Public Health England

The Value of Training for Healthcare Workers

Joanne Yarwood
Public Health England

1997 9 antigens

When is the immunisation due?	Which immunisations	Type	Date the immunisation is given
At two months	Polio	By mouth	
	Hib Diphtheria Tetanus Whooping cough	One injection	
At three months	Polio	By mouth	
	Hib Diphtheria Tetanus Whooping cough	One injection	
At four months	Polio	By mouth	
	Hib Diphtheria Tetanus Whooping cough	One injection	
At 12 to 15 months	Measles Mumps Rubella	One injection	
3 to 5 years (usually before the child starts school)	Measles Mumps Rubella	One injection	
	Diphtheria Tetanus	One injection	
	Polio	By mouth	
10 to 14 years (sometimes shortly after birth)	BCG (against tuberculosis)	Skin test followed by one injection if needed	
School leavers 13 to 18 years	Diphtheria Tetanus	One injection	
	Polio	By mouth	

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www.hea.org.uk

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2017 16 antigens

The routine immunisation schedule from Autumn 2017

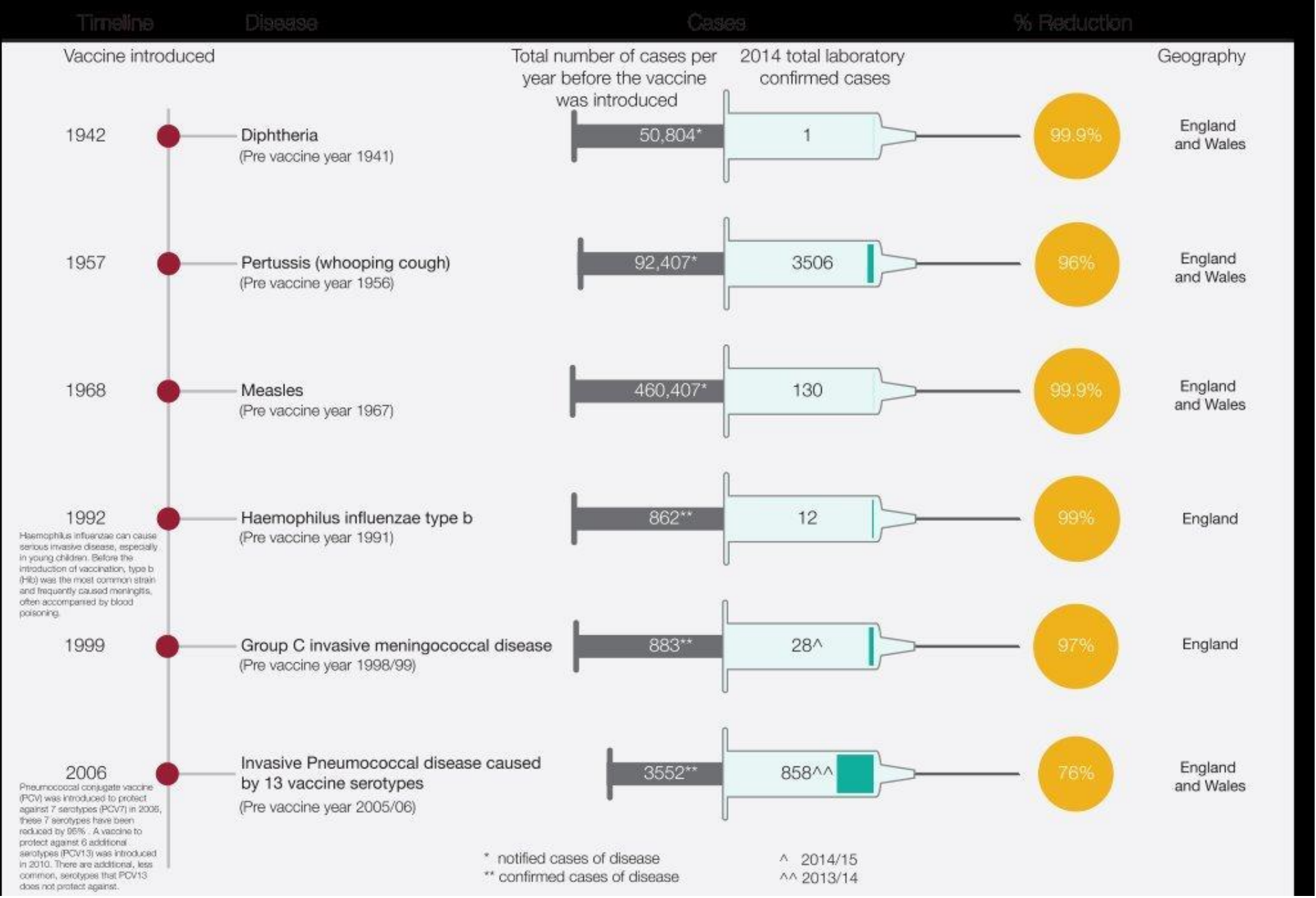
Age due	Diseases protected against	Vaccine given	Trade name	Usual site
Eight weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio, *Haemophilus influenzae* type b (Hib) and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa	Thigh
	Pneumococcal (13 serotypes)	Pneumococcal conjugate vaccine (PCV)	Prevenar 13	Thigh
	Meningococcal group B (MenB)	MenB	Bexsero	Left thigh
	Rotavirus gastroenteritis	Rotavirus	Rotarix	By mouth
Twelve weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa	Thigh
	Rotavirus	Rotavirus	Rotarix	By mouth
Sixteen weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa	Thigh
	Pneumococcal (13 serotypes)	PCV	Prevenar 13	Thigh
	MenB	MenB	Bexsero	Left thigh
One year old (on or after the child's first birthday)	Hib and MenC	Hib/MenC	Menitorix	Upper arm/thigh
	Pneumococcal	PCV	Prevenar 13	Upper arm/thigh
	Measles, mumps and rubella (German measles)	MMR	MMR VaxPRO[2] or Priorix	Upper arm/thigh
	MenB	MenB booster	Bexsero	Left thigh
Two to eight years old[1] (including children in reception class and school years 1-4)	Influenza (each year from September)	Live attenuated influenza vaccine LAIV[3]	Fluenz Tetra[2]	Both nostrils
Three years four months old or soon after	Diphtheria, tetanus, pertussis and polio	DTaP/IPV	Infanrix IPV or Repevax	Upper arm
	Measles, mumps and rubella	MMR (check first dose given)	MMR VaxPRO[2] or Priorix	Upper arm
Girls aged 12 to 13 years	Cervical cancer caused by human papillomavirus (HPV) types 16 and 18 (and genital warts caused by types 6 and 11)	HPV (two doses 6-24 months apart)	Gardasil	Upper arm
Fourteen years old (school year 9)	Tetanus, diphtheria and polio	Td/IPV (check MMR status)	Revaxis	Upper arm
	Meningococcal groups A, C, W and Y disease	MenACWY	Nimenrix or Menveo	Upper arm
65 years old	Pneumococcal (23 serotypes)	Pneumococcal Polysaccharide Vaccine (PPV)	Pneumococcal Polysaccharide Vaccine	Upper arm
65 years of age and older	Influenza (each year from September)	Inactivated influenza vaccine	Multiple	Upper arm
70 years old	Shingles	Shingles	Zostavax[2]	Upper arm

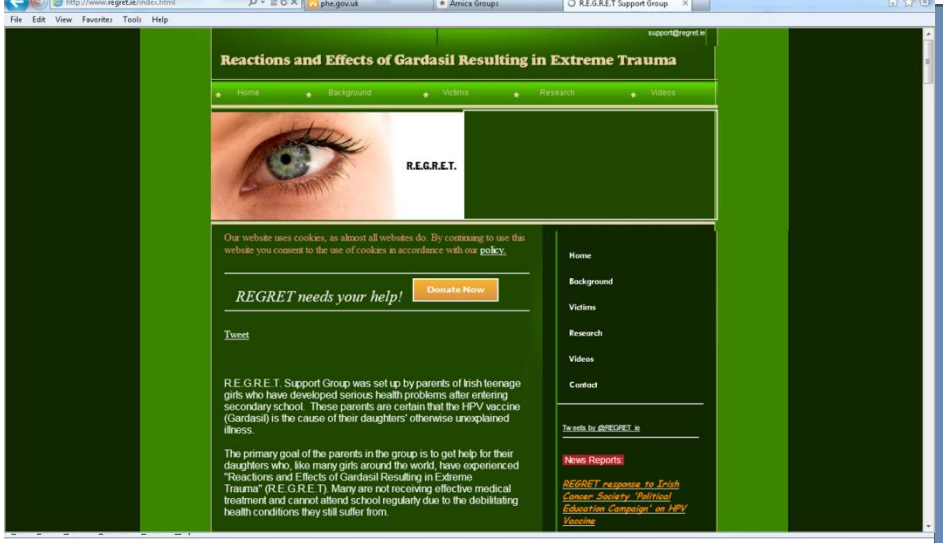
1. Age on 31 August 2017.
2. Contains porcine gelatine.
3. If LAIV (live attenuated influenza vaccine) is contraindicated and child is in a clinical risk group, use inactivated flu vaccine.

All vaccines can be ordered from www.immform.dh.gov.uk free of charge except influenza for adults and pneumococcal polysaccharide vaccine.

Immunisation
The safest way to protect children and adults

NHS


Timeline
Disease
Cases
% Reduction
Vaccine introduced
Total number of cases per year before the vaccine was introduced
2014 total laboratory confirmed cases
Geography
1942
Diphtheria
(Pre vaccine year 1941)
50,804*
1
99.9%
England and Wales
1957
Pertussis (whooping cough)
(Pre vaccine year 1956)
92,407*
3506
96%
England and Wales
1968
Measles
(Pre vaccine year 1967)
460,407*
130
99.9%
England and Wales
1992
Haemophilus influenzae type b
(Pre vaccine year 1991)
Haemophilus influenzae can cause serious invasive disease, especially in young children. Before the introduction of vaccination, type b (Hib) was the most common strain and frequently caused meningitis, often accompanied by blood poisoning.
862**
12
99%
England
1999
Group C invasive meningococcal disease
(Pre vaccine year 1998/99)
883**
28^
97%
England
2006
Invasive Pneumococcal disease caused by 13 vaccine serotypes
(Pre vaccine year 2005/06)
Pneumococcal conjugate vaccine (PCV) was introduced to protect against 7 serotypes (PCV7) in 2006, these 7 serotypes have been reduced by 98% . A vaccine to protect against 6 additional serotypes (PCV13) was introduced in 2010. There are additional, less common, serotypes that PCV13 does not protect against.
3552**
858^^
76%
England and Wales
* notified cases of disease
** confirmed cases of disease
^ 2014/15
^^ 2013/14


Reactions and Effects of Gardasil Resulting in Extreme Trauma
Home
Background
Victims
Research
Videos
R.E.G.R.E.T.
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REGRET needs your help!
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Tweet
R.E.G.R.E.T. Support Group was set up by parents of Irish teenage girls who have developed serious health problems after entering secondary school. These parents are certain that the HPV vaccine (Gardasil) is the cause of their daughters' otherwise unexplained illness.
The primary goal of the parents in the group is to get help for their daughters who, like many girls around the world, have experienced "Reactions and Effects of Gardasil Resulting in Extreme Trauma" (R.E.G.R.E.T). Many are not receiving effective medical treatment and cannot attend school regularly due to the debilitating health conditions they still suffer from.
Home
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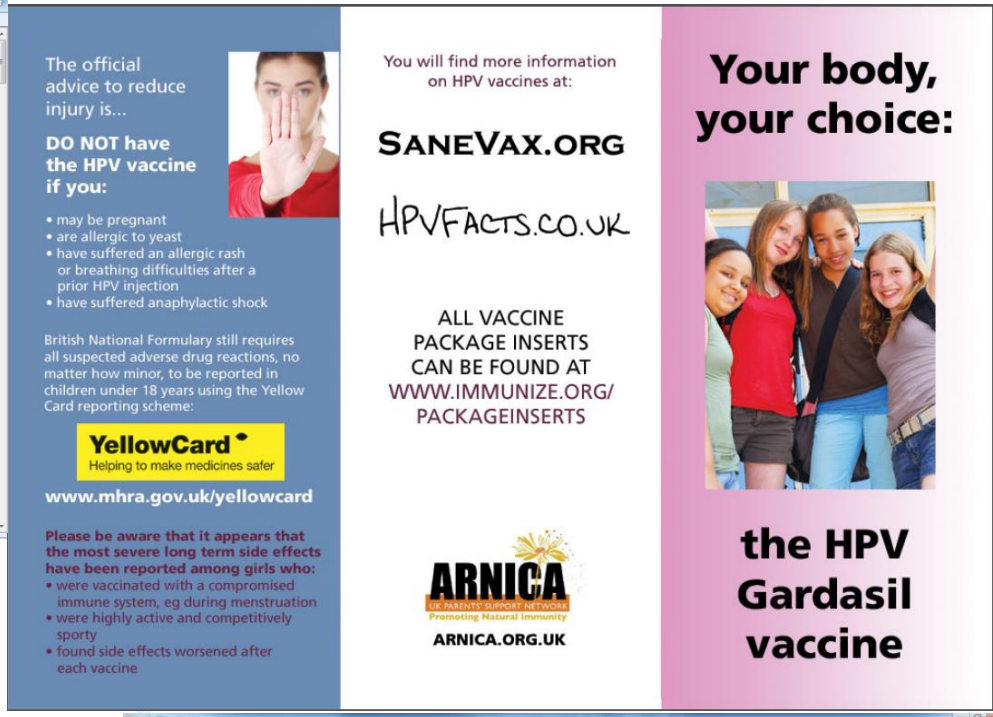
Tweets by @REGRET_ie
News Reports:
REGRET response to Irish Cancer Society 'Political Education Campaign' on HPV Vaccine


The official advice to reduce injury is...
DO NOT have the HPV vaccine if you:
• may be pregnant
• are allergic to yeast
• have suffered an allergic rash or breathing difficulties after a prior HPV injection
• have suffered anaphylactic shock
British National Formulary still requires all suspected adverse drug reactions, no matter how minor, to be reported in children under 18 years using the Yellow Card reporting scheme:
YellowCard
Helping to make medicines safer
www.mhra.gov.uk/yellowcard
Please be aware that it appears that the most severe long term side effects have been reported among girls who:
• were vaccinated with a compromised immune system, eg during menstruation
• were highly active and competitively sporty
• found side effects worsened after each vaccine
You will find more information on HPV vaccines at:
SANEVAX.ORG
HPVFACTS.CO.UK
ALL VACCINE PACKAGE INSERTS CAN BE FOUND AT WWW.IMMUNIZE.ORG/PACKAGEINSERTS
ARNICA
UK PARENTS' SUPPORT NETWORK
Promoting Natural Immunity
ARNICA.ORG.UK
Your body, your choice:
the HPV Gardasil vaccine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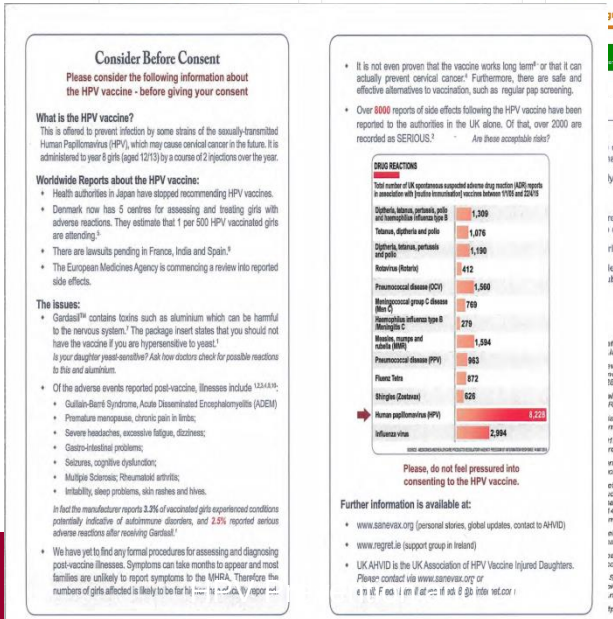
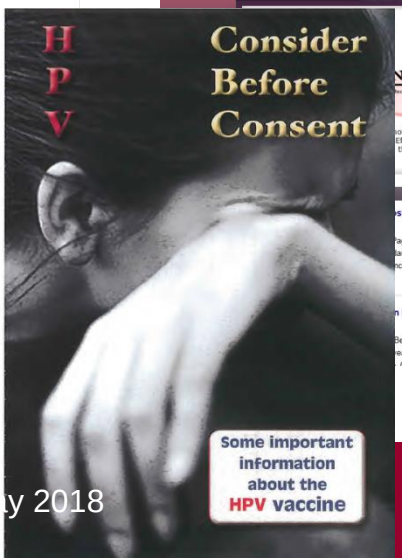
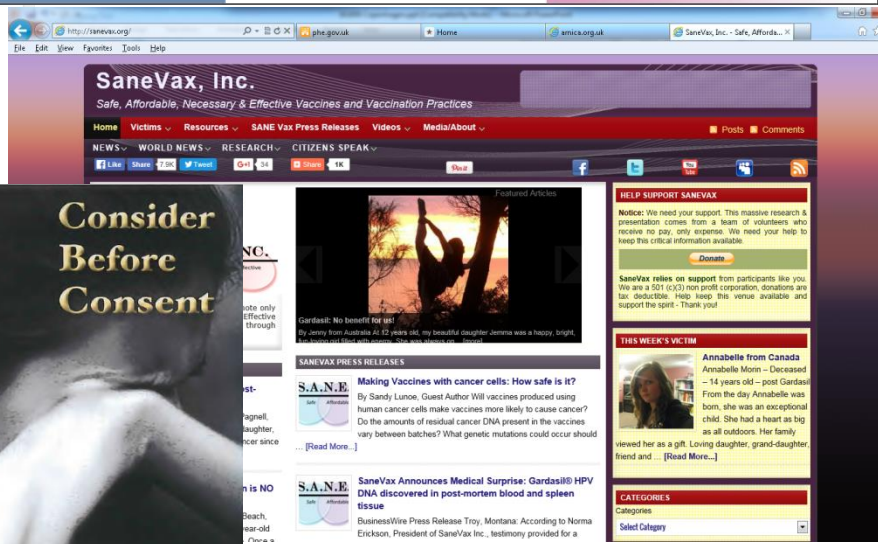

Consider Before Consent
Please consider the following information about the HPV vaccine - before giving your consent
What is the HPV vaccine?
This is offered to prevent infection by some strains of the sexually-transmitted Human Papillomavirus (HPV), which may cause cervical cancer in the future. It is administered to year 8 girls (aged 12/13) by a course of 2 injections over the year.
Worldwide Reports about the HPV vaccine:
• Health authorities in Japan have stopped recommending HPV vaccines.
• Denmark now has 5 centres for assessing and treating girls with adverse reactions. They estimate that 1 per 500 HPV vaccinated girls are attending.
• There are lawsuits pending in France, India and Spain.
• The European Medicines Agency is commencing a review into reported side effects.
The issues:
• Gardasil™ contains toxins such as aluminium which can be harmful to the nervous system. The package insert states that you should not have the vaccine if you are hypersensitive to yeast.
Is your daughter yeast-sensitive? Ask how doctors check for possible reactions to this and aluminium.
• Of the adverse events reported post-vaccine, illnesses include
• Guillain-Barré Syndrome, Acute Disseminated Encephalomyelitis (ADEM)
• Premature menopause, chronic pain in limbs;
• Severe headaches, excessive fatigue, dizziness;
• Gastro-intestinal problems;
• Seizures, cognitive dysfunction;
• Multiple Sclerosis; Rheumatoid arthritis;
• Irritability, sleep problems, skin rashes and hives.
In fact the manufacturer reports 3.2% of vaccinated girls experienced conditions potentially indicative of autoimmune disorders, and 2.5% reported serious adverse reactions after receiving Gardasil.
• We have yet to find any formal procedures for assessing and diagnosing post-vaccine illnesses. Symptoms can take months to appear and most families are unlikely to report symptoms to the MHRA. Therefore the numbers of girls affected is likely to be far hi
• It is not even proven that the vaccine works long term or that it can actually prevent cervical cancer. Furthermore, there are safe and effective alternatives to vaccination, such as regular pap screening.
• Over 8000 reports of side effects following the HPV vaccine have been reported to the authorities in the UK alone. Of that, over 2000 are recorded as SERIOUS.
Are these acceptable risks?
DRUG REACTIONS
Total number of UK spontaneous suspected adverse drug reaction (ADR) reports in association with [routine immunisation] vaccines between 1/1/06 and 22/4/15
Diphteria, tetanus, pertussis, polio and haemophilus influenza type B 1,309
Tetanus, diphteria and polio 1,076
Diphteria, tetanus, pertussis and polio 1,190
Rotavirus (Rotarix) 412
Pneumococcal disease (OCV) 1,560
Meningococcal group C disease (Men C) 769
Haemophilus influenza type B (Meningitis C 279
Measles, mumps and rubella (MMR) 1,594
Pneumococcal disease (PPV) 963
Fluenz Tetra 872
Shingles (Zostavax) 626
Human papillomavirus (HPV) 8,228
Influenza virus 2,994
Please, do not feel pressured into consenting to the HPV vaccine.
Further information is available at:
• www.sanevax.org (personal stories, global updates, contact to AHVID)
• www.regret.ie (support group in Ireland)
• UK AHVID is the UK Association of HPV Vaccine Injured Daughters.
Please contact via www.sanevax.org or
Our petition
Please Donate
Donate
of concerned parents aiming to educate people about the ...avirus (HPV) vaccination.
...ly and solely with your daughters' best interests at heart.
...rents to conduct research in order to make an informed decision ... consent to HPV vaccine administration to their children.
...ris world-wide are suffering from post-vaccine disorders.
...lease read and consider the information in this leaflet, which ...ublished sources as referenced below.


H
P
V
Consider Before Consent
Some important information about the HPV vaccine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Making Vaccines with cancer cells: How safe is it?
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THIS WEEK'S VICTIM
Annabelle from Canada
CATEGORIES
Select Category

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August 2016

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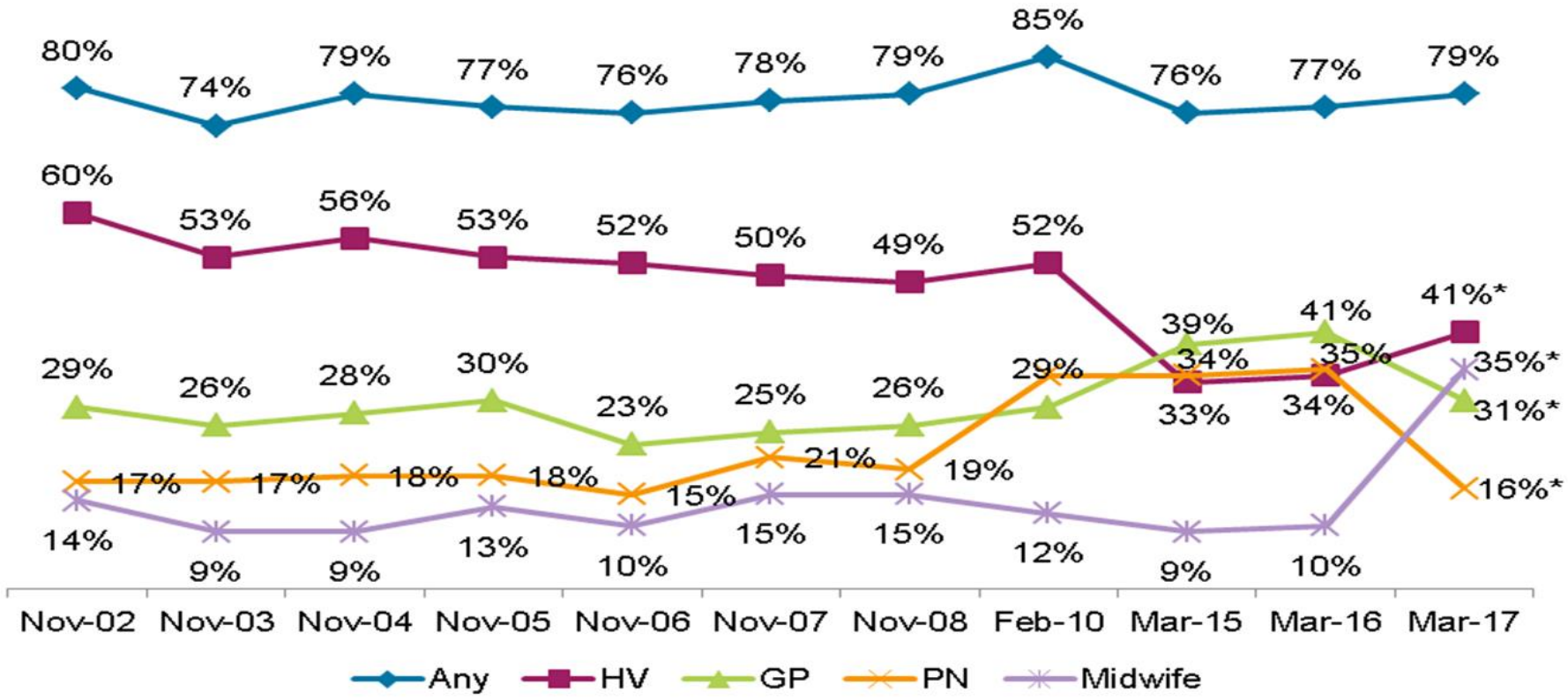
Healthcare workers are an important source of immunisation information



Q33. Which Health Professionals did you discuss immunisations with before they were due to be immunised?

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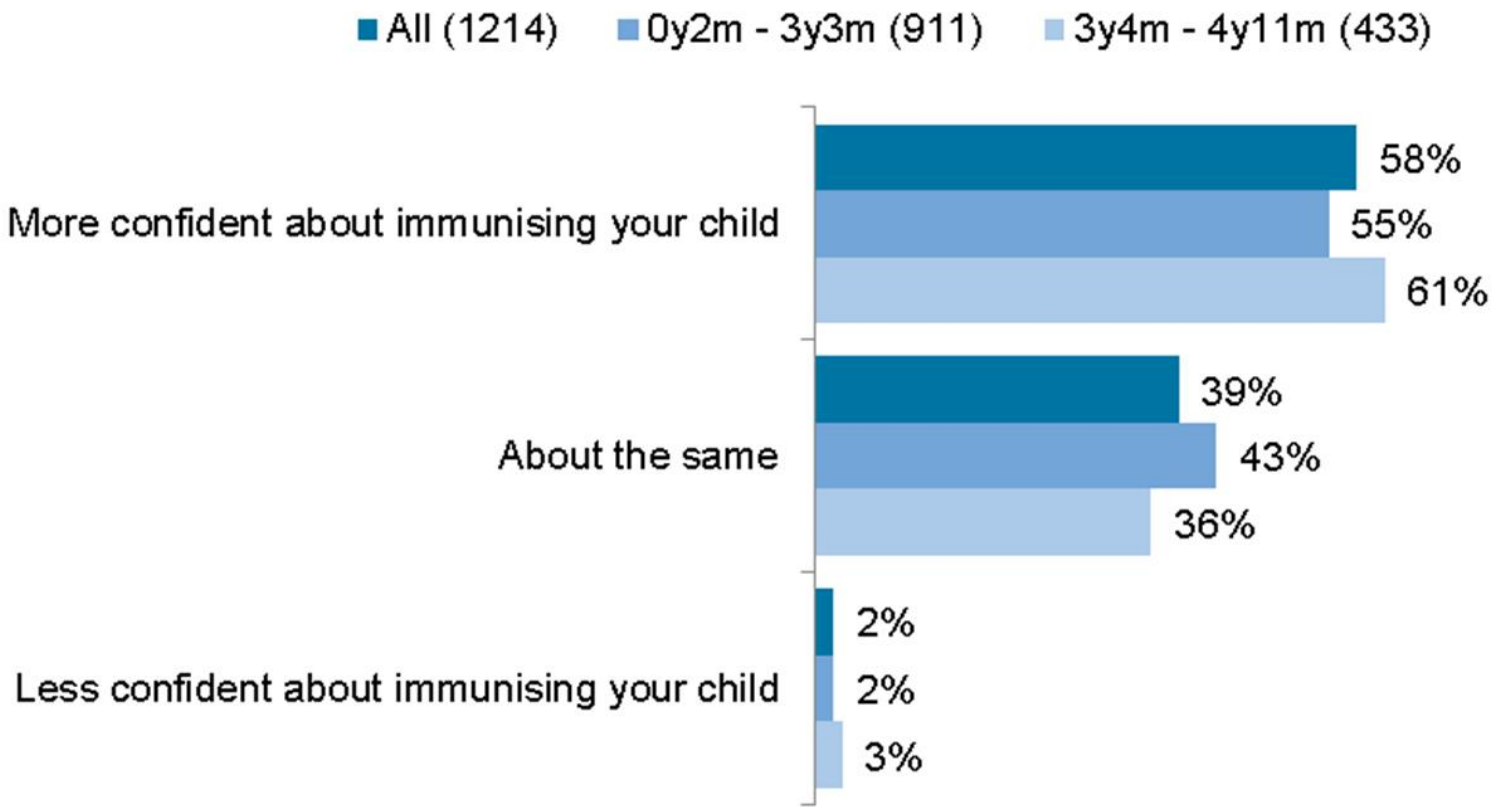
Discussions with parents increases their confidence in immunisation



Q34c/Q38c. After the discussion with this/these health professionals, which of the following best describes how you felt?

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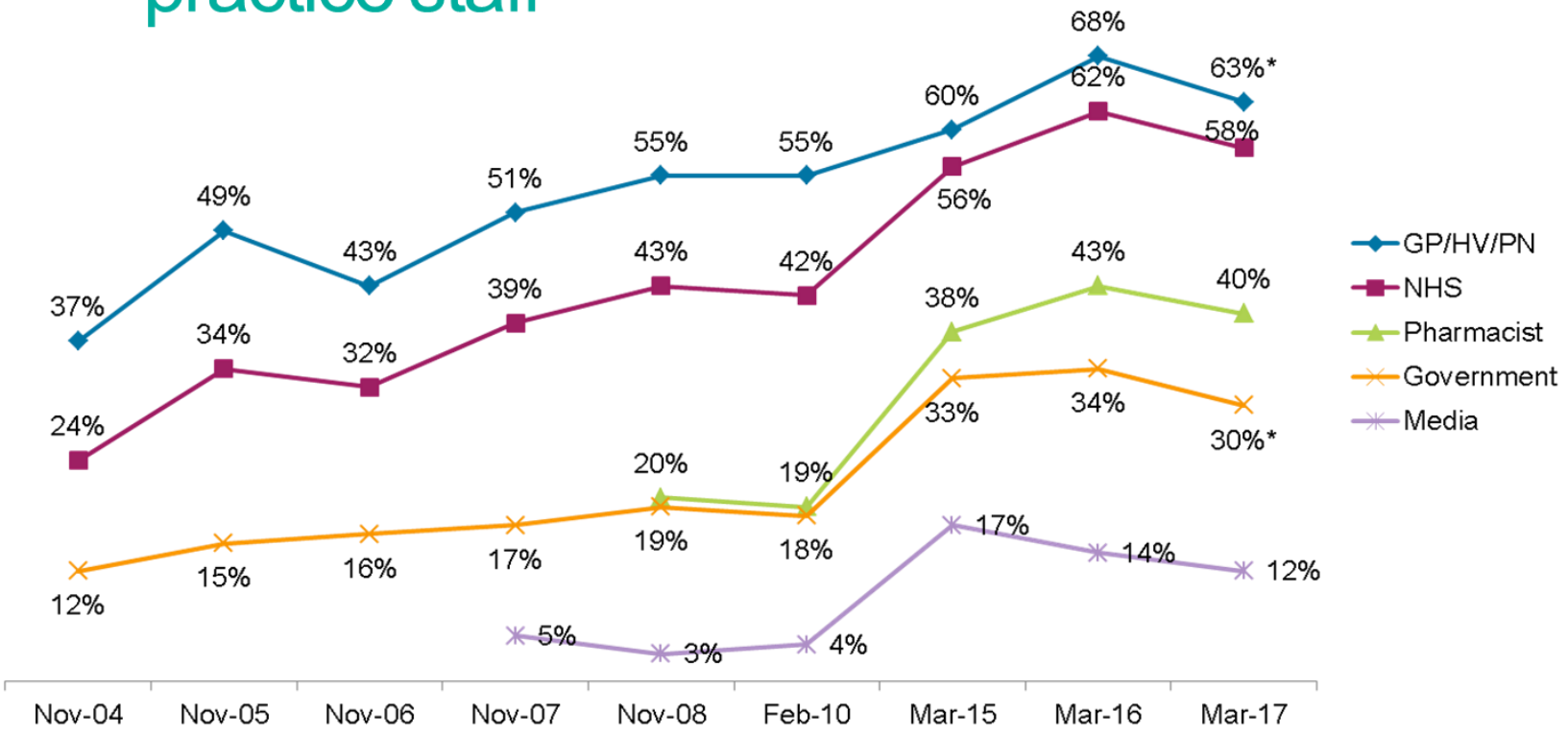
Highest Trust in information provided by General practice staff



Q58. Please tell me how much you personally agree or disagree with each statement. I trust the advice on immunisation given by...

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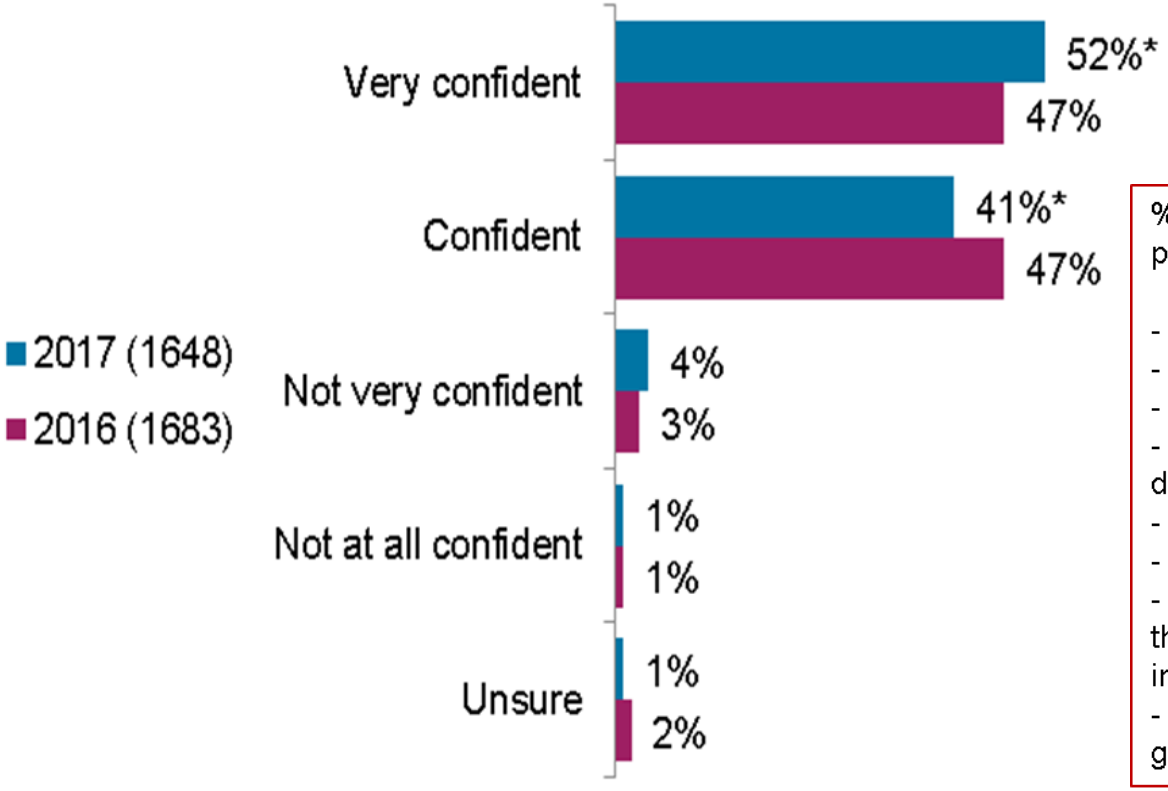
Confidence in the programme is high



% very confident in the immunisation programme decreases amongst…

- 16-24yrs (42%)
- C2DEs (46% cf. 59% ABC1)
- BMEs (45% cf. 54% white)
- No qualifications (37% cf. 58% a degree or above)
- Muslim (44%)
- Midlands (34%)
- Parents had read stories that caused them to doubt having their child immunised (31%)
- Where parents did not trust advice given by health professionals (21%)

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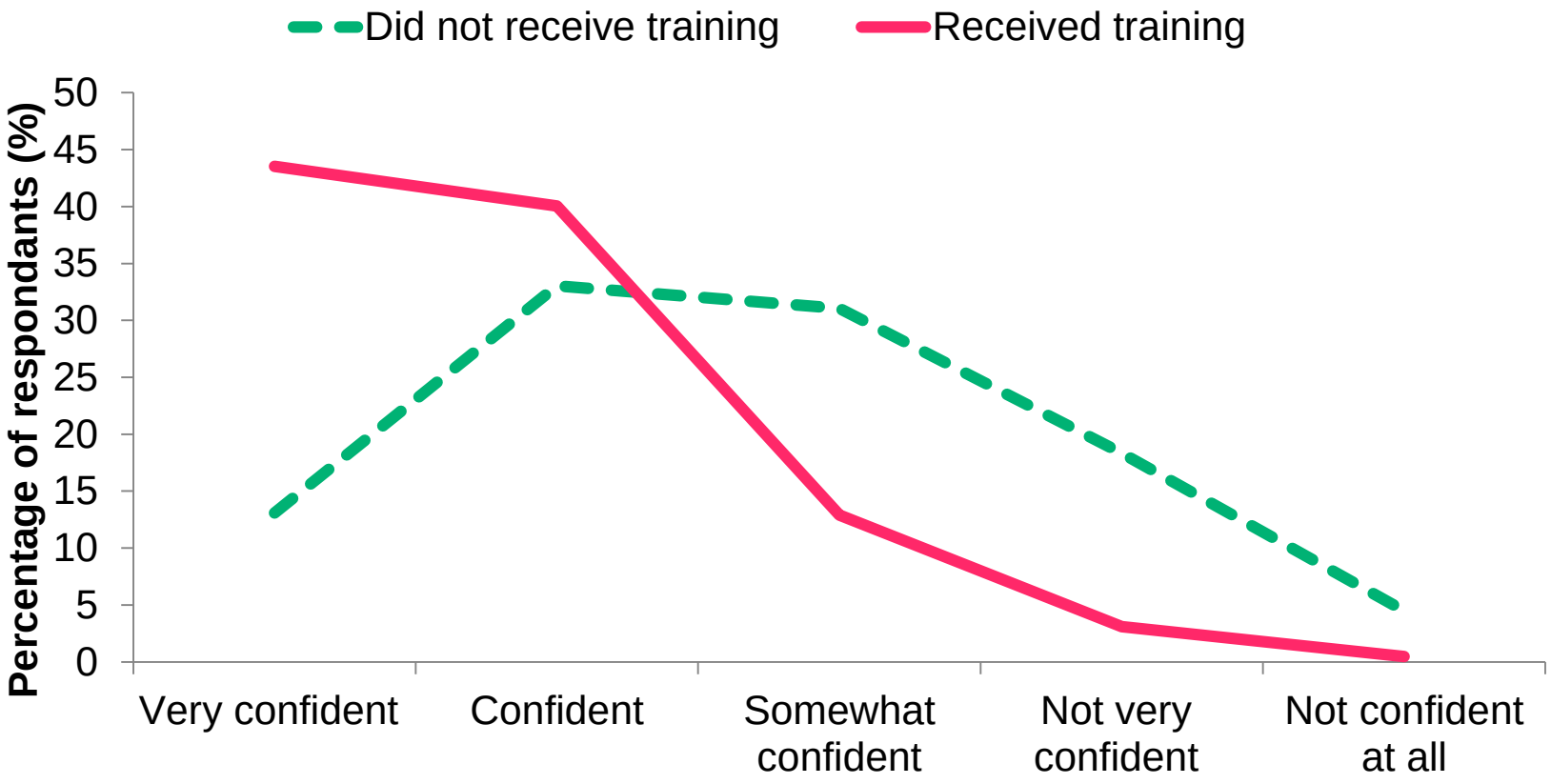
The confidence of HCWs in giving advice to pregnant women according to whether or not they had received training.



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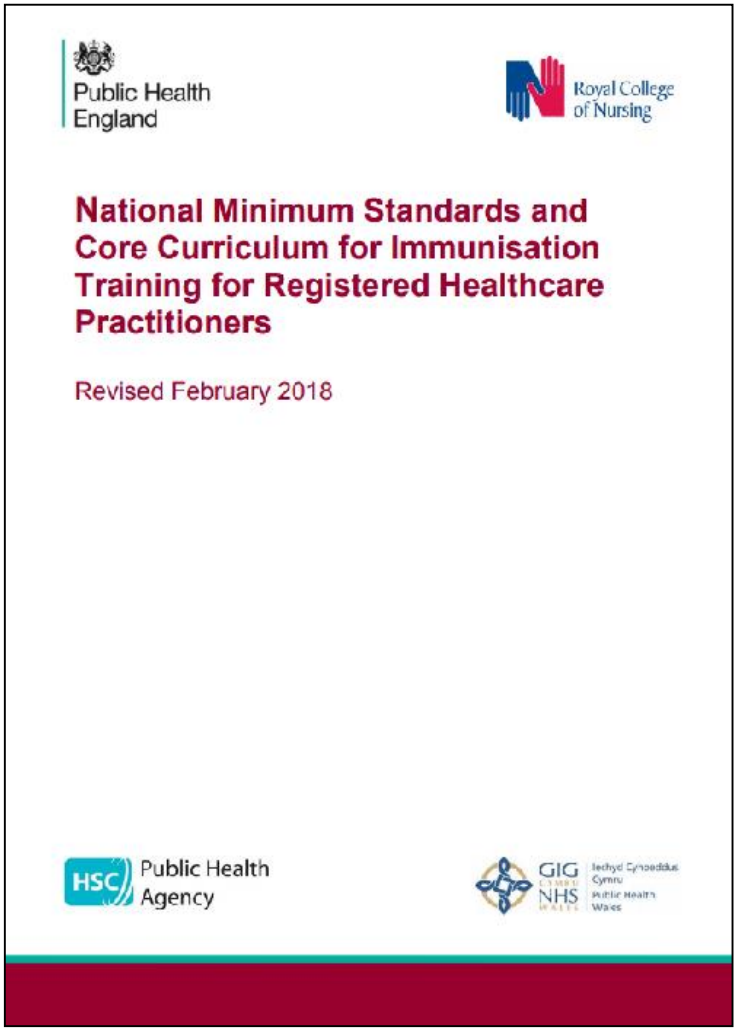
National Minimum Standards and Core Curriculum for Immunisation Training



- Describes the training that should be given to all registered healthcare practitioners involved in immunisation and topics that should be covered

- Best practice guidelines - not mandatory but sets out reasons to implement

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New e-learning programme

Seven sessions with accompanying assessments:

1) National immunisation policy
2) Immunology
3) Vaccine Preventable Diseases
4) Communicating with patients and parents
5) Legal aspects
6) Vaccine storage
7) Vaccine administration

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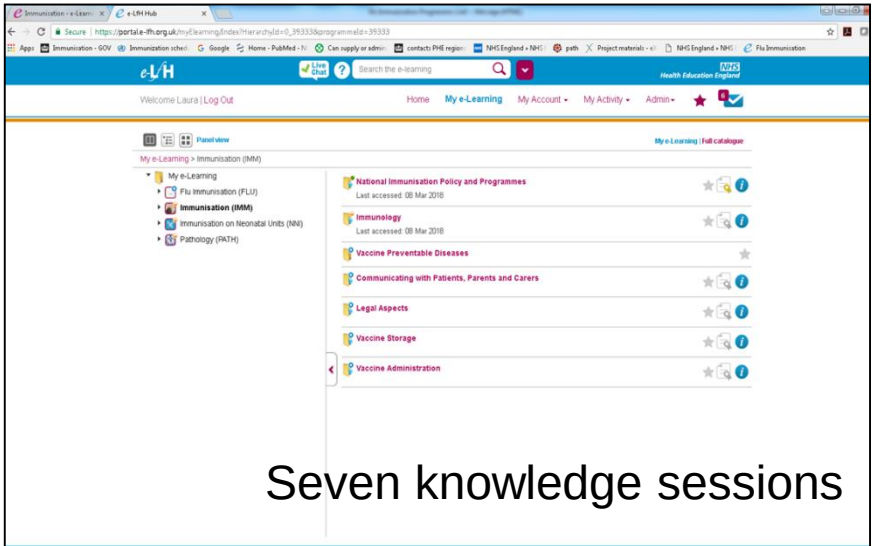
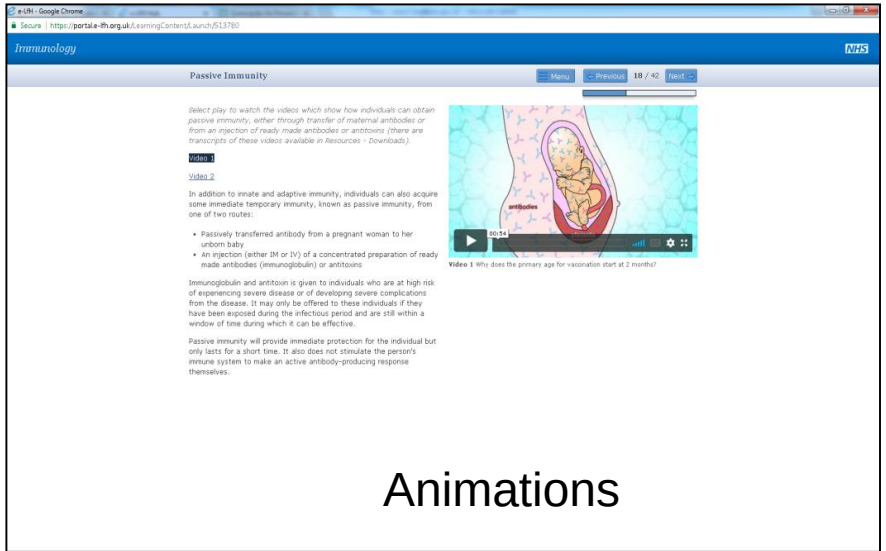
eLfH Immunisation e-learning programme



Seven knowledge sessions



Animations

Videos

Informal knowledge checks

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Key messages

- Confidence in the vaccination programme in England is high
- Increasing trust in the NHS and health professionals appear to be key factors influencing immunisation decisions.
- Need to ensure that all those delivering immunisations are well trained and confident when providing immunisation information
- Immunisers are doing a great job!!

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About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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