SCOTTISH EXECUTIVE

Health Department

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For action
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Health Visitors
Community Pharmacists
All Pharmacists
Trust Chief Pharmacists
Directors of Nursing NHS Trusts
Directors of Nursing NHS Boards
Scottish Specialists in Pharmaceutical Public Health
Chief Executives of NHS Boards
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Dear Colleague

PLANNED HIB VACCINATION CATCH-UP CAMPAIGN

This letter provides advanced notice of the plans of the Scottish Executive Health Department to introduce a *Haemophilus influenzae* type b (Hib) vaccine catch-up campaign. This campaign is needed to respond to the recent rise in cases of Hib disease. A further more detailed letter, with supporting documentation, will follow.

We will contact you again as soon as the start date of the catch-up campaign and other details have been finalised. We anticipate that the campaign will start in early summer this year, with a target time for completion by the autumn.

Implementation of this catch-up campaign will essentially be through Primary Care services. The possible need to add a routine Hib booster dose to the childhood immunisation programme is currently under review.

Actions required at this stage:

- Immunisation Co-ordinators should note that the Scottish Immunisation Recall System (SIRS) will be modified in order to identify and appoint children who will be aged 6 months to under 4 years at 01/04/2003.

- Colleagues in primary care who do not use SIRS for call/recall but arrange invitations for childhood immunisations themselves should start to identify the above-mentioned children who will need to be invited for immunisation when the programme starts.

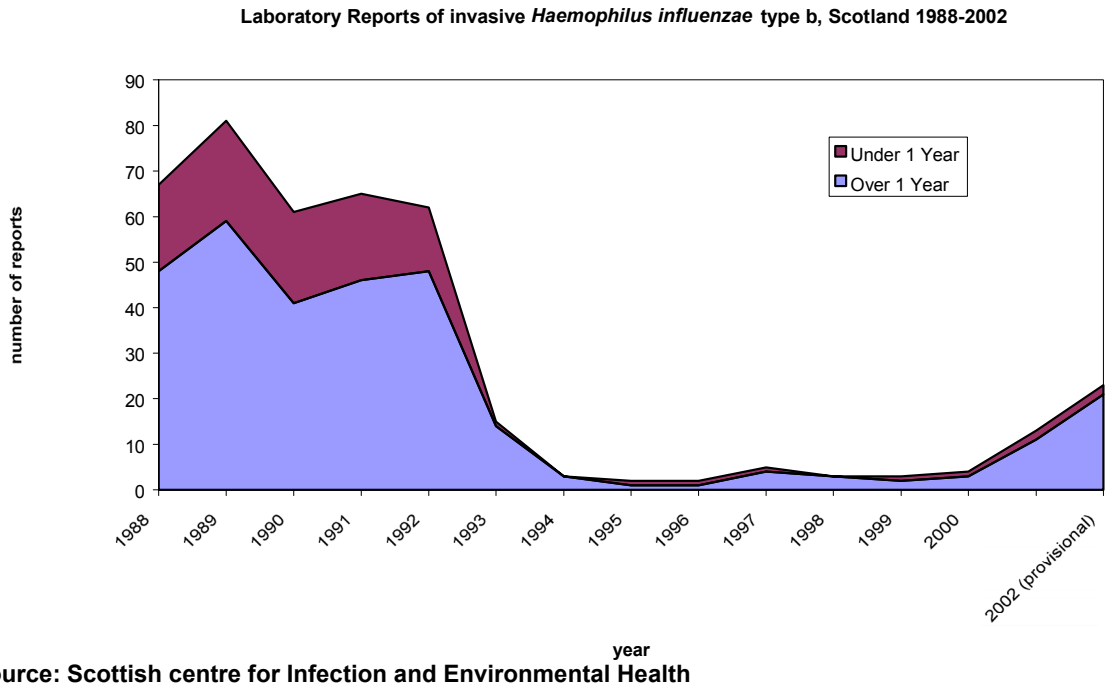
- We recommend that combined DTwP/Hib vaccine should be used for primary immunisation, rather than DTaP/Hib, as stated in our letter of 9 November 2001, SEHD/CMO(2001)16.

- Colleagues should remain vigilant for the diseases caused by Hib infection. These include meningitis, bacteraemia and epiglottitis.

Background:

The introduction of Hib vaccine into the routine immunisation programme in 1992, along with the catch-up programme for children aged under four carried out when the programme began, has proved very successful. By 1998, laboratory confirmed cases of Hib disease in children under 5 years of age in the UK had fallen by 98 per cent. Disease rates had also declined in unvaccinated older children and adults because of the reduced circulation of Hib bacteria amongst vaccinated children.

Since 1998, enhanced surveillance of Hib disease by the Scottish Centre for Infection and Environmental Health and the Public Health Laboratory Service has identified a gradual increase in cases, mostly in children under 4 years of age. While the number of Hib disease cases (23 cases in Scotland, 2002, provisional data) is much lower than the levels of disease seen before the introduction of Hib vaccine (around 60-80 in Scotland every year), the rise is still a concern.



Source: Scottish centre for Infection and Environmental Health

The Joint Committee on Vaccination and Immunisation (JCVI) has advised that while the immunisation programme against Hib has been highly successful, further enhancement of immunity appears necessary. We therefore plan to offer all children aged under four years an extra dose of Hib vaccine. Our rough estimate is that this equates to around 60 children per GP. The exact timing of this campaign will be determined by availability of Hib vaccine and modifications to the SIRS systems for implementation. Further details such as payment arrangements, vaccine delivery schedules and information resources for health professionals and parents prepared by SEHD, HEBS and SCIEH, will be the subject of our next letter, and we will be discussing the details with stakeholders and colleagues.

We will advise you when stocks for this purpose are available together with details of how you will be able to obtain it. Please do not place orders for additional Hib vaccine in anticipation of the campaign at the current time.

In addition, surveillance data has shown that children who have received at least two doses of combined DTaP-Hib (Diphtheria/Tetanus/acellular Pertussis/Hib) vaccine as part of their primary immunisation course appear to be at higher risk than those who have received at least two doses of DTwP/Hib (Diphtheria/Tetanus/whole-cell Pertussis/Hib) vaccine. We therefore recommend that combined DTwP/Hib is given to infants as part of their primary immunisation programme and not combined DTaP-Hib, unless the child has a valid contraindication to the use of DTwP. In such instances, DTaP and separate Hib vaccine should given instead, at the same time but in different limbs.

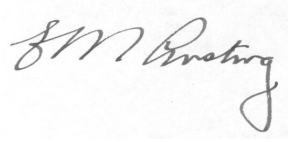
As stated in our letter of 9 November 2001 (SEHD/CMO(2001)16 regarding immunisation against pertussis, the reasons for preferring high quality DTwP products over DTaP vaccine for primary immunisation are fully explored in a paper published in Biologicals (Overview of Recent Trials of Acellular Pertussis Vaccines, Miller E: Biologicals (1999) Vol 27; 79-86). This review identified that "with the exception of the five component vaccine, acellular vaccines are less efficacious than a good whole cell vaccine". At present 5 component acellular vaccines are not available in the UK. This CMO letter also provided information and advice about thiomersal in vaccines and stated that: "The Committee of Safety of Medicines has reviewed the currently available data relating to possible neurodevelopmental effects in relation to thiomersal in vaccines (September 2001) and has advised that there is no evidence of harm caused by doses of thiomersal in vaccines, except for hypersensitivity reactions".

Should parents make enquiries about the planned catch-up campaign, they will need to be reassured that the campaign will start as soon as practicable, and that all children between the age of six months and under four years of age will be called routinely for immunisation as part of the campaign. No action needs to be taken by the parent.

In the meantime we would also encourage you to remain vigilant to the range of diseases caused by Hib infection including meningitis, bacteraemia, epiglottitis, pericarditis and pneumonia.

We recognise the vital role that all health professions play in implementing our immunisation programme, and we recognise your need to be closely informed of our plans.

Yours sincerely



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