

From The Chief Medical Officer:
Dr Henrietta Campbell

Castle Buildings
Upper Newtownards Road
Belfast BT4 3SJ

Telephone: 028 90 520563
Fax: 028 90 520574

E-Mail: henrietta.campbell@dhsspsni.gov.uk

HSS(MD)21/2002

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To: All General Practitioners (for onward distribution to practice staff including practice nurses)
All Community Pharmacists
Directors of Public Health, HSS Boards
Directors of Nursing, HSS Boards
Medical Directors of HSS Trusts (for onward distributions to all Consultants)
Nursing Directors of HSS Trusts (for onward distribution to Community Nurses)
Consultants in Communicable Disease Control in each HSSB
Directors of Pharmaceutical Services of each HSS Trust, HSSB and CSA
Regional Epidemiologist, CDSC
Chief Executives, HSS Boards and Trusts
GP Medical Advisers, HSS Boards

Dear Colleague

PNEUMOCOCCAL IMMUNISATION FOR THOSE AGED 65 AND OVER

1. The purpose of this letter is to inform you of updated Departmental policy on pneumococcal immunisation. Having reviewed all the available evidence on efficacy and cost-effectiveness the Joint Committee on Vaccination and Immunisation (JCVI) have now recommended that all adults aged 65 and over should now be offered pneumococcal immunisation. This advice from the JCVI now brings our pneumococcal immunisation policy in line with those in other countries including the Republic of Ireland, USA, Canada, Australia, New Zealand and other countries in Europe including Finland, Germany, Belgium and Switzerland. Minister has agreed to the introduction of this policy here.
2. Pneumococcal infection causes substantial burden of disease, especially in the very young and those with certain underlying medical conditions. Pneumococcal infection increases with increasing age over the age of 65 and is the most common cause of pneumonia acquired in the community, causing between 30% and 50% of all pneumonias, 28% to 55% of all otitis media and 20% to 35% of all sinusitis. It may also cause meningitis and septicaemia. Pneumococcal polysaccharide vaccine (PPV) contains components of the 23 most common sero types of pneumococcus covering about 96% of current infections. It is currently recommended for those aged over 2 years in whom pneumococcal infection is likely to be more common or dangerous eg those people without a functioning spleen or with chronic renal, heart or lung disease. Full details of those who should be offered pneumococcal immunisation are contained in 'Immunisation Against Infectious Diseases, 1996' (The Green Book). It does not produce good immunity in very young children and a separate pneumococcal vaccine is available for that age group (see HSS(MD)6-2002: dated 26th March 2002).
3. The Department has now provided funding to enable all adults aged 65 and over, who have not already received pneumococcal immunisation, to be immunised during the coming winter

season. The rationale for immunising at this time is so that these patients may be protected against pneumococcal infection from the coming winter and beyond. A single vaccination offers protection against pneumococcal infection for up to 10 years. Patients may receive pneumococcal immunisation at the same time as they receive influenza immunisation provided it is administered at a different site. Offering pneumococcal immunisation at the same visit as influenza immunisation obviates the need for a second communication from general practitioners in this regard and a second visit by the patient to the surgery.

4. Arrangements for Funding

As in previous years the pneumococcal immunisation programme will be funded through the Local Development Schemes (LDS) run by the Health and Social Services Boards. The level of funding allocated to these Board schemes will be enhanced to reflect the additional numbers of patients requiring immunisation in-year. The enhancement of funding will mean that pneumococcal immunisation for those aged 65 and over will attract a payment for GPs of £5.50 per patient. A similar payment will be available for those aged less than 65 with an at risk medical condition who have not already received pneumococcal immunisation. Remuneration for the services provided by community pharmacists to support the immunisation programme is currently under negotiation with the Pharmaceutical Contractors Committee, this will be communicated at a later date.

5. Promotion of Pneumococcal Immunisation Uptake

Due to the short timescales for implementation, which were beyond the control of DHSSPS, there is not sufficient time to run a public information campaign in the same way as influenza immunisation is promoted. The DHSSPS will develop promotional material in conjunction with the vaccine manufacturer, which will be supplied to all community pharmacies and GP practices. This will include a single page patient information leaflet, which may be given to all patients aged 65 and over who have not been previously immunised. The leaflet will be given either opportunistically on presentation at a community pharmacy or when attending the surgery for influenza immunisation. This leaflet will include information on pneumococcal infection, vaccine and a message from the DHSSPS advising patients to avail of pneumococcal immunisation. There are currently no plans for TV advertising as timescales do not allow for this and, in addition, a widespread advertising of pneumococcal might adversely affect the new arrangements for promotion of influenza immunisation uptake this year ie the additional focus on those aged under 65 with an at risk medical condition.

6. Action by General Practitioners

- Following on arrangements for the influenza immunisation programme GPs should have already identified all those aged over 65 in order to invite them for influenza immunisation. Patients who have not previously received pneumococcal immunisation and who avail of the offer of influenza immunisation should be offered pneumococcal immunisation at the same time.
- GPs should liaise with their usual influenza vaccine supplier (usually a community pharmacist) and notify them of their pneumococcal vaccine requirements **as soon as possible**.

*****All orders for pneumococcal vaccine must be placed by Friday 6th September *****

- The vaccine order for this immunisation programme should be written on a separate requisition **not a stock prescription**. This requisition should note the pharmacy supplying the vaccine, the quantity of vaccine required and marked “Over 65 Pneumococcal Immunisation Programme”
- Consideration should be given to the most appropriate delivery schedule to ensure sufficient vaccine is available in advance to each clinic while avoiding stockpiling of vaccines.
- Supplies of pneumococcal vaccine for routine pneumococcal immunisation of at risk patients aged under 65, should be ordered on prescription from community pharmacists in the usual way.
- Similar to previous years GPs should continue to monitor the uptake of pneumococcal immunisation. Monitoring arrangements will be supplied by Boards.
- **GPs should note that pneumococcal immunisation is given as a once off dose and there is currently no evidence for re-immunisation.**

7. Action by Community Pharmacists

- Community pharmacists should liaise closely with local GP practices to ensure all orders for pneumococcal vaccines have been placed **in advance of Friday 6th September**.
- Castlereach Pharmaceuticals are holding supplies of the vaccine specifically for this immunisation programme and pharmacists should inform them of their vaccine requirements at the earliest possible opportunity.
- Community pharmacists will be required to work out flexible delivery arrangements with GP practices.
- Pharmacists should submit, on a monthly basis, all completed requisitions from GP practices for the supply of pneumococcal vaccine for the over 65 age group, to the Central Services Agency (CSA) for payment. The requisition should be endorsed with the pharmacy stamp and date of supply.
- Community pharmacists should actively promote the pneumococcal vaccination campaign in advance of the start of the influenza immunisation campaign (influenza immunisation campaign starts week beginning 7th October). This will involve:
 - Raising awareness of the forthcoming pneumococcal vaccination campaign within the target population;
 - Proactively asking all patients aged over 65 years if they have previously received pneumococcal vaccination;
 - Providing advice, support and reassurance for patients who may have concerns regarding immunisation issues and encouraging target patients to get vaccinated;

- Providing appropriate patients with a pneumococcal vaccine information leaflet, these will be distributed to community pharmacies (and GP practices) before 20th September.

8. Action for Boards

- Boards should support primary care colleagues in the promotion of pneumococcal immunisation among those aged 65 and over.
- Boards should undertake the monitoring of the uptake of pneumococcal immunisation and provide collected data to CDSC (NI). Similar to previous years GPs can continue to offer and be paid for pneumococcal immunisation at anytime during the year. However, for the purposes of this year the Department will require data on the uptake of pneumococcal immunisation among those aged over 65 at the same time as the final monitoring returns for influenza immunisation uptake. Boards should communicate their detailed monitoring arrangements to local GPs.

This immunisation programme offers a good opportunity this winter to protect the older members of our population against pneumococcal infection.

For further information please contact:

Dr Lorraine Doherty (Medical Issues)
Senior Medical Officer & Chair of
Regional Influenza & Pneumococcal Working Group

lorraine.doherty@dhsspsni.gov.uk
Tel: 028 90 520717

Dr Vanessa Chambers (Pharmaceutical Issues)

vanessa.chambers@dhsspsni.gov.uk
Tel: 028 90 523279

Dr Carolyn Mason (Nursing Issues)

carolyn.mason@dhsspsni.gov.uk
Tel: 028 90 520795

Yours sincerely

Dr H Campbell
Chief Medical Officer

Dr N Morrow
Chief Pharmaceutical Officer

Ms J Hill
Chief Nursing Officer

cc Prescribing Advisers of HSS Boards
Directors of Primary Care of HSS Boards
Regional Medicines and Poisons Information Service
Dr Jill Mairs, Regional Procurement Pharmacist
Dr P McClements, Prison Medical Service
Mr G Dorrian, DHSS&PS, Health Protection Team