

Medical & Allied Branch
Dr Lorraine Doherty

HSS(MD)47/2006



Department of
**Health, Social Services
and Public Safety**

An Roinn
**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

www.dhsspsni.gov.uk

To:
All Consultant Paediatricians
(for onward disseminations to SpRs)
All Consultant Microbiologists
All CCDCs
Regional Epidemiologists, CDSCNI

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Dear Colleague

INTERIM ARRANGEMENTS FOR ACCESSING ADVICE ON THE VACCINATION OF CHILDREN WITH NEWLY DIAGNOSED INVASIVE PNEUMOCOCCAL DISEASE (IPD)¹ IN NORTHERN IRELAND, WHO WERE BORN SINCE 5/9/04 AND DIAGNOSED SINCE 5/9/06.

As part of the introduction of pneumococcal conjugate vaccine (PCV) into the childhood immunisation schedule, DHSSPS Circular HSS(MD)14/2006 stated that all new cases of IPD in children eligible for routine or catch-up Pneumococcal Conjugate Vaccine (PCV) would be investigated by the Health Protection Agency. Antibody testing would be offered against each of the vaccine serotypes and advice provided on the need for further vaccination.

The interim arrangements for accessing this advice in Northern Ireland will be as follows:

1. On identification of invasive pneumococcal disease (IPD) occurring in a child born since 5/9/04 and diagnosed since 5/9/06, microbiologists will submit the isolate to the HPA's Respiratory and Systemic Infection Laboratory (RSIL) in Colindale, London. If available, an acute serum sample collected within 72 hours of admission should be sent to HPA North West laboratory, Manchester using Form B - www.hpa.org.uk/cfi/rsil/strepto_req_form.pdf. There is no charge for this investigation provided that Form B is used. Further copies may be downloaded from the CDSCNI website.

¹ Invasive pneumococcal disease is confirmed by the identification of *S. pneumoniae* in a normally sterile site (blood, CSF, joint, pleural fluid etc) by culture OR by dual target PCR in CSF or pleural fluid, OR by reference laboratory identification of antigen in CSF or pleural fluid.

2. The **paediatrician** managing the case will ascertain the PCV vaccination status and dates of vaccination, and contact the Regional Epidemiologists (Dr Neil Irvine or Dr Brian Smyth) at the Communicable Disease Surveillance Centre for Northern Ireland (CDSCNI).
3. **CDSCNI** will send case details to the Centre for Infections at HPA, London.
4. The **Centre for Infections** will then issue appropriate written advice to the paediatrician. A copy will be sent to CDSCNI.
5. Advice on the results of antibody testing will be given by Dr Ray Borrow at the HPA North West Laboratory.

The detailed protocol for England and Wales on which this advice will be based is available at:

http://www.hpa.org.uk/infections/topics_az/pneumococcal/documents/clinmanagerprotocols1_2.pdf

CDSCNI are aware of a small number of cases to date and have liaised with the appropriate physician. If colleagues have other cases about whom they have had no contact, they should contact CDSCNI, as in the arrangements above.

As part of the surveillance of the overall impact of the introduction of PCV, **microbiologists** are also asked to:

- ◇ Submit isolates from laboratory-confirmed IPD cases in all other age groups to RSIL.
- ◇ Submit culture negative CSF from cases of suspected bacterial meningitis to the HPA Meningococcal Reference Unit (MRU) for multiplex PCR testing.
- ◇ Submit culture negative empyema fluid from children aged 0-16 years with suspected pneumococcal pneumonia to the MRU for multiplex PCR testing.

For further information on these arrangements, please contact Dr Neil Irvine, Regional Epidemiologist, CDSCNI, McBrien Building, Belfast City Hospital BT9 7AB; Tel 028 9026 3765 neil.irvine@hpa.org.uk

Serotyping request form:

www.hpa.org.uk/cfi/rsil/strepto_req_form.pdf

Form B (serology):

<http://www.cdscni.org.uk/forms/InvasivePneumococcalDiseaseForm.pdf>

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Yours sincerely



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