

HSS(MD)1/2000

To: All General Practitioners
Practice Nurses
Directors of Nursing Services of H&SSBs
Directors of Public Health
Directors of Pharmaceutical Services of H&SSBs and CSA
Community Pharmacists
Directors of Nursing of HSS Trusts – for distribution to
Health Visitors and Treatment Room Nurses
Consultants in Communicable Disease Control in H&SS Boards
Pharmacy Managers of HSS Trusts

14 January 2000

Dear Colleague

Supply of Meningococcal C conjugate vaccine for catch-up in children under two years old from 24 January 2000

This letter provides you with information about the next phase of implementation of the new Meningococcal C conjugate vaccine programme, the roll-out of the catch-up schedule for children under 2 years of age. It updates the previous Chief Medical Officer/ Chief Nursing Officer/ the Chief Pharmacist letters of 20 July 1999 (HSS(MD)12/99), 25 October 1999 (HSS(MD)23/99), and 2 December 1999 (HSS(MD)27/99).

The Department of Health in London has advised us that there are now sufficient vaccine supplies to commence the catch-up programme for children under 2 years of age. The seasonal increase in meningococcal infection has occurred and the co-existing influenza outbreak may lead to higher than normal meningococcal activity. We recognise that you may be coming under increasing pressure from parents to have children immunised with the new vaccine and therefore we wish to distribute these supplies to you as quickly as possible to facilitate the roll-out of the programme. **Children under 2 years of age are amongst those at highest risk of meningococcal disease and your efforts to complete this part of the programme will be much appreciated.**

We hope to have enough vaccine to extend the roll-out of the catch-up programme to the rest of the pre-school age group in the spring, we will write again when we have confirmation of supplies for this group.

Catch-up programme for children under 2 years of age

Any child under 2 years of age on 1 January 2000 should be included in this catch-up phase.

- Those who have completed their primary immunisation (i.e. >4 months of age) but have not reached their first birthday should have a total of two doses, a minimum of one month apart.
- Any child presenting at one year of age or older, requires one dose only.



It is anticipated that enough vaccine will be delivered into Northern Ireland over an eight week period (between weeks commencing 17 January and 7 March 2000) to cover the entire requirement for this age range. The quantity issued should include sufficient tolerance to allow for pack size and fluctuations in attendance. Discussions nationally with the BMA and RCGP have indicated that it should be possible to implement immunisations for this catch-up cohort over a three month time period. However, the vaccine supply into Northern Ireland will be sufficiently 'front loaded' to enable each GP to have some flexibility in the speed with which the catch-up is completed, allowing those who wish to proceed more quickly to do so.

Supplies

The amount of vaccine delivered to each Trust Pharmacy has been identified by tracking the previous use of Hib and DTP vaccines over the last twelve months. From this, it has been possible to pre-set an average weekly requirement of the new Meningococcal C conjugate vaccine. This allocation has now been adjusted to meet the need of this extra part of the programme.

Allocations to GPs/clinics will be made in response to GP orders and delivered at weekly intervals. It will be important that GP orders reflect actual vaccine requirements. **Vaccine stocks will only be sufficient for all children under 2 years of age, for routine appointments as well as the catch-up phase.** If any practice anticipates difficulty in storing their weekly vaccine delivery they may need to assess their refrigerated storage facilities or contact their local Trust Pharmacist to discuss rescheduling their deliveries.

Scheduling for the under 2 years catch-up programme

The National Child Health System software supplier (EDS) is currently working on the scheduling features for the Meningococcal C immunisation programme in children under 2 years of age. Unfortunately the software changes will not be in place for the catch-up in the under 2s. However, to facilitate Treatment Centres, the Child Health System has agreed regionally the following arrangements:

- A list of children aged under 2 years on 1 January 2000 to be invited for Men C catch-up and postcards will be provided for each treatment centre to arrange their own clinic sessions. The unscheduled CHS7 form should be completed after each dose of vaccine administered. The details should also be recorded in the Personal Child Health Record (Red Book).
- A list of all children who have completed their primary immunisation (i.e. >4 months of age) but have not reached their first birthday (who have not already received the Men C vaccine with the DTP/Hib) will be provided by birth order to each treatment centre. **These children require 2 doses.** Keep the list until after both doses have been administered
- A list of all children between 1 year and 1 year 364 days of age on 1 January 2000 inclusive (who have not already received the Men C vaccine with the MMR) will be provided by birth order to each treatment centre. **These children require one dose only.**

If you require any further clarification on scheduling arrangements please contact the CHS manager in your area.

Summary of Actions required

- Ensure all unscheduled CHS7 forms for Meningococcal C already given are returned promptly to the CHS manager.
- GP/Clinics will receive lists from CHS as detailed above
- Arrange clinics for listed children as workload permits.
- Order the vaccine for the next week's clinic.
- Send out postcards with the appointment to selected children.

For further information contact:

- Dr Elizabeth Mitchell (Medical issues),
- Mrs Gladys Smyth (Nursing issues),
- Dr Vanessa Chambers (Pharmacy issues).

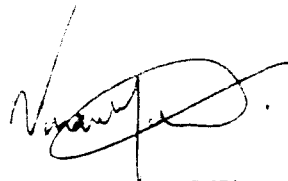
Thank you for all of your efforts so far in implementing this programme. We appreciate the extra burden that this new immunisation initiative places on staff in many areas of the health service, particularly as much of the primary care implementation is taking place at a demanding time of the year. However, the more rapidly this phase of the programme can be completed, the greater the impact will be on preventing cases and deaths.

Yours sincerely



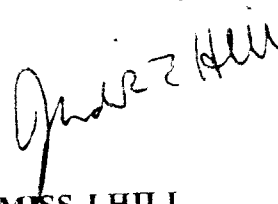
DR H CAMPBELL
Chief Medical Officer

Yours sincerely



DR N MORROW
Chief Pharmaceutical Officer

Yours sincerely



MISS J HILL
Chief Nursing Officer

cc Professor P Reilly
Dr Smyth, CDSC(NI)
CE of CSA
GP Advisers
Prescribing Advisers
Regional Drug and Poisons Information Service
Mr K Hickey