

To: Immunisation Co-ordinators

Directors of Public Health

General Practitioners

Regional Directors of Public Health

Copy: SHA Pharmacy & Prescribing Leads

SHA Medical Directors

Pharmaceutical Advisers of PCTs

Consultants in Communicable Disease Control

Royal College of Physicians

Royal College of General Practitioners

Faculty of Public Health

16 March 2011

Gateway reference no: 15777

Dear colleagues

JCVI advice on the pneumococcal vaccination programme for people aged 65 years and older

I am writing to inform you about new advice from the Joint Committee on Vaccination and Immunisation (JCVI) that is being published today on the routine pneumococcal vaccination programme for people aged 65 years and over and what DH is doing in response to that advice. It is possible that publication of the JCVI advice will lead to questions that you may face from patients, their families or other members of the public and this letter is provided to give information that I hope will be helpful. At this time, you do not need to take any action.

Under the pneumococcal vaccination programme, a single dose of pneumococcal polysaccharide vaccine (PPV) is offered to all those aged 65 years and older as well as to those less than 65 years with risk factors for invasive pneumococcal disease. Following a detailed review of the evidence on the impact of the programme and on the clinical effectiveness of PPV, JCVI has concluded that the protection the vaccine provides is poor and is not long-lasting in older people. In addition, the programme has had no discernable impact on the incidence of invasive pneumococcal disease in older people. The committee has advised, therefore, that there is little benefit to continuing the programme and that it should be stopped. However, PPV should continue to be offered to those in clinical risk groups as the evidence on efficacy in younger people is more robust. Clinical judgements should be made on whether to vaccinate older patients taking into account patient age and severity of underlying health conditions. The JCVI statement is at: www.dh.gov.uk/ab/JCVI/DH_094744

Whilst JCVI has questioned the effectiveness of the PPV vaccine and the vaccination programme for older people for some time, the committee's position on the lack of effectiveness of the programme is much firmer now. In light of the committee's advice to stop the programme, the Department will be asking professional and patient groups and the vaccine manufacturers for their views, including any additional relevant evidence they may have, before making a final decision on the programme.

Once the Department has considered the responses, and has sought further advice from JCVI as appropriate, I will write to you again. In the meantime, clinicians should continue to use PPV following the guidance in the pneumococcal chapter of the Green Book: www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_122639.pdf

Yours sincerely

Professor D M SALISBURY CB

FRCP FRCPCH FFPH

Director of Immunisation