

HSS(MD)4/2000

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

7 April 2000

Dear Colleague

Next Phase of Meningococcal C Conjugate Vaccine Programme

This letter provides you with information about the next phase of implementation of the new Meningococcal C conjugate vaccine programme. This updates the previous Chief Medical Officer/Chief Nursing Office/Chief Pharmacist letter of 14 January 2000 (HSS(MD)1/2000).

Key points

- This catch-up programme involves immunising children over 2 years of age and under 5 years at 2/7/99 with the new Meningococcal C conjugate vaccine. This covers children born between 2/7/1994 and 1/1/1998. Children in this age group are amongst those at high risk of meningococcal disease and your efforts to complete this part of the programme will be much appreciated.
- It is proposed that Item of Service payments will be available (subject to consultation with GPC) for young people aged 15, 16 and 17 years of age who were not immunised through school/college sessions or clinics held for young people who have left school. GPs are invited to participate in the immunisation of young people born between 2/7/1981 and 1/7/1984 **who have not yet been immunised** in order to build on the success of the schools based immunisation campaign.
- Children born on or before 1/7/1994 will be targeted for immunisation via school-based sessions. Vaccine for this age group will be allocated to the School Health Services.

Supplies for the Catch-up programme for children under 5 years of age

The Department of Health has advised us that there are sufficient vaccine supplies to roll out the catch-up programme for children under 5 years of age as at 2/7/1999.

From the week commencing 17 April 2000, extra vaccine will be available for this purpose in addition to the vaccine available for:

- Primary immunisations at 2, 3 and 4 months of age.

- Children born on or since 1/1/1998 who have already been scheduled in the catch-up for children under 2 years of age.

Vaccine will be delivered in response to orders at weekly intervals over a twelve week period (between 17 April and 7 July 2000) for this age range. Discussions nationally with the BMA and RCGP have indicated that it should be possible to implement immunisations for this catch-up cohort over a four month time period (i.e. by the end of the first week in August).

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 5 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 5 years catch-up programme

The NCHS software supplier (EDS) is currently piloting the software for scheduling at a number of sites in England. As the software is not yet available in NI, the Child Health System has agreed regionally the following arrangements to facilitate Treatment Centres:

A list of children, born between 2/7/1994 and 1/1/1998 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).

Item of service payments will be available for any child who was under 5 years on 2 July 1999. (This may require a slight amendment to the existing SFA, subject to consultation with GPC.)

Payment of item of service fee to GPs for immunising 15, 16 and 17 year old young people who have not yet been immunised

The meningococcal C immunisation campaign aimed to have completed the immunisation of 15, 16 and 17 year olds before Christmas. The schools based programme was very successful with uptakes of about 90% reported. However it is apparent that it has been very difficult to reach those 15 to 17 year olds who are not in education. They have already been offered the vaccine at least once by the School Health Service teams.

To help reach this group of young people, we are recommending that GPs should offer Meningococcal C conjugate vaccine to any unimmunised 15, 16 and 17 year olds whenever opportunities occur. GPs can claim an item of service fee for such immunisations.

- GPs working in GMS will be paid one B rate Item of Service fee per person in these age categories immunised in the mop-up programme.

Meningococcal C conjugate vaccine can be given at the same time as other vaccines or medications.

The Child Health System has agreed regionally to produce lists by GP Practice of 15-17 year olds who have not yet been immunised.

Allocations to GPs/clinics for this age group will be made in response to GP orders. It will be important that GP orders reflect actual vaccine requirements as supplies remain limited.

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:

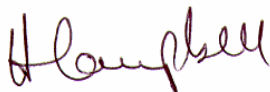
- Dr Elizabeth Mitchell (Medical issues),
- Mrs Gladys Smyth (Nursing issues)
- Dr Vanessa Chambers (Pharmacy issues).

Thank you for all your efforts so far in implementing this programme. The early indications are that there has already been an impact on the incidence of Group C Meningococcal disease in the age groups immunised to date. We appreciate the extra burden that this new immunisation initiative places on staff in many areas of the health service. 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

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DR N MORROW
Chief Pharmaceutical Officer

MISS J HILL
Chief Nursing Officer

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