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30 April 2021

Change to the supply route of Pneumococcal Polysaccharide Vaccine (Pneumovax®23), vaccine for the national immunisation programme

Dear Colleague,

This letter provides information about the change to the supply route of Pneumococcal Polysaccharide Vaccine (PPV) for use in the NHS pneumococcal polysaccharide vaccination programme from 1 June 2021.

In line with other national immunisation programmes, PHE will supply this vaccine for the routine immunisation programme and immunisation of those with underlying medical conditions from 1 June 2021, rather than providers locally procuring the vaccine.

Vaccine ordering
From 1 June, the vaccine will be available to order from PHE's ImmForm website https://portal.immform.phe.gov.uk/. Please ensure you have an account to enable access. Details of ordering controls will be made available on ImmForm news item and Vaccine Update in due course. See the ImmForm helpsheet for information on registering for an ImmForm account.

Commissioning
Providers are reminded that, in line with other programmes, once they are using centrally procured vaccines, they will not be able to submit claims for vaccine reimbursement. We recognise that there may be a short period of time as you transition to the use of centrally supplied vaccine during which you may have both locally procured and centrally supplied vaccine available for use which may lead to errors in reimbursement claims. To minimise this, you are encouraged to use all locally procured vaccines prior to the 1 June 2021 or soon after. NHSEI are also working with the BSA to develop a process to support you with this transition to ensure accuracy of claims.

NHSEI are currently in discussion with the BMA with regards to the funding that will be released in terms of the personal administration fee.

Vaccine supply and implications for prioritising eligible patients
Once the change in supply route occurs in June, providers should prioritise previously un-vaccinated individuals and booster doses in the same order of priority recommended since late 2017 and set out in **Annex A**:

- unvaccinated individuals in priority groups, such as those with asplenia, dysfunction of the spleen, immunosuppression, CSF leaks and cochlear implants should be offered PPV23 first. Data up to the end of March 2020 indicates that only 18% of 2 to 64-year olds becoming asplenic between 1 April 2018 and 31 March 2019 had received PPV23

- following vaccination of high-risk groups, providers may then offer PPV23 to previously unvaccinated individuals in moderate risk groups such as those with diabetes and chronic heart, lung, liver and kidney disease

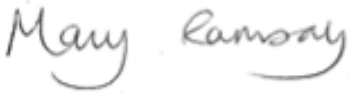
- once high and moderate-risk groups have been offered PPV23, individuals in lower risk groups such as those requiring boosters and healthy over 65-year olds, can then be offered PPV23. Providers may wish to offer PPV23 to healthy over 65-year olds alongside the influenza vaccine during the 2021 to 2022 flu vaccination season

Detailed clinical guidance on pneumococcal immunisation is contained in chapter 25 of Immunisation Against Infectious Disease (the Green Book).

If you have any queries about the content of this letter please contact immunisation@phe.gov.uk.

We would like to take this opportunity to thank all involved for their continuing hard work in delivering immunisation programmes.

Yours faithfully,



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Annex A – priority groups for vaccination

Table 1. Priority groups for Pneumococcal polysaccharide 23-valent vaccine (PPV23, Pneumovax®23)

Clinical risk group	Examples (decision based on clinical judgement)
High priority	
Asplenia or dysfunction of the spleen	This also includes conditions such as homozygous sickle cell disease and coeliac syndrome that may lead to splenic dysfunction.
Immunosuppression	Due to disease or treatment, including patients undergoing chemotherapy leading to immunosuppression, bone marrow transplant, asplenia or splenic dysfunction, HIV infection at all stages, multiple myeloma or genetic disorders affecting the immune system (eg IRAK-4, NEMO, complement deficiency) Individuals on or likely to be on systemic steroids for more than a month at a dose equivalent to prednisolone at 20mg or more per day (any age), or for children under 20kg, a dose of 1mg or more per kg per day.
Individuals with cerebrospinal fluid leaks	This includes leakage of cerebrospinal fluid such as following trauma or major skull surgery (does not include CSF shunts).
Individuals with cochlear implants	It is important that immunisation does not delay the cochlear implantation.
Moderate priority	
Chronic respiratory disease	This includes chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema; and such conditions as bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD). Children with respiratory conditions caused by aspiration, or a neurological disease (eg cerebral palsy) with a risk of aspiration. Asthma is not an indication, unless so severe as to require continuous or frequently repeated use of systemic steroids (as defined in Immunosuppression).
Chronic heart disease	This includes those requiring regular medication and/or follow-up for ischaemic heart disease, congenital heart disease, hypertension with cardiac complications, and chronic heart failure.
Chronic kidney disease	Nephrotic syndrome, chronic kidney disease at stages 4 and 5 and those on kidney dialysis or with kidney transplantation.
Chronic liver disease	This includes cirrhosis, biliary atresia and chronic hepatitis.
Diabetes	Diabetes mellitus requiring insulin or oral hypoglycaemic drugs. This does not include diabetes that is diet controlled.

Low priority
Healthy individuals aged 65 years and over. Booster doses for asplenics, those with splenic dysfunction and chronic kidney disease.