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Dear Colleague

VACCINATION SCHEDULE FOR CHILDREN AGED 12 AND 13 MONTHS (MMR, PCV 13 and Hib/MenC)

1. The purpose of this letter is to provide information about a simplification to the routine childhood immunisation schedule that should be implemented as soon as practicable.

Background

2. At the June 2009 meeting of the Joint Committee on Vaccination and Immunisation (JCVI), evidence was presented to the committee showing that Hib/MenC, MMR and PCV vaccines could be safely administered at the same time, and that that co-administration did not adversely affect the immune response elicited by the vaccines. This led the JCVI to recommend flexibility in the routine schedule. The minutes relating to this can be found at:

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalasset/s/@dh/@ab/documents/digitalasset/dh_116040.pdf

3. At their meeting in October this year the JCVI discussed the schedule further, alongside a research project investigating the attitudes of parents to the childhood vaccinations at 12 and 13 months of age. The JCVI was of the view that in order to simplify the schedule and reduce the number of visits parents had to make, the schedule should be changed to ensure all practices offered the 3 vaccines in one visit.

4. The JCVI therefore recommended that vaccines currently given at 12 and 13 months of age (MMR, PCV 13 and Hib/MenC) should be given at the same visit, between 12 and 13 months of age (i.e. within a month after a child's first birthday). The purpose of this is to simplify the routine childhood immunisation schedule. Further information on the JCVI advice can be found in annex 1.

5. Since the JCVI gave its original advice in 2009 the vaccine used for protection against Pneumococcal disease has changed from PCV 7 to PCV 13. However, the advice is equally applicable to PCV13.

From the Chief Medical Officer
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Addresses

For action

Chief Executives, NHS Boards
Nurse Directors, NHS Boards
General Practitioners; Practice Nurses
Health Visitors; Directors of Pharmacy
Immunisation Co-ordinators
CPHMs; Directors of Public Health
Medical Directors, NHS Boards
Scottish Prison Service; Scottish
Ambulance Service

For information

Chairs, NHS Boards; Infectious Disease
Consultants; Consultant Paediatricians
Consultant Physicians
Health Protection Scotland
Chief Executive, NHS Health Scotland
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Further Enquiries

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Action

6. Hib/MenC, MMR and PCV should now be offered together at one appointment when a child is between 12 and 13 months of age. The appointment should **not** take place before the child's first birthday.

7. The new schedule should be brought into place as soon as is practicable. The SIRs call and recall system will be amended to allow children to be called for one appointment soon after their first birthday. There will be a transition period as these changes are implemented and parents should be made aware of when their child will be invited for vaccination. Opportunities to vaccinate in one appointment after the child's first birthday should be taken where possible.

Administration

8. As usual, vaccinations should ideally be given in separate limbs, if for some reason they need to be given in 2 limbs, PCV and Hib/MenC should be given in separate limbs to prevent the 2 conjugate vaccines from interacting and reducing their effectiveness. If necessary the MMR vaccine can be given in the same limb as either the PCV or the Hib/MenC however it should be given at a different site at least 2.5cm from the other injection site. The vaccines should not be mixed in the same syringe. Details will be given in revisions to the appropriate Green Book chapters which will be available online by the end of December 2010.

Communication

9. Parents should be reassured that this is a routine change to the immunisation schedule and that the schedule is continually subject to change and improvement. The change provides earlier protection and less distress to the child than multiple appointments. Any parents who refuse all 3 vaccines in one appointment for their child should be offered PCV and MMR in the first appointment and will automatically be rescheduled for Hib/MenC vaccine.

10. NHS Health Scotland will update the routine materials available to support the childhood immunisation programme to reflect the change to the schedule.

Contractual Arrangements

11. The funding for these childhood immunisations remains the same and there is no change to payment arrangements.

Yours sincerely

Harry Burns

Ros Moore

Bill Scott

Harry Burns

Ros Moore

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VACCINATION SCHEDULE FOR CHILDREN AGED 12 AND 13 MONTHS (MMR, PCV 13 and Hib/MenC)

Advice from JCVI

At their October meeting this year (06 October 2010) the JCVI considered combining the administration of Hib/MenC, PCV and MMR vaccinations at a single visit between 12 and 13 months of age (i.e. within a month after their first birthday) in the routine childhood immunisation schedule. The committee had previously seen reassuring evidence on the immune response and safety of the 3 vaccines given at the same time. However, JCVI suggested that attitudinal research should be conducted on parents' views to giving 3 vaccinations at one time before making any formal modification to the schedule.

In July 2010, mothers and fathers of babies up to 11 months and health professionals were interviewed to explore their attitudes to combining the 12 and 13 month immunisations. This qualitative research found that offering parents a choice between the 2 schedules could generate more questions than answers, and seemed unwise. In light of the findings it was recommended that the introduction of the simplified schedule should be part of the normal process of improvements to the schedule.

The committee noted that the results of new attitudinal research indicated that simplification of the schedule would be acceptable to parents. Whilst there was no direct evidence, the simplification might be expected to increase uptake as parents would not need to return for a further visit.

The committee concluded that the boosters of Hib/MenC and PCV13 should now be offered with MMR in one visit between 12 and 13 months of age (i.e. within a month after their first birthday). These vaccinations should not be given earlier than 12 months of age. Recent clinical trials have shown that co-administration did not adversely affect the immune response elicited by the vaccines, and no safety concerns around co-administration were identified.

Health professionals will need to be ready to reassure parents that –

- combining vaccinations into one appointment and giving 3 at a time is safe
- the fact that MMR is one of these makes no difference, because MMR is safe
- there is a good reason for the change: though the current system is effective and safe, changing it will be an improvement
- there are significant benefits to baby and parent in having one fewer appointment and reduced distress as well as earlier protection.