**From the Chief Medical Officer**
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**HSS(MD) 36/2021**

Our Ref: HSS(MD) 36/2021
Date: 18 May 2021

**FOR ACTION**
Chief Executives, Public Health Agency/Health and Social Care Board/HSC Trusts/ NIAS
GP Medical Advisers, Health and Social Care Board
All General Practitioners and GP Locums (for onward distribution to practice staff)
OOHs Medical Managers (for onward distribution to staff)

**PLEASE SEE ATTACHED FULL CIRCULATION LIST**

Dear Colleague

**CHANGE TO THE SUPPLY ROUTE OF PNEUMOCOCCAL POLYSACCHARIDE VACCINE (PNEUMOVAX®23), VACCINE FOR THE NATIONAL IMMUNISATION PROGRAMME**

**ACTION REQUIRED**

**Chief Executives must ensure that this information is drawn to the attention of all staff involved in administering Pneumococcal Polysaccharide vaccine (PPV23).**

**The HSCB must ensure this information is cascaded to all General Practitioners, practice managers and community pharmacies for onward distribution to all staff involved in the PPV 23 vaccine programme.**

1. This letter provides information about the change to the supply route of Pneumococcal Polysaccharide Vaccine (PPV23) for use in the HSC pneumococcal polysaccharide vaccination programme from 14 June 2021.

2. Because of increased global demand for the PPV23 vaccine, the UK has experienced intermittent periods of stock restrictions during 2017 to date. This has led to periods of “limited stock” or “out of stock”. Stock becomes particularly restricted in the winter seasons as many practices choose to offer PPV23 alongside the routine influenza programme.

3. In order to increase resilience of the supply chain, in line with other national immunisation programmes, PHE have now been commissioned to supply this vaccine for the routine immunisation programme and immunisation of those

with underlying medical conditions, and this will commence in NI from 14 June 2021, rather than providers locally procuring the vaccine from community pharmacies.

**Vaccine ordering**

4. From 14 June, GPs should stop using stock scripts to order the PPV23 vaccine and order through the NI Vaccine ordering system. Prior to 14 June, GPs should work with local community pharmacies to place stock orders for any remaining stock of PPV 23 held within community pharmacies.

5. Trust hospital pharmacies should continue to place orders via their pharmacy computer systems

**Vaccine supply and implications for prioritising eligible patients**

6. Once the change in supply route occurs in June, providers should prioritise previously un-vaccinated individuals and booster doses in the same order of priority recommended since late 2017 and set out in Annex A:

    - unvaccinated individuals in priority groups, such as those with asplenia, dysfunction of the spleen, immunosuppression, CSF leaks and cochlear implants should be offered PPV23 first

    - following vaccination of high-risk groups, providers may then offer PPV23 to previously unvaccinated individuals in moderate risk groups such as those with diabetes and chronic heart, lung, liver and kidney disease

    - once high and moderate-risk groups have been offered PPV23, individuals in lower risk groups such as those requiring boosters and healthy over 65-year olds, can then be offered PPV23. Providers may wish to offer PPV23 to healthy over 65-year olds alongside the influenza vaccine during the 2021 to 2022 flu vaccination season

7. Detailed clinical guidance on pneumococcal immunisation is contained in chapter 25 of Immunisation Against Infectious Disease (the Green Book), specifically:

    'Adults aged 65 years and over, and clinical risk groups aged 2 years or over:

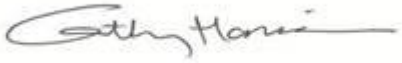
    - a single dose of 0.5ml of PPV23

    Antibody levels are likely to decline rapidly in individuals with asplenia, splenic dysfunction or chronic renal disease (Giebink *et al*., 1981; Rytel *et al*., 1986) and, therefore, re-immunisation with PPV23 is recommended every five years in these groups. Testing of antibody levels prior to vaccination is not required.

    Revaccination with PPV23 is currently not recommended for any other clinical risk groups or age groups.'

8. I would like to take this opportunity to thank all involved for their continuing hard work in delivering immunisation programmes.

Yours sincerely



**DR MICHAEL McBRIDE**
**Chief Medical Officer**

**MRS CATHY HARRISON**
**Chief Pharmaceutical Officer**

**Circulation List**

Director of Public Health/Medical Director, Public Health Agency (*for onward distribution to all relevant health protection staff*)
Assistant Director Public Health (Health Protection), Public Health Agency
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Assistant Director of Pharmacy and Medicines Management, Health and Social Care Board *(for onward distribution to Community Pharmacies)*
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Donncha O'Carolan, HSCB *(for distribution to all General Dental Practitioners)*
Raymond Curran, Head of Ophthalmic Services, HSCB *(for distribution to Community Optometrists)*

Trade Union Side
Clinical Advisory Team
Louise McMahon

This letter is available on the Department of Health website at https://www.health-ni.gov.uk/topics/professional-medical-and-environmental-health-advice/hssmd-letters-and-urgent-communications

## Annex A – Priority groups for vaccination

**Table 1. Priority groups for Pneumococcal polysaccharide 23-valent vaccine (PPV23, Pneumovax®23)**

| Clinical risk group | Examples (decision based on clinical judgement) |
|---|---|
| **High priority** | |
| Asplenia or dysfunction of the spleen | This also includes conditions such as homozygous sickle cell disease and coeliac syndrome that may lead to splenic dysfunction |
| Immunosuppression | Due to disease or treatment, including patients undergoing chemotherapy leading to immunosuppression, bone marrow transplant, asplenia or splenic dysfunction, HIV infection at all stages, multiple myeloma or genetic disorders affecting the immune system (for example, IRAK-4, NEMO, complement deficiency). Individuals on or likely to be on systemic steroids for more than a month at a dose equivalent to prednisolone at 20mg or more per day (any age), or for children under 20kg, a dose of 1mg or more per kg per day |
| Individuals with cerebrospinal fluid leaks | This includes leakage of cerebrospinal fluid such as following trauma or major skull surgery (does not include CSF shunts) |
| Individuals with cochlear implants | It is important that immunisation does not delay the cochlear implantation |
| **Moderate priority** | |
| Chronic respiratory disease | This includes chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema; and such conditions as bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD). Children with respiratory |

| Clinical risk group | Examples (decision based on clinical judgement) |
|---|---|
| | conditions caused by aspiration, or a neurological disease (for example, cerebral palsy) with a risk of aspiration. Asthma is not an indication, unless so severe as to require continuous or frequently repeated use of systemic steroids (as defined in Immunosuppression) |
| Chronic heart disease | This includes those requiring regular medication and/or follow-up for ischaemic heart disease, congenital heart disease, hypertension with cardiac complications, and chronic heart failure |
| Chronic kidney disease | Nephrotic syndrome, chronic kidney disease at stages 4 and 5 and those on kidney dialysis or with kidney transplantation |
| Chronic liver disease | This includes cirrhosis, biliary atresia and chronic hepatitis |
| Diabetes | Diabetes mellitus requiring insulin or oral hypoglycaemic drugs. This does not include diabetes that is diet controlled |
| **Low priority** | |
| Healthy individuals aged 65 years and over. Booster doses for asplenics, those with splenic dysfunction and chronic kidney disease | |