Meningococcal disease is caused by invasive infection with bacterium Neisseria meningitidis. Meningococcal B accounts for approximately 80% of invasive meningococcal disease and the highest rates of disease are in children under two years of age. (PHE, 2016)

Vaccination against Meningococcal group B (Men B) was introduced routinely into the Catch up programme Gossger In 2015 Errors As a change to vaccination programmes matures the nature of the enquires that health professionals

Clinical risk groups Practice changed to recommend prophylactic paracetamol when Men B is given

The number of enquires relating to Men B are small overall and were only captured over three quarters, 75 (13%) enquires recorded as relating to Men B vaccination

Evidence indicated that fever rates could be reduced with three doses of paracetamol, four to six hours apart, without affecting antibody responses (UCV, 2014)

Practice changed to recommend prophylactic paracetamol when Men B is given alongside other infant immunisations

To review the nature of enquires about Men B vaccination received to a specialist immunisation service within the Thames Valley comparing enquiry content over a three month period at the start of a vaccination programme 1 Sep 2015 – 30 Nov 2015 (quarter 2015) with a three month period one year into the programme 1 Sep 2016-30 Nov 2015 (quarter 2016)

To review if the change of practice to routinely recommend prophylactic paracetamol with infant immunisations generated enquiries for health care professionals

In 2015 the most common vaccine enquires related to Men B (figure 2)

In 2016 the most common vaccine enquires related to nasal influenza

The total number of Men B enquires received in quarter 2016 was approximately half the number received in quarter 2015

As a change to vaccination programmes matures the nature of the enquires that health professionals have about it

Prior to the implementation comprehensive training and information resources were made available nationally (see section national resources)

Prior to implementation three face to face teaching sessions were held with approximately 80% of Thames Valley General Practice surgeries. This supplemented the national online resources and included an extensive question and answer session

Educating health professionals about possible vaccine reactions and how to advice prophylactic paracetamol prior to vaccine implementation resulted in a small number of enquires which reduced in 2016

Limitations:
- The number of enquires relating to Men B are small overall and were only captured over three months: 75 (13%) in 2015 and 34 (8%) in 2016
- Analyses only represents enquires received to one specialist immunisation advice service for health professionals in one geographical region of the UK

Training and resources created to inform health professionals about a change to policy are vital to ensuring its effective implementation into practice

Figure 1. Overview of enquires received

Figure 2. Enquires per vaccine received in Quarter 2013 (1st September - 30th November) and Quarter 2015 (1st September - 30th November)

Figure 3. Main themes of Menb enquires received in Quarter 2015 (1st September - 30th November) and Quarter 2016 (1st September - 30th November)

The Themes of Men B enquires changed within the quarters. (Figure 3)

No enquires related to vaccine reactions in 2016 and only 4 (4/75) in 2015

Table 2. Examples of enquires that had paracetamol or Calpol® recorded in their description

Table 3. Examples of enquiries from each of the nine themes

Table 4. Out of cohort/private vaccine enquires

Six enquires related to prophylactic paracetamol in 2015 and two in 2016

Consistently the most frequent theme of enquiry regarding paracetamol related to how to advice prophylactic paracetamol administration for premature babies and babies weighing less than 4 kg (Table 2)

Aims

Methods

Background

Results

Discussion

Conclusion

References

Regarding the Men B programme

- Vaccine Knowledge Project Men B pages
  http://vkg.org.co.ec/menb-vaccine
  
- Public Health England collection of resources which includes training slide sets for health care professionals, vaccine information for health care professionals, training and communication resources: https://www.gov.uk/government/collections/meningococcal-b-menb-vaccination-programme

National resources developed for health professionals

- Vaccine Knowledge Project Men B pages
  http://vkg.org.co.ec/menb-vaccine

- Public Health England collection of resources which includes training slide sets for health care professionals, vaccine information for health care professionals, training and communication resources: https://www.gov.uk/government/collections/meningococcal-b-menb-vaccination-programme

Regarding Men B vaccine and paracetamol


A collection of Public Health England resources including a mock video consultation between a practice nurse and patient about the use of paracetamol listening Men B vaccination developed by Oxford Vaccine Group and Public Health England: MenB and paracetamol protocol for health care professionals: paracetamol patient information leaflets

Acknowledgements: We would like to thank our colleagues at Oxford Vaccine Group and Thames Valley Health Protection Team, Public Health England South East who also answered for queries.

In 2016 11th Sep 2015 to 30th Nov 2016

150 total enquires received

428 total enquires received

34 (8%) enquires recorded as relating to Men B vaccination

426 total enquires received

350 total enquires received

2015 11th Sep 2015 to 30th Nov 2016

2016 11th Sep 2015 to 30th Nov 2016

- All enquires received to the advice service were captured on an existing database used by the immunisation advice service

- Enquires received in quarter 2015 and quarter 2016 relating to Men B vaccination were analysed and grouped into categories. Nine main themes emerged (see figure 1)

- Examples of enquires from each of the nine themes are given in table 1

- Enquiries that had paracetamol or Calpol® recorded in their description were reviewed as a subset to further investigate content. Five main theme emerged. (table 2)

- Out of cohort/private vaccine enquires
- Catch up programme
- Errors
- Administration (including paracetamol)
- Non/UK/Travel
- Clinical risk groups
- Previous invasive meningococcal disease
- Vaccine reaction
- Request for promotional information

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- Gossger, N, Snape MD, Yu LM. Vaccine effectiveness and durability of immunogenicity of MenB meningococcal vaccine administered with or without concomitant vaccination according to different vaccine schedules: a comprehensive analysis. J Infect Dis 2013; 208: 1133–42. Available at: http://www.clini-cal infectious-diseases.org/content/208/8/1133


- Public Health England (2016) Immunisation against meningococcal B disease to infants aged from two months Information for healthcare professionals. 11th Sep 2015 to 30th Nov 2015 (quarter 2015) with a three month period one year into the programme 1 Sep 2016-30 Nov 2015 (quarter 2016)

- Non invasive, meningococcal disease and the highest rates of disease are in children under two years of age. (PHE, 2016)

- Vaccination against Meningococcal group B (Men B) was introduced routinely into the infant schedule in the UK in September 2015 for infants born after 30 June 2015 (PHE, 2016). There was also a catch up programme for infants born on or after 1 May 2015 and before 1 July 2016 (PHE, 2016)

- When Men B vaccine is administered alongside other routine infant immunisations fever had been reported in up to 61% of infants (Gossger et al, 2012)

- Evidence indicated that fever rates could be reduced with three doses of paracetamol, four to six hours apart, without affecting antibody responses (UCV, 2014)

- Practice changed to recommend prophylactic paracetamol when Men B is given alongside other infant immunisations

- To review the nature of enquires about Men B vaccination received to a specialist immunisation service within the Thames Valley comparing enquiry content over a three month period at the start of a vaccination programme 1 Sep 2015 – 30 Nov 2015 (quarter 2015) with a three month period one year into the programme 1 Sep 2016-30 Nov 2015 (quarter 2016)

- To review if the change of practice to routinely recommend prophylactic paracetamol with infant immunisations generated enquiries for health care professionals

- In 2015 the most common vaccine enquires related to Men B (figure 2)

- In 2016 the most common vaccine enquires related to nasal influenza

- The total number of Men B enquires received in quarter 2016 was approximately half the number received in quarter 2015