with underlying medical conditions and [Green Book Chapter 7](#)*

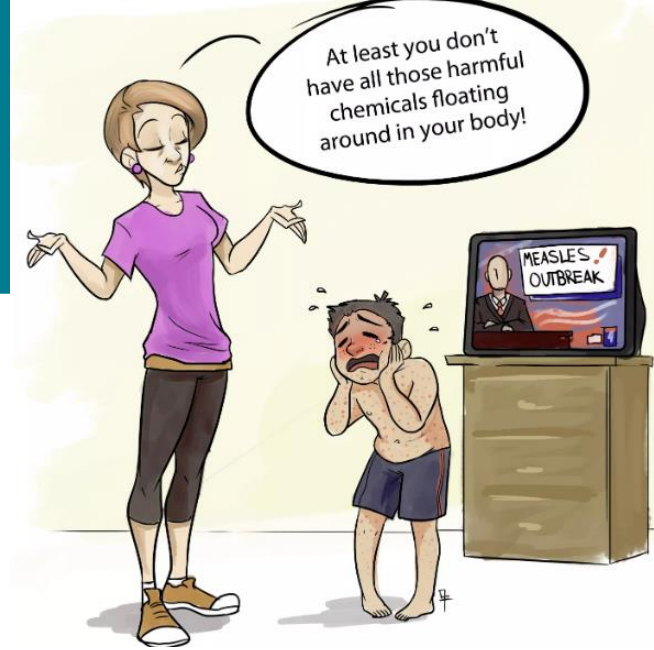
# Measles

## Highly infectious, R rate between 12-18

Globally, death rates vary considerably. 22 deaths reported in England 2000 – 2020, all in individuals who had not received any measles-containing vaccine.

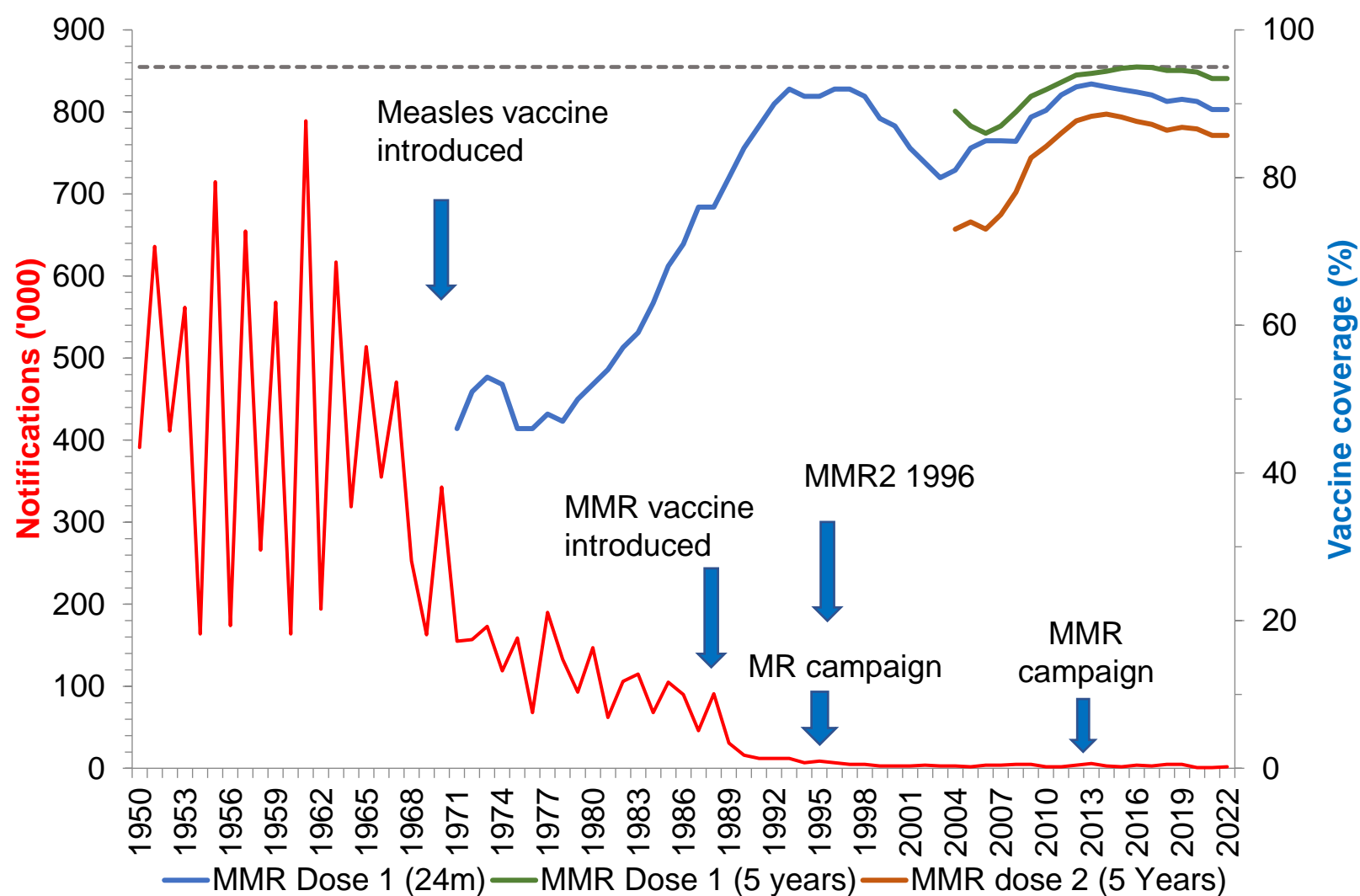
Complications of measles include:

- Severe diarrhoea; - dehydration.
- Pneumonia; (1-6 / 100 cases).
- Blindness and Encephalitis; (1 / 1000 cases)
- Residual neurological damage after infection estimated in ~25% ¼ of cases.
- Subacute Sclerosing Pan-Encephalomyelitis (SSPE);  
rare but fatal complication of measles infection can develop some years after natural measles infection general risk is 4 /100, 000 but increases when children catch measles as infants under 1 year of age (18 / 100, 000) and therefore too young to be vaccinated



[Lam et al 2021; A recent surge of fulminant and early onset subacute sclerosing panencephalitis \(SSPE\) in the United Kingdom: An emergence in a time of measles - European Journal of Paediatric Neurology \(ejpn-journal.com\)](#)

# MMR – vaccine uptake and measles epidemiology

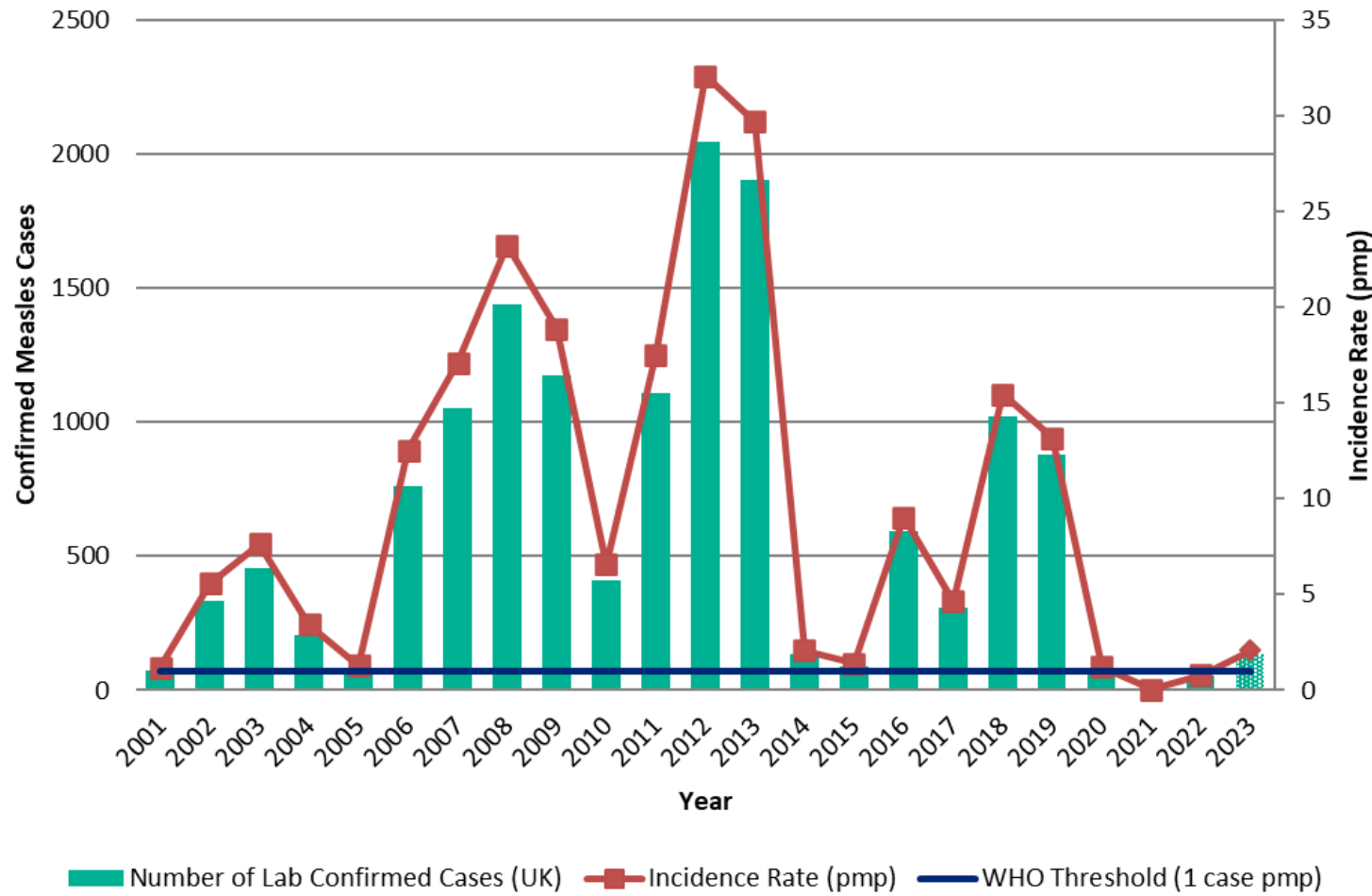


UKHSA [HPR Vol 17 issue 5 News 4 May 2023](#)

Green Book [Measles chapter 21](#)

MMR Immunisation slide set 2023 [Measles, mumps and rubella \(MMR\) vaccination programme for immunisers](#)

# Annual number measles cases and incidence from 2001 to 2023\*



Measles cases increasing again after low numbers over past 3 years

- 2019 – 880
- 2020 – 82
- 2021 – 2
- 2022 – 54

UKHSA [HPR Vol 17 issue 5 News 4 May 2023](#)

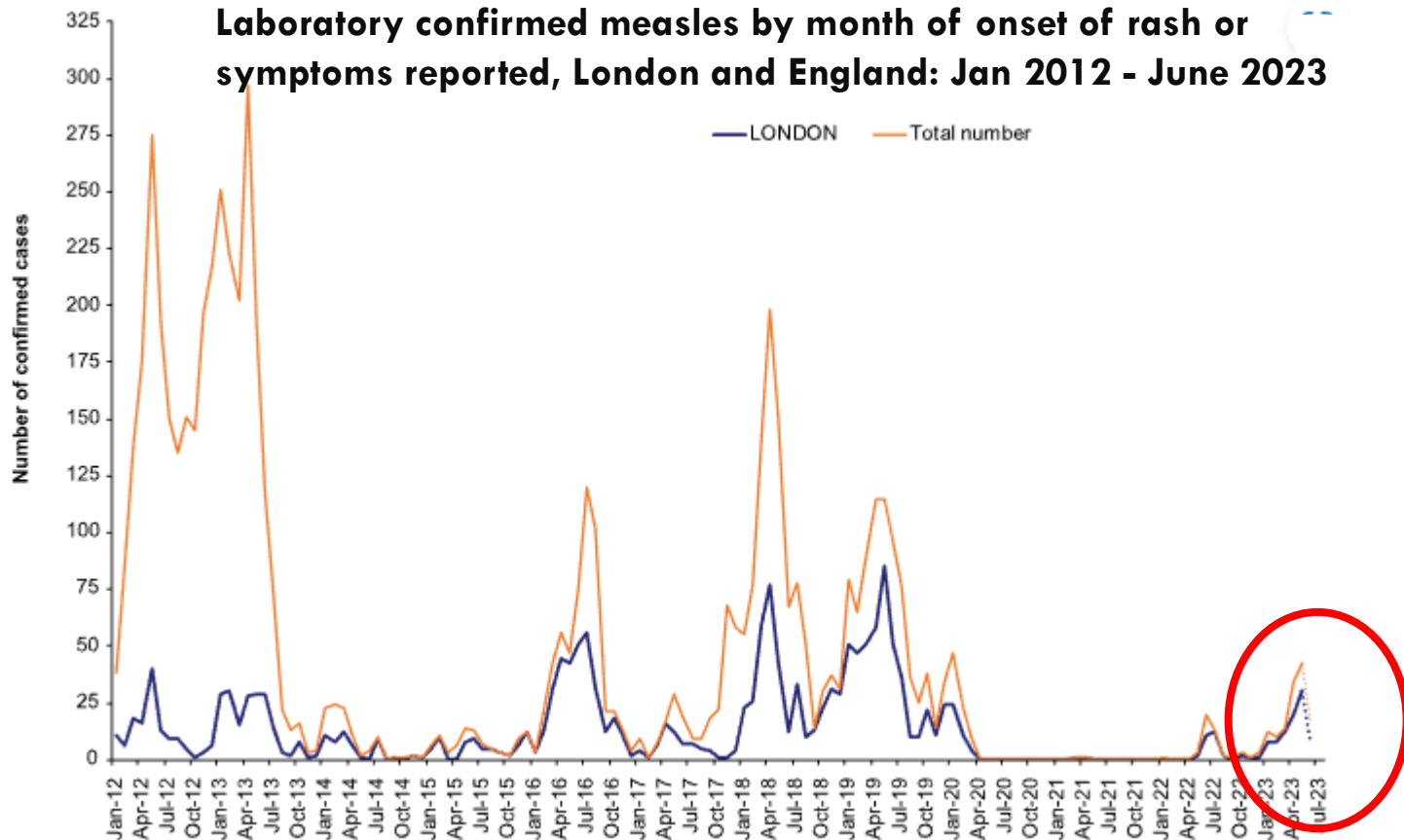
Green Book [Measles chapter 21](#)

MMR Immunisation slide set 2023

[Measles, mumps and rubella \(MMR\) vaccination programme for immunisers](#)

*\*2023 data are provisional and only include cases up until June*

# Measles



- [Confirmed cases of measles in England by month, age and region: 2023](#)
- [HPR volume 17 issue 7: news \(14 July 2023\)](#)
- [Childhood Vaccination Coverage Statistics- England, 2022-2023](#)

- 149 cases Jan – September 2023
- 89 (60%) in London
- 78% in children under 10 years
- 25% in teenagers and young people 15 – 34 years
- ~1 in 5 cases (35 of 149 23%) imported or travel related
- The remainder in community transmission.
- Generally unvaccinated.
  - MMR coverage 2 doses age 5:*
    - 84.5% England
    - 74% in London
- UKHSA analysis for London, high risk of measles outbreak of 40,000 – 160,000 cases
- MMR catch up alongside Polio

# Proposed changes - MMR

- The combined measles, mumps and rubella (MMR) vaccine; currently given at 12m and 3 years and 4 months of age.
- A single dose of MMR is 95% effective against measles, adding a second dose helps protect those who do not respond to the first dose
- Vaccination coverage of dose two of MMR (MMR2) measured at 5th birthday, has been consistently low in London, 74% 2022-2023 [NHS Digital Childhood Vaccination Coverage England](#)
- A study by Lacy et al (2022) in London, where 2<sup>nd</sup> doses of MMR were brought forward from 3 years 4 months to 18 months, found earlier vaccination is associated with significantly higher coverage measured at 5 years for this vaccine
- On average, compared to London boroughs on the routine schedule, MMR2 coverage among early implementing boroughs was 3.3% higher

Lacy et al (2022) Impact of an accelerated measles-mumps-rubella (MMR) vaccine schedule on vaccine coverage: An ecological study among London children, 2012–2018, *Vaccine*, 40 ,444-449 <https://doi.org/10.1016/j.vaccine.2021.12.011>

# MMR - vaccine

- ✓ UKHSA concern measles in London highest susceptibility among 19 to 25 year olds, 'Wakefield cohorts' affected by unfounded concerns in 2000's many still not fully vaccinated.
- ✓ Use all opportunities to check 2 doses of MMR no upper age limit

Updated training slides

[Measles: an update for maternity services.](#)

[Measles: an update for paediatrics and A&E.](#)

[Measles: an update for primary care.](#)

[Measles, mumps and rubella \(MMR\) vaccination programme for immunisers.](#)



### London at risk of measles outbreaks with modelling estimating tens of thousands of cases

**UKHSA modelling suggests that, unless MMR vaccination rates improve, London could see a measles outbreak with tens of thousands of cases.**

Outside London the risk of large measles outbreaks is low but we could see smaller outbreaks in specific populations, including teenagers, young people and under vaccinated communities.

Those who have never received a measles vaccine (MMR) are at risk. MMR is part of the NHS Routine Childhood Immunisation Programme. Parents whose infants missed out, or anyone of any age unvaccinated, are urged to come forward.

Susceptibility is particularly high among 19 to 25 year olds, affected by unfounded stories in the early 2000s ('Wakefield cohorts') and some may still not be fully vaccinated.

As part of continued efforts to protect people against getting measles, the NHS is today launching a campaign encouraging people to check their vaccination status, with targeted outreach to groups in London.

Data published by the UK Health Security Agency (UKHSA) (see [weblink 1](#)) shows there has been a steady rise in measles cases this year. A new risk assessment (see [weblink 2](#)) also reveals the potential for a measles resurgence, particularly in London.

#### CONTENTS

From WHO: Childhood immunization begins recovery after COVID-19 backslide

Measles resources

World hepatitis Day, 28 July 2023

Hepatitis B In Primary Care research study: GP Survey

Are you a GP? We need you!

New resources for the teenage 3 in 1 Td/IPV booster programme

Attention all customers – bank holiday deliveries warning notice

Vaccines for the 2023 to 2024 children's flu programme supplied by UKHSA

LAV ordering information for General Practice

Multi-Branch Practices and LAV allocations

LAV ordering information for school-age providers

Editing Fluenz® Tetra (LAV) orders

Inactivated flu vaccine ordering

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

DTaP/IPV/Hib/HepB vaccine ordering

Change in schedule for the routine and eligible gay and bisexual men and other men who have sex with men (GBMSM) under age 25 years

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

The EU Falsified Medicines Directive (FMD) and Delegated Regulation

MMR vaccine ordering

Shingrix® vaccine ordering information

Subscribe to Vaccine update [here](#). Order immunisation publications [here](#).  
For centrally-supplied vaccine enquiries, email: [vaccinesupply@phe.gov.uk](mailto:vaccinesupply@phe.gov.uk)

**[Vaccine update: issue 341, August 2023](#)**

Press release

### London at risk of measles outbreaks with modelling estimating tens of thousands of cases

UKHSA modelling suggests that, unless MMR vaccination rates improve, London could see a measles outbreak with tens of thousands of cases.

From: [UK Health Security Agency](#)

Published 14 July 2023

Last updated 14 July 2023 – [See all updates](#)



Outside London the risk of large measles outbreaks is low but we could see smaller outbreaks in specific populations, including teenagers, young people and under vaccinated communities.

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MMR is part of the NHS Routine Childhood Immunisation Programme. Parents whose infants missed out, or anyone of any age unvaccinated, are urged to come forward.

Susceptibility is particularly high among 19 to 25 year olds, affected by unfounded stories in the early 2000s ('Wakefield cohorts') and some may still not be fully vaccinated.

**[London at risk of measles](#)**

# Varicella Disease



- Varicella or chicken pox caused by the varicella zoster virus,
- It is highly infectious the incubation period is 10 – 21 days,
- Characterised by itchy rash with blister fluid filled pustules which can become infected. Other symptoms include, fever, malaise, muscle aches and pains.
- Chicken pox Infection generally does not cause long term complications although tends to be more serious when contracted by infants under 4 weeks, adolescents and adults.
- Complications include skin infection including group A streptococcus and more rarely, encephalitis, pneumonitis and stroke.
- 1 in 4 will develop shingles in later life and it can cause serious complications in those who are immunocompromised or who contract the infection during pregnancy.
- UKHSA data suggests that approximately half (50%) of all children will have varicella infection by the age of 4 years and 90% will have had it by 10 years of age.

*Oxford vaccine knowledge – [Chicken pox varicella](#)*

*Children's Hospital Philadelphia vaccine education centre [varicella vaccine](#)*

# Varicella Vaccination JCVI recommendations

- Chicken pox, varicella vaccine, is used in many other countries namely USA (25 years) Australia, Germany.
- Real world evidence demonstrates cost effectiveness for impact on disease and on future herpes, shingles disease.
- Varicella vaccination is shown to have positive impact on disease burden and wider community, herd immunity.
- 2 dose schedule along with MMR in combined measles, mumps rubella and varicella = MMRV vaccine.
- To tie in with the planned upcoming changes to the routine schedule.
- Catch up programme is also recommended for children up to 5 years who haven't had the vaccine, potentially older.
- Vaccine is associated with slight increase in febrile seizures for the 1<sup>st</sup> dose.

GOV.UK

Home > Health and social care > Public health > Health protection > Immunisation  
> Childhood varicella vaccination programme: JCVI advice, 14 November 2023

Department of Health & Social Care

Independent report  
**JCVI statement on a childhood varicella (chickenpox) vaccination programme**  
Published 14 November 2023

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Recommendation

[JCVI statement on a childhood varicella \(chickenpox\) vaccination programme November 2023](#)

# JCVI advice to DHSC on infant childhood schedule – summary (final policy decisions awaited) [JCVI report 30<sup>th</sup> November 2022](#)

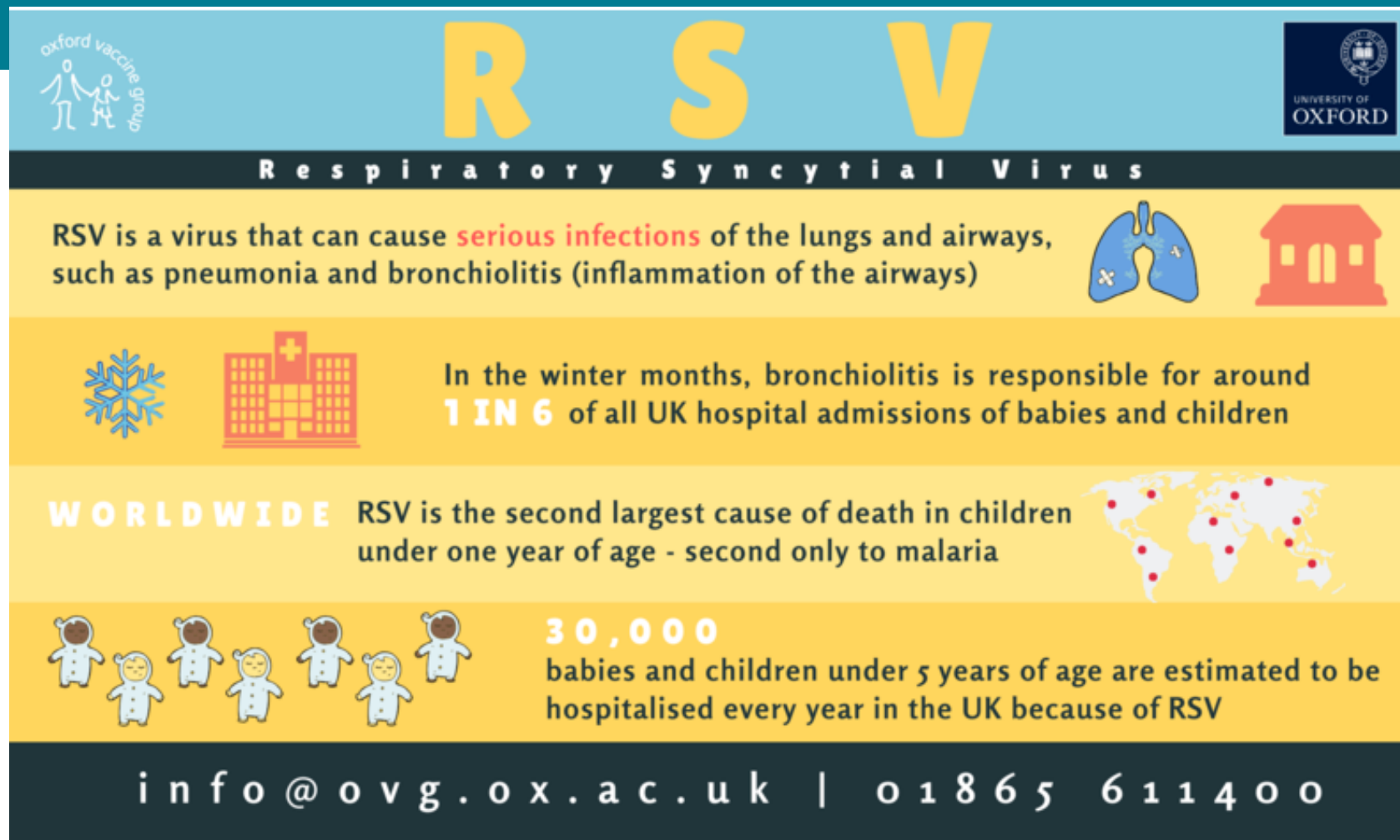
**No change for the time being! Changes recommended for when the current supply of Menitorix© vaccine has been used, likely 2025.**

- An additional dose of Hib-containing multivalent vaccine (such as the DTaP/IPV/Hib/HepB as given earlier in infancy) should be given at 18 months
  - *New 18 month appointment: Potential to introduce new vaccines in future and*
  - *Reduces the number of injections required at one visit*
- The second dose of MMR vaccine should be brought forwards from 3 years 4 months to 18 months of age months, to improve coverage
  - *Already done in some London boroughs and studies suggest it is associated with improved uptake.*
  - *Addition of varicella vaccine as per [JCVI statement November 14<sup>th</sup> 2023](#)*
- The decline of invasive meningococcal A, C, W and Y disease in the UK is primarily due to the success of the teenage MenACWY vaccination programme.
  - *As such no need for the MenC vaccine in 1 year olds*
- Efforts to sustain and improve MenACWY coverage in adolescents to maintain herd immunity

	Current	Proposed
<b>Age</b>	Vaccine	Vaccine
<b>8 weeks</b>	DTaP/IPV/Hib/HepB MenB Rotavirus	No Change
<b>12 weeks</b>	DTaP/IPV/Hib/HepB Pneumococcal conjugate vaccine Rotavirus	
<b>16 weeks</b>	DTaP/IPV/Hib/HepB	No Change
<b>1 year</b>	PCV booster MMR MenB booster	PCV Booster <b>MMRV</b> MenB booster <b>Removal of the Hib/menC meningococcal</b>
<b>18 months</b> <b>New vaccine appointment</b>		<b>Hib containing multivalent vaccine – e.g., DTaP/IPV/Hib/HepB</b> <b>MMRV 2<sup>nd</sup> dose and check first dose</b>
<b>Eligible age groups (yearly)</b>	Live attenuated influenza vaccine (LAIV)	No Change
<b>3 years 4 months (or soon after)</b>	dTaP/IPV MMR (check first dose given)	dTaP/IPV Check on 2 doses of MMR(V) and other vaccines
<b>12-13 years</b>	HPV (routine cohorts one dose)	HPV (single dose)
<b>14 years</b> <b>School year 9 /10</b>	Td/IPV MenACWY (check MMR status)	No Change

**The infant programme based on JCVI advice, awaiting the DHSC policy decision. UKHSA and NHS guidance will come out with formal programme and operational advice changes**

# RSV - Respiratory Syncytial Virus



The infographic is a vertical banner with a light blue top section and a yellow bottom section. At the top left is the Oxford Vaccine Group logo, and at the top right is the University of Oxford logo. The title 'RSV' is written in large yellow letters. Below it, the full name 'Respiratory Syncytial Virus' is written in white on a dark blue background. The main text describes RSV as a virus causing serious lung and airway infections, illustrated with icons of lungs and a house. It states that in winter, bronchiolitis causes 1 in 6 hospital admissions for babies and children, with icons of a snowflake and a hospital. A 'WORLDWIDE' section notes RSV is the second largest cause of death in children under one year, with a world map icon. The bottom section shows six baby icons and states that 30,000 babies and children under 5 are hospitalized annually in the UK due to RSV. The contact information 'info@ovg.ox.ac.uk | 01865 611400' is at the very bottom.

oxford vaccine group

# RSV

UNIVERSITY OF OXFORD

**R** **e** **s** **p** **i** **r** **a** **t** **o** **r** **y** **S** **y** **n** **c** **y** **t** **i** **a** **l** **V** **i** **r** **u** **s**

RSV is a virus that can cause **serious infections** of the lungs and airways, such as pneumonia and bronchiolitis (inflammation of the airways)

In the winter months, bronchiolitis is responsible for around **1 IN 6** of all UK hospital admissions of babies and children

**WORLDWIDE** RSV is the second largest cause of death in children under one year of age - second only to malaria

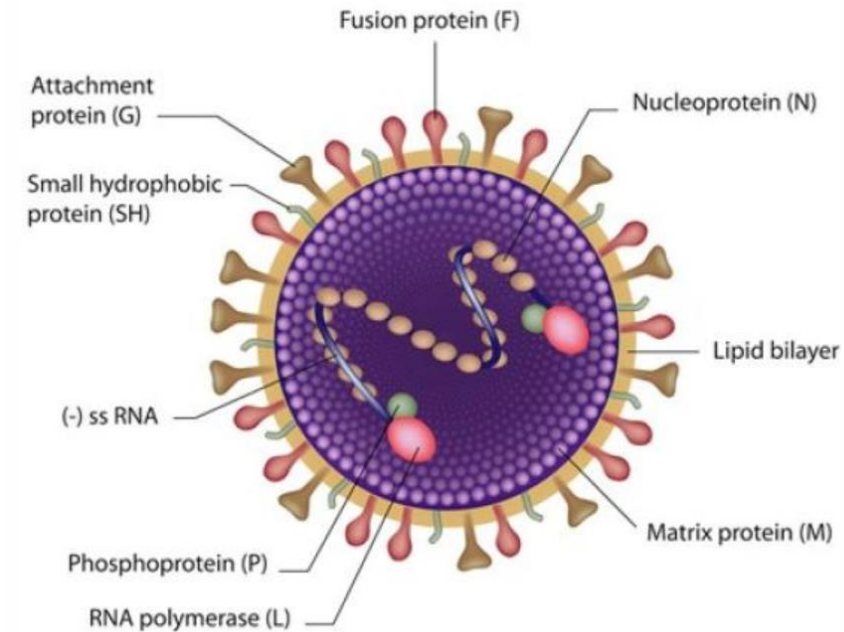
**30,000** babies and children under 5 years of age are estimated to be hospitalised every year in the UK because of RSV

info@ovg.ox.ac.uk | 01865 611400

[Oxford Vaccine Knowledge project Respiratory Syncytial Virus \(RSV\)](#)

# RSV - Respiratory Syncytial Virus

- The Respiratory Syncytial Virus (RSV) was first identified in the 1950s
- It is very common, the virus replicates in the nasal pharyngeal passages generally causing mild cold like symptoms, but can cause more severe symptoms bronchitis, bronchiolitis, croup and pneumonia.
- Most people will get repeated infections during their lives, the highest burden is in very young infants and the elderly who have frailty and existing co-morbidities.
- RSV is spread by close contact with respiratory secretions.
- The incubation period is 1-5 days and symptoms generally last 1 – 2 weeks
- In the UK the burden of RSV is typically seen in the autumn winter months October – December then through to March, causing significant burden to the NHS.
- Generally associated with infection in infants
- The true burden in older people is probably underestimated



# RSV - Respiratory Syncytial Virus Vaccine programme options

Monoclonal antibody (mAB) – antibodies given to provide passive (short term) protection. Currently the palivizimab MAB has been around for some time

- Beyfortus® (nirsevimab) manufactured by Sanofi, in partnership with AstraZeneca, licenced by the MHRA in the UK 2022

3 Vaccines in development with potential for MHRA license.

- Pfizer - non adjuvanted PreF protein bi valent vaccine, has been approved by FDA in the USA
- GSK - adjuvanted PreF protein monovalent vaccine licenced by MHRA in July 2023 and by EMA in June 2023
- Moderna PreF mRNA vaccine

The screenshot shows the UK Government website (gov.uk) with the following content:

- Navigation: Home > Health and social care > Public health > Health protection > Immunisation
- Breadcrumbs: > RSV immunisation programme: JCVI advice, 7 June 2023 (updated 11 September 2023)
- Department of Health & Social Care logo
- Section: Independent report
- Section Title: **Respiratory syncytial virus (RSV) immunisation programme for infants and older adults: JCVI full statement, 11 September 2023**
- Updated: 11 September 2023
- Contents menu: Introduction, Background, Programme to protect neonates and infants, Programme for older adults, Conclusions and advice, Stakeholder engagement, References, Further references and
- Introduction text: The Joint Committee on Vaccination and Immunisation (JCVI) is an expert scientific advisory committee which advises the UK government on matters relating to vaccination and immunisation.
- Introduction text: JCVI has been monitoring products in development for the prevention of respiratory syncytial virus (RSV) disease for several years. Since January 2023, JCVI has been actively reviewing the latest evidence on immunisation products in the late stages of development or which are newly licensed which could protect both newborns or infants and older adults against RSV infection and disease. A series of meetings of the JCVI RSV
- Section Title: **[Respiratory syncytial virus \(RSV\) immunisation programme for infants and older adults: JCVI full statement, 11 September 2023](#)**

# RSV - Respiratory Syncytial Virus Vaccine programme options

## Programme to protect neonates

- Monoclonal antibody (mAB) Beyfortus® (nirsevimab)
- Given to infants, ideally soon after birth.
- Provides protection for 150 days ~ 5 months when infants are most vulnerable to serious disease.
- Recommended to replace palivizimab – currently offered to at risk infants
- Consideration for wider universal programme for mAB to vaccinate all infants,
- And or vaccination of infants at 1 – 2 months
- Details for delivery options to very young infants, at birth or soon after and pathways to be worked through.

## Maternal vaccine?

- The Pfizer non adjuvanted vaccine being considered subject to MHRA approval
- Would similarly provide infants with protection for 150 days ~ 5 months

The screenshot shows the GOV.UK website interface. At the top, there is a navigation bar with 'GOV.UK' and a search icon. Below this, a breadcrumb trail reads: 'Home > Health and social care > Public health > Health protection > Immunisation > RSV immunisation programme: JCVI advice, 7 June 2023 (updated 11 September 2023)'. The main content area features a blue header with the text: 'Independent report', 'Respiratory syncytial virus (RSV) immunisation programme for infants and older adults: JCVI full statement, 11 September 2023', and 'Updated 11 September 2023'. Below the header, there is a 'Contents' section with links for 'Introduction', 'Background', 'Programme to protect neonates and infants', 'Programme for older adults', 'Conclusions and advice', 'Stakeholder engagement', and 'References'. The 'Introduction' section is partially visible, stating: 'The Joint Committee on Vaccination and Immunisation (JCVI) is an expert scientific advisory committee which advises the UK government on matters relating to vaccination and immunisation. JCVI has been monitoring products in development for the prevention of respiratory syncytial virus (RSV) disease for several years. Since January 2023, JCVI has been actively reviewing the latest evidence on immunisation products in the late stages of development or which are newly licensed which could protect both newborn or infants'.

[Respiratory syncytial virus \(RSV\) immunisation programme for infants and older adults: JCVI full statement, 11 September 2023](#)

***JCVI have advised no distinct preference in either option***

# RSV - Respiratory Syncytial Virus Vaccine programme options

## Older adults vaccine programme:

- JCVI consideration for all those over 75 and those over 65
- Full impact of the burden of RSV in older adults needs further work
- JCVI are recommending a vaccine programme for all those 75 and above.
- JCVI have no specific preference between the vaccine products, subject to licensure they would all be suitable.

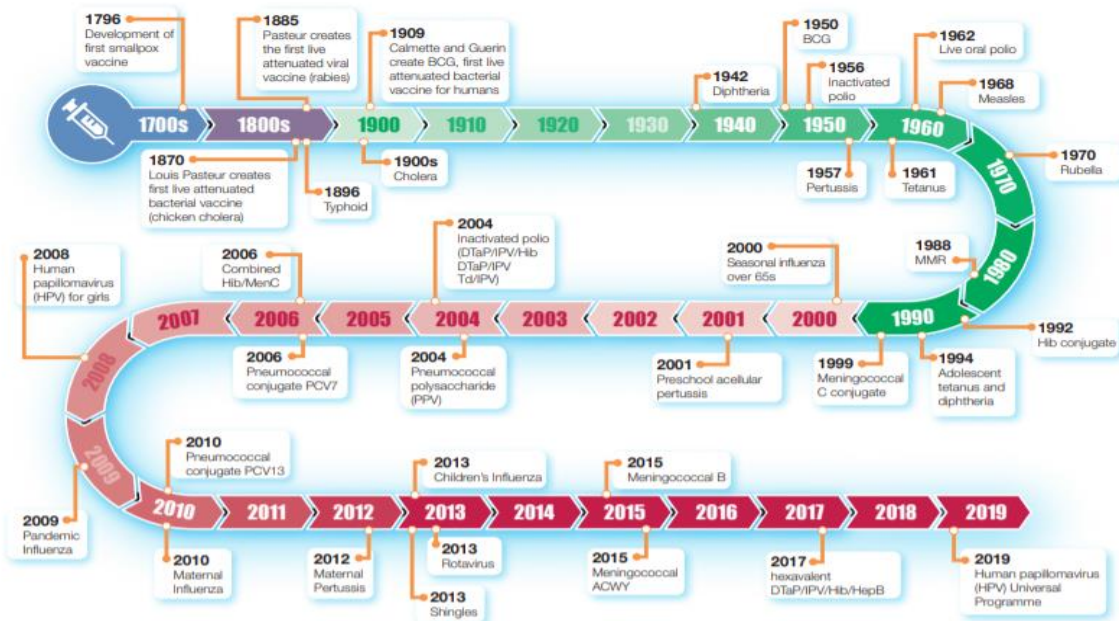
***Overall JCVI are advising that a RSV immunisation programme, that is cost effective, should be developed for both infants and older adults.***

The screenshot shows the GOV.UK website interface. At the top, the navigation bar includes 'GOV.UK', a 'Menu' dropdown, and a search icon. Below the navigation bar, the breadcrumb trail reads: 'Home > Health and social care > Public health > Health protection > Immunisation > RSV immunisation programme: JCVI advice, 7 June 2023 (updated 11 September 2023)'. The main content area features the Department of Health & Social Care logo and the title of the report: 'Independent report: Respiratory syncytial virus (RSV) immunisation programme for infants and older adults: JCVI full statement, 11 September 2023'. Below the title, it says 'Updated 11 September 2023'. A 'Contents' sidebar on the left lists: 'Introduction', 'Background', 'Programme to protect neonates and infants', 'Programme for older adults', 'Conclusions and advice', 'Stakeholder engagement', and 'References'. The 'Introduction' section is visible, stating: 'The Joint Committee on Vaccination and Immunisation (JCVI) is an expert scientific advisory committee which advises the UK government on matters relating to vaccination and immunisation. JCVI has been monitoring products in development for the prevention of respiratory syncytial virus (RSV) disease for several years. Since January 2023, JCVI has been actively reviewing the latest evidence on immunisation products in the late stages of development or which are newly licensed which could protect both newborn or infants...'. A large blue link is present at the bottom of the screenshot: '[Respiratory syncytial virus \(RSV\) immunisation programme for infants and older adults: JCVI full statement, 11 September 2023](#)'.

# Changes to the vaccine programmes are inevitable.....



Public Health England Historical vaccine development and introduction of routine vaccine programmes in the UK



## *New vaccines, evolving evidence on vaccines effectiveness, changes to disease epidemiology*

- ✓ Increased serotype pneumococcal vaccines ([Pneumococcal Green Book August 2023](#))
- ✓ Revisiting use of trivalent influenza vaccines, ([Influenza Green Book Nov 2023](#))
- ✓ Vaccines used for other disease control, Bexsero® for gonorrhoea (sexual health and HIV services [JCVI press release](#))



## WHAT'S NEXT ???.....

# Keeping up to date



[On Line!](#)

- **.GOV [Immunisation Collection](#)**
- **Subscribe to Vaccine update and keep up to date with all the latest news [Vaccine update](#) and [Vaccine update Index](#)**
- [Sign up to receive the Vaccine update newsletter.](#)
- **Don't miss important emails from UKHSA .GOV**
- To make sure you receive the Vaccine update newsletters:  
Add .gov emails vaccine supply to your Contacts (Address book) or Safe Senders list

UK Health Security Agency  
**Vaccine Update**  
Issue 343 · October 2023

## Autumn Edition

CONTENTS	
New resources	
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Eligible for shingles?	
Best Practice 2024 – Birmingham NEC Vaccine supply	
2023 to 2024 children's flu programme LAIV ordering information for General Practice	
Multi-Branch Practices and LAIV allocations	
LAIV ordering information for school-age providers	
Inactivated flu vaccine ordering	
ImnForm customers should report long-term changes to opening hours for deliveries	
DTaP/IPvH/HepB vaccine ordering	
Change in schedule for the routine and eligible GBMSM under age 25 years	
Registering for a new or updating your existing ImnForm vaccine ordering account	
The EU FMD and Delegated Regulation for the national immunisation programme	
MMR vaccine ordering	
Shingrix® vaccine ordering information	
Non routine vaccination supply	

The nights are drawing in and the autumn festivals of light along with Halloween, and bonfires beckon. Some may be going on holiday to see relatives and friends or to have some winter sun.

Whether you are going abroad or home, getting your routine vaccinations and making sure children, young adults, pregnant women, and older adults are up to date is more important than ever.

We know that our vaccinators have been working hard all year to improve uptake in the routine and selective programmes and this has resulted in millions of people being protected against infectious diseases, but the latest UK quarterly data and commentary on coverage achieved by the UK childhood immunisation programme, published on 26 September, shows that there is still more to do as uptake and coverage continue to decline. Read more about it at [weblink 13](#).

Practices and immunisation teams have working hard to identify those who have missed their vaccines and those due to attend appointments all year round. To make sure that we protect our most vulnerable people, every vaccine matters, and timing is important. Offering vaccinations in the evenings and at weekends, for example, can really make a difference to busy families who may not be able to take time off work, school or studying.

Subscribe to Vaccine update [here](#). Order immunisation publications [here](#).  
For centrally-supplied vaccine enquiries, email: [vaccinesupply@ukhsa.gov.uk](mailto:vaccinesupply@ukhsa.gov.uk)

# Additional resources

[Vaccine Knowledge Project](#), **Oxford Vaccine Group**: a source of independent information about vaccines and infectious diseases, content is aimed at the general public and designed to help people make informed decisions about vaccine issues

[Vaccine Safety Net](#), **WHO**: help internet users find reliable vaccine safety information tailored to their needs

[Children's hospital of Philadelphia Vaccine Education Center](#) provides complete, up-to-date and reliable information about vaccines to parents and healthcare professionals.

[Vaccine Confidence Project](#), **LSHTM**: project monitoring confidence in vaccine programmes internationally – useful for current myths and controversies

[British Society for Immunology – public information](#): Information on vaccines/safety and basic immunology presented in interesting and understandable formats – good for immunisers and the public

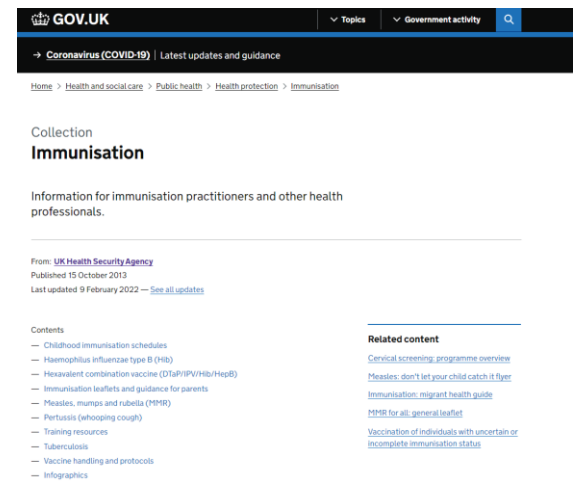
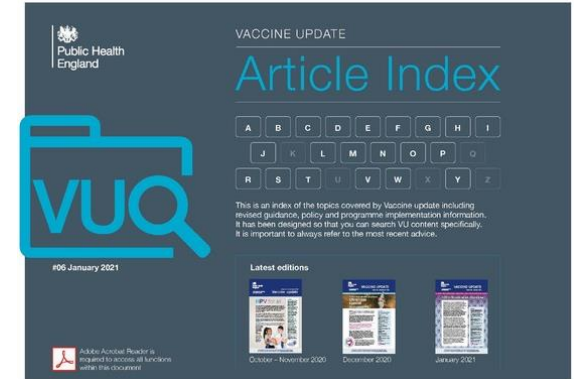
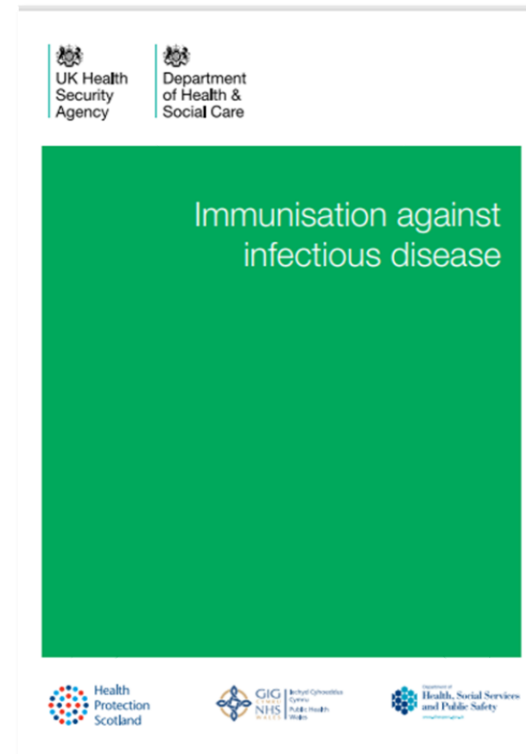
# After the webinar, please remember to:

- ✓ Complete the evaluation (link being emailed to you today from Eventbrite)
- ✓ Print/save the certificate (emailed to you once the survey complete)
- ✓ Use the prompts to capture your reflections on the certificate
- ✓ Look out for the slides and Q&A content (being emailed to you)
- ✓ Book for future webinars

If you need to contact the webinar team, please email: [ImmsTraining@ukhsa.gov.uk](mailto:ImmsTraining@ukhsa.gov.uk)

# Questions

- Have access to and be familiar with:
- [Online Green Book](#)
- [Vaccine update](#) and [Vaccine update Index](#)
- [UKHSA immunisation collection webpages](#)



# Immunisation and health protection advice (London)

NHS E London Immunisation Clinical Advice Response Service (ICARS) for Immunisation queries from primary care. Email: [london.immunisationqueriescars@nhs.net](mailto:london.immunisationqueriescars@nhs.net)

## North East and North Central London HPT

UK Health Security Agency  
Nobel House, Smith's Square  
London SW1P 3JR

**Email:**  
[necl.team@ukhsa.gov.uk](mailto:necl.team@ukhsa.gov.uk)  
[phe.nenclhpt@nhs.net](mailto:phe.nenclhpt@nhs.net)

**Telephone**  
020 3326 1658

**Out of hours advice:**  
01895 238 282

## North West London HPT

UK Health Security Agency  
61 Colindale Avenue  
London NW9 5EQ

**Email:**  
[phe.nwl@nhs.net](mailto:phe.nwl@nhs.net)

**Telephone**  
020 3326 1658

**Out of hours advice:**  
01895 238 282

## South London HPT

UK Health Security Agency  
Nobel House Smith's Square  
London SW1P 3JR

**Email:**  
[slhpt@ukhsa.gov.uk](mailto:slhpt@ukhsa.gov.uk)  
[phe.slhpt@nhs.net](mailto:phe.slhpt@nhs.net)

**Telephone**  
020 3326 1658

**Out of hours advice:**  
01895 238 282

March to July

September to  
January 2024

Vaccine ordering, storage & handling

Incomplete immunisation schedules

Vaccination of individuals with underlying medical conditions

Vaccine administration – best practice

Child and adolescent immunisation update

Addressing concerns around vaccines – supporting acceptance

Primary care immunisation update webinar series 2023 2024

Influenza and Covid-19

Shingles and pneumococcal (adult) vaccines

Adverse events following immunisation

Current Issues vaccine schedule changes.

Legal issues Consent and medicines management

# Webinar Series - booking

	Date	Start time	Link to register
<b>December</b>			<b>National Immunisation Programme schedule changes and horizon scanning</b>
1	05/12/2023	09:30	<a href="https://Dec23-Webinar1-NationalImmsProgrammeScheduleChanges.eventbrite.co.uk">https://Dec23-Webinar1-NationalImmsProgrammeScheduleChanges.eventbrite.co.uk</a>
2	05/12/2023	13:00	<a href="https://Dec23-Webinar2-NationalImmsProgrammeScheduleChanges.eventbrite.co.uk">https://Dec23-Webinar2-NationalImmsProgrammeScheduleChanges.eventbrite.co.uk</a>
3	14/12/2023	09:30	<a href="https://Dec23-Webinar3-NationalImmsProgrammeScheduleChanges.eventbrite.co.uk">https://Dec23-Webinar3-NationalImmsProgrammeScheduleChanges.eventbrite.co.uk</a>
<b>January</b>			<b>The legal issues to consider for safe vaccine administration relating to: Consent and medicines administration</b>
1	11/01/2024	09:30	<a href="https://Jan24-Webinar1-TheLegalIssuesConsentAndMedicinesAdministration.eventbrite.co.uk">https://Jan24-Webinar1-TheLegalIssuesConsentAndMedicinesAdministration.eventbrite.co.uk</a>
2	16/01/2024	09:30	<a href="https://Jan24-Webinar2-TheLegalIssuesConsentAndMedicinesAdministration.eventbrite.co.uk">https://Jan24-Webinar2-TheLegalIssuesConsentAndMedicinesAdministration.eventbrite.co.uk</a>
3	16/01/2024	13:00	<a href="https://Jan24-Webinar3-TheLegalIssuesConsentAndMedicinesAdministration.eventbrite.co.uk">https://Jan24-Webinar3-TheLegalIssuesConsentAndMedicinesAdministration.eventbrite.co.uk</a>