



Mae Brechu yn achub bywydau
Vaccination saves lives

Current issues Q&A webinar

21 November 2023

Vaccine Preventable Disease Programme
Public Health Wales

Webinar aims and objectives

Training context and legal framework for vaccinations

Clare Powell – VPDP Specialist Nurse – Training lead

Aims and objectives

- To highlight key messages relating to immunisation and vaccination
- To provide information on current epidemiology and surveillance of vaccine preventable disease
- To provide information about new vaccination programmes
- To highlight changes to vaccine products or vaccine supply
- To promote the Public Health Wales microsite and resources
- To highlight the work being conducted by the engagement team to ensure vaccine equity across Wales

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Aims and objectives

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Training context

Legal framework for vaccinations

Epidemiological and surveillance update

Measles

School based vaccination programmes

Shingles

Mpox

Gonorrhoea

Changes to the childhood vaccination Programme

Respiratory Syncytial Virus Infection (RSV)

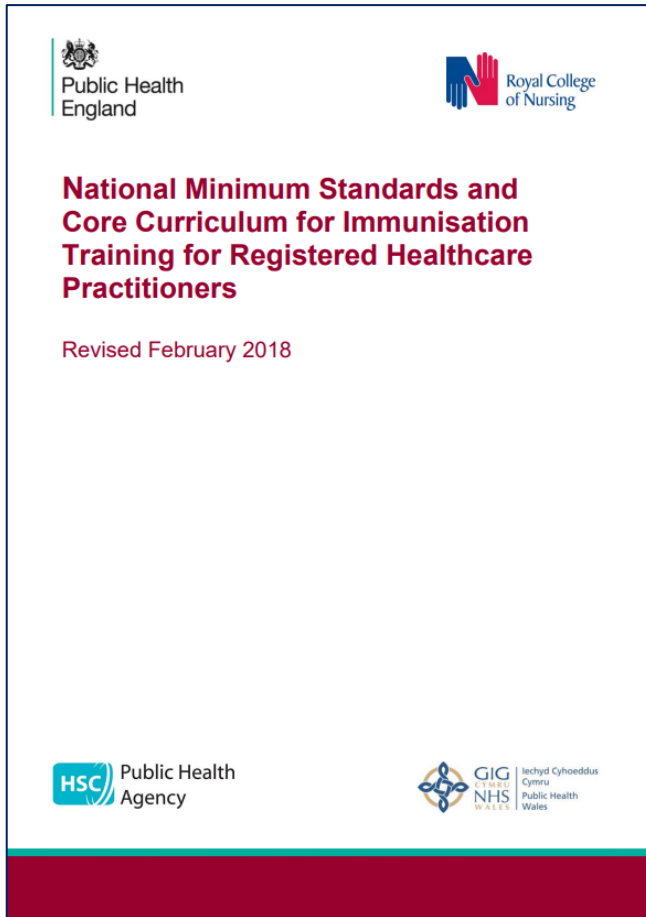
Key messages – Pregnancy

PHW microsite and resources

Accessible vaccination information for people with a learning disability

Green book updates

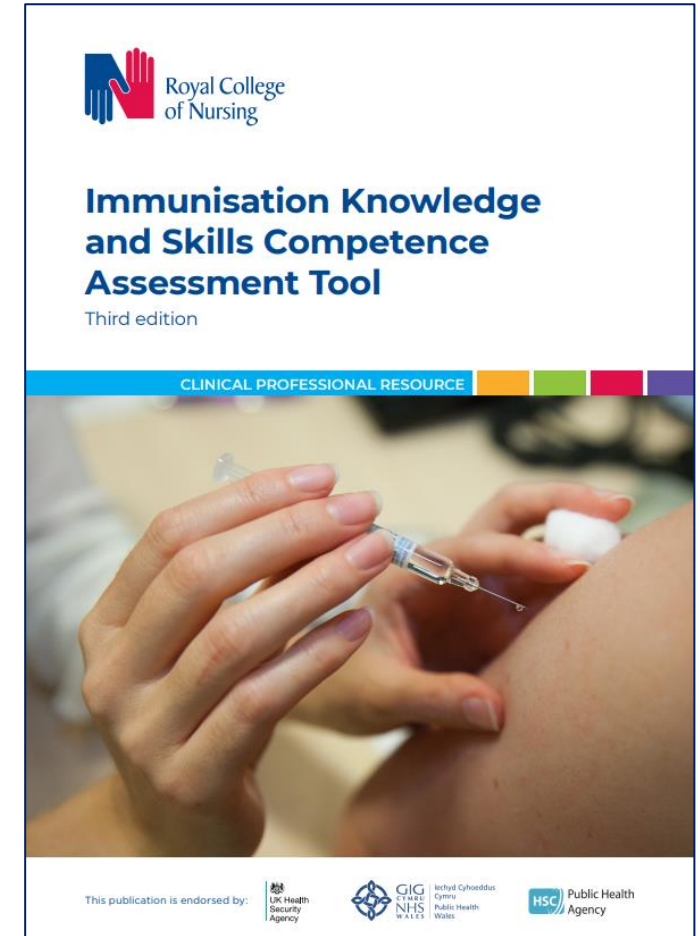
Training context



With the ongoing development of new and improved vaccines and the epidemiology of infectious diseases constantly changing, the need to modify or introduce new vaccine programmes occurs frequently.

It is vital that healthcare professionals involved in immunisation receive solid foundation training in immunisation.

Annual updates should be provided. More frequent updates may be required if substantial changes to programmes or policies are made, or new vaccines are introduced.



www.gov.uk/government/publications/national-minimum-standards-and-core-curriculum-for-immunisation-training-for-registered-healthcare-practitioners
<https://www.rcn.org.uk/Professional-Development/publications/immunisation-knowledge-and-skills-competence-assessment-tool-uk-pub-010-074>

Legal framework for vaccinations

- The Welsh Medicines Advice Service website [Home - Welsh Medicines Advice Service \(wales.nhs.uk\)](https://www.wales.nhs.uk/welshmedicinesadvice) provides information about Patient Group Directions (PGDs) and their use in clinical practice. Guidance, advisory documents, templates and resources can be accessed via the website.
- PGD templates are available to support immunisation programmes, with some templates authored by WMAS in collaboration with the Vaccine Clinical Advisory Group (VCAG). Others are authored by UKHSA. All are accessible via the website.
- There are also links to the relevant national protocols.
- Any queries regarding the clinical content of the PGDs should be addressed to welshmedicines.information@wales.nhs.uk

Reg 247A of Human Medicines Regulations (HMR) 2012

- Reg 247A of HMR 2012 – Welsh Ministers issue national protocols allowing use of non-registrant vaccinators.
- Restricted to COVID-19 and flu. Conditional on disease being pandemic and serious risk to health.
- UK Government consulted on removal of condition. Subject to parliamentary approval.
- Proposed expiry date April 2026. Will allow use of protocols until then.
- WG working with UKG to find long term legislative solution



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Rhaglen Frechu Cymru
Vaccination Programme Wales


Vaccination System Pipeline

Clare Williams - Director of Planning and SRO – Vaccine Programme Wales

Version 4: 16th Nov 2023

Routine Immunisation Schedule for Wales

This updated version of the routine immunisation schedule will be available for download soon:
<https://phw.nhs.wales/topics/immunisation-and-vaccines/vaccine-resources-for-health-and-social-care-professionals/>



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The complete routine immunisation schedule for Wales from September 2023 (updated)

Age due	Diseases protected against	Vaccine and name		Usual site ¹
8 weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio, <i>Haemophilus influenzae</i> type b (Hib) and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	Meningococcal group B (MenB)	MenB	Bexsero	Left thigh
	Rotavirus gastroenteritis	Rotavirus	Rotarix	By mouth
12 weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	Pneumococcal (13 serotypes)	PCV	Prevenar 13	Thigh
	Rotavirus gastroenteritis	Rotavirus	Rotarix	By mouth
16 weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	Meningococcal group B	MenB	Bexsero	Left thigh
12 -13 months old	Hib / Meningococcal group C	Hib/MenC	Menitorix	Upper arm/thigh
	Pneumococcal	PCV booster	Prevenar 13	Upper arm/thigh
	Measles, mumps and rubella	MMR	MMRVaxPRO or Priorix	Upper arm/thigh
	Meningococcal group B	MenB booster	Bexsero	Left thigh
2 nd and 3 years old and all school aged children	Influenza (annually from September)	Live attenuated influenza vaccine	Fluenz Tetra ³	Both nostrils
3 years 4 months old	Diphtheria, tetanus, pertussis and polio	dTaP/IPV	Boostrix-IPV	Upper arm
	Measles, mumps and rubella	MMR	MMRVaxPRO or Priorix	Upper arm
School year 8 (12 to 13 year olds)	Cervical cancer, some head and neck and ano-genital cancers, and genital warts caused by human papillomavirus (HPV)	HPV ⁴ (one dose)	Gardasil 9	Upper arm
School year 9 (13 and 14 year olds)	Tetanus, diphtheria and polio	Td/IPV (check MMR status)	Revaxis	Upper arm
	Meningococcal groups A, C, W and Y	MenACWY	Nimenrix	Upper arm
65 years of age and older	Influenza (annually from September)	Inactivated influenza vaccine	Multiple	Upper arm
65 years of age and older	Pneumococcal (23 serotypes)	Pneumococcal polysaccharide vaccine (PPV)	Pneumovax 23	Upper arm
65 years and 70 to 79 years old (plus individuals from age 50 who are severely immunosuppressed) ⁵	Shingles	Shingles	Zostavax ⁶ (one dose) or Shingrix ⁷ (2 doses)	Upper arm

1. Where two or more injections are required at once, these should ideally be given in different limbs. Where this is not possible, injections in the same limb should be given 2.5cm apart. For more details see Chapters 4 and 11 in the Green Book. All injected vaccines are given intramuscularly unless stated otherwise.

2. Children must be 2 years old by 31 August to receive influenza vaccine in the routine programme in autumn/winter.

3. If Fluenz Tetra is contraindicated, use a suitable inactivated flu vaccine.

4. Check the relevant chapter of the Green Book for individuals requiring a 3 dose schedule.

5. Zostavax is contraindicated in those with severe immunosuppression. See Green Book Chapter 28a Shingles for further details and definition of severe immunosuppression.

6. Those previously eligible for Zostavax will be offered Zostavax until supply is depleted. Zostavax is contraindicated in those with severe immunosuppression. Please refer to Green Book Chapter 28a for further details.

7. Immunocompetent individuals require two doses of Shingrix with the second dose given 6 to 12 months after the first dose. Immunosuppressed individuals require two doses with the second dose given 8 weeks to 6 months after the first dose.

Selective immunisation programmes

Target group	Age and schedule	Disease	Vaccines
Babies born to hepatitis B infected mothers	At birth and 1 month old. Boost at 12-13 months old ¹	Hepatitis B	Hepatitis B vaccines (Engerix B / HBVaxPRO)
Infants in areas of the country with TB incidence >= 40/100,000	At birth	Tuberculosis	BCG
Infants with a parent or grandparent born in a high incidence country ²	At birth	Tuberculosis	BCG
People in a risk group for influenza	From 6 months to 64 years	Influenza	LAIV for children aged 2-17 years. Inactivated flu vaccine for other ages or if LAIV contraindicated
Additional groups eligible for a flu vaccine ³	During flu season	Influenza	Inactivated flu vaccine
Pregnant women	From 16 weeks of pregnancy	Pertussis	dTaP/IPV (Boostrix-IPV)
Gay, bisexual and other men who have sex with men	Aged under 25 years ⁴ 25 years up to 45 years ⁵	HPV ⁶	Gardasil 9

1. In addition to hexavalent vaccine (Infanrix hexa or Vaxelis) given at 8, 12 and 16 weeks. Take blood for HBsAg to exclude infection at 12/13 months.

2. Where the annual incidence of TB is >= 40/100,000 see www.gov.uk/government/publications/tuberculosis-tb-by-country-rates-per-100000-people.

3. Refer to annual flu Welsh Health Circular (WHC) for eligibility.

4. 1 dose.

5. 2 doses 8-24 months apart.

6. Check the relevant chapter of the Green Book for individuals requiring a 3 dose schedule.

Additional vaccines for individuals with underlying medical conditions¹

Medical condition	Diseases protected against	Vaccines required ²
Asplenia or splenic dysfunction (including sickle cell and coeliac disease)	Meningococcal groups A, B, C, W and Y Pneumococcal Influenza	MenACWY MenB PCV13 (up to ten years of age) ³ PPV (from two years of age) Annual flu vaccine ⁴
Cochlear implants, cerebrospinal fluid leaks	Pneumococcal	PCV13 (up to ten years of age) ³ PPV (from two years of age)
Chronic respiratory and heart conditions (such as moderate to severe asthma, chronic pulmonary disease, and heart failure)	Pneumococcal Influenza	PCV13 (up to ten years of age) ³ PPV (from two years of age) Annual flu vaccine ⁴
Chronic neurological conditions (such as Parkinson's or motor neurone disease, or learning disability)	Pneumococcal Influenza	PCV13 (up to ten years of age) ³ PPV (from two years of age) Annual flu vaccine ⁴
Diabetes	Pneumococcal Influenza	PCV13 (up to ten years of age) ³ PPV (from two years of age) Annual flu vaccine ⁴
Chronic kidney disease (CKD) (including haemodialysis)	Pneumococcal (stage 4 and 5 CKD) Influenza (stage 3, 4 and 5 CKD) Hepatitis B (stage 4 and 5 CKD)	PCV13 (up to ten years of age) ³ PPV (from two years of age) Annual flu vaccine ⁴ Hepatitis B
Chronic liver conditions	Pneumococcal Influenza Hepatitis A & B	PCV13 (up to ten years of age) ³ PPV (from two years of age) Annual flu vaccine ⁴ Hepatitis A & Hepatitis B
Haemophilia	Hepatitis A & B	Hepatitis A & Hepatitis B
Complement disorders (including those receiving complement inhibitor therapy)	Meningococcal groups A, B, C, W and Y Pneumococcal Influenza	MenACWY MenB PCV13 (up to ten years of age) ³ PPV (from two years of age) Annual flu vaccine ⁴
Immunosuppression due to disease or treatment	Pneumococcal Influenza Shingles	PCV13 (up to ten years of age) ^{3,5} PPV (from two years of age) Annual flu vaccine ⁴ Shingrix (aged 50 years and over) ⁵

1. The list is not exhaustive. Other vaccines may be recommended for certain individuals.

2. Check relevant chapter of Green Book for specific schedule and for further detail.

3. If aged two years to under ten years of age and unimmunised or partially immunised against pneumococcal infection, give one PCV13 dose.

4. From six months of age.

5. To any age in severe immunosuppression. Check relevant chapter of Green Book for specific schedule and for further detail.

6. Check Green Book Chapter 28a Shingles for definition of severe immunosuppression and interval for second dose.

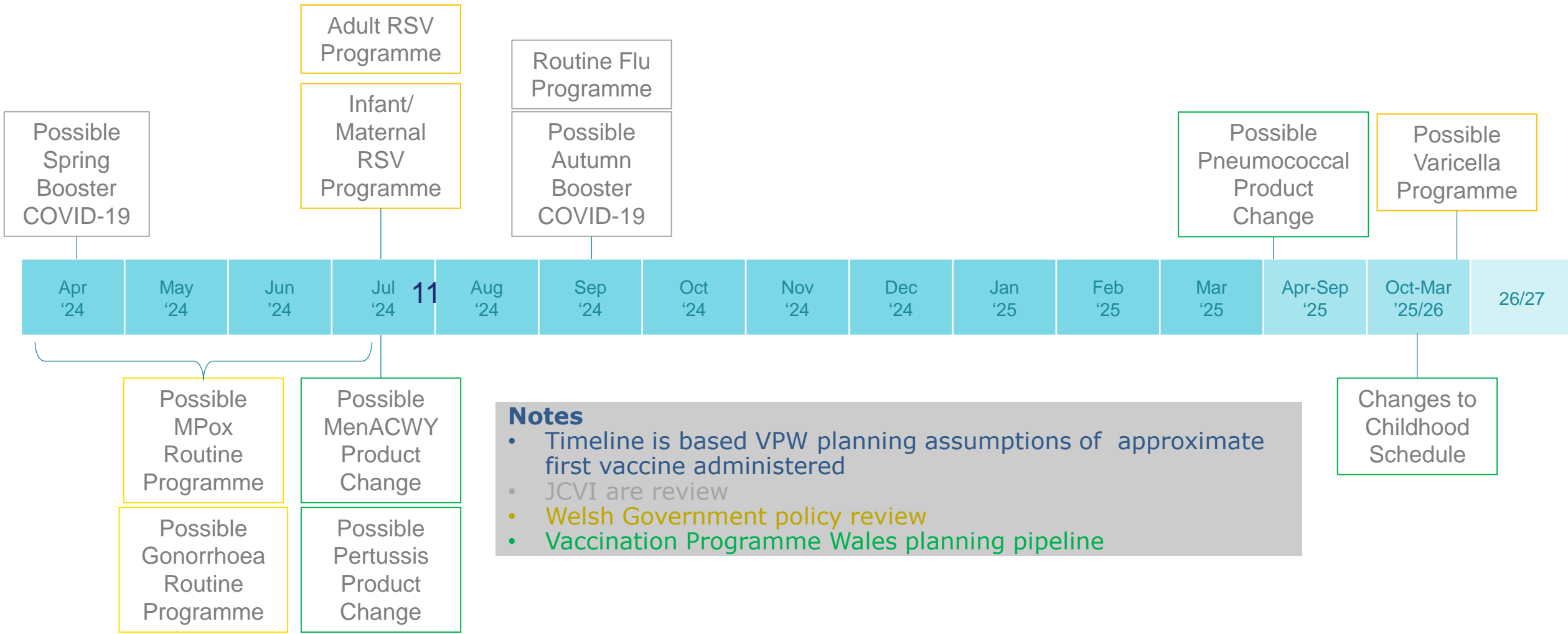
© Crown copyright 2023. Available as a pdf download only. Published courtesy of UK Health Security Agency. Revised by Public Health Wales, October 2023. ISBN: 978-1-83786-293-7.

Which Vaccinations Are Considered Where?

	Seasonal Respiratory	Adult	School Age	Infant and Pregnancy
Current Activity	<ul style="list-style-type: none"> COVID Flu (outside school) 	<p>Catch up activity for missed doses (inc MMR and HPV)</p> <p><i>Universal</i></p> <ul style="list-style-type: none"> Shingles Pneumococcal <p><i>Targeted / At Risk</i></p> <ul style="list-style-type: none"> Hepatitis A&B MenACWY MenB Pneumococcal HPV <p>Incident Response</p> <ul style="list-style-type: none"> Mpox 	<p>Catch up activity for missed doses (inc MenACWY/MMR/3in1)</p> <p><i>Universal</i></p> <ul style="list-style-type: none"> School Flu HPV Td/IPV MenACWY <p><i>Targeted / At Risk</i></p> <ul style="list-style-type: none"> Hepatitis A&B MenACWY MenB Pneumococcal HPV 	<p><i>Universal</i></p> <ul style="list-style-type: none"> DTaP/IPV/Hib/HepB Men B inc booster Rotavirus Pneumococcal inc booster Hib/MenC MMR <p><i>Pregnancy</i></p> <ul style="list-style-type: none"> Pertussis (DTaP/IPV) Flu <p><i>Targeted / At Risk</i></p> <ul style="list-style-type: none"> Hepatitis A&B MenACWY MenB Pneumococcal BCG
Possible Change	<ul style="list-style-type: none"> Spring COVID-19 Autumn COVID-19 Annual Flu Guidance 	<p><i>Older People</i></p> <ul style="list-style-type: none"> Pneumococcal (Product Change) <p><i>Targeted</i></p> <ul style="list-style-type: none"> Mpox (convert to routine) Rabies (prophylaxis) 	<ul style="list-style-type: none"> MenACWY (Product Change) 	<p><i>Infant</i></p> <ul style="list-style-type: none"> Schedule Changes <p><i>Pregnancy</i></p> <ul style="list-style-type: none"> Pertussis (DTaP/IPV) (Product Change)
Possible Addition		<ul style="list-style-type: none"> RSV (Adults) Gonorrhoea 		<ul style="list-style-type: none"> RSV (Infant/Pregnancy) Varicella (Infant)

DRAFT Vaccination System Pipeline

(in addition to routine delivery and VPW Transformation Programme)



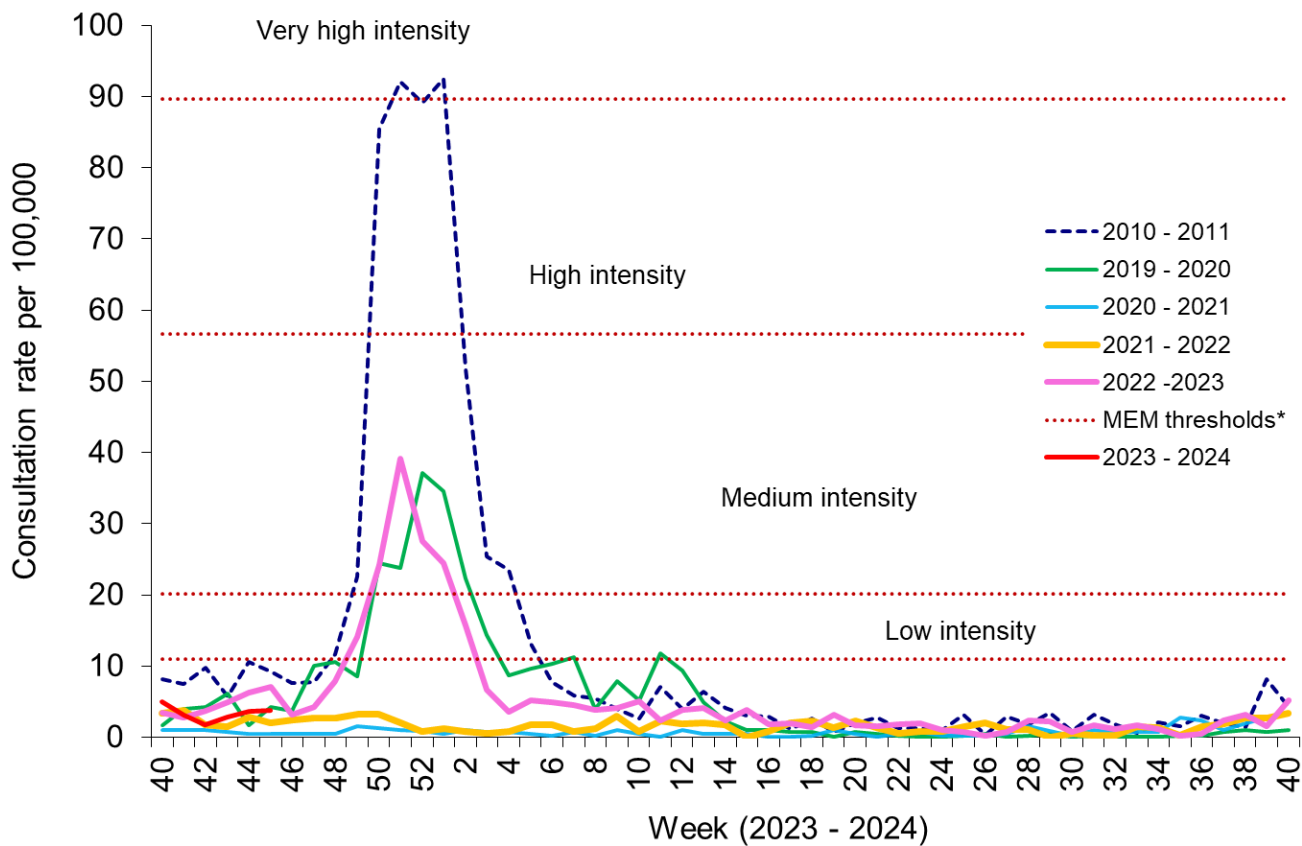
Epidemiological and surveillance update

Simon Cottrell
Scientific Lead
Health Protection CDSC/VPDP

Mai Barry
Senior Epidemiologist
Health Protection CDSC/VPDP

Acute Respiratory Surveillance

Clinical consultation rate for ILL per 100,000 practice population in Welsh sentinel practice, as of 13/11/2023

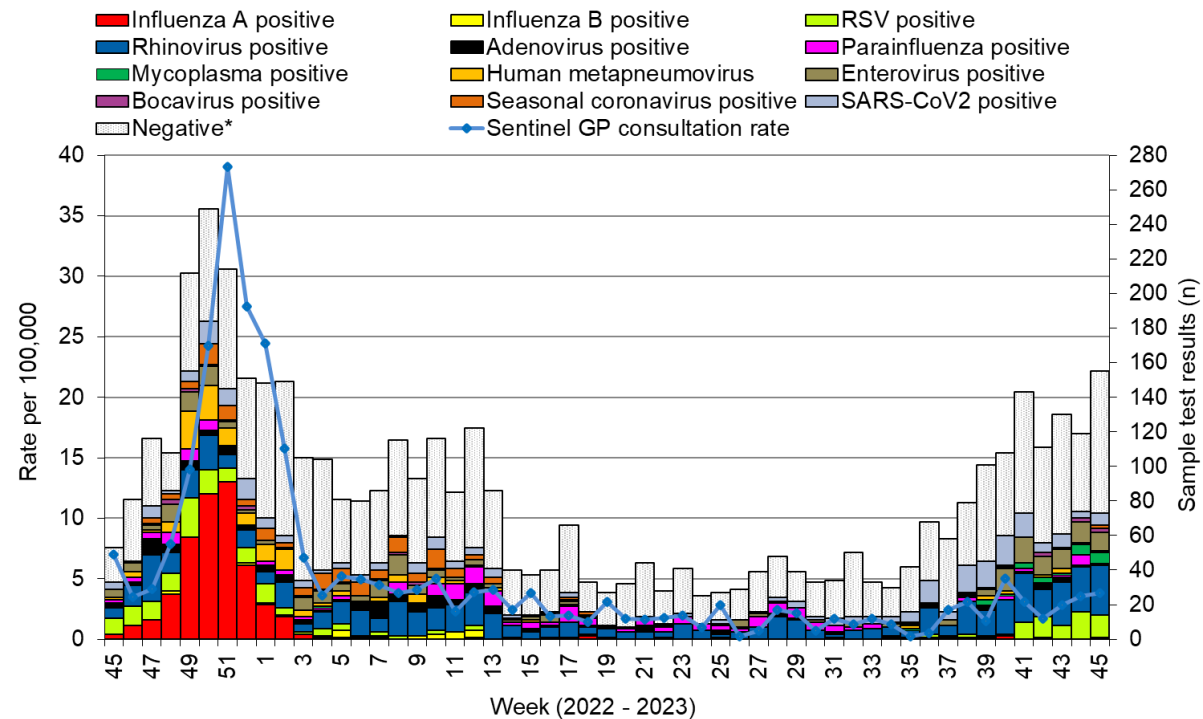


Age-specific consultations per 100,000 for ARI in Welsh sentinel practices, Week 40-45, as of 13/11/2023

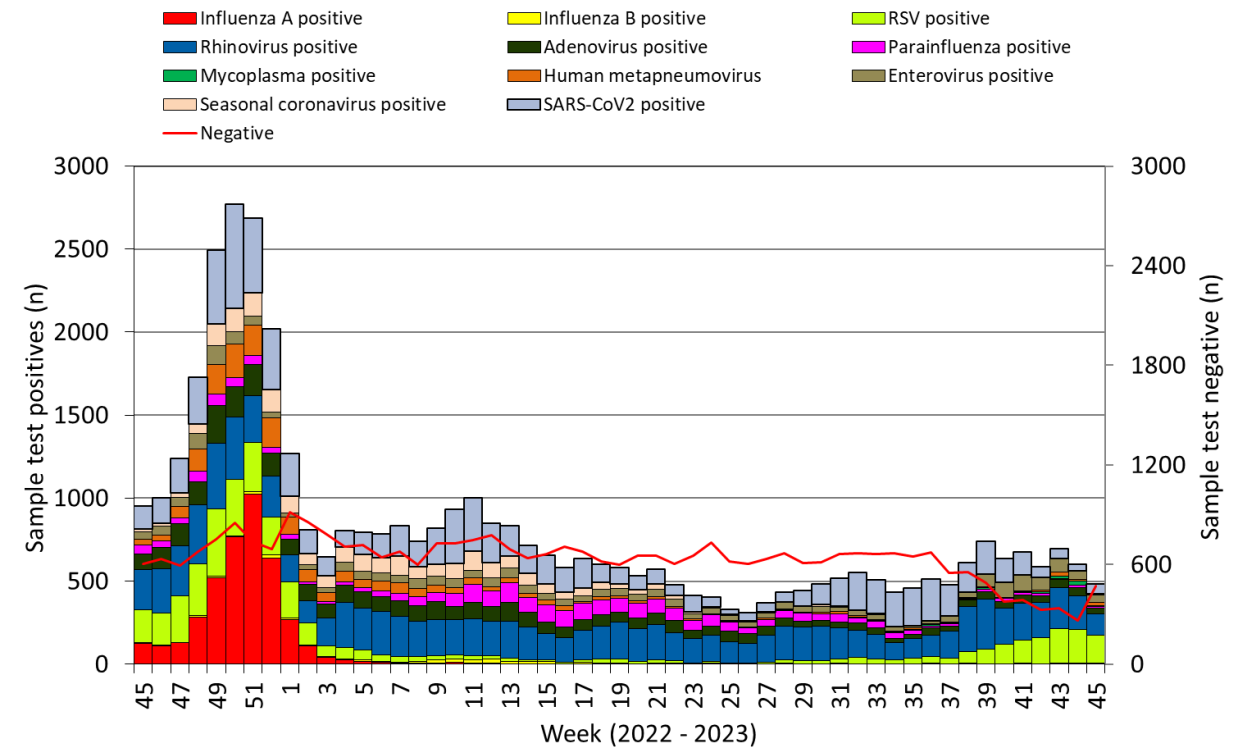
Age group	40	41	42	43	44	45
< 1	1730.5	1534.4	1250.4	1333.3	1733.3	2189.8
1 - 4	913.7	881.3	800.7	1069.1	1223.8	893.5
5 - 14	223.9	212.7	205.3	269.9	247.8	240.7
15 - 24	151.5	136.3	122.9	138.5	172.6	159.5
25 - 34	135.8	158.7	124.5	150.8	166.0	168.1
35 - 44	132.6	138.0	125.9	146.9	145.1	148.6
45 - 64	123.7	115.5	112.0	129.1	149.1	161.0
65 - 74	133.7	122.9	142.3	135.7	178.8	155.1
75+	185.8	183.5	180.7	204.8	187.6	210.2
Total	187.8	182.2	169.7	201.3	220.9	214.1

Virology Surveillance

Specimens submitted for virological testing by sentinel GPs and community pharmacies as of 13/11/2023



Specimens submitted for virological testing by hospital patients and non-sentinel GPs and community pharmacies as of 13/11/2023



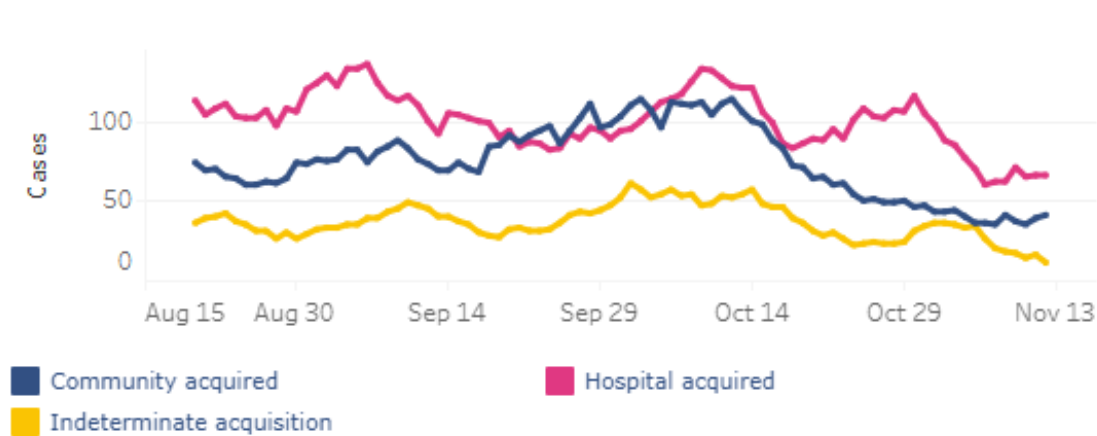
Hospitalisations for COVID-19, Flu & RSV Surveillance

COVID-19 Hospitalisations

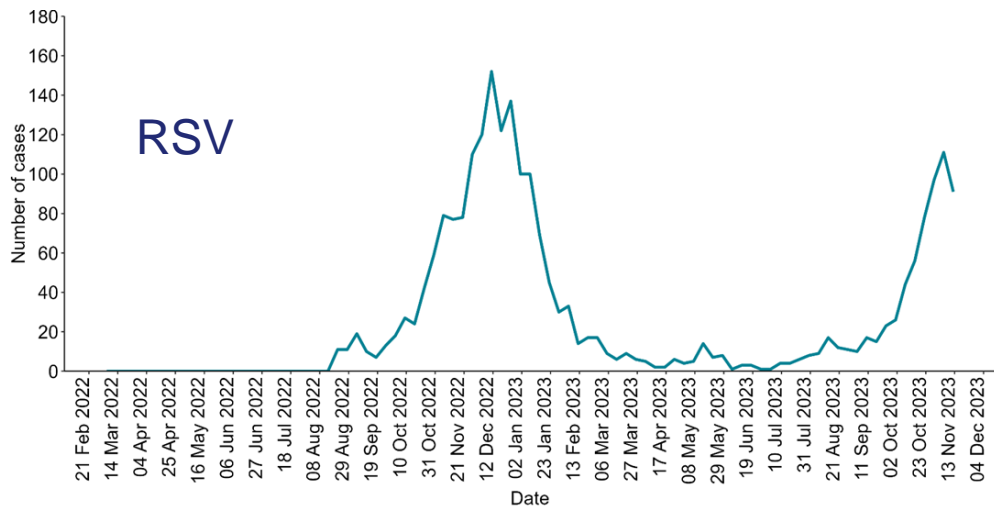
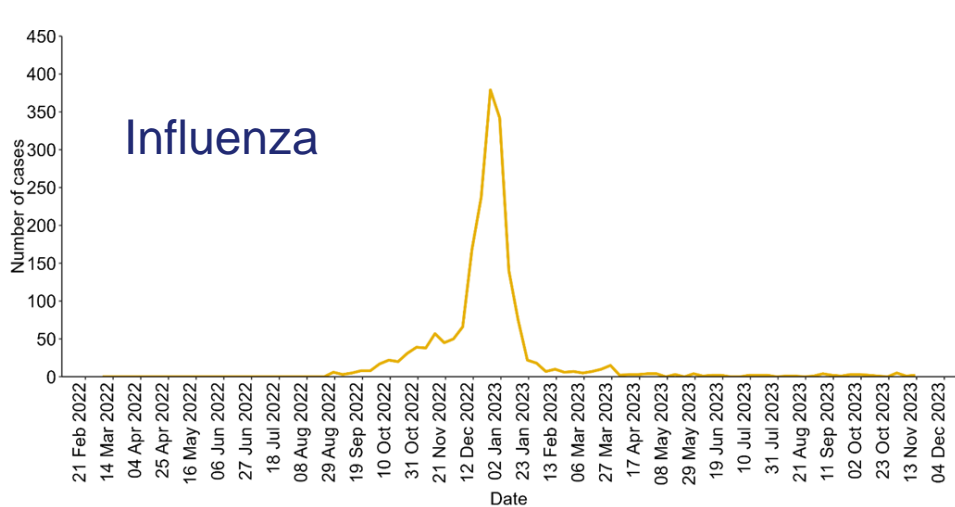
Number of community acquired cases (up to day 2 after admission)	41
Number of indeterminate acquisition cases (between 3 to 7 days after admission)	11
Number of hospital acquired cases (over 8 days after admission)	66
Number of hospitalised cases admitted to critical care	1

For the 7-day period ending: November 12, 2023

Number of hospitalised confirmed COVID-19 cases by acquisition, 7-day rolling count



Seven day rolling sum of cases hospitalised in Wales within 28 days of a positive test result in the community (or up to 2 days post-admission)

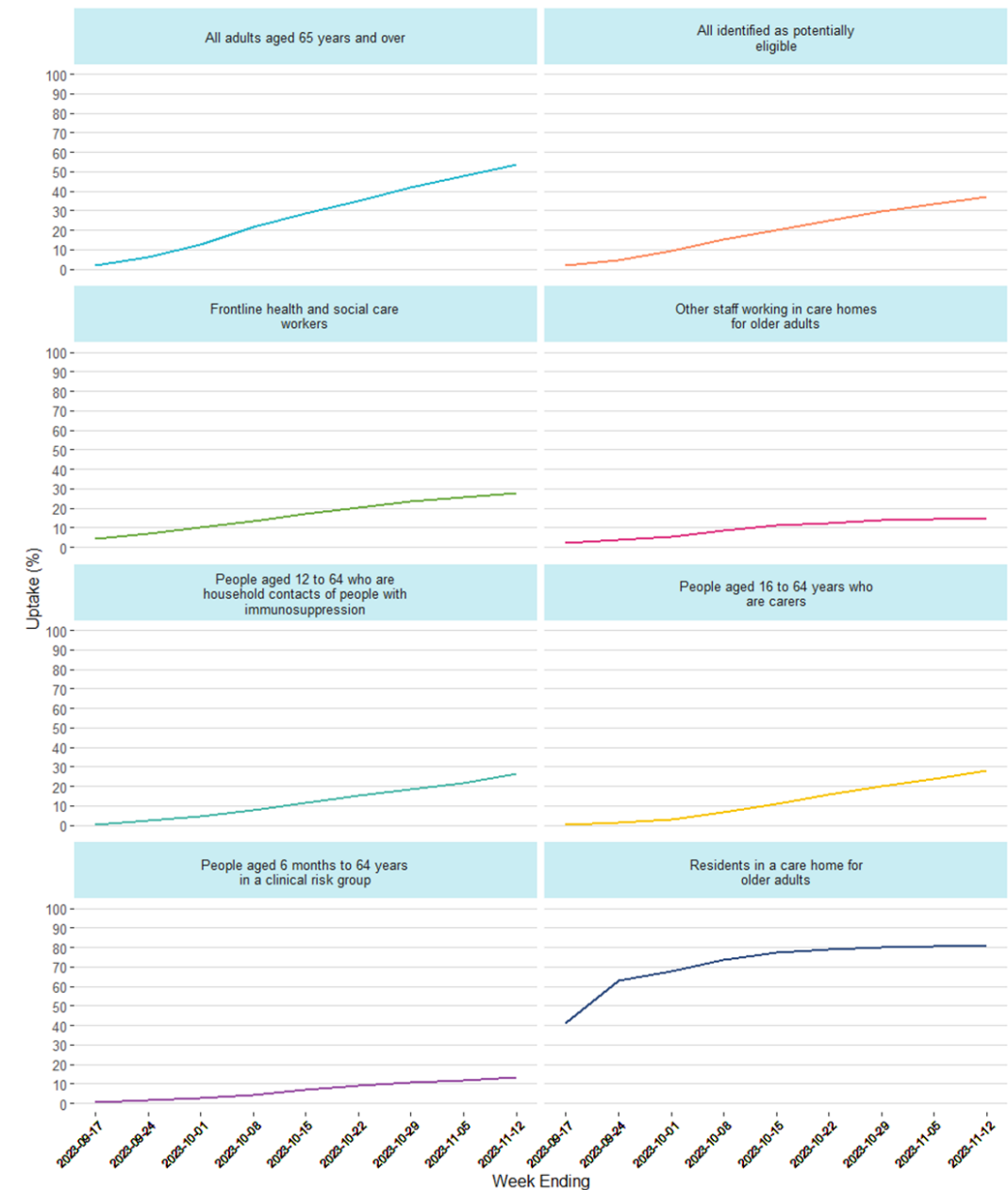


Latest COVID-19 vaccination coverage in eligible population groups

A total of **532,070** doses have been given since 11 September

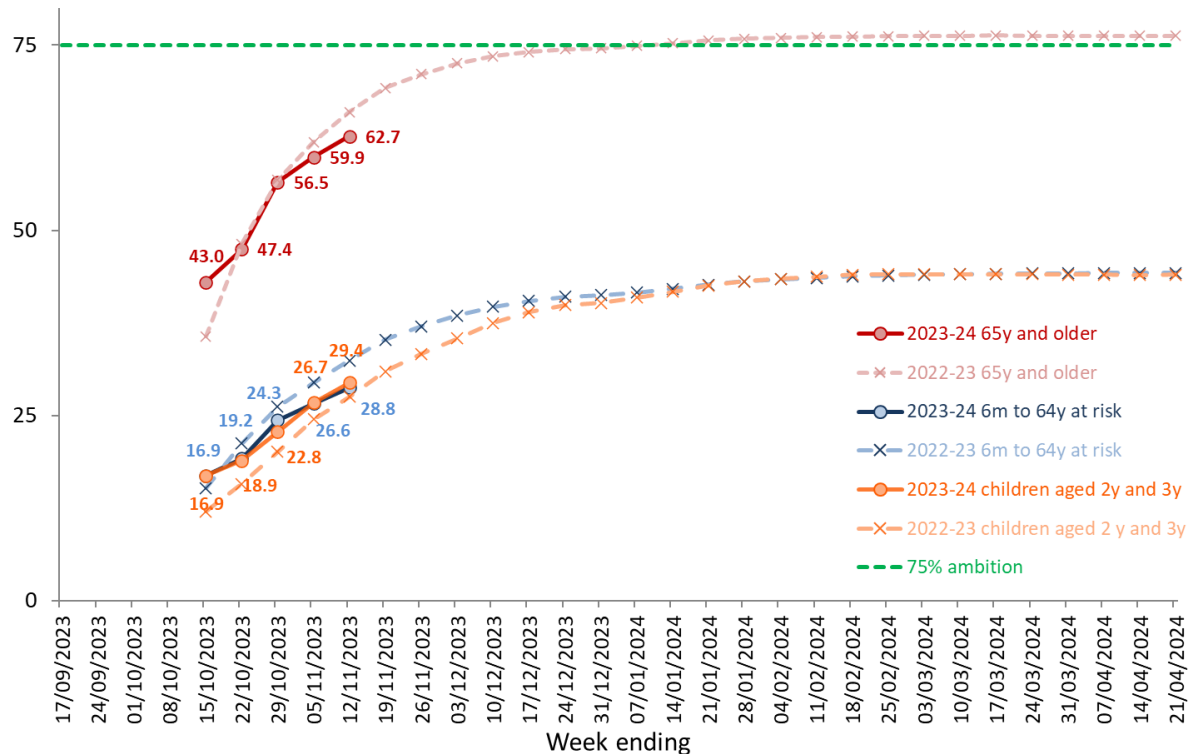
**Data as of 16/11/2023*

Group	Eligible population (N)	Vaccinated (n)	Coverage (%)	Of those vaccinated, number with no previous doses (n)
Residents in a care home for older adults	15,886	12,921	81.34	43
People aged 6 months to 64 years in a clinical risk group	368,827	52,635	14.27	192
Frontline health and social care workers	179,601	51,216	28.52	193
Other staff working in care homes for older adults	36,307	5,637	15.53	54
All adults aged 65 years and over	721,579	404,386	56.04	277
People aged 16 to 64 years who are carers	7,581	2,401	31.67	5
People aged 12 to 64 who are household contacts of people with immunosuppression	3,549	1,069	30.12	5
All identified as potentially eligible	1,304,279	510,851	39.17	733



Latest Influenza Immunisation Summary

Weekly trends in uptake of influenza immunisation in 2023-24 compared to 2022-23



Uptake of influenza immunisation broken down by risk group, data correct as at 14/11/2023.

Risk Group	Immunised (n)	Denominator (n)	Uptake (%)
65y and older	450,698	718,896	62.7%
At clinical risk 6m to 64y	128,593	446,727	28.8%
At clinical risk 6m to 49y	45,703	234,960	19.5%
At clinical risk 50y to 64y	82,890	211,767	39.1%
Diabetes 6m to 64y	38,270	96,250	39.8%
Chronic heart disease 6m to 64y	21,493	71,682	30.0%
Chronic kidney disease 6m to 64y	5,314	14,095	37.7%
Chronic liver disease 6m to 64y	3,553	12,275	28.9%
Chronic respiratory disease 6m to 64y	54,887	187,171	29.3%
Immuno-suppression 6m to 64y	10,250	25,056	40.9%
Morbidly obese 6m to 64y	24,902	95,657	26.0%
Neurological conditions 6m to 64y	11,723	37,192	31.5%
Asplenia aged 6m to 64y	3,577	13,542	26.4%
All Carers	16,215	47,359	34.2%

Latest COVER data

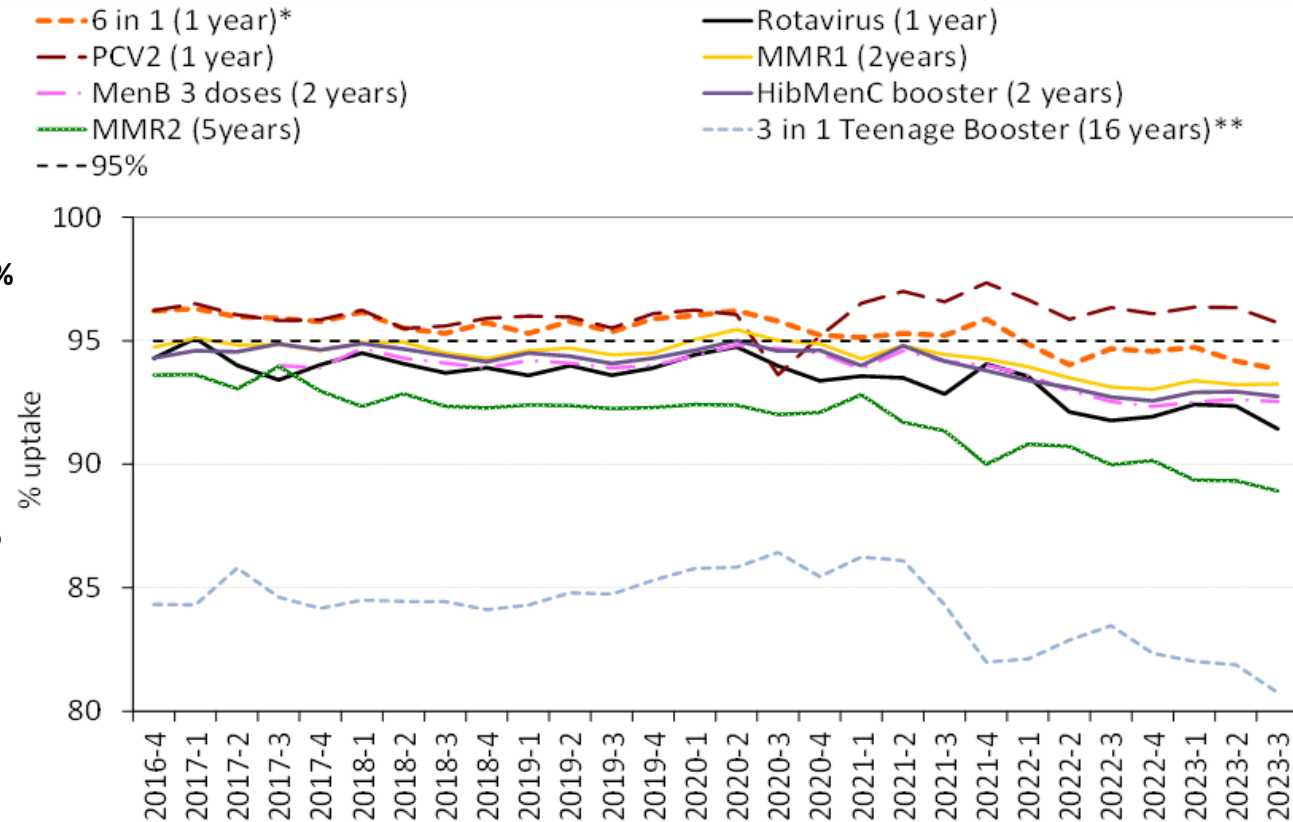
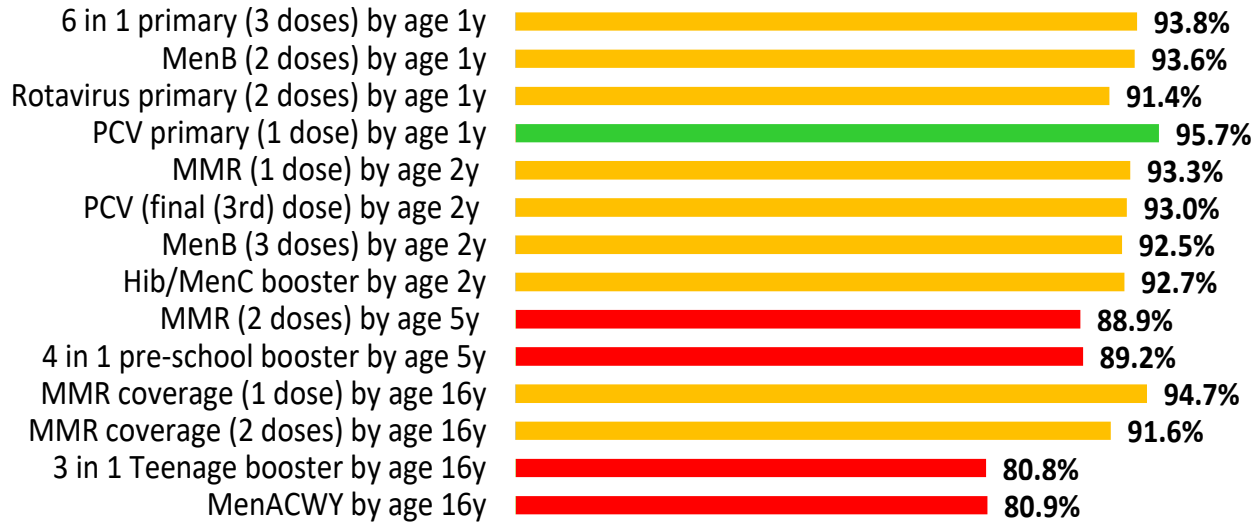
Uptake Data:

Latest Quarterly COVER Report Jul-Sep 2023

Summary of uptake rates for selected immunisations in resident children reaching their 1st, 2nd, 5th and 16th birthday between 01/07/23 and 30/09/23 and resident on 30/09/23.

Percentage uptake of childhood immunisations in Wales, quarter 4 2016 to quarter 3 2023

All Wales Summary - COVER 148



Uptake Data:

Latest Quarterly COVER Report Jul-Sep 2023

HPV Dose 1 Uptake

- **Year 8 cohort** (turning 13 years of age during 01/09/22 to 31/08/23): **66.4%.**
- **Year 9 cohort** (turning 14 years of age during 01/09/22 to 31/08/23): **74.0%.**

HPV Dose 2 Uptake

- **Year 9 cohort** (turning 14 years of age during 01/09/22 to 31/08/23): **61.0%.**
- **Year 10 cohort** (reaching their 15th birthday during 01/09/22 to 31/08/23): **75.1%.**

MenACWY Uptake

- **Year 9 cohort** (turning 14 years of age during 01/09/22 to 31/08/23): **67.7%**
- **Year 10 cohort** (reaching their 15th birthday during 01/09/22 to 31/08/23): **75.5%**

Td/IPV Uptake

- **Year 9 cohort** (turning 14 years of age during 01/09/22 to 31/08/23): : **68.0%**
- **Year 10 cohort** (reaching their 15th birthday during 01/09/22 to 31/08/23): **75.4%**

MMR coverage in school aged children in Wales – annual report 2022/23

MMR coverage in school-aged children in Wales

Annual report 2022/23

****Provisional Data/Pre-Publication****

Coverage of one MMR dose (MMR1) in children reaching their 5th to 16th birthdays between 01/09/2022 and 31/08/2023 as it was at the start of, and the improvement during, the 2022/23 academic year.

Birthday reached during 2022-23 academic year	Children (n)	MMR1 immunisation coverage as at 01/09/2022		Improvement in coverage after 01/09/2022	
		(n)	(%)	(n)	(%)
5th to 11th	249636	236968	94.9	592	0.2
12th to 16th	188275	178378	94.7	478	0.3
Total	437911	415346	94.8	1070	0.2

Coverage of two doses of MMR (MMR2) in children reaching their 5th to 16th birthdays between 01/09/2022 and 31/08/2023 as it was at the start of, and the improvement during, the 2022/23 academic year.

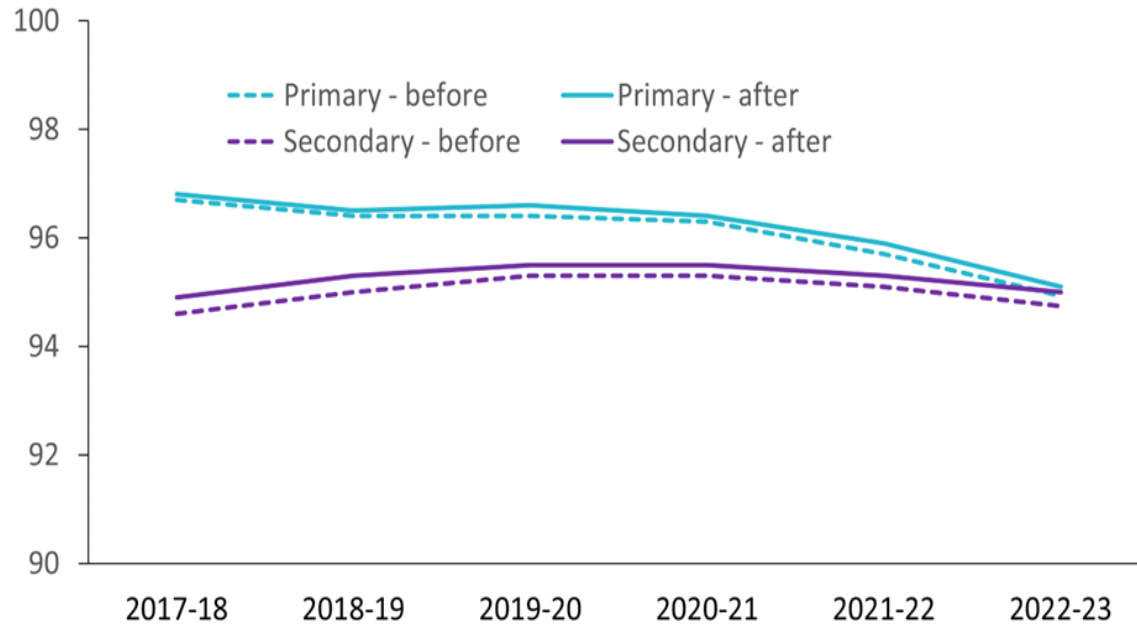
Birthday reached during 2022-23 academic year	Children (n)	MMR2 immunisation coverage as at 01/09/2022		Improvement in coverage after 01/09/2022	
		(n)	(%)	(n)	(%)
5th to 11th	249636	226242	90.6	1437	0.6
12th to 16th	188275	172699	91.7	391	0.2
Total	437911	398941	91.1	1828	0.4

MMR coverage in school-aged children in Wales

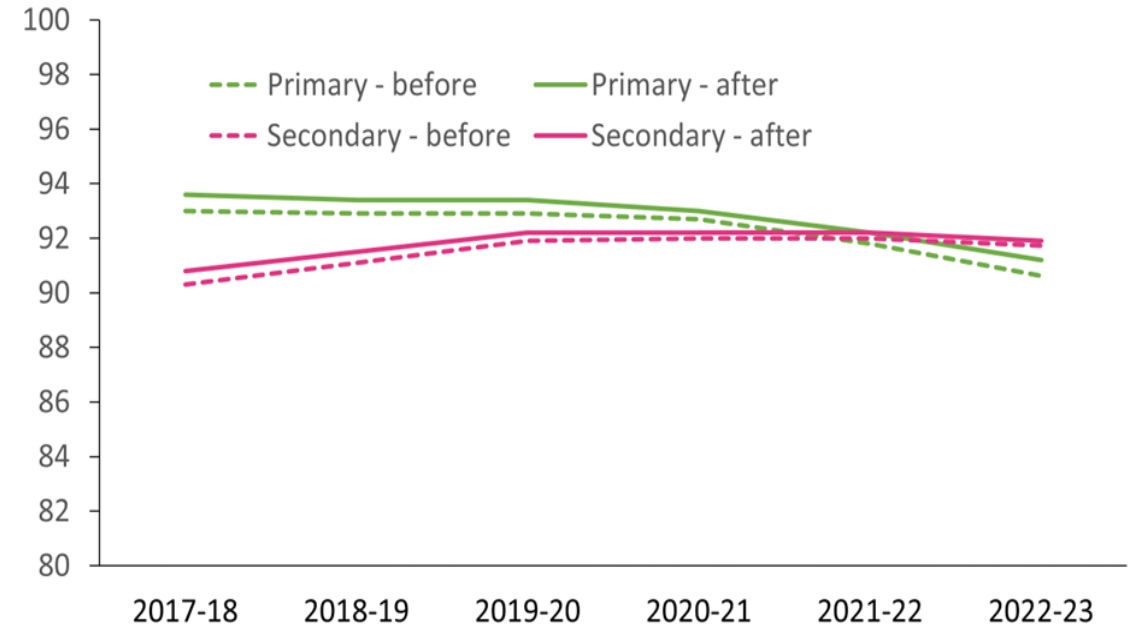
Annual report 2022/23

****Provisional Data/Pre-Publication****

MMR1 coverage in children aged 5 to 16 years, before and after the school year, by primary (5 to 11 years) and secondary (12 to 16 years) school age group 01/09/2017 to 31/08/2023



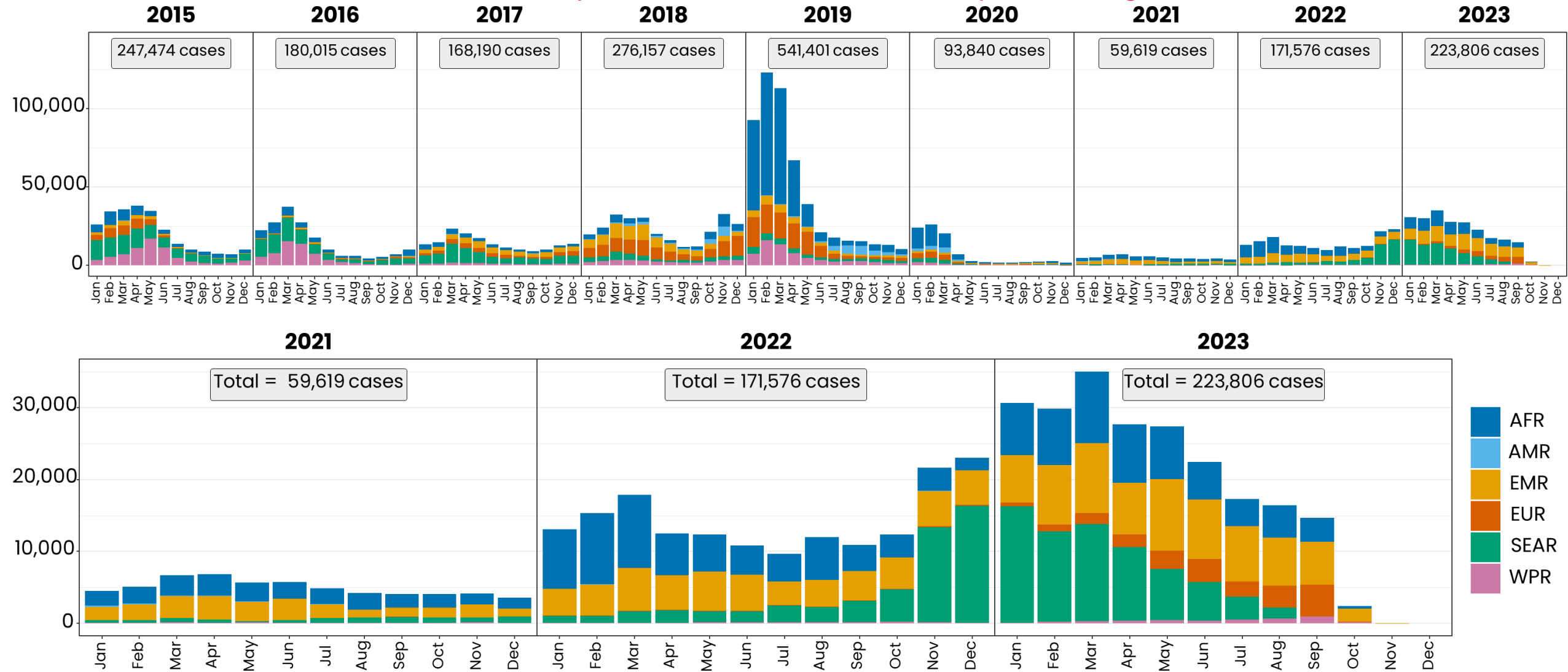
MMR2 coverage in children aged 5 to 16 years, before and after the school year, by primary (5 to 11 years) and secondary (12 to 16 years) school age group 01/09/2017 to 31/08/2023



Surveillance of measles

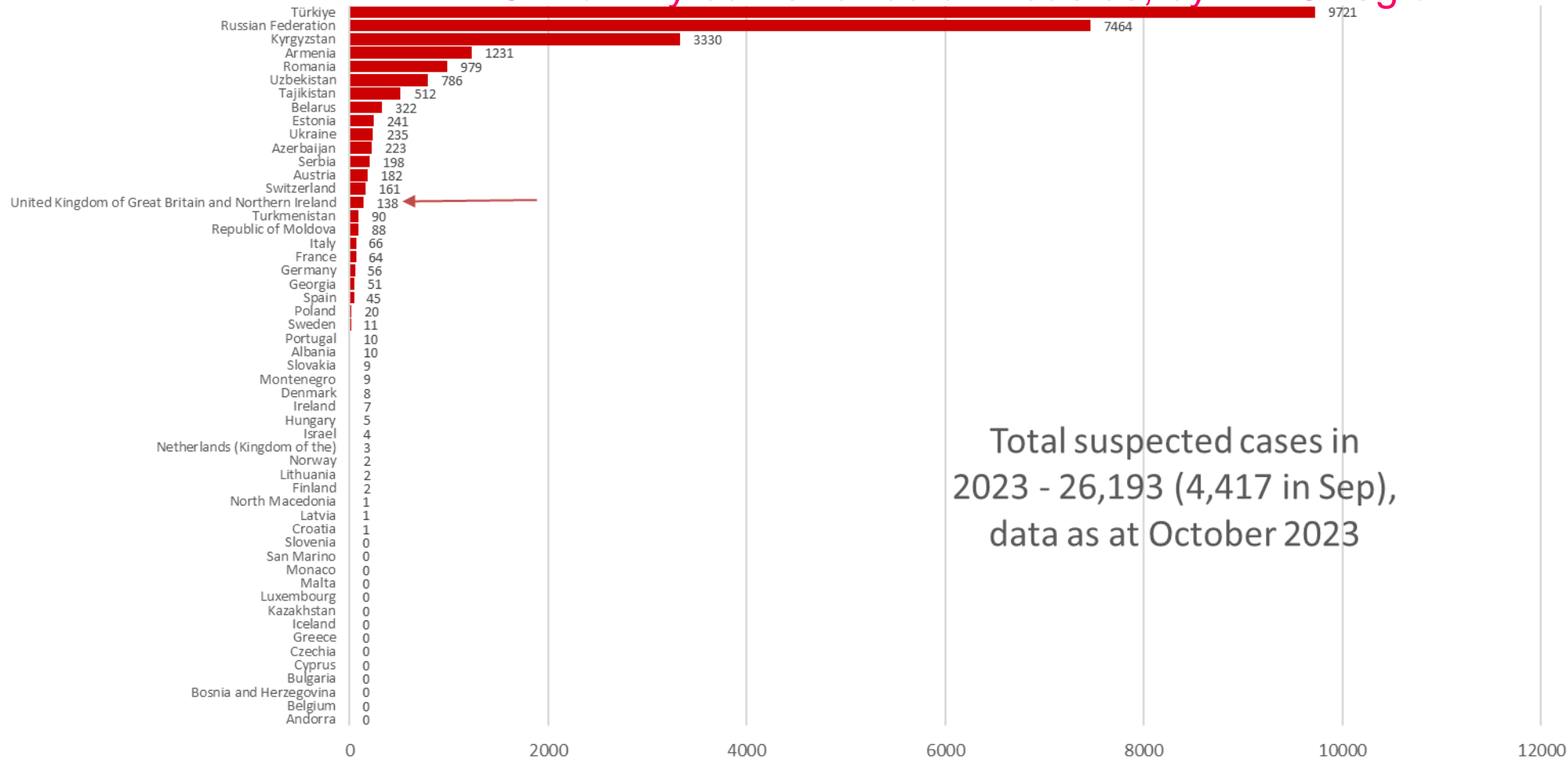
Surveillance of measles

WHO monthly surveillance of measles, by WHO region



Surveillance of measles

WHO monthly surveillance of measles, by WHO region



Total suspected cases in
2023 - 26,193 (4,417 in Sep),
data as at October 2023

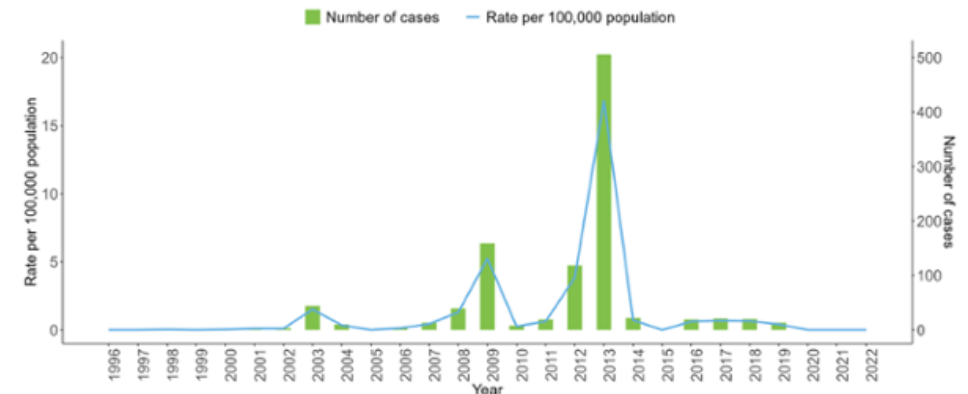
Data from WHO: <https://www.who.int/teams/immunization-vaccines-and-biologicals/immunization-analysis-and-insights/surveillance/monitoring/provisional-monthly-measles-and-rubella-data>

Surveillance of measles

Wales and the UK

- In Wales: 8 confirmed cases as at 1st Nov.
 - *1 imported case in July*
 - *7 cases from current outbreak affecting S Wales*
 - *As at 1st Nov, all childhood cases*
- In England: during 2023, the majority of cases have been reported in London, although all regions of England have reported at least one case. Less than 1 in 5 of the cases were imported or import-related, with the rest a result of community transmission[1].
- Some key messages from recent outbreaks:
 - *Importance of preventing MMR status checking*
 - *Vigilance for measles cases presenting to HC settings*
 - *Timeliness of sampling and testing*
 - *Achieving herd protection to protect the most vulnerable*

Confirmed cases and incidence per 100,000 of measles in Wales 1996 - 2022



UK Health Security Agency. Research and analysis: HPR volume 17 issue 7: news (14 July 2023), July 2023. Available from: <https://www.gov.uk/government/publications/health-protection-report-volume-17-2023/hpr-volume-17-issue-7-news-14-july-2023>

Measles

Juliet Norwood – VPDP Specialist Nurse

Measles

Cardiff measles outbreak prompts MMR vaccination plea

🕒 1 November



SCIENCE PHOTO LIBRARY

| Babies are usually given their first dose of MMR at 12 months old

Measles

- Very infectious viral illness caused by morbillivirus of the paramyxovirus family
- **Transmission:** respiratory or direct contact with nasal or throat secretions of infected persons.
- Very young infants, adults, immunosuppressed and pregnant women are more likely to develop complications, be hospitalised or die.
- **Incubation period** is about (range = 7-18 days)
- **Infectious period** = about 2-4 days before symptoms appear – and up to 4 days after onset of the rash.
- **Symptoms** may include; fever, cough, coryza, conjunctivitis, rash, malaise.
- **Complications.** Common = otitis media, pneumonia, diarrhoea and convulsions. Less common = encephalitis (1-4 / 1000-2000 cases measles) and sub-acute sclerosing pan-encephalitis (SSPE). [SSPE - a serious complication of measles | Vaccine Knowledge Project \(ox.ac.uk\)](#)
- Measles in pregnancy increases the risk of miscarriage, stillbirth or preterm delivery.

Healthcare Professionals:

Note: Measles is only given in the combined measles, mumps and rubella (MMR) vaccine in the NHS in the UK

1. Ensure you have had 2 MMRs, to protect you and your patients. Encourage staff involved in direct patient care to be fully vaccinated.
2. Promote importance of children receiving 2 doses of MMR routinely at 12 months and 3 years 4 months.
3. Identify unvaccinated or partially vaccinated children and adults and encourage vaccination. Opportunities to discuss vaccination include entering primary, secondary or higher education settings; newly registered to a GP practice; employment checks; entry to prison or military institutions etc.
4. Ensure unvaccinated/partially vaccinated women of childbearing age have had 2 MMRs prior to conception (if given to adult women, advise against getting pregnant for 1 month). As a theoretical precaution, MMR vaccine should not be given to women known to be pregnant.
5. Raise awareness, at all opportunities, about the importance of the MMR vaccine.



MMR vaccination

Protecting against
measles, mumps and
rubella infection



GIG
CYMRU
NHS
WALES | Iechyd Cyhoeddus
Cymru
Public Health
Wales

Note:

1. Travel: All travellers to endemic/ epidemic areas should be fully immunised according to the UK schedule.
 - Infants from 6 months of age to these areas should receive an MMR (note point 5 below)
2. Newly arrived in the UK: It is important to check the immunisation status of anyone who has arrived in the UK. (Note point 3 below).
3. If a child has received an MMR vaccine below 1 year old (travel, newly arrived in UK, outbreak), as the response to MMR vaccine in infants is sub-optimal, where the vaccine has been given before 12 months of age, immunisation with 2 further doses of MMR vaccine should be given at the recommended ages.
4. Unless there is a reliable MMR history, individuals should be assumed to be unimmunised.
5. Where protection against measles is urgently required (travel, outbreak), a second dose can be given 1 month after the first.
 - If second dose given < 15 months of age, then another (third dose) should be given after 18 months to ensure full protection.
 - If the child is given the second dose from 15 months, no further doses are required. [Green Book of Immunisation - Chapter 21 Measles \(publishing.service.gov.uk\)](#)

MMR/measles resources/ signposting

PHW

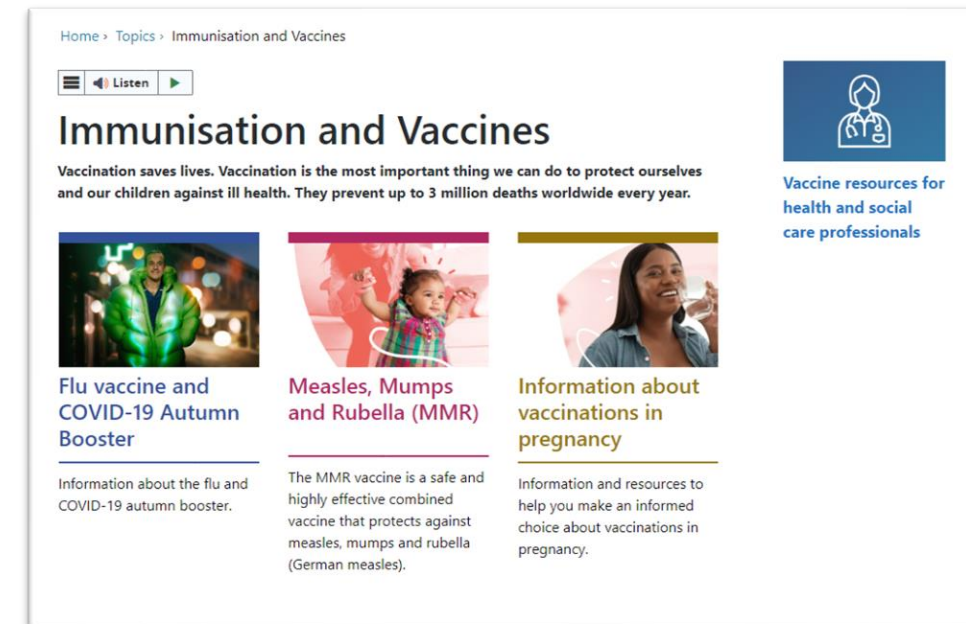
- MMR landing page: <https://phw.nhs.wales/topics/immunisation-and-vaccines/>
 - Leaflet: [MMR vaccination. Protecting against measles, mumps and rubella infection](#)
 - Leaflet: [How to protect you and your baby](#)
 - Public FAQs: In development **
 - MMR poster: In development **
 - Ordering of free resources: [Health Information Resources - Public Health Wales \(nhs.wales\)](#)
 - [PHW measles surveillance and epidemiology](#)

UKHSA

- [Information on measles for health professionals - GOV.UK \(www.gov.uk\)](#)
- [Measles leaflet English \(publishing.service.gov.uk\)](#)
- [How to stay safe during a measles outbreak - GOV.UK \(www.gov.uk\)](#)
- [Measles: information for schools and healthcare centres - GOV.UK \(www.gov.uk\)](#)

NHS 111

- [NHS 111 Wales - Health A-Z : Measles](#)



- [Green Book of Immunisation - Chapter 21 Measles \(publishing.service.gov.uk\) \(external\)](#)
- [MMR Vaccine \(Measles, Mumps and Rubella Vaccine\) | Vaccine Knowledge Project \(ox.ac.uk\) \(external\)](#)

School based vaccination programmes

Rose Jones – VPDP Specialist Nurse

HPV vaccination programme change

- As of 1 September 2023 the routine adolescent HPV programme moved from a 2-dose to a 1-dose schedule [HPV immunisation programme update \(WHC/2023/016\) | GOV.WALES](#)

- This change was based on JCVI recommendations:

[JCVI statement on a one-dose schedule for the routine HPV immunisation programme - GOV.UK \(www.gov.uk\)](#)

- All eligible immunocompetent individuals under the age of 25 (routine programme, catch up and GBMSM programme) only require 1-dose
 - Immunocompetent GBMSM 25-45 still require 2 doses
 - Eligible individuals who are **immunosuppressed** due to disease or treatment, or who are HIV-positive require 3-doses.
- From 1 September 2023 eligible immunocompetent individuals under 25:
 - Who have not received any HPV vaccinations are eligible to receive 1 dose of the HPV vaccine
 - Who have started their HPV vaccination schedule and have already received one dose of the vaccine will be considered fully vaccinated

HPV: Resources for Health care professionals

- Green Book chapter 18a was updated on 20 June 2023 [Human papillomavirus \(HPV\): the green book](#), chapter 18a - GOV.UK (www.gov.uk). Updates include:
 - Details about the change from 2 doses to 1 dose for immunocompetent individuals under 25 from 1 September 2023
 - Updated data on the impact of the vaccination programme
 - Details about vertical transmission from mother to newborn baby
 - HPV 6 and HPV 11 can cause laryngeal papillomas
 - The disease occurs in two forms: juvenile or adult papillomatosis, based on whether it develops before or after 20 years of age
 - The juvenile form is generally transmitted through contact with a mother's infected vaginal canal during childbirth
 - New figures on the impact of cervical cancer
 - The lifetime risk of cervical cancer in unvaccinated cohorts is 1 in 142
 - One third of women die within five years of invasive cervical cancer diagnosis
- The [HPV vaccination: guidance for healthcare practitioners - GOV.UK \(www.gov.uk\)](#) was also updated on 20 June 2023
- PHW have developed two slide sets to support training on the HPV vaccination programme that are available here: [Immunisation training resources and events - Public Health Wales \(nhs.wales\)](#)
 - HPV – Adolescent HPV vaccination programme slide set v1
 - HPV – Gay, bisexual and other men who have sex with men (GBMSM) HPV vaccination programme slide set v1
- Pages for HCP on the HPV vaccination programme: <https://phw.nhs.wales/topics/immunisation-and-vaccines/vaccine-resources-for-health-and-social-care-professionals/hpv/>
- Professional facing FAQs have been updated and are available on the VPDP SharePoint page here: [Frequently asked questions \(sharepoint.com\)](#)

HPV: Resources for the public

- Public facing information page: www.phw.nhs.wales/HPVvaccine www.icc.gig.cymru/brechlynHPV

Includes: general information about the vaccine and vaccination programme, 10 FAQs about the change to 1 dose, and a short fact file video about the vaccination programme

Changes to the HPV vaccination programme from 1 September 2023

The Joint Committee on Vaccination and Immunisation (JCVI) has issued new guidance on the human papillomavirus (HPV) vaccination programme, recommending that one dose of the vaccine now provides excellent protection.

This change (from two doses) will happen in England and Wales from 1 September 2023.

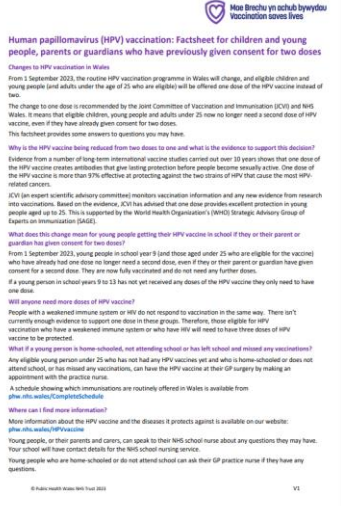
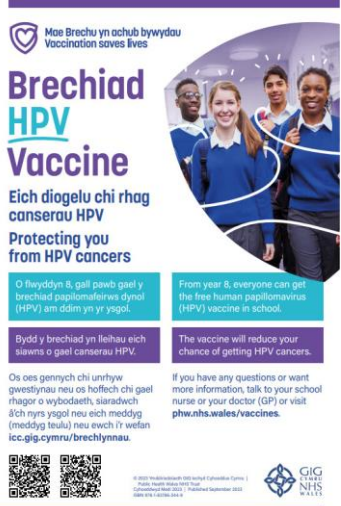
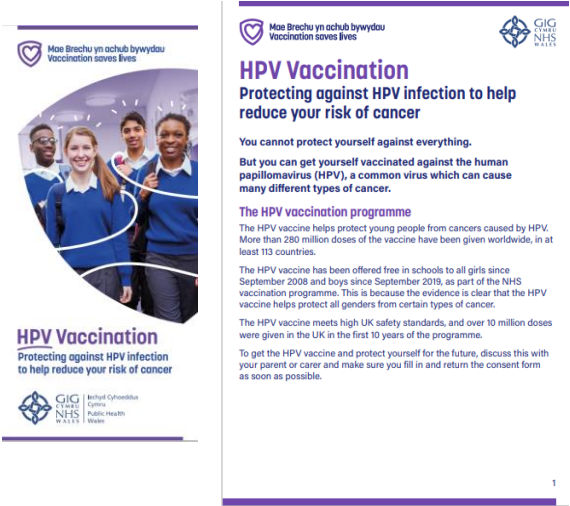
The HPV vaccine is highly effective at protecting against cancers caused by HPV, including cervical cancer.

- Why is the HPV vaccine dose being reduced from two doses to one and what is the evidence to support this decision?
- What does this change mean for children getting their HPV vaccine in school?



Adolescent programme

- Patient information leaflet
- Poster
- Template: covering letters, and consent form
- Accessible versions of the leaflet: Large print, Easy Read*, BSL*
- Factsheet for children and young people who have previously given consent for 2 doses
- General HPV factsheet for HCP, parents and young people*
- Briefing document for schools

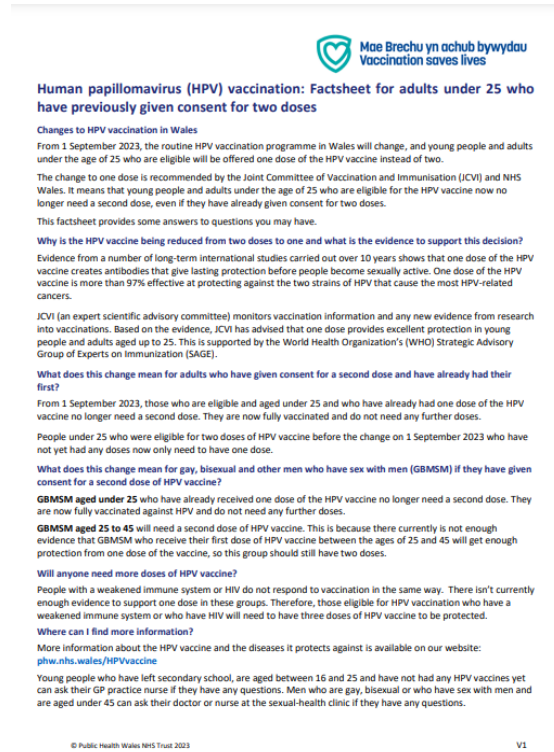
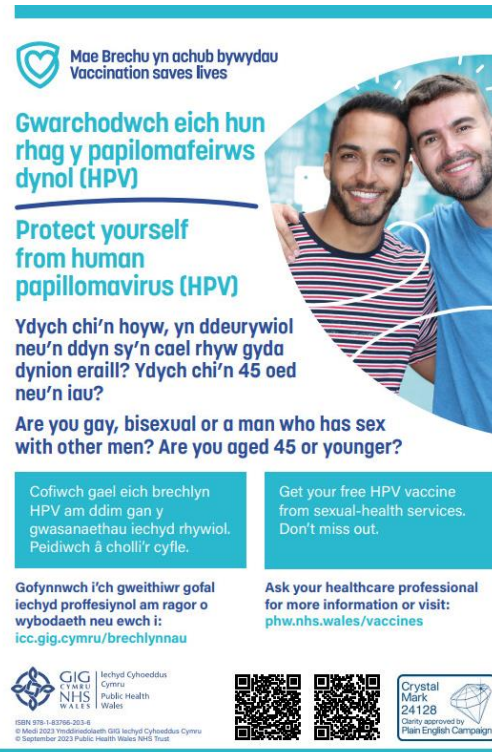


*Currently being updated/developed

HPV: Resources for the public (continued)

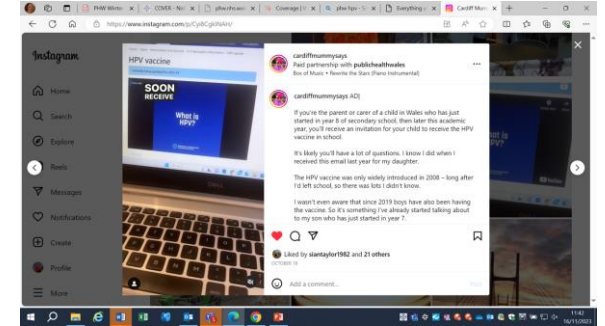
GBMSM programme

- Patient information leaflet
- Poster
- Record card
- Factsheet for adults under 25 who have previously given consent for two doses (can also be used in the routine programme catch up)



HPV Vaccination benefits campaign

- Campaign designed to build knowledge around HPV and highlight the benefits of the HPV vaccine
- Change to one dose increases opportunity so good time to raise awareness
- Soft launch in September 2023 with influencer activity and fact file video



- Main campaign January 2024 to line up with beginning of school based delivery in 2023/24 academic year in Wales
- Bilingual Schools kit including social assets, FAQs, video of 'Advice to younger self' created with authentic voices, Fact File videos and animation.
- Disseminated through PHW Healthy Schools network, Directors of Education, National education and childcare group, HWB website, Dysg newsletter, Health boards and Local Authorities.
- Media Launch with Velindre
- Organic and paid for social assets tailored to parents through PHW, Health Boards, WG and Stakeholders.
- GBMSM Conversation with a clinician video being planned

Recent coverage on HPV in men



Welsh comedian [Rhod Gilbert](#) was [diagnosed with stage four cancer](#) last year. The cancer was in his head and neck and was caused by a virus known as HPV.

[HPV virus](#) is often associated with cervical cancer and with good reason. The virus is [responsible for over 15% of cases](#) of cervical cancer. However, as Gilbert's diagnosis proves, HPV can affect anybody.

Rhod Gilbert: A pain in the neck for SU2C
([Channel4](#))

New MenACWY vaccine

- MenQuadfi ▼ – new MenACWY vaccine to replace Nimenrix
- This is a simple brand switch expected summer 2024 – it's likely that for a short period Nimenrix and MenQuadfi may be in use at the same time (Menveo, Nimenrix and MenQuadfi all in the PGD as of July 2023)
- MenQuadfi was approved for use by the European Commission in 2020
- Meningococcal group A, C, W and Y conjugate vaccine
- The meningococcal group polysaccharides are conjugated to a tetanus toxoid carrier protein
- Immunisation with MenQuadfi does not substitute routine tetanus containing immunisations and coadministration of MenQuadfi with a tetanus toxoid containing vaccine does not impact the response to tetanus toxoid or impact safety
- Presents as a clear, colourless solution for injection (does not require reconstitution) in a glass vial with a chlorobutyl stopper (non latex)
- As this is a new product into the UK market MenQuadfi ▼ has black triangle status.
- MHRA advise that ALL suspected adverse reactions to Black Triangle drugs are reported via the Yellow Card scheme

MenQuadfi Summary of Product Characteristics (SmPC) <https://www.medicines.org.uk/emc/product/12818>

Shingles

Ceriann Howard – VPDP Specialist Nurse

Shingles: Change of vaccine

From 1 September 2023 (in line with JCVI advice and [WHC/2023/024](#)):

- Shingrix[®] replaced Zostavax[®] for newly eligible individuals for the shingles programme
- Shingrix[®] requires a 2-dose schedule for all cohorts but the dosing interval differs for immunocompromised (*severely immunosuppressed*) and immunocompetent patients
- Individuals who have received Zostavax[®] previously **as part of the routine programme** (between 70 and 79) should not be revaccinated with Shingrix[®]
- Shingles vaccination should continue to be offered year-round to individuals reaching the eligible age
- The cohort previously eligible for Zostavax[®] (aged 70 before 01 September 2023 to under 80 years), should continue to be offered Zostavax[®] until local stocks deplete, after which they should be offered Shingrix[®]

Shingles: Expanded eligibility

Phase 1: 01 September 2023 to 31 August 2028

- Shingrix® will be offered to those turning 65 and 70 years on or after 1 September 2023
- Shingrix® will be offered to those who are severely immunosuppressed* aged 50 years and over, including those anticipating immunosuppressive therapy
- Zostavax® will be offered to individuals aged between 70 to 79 that were eligible for the vaccination programme before 1 September 2023. Once all local stocks of Zostavax® are exhausted, these individuals can be offered Shingrix® if they have not previously been given a shingles vaccine

Phase 2: 01 September 2028 to 31 August 2033

- Shingrix® will be offered to those turning 60 and 65 years of age

From 1 September 2033 and thereafter

- Shingrix® will be offered routinely at age 60 years**

❖ All immunocompetent individuals remain eligible until their 80th birthday

❖ Where an individual has turned 80 years of age following their first dose of Shingrix®, a second dose should be provided before the individual's 81st birthday to complete the course

Summary of changes to the shingles vaccination programme from 1 September 2023 for *immunocompetent* cohort:

Implementation phases	Delivery period	Eligible for first dose
Phase 1 (five year duration)	1 Sept 2023 to 31 Aug 2028	Those who reach age 65 or 70 years during this period should be called in on/after their 65th or 70th birthday*
Phase 2 (five year duration)	1 Sept 2028 to 31 Aug 2033	Those who reach age 60 or 65 years during this period should be called in on/after their 60th or 65th birthday*
Ongoing routine offer	1 Sept 2033 onwards	Those turning 60 years of age should be called in on/after their 60th birthday*

*Those that became eligible and missed out remain eligible until their 80th birthday.

Call and recall

In deploying vaccination to **all newly eligible groups**, an effective call/recall system must be in place ([WHC/2023/024](#)) which should continue after the initial stages of the roll-out:

- expectation that eligible individuals will receive an invitation to be vaccinated, with reminders for those who do not decline but fail to respond to the initial invitation
- requirement to make up to three attempts to contact eligible individuals within 12 weeks of reaching their invitation age
- can be calls, emails, text messages or written invitations, however at least one must be a written invitation

The rollout to immunocompromised (severely immunosuppressed) individuals who are aged over 50 years old should take place in the first year from 1 September 2023 and conclude by 1 September 2024.

After this time immunocompromised (severely immunosuppressed) individuals who turn 50 years old should be offered vaccination within 12 weeks of reaching their invitation age.

Newly diagnosed unvaccinated immunocompromised (severely immunosuppressed) individuals already over 50 years old should be vaccinated within 12 weeks of immunocompromised diagnosis.

Opportunistic vaccination

The ability to provide opportunistic shingles vaccination* has been instrumental in the shingles programme. The [WHC/2023/024](#) encourages this practice to continue:

General practices can accommodate opportunistic vaccination (if operationally possible) in instances where an individual has already attained or passed the age of:

- 65 but not yet 80 for phase one and
- 60 but not yet 80 in phase two

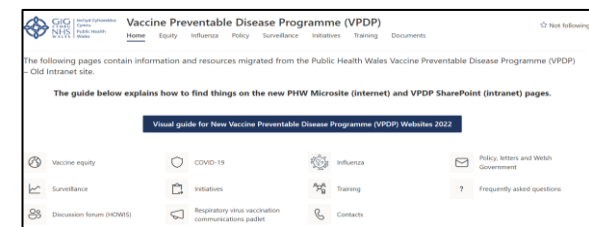
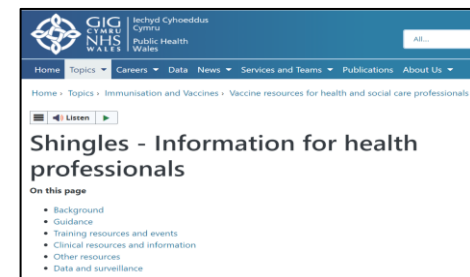
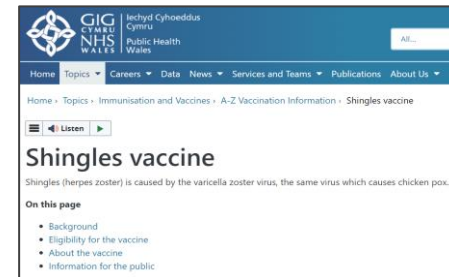
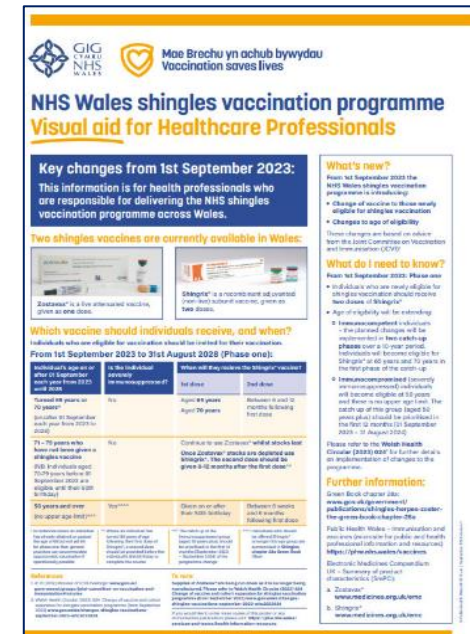
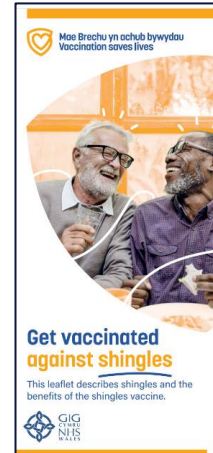
This opportunistic offer is available to enhance the robust call/recall that should be in place from 1 September 2023.

Shingles: vaccine supply

- Zostavax no longer available to order from ImmForm
- VPW have requested local stock levels of Zostavax and Shingrix (deadline for submission was 10/11/2023)
- Batch of short-dated Shingrix (Expiry Jan 2024)

Shingles resources

- Shingles leaflet for adults is available to order [here](#)
- Shingles poster is available to order [here](#)
- Shingles healthcare professional visual aid poster is available to [order](#) and [download](#)
- Shingles vaccination programme microsite public page is [here](#)
- Shingles vaccination programme microsite - Information for health professionals page is [here](#)
- Shingles 'Frequently Asked Questions' are available [here](#)
- Template PGDs and Advisory Document for Wales are available [here](#)



Mpox vaccination programme

Mpox

- Recent [JCVI announcement on the 10 November 2023](#) which advises that an ongoing routine vaccination strategy for protection against mpox should be developed to prevent future outbreaks and protect those at risk of exposure.
- Also allows vaccines to be offered routinely through sexual health services on an ongoing basis, as opposed to an outbreak response which had caused a significant disruption in sexual health services, impacting on their ability to continue with routine work.

Further information on mpox can be viewed here:

[Mpox \(monkeypox\) - Public Health Wales \(nhs.wales\)](#)

Mpox

- The JCVI advises that pre-exposure vaccination should target GBMSM who are at highest risk of exposure to mpox, to be identified via sexual health services using markers of high-risk behaviour.

These risk criteria would include:

- a recent history of multiple partners
 - participating in group sex
 - attending sex-on-premises venues
 - a proxy marker such as a bacterial STI within the last year
- Efforts should be made to ensure that vaccine is offered equitably to those at equivalent risk including transgender women or gender-diverse people assigned male at birth.
 - Guidelines for occupational pre-exposure vaccination in healthcare and laboratory workers can be found in [chapter 29 of the Green Book](#).

Gonorrhoea vaccination programme

Gonorrhoea

Recent [JCVI announcement on 10 November 2023](#) on the use of meningococcal B vaccination for the prevention of gonorrhoea advises:

- A targeted programme should be initiated using the 4CMenB vaccine for the prevention of gonorrhoea in those who are at greatest risk of infection
- Programme should be offered on an opportunistic basis through specialist sexual health services
- Real world studies have estimated that the 4CMenB vaccine has between 32.7 to 42% effectiveness against gonorrhoea
- Vaccination is of benefit as previous infection with gonorrhoea is thought to offer little protection against future infection and reinfection is therefore common although a modest vaccine effectiveness
- Protection against gonorrhoea isn't currently a licensed indication for 4CMenB vaccine, this advice is based on off-label use of vaccine

Gonorrhoea

The [JCVI announcement on 10 November 2023](#) advises that the programme should primarily target GBMSM who are at increased risk of becoming infected.

These risk criteria may include but not be limited to:

- a recent history of gonorrhoea or other bacterial STI diagnosis, individuals should also be offered vaccination after a gonorrhoea diagnosis (whether symptomatic or asymptomatic)
- reporting high-risk sexual behaviours with multiple partners during sexual health screening and assessment

Any offer of vaccination should be based on individual risk assessment by a sexual health clinical professional.

Vaccination should be delayed in those with active infection

Changes to childhood vaccination programme

Juliet Norwood – VPDP Specialist Nurse

Changes to childhood vaccination programme – discontinuation of Menitorix (Hib/Men C)

Independent report

Joint Committee on Vaccination and Immunisation (JCVI) interim statement on the immunisation schedule for children

Published 5 August 2022

[Joint Committee on Vaccination and Immunisation \(JCVI\) interim statement on the immunisation schedule for children - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/jcvi-interim-statement-on-the-immunisation-schedule-for-children)

JCVI advice:

- Additional Hib-containing 6-in-1 to be offered at 12 or 18 months (18 months = additional visit)
- Second dose of MMR to be brought forward from 3 years 4 months to 18 months of age to improve coverage
- Due to demonstrated decline of Men ACWY disease in the UK (success of teenage programme), including a dose of MEN-C containing vaccine in infant schedule not recommended.
- Efforts to sustain and improve coverage of MEN ACWY in adolescents is important to maintain herd immunity.

Implications for the childhood schedule

AGE	NOW	PROPOSED??
8 weeks	6-in-1, Men B, Rotavirus	“ “
12 weeks	6-in-1, PCV, Rotavirus	“ “
16 weeks	6-in-1, Men B	“ “
12-13 months	Hib/MenC, PCV, MMR 1, Men B	No Hib/Men C
18 months** Additional visit		Additional 6-in-1, MMR 2
2-3 years	Flu	“ “
3 years 4 months	4-in-1, MMR 2	No MMR 2
12-14 years	HPV	“ “
13+14 years	3-in-1, Men ACWY	“ “

Childhood varicella (chickenpox)

- Varicella is often more serious in very young infants (under 4 weeks) and adults, in particular in pregnancy when it may cause complications in both the mother and the foetus, and in adults who are immunosuppressed.
- The [JCVI announcement on the 14 November 2023](#) recommends a universal varicella (chickenpox) vaccination programme should be introduced as part of the routine childhood schedule.
- Suggesting a 2-dose programme offering vaccination at 12 and 18 months of age using the combined MMRV (measles, mumps, rubella and varicella) vaccine.
- As has been shown in other countries which include varicella in their routine vaccination schedule, a 2-dose schedule is predicted to decrease the number of cases of varicella seen in childhood rapidly and dramatically.
- JCVI also recommend a catch-up programme should also be initiated following implementation of a programme, to prevent a gap in immunity.

MMRV

- It is the view of the committee that both doses given in the varicella programme should be as the combined MMRV vaccine.
- Using the combined MMRV vaccine as a first dose has been associated with a slightly increased rate of febrile seizures when compared with using separate MMR and varicella vaccines at the same visit. This increased rate has not been observed when using the combined MMRV vaccine as a second dose.
- Previous attitudinal work has suggested that having fewer injections is preferred among parents, and a recent study among UK parents indicated that a combined varicella vaccine was preferred to separate vaccines. *Sherman SM, Lingley-Heath N, Lai J and others. [Parental acceptance of and preferences for administration of routine varicella vaccination in the UK: a study to inform policy](#). Vaccine (2023)*
- The JCVI considered that this very small increased risk was not of clinical concern and that there was a considerable benefit from giving fewer injections across all eligible children.

Childhood varicella (chickenpox)

- The JCVI considered data presented by Bristol university, which highlighted that the true extent of hospitalisations caused by varicella is underestimated. This is because hospitalisations are frequently due to secondary complications of varicella infection including cellulitis, invasive group A streptococcal infection or childhood stroke, and therefore are not always recorded as a hospital admission related to varicella.
- It was also thought that there may be other secondary complications from varicella infection which are not currently well understood or captured.
- The study concluded that complications from severe varicella were common, costly and placed a burden on health services. Uncomplicated varicella can also cause hospitalisation in very young children and those with underlying medical conditions (unpublished data, University of Bristol).

Respiratory Syncytial Virus Vaccination Programme (RSV)

Azelle Gerry – VPDP Specialist Nurse

Respiratory Syncytial Virus (RSV)

- Common virus which causes coughs and colds in winter (October-March).
- Transmitted by droplets and secretions from infected person
- Very young (<1y) and elderly at greatest risk. Infants < 6m develop the most severe disease e.g. bronchiolitis and pneumonia.
- Significant burden of RSV illness in UK and impact on NHS services [Green Book Chapter 27a Respiratory syncytial virus \(publishing.service.gov.uk\)](#)

JCVI advice on RSV Immunisation Programme

- Recognise there is a significant burden of RSV.
- Have been monitoring products in development and reviewing the latest evidence on products in late-stage development, or newly licensed to protect neonates and infants and older adults.
- In June 2023 JCVI advised that an RSV programme that is cost effective should be developed for both infants and older adults aged 75 years and above.

[Respiratory syncytial virus \(RSV\) immunisation programme: JCVI advice, 7 June 2023 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/jcvi-advice-on-rsv-immunisation-programme)

JCVI Statement September 2023

- JCVI statement September 2023: [Respiratory syncytial virus \(RSV\) immunisation programme for infants and older adults: JCVI full statement, 11 September 2023 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/jcvi-statement-on-rsv-immunisation-programme-for-infants-and-older-adults)
 - Greater detail re cost-effectiveness/ safety.
 - “All the programmes were potentially cost-effective and had a roughly similar impact”.
 - Operational considerations
 - Tendering
 - Acceptability
 - Attitudinal work = key aspect to better understand acceptability of the 2 products
 - Decide if programmes are to be seasonal or year round
 - RSV passive immunisation programme - Palivizumab replaced by Nirsevimab because of its extended half-life and high efficiency with 1 dose.

RSV Programme to protect neonates and infants

Vaccine development

- Sanofi in partnership with AstraZeneca - developed new long-acting monoclonal antibody Beyfortus ® (Nirsevimab) – licensed by MHRA Nov 2022 (one dose for the season)
- Pfizer have developed a bivalent RSV prefusion F maternal vaccine candidate RSVpreF- undergone clinical trials and potential licensing timeline in 2023.
- Cost-effectiveness and safety = key considerations.
- Both products provide 150 days protection
- JCVI notes that both products are suitable for a universal programme to protect neonates and infants from RSV

RSV Programme to protect neonates and infants

- JCVI did not prefer one product over the other
- Major operational differences between the 2 products
- UKHSA undertaking attitudinal research on the acceptability for the public and health care workers on both programmes to better understand acceptability

Options being considered:

- A universal maternal vaccination programme being seasonal (July to December) or year-round
- or
- A universal passive immunisation programme to protect infants from RSV being seasonal (July to February with catch up) or year-round

RSV passive immunisation programme – future changes

- JCVI meeting on 1 February 2023, the committee advised that palivizumab should be replaced by nirsevimab for the currently eligible cohort because of its extended half-life and high efficacy with only one dose required during the season compared with monthly doses for palivizumab.
- UKHSA currently undertaking specialised commissioning to work to look at replacing palivizumab with nirsevimab.
- JCVI also discussed augmenting the current groups eligible for palivizumab because there are other clinical risk groups who may be at similar risk of severe RSV infection.

RSV programme for older adults

Vaccine development

3 RSV vaccine products currently in development with potential licensure times 2023/4

- GSK adjuvanted PreF protein vaccine (licensed by MHRA on 7 July 2023)
- Pfizer PreF protein vaccine
- Moderna PreF mRNA

Options being considered

- A universal >75 programme (currently favours one-off campaign, with initial offer covering several age cohorts (75-80), then routine programme for those turning 75)

RSV programme progress

JCVI advises that a RSV immunisation programme, that is cost effective should be developed for both infants and older adults

- UKHSA project board set up to look at RSV immunisation programme
- Policy development, procurement process for tender and planning all started
- No decision at present regarding maternal or neonatal programme
- Planning assumptions progressing for an older adult programme
- No decision on programme start dates

Pregnancy Vaccinations: Key messages and vaccine changes

Prenatal pertussis vaccine change

- At a JCVI meeting in October 2022 results from the IMaP studies were reviewed, the outcome was:
- To use a non-IPV containing vaccine in the maternal programme, to address the potential immunity gap caused by the blunting effect observed in the IMaP study
- JCVI agreed that the overall priority remains to ensure that a maternal pertussis campaign is in place as the programme continues to save lives. If a non-IPV containing pertussis vaccine with a UK marketing authorisation could be secured at a cost-effective price, it would be preferable to switch at the next contract opportunity, otherwise to maintain the programme as is.

[JCVI Minutes October 2022](#)

[iMAP2 - Health Research Authority \(hra.nhs.uk\)](#) & [iMAP3- Health Research Authority \(hra.nhs.uk\)](#)

Prenatal pertussis vaccine change

- **Changing from Boostrix-IPV (dTaP/IPV) to Adacel (Tdap), a non-IPV containing vaccine in the prenatal pertussis vaccination programme**
- The Adacel (Tdap) vaccine is manufactured by Sanofi
- The vaccine contains tetanus, diphtheria and pertussis (acellular) antigens and was licensed for UK use in April 2016.
[Adacel \(Tdap\) Summary of Product Characteristics- products.mhra.gov.uk](https://products.mhra.gov.uk/Adacel(Tdap)/Summary-of-Product-Characteristics/)
- The prenatal pertussis vaccine change project board also aims to raise awareness and increase uptake generally for this programme.

Prenatal vaccine horizon scanning

- Potential maternal vaccine against group B streptococcus (GBS)

Saving Lives, Improving Mothers' Care 2023: Lay Summary MBRACE- UK

33 women died as a result of COVID-19 and this was the **leading cause of maternal death** in the UK between 2019 and 2021 during or up to 6 weeks after the end of pregnancy.

Key messages

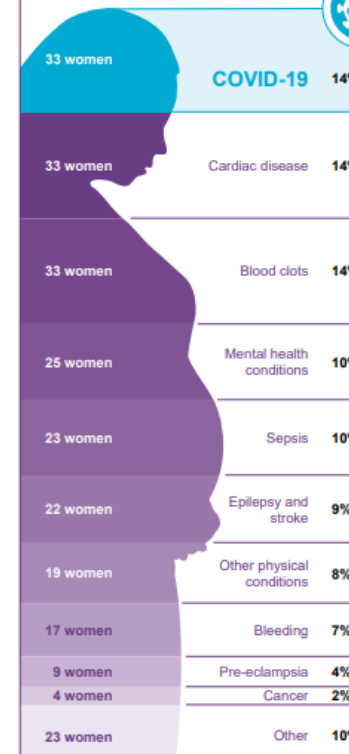
- Prepare a route for rapid delivery of advice and data on new vaccines and treatments
- Make sure women take up vaccinations for flu and COVID-19, as well as any other recommended vaccinations, during pregnancy.

Saving Lives Improving Mothers' Care 2023: Lay Summary



In 2019-21, **241 women died** during or up to six weeks after pregnancy among 2,066,997 women giving birth in the UK.
11.7 women per 100,000 died during pregnancy or up to six weeks after childbirth or the end of pregnancy.

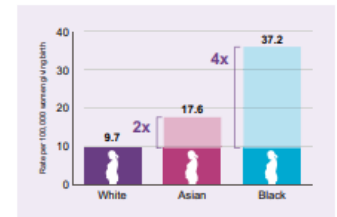
Causes of women's deaths



When maternal deaths due to COVID-19 are excluded, **10.1 women** per 100,000 died during pregnancy or up to six weeks after childbirth or the end of pregnancy

Inequalities in maternal mortality

Ethnic group



Living in more deprived areas

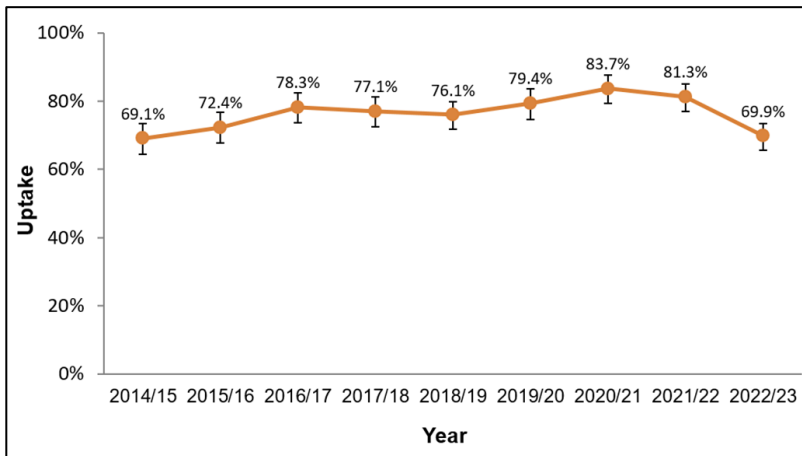


Point of Delivery Survey

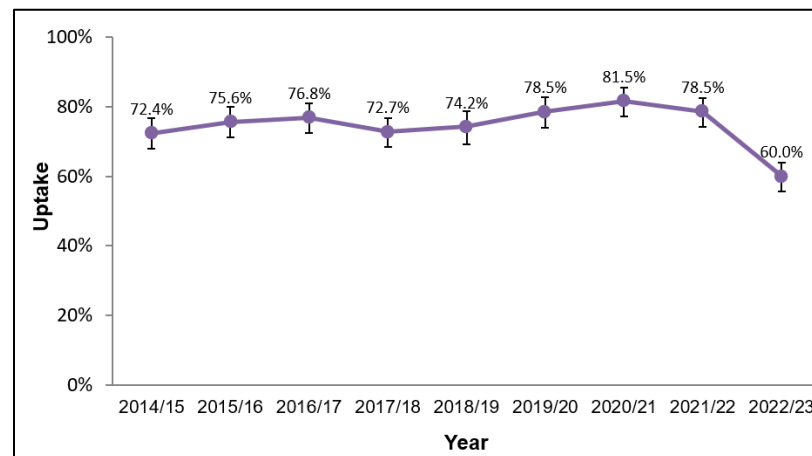
A snapshot of maternal immunisation uptake

- Carried out in January each year
- Denominator is all those women delivering during a 5-day period
- All seven health boards in Wales participate
- Standard questionnaire asks about offer of vaccinations and receipt of vaccinations
- Timeliness of pertussis vaccination is also gathered
- Approximately 350-400 women take part in the survey each year

Uptake of pertussis vaccination in pregnant women participating in the 2014/15 to 2022/23 surveys¹



Uptake of influenza vaccination in pregnant women participating in the 2014/15 to 2022/23 surveys¹



¹Bars indicate 95% confidence intervals.

https://nhswales365.sharepoint.com/sites/PHW_VPDPCComms/SitePages/Immunisation-uptake-in-pregnancy.aspx

Public Health Wales

Maternal Immunisations in Wales 2023



In a survey of 345 women delivering in maternity units across Wales during January 2023:

Whooping Cough (Pertussis)

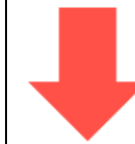
70% vaccinated

94% recall being offered the whooping cough (pertussis) vaccine

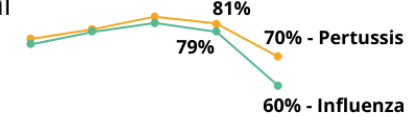
Influenza

60% vaccinated

93% recall being offered the influenza vaccine



Uptake of maternal vaccinations have **decreased** in recent years.



WHY IS VACCINATION IMPORTANT?



Whooping Cough (Pertussis) Vaccination

Almost all deaths from pertussis occur in infants, with most occurring in those younger than 3 months of age.



Influenza Vaccination

Flu in pregnancy can cause pre-term birth or have low birthweight and in severe cases can lead to stillbirth.



COVID-19 Vaccination

Pregnant women with COVID-19 have twice the risk of stillbirth or pre-term birth.



Pregnancy vaccinations Key messages:

Vaccination is the safest and most effective way of protecting pregnant women and their babies against serious illnesses such as whooping cough, flu and COVID-19.

Risks to the mother and the unborn child include:

- Increased risks of complications for the mother.
- Perinatal mortality, prematurity, low birth weight and increased risk of death in neonates too young to have their own vaccines.
- Congenital Rubella Syndrome for the unborn baby.
- Future risk of cirrhosis and liver cancer for the infant (Hep B).

Healthcare workers (midwives) are a **trusted voice** and an important source of information about vaccination in pregnancy. **Make every contact count.**



Vaccination in pregnancy

WHAT	WHO	WHEN	WHAT	NOTES
Vaccinations in pregnancy				
Pertussis	Pregnant women, every pregnancy	Between 16 and 32 gestational weeks. May be offered after 32 weeks but may not offer as high level of passive protection to baby.	Combined product at present. Boostrix-IPV protects against diphtheria, tetanus, pertussis (acellular) and polio (inactivated). No monovalent vaccines licensed in UK.	Can be given at same time as COVID-19 and flu vaccinations- but do not delay COVID-19 and flu vaccines to give pertussis vaccine at same visit.
Flu	Pregnant women, every pregnancy	September – March Seasonal	Inactivated influenza vaccinations Offer the flu vaccine recommended for the season	See JCVI and Welsh Health circulars for seasonal eligibility and product.
COVID-19	Pregnant women following JCVI seasonal advice and eligibility.	September to March Seasonal	COVID-19 vaccination Offer the COVID-19 vaccine recommended for the season	See JCVI and Welsh Health circulars for seasonal eligibility and product.

Rubella vaccination prior to conception

WHAT	WHO	WHEN	WHAT	NOTES
Prior to conception				
Rubella	Women prior to conception	Women prior to conception	Ensure women have had 2 doses of measles, mumps and rubella (MMR) vaccine prior to pregnancy	The vaccine should not be given to women who are pregnant, and they should avoid getting pregnant for 1 month after having the vaccine.

Resources/signposting

Public Health Wales Resources

- **New pregnancy landing page:** [Immunisation and Vaccines - Public Health Wales \(nhs.wales\)](#)

Home > Topics > Immunisation and Vaccines > Information about vaccinations in pregnancy

Information about vaccinations in pregnancy



Vaccine resources for health and social care professionals


How to protect you and your baby

During pregnancy, your immune system is naturally weaker than usual. This means you are more likely to have certain infections and illnesses that can be harmful to you and your developing baby.

Vaccination is the safest and most effective way of protecting pregnant women and their babies against serious diseases such as whooping cough, flu and coronavirus.

Which vaccines are recommended in pregnancy?

The pertussis vaccine (which protects against whooping cough) and flu and COVID-19 vaccinations are recommended in pregnancy to help keep you and your baby safe.



Whooping cough (pertussis) vaccine



Flu vaccination




Covid-19 vaccination

Vaccine information in accessible resources:
[Information about vaccinations in pregnancy - Public Health Wales \(nhs.wales\)](#)

Leaflet ordering: [Health Information Resources - Public Health Wales \(nhs.wales\)](#)

Training resources:
[Immunisation training resources and events - Public Health Wales \(nhs.wales\)](#)

Mae Brechu yn achub bywydau
Vaccination saves lives



How to protect you and your baby

Information about vaccinations in pregnancy

GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales

Public Health Wales Microsite

Sarah Griffiths – Digital content offices PHW

Where to find things

To order printed resources, visit the Health Information Resources page located at:

phw.nhs.wales/services-and-teams/health-information-resources

We're making changes to the homepage to make it easier to navigate and quicker to find the content/resources you need:

1. [Health and social care professional content](#) can be found by clicking the icon/link in the top righthand corner of all pages
2. A link to the [MMR page](#) has been added to the VPDP homepage as a result of the recent measles outbreak in Cardiff
3. Links directly to vaccine pages will be added to the 'Topics' page to further help users find relevant content (phw.nhs.wales/topics)
4. Links to A-Z, leaflets, accessible resources, etc, remain on the homepage (there are upcoming changes, see next slide)

The screenshot shows the NHS Wales 'Immunisation and Vaccines' page. Annotations highlight key features:

- Annotation 1:** Points to a blue icon in the top right corner representing 'Vaccine resources for health and social care professionals'.
- Annotation 2:** Points to the 'Measles, Mumps and Rubella (MMR)' section, which includes a link to the MMR page.
- Annotation 3:** Points to the 'Topics' link in the top navigation bar, which leads to vaccine pages.
- Annotation 4:** Points to the footer navigation bar, which contains links to 'A-Z Vaccination Information', 'Leaflets and accessible vaccination information', 'Immunisation surveillance', 'Fair access to vaccination in Wales', and 'Engagement insights'.

The main content of the page includes a header for 'Immunisation and Vaccines' with a sub-header 'Vaccination saves lives...' and several featured articles: 'Flu vaccine and COVID-19 Autumn Booster', 'Measles, Mumps and Rubella (MMR)', 'Information about vaccinations in pregnancy', 'Flu Vaccination', and 'COVID-19 vaccination information'.



A summary of the upcoming changes to the VPDP homepage

1

Links to campaigns and responsive content

Winter Respiratory
Campaign

Measles, mumps and
rubella (MMR)



Flu vaccine and
COVID-19 Autumn
Booster



Measles, Mumps
and Rubella (MMR)

2

Routine vaccinations by age group

Babies and pre-school

School age
children

Adults

Non routine vaccinations

Pregnancy

Students

Travel

Medical
conditions

3

Quick links

A-Z
Vaccinations

Routine
Schedule

Leaflets /
Resources

Accessible
Resources

Data /
Surveillance

Evaluation /
insights

Vaccine
Equity

1. 'Campaign' and/or 'responsive information i.e. due to outbreaks, will sit prominently at the top of the homepage and will change as required
2. New landing pages are being created to 'house' information relevant to age groups/life-stage/relevance. The way we group things is 'tbc', but this is an example of what we're working towards
3. New pages are being created for A-Z, the Routine Schedule, Leaflets and Accessible resources. Links from the homepage will go directly to these pages within the next few weeks. The current A-Z page (phw.nhs.wales/topics/immunisation-and-vaccines/vaccination-information1) will no longer be available and will be redirected

We'd welcome your feedback on the layout and usability of the website. Please complete a quick survey here (or see the link in the meeting chat)

Accessible vaccination information for people with a learning disability

Claire Thompson – VPDP Public Health Practitioner

Making accessible vaccination information with people with a learning disability

We spoke to:

- People with a learning disability
- Parents and carers
- People who work with people with a learning disability

Through:

- Focus groups with People First groups
- An online Easy Read survey
- Online focus group
- Online surveys for carers and organisations which support people with a learning disability



We asked things like



Do you feel worried, scared or anxious about getting a vaccine?



What would make it easier for you to get a vaccine?



What kind of information is best for you and what information are you most likely to trust?

What we found

- People thought it was important to get vaccinated, to protect themselves and others
- Fear of needles and worry of mild side effects, getting ill after vaccination
- Previous bad experiences (vaccination or other medical appointments)
- People not always treated with respect, or treated gently, given time to ask questions or make decisions
- Lack of reasonable adjustments, such as longer appointment time, quieter times of the day
- More accessible information from trusted sources, Easy Read vaccination information “before, during and after care” information
- There was high levels of trust in the information from doctors and health care professionals, and the government and NHS websites



Mae Brechu yn achub bywydau
Vaccination saves lives



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

Rachel's story: getting a vaccine

A video for people with a
learning disability



phw.nhs.wales/vaccines

Go to YouTube and search for Public Health Wales – Rachel's Story



Easy Read guide



Part 1 explains:

- What vaccines are
- How vaccines work
- Why vaccines are important

Part 2 explains:

- What getting a vaccine is like
- Rights to support
- How to look after yourself after getting a vaccine

Green book updates

Chapter 2: Consent

12 October 2023

2

Consent

Introduction

It is a legal and ethical principle that valid consent must be obtained before starting personal care, treatment or investigations. This reflects the rights of individuals to decide what happens to their own bodies and consent is a fundamental principle of good healthcare and professional practice.

Healthcare professionals (or other non-registered healthcare workers) who do not respect these principles may be liable to legal action and/or action by their professional body.

Case law on consent develops and changes over time. Those involved in seeking consent for immunisation should keep up to date with latest developments, legal rulings and their employing organisations' policies and procedures on consent. The General Medical Council (GMC) publish and maintain a factsheet on "Key legislation and case law relating to decision making and consent", which is referenced at the end of this chapter.

Principles of consent for immunisation

For consent to immunisation to be valid, it must be given freely, voluntarily and without coercion by an appropriately informed person who has the mental capacity to consent to the administration of the vaccines in question. This will be the person themselves,

someone with parental responsibility for an individual under the age of 18 years (16 years in Scotland), someone authorised to do so under a Lasting Power of Attorney (LPA) for health and welfare, or someone who has the authority to make treatment decisions as a court appointed deputy.

People have the right to be involved in decisions relating to their treatment and care. The exchange of information between the healthcare provider and the individual is key to ensuring informed consent:

- consent is a process rather than a one-off event. Consent may be withdrawn at any time and consent obtained for 1 immunisation does not necessarily remain in place for all future doses of a course of immunisation. Where consent has been obtained for a full course, however, it is not necessary to seek consent again for each subsequent vaccine unless new information has come to light. It is good practice to check that the individual is content to proceed at each stage. Consent may need to be re-sought if evidence arises that suggests the initial course consented for may not provide as high a level of protection or may have a different safety profile than was initially communicated. This would include, for example, if the course was expected to lead to more significant or more common adverse events than outlined initially. Consent may also need to be

Chapter 2 - 1

Consent

13 October 2023 Updated information on e-consent, written consent and **use of unlicensed and off-label vaccines.**

- Occasionally vaccines are recommended for use which do not have a UK marketing authorisation (i.e. a license). In response, MHRA may temporarily authorise the use of a vaccine that does not have a UK license, although the vaccine may be licensed in other countries and thus its efficacy and safety profile are known.
- Vaccines which have a license may also be used in UK programmes, but such use is outside the terms of the marketing authorisation. For example, the interval between doses or the number of doses used in a UK programme may be different from that stated in the Summary of Product Characteristics (SmPC).

<https://assets.publishing.service.gov.uk/media/65290228244f8e00138e7524/Green-book-chapter-2-consent-12oct23.pdf>

19

Influenza

The disease

Influenza is an acute viral infection of the respiratory tract. There are 3 types of influenza virus: A, B and C. Influenza A and influenza B are responsible for most clinical illness. Influenza is highly infectious with a usual incubation period of 1 to 3 days.

The disease is characterised by the sudden onset of fever, chills, headache, myalgia and extreme fatigue. Other common symptoms include a dry cough, sore throat and stuffy nose. For otherwise healthy individuals, influenza is an unpleasant but usually self-limiting disease with recovery usually within 2 to 7 days. The illness may be complicated by (and may present as) bronchitis, secondary bacterial pneumonia or, in children, otitis media. Influenza can be complicated more unusually by meningitis, encephalitis or meningoencephalitis. The risk of serious illness from influenza is higher amongst children under 6 months of age (Poehling *et al.*, 2006; Ampofo *et al.*, 2006; Coffin *et al.*, 2007; Zhou *et al.*, 2012), older people (Thompson *et al.*, 2003 and 2004; Zhou *et al.*, 2012), those with underlying health conditions such as respiratory or cardiac disease, chronic neurological conditions, and immunosuppression and also in pregnant women (Neuzil *et al.*, 1998; O'Brien *et al.*, 2004; Nicoll *et al.*, 2008 and Pebody *et al.*, 2010). Influenza during pregnancy may also be associated with perinatal mortality, prematurity, smaller neonatal size and lower birth weight (Pierce *et al.*, 2011; Mendez-Figueroa *et al.*, 2011) and admission to intensive care (Vousden *et al.*, 2021). Although primary influenza pneumonia is a rare complication that may occur at any age and carries a high case fatality rate (Barker and Mullooly, 1982), it was seen more frequently during the 2009 pandemic and the following influenza season. Serological studies in healthcare professionals have shown that approximately 30 to 50% of influenza infections can be asymptomatic (Wilde *et al.*, 1999) but the proportion of influenza infections that are asymptomatic may vary depending on the characteristics of the influenza strain.

Transmission is by droplets, aerosol, or through direct contact with respiratory secretions of someone with the infection (Killingley and Nguyen-Van-Tam 2013). Influenza spreads rapidly, especially in closed communities such as nursing and residential homes and schools. Most cases in the UK tend to occur during an 8- to 10-week period during the winter. The timing, extent and severity of this 'seasonal' influenza can all vary.

Influenza A viruses cause outbreaks most years and it is these viruses that are the usual cause of epidemics. Large epidemics occur intermittently. Influenza B tends to cause less severe disease and smaller outbreaks overall. The burden of influenza B disease is mostly in children when the severity of illness can be similar to that associated with influenza A.

Changes in the principal surface antigens of influenza A – haemagglutinin and neuraminidase – make these viruses antigenically labile. Minor changes, described as antigenic drift, occur progressively from season to season. Antigenic shift occurs

- **10 November 2023** Updated information on co-administration, seasonal timing of vaccination, trivalent vaccines, disease surveillance, vaccine uptake and risk groups.
- **Added occupational vaccination section:** Immunisation should be provided to healthcare and social care workers in direct contact with patients/clients to protect them and to reduce the transmission of influenza within health and social care premises, to contribute to the protection of individuals who may have a suboptimal response to their own immunisations, and to avoid disruption to services that provide their care.

<https://assets.publishing.service.gov.uk/media/654cf306014cc90010677371/Green-book-chapter-19-influenza-3November2023.pdf>

Any questions?

