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HSS(MD)2/2000

To: All General Practitioners
Practice Nurses and Treatment Room Nurses
Consultants in Communicable Disease Control
Directors of Pharmaceutical Services of HSS Boards
Pharmacy Managers of HSS Trusts

24 January 2000

Dear Colleague

Supplies of Diphtheria Tetanus Pertussis (DTP) - Hib vaccine and of Diphtheria Tetanus (DT) pre-school booster

This letter gives information on DTP-Hib vaccines that will be substituted for previously provided vaccines to maintain supplies over the next few months and an update on supplies of DT pre-school booster.

DTP-Hib vaccine

In order to return to a consistent supply of vaccine, stocks of DTP vaccine that include acellular pertussis vaccine (aP) may be issued from February as an alternative to DTwP. SmithKline Beecham (SB) Infanrix-Hib, which is a combined presentation of DTaP and Hib vaccine, may be issued.

Children who have already started their primary immunisations with DTwP can complete the course with DTaP, and children who start on DTaP can complete their immunisations with DTwP should the occasion arise.

Safety and efficacy

Acellular pertussis vaccines are widely used in Europe and the United States.

Published data show that the protective efficacy of acellular vaccines is broadly similar to that of wholecell vaccines, although there are advantages for some wholecell products^{1,2,3,4}. There appears to be an association between higher efficacy and having more antigen components⁵. Infanrix-Hib has three antigen components (Pertussis Toxin, Filamentous Haemagglutinin and Pertactin).

Acellular vaccines appear to cause fewer local reactions and pyrexias than wholecell products, although these differences are minimised by administration at 2, 3 and 4 months of age⁶. Large scale studies in Sweden and Italy have demonstrated that there were fewer serious reactions such as convulsions after acellular vaccines^{1,3}; however these studies were carried out at ages of immunisation older than those used in the UK, and at older ages such events may be more likely to occur.

In the case of a severe local or systemic reaction, follow the guidance in the 1996 edition of Immunisation against Infectious Disease (16.5.2 on page 81) for reactions after combined Hib/DTwP.

Although lower Hib antibody levels have been reported after combination of DTaP and Hib vaccines, evidence suggests that these do not compromise protection⁷. Acellular pertussis vaccines have also been given safely at the same time as meningococcal C conjugate vaccine in a large study in the United States.

Diphtheria Tetanus (DT) pre-school booster vaccine

Pasteur Merieux MSD are continuing to supply their own two presentations of this vaccine and from end of February supplies of Diphtheria Tetanus (DT) vaccine manufactured by Chiron Behring are expected. Users are advised to schedule catch up appointments only on receipt of the vaccine.

A detailed review is being undertaken on a UK-wide basis of all the vaccines used in the routine primary immunisation schedules so that a more stable and reliable provision of vaccines can be obtained.

We will write again when this review has been completed, advising you of any changes that result.

Yours sincerely

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Chief Medical Officer

DR N MORROW
Chief Pharmaceutical Officer

MISS J HILL
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cc Professor P Reilly
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Hidden cc

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