

# Immunisations Update

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September 2023

# Aim of Session

- This session can be classed as part of your clinical self-directed study (but not as your annual vaccination update)
- Who we are
- What we do
- How do vaccines work?
- Benefits of vaccinations
- PGD, PSD and National Protocols
- Flu
- Making Every Contact Count (MECC)
- Pneumococcal
- Shingles
- Your role in vaccine delivery
- Health Inequalities
- Cold Chain
- Resources
- Evaluation

# NHS England

Section 7a Public Health Programmes Team (Screening and Immunisation) exists to:

1. Protect and improve the nation's health and wellbeing and reduce health inequalities.

2. Commission high quality Immunisation services.

Our 3 priorities are to:

- Improve Screening and Immunisation uptake rates year on year
- Reduce inequalities
- Provide patient choice by widening access to services.

Meet the Public Health  
Programme Team  
(Screening and  
Immunisation Team)

Available Monday –  
Friday, 9am-5pm, email  
only  
[england.sybsit@nhs.net](mailto:england.sybsit@nhs.net)

**N.B Section 7A only**

## **Phil Kirby - Screening and Immunisation Lead**

Kathy Wakefield- Principal Screening and Immunisation  
Manager

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Managers

Emma Nebard - Screening and Immunisation Place Lead  
(Barnsley)

Sarah Gill- Screening and Immunisation Place Lead  
(Doncaster)

Laura Brown - Screening and Immunisation Place Lead  
(Rotherham)

Katie Markham - Screening and Immunisation Place Lead  
(Sheffield)

# Section 7A Immunisations:

Neonatal Hepatitis B  
Immunisation  
Programme

Pertussis Pregnant  
Women Immunisation  
Programme

Neonatal BCG  
Immunisation  
Programme

Immunisation against  
Diphtheria, Tetanus,  
Poliomyelitis, Pertussis  
and Hib

Rotavirus  
Immunisation  
Programme

Meningitis B (MenB)  
Immunisation  
Programme

Meningitis ACWY  
(MenACWY)  
Immunisation  
Programme

Hib/MenC  
Immunisation  
Programme

Pneumococcal  
Immunisation  
Programme

DTaP/IPV and dTaP/IPV  
(pre-school booster)  
Immunisation  
Programme

Measles, Mumps and  
Rubella (MMR)  
Immunisation  
Programme

Human Papillomavirus  
(HPV) Immunisation  
Programme

Td/IPV (teenage  
booster) Immunisation  
Programme

Seasonal Influenza  
Immunisation  
Programme

Seasonal Influenza  
Immunisation  
Programme for  
Children

Shingles Immunisation  
Programme

# Section 7A Screening Programmes:

Antenatal and  
Newborn (ANNB)

Abdominal Aortic  
Aneurism (AAA)

Breast Screening

Bowel Screening

Cervical Screening

Diabetic Eye  
Screening (DESP)

# SY Immunisation priorities



1

**MMR – 1st dose (95% by 2 years) and 2nd dose (95% by 5 years)**  
Sub-optimal coverage of dose 1 by 24 months and dose 2 by 5 years of age  
Potential for local outbreaks due to lack of herd immunity and /or individual protection  
MMR catch up (1-6 year olds) is a national priority in 2022/23

2

**BCG - 80% by 28 days of age**  
New neonatal schedule introduced for eligible babies born from September 2021 and requires all eligible babies to be vaccinated by 28 days of age. Monthly data submitted by maternity providers, shows that very few providers are meeting the KPI of 80%. Those who do meet it are unable to sustain this level of performance.

3

**School age HPV, Td/IPV, Men ACWY - uptake equal to or exceeding pre-pandemic levels**  
Known significant gaps in programme delivery and drop in coverage during the COVID pandemic due to school closures in March 2020, enhanced COVID-19 precautions and ongoing disruption to school attendance/access

4

**Shingles - All practices achieving 50%. No practice falls more than 5% below the current place/ICB average**  
Aim is to prevent severe morbidity from shingles in groups at the highest risk by offering vaccination to all 70 year olds, together with a catch-up programme for older cohorts up to their 80th birthday.  
Low uptake for many years and seeing year on year decline

5

**Pneumococcal - achieve cumulative coverage of 75%**  
Improve coverage of in-year vaccinations.  
Reduce variation between practices/ICB places, improving coverage in low performance practices/places

6

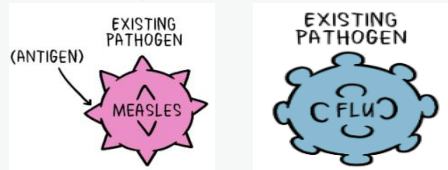
**Pertussis - Uptake and coverage as a minimum to equal pre-pandemic levels; no practice more than 5% below the ICB place average**  
GP offer is now only opportunistic rather than call/recall  
Marked variation in maternal pertussis coverage within and between geographical areas  
Potential synergy with other ongoing immunisation work with maternity providers, for flu and COVID vaccinations.

7

**Influenza & COVID - achieve and exceed 2019/20 uptake**  
Improved uptake/coverage specifically in  
- 2 and 3 year olds  
- At-risk respiratory cohort  
- At-risk Immunosuppressed cohort

# How Do Vaccines Work?

A vaccine contains a tiny weakened non-dangerous fragment, that includes parts of the antigen.



It is enough that our body can build a specific **ANTIBODY**.



So, if we encounter the real antigen in the future, we already have the antibody to defeat it.

[How do vaccines work? \(who.int\)](http://who.int)





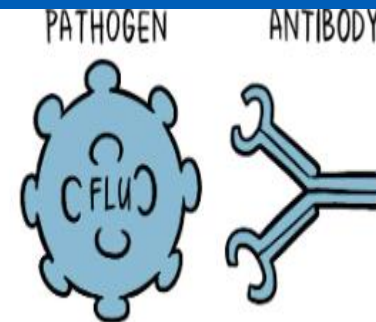
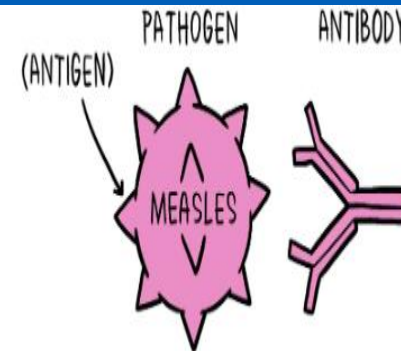
# How Do Vaccines Work Continued...

Vaccines cause antibodies to develop in the body.

These antibodies provide protection against infection.

Some vaccines require multiple doses, given at set intervals to allow long-lived antibodies and memory cells to develop.

Without vaccination a person is susceptible to the illness.



# Benefits of vaccinations:

- Vaccination protects from serious illness and complications of **vaccine-preventable diseases**
- Vaccination is different from giving medicine. The benefits of vaccination are preventative and invisible.
- Deciding not to vaccinate puts a person at risk of catching a range of potentially serious, even fatal, diseases.
- They're not 100% effective, which is why it is important to vaccinate everyone who can be vaccinated to ensure **95% herd immunity** and protect those who can not have vaccinations (e.g. having treatment for cancer/ too young).



# Herd immunity:

**Q: What is herd immunity?**

#immunityforcommunity

**A:** When enough people are **immunised** against a disease to protect those who **can't be immunised**.



# PGD/PSD and National Protocols

**Staff who administer and/or supply prescription only medicines should have appropriate authorisation.**

**Patient group directions (PGD)** are written instructions to help you supply or administer medicines to patients, usually in planned circumstances:

<https://www.gov.uk/government/publications/patient-group-directions-pgds/patient-group-directions-who-can-use-them>

## **Patient Group Directions (PGD) Yorkshire and the Humber**

The link to the Yorkshire and Humber website, where all the active PGDs are held: [NHS England — Northeast and Yorkshire » Patient Group Directions Yorkshire and the Humber](#)

**A Patient Specific Direction (PSD)** is an instruction to administer a medicine to a list of individually named patients where each patient on the list has been individually assessed by that prescriber: <https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2016/09/patient-specific-directions.pdf>

**National protocols (Flu and Covid only)** A national protocol authorises the safe supply and administration of a vaccine. Each element of activity under the protocol may be carried out by a different person or the same person, depending on the delivery model, so long as the minimum training requirements are met for fulfilling each stage of activity.

## **Nursing associates and Specialist Pharmacy Service:**

A summary is provided on the legal position of the use of PGDs by Nursing Associates and Physician Associates:

<https://www.sps.nhs.uk/articles/nursing-associates-physician-associates-and-the-use-of-pgds/>

# GP Staff - Flu Written Instruction

- The UKHSA PGD covers NHS commissioned services. It **does not** cover the provision of occupational health schemes or peer to peer influenza immunisation.
- Written instruction templates for the administration of inactivated influenza vaccine to staff in the course of an occupational health scheme are published on [NHS Specialist Pharmacy Service website](#).
- The relevant written instruction template can be adopted by the organisations providing the immunisation service, and authorised by an appropriate doctor, to provide an appropriate written instruction for the administration of seasonal flu vaccinations to employees.
- The SPS (Specialist Pharmacy Service) webpage contains support and guidance [SPS - Specialist Pharmacy Service – The first stop for professional medicines advice](#)

# Flu Immunisations:

Each year we wait for the national Flu letter to see eligible cohort changes. In 2023/24 flu vaccination should be offered to:

- Those aged 65 years and over
- Those aged 6 months to under 65 years in clinical risk groups
- Pregnant women
- All children aged 2 or 3 years
- School Age Children (Reception to Year 11)
- Those in long-stay residential care homes
- Carers in receipt of carer's allowance, or those who are the main carer of an elderly or disabled person
- Close contacts of immunocompromised individuals
- Frontline healthcare workers
- Frontline workers in a social care setting



# Flu kills

- Highest estimates of excess winter deaths potentially attributable to flu in recent years in England and Wales are **50,100 in 2017-2018**.
- An estimated **63,000** excess winter deaths occurred in England and Wales in winter **2020-2021**.

- <https://www.ons.gov.uk/>



- People with an underlying health conditions are 11 times more likely to die from flu than those who don't (despite this, only 55% get vaccinated)
- Pregnant women are especially vulnerable – 1 in 11 pregnant women who died between 2009 and 2012 had flu



# What is Flu:

Flu is an acute viral infection of the respiratory tract

The incubation period is usually one to three days

There are 3 types of influenza virus: types A, B and C.

It is a highly infectious illness which spreads rapidly in closed communities

Even people with mild or no symptoms can infect others

Most cases in the UK occur during an 8 to 10 week period during the winter.



# Symptoms and Complications:

Flu symptoms come on very quickly and can include:

A sudden high temperature of 38C or above

An aching body

Feeling tired or exhausted

A dry cough

A sore throat

A headache

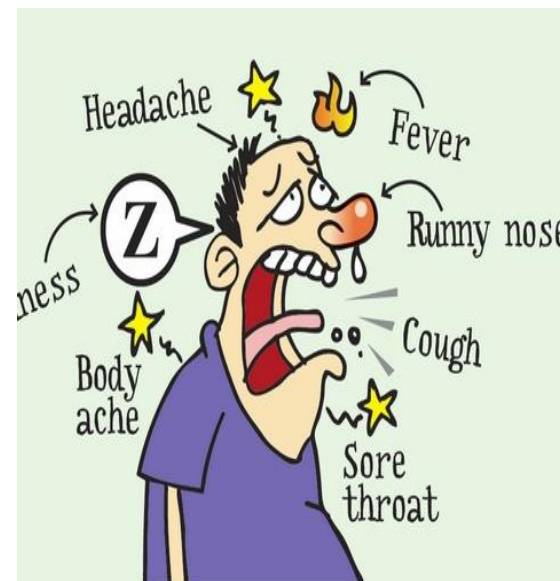
Difficulty sleeping

Loss of appetite

Diarrhoea or tummy pain

Feeling sick and being sick

Some people become seriously ill and have to go to **hospital**.



## Why Have the Flu Vaccine?

- Flu is unpredictable. The vaccine should provide protection throughout the current flu season.
- The vaccine provides the best protection available against a virus that can cause severe illness.
- Flu is much worse than a heavy cold flu symptoms can be severe and can come on suddenly. You're likely to spend several days in bed and feel very unwell. Some people become seriously ill and have to go to hospital.
- Getting vaccinated yourself can protect people around you.
- Vaccination helps protect pregnant people during and after pregnancy.
- Flu vaccine can be lifesaving in children.



# Question?

Who is most likely to be hospitalised due to flu?

Pop your answer in the chat box



# SPOTLIGHT

## Children and Flu



- Healthy children under the age of 5 are **more likely** to have to be admitted to hospital with flu than any other age group.
- Stop the spread to other more vulnerable family and friends.
- For children with long-term health conditions getting flu can be serious and these vulnerable children are at greater risk of developing serious complications.
- JCVI reiterate early vaccination of children.
- Vaccines are free to GP's and free to children [Immform ordering](#).

# Immform:

<https://portal.immform.phe.gov.uk/Logon.aspx?returnurl=%2f>



The screenshot shows the ImmForm website interface. At the top left is the ImmForm logo. Below it is a navigation bar with links for Home, Data Collections, Product Ordering, Help Guides, News, and Feedback. The main content area is divided into two columns. The left column has a 'Data Collection' dropdown menu with a list of categories: Adolescent, Early Childhood Baseline, Flu, MenACWY, MenB, MMR, PPV, Prenatal Pertussis, Rotavirus, and Shingles. At the bottom of this list are links for 'Show More...' and 'Configure...'. The right column features a 'Welcome to ImmForm' heading, followed by a 'LATEST NEWS' section. The first news item is dated 22/10/2021 and is titled 'UPTAKE SUMMARY REPORT 2021-22'. The text below the title states: 'Please note: The Uptake Summary Report for the 2021-22 Influenza season will available in due course.' Below this is a paragraph: 'The standard reports on ImmForm are now available and can be accessed by selecting the campaign you wish to view, from the drop down box on the left handside of the screen.' The second news item is dated 19/10/2021 and is titled 'Viper antivenom'. At the bottom of the news section is a link for 'View All News'.

**i**mmForm

Home | Data Collections | Product Ordering | Help Guides | News | Feedback

**Data Collection**

- ▶ Adolescent
- ▶ Early Childhood Baseline
- ▶ Flu
- ▶ MenACWY
- ▶ MenB
- ▶ MMR
- ▶ PPV
- ▶ Prenatal Pertussis
- ▶ Rotavirus
- ▶ Shingles

[Show More...](#) [Configure...](#)

## Welcome to ImmForm

**LATEST NEWS**

22/10/2021

### UPTAKE SUMMARY REPORT 2021-22

Please note: The Uptake Summary Report for the 2021-22 Influenza season will available in due course.

The standard reports on ImmForm are now available and can be accessed by selecting the campaign you wish to view, from the drop down box on the left handside of the screen.

### Viper antivenom

19/10/2021

[View All News](#)

# SPOTLIGHT

## Children and Flu Porcine Gelatine:

The LAIV contains a highly purified form of gelatine derived from pigs.

Gelatine is used in LAIV as a stabiliser - it protects the live viruses from the effects of temperature.


Gelatine is commonly used in a range of pharmaceutical products, including many capsules and some vaccines.

There is no other live attenuated flu vaccine available that does not contain porcine gelatine.

For eligible children, whose parents refuse LAIV due to the porcine gelatine content, the injectable cell-based Quadrivalent Influenza Vaccine (QIVc) will be centrally supplied for these children and should be ordered from ImmForm.



# Flu eligibility/responsibility 23/24:

Eligible Group	Responsibility of
<p><b>2 &amp; 3 yrs</b> on 31<sup>st</sup> August 2023, so will be turning 4 yrs during the season.  <b>ONLY DOB 1-9-19 to 31-8-21</b></p> <p>N.B. Remember to give with routine pre-school boosters for those who are overdue or turning 3yrs &amp; 4m during the season.</p>	<p> <b>GP Practice</b>  <b>(Anticipated Immform ordering opening 4<sup>th</sup> September 2023, for delivery from w/c 11<sup>th</sup> Sept 2023)</b>  <a href="#">Intranet Portal - Logon (phe.gov.uk)</a></p>
<p>School years Reception to year 11</p>	<p><b>School provider</b>  <b>GP (to <u>only</u> at risk)</b></p>
<p>6 months to 18yrs in clinical risk groups  (carers &amp; close contacts of immunocompromised individuals)</p>	<p><b>GP</b>  <b>School provider where falls into their eligible cohort</b></p>
<p>18yrs to under 65 yrs in <b>clinical risk groups</b></p> <p>*LD/needle phobic can have LAIV under PSD</p>	<p><b>GP</b>  <b>Pharmacy</b></p>
<p><u>Pregnant women</u> (include those who become pregnant during flu season &amp; those who were pregnant in last season)</p>	<p><b>GP</b>  <b>Pharmacy</b>  <b>Maternity services</b></p>
<p><u>Aged 65 years and over</u> (including those turning 65 during the flu season - prior to 31.3.24)  <b>DOB on or before 31.3.1959</b>  *PGD covers this</p>	<p><b>GP</b>  <b>Pharmacy</b></p>
<p>Those living in long-stay residential care homes or other long-stay care facilities</p>	<p><b>GP</b>  <b>Pharmacy (if invited by care home)</b></p>
<p>Frontline health and social care workers</p>	<p><b>GP - opportunistic</b>  <b>Pharmacy</b>  <b>Employer (Occupational health)</b></p>



# Flu and Pre-school booster vaccine for healthy children



GP delivered Flu vaccinations for all healthy 2&3 year old children

**DOB 1.9.19 – 31.8.21**

This is the healthy 2 & 3yr DOB range cohort, for winter season 23/24

In addition, co-administer  
Pre-school boosters age 3yr 4m or older if remain outstanding  
**DOB 1.9.19 – 30.4.20**

These children are a subset within the healthy 2&3yr flu cohort, all should have received their PSB, if not please offer them their PSB at flu clinics or their flu vaccine at your normal childhood routine imms clinics (where clinically appropriate)

Pre-school boosters those who become eligible during the flu season as they become/turn 3yr 4m  
**DOB 1.5.20 – 30.11.20**

These children are within the healthy 2&3 yr cohort, all will progressively becoming eligible from 1.9.23, as they become/turn the age of 3yr 4m for their routine PSB.

Please continue to offer them a flu vaccine at normal childhood routine imms clinics (where age & clinically appropriate) continue until 31.3.24 \*or until flu vaccine supplies are exhausted/expired





**NB.** It is assumed that PSB is the next vaccination due, as per routine childhood immunisation schedule for age.

It maybe that the child is outstanding/overdue immunisations from earlier in the schedule, it is the clinician's responsibility to check vaccination histories.

**MMR Comms toolkit** available on NHS Futures – [here is the link to the assets](#) and materials are available [here](#) for use in local call / recall for those who have missed doses of MMR.

# Flu vaccines 2023 to 2024 season

6 months to less than 2 years in a clinical risk group <sup>(v)</sup>	2 years to less than 18 years in eligible year groups or in a clinical risk group <sup>(v)</sup>	18 years to less than 65 years <sup>(iv)</sup> in a clinical risk group <sup>(v)</sup> and pregnant women	65 years and over
<p><b>QIVc</b> (Cell-based quadrivalent influenza vaccine) 'off label' use</p> <p>or <b>QIVe</b> (Quadrivalent influenza vaccine, egg grown) if QIVc not available</p> <p>1<sup>(i)</sup> or 3<sup>(ii)</sup> 4<sup>(iii)</sup></p>	<p><b>No contraindications to LAIV</b></p> <p><b>Quadrivalent LAIV</b> (Live attenuated influenza vaccine, nasal spray suspension)</p> <p>2<sup>(ii)</sup></p>	<p><b>QIVc</b> (Cell-based quadrivalent influenza vaccine)</p> <p><b>QIVr</b> (Recombinant quadrivalent influenza vaccine)</p> <p>or <b>QIVe</b> (Quadrivalent influenza vaccine, egg grown) if QIVc or QIVr not available</p> <p>1 5 or 3 4</p>	<p><b>aQIV</b> (Adjuvanted egg-grown quadrivalent influenza vaccine)<sup>(vi)</sup></p> <p><b>QIVr</b> (Recombinant quadrivalent influenza vaccine)</p> <p>or <b>QIVc</b> (Cell-based quadrivalent influenza vaccine) if aQIV or QIVr not available</p> <p>6 5 or 1</p>

<p><b>Cell-based Quadrivalent Influenza Vaccine ▼</b> CSL Seqirus</p> <p>QIVc</p> <p>1 Egg-free</p>  <p>licensed from 2 years of age</p>	<p><b>Fluenz Tetra</b> AstraZeneca</p> <p>LAIV</p> <p>2</p>  <p>licensed from 2 years to less than 18 years of age</p>	<p><b>Quadrivalent Influenza Vaccine</b> Sanofi</p> <p>QIVe</p> <p>3</p>  <p>licensed from 6 months of age</p>	<p><b>Influvac sub-unit Tetra</b> Viatris (formerly Mylan)</p> <p>QIVe</p> <p>4</p>  <p>licensed from 6 months of age</p>	<p><b>Supemtek ▼</b> Sanofi</p> <p>QIVr</p> <p>5 Egg-free</p>  <p>licensed from 18 years of age</p>	<p><b>Adjuvanted Quadrivalent Influenza Vaccine ▼</b> CSL Seqirus</p> <p>aQIV</p> <p>6</p>  <p>licensed from 65 years of age</p>
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## Eligible groups

- aged 2 and 3 years on 31 August 2023
- eligible school aged children (Reception to Year 11)
- those aged 6 months to under 65 years in clinical risk groups
- pregnant women
- all those aged 65 years and over
- those in long-stay residential care homes

- carers / in receipt of carer's allowance / or main carer of an older or disabled person
- household contacts of immunocompromised individuals
- frontline health and social care staff

See **Green Book Influenza Chapter 19** for full details on eligible groups

## Resources

**Annual flu programme**  
[www.gov.uk/government/collections/annual-flu-programme](http://www.gov.uk/government/collections/annual-flu-programme)

**Green Book Influenza Chapter 19**  
[www.gov.uk/government/publications/influenza-the-green-book-chapter-19](http://www.gov.uk/government/publications/influenza-the-green-book-chapter-19)

- (i) QIVc and LAIV for eligible children (under 18 years of age) available to order from ImmForm
- (ii) QIVe is not supplied by ImmForm
- (iii) If the parent of an eligible child declines LAIV because of its porcine gelatine content they can request an alternative injectable vaccine. QIVc is available to order from ImmForm for these children
- (iv) Those who become 65 years of age before 31 March 2024 may be offered aQIV 'off-label'
- (v) Or household contact of an immunocompromised individual

## Flu i mmunisation

Helping to protect people, every winter

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UK Health Security Agency gateway number 2023007  
02.08.2023

# Uptake 22/23 and Ambitions:

Org Name	Summary of Flu Vaccine Uptake %				
	65 plus	Under 65 (at-risk only)	All Pregnant Women	All Aged 2 years	All Aged 3 years
Barnsley	83.2	53.5	35.0	43.0	47.2
Doncaster	81.7	50.5	33.2	32.5	36.8
Rotherham	83.8	52.2	40.7	41.3	44.5
Sheffield	83.0	50.7	37.2	44.2	46.4
<b>SY Totals</b>	<b>82.9</b>	<b>51.5</b>	<b>36.5</b>	<b>40.7</b>	<b>44</b>

- 100% offer
- Aim to equal or exceed last season's (2022 to 2023) uptake particularly in clinical risk groups, children aged 2 and 3 years old, and pregnant women
- Network Investment and Impact Fund, indicators for 23/24, At risk and 2&3yr olds.



# NHSE Letter 30<sup>th</sup> August

<https://www.england.nhs.uk/long-read/nhs-vaccination-response-to-urgent-ba2-86-risk-and-changes-to-autumn-winter-2023-24-vaccination-delivery-programme/>

- Next steps on the risks presented by the new BA.2.86 variant of COVID-19, and the measures the NHS has been asked to take.
- Expert advice is clear that this represents the most concerning new variant since Omicron first emerged.
- The UKHSA has determined the most appropriate intervention with the greatest potential public health impact is to vaccinate all those eligible, quickly.
- Flu and COVID-19 vaccination for adults should now be brought forward for this year to start in September to maximise uptake of both vaccines.

# NHSE Letter 30<sup>th</sup> August

## Campaign timings:

- From **11 September 2023**, systems must start vaccination for care home residents and those who are housebound. We are asking systems to ensure that all residents are vaccinated before **22 October 2023**.
- From **11 September 2023**, COVID-19 and flu vaccinations can commence for those eligible via Local Booking Systems (LBS), starting with those who are most at risk, including those who are immunosuppressed, in the usual way.

**NB. There is no change to flu vaccination for children. It is essential that this begins early in September as previously communicated.**

# Flu Vaccination for people with Learning Disabilities (LD):

- Studies report respiratory problems are a major cause of death.
- Eligible for free vaccination since 2014 – no increase in eligible group receiving more vaccines.
- Mencap survey January 2015 shows 73% of Practices report not providing free flu vaccine for people with LD as they were ‘not in at -risk group’.





## Equality Act 2020:

**Legal obligation – ensure reasonable adjustments are in place to support equal access to healthcare services for people with disabilities – or other ‘under served’ groups**

Offering Nasal spray instead of IM  
(PSD required)

Inform them of free offer of Flu vaccine + provision of support

Use accessible formats- [gov.uk](http://gov.uk) website and PHE – [can download easy to read/pictorial info](#)

Can a ‘clinic’ be held at a familiar place e.g. home, day service or respite?

Offer longer appointments – minimise waiting times – offer separate waiting area –private space?

Fears common – distraction techniques e.g. iPad, favourite music?  
Bring friend/partner?

Communication preference: text, phone, letter?

Does carer also need the information?

MECC is an approach to behaviour change that utilises the millions of day-to-day interactions organisations and individuals have with other people to support them in making positive changes to their physical and mental health and wellbeing.

Making Every  
Contact Count  
(MECC):



# Pneumococcal Infection:

There are more than 90 different strains of *S. pneumoniae*, and some are much more likely to cause serious infection than others. Some strains can be easily killed by the immune system, while others are resistant and likely to cause a more serious infection.

## Common symptoms include:

- a high temperature (fever) of 38C (100.4F) or above
- chills
- sweats
- aches and pains
- headache
- a general sense of feeling unwell



# Pneumococcal:

**The pneumococcal vaccine is recommended for:**

- Babies
- People aged 65 years or over
- Children and adults at higher risk of getting seriously ill.
- People who work with metal fumes e.g. welders

**Please ensure all those over 65 years are booked to receive a vaccination if not received already.**

# Shingles:

**Shingles is an infection that causes a painful rash.**

The first signs of shingles can be:

- a tingling or painful feeling in an area of skin
- a headache or feeling generally unwell

A rash will appear a few days later.



## Shingles Vaccination:

Helps reduce the risk of getting shingles.

If people get shingles after being vaccinated, the symptoms can be much milder.

The shingles vaccination programme changed from 1<sup>st</sup> September 2023, it is now a 2-dose schedule offered to:

- Severely immunosuppressed cohort from the age of 50 years
- Healthy individuals will change from 70 to 60 years of age for the routine cohort, in a phased implementation over a 10-year period

# Shingles: SHINGRIX

0.5mls dose per administration  
2 doses 8 weeks apart

Can be given 2-6 months apart

Can have 2<sup>nd</sup> dose  
> 80yrs to complete course



Offer the vaccination when patients attend the GP practice for other reasons e.g. Flu vaccination.



# Eligibility for shingles vaccine

If you have a severely weakened immune system (as described in the Green book chapter) you will be offered the shingles vaccine from 50 years of age

If you are over 70 years of age and have not had shingles vaccine before you remain eligible up to your 80th birthday



ELIGIBLE FROM (YOUR BIRTHDAY)	DATES OF BIRTH	PROGRAMME START DATE	PROGRAMME YEAR
<b>CATCH UP STAGE 1</b> <b>70<sup>th</sup></b>	<b>1 September 1953 – 31 August 1954</b>	<b>1 September 2023</b>	<b>Year 1</b>
	1 September 1954 – 31 August 1955	1 September 2024	Year 2
	1 September 1955 – 31 August 1956	1 September 2025	Year 3
	1 September 1956 – 31 August 1957	1 September 2026	Year 4
	1 September 1957 – 31 August 1958	1 September 2027	Year 5
<b>65<sup>th</sup></b>	<b>1 September 1958 – 31 August 1959</b>	<b>1 September 2023</b>	<b>Year 1</b>
	1 September 1959 – 31 August 1960	1 September 2024	Year 2
	1 September 1960 – 31 August 1961	1 September 2025	Year 3
	1 September 1961 – 31 August 1962	1 September 2026	Year 4
	1 September 1962 – 31 August 1963	1 September 2027	Year 5
<b>CATCH UP STAGE 2</b> <b>65<sup>th</sup></b>	1 September 1963 – 31 August 1964	1 September 2028	Year 6
	1 September 1964 – 31 August 1965	1 September 2029	Year 7
	1 September 1965 – 31 August 1966	1 September 2030	Year 8
	1 September 1966 – 31 August 1967	1 September 2031	Year 9
	1 September 1967 – 31 August 1968	1 September 2032	Year 10
<b>60<sup>th</sup></b>	1 September 1968 – 31 August 1969	1 September 2028	Year 6
	1 September 1969 – 31 August 1970	1 September 2029	Year 7
	1 September 1970 – 31 August 1971	1 September 2030	Year 8
	1 September 1971 – 31 August 1972	1 September 2031	Year 9
<b>ROUTINE</b> <b>60<sup>th</sup></b>	1 September 1972 – 31 August 1973	1 September 2032	Year 10
	on or after 1 September 1973	1 September 2033	Year 11 onwards

# Shingles: Support Material

- Shingles toolkit
- [Shingles: guidance and vaccination programme - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/shingles-guidance-and-vaccination-programme)
- [Shingles vaccination checklist - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/checklists/shingles-vaccination-checklist)
- Good practice guide
- [Shingles vaccination: guidance for healthcare practitioners - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/shingles-vaccination-guidance-for-healthcare-practitioners)



# Your Role:

- Inform for childhood flu vaccinations.
- Promote winter vaccines.
- Does the person need any other vaccines whilst they are here today?
- Consider administration alongside other vaccines.
- Children within this date of birth range 1.9.19 to 31.8.21 who are receiving their routine pre-school boosters throughout winter (up to and including 31<sup>st</sup> March 2024) should be offered flu vaccination at the same visit.
- Pregnant women.



# What's Happening in Your Practice?

**Where** know where low immunisation uptake rates are.

**Why?**

**How?** Develop strategies for improving uptake

**What** are your available

**Tips/Resources:**

- Use SMART model
- Share good practice
- Ask for help if needed
- Plan – Audit – Review
- Share good practice with colleagues





# IMMUNISATION & HEALTH INEQUALITIES

Immunisation is one of the most cost-effective public health interventions

Prevents disease & promotes child health from infancy

Important way to address health inequalities

Health inequalities are unfair or avoidable

High coverage needs to be maintained – essential for disease control and elimination strategies

Avoidable inequalities in vaccination still exist within some population groups

# Information sources to increase accessibility and reduce health inequalities:

- [Video introduction to health publications website](#)
- [NHS - Health Publications](#)
- [DHSC Campaign Resources](#)
- [Futures NHS vaccination resources for communicators](#)
- [Annual flu programme - GOV.UK \(www.gov.uk\)](#)
- [Flu vaccination programme 2023 to 2024: information for healthcare practitioners - GOV.UK \(www.gov.uk\)](#)
- Flu resource pack hosted on BEST website:  
[Home - BEST \(barnsleyccg.nhs.uk\)](#)



# Information sources to increase accessibility and reduce health inequalities Continued:

- [GOV.UK: flu vaccination for children: leaflets and posters](#) (including information in alternative languages and formats)
- [YouTube: protecting your child from flu British Sign Language \(BSL\) video](#)
- <https://www.england.nhs.uk/learning-disabilities/improving-health/#flu>
- UKSHA Immunisation publication team have translated and produced accessible versions of the children and young people's leaflets and posters.  
<https://www.gov.uk/government/publications/flu-vaccination-leaflets-and-posters>
- The main winter flu leaflet accessible and translated versions <https://www.gov.uk/government/publications/flu-vaccination-who-should-have-it-this-winter-and-why>
- Paper copies are available in several languages and also in Braille
- Sign language videos can also be accessed from this site



# Your Role continued:

- Direct booking links for appointments.
- Different methods of invitation eg letter/text/phone call
- Proactive call, and proactive recall for all those at risk
- Review non responder (DNR) and DNA data
- How are you capturing your lowest uptake groups?
- AAA (Abdominal Aortic Aneurism) screening scan will be eligible for flu vaccination.



- Missing doses offered to ensure that everyone has completed an age-appropriate course.
- [Vaccination of individuals with uncertain or incomplete immunisation - GOV.UK \(www.gov.uk\)](https://www.gov.uk) used as best practice first point of call.
- An example of this is 4-year-old child missing their 12-month immunisations will be automatically scheduled for their Hib/Men C and MMR 1 however, they could be offered their 1<sup>st</sup> scheduled booster of DTaP at that visit. They would subsequently be scheduled in for their 2<sup>nd</sup> MMR following a 4-week gap.
- For any queries on immunisations please contact the Public Health Programmes Team (NHS England) on our duty desk email: [england.sybsit@nhs.net](mailto:england.sybsit@nhs.net). We are happy to answer any queries if they are not clarified from the above guidance, queries will be answered Monday to Friday 9-5pm.

**Please note Barnsley Child Information Service administrators are unable to provide clinical advice to nurses.**

# Cold Chain:

## Supporting guidance



- Vaccine Incident guidance: Responding to errors in vaccine storage, handling and administration [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/833415/PHE\\_vaccine\\_incident\\_guidance.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/833415/PHE_vaccine_incident_guidance.pdf)
- NB. If any vaccines need to be wasted, please follow your internal procedures. Vaccines that are centrally supplied by NHSE must also be reported on ImmForm.
- Please report **ALL** cold chain incidents to NHSE Public Health Programme's Team at [england.sybsit@nhs.net](mailto:england.sybsit@nhs.net) as soon as possible.

# Any Questions:



# Evaluation of session:

<https://forms.office.com/e/bnJeJkjBE1>

Please click on the link to complete the evaluation form following this session and ensure you leave your email address in order to receive a certificate of attendance.



# Thankyou