

Dear Colleague

## IMPORTANT CHANGES TO THE SCOTTISH IMMUNISATION PROGRAMME IN 2013-14 – CHANGES TO THE SCHEDULE FOR MENINGOCOCCAL SEROGROUP C CONJUGATE VACCINATION

1. During 2013-14, there will be significant changes to the routine Scottish immunisation programme. These include:

- From 1 June 2013, changes to the current schedule for administering the Men C conjugate vaccine, including the removal of the 4-month dose. From September 2013 MenC vaccine will be introduced into the adolescent dose administered at the S3 appointment in secondary schools
- From 1 July 2013, the introduction into the childhood immunisation schedule of a vaccine to protect infants against rotavirus
- From 1 September 2013, the introduction of a shingles vaccine for people aged 70 years (routine cohort) and 79 years (catch-up cohort) to protect against herpes zoster
- From Autumn 2013, phased implementation of the seasonal flu programme to extend to healthy children aged 2 to less than 17 years will begin. Vaccination will be offered to some pre-school children, accompanied by a limited pilot programme involving primary school children.

2. These changes to the Scottish immunisation programme have been recommended by the Joint Committee on Vaccination and Immunisation (JCVI) to improve the overall level of protection against vaccine-preventable diseases. A table summarising these changes to the programme is at Annex D to this letter. In addition, advice in relation to communications and information for parents and healthcare professionals can be found at Annex B of this letter. Annex C provides information, including a link to educational training tools for health professionals.

3. We will be writing to you separately about each of the changes in Scotland prior to their implementation. This letter specifically covers a number of changes to the Men C conjugate

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### For Information

Chairs, NHS Boards  
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vaccination schedule, which will commence from 1 June 2013. In summary, these changes are:

- the removal of the second dose at age 16 weeks (4 months) from the routine schedule for infants (from 1 June 2013);
- the introduction of an adolescent booster dose at the S3 Td/IPV appointment in secondary schools (commencing school year 2013/14); and a catch-up programme of limited duration to offer the vaccine to first-time university entrants under the age of 25 years, i.e. those who will not have been vaccinated under the revised schedule at S3 school year age (from mid-August 2014).

4. The JCVI has advised that these changes will make the overall MenC conjugate vaccination schedule more effective and offer greater overall public protection. The background to these changes, together with detailed information for healthcare professionals on how to implement them, is set out in Annex A to this letter.

5. A revised chapter on Meningococcal vaccination, including clinical advice and information about the new MenC conjugate vaccination schedule, has been included in Immunisation against Infectious Disease 2006, available to read at:

[www.gov.uk/government/publications/meningococcal-the-green-book-chapter-22](http://www.gov.uk/government/publications/meningococcal-the-green-book-chapter-22)

6. The JCVI's statement about the revised MenC conjugate vaccination schedule is available at:

<https://www.gov.uk/government/policy-advisory-groups/joint-committee-on-vaccination-and-immunisation>.

7. Scotland's successful immunisation programme brings great benefits to the health of the whole population. We do not underestimate the additional work brought about by these changes to the programme and we would like to take this opportunity to thank you all very much for your efforts and for your continuing hard work.

Yours sincerely,

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## CHANGES TO THE VACCINATION SCHEDULE FOR MENC CONJUGATE VACCINE

1. The changes to the MenC conjugate vaccination schedule are based on advice from the Joint Committee on Vaccination and Immunisation (JCVI)<sup>1</sup>, the UK's independent panel of immunisation experts. Full guidance can be found in the revised chapter on Meningococcal vaccination now included in *Immunisation against infectious disease* ('the Green Book'):

[www.gov.uk/government/publications/meningococcal-the-green-book-chapter-22](http://www.gov.uk/government/publications/meningococcal-the-green-book-chapter-22)

### Background to the changes

2. The objective of the routine MenC conjugate vaccination programme is to protect those under 25 years of age and individuals outside this age range who may be at increased risk from meningococcal serogroup C disease.

3. Recently published studies show that vaccination against meningococcal serogroup C disease in early childhood provides a short-term protective immune response (Borrow *et al.*, 2010; Kitchen *et al.*, 2009; Perret *et al.*, 2010), and that vaccination later in childhood provides higher levels of antibody that persist for longer (Snape *et al.*, 2008). Meningococcal serogroup C vaccination significantly reduces nasopharyngeal carriage of serogroup C meningococcus providing indirect protection through herd protection (Ramsay *et al.*, 2003; Maiden *et al.*, 2008).

4. Following consideration of these studies, JCVI has recommended that an adolescent booster dose in S3 of secondary school be added to the routine vaccination schedule. The booster dose should be given at the same time as the Td/IPV vaccine booster dose. Where current local schools vaccination programme arrangements are that the Td/IPV vaccine is offered at age 14-15 years (S3 of secondary school), the Men C booster dose should also be administered at that time.

5. Additionally, following a study that showed a single dose of some brands of MenC vaccine at three months of age would be sufficient to prime infants against meningococcal serogroup C disease, and provide protection for the first year of life until the first booster at 12-13 months of age when Hib/MenC vaccine is offered (Findlow *et al.*, 2012), the JCVI has advised that the second dose at four months of age be removed from the routine vaccination schedule.

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<sup>1</sup>JCVI statement:

[www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@ab/documents/digitalasset/dh\\_132443.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@ab/documents/digitalasset/dh_132443.pdf)

6. The table below sets out the routine Meningococcal C vaccination schedule, as revised from June 2013:

**Revised Routine MenC Vaccination Schedule from June 2013:**

Age	Primary/Booster	Dose
3 months	Primary <sup>‡</sup>	1 dose - MenC vaccine* (NeisVac-C® or Menjugate Kit® only)
12-13 months	Booster	1 dose - Hib/MenC vaccine*
S3 of secondary school	Booster	1 dose – MenC vaccine (NeisVac-C® or Menjugate kit® or Meningitec®*)

‡ Although the summary of product characteristics for available MenC conjugate vaccines state that two doses should be given at least two months apart in those less than one year of age, evidence from a UK study shows that immunogenicity is adequate following a primary course of a single dose in infants (Findlow *et al.*, 2012).

\*If no doses of MenC vaccine have been received follow the 'Individuals with unknown or incomplete vaccination histories' table (Table 22.2)

[www.gov.uk/government/publications/meningococcal-the-green-book-chapter-22](http://www.gov.uk/government/publications/meningococcal-the-green-book-chapter-22)

7. Apart from these changes, other recommendations for use of the Men C conjugate vaccine remain unchanged and are as set out in chapter 22 of *Immunisation against infectious disease*.

**Vaccination of infants**

8. JCVI has recommended that the second priming dose at 4 months of age be removed from the routine vaccination schedule. The new infant vaccination schedule should commence from **1 June 2013** and from that date infants should only be offered Men C conjugate vaccine at age three months (one dose).

9. Neisvac C® and Menjugate Kit® are the only Men C vaccines which should be used for the priming dose for infants from 1 June 2013.

10. **Meningitec® vaccine should not now be used to immunise infants as a single priming dose**, because it does not provide adequate protection against meningococcal serogroup C disease when administered as a single dose in infancy. It is not, therefore, recommended for use in those less than 12 months of age in this programme. If, following the introduction of the changed programme, an infant receives **Meningitec®** at three months of age, a second dose of MenC (preferably one containing a CRM conjugate such as Meningitec® or Menjugate Kit® should be offered at four months of age.

11. **Infants who have received a first priming dose of Meningitec® but not received a second dose by 1 June 2013, must receive a second dose of vaccine, which should preferably be either Meningitec® or Menjugate Kit®. This may be after 1 June 2013.**

**12. Infants who have received a first priming dose of Menjugate Kit® but not received a second dose by 1 June 2013, will not need a second dose after 1 June 2013.**

13. Full information on administration, dosage, contraindications, concomitant administration with other vaccines, consent and reporting of adverse reactions remain as set out in the relevant chapter of *Immunisation against infectious disease*:

[www.gov.uk/government/publications/meningococcal-the-green-book-chapter-22](http://www.gov.uk/government/publications/meningococcal-the-green-book-chapter-22)

14. Infants should also continue to receive one dose of Hib/MenC vaccine at 12-13 months.

### **Arrangements for vaccination at S3 booster appointment**

15. The new adolescent booster dose should be delivered through the schools immunisation programme and should ideally be given at the same time as Td/IPV, which is offered at the S3 secondary school appointment. Those eligible will be able to receive the Men C vaccine from the beginning of the new school year 2013/14 although we recognise it is more likely that vaccination will commence from the next Spring term, that is, January to March 2014.

16. All the available MenC vaccines are appropriate for the booster vaccination of adolescents. However, to ensure there is sufficient stock of MenC vaccines available for infants, it is preferable for Meningitec® and Menjugate Kit® to be used for this age group until current stocks of these vaccines are exhausted.

### **Arrangements for the first time university entrants catch-up programme (2014)**

17. Studies suggest that older adolescents who miss the offer of the routine adolescent booster dose of Men C conjugate vaccine may be at a higher risk of contracting meningococcal C disease when they go to university, particularly if they are in accommodation such as halls of residence.

18. Therefore, from mid-August 2014, there will be a catch-up programme of limited duration (possibly up to five years) to offer the vaccine to first-time university entrants under the age of 25 years, i.e. those who will not have been vaccinated at S3 school age under the revised schedule.

19. To ensure a full immune response, young people should be vaccinated no later than two weeks before departing for university, therefore starting the programme in mid-August 2014 will ensure those young people are immunised before they leave for university. However, where young people are not vaccinated before leaving for university they should be offered the vaccine as soon as possible once they arrive at their university.

20. All the available Men C conjugate vaccines are appropriate for this age group.

21. Colleagues will be reminded of the introduction of the university entrants' catch-up programme nearer the time of implementation.

## Vaccine supply

22. Men C vaccine should be ordered in the usual way from NHS board vaccine holding centres.

## Vaccine storage

23. Vaccines should be stored in the original packaging at +2°C to +8°C and protected from light. All vaccines may be sensitive to some extent to heat and cold. Heat speeds up the decline in potency of most vaccines, thus reducing their shelf life. Do not freeze. Freezing may cause increased reactogenicity and loss of potency for some vaccines. It can also cause hairline cracks in the container, leading to contamination of the contents.

## Patient Group Directions

24. The requirement for Patient Group Directions is described in HDL(2001)7 available from [http://www.sehd.scot.nhs.uk/mels/HDL2001\\_07.HTM](http://www.sehd.scot.nhs.uk/mels/HDL2001_07.HTM). The use of PGDs for administration of vaccines is described in detail in chapter 5 'Immunisation against Infectious Disease': <https://www.gov.uk/government/publications/immunisation-by-nurses-and-other-health-professionals-the-green-book-chapter-5>.

25. A specimen Patient Group Direction (PGD), for administration of MenC vaccine is under development and will shortly be available on the Health Protection Scotland website.

## Health Information Systems (SIRS and GP)

26. The Scottish Immunisation Recall System (SIRS) will be adapted to discontinue invitations for the second Men C dose at 4 months of age. NHS boards should ensure vaccine batch numbers are entered into the SIRS system, to enable rapid identification of specific children who have been given a particular batch. GP IT systems will also be adapted to accommodate the new vaccine programme changes.

## Contractual Arrangements

27. The Directions which provide the legal framework for Directed Enhanced Services in Scotland are being revised.

28. NHS Boards should continue to meet the costs of the MenC conjugate vaccination programme from baseline resources. As previously notified, SGHSCD is meeting the vaccine purchase costs associated with the new rotavirus, shingles and extended seasonal flu programmes. Boards are meeting the delivery costs for all changes to the Scottish immunisation programme, including GP costs, from their baseline resources.

## COMMUNICATIONS AND INFORMATION FOR PARENTS AND HEALTH PROFESSIONALS

1. Further information about the full range of immunisations and vaccines in Scotland is available on the public information website: [www.immunisationscotland.org.uk](http://www.immunisationscotland.org.uk).
2. Updated versions of the core public information leaflets 'A Guide to Childhood Immunisations up to 5 Years' and 'A Guide to Teenage Immunisations between 13 and 18 years of age' will be distributed locally, and can also be accessed here: <http://www.immunisationscotland.org.uk>.
3. All public information leaflets will be made available in Polish, Chinese, Urdu and easy read format. NHS Health Scotland is happy to consider requests for other languages and formats. Please contact 0131 536 5500 or email [nhs.healthscotland-alternativeformats@nhs.net](mailto:nhs.healthscotland-alternativeformats@nhs.net).

## EDUCATIONAL TOOLS FOR HEALTH CARE PROFESSIONALS

1. NHS Education for Scotland in partnership with Health Protection Scotland has produced a number of educational resources for registered healthcare practitioners. These include training slides and notes and a 'questions and answer' resource. These will be available at: <http://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/public-health/health-protection/immunisation/meningitis-c.aspx>.

**Summary of planned changes to the immunisation schedule in 2013/14**

<b>Programme</b>	<b>June 2013</b>	<b>July 2013</b>	<b>August 2013</b>	<b>Sept 2013</b>
MenC vaccine: remove one primary dose	√			
Rotavirus vaccine introduced		√		
MenC vaccine: adolescent dose introduced through schools				√*
Shingles vaccine: programme begins (including catch-up)				√
Flu vaccine for some pre-school children introduced				√

\* This can take place at any point in the 2013/14 academic year. In practice, it is most likely to be administered in schools in the spring 2014 term.