

WELSH HEALTH CIRCULAR



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Llywodraeth Cymru
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STATUS: ACTION

CATEGORY: HEALTH PROFESSIONAL LETTER

Title: Removal of the infant dose of meningococcal serogroup C (MenC) conjugate vaccine given at three months from 1 July 2016

Date of Expiry / Review N/A

For Action by:

General Practitioners
Immunisation Leads, Health Boards
Chief Executives, Health Boards/Trusts
Medical Directors, Health Boards/Trusts
Nurse Executive Directors, Health Boards/Trusts
Chief Pharmacists, Health Boards/Trusts
Directors of Public Health, Health Boards
Directors of Workforce and Organisational
Development, Health Boards/Trusts
Directors of Primary, Community and Mental
Health, Health Boards
Chief Executive, Public Health Wales
Executive Director of Public Health, Public Health
Wales
Nurse Director, Public Health Wales
Head Vaccine Preventable Disease Programme,
Public Health Wales
Consultants in Communicable Disease Control,
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For information to:

Welsh NHS Partnership Forum
British Medical Association
GPC(Wales)
Royal College of GPs
Royal College of Nursing
Royal Pharmaceutical Society

Sender:

Chief Medical Officer for Wales

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Enclosure(s): None

Dear Colleague,

Removal of the infant dose of meningococcal serogroup C (MenC) conjugate vaccine given at three months from 1 July 2016

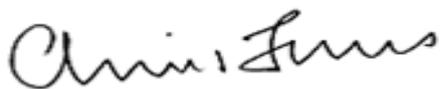
The Joint Committee on Vaccination and Immunisation (JCVI) has advised that infants no longer require vaccination against meningococcal serogroup C (MenC). Therefore, from 1 July 2016, infants should no longer receive the dose of MenC conjugate vaccine currently given at the second primary immunisation visit at around 12 weeks of age. The Hib/MenC vaccine (Menitorix) dose given at 12 months of age and the MenACWY conjugate vaccine dose given in school year 9 are unaffected by this change and should still be given.

The JCVI noted that, as a result of the successful MenC programme introduced in 1999, there are now very few cases of invasive MenC disease. Vaccination of adolescents with MenC conjugate vaccine which began in the 2013-14 academic year, and later, MenACWY conjugate vaccine, should maintain good herd protection. The dose of combined Hib/MenC offered at 12 months of age will provide good protection to toddlers and younger children. In addition, the introduction of Bexsero® (i.e. MenB vaccine) into the infant programme may provide a degree of protection against invasive MenC disease. Therefore the risk of MenC disease to infants will remain low.

NHS Wales Informatics Service will ensure that the CCH2000 software, used to schedule routine immunisations in Wales, has been updated to manage the removal of the MenC vaccine at 12 weeks of age from the infant schedule from 1 July 2016. Public Health Wales will continue to monitor disease rates through enhanced surveillance of meningococcal disease.

The UK's successful national immunisation programme brings great benefits to the health of the whole population and we would like to take this opportunity to thank all involved in delivering the programme for their continuing hard work.

Yours sincerely



Dr Chris Jones

Acting Chief Medical Officer/Medical Director NHS Wales

THE CHANGE TO THE VACCINATION SCHEDULE FOR MENC-CONTAINING VACCINES (Hib/MenC and MenACWY).

1. The change to the schedule for MenC-containing vaccines is based on advice from the Joint Committee on Vaccination and Immunisation (JCVI), the UK's independent committee of immunisation experts. Background to the changes and the JCVI's statement can be seen at: <https://www.gov.uk/government/groups/joint-committee-on-vaccination-and-immunisation>
2. Full guidance can be found in the revised chapter on meningococcal vaccination now included in *Immunisation against infectious disease* ('the Green Book'): <https://www.gov.uk/government/publications/meningococcal-the-green-book-chapter-22>

The revised routine schedule for MenC-containing vaccinations from 1 July 2016.

Age	Dose & Vaccine
12-13 months old	one dose - Hib/MenC vaccine
In school year 9 (at the same time as the Td/IPV)	one dose – MenACWY conjugate vaccine*

* From September 2015, the routine MenC booster dose offered to pupils in school year 9 was replaced with the MenACWY conjugate vaccine. This provides additional protection against meningococcal disease due to capsular groups A, W and Y in response to a national outbreak of invasive MenW disease.

- As part of a time limited catch-up campaign those aged up to 25 years entering university as undergraduates for the first time should be offered MenACWY vaccine. MenACWY vaccination is also being offered to those of school years 10-13 age (aged 15-18 years) as part of a catch up programme.
- Detailed recommendations on the administration of the vaccine are set out in chapter 22 of the Green Book.

Vaccination of individuals with uncertain or incomplete immunisation status.

3. For those children who have not been immunised according to the UK routine schedule, please refer to '*Vaccination of individuals with uncertain or incomplete immunisation status*' from this link: <https://www.gov.uk/government/collections/immunisation>

Funding implications

4. Childhood immunisations are classified as additional services in the GP contract and the infrastructure costs of delivering these are covered by GP practices core funding (global sum payment or baseline PMS funding). GP practices are also eligible for target payments if they have vaccinated 70% or 90% of their two-year old patients with the recommended vaccines, including currently one dose of MenC vaccine.
5. The Welsh Government plans an adjustment to those target payments to reflect the removal of the 3 month MenC dose from the infant schedule. However, this adjustment will not be made until 2018-19 reflecting that vaccination status is not assessed until two years of age i.e. children aged 12 weeks by 30 June 2016 receiving the 3 month MenC dose will still need to be assessed when they reach two years of age. Discussions will be held with GPC Wales prior to the end of the two year period about reinvestment of this funding.

Communications and information for parents and health professionals

6. The existing immunisation information booklets will be amended to bring them into line with the new schedule.
7. Materials for health care professionals can be accessed here:
<http://nww.immunisation.wales.nhs.uk/meningococcal-disease>

Disease Surveillance and vaccine coverage monitoring

8. Public Health Wales will investigate cases in the same way as currently and conduct enhanced surveillance of invasive meningococcal disease in collaboration with Public Health England. Forms for enhanced surveillance are available at
<https://www.gov.uk/government/publications/meningococcal-disease-enhanced-surveillance-forms>.
9. Coverage of the combined Hib/MenC vaccine will continue to be reported at two years of age through the Public Health Wales COVER reporting scheme, using data collected through the Child Health System. For interactive uptake data see <http://nww.immunisation.wales.nhs.uk/health-board-cover-data>
10. Collection of coverage data for MenACWY vaccine delivered to the priority catch-up campaign cohort (those born 1/9/1996 to 31/8/1997) in general practice from August 2015 is underway, using Audit+.

Data for calculating coverage of MenACWY vaccine in adolescents, who will be offered the vaccine predominantly through schools, is collected

through the Child Health System. Coverage will be monitored and reported through the Public Health Wales COVER reporting scheme.

Reporting and management of cases of meningococcal disease

11. Current guidance should continue to be followed. Details available at <https://www.gov.uk/government/publications/meningococcal-disease-guidance-on-public-health-management>

MenC Vaccine Ordering

12. MenC vaccine (NeisVac-C®) will continue to remain available to order through ImmForm until 30 June 2016.
13. Locally held stocks of MenC vaccine (NeisVac-C®) should be carefully reviewed before ordering more vaccine, to take account of the cessation date and to ensure vaccine is not ordered unnecessarily.
14. Any stock remaining in fridges on 1 July 2016 should be retained until it expires at which point it should be disposed of in line with local policies.