

WELSH HEALTH CIRCULAR



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For Action by:

General Practitioners
Chief Executives, Health Boards
Chief Executive, Public Health Wales

For information to:

Medical Directors, Health Boards
Nurse Executive Directors, Health Boards
Directors of Public Health, Health Boards
Immunisation Leads, Health Boards
Head VPD Programme, Public Health Wales

Sender:

Chief Medical Officer for Wales

DHSS Welsh Government Contact :

David Vardy, Public Health Division, Welsh Government, Cathays Park, Cardiff CF10 3NQ Tel:0300 025 7681

Dear Colleague,

Later this year, Infanrix hexa® (DTaP/IPV/Hib/HepB) will replace both Pediacel® and Infanrix-IPV+Hib® (DTaP/IPV+Hib) for primary baby immunisations. This change means that as well as providing protection against diphtheria, tetanus, pertussis, polio and Hib, **babies will also be given protection against hepatitis B virus.**

Background

In October 2014, the Joint Committee on Vaccination and Immunisation (JCVI) recommended that a universal infant programme using a hexavalent vaccine (DTaP/IPV/Hib/HepB) should be implemented subject to procurement at a cost-effective price. Further information can be found in the minutes of the JCVI's meeting in October 2014 at:

<https://app.box.com/s/iddfb4ppwkmjtusir2tc>

Change of vaccine for the routine infant programme

The planned change only involves the type of vaccine used. There is no change to the immunisation schedule.

The current planning assumption is that babies born on or after 1 August will be offered Infanrix hexa® (DTaP/IPV/Hib/HepB) from late September/early October 2017, at the ages of 8, 12 and 16 weeks as part of the routine childhood immunisation schedule. The exact date for introduction will depend on the remaining availability of pentavalent vaccine. Further information will be provided nearer the time.

Table 1 - The routine childhood immunisation schedule following the introduction of Infanrix hexa®

Age	Diseases protected against	Vaccines used	
8 weeks	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	Infanrix hexa	DTaP/IPV/Hib/HepB (thigh)
	Pneumococcal	Prevenar 13	Pneumococcal conjugate vaccine (PCV) (thigh)
	Meningococcal group B	Bexsero	MenB (left thigh)
	Rotavirus	Rotarix	Rotavirus (oral)

12 weeks	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	Infanrix hexa	DTaP/IPV/Hib/HepB (thigh)
	Rotavirus	Rotarix	Rotavirus (oral)
16 weeks	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	Infanrix hexa	DTaP/IPV/Hib/HepB (thigh)
	Pneumococcal	Prevenar 13	Pneumococcal conjugate vaccine (PCV) (thigh)
	Meningococcal group B	Bexsero	MenB (left thigh)

Implications for the neonatal selective immunisation programme for babies at risk of hepatitis B

The introduction of Infanrix hexa® (DTaP/IPV/Hib/HepB) does not remove the need for existing screening programmes for hepatitis B in pregnancy and selective immunisation of neonates born to hepatitis B positive mothers. These babies are exposed to hepatitis B virus during delivery and are at high risk of acquiring persistent hepatitis B infection without timely immunisation starting immediately at birth.

Pregnant women will still be offered screening for hepatitis B during pregnancy and babies born to hepatitis B positive mothers will still need to receive a dose of monovalent hepatitis B vaccine at birth, and if indicated, also given hepatitis B immunoglobulin (HBIG). These babies will also require a dose of monovalent hepatitis B vaccine at 4 weeks of age.

Those born after 1 August 2017, however, should receive Infanrix hexa® (DTaP/IPV/Hib/HepB) at 8 weeks of age, instead of a dose of monovalent hepatitis B vaccine. They should then receive Infanrix hexa® (DTaP/IPV/Hib/HepB) again at 12 and 16 weeks.

Babies born to hepatitis B positive mothers will still require a dose of monovalent hepatitis B vaccine at one year of age, along with a blood test for HBsAg to exclude infection, but no longer require a pre-school booster dose of monovalent hepatitis B vaccine pre-school (Table 2).

Table 2 - Hepatitis B in the immunisation schedule for routine childhood and selective neonatal hepatitis B programmes following the introduction of the Infanrix hexa®

Age	Routine Childhood	Babies born to hepatitis B infected mothers
Birth		Monovalent HepB(Engerix B or BvaxPRO Paediatric)(with HBIG if indicated)
4 weeks		Monovalent HepB(Engerix B or HBvaxPRO
8 weeks	DTaP/IPV/Hib/HepB (Infanrix hexa)	DTaP/IPV/Hib/HepB (Infanrix hexa)
12 weeks	DTaP/IPV/Hib/HepB (Infanrix hexa)	DTaP/IPV/Hib/HepB (Infanrix hexa)
16 weeks	DTaP/IPV/Hib/HepB (Infanrix hexa)	DTaP/IPV/Hib/HepB (Infanrix hexa)
12 – 13 months		Monovalent HepB (Engerix B or HBvaxPRO Paediatric) Test for HBsAg

Vaccine ordering and stock management

The vaccine is expected to be made available to order through ImmForm from 1 September 2017 in readiness for the planned switch over in late September/early October 2017. Prior to this date, to avoid potential wastage, general practices and health boards should aim to run down the volume of Pediacel® and Infanrix-IPV+Hib® vaccines held in stock and only order the minimum volume to complete vaccination of babies born before August. Infanrix hexa® should only be given to older babies (i.e. born before 1 August) if there is no locally held vaccine stock and no further Pediacel® or Infanrix-IPV+Hib® can be ordered through ImmForm. Further details and any amendments to this date or arrangements will be provided as necessary.

Following the introduction of Infanrix hexa® for babies born on or after 1 August, in order to avoid vaccine wastage, any remaining stocks of Pediacel® and Infanrix-IPV+Hib® (DTaP/IPV+Hib) should be used for babies who have already started courses with Pediacel® or Infanrix-IPV+Hib® (second or third dose), or if vaccine still remains, then as a temporary measure this can be used for pre-school boosting at the age of 3 years and 4 months.

Once these stocks are used up, pre-school boosting should revert back to Repevax® (dTaP/IPV).

Funding and service arrangements

There will be no changes to the funding arrangements for this programme following the change in vaccine.

The Directions to Local Health Boards as to the Statement of Financial Entitlements Directions 2013 will be amended in due course to reflect the change to the vaccine.

Further information

Further information, including an updated hepatitis B Green Book chapter, training materials, a template PGD for Infanrix hexa® (DTaP/IPV/Hib/HepB) and information on vaccine presentation will be made available in due course.

I would like to take this opportunity to thank all involved in delivering this programme and for your continuing support.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Frank Atherton', with a horizontal line extending to the right.

Dr Frank Atherton
Chief Medical Officer / Medical Director NHS Wales