

**From the Chief Medical Officer  
Professor Sir Michael McBride**



Department of  
**Health**

An Roinn Sláinte

Mánnystrie O Poustie

[www.health-ni.gov.uk](http://www.health-ni.gov.uk)

**HSS(MD) 57/2021**

**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**

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Our Ref: HSS(MD) 57/2021

Date: 6 August 2021

Dear Colleague

**PAUSE ON VACCINATION OF LOW PRIORITY GROUPS AND CHANGE TO THE  
ORDERING PROCESS FOR 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. Further to my letter of 18 May 2021 (HSS(MD)36/2021) advising of the change to the supply route of Pneumococcal Polysaccharide Vaccine (PPV23) from 14 June 2021, this letter provides information about a change to the ordering process for the PPV23 vaccine and a pause on ordering for the low priority groups.

**Vaccine ordering**

2. From 9 August, GPs should order the PPV23 vaccine from Trusts as per the standard process for ordering childhood vaccines, rather than ordering directly from the wholesaler.
3. Trust hospital pharmacies should continue to place orders via their pharmacy computer systems.

## Vaccine supply and implications for prioritising eligible patients

4. Clinical prioritisation for PPV remains in place. Whilst supply of PPV23 is improved it remains restricted, therefore providers should order for immediate need only (up to 2 weeks). Additionally, in order to balance incoming supply with demand providers should order only for the high and moderate priority groups as 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
5. Once demand stabilises a further communication will issue regarding ordering for the low priority group as follows:
  - 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.
6. 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.

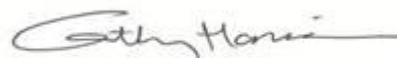
Revaccination with PPV23 is currently not recommended for any other clinical risk groups or age groups.’

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

Yours sincerely



**pp PROFESSOR SIR MICHAEL McBRIDE**  
Chief Medical Officer



**MRS CATHY HARRISON**  
Chief Pharmaceutical Officer



## 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)  |
|--|--|
| <b>High priority</b>                       |  |
| 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   |
| <b>Moderate priority</b>                   |  |
| 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 asplenic, those with splenic dysfunction and chronic kidney disease