

# West Midlands Immunisation Newsletter

## Issue 12– July 2019

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**To:**

GP Practices (Practice Managers), School Age Immunisation Services (SAIS), CCG/LA/HV/Midwifery Immunisation Leads, CHIS Hub Managers, PHE HPUs, West Midland Screening and Immunisation Partnership group members.

**In:**

Birmingham, Coventry, Dudley, Herefordshire, Sandwell, Solihull, Walsall, Warwickshire, Wolverhampton and Worcestershire

This is the twelfth issue of the immunisation newsletter produced by the West Midlands Screening & Immunisation Team. The newsletters contain important updates for those involved in delivering immunisation services. It is primarily aimed at immunisation providers (GP Practices, School Age Immunisation Services) but should also be of interest to wider stakeholders. This does not replace the need to keep up to date with other communications sent out by NHS England or national publications such as Vaccine Update<sup>1</sup> or updates to The Green Book<sup>2</sup>. Please cascade to all those involved in delivering immunisations in your organisation.

Any comments and suggestions for future topics should be emailed to [england.wmid-imms@nhs.net](mailto:england.wmid-imms@nhs.net)

Kind regards,



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<sup>1</sup> <https://www.gov.uk/government/collections/vaccine-update>

<sup>2</sup> <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>

## Contents

1. PPV23 importance of additional pneumococcal polysaccharide vaccination for those with 'at risk' conditions
2. MMR catch up for 10 and 11-year olds - GP practices action required
3. HPV vaccination programme extension
4. Codes for maternal immunisations - GP practices & other Health Providers
5. Flu/Pertussis vaccination to pregnant women
6. Updating vaccine records on CHIS – movements In
7. Vaccine Wastage
8. National News
9. Reminder of local resources

### **1. PPV23 importance of additional pneumococcal polysaccharide vaccination for those with 'at risk' conditions**

We have had two very sad deaths from pneumococcal disease in the West Midlands in recent years in babies and children who were not appropriately immunised against pneumococcal disease. Practices are reminded:

- All infants require pneumococcal vaccination as part of the routine childhood immunisation programme with Pneumococcal Conjugate Vaccination (PCV) vaccine given at 8 weeks, 16 weeks and 1 year of age.
- **Children with certain 'at-risk' conditions will need additional pneumococcal booster doses** of PCV and/or PPV (pneumococcal polysaccharide vaccine) in line with the recommendations in chapters 7 and 25 of the Green Book.
- The influenza and pneumococcal vaccination DES require practices to operate a **'proactive call and recall' for at-risk patients**. Therefore, practices should have robust systems for adequately READ coding patient diagnoses and proactively identifying and calling at-risk patients for

booster doses in a timely manner. **Practices cannot rely on paediatric services reminding them of the need to provide PPV immunisation.**

- At times of PPV23 vaccine shortage guidance provided on high priority groups eligible to receive vaccine should be followed see pages 13 to 16 [here](#). High priority groups include patients with asplenia or dysfunction of the spleen. This also includes conditions such as homozygous sickle cell disease and coeliac syndrome that may lead to splenic dysfunction. Immunosuppression, individuals with cerebrospinal fluid leaks, individuals with cochlear implants.
- Ensure at-risk patients receive any recommended antibiotic prophylaxis and/or flu vaccination.
- If you require any further information or are unsure of what Pneumococcal vaccination a patient requires please contact the Screening and immunisation team via [england.wmid-imms@nhs.net](mailto:england.wmid-imms@nhs.net)

## 2. MMR catch up for 10 and 11-year olds - GP practices action required

The West Midlands remains at risk of further measles cases and outbreaks. The 2019/20 GP contract has introduced a new GP MMR catch-up programme. General practices can claim payment for checking the MMR immunisation records of 10 and 11-year-olds, correcting any inaccuracies (e.g. child moved away) and inviting the parent/carer to make an appointment for the child to have missing doses of MMR, with priority given to those who have no MMR vaccination recorded. £5 is paid per eligible child identified and offered MMR vaccination

The full details can be found [here](#) (pages 6 and 7) but the key points are:

- Identify all children aged 10 or 11 years (but not reached 12 years) on or after 1st September 2018 with no previous MMRs or 1 previous dose of MMR
- Correct any inaccuracies (e.g. child moved away)
- Offer parent of incompletely immunised child MMR immunisation by letter, email, phone call, text or digital personal health record “red book”, where available
- Those with no previous MMR should be prioritised over those with 1 previous MMR
- The practice should continue to offer immunisation until the child is immunised or the parent declines immunisation or a total of 3 MMR invitations have been made

The SFE states:

- Invites should be by letter, email, phone call or text. NHS England expect as a minimum three invites per payment per patient and a **record of practice activity to go local teams**
- If there is no response after following the process outlined above, **practices to notify school nursing service to follow up/offer at school**

We are looking at how best to collect these two bits of information and will give further clarification on requirements. In the meantime, practices are advised to ensure they are able to produce this information is requested.

Practices are encouraged to use all opportunities to offer MMR to incompletely immunised patients – the national free MMR stock can be used for this purpose.

## 3. HPV vaccination programme extension

The current Human Papillomavirus (HPV) programme is provided in schools and is for girls aged 14-18. From April 2019 the GP contract has been amended to include women aged over 18 and up to 25 years. The new HPV PGD reflects this change in the GP contract.

The HPV for boy's programme will commence from September 2019. NHS England, GPC England and PHE have agreed that the catch-up element for boys will not need to be delivered through GP practices in 2019/20. Any boys who miss the initial doses from September 2019 to March 31, 2020 will be offered another appointment via the school based programme. We anticipate that boys will be added to the HPV catch-up scheme in general practice from April 2020.

#### 4. Codes for maternal immunisations - GP practices & other Health Providers

**Please ensure correct coding is used for flu and pertussis immunisation identifying whether vaccine is administered in either GP practice or other health care provider**

Code Type	Read V2	CTV3	SNOMED CT
Pertussis vaccination in pregnancy <b>given by other health care provider (I.e. Maternity Unit)</b>	65560	XacJ4	956971000000108
Pertussis vaccination in pregnancy declined	8IEc	Xaa6Y	866641000000105
Seasonal influenza vaccination <b>given by other healthcare provider (I.e. Maternity Unit)</b>	65E20	XaZ0e	955651000000100
Seasonal influenza vaccination	65ED	XaZ0d	822851000000102
Seasonal Influenza Vaccination <b>declined</b>	9OX5	XaIBI	315640000
Pertussis vaccination in pregnancy	6556.	XacJ3	956951000000104
Pertussis vaccination in pregnancy <b>declined</b>	8IEc	Xaa6Y	866641000000105

#### 5. Flu/Pertussis vaccination to pregnant women

There have recently been 4 confirmed cases of Pertussis infection in babies who were too young for the 8 weeks primary vaccination against pertussis. On investigation some cases had poor documentation of discussions. Practices are reminded that the responsibility for offer of pertussis immunisation to pregnant women lies with GP practices and the offer and results of discussions should be clearly documented. GP practices are required to identify and offer pertussis immunisation in pregnancy even if local maternity services also offer immunisation.

## 6. Updating vaccine records on CHIS – movements In

Please ensure that when a child moves in to the area and registers with your practice every effort is be made to ensure the vaccine history is also recorded on the child’s CHIS record by forwarding any information you have to your responsible Child Health Information Department

Incorrect, out of date information or no information held on a child’s CHIS record can result in duplication, delayed or inaccurate appointments being made

Please ensure the security of any information shared with CHIS is maintained via a secure method in line with your organisations information sharing policy.

## 7. Vaccine Wastage



\*Includes all GP practices who report vaccine wastages on immform within GP Practice across the West Midlands  
Image: TheNounProject

Vaccine wasted through cold chain incidents and poor stock management cost the NHS millions of pounds every year. Immunisers are asked to consider best practices for ordering, receipt and storage of vaccines which are provided centrally for the national immunisation programme. This could help towards reducing overall vaccine wastage and cost to the NHS.

## 8. National News

1. Measles flyers translated into 20 languages [here](#)
2. HPV vaccination in boys starting in September 2019 [here](#)

## 9. Reminder of local resources

1. Immunisation clinical queries should be emailed to [england.wmid-imms@nhs.net](mailto:england.wmid-imms@nhs.net)
2. PGDs can be found [here](#)