

SCIMP – GP Quick Guide to Immunisation changes for 2013-14

Version 2.0 30.9.13

This document summarises the changes to the immunisation schedules that will impact on General Practices for 2013-14, particularly in relation to IT issues. It does not cover details of the full childhood immunisation schedule or full details of the annual flu immunisation programme. Links to relevant documents are given for further advice. This document may be subject to change if further information becomes available.

Click on Link below to go to relevant page in document.

[Measles](#)

[Meningitis C](#)

[Rotavirus](#)

[Influenza](#)

[Herpes Zoster](#)

[Pertussis](#)

Measles - catch up campaign

Announced in CMO letter 15.5.13

Target	Age 10 – 17, partially immunised or never immunised in the past. Can also offer to under 10yr olds Staff if not sure had 2 doses MMR or measles or confirmed immunity, esp. if born after 1.1.70 (GP's can do on own staff – no harm if have MMR if already immune)
Who by	School or GP (Health Boards to provide details of this)
When	HB asked to start over the next few weeks
Advertising	SG running awareness campaign and providing practice materials by 24.5.13
Call up	To be sent letters by HB
Cautions	Can't give to pregnant women or those trying to get pregnant (need to leave 1 month after vaccination)
Coding	As for usual MMR
Other considerations	Babies under 1 travelling to affected areas – see Green book. Can be given (off license if under 9 months). Will still need routine vaccinations for MMR
Green book link	For measles info - https://www.gov.uk/government/publications/measles-the-green-book-chapter-21 For contra-indications and special considerations - https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/147824/Green-Book-Chapter-6-v2_0.pdf
CMO letter	15.5.13 - http://www.sehd.scot.nhs.uk/cmo/CMO(2013)07.pdf

Meningitis C

Target	Infants – at 12 weeks , 1 dose MenC (NeisVac-C Menjugate Kit only) (now removed from 16 week schedule) - 12 – 13 months, 1 dose Hib/MenC (Menitorix)
	Adolescents – S3 School Class 1 dose MenC (any)
	May expand for University entrants age <25 - 1 dose MenC (any) (not required if had booster above age of 10) – Further details to follow.
Who by	Infants – Primary Care – as part of routine childhood immunisation schedule
	Adolescents – Schools at same time as Td/IPV teenage booster + MMR (as above). Can be Primary Care if missed at school
	University entrants – GP (may starting August 2014 – further details to follow)
When	Infants – June 2013
	Adolescents – Autumn 2013
	University Entrants – may occur from mid-August 2014 Ideally given at least 2 weeks before starting university
Call up	SIRS inviting infants (will stop invites for 16 week from 1st June 2013) Child Health System for S3 children
Cautions	See Green book chapter for cautions / allergy information
Coding (software systems will incorporate in usual way)	657I. Single meningitis C vaccination
	68Nh. Meningitis C immunisation refused
	68Nf. No consent for meningitis C immunisation
	TJJy0 Adverse reaction to meningococcal vaccine (codes requested for 'declined teenage booster' earliest possible availability Oct 2013)
	Note new codes requested with 'booster' in term. Earliest availability if accepted will be Oct 2013 Uptake data collected using SIRS
Vaccines	Menjugate Kit (Novartis Vaccines) Neis Vac-C (Baxter Healthcare) Meningitec (Pfizer) - (not for use in infants under 1 year)
Green book	https://www.gov.uk/government/publications/meningococcal-the-green-book-chapter-22
CMO letter	7.5.13 - http://www.sehd.scot.nhs.uk/cmo/CMO(2013)06.pdf
Useful links	Patient Information:- http://www.immunisationscotland.org.uk/ Training for health professionals:- http://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/public-health/health-protection/immunisation/meningitis-c.aspx

Rotavirus

Target	Infants age 2 and 3 months (2 doses, at least 4 weeks apart, at same time as first and second routine childhood vaccinations). Babies born on or after 1.5.13.
Who by	Primary Care
When	Starts 1.7.13
Advertising	News release on 30.4.13
Call up	SIRS
Cautions	See Green book chapter for full information. Not to be given if severe immunodeficiency or conditions increasing risk of intussusception. Needs consideration for other immunosuppressive disorders.
Coding (software systems will incorporate in usual way)	For vaccinations given 65d0. First rotavirus vaccination 65d1. Second rotavirus vaccination 65d2. Rotavirus vaccination given by other health care provider
	Other relevant coding 9Nih. Did not attend first rotavirus vaccination 9Nii. Did not attend second rotavirus vaccination 8I2s. Rotavirus vaccination contraindicated 8IEm. Rotavirus vaccination declined 68Nw. No consent for rotavirus vaccination (More detailed codes for 'declined first / second dose' requested. Earliest possible availability Oct 2013)
Vaccines	Rotarix vaccine (GSK) given orally (MUST NOT BE INJECTED). Live vaccine. Supplies should be obtained from NHS Board vaccine holding centres. Details of these are available from National Procurement (Tel. 0131 275 7587)
Other considerations	If spits out of regurgitates vaccine can be given further single dose at that time. No food restrictions prior to vaccination. First dose not to be given before 6 weeks of age or after age 14weeks and 6 days. Second dose not to be given after age 23weeks and 6 days. (Theoretical increase risk of intussusception). Can be given with BCG.
Green book link	https://www.gov.uk/government/publications/rotavirus-the-green-book-chapter-27b
CMO letter	http://www.sehd.scot.nhs.uk/cmo/CMO(2013)04.pdf
Useful links	Training for health professionals - http://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/public-health/health-protection/immunisation/rotavirus.aspx

Influenza

Target	65 and over
	At risk groups (different dose schedule for <9yr old receiving vac for first time). Children aged 2 to <9 in at-risk group and not received any flu vaccine before to receive 2 doses given 4 weeks apart.
	2 and 3 year olds (born 2/9/09 to 1/09/11) –One dose only unless age <9 in at-risk group and has not previously received flu vaccine.
	Pilots of vaccination in School – may vary by health board
Who by	65+, at risk and 2+3 yr. olds – Primary Care. Pilots for other age children by Public Health nurses (Schools). No arrangement for catch up if in pilots if missed at school unless in 'at risk' group.
When	Starts 1.9.13. For 2 and 3 year olds .Aim to complete by Xmas holidays as shorter shelf life for Fluenz.
Call up	Primary Care to call 65+, at risk and 2 / 3 yr. olds (will receive list from SIRS for 2-3yr olds). For 2013-14 Scottish government will be sending letter to all eligible 2 and 3yr olds. Also may need to recall primary school pupils if in at risk group so requiring second immunisation.
Cautions	See green book.
Coding Codes in red are new codes. (As children not in QOF diabetes population and unlikely to have COPD or IHD these codes not included in QOF specifications.) (sovereign systems will incorporate in usual way)	Codes starting 65ED or 65E2 are recommended as preferred codes. However those in Italics are newly released in October 2013 and may not be in software browsers yet. 65ED. Seasonal influenza vaccination 65E20 Seasonal influenza vaccination given by other healthcare provider <i>65E21 First intranasal seasonal influenza vaccination given by other healthcare provider</i> <i>65E22 Second intranasal seasonal influenza vaccination given by other healthcare provider</i> 65ED0 Seasonal influenza vaccination given by pharmacist <i>65ED1 Administration of first intranasal seasonal influenza vaccination</i> <i>65ED2 Seasonal influenza vaccination given while hospital inpatient</i> <i>65ED3 Administration of second intranasal seasonal influenza vaccination</i> 65EE0 Administration of first intranasal influenza vaccination 65EE1 Administration of second intranasal influenza vaccination
	8I2F0 Seasonal influenza vaccination contraindicated 8I6D0 Seasonal influenza vaccination not indicated 68NE. No consent - influenza imm. 68NE0 No consent for seasonal influenza vaccination 9OX51 Seasonal influenza vaccination declined 14LJ. H/O: influenza vaccine allergy U60K4 [X]Influenza vaccine causing adverse effects in therapeutic use ZV14F [V]Personal history of influenza vaccine allergy

	<p>9OX52 First intranasal influenza vaccination declined</p> <p>9OX53 Second intranasal influenza vaccination declined</p> <p>(Codes requested for 'DNA first / second intranasal vaccination'. Earliest possible availability Oct 2013)</p>
Vaccines	<p>Fluenz – intranasal vaccine. Can be given to children age 2 to 17. 0.1 mls into each nostril (total dose 0.2mls). Children (including 2 and 3yr old cohort) can be given injection if contra-indicated for intranasal live attenuated vaccine.(if age suitable from summary of product characteristics).</p>
Other considerations	<p>Children in 'at risk' group may also be offered immunisation at school as part of pilots (cohort may vary by Health Board area). They will only be offered one dose in school. Children in at risk group who miss the school vaccination or need a booster dose, will require this arranged through GP practice.</p> <p>One dose required for healthy children. Two doses for at risk children under 9 years who can have Fluenz, and who are receiving influenza vaccine for the first time. Also two doses for any (healthy or at risk) children under 9 receiving vaccine for the first time who have to have the injectable inactivated vaccine for any reason.</p> <p>4 weeks required between Fluenz and other live vaccine (e.g. MMR, BCG)</p> <p>4 weeks between 1st and 2nd dose of Fluenz if required.</p>
Green book link	<p>https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/239268/Green_Book_Chapter_19_v5_2_final.pdf</p>
CMO letter	<p>20.7.13 - http://www.sehd.scot.nhs.uk/cmo/CMO(2013)13.pdf</p> <p>Update 11.9.13 - http://www.sehd.scot.nhs.uk/cmo/CMO(2013)17.pdf</p>
The future	<p>JVCI has recommended that eventually vaccination programme will be extended to all 2-16 yr olds. 2013 sees partial implementation plus pilot projects to work towards this.</p>

Chart reproduced from Green Book 2013-14

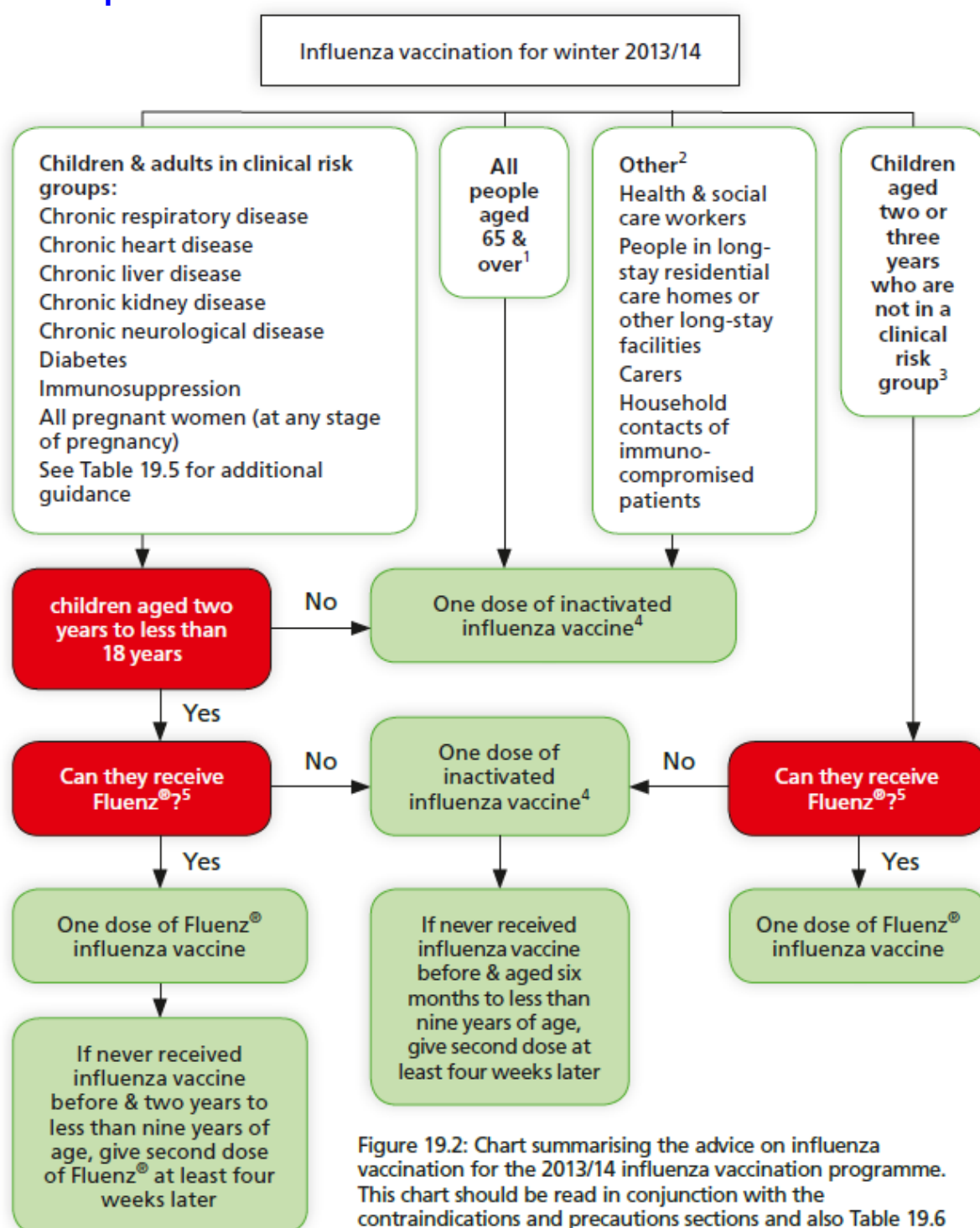


Figure 19.2: Chart summarising the advice on influenza vaccination for the 2013/14 influenza vaccination programme. This chart should be read in conjunction with the contraindications and precautions sections and also Table 19.6 that gives details about the age indications for influenza vaccines.

- 1 all those aged 65 years or older including all those aged 65 years on or before 1 March 2014
- 2 follow additional guidance from UK health departments
- 3 all children aged two or three years (but not four years or older) on or before 1 Sept 2013
- 4 if quadrivalent inactivated vaccine available, consider for children age three years and older only. If quadrivalent unavailable, offer suitable trivalent inactivated influenza vaccine. See table 19.6 which lists the vaccines that can be used in young children - some are not suitable for young children.
- 5 cannot receive if: under age of two years; 18 years and older; have severe asthma (BTS SIGN step 4 or above); active wheezing at time of vaccination; egg allergy; certain immunodeficiencies; or pregnant - see contraindications and precautions for full list.

Herpes Zoster

Target	Age 70 (on 1.9.13) and age 79 (on 1.9.13) (catch-up)
Who by	Primary Care
When	1.9.13 to 31.8.14
Advertising	
Call up	GPs have flexibility to call and vaccinate individually or in batches throughout the year. It may be possible to call at same time as for Flu vaccination dependant on vaccine availability.
Cautions	<p>See Green book chapter for full details.</p> <p>Recommended interval with other live vaccines (e.g. MMR, Fluenz, BCG) is 4 weeks. Can be given jointly with flu. Zostavax® can be given at the same time as 23 valent pneumococcal polysaccharide vaccine for those who are eligible for both vaccines. Not to be given to patients with primary or acquired immunodeficiency or on immunosuppressive therapy including high dose steroids (OK for inhaled / low dose oral steroids and if given for replacement e.g. Adrenal insufficiency). Low-doses of methotrexate (<0.4 mg/kg/week), azathioprine (<3.0 mg/kg/day), or 6mercaptopurine (<1.5 mg/kg/day) are not considered sufficiently immunosuppressive and are not contraindications for administration of zoster vaccine.</p> <p>Individuals who have shingles or Post Herpetic Neuralgia should wait until symptoms have ceased before being considered for shingles immunisation.</p>
Coding	65FY. Herpes zoster vaccination 65FY0 Herpes zoster vaccination given by other health care provider
	8I2r. Herpes zoster vaccination contraindicated 8IEI. Herpes zoster vaccination declined 9Nig. Did not attend herpes zoster vaccination 68Nv. No consent for herpes zoster vaccination
Vaccines	<p>Zostavax (live attenuated vaccine). Note is not the same as Varicella (chickenpox) vaccine as contains a higher dose. 1 dose (0.65ml) s/c (preferably deltoid region). Should not be given im or iv. If given with other vaccines ensure separate sites (at least 2.5cm apart if in same limb)</p> <p>Supplies should be obtained from local NHS Board vaccine-holding centres. Details of these are available from National Procurement (Tel. 0131 275 7587)</p>
Green book link	https://www.gov.uk/government/publications/shingles-herpes-zoster-the-green-book-chapter-28a
CMO letter	13.8.13 - http://www.sehd.scot.nhs.uk/cmo/CMO(2013)15.pdf

Pertussis

For pregnant women.

Target	Pregnant women,
Who by	Primary care
When	From 28 weeks of pregnancy onwards. Ideally 28-38 weeks of pregnancy. Can be offered after this and to mother post-natally up to time of child's first immunisations. Can be given again in a subsequent pregnancy.
Advertising	Leaflets and posters distributed to GP Practices, Maternity Units, Pharmacies and Community Centres. See first CMO letter for link to request more.
Call up	Midwives to advise / counsel women and by practice
Cautions	See green book
Coding	As well as coding immunisations need to consider coding of pregnancy so can determine denominator population. Suggested code - 621.. (Patient currently pregnant). 655.. Pertussis vaccination 655Z. Pertussis vaccination NOS ZV036 [V]Pertussis vaccination
	68NQ. Pertussis vaccine contraindic. 8IEc. Pertussis vaccination in pregnancy declined 9mK.. Pertussis vaccination in pregnancy invitation 9Nif. Did not attend pertussis vaccination in pregnancy TJJ6. Adverse reaction to pertussis vaccine, including combinations with a pertussis component
	Health Boards will require details of vaccinations
Vaccines	Repevax - A single 0.5ml dose of Repevax should be given irrespective of the number of fetuses in the pregnancy.
Other considerations	Can be given at same time as flu vaccination (also recommended in pregnancy). Can be given at the same time as anti-D. If recently had Td/IPV, leave at least a month before giving Repevax
Green book link	https://www.gov.uk/government/publications/pertussis-the-green-book-chapter-24
CMO letter	Programme extended 25.4.13 http://www.sehd.scot.nhs.uk/cmo/CMO(2013)03.pdf
Useful links	Training for health professionals - http://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/public-health/health-protection/immunisation/pertussis-(whooping-cough).aspx