

# WELSH HEALTH CIRCULAR



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Welsh Assembly Government

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**This guidance is new**

**Title:** Changes to the Childhood Immunisation Programme

**For Action by:** See page 2

**Action required:** Yes

**For Information to:** See page 2

**Sender:** Neil Robins, Public Health Protection Division

**Welsh Assembly Government contact(s) for policy queries only:** Neil Robins ([neil.robins@wales.gsi.gov.uk](mailto:neil.robins@wales.gsi.gov.uk)) on 029 2082 5397 or Matthew Thomas ([matthew.thomas2@wales.gsi.gov.uk](mailto:matthew.thomas2@wales.gsi.gov.uk)) on 029 2082 5410. Any queries about implementation need to be referred to the local NPHS Immunisation Co-ordinator.

**Enclosure(s):** Annex 1,2 and 3

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<http://howis.wales.nhs.uk/whcirculars.cfm>

FOR ACTION TO:			FOR INFORMATION TO:	
NPHS	Directors		NHS	Director, Wales
	Consultants in Communicable Disease			Regional Office Directors
	Immunisation Co-ordinators			Regional Office Heads of Performance
	Consultants in Pharmaceutical Public Health		Chairman, All Wales Drug Contracting Committee	
NHS	LHB	Chief Executives	All Wales Regional Specialist Pharmacist (Community Services)	
		Medical Directors	NHS Wales Direct	
		Nurse Directors	Medicines Information Centre	
		Finance Directors	LHB Prison Health Leads	
		Heads of Pharmacy & Medicines Management	HMP Health Leads	
	Trusts	Chief Executives	Wales Centre for Health	
		Medical Directors	Head of Business Service Centres	
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		Chief Pharmacists		
		Nurse Directors		
		Occupational Health Departments		
		Paediatric Consultants		
		Health Solutions Wales – Manager Child Health 2000		
	General Practice Managers			
PLEASE ENSURE THAT THIS INFORMATION IS PASSED TO THE APPROPRIATE PEOPLE WITHIN YOUR COMMAND OR SPECIALISM				

## Changes to the Routine Childhood Immunisation Programme

### 1. Background to the changes

The background for the changes to the routine childhood immunisation programme is detailed in the CMO letter dated 8 February 2006. Further information is available on the website at [www.immunisation.nhs.uk](http://www.immunisation.nhs.uk), and on the JCVI website ([www.advisorybodies.doh.gov.uk/JCVI/](http://www.advisorybodies.doh.gov.uk/JCVI/)). Additional information will be made available via factsheets and new green book chapters. Supporting information will also be available on HOWIS at <http://howis.wales.nhs.uk/immunisation>.

The changes to the routine schedule described below will be accompanied by a pneumococcal vaccination catch-up programme for children under two years of age at the start of the programme (Annex 1)

### 2. Timing

The routine programme will change on 4<sup>th</sup> September 2006. All children starting their immunisation from that date should be offered the new immunisation schedule. The Hib/MenC booster should also be introduced for children aged 12 months of age from that date.

In February our stated intention was to introduce these changes in the summer as soon as vaccine supply and other issues had been finalised. While some issues have taken longer to finalise than anticipated our aim remains to protect as many children as possible against pneumococcal disease before this year's seasonal winter peak in respiratory infection.

### 3. Routine Childhood Immunisation Schedule

All children starting the immunisation programme at 2 months of age will follow the schedule listed in Table 1 (below):

**Table 1**

When to immunise	What is given	Vaccine and how it is given
Two months old	Diphtheria, tetanus, pertussis, polio and <i>Haemophilus influenzae</i> type b (DTaP/IPV/Hib)	One injection (Pediace)l
	Pneumococcal (PCV)	One injection (Prevenar)
Three months old	Diphtheria, tetanus, pertussis, polio and <i>Haemophilus influenzae</i> type b (DTaP/IPV/Hib)	One injection (Pediace)l
	Meningitis C (MenC)	One injection (Neisvac C or Meningtec)
Four months old	Diphtheria, tetanus, pertussis, polio and <i>Haemophilus influenzae</i> type b (DTaP/IPV/Hib)	One injection (Pediace)l
	Pneumococcal (PCV)	One injection (Prevenar)
	Meningitis C (MenC)	One injection (Neisvac C or Meningtec)
Around 12 months	<i>Haemophilus influenzae</i> type b, Meningitis C (Hib/MenC)	One injection (Menitorix)
Around 13 months	Measles, mumps and rubella (MMR)	One injection (Priorix or MMR II)
	Pneumococcal (PCV)	One injection (Prevenar)
Three years four months to five years old	Diphtheria, tetanus, pertussis and polio (dTaP/IPV or DTaP/IPV)	One injection (Infanrix-IPV or Repevax)
	Measles, mumps and rubella (MMR)	One injection (Priorix or MMR II)
Thirteen to 18 years old	Tetanus, diphtheria and polio (Td/IPV)	One injection (Revaxis)

It is important that all those involved in immunisations are familiar with the childhood immunisation schedule. Changes are:

- the addition of a pneumococcal conjugate vaccine (PCV) at 2, 4 and 13 months of age
- one dose of MenC vaccine at 3 and at 4 months;
- a booster dose of Hib and MenC vaccine (given as a combined Hib/MenC vaccine) at 12 months of age.

Introducing these changes means that:

- infants will be offered different combinations of vaccines at their 2, 3 and 4 months visit.
- three injections will be offered to infants at 4 months of age.
- a new 12 month vaccination visit will be introduced

#### **4. Children who are older than 2 months of age at the start of the new routine programme**

There will be a small number of children who will be part-way through their primary vaccination schedule when the changes are introduced. It is important to ensure that these children receive three doses of DTaP/IPV/Hib (Pediace), and at least two doses of MenC (with one dose being given at the 4 month visit).

All children, irrespective of their primary vaccination history, should receive a booster dose of Hib/MenC vaccine at their routine 12 months of age visit in order to ensure long-term protection. There is no Hib/MenC catch-up for children older than 12 months of age at the start of the new programme.

All children aged over 2 months and under 2 years of age at the start of the campaign will be offered PCV as part of the catch-up campaign (see Annex 1 for details).

#### **5. Children at an increased risk of pneumococcal infection**

Some groups of children are at increased risk from pneumococcal infection (see Table 2).

All at-risk children will routinely be offered PCV vaccine, according to the schedule for the routine immunisation programme (i.e. at 2, 4 and 13 months of age). In addition, all at-risk children should be offered a single dose of pneumococcal polysaccharide vaccine (PPV) when they are two years of age or over.

##### At-risk children presenting late for immunisation

At-risk children who present late for vaccination should be offered 2 doses of PCV<sup>1</sup> before the age of 12 months, and a further dose at 13 months of age. All at-risk children should also be offered a single dose of PPV when they are two years of age or older and at least 2 months after the final dose of PCV.

At-risk children aged from 12 months and under 5 years of age should be offered a single dose of PCV. However, please note that children in this age group who have asplenia or splenic dysfunction, or who are immunocompromised require a second dose of PCV because this group may have a sub-optimal immunological response to the first dose of vaccine. They should also be offered a single dose of PPV when they are two years of age or older (and at least 2 months after the final dose of PCV).

At-risk children presenting for immunisation aged 5 years and over should be offered a single dose of PPV.

#### **6. Children under five years of age who have previously had invasive pneumococcal disease**

All children aged under 5 years of age who have had invasive pneumococcal disease (IPD), for example pneumococcal meningitis or pneumococcal bacteraemia, should be offered a dose of PCV irrespective of previous vaccination history. Children under 13 months who are unvaccinated or partially vaccinated should complete the recommended immunisation schedule.

These children should be investigated for immunological risk factors to seek a possible treatable condition predisposing them to infection. If they are found to fall into one of the risk groups in Table 2, they should receive pneumococcal polysaccharide vaccine after two years of age (and at least 2 months after the final dose of PCV).

All cases of IPD in children eligible for routine PCV will be followed up by the Health Protection Agency (HPA). These cases will be offered antibody testing against each of the 7 vaccine serotypes and advice on clinical and immunological investigation (see [http://www.hpa.org.uk/infections/topics\\_az/pneumococcal/guidelines.htm](http://www.hpa.org.uk/infections/topics_az/pneumococcal/guidelines.htm) )

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<sup>1</sup> One month apart if necessary to ensure 2 doses are given before a dose at 13 months.

## **7. Vaccination of children with unknown or incomplete vaccination status**

Where a child born in the UK presents with an inadequate or incomplete immunisation record, every effort should be made to clarify what they have had. A child who has not completed the routine programme for all vaccines should complete the course, including for pneumococcal vaccination. Children under 12 months of age require two doses of PCV, two months apart, followed by a dose at 13 months. Children aged from 12 to 23 months (i.e. up to 1 year 364 days) should be offered a single dose of PCV. Children aged 24 months (2 years) and over do not require vaccination.

Children coming to the UK may not have been offered pneumococcal vaccination previously. Where there is not a reliable history of previous immunisation it should be assumed they are unimmunised and the UK recommendation should be followed.

## **8. Pneumococcal Vaccination Catch-up Programme**

Details of the pneumococcal catch-up programme for all children under two years of age are listed in Annex 1.

## **9. Pharmacy Issues**

The following new vaccines will be offered as part of the routine programme.

### **Pneumococcal Conjugate Vaccine (PCV)**

PCV, brand name Prevenar™, is manufactured by Wyeth Pharmaceuticals.

#### **Presentation**

Prevenar is presented as a suspension for injection in a pre-filled syringe supplied in a ten syringe pack without needles. The pack size (10 doses) is 144mm x 100mm x 63mm.

During storage a white deposit and clear supernatant can be seen. The vaccine should be shaken well to obtain a homogeneous white suspension and should not be used if it contains any particulate matter once shaken or shows any variation in appearance.

#### **Dosage**

A single dose of 0.5ml should be given at 2 months and 4 months followed by a third dose as a booster of 0.5ml at 13 months of age.

#### **Administration**

Vaccines are routinely given intramuscularly into the anterolateral thigh or upper arm (infants over 1 year of age). This is to reduce the risk of localised reactions, which are more common when the vaccine is given subcutaneously. For individuals with a bleeding disorder, however, vaccines should be given by deep subcutaneous injection to reduce the risk of bleeding. The vaccine can be given at the same time as other vaccines such as DTaP/IPV/Hib, MenC and MMR but in a different site.

It is recommended that infants under 1 year of age should be given vaccinations in the anterolateral aspect of the thigh. Where two injections are given in the same thigh, they should be separated by at least 2.5 cm and a note should be made of which vaccine is given in which site. This should be recorded in the Personal Child Health Record (PCHR – red book) and the child's GP record.

The vaccine must not be mixed with other concurrently administered vaccines.

## **Hib-MenC Vaccine**

Hib-MenC, brand name Menitorix™, is manufactured by GlaxoSmithKline.

### **Presentation**

Menitorix is presented as a one-dose pack containing a vial of white powder and a 0.5ml pre-filled syringe containing a clear colourless liquid. It is supplied with two separate needles - a green needle (21g x 38 mm) for reconstitution and a blue needle (23g x 25 mm) for administration. The pack size (one dose) is 55mm x 133mm x 35mm.

Instructions for reconstitution of the vaccine are given at section 7 of the package leaflet.

### **Dosage**

A single dose of 0.5ml is to be given as a booster at 12 months of age.

### **Administration**

Vaccines are routinely given intramuscularly into the anterolateral thigh or upper arm. This is to reduce the risk of localised reactions, which are more common when the vaccine is given subcutaneously. For individuals with a bleeding disorder, however, vaccines should be given by deep subcutaneous injection to reduce the risk of bleeding.

### **Storage of vaccines**

Vaccines should be stored in the original packaging at +2°C to +8°C and protected from light. All vaccines are sensitive to some extent to heat and cold. Heat speeds up the decline in potency of most vaccines, thus reducing their shelf life. Effectiveness cannot be guaranteed for vaccines unless they have been stored at the correct temperature. Freezing may cause increased reactogenicity and loss of potency for some vaccines. It can also cause hairline cracks in the container, leading to contamination of the contents.

## **10. Reporting of adverse reactions**

Prevenar and Menitorix both carry a black triangle symbol (▼). This is a standard symbol added to the product information of a vaccine/medicine during the early stages of marketing to encourage reporting of all suspected adverse reactions. If a doctor, nurse, pharmacist or parent suspects that any adverse reaction to Prevenar or Menitorix has occurred, it should be reported to the Commission on Human Medicines (CHM) using either the Yellow Card reporting form (e.g. in the BNF), the [www.yellowcard.gov.uk](http://www.yellowcard.gov.uk) website or by telephoning 0808 100 3352.

## **11. Vaccine Supply**

There will be two 'allocated' deliveries of both pneumococcal vaccine (for routine use and catch-up) and Hib/MenC to each delivery point. The first supplies will be delivered in the period 7<sup>th</sup> – 18<sup>th</sup> August 2006. The second batch of supplies will be delivered in the period 4<sup>th</sup> – 15<sup>th</sup> September 2006. The amount of vaccine being sent to each delivery point has been calculated by tracking the previous usage of primary vaccines.

From 13<sup>th</sup> September 2006 onwards, further supplies should be ordered in the usual way from either Healthcare Logistics or local Trust pharmacies.

In North Wales, Healthcare Logistics will notify each delivery point of the quantity of their initial delivery and the date it will be delivered by letter prior to the initial delivery.

In all other parts of Wales, Trust pharmacies will receive an allocation from Healthcare Logistics and will arrange distribution to local GP surgeries.

Please hold any enquires to either Healthcare Logistics or your local Trust pharmacy regarding the new vaccines until contacted by them.

## **12. Vaccine Stock Management**

Effective management of vaccines throughout the supply chain is an essential part of reducing wastage and maximising the efficiency of the programme. Even small reductions in vaccine wastage can have a major impact on vaccine supplies and their financing.

General practices are asked to carefully review current stocks of all vaccines and maintain levels of stock sufficient to last no more than 2 – 4 weeks. General practices with higher stocks of one or more vaccines should reduce stock holdings to the target level now, in preparation for the delivery of the new vaccines. Please ensure that any vaccines that are date expired are disposed of following local protocols. Excess supplies of vaccines within their shelf-life should be used before new supplies are ordered. General practices are asked to review their holdings of MenC vaccine in particular as the new routine programme only requires two doses of MenC vaccine.

The packaging of Prevenar is significantly larger than other vaccines currently being provided. Please ensure that sufficient fridge space is available for the new vaccines (see section 9 for pack size details).

## **13. Consumables**

Please note that needles will need to be ordered to administer Prevenar. The following product is recommended:

### ***FTR163 blue needle 23g x 25 mm***

These may be ordered through the NHS Logistics Authority in the usual way or for those requiring special delivery packs, orders may be placed direct with:

B Braun Medical Ltd

Thorncliffe Park

Sheffield

S35 2PW

Tel: 0114 225 9000

Quoting reference: N3/F/0003/0105/01.

In order to manage the supplies of these consumables, please place regular orders to meet your needs rather than one very large order. Needles will not be supplied by Healthcare Logistics.

## **14. Child Health Systems**

The introduction of the new routine immunisation schedule will have a significant impact on Child Health Systems. LHBs, surgeries, and health care professionals need to ensure that the child health system provider is familiar with the new routine schedule, and Immunisation co-ordinators may also assist in facilitating the new arrangements.

## 15. Patient Group Directions

As these children will be known at the time they attend the clinic for their vaccination, a Patient Specific Direction (PSD) will be required to cover vaccine administration. The PSD should contain sufficient information to ensure that patient safety is not compromised. The PSD may be developed using the PGD template issued as part of WHC 2000/116.

WHC 2000/116 is available from <http://howis.wales.nhs.uk/microsite/page.cfm?OrgID=295&PID=212>

Specimen PGDs will also be made available from <http://howis.wales.nhs.uk/immunisation>

## 16. Funding and Service Arrangements

NHS Employers has reached agreement with the BMA General Practitioners Committee and GPC (Wales). GPs will be remunerated £15.02 per child for the delivery of the pneumococcal vaccinations and the additional vaccination visit at 12 months to deliver the combined Hib and Men C vaccine. The Statement of Financial Entitlement will be amended and back dated to 4<sup>th</sup> September 2006.

Before the start of the programme an allocation from the Assembly Government will be made to each LHB for the additional costs incurred from implementing the revised programme. Additional details regarding this allocation will be sent to LHB and Trust Finance Directors shortly.

Separate funding arrangements are in place for the catch-up campaign (see Annex 1 section 10)

## 17. Consent

The changes to the vaccine programme will not affect the consent process: consent must be obtained before administration of all vaccines and is not brand specific.

Consent obtained before the occasion on which a child is brought for immunisation is only an agreement for the child to be included in the national childhood immunisation programme. It does not mean that consent is in place for each future immunisation. There is no legal requirement for consent to be in writing.

Health professionals involved in immunisation must ensure that:

- parents/carers have access to the new information;
- that there is sufficient opportunity for them to discuss any issues arising, and
- that they are properly informed of the benefits of the new vaccines, the possible side effects and how to treat them.

## 18. Information for parents and healthcare professionals

To support the new changes to the childhood immunisation schedule a range of bilingual information resources will be produced. New leaflets and factsheets for parents and healthcare professionals will be sent directly to GP surgeries, community pharmacists, child health departments, health promotion units and NHS Wales Direct before the start of the programme. These resources should be shared with all colleagues involved in giving or advising about immunisation, including health visitors, and practice nurses.

Further copies of these resources can be ordered from the Welsh Assembly Government Publication Centre by e-mail: [assembly-publications@wales.gsi.gov.uk](mailto:assembly-publications@wales.gsi.gov.uk) or telephone: 029 2082 3683 (between 8.00am - 5.00pm, Monday – Friday). These resources will also be available to view and download from <http://www.cmo.wales.gov.uk/content/work/immunisation/leaflets-factsheets-e.htm>. The [www.immunisation.nhs.uk](http://www.immunisation.nhs.uk) website will be updated to reflect the changes to the programme, and a new section for Hib/MenC immunisation is being created. These new pages will go live at the time of the introduction of the new immunisation schedule.



**TABLE 2 Pneumococcal Clinical Risk Groups for Children**

Note: All children, including those in clinical risk groups, should be offered PCV according to the routine immunisation schedule. Children in the clinical risk groups listed below, aged 2 months to under 5 years of age should receive 7-valent pneumococcal conjugate vaccine (PCV) – as stated in Section 5 above. This should be followed by a single dose of 23-valent pneumococcal polysaccharide vaccine when they are 2 years of age or over (and at least two months after the last dose of PCV). Children over 5 years of age should receive a single dose of pneumococcal polysaccharide vaccine.

<b>Clinical risk group</b>	<b><i>Examples (decision based on clinical judgement)</i></b>
<b>Asplenia or dysfunction of the spleen</b>	This includes conditions such as homozygous sickle cell disease and coeliac syndrome that may lead to splenic dysfunction.
<b>Chronic respiratory disease</b>	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 neuromuscular disease (e.g. cerebral palsy) with a risk of aspiration. Asthma is not an indication, unless continuous or frequently repeated use of systemic steroids (as defined in Immunosuppression below) is needed.
<b>Chronic heart disease</b>	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.
<b>Chronic renal disease</b>	This includes nephrotic syndrome, chronic renal failure, renal transplantation.
<b>Chronic liver disease</b>	This includes cirrhosis, biliary atresia, chronic hepatitis
<b>Diabetes (requiring insulin or oral hypoglycaemic drugs)</b>	This includes type 1 diabetes requiring insulin or type 2 diabetes requiring oral hypoglycaemic drugs. It does not include diabetes that is diet controlled.
<b>Immunosuppression</b>	Due to disease or treatment, including asplenia or splenic dysfunction and HIV infection at all stages. Patients undergoing chemotherapy leading to immunosuppression. Individuals treated with or likely to be treated with systemic steroids for more than a month at a dose equivalent to prednisolone 20mg or more per day (any age), or for children under 20kg, a dose of $\geq 1\text{mg/kg/day}$ . <i>Some immunocompromised patients may have a suboptimal immunological response to the vaccine.</i>
<b>Individuals with cochlear implants</b>	<i>It is important that immunisation does not delay the cochlear implantation.</i> Where possible, pneumococcal vaccination should be completed at least 2 weeks prior to surgery to allow a protective immune response to develop. In some cases it will not be possible to complete the course prior to surgery. In this instance, the course should be started at any time prior to or following surgery and completed according to the immunisation schedule.
<b>Individuals with cerebrospinal fluid leaks</b>	This includes leakage of cerebrospinal fluid such as following trauma or major skull surgery.

## **Pneumococcal Vaccination Catch-Up Programme**

### **1. Timing of Pneumococcal Catch-Up Campaign**

The pneumococcal catch-up campaign will start on 4<sup>th</sup> September. Our aim is to ensure all children in the target cohort are offered vaccination suitable for their age within 6 months of the start of the programme.

### **2. The Cohort**

Children who will be over 2 months of age and under 2 years of age at the time of introduction will need to be invited to receive pneumococcal vaccine.

Children aged 2 months or under at the time of introduction will be offered pneumococcal vaccine as part of the new routine immunisation programme. Children 2 years of age or over at the time of introduction will not be part of the catch-up programme. The risk for children over 2 years of age becoming ill with pneumococcal infection is considerably less than in younger age groups. It is likely that pneumococcal infections in all age groups will fall as a result of introduction of the programme in the under two's.

### **3. The immunisations to be offered**

The recommended schedule for implementing the programme is summarised in Annex 2. The child's date of birth runs down the left-hand side of the table, and the month in which the vaccine is recommended to be given runs along the top of the table.

In summary:

Children born between 05/09/04 and 03/08/05 (i.e. aged over 13 months of age and under 2 years at the start of the programme) should be offered one dose of PCV.

Children born between 04/08/05 and 03/02/06 (i.e. aged 8 months to 13 months of age at the start of the programme) should be offered one dose of PCV at their routine 13 month visit.

Children born between 04/02/06 and 03/07/06 (i.e. aged over two months and under 8 months of age at the start of the programme) should be offered two doses of PCV separated by a period of two months.

The following scenarios help to illustrate the use of the table:

A baby born on 21 June 2006 should be offered PCV at the routine 4 month visit in October, a second dose at an additional 6 month visit in December, and then a booster dose at the scheduled 13 month visit.

A child born 6 November 2005 should be offered PCV at the scheduled 13 month visit in December.

A child born on 2 April 2005 should be offered one dose of PCV in November<sup>2</sup>.

A child born on 4 August 2004 is not eligible for the vaccine as they are over two years of age when the programme starts. Pneumococcal infections occur less frequently in children aged 2 years and over, and

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<sup>2</sup> Please note that there are sufficient supplies of PCV vaccine for all children born between 05/09/04 and 03/08/05 to be offered PCV as soon as it is practically possible after the start of the programme. This will provide general practices with the flexibility to immunise eligible children over a shorter time period.

it is likely that pneumococcal infections in all age groups will fall as a result of introduction of the programme in the under two's.

A baby born on 17 July 2006 will not be part of the catch-up programme. This baby will receive pneumococcal vaccination as part of the routine programme.

#### **4. Reporting of adverse reactions**

Prevenar (and Menitorix) both carry a black triangle symbol (▼). This is a standard symbol added to the product information of a vaccine/medicine during the early stages of marketing to encourage reporting of all suspected adverse reactions. If a doctor, nurse, pharmacist or parent suspects that any adverse reaction to one of these vaccines has occurred, it should be reported to the Commission on Human Medicines (CHM) using the Yellow Card spontaneous reporting scheme ([www.yellowcard.gov.uk](http://www.yellowcard.gov.uk)).

#### **5. Vaccine Supply**

There will be two 'allocated' deliveries of both pneumococcal vaccine (for routine use and catch-up) and Hib/MenC to each delivery point. The first supplies will be delivered in the period 7<sup>th</sup> – 18<sup>th</sup> August 2006. The second batch of supplies will be delivered in the period 4<sup>th</sup> – 15<sup>th</sup> September 2006. The amount of vaccine being sent to each delivery point has been calculated by tracking the previous usage of primary vaccines.

From 13<sup>th</sup> September 2006 onwards, further supplies should be ordered in the usual way from either Healthcare Logistics or local Trust pharmacies.

In North Wales, Healthcare Logistics will notify each delivery point of the quantity of their initial delivery and the date it will be delivered by letter prior to the initial delivery.

In all other parts of Wales, Trust pharmacies will receive an allocation from Healthcare Logistics and will arrange distribution to local GP surgeries.

Please hold any enquires to either Healthcare Logistics or your local Trust pharmacy regarding the new vaccines until contacted by them.

#### **6. Vaccine Stock Management**

Managing supplies of vaccine during the pneumococcal catch-up programme presents challenges in vaccine management with which health professionals are familiar. All staff ordering vaccines need to ensure that vaccine wastage is reduced as far as possible. Surgeries who find that they have excess pneumococcal vaccine remaining at the end of the catch-up programme should use it in the routine programme. Vaccine wastage for this catch-up programme should be negligible.

## 7. Consumables

Please note that needles will need to be ordered to administer Prevenar:

### ***FTR163 blue needle 23g x 25 mm***

These may be ordered through the NHS Logistics Authority in the usual way or for those requiring special delivery packs. Orders may be placed direct with:

B Braun Medical Ltd  
Thornccliffe Park  
Sheffield  
S35 2PW  
Tel: 0114 225 9000  
Quoting reference: N3/F/0003/0105/01.

In order to manage the supplies of these consumables, please place regular orders to meet your needs rather than one very large order. Needles and syringes will not be supplied with the vaccine by Healthcare Logistics.

## 8. Child Health Systems

GPs and LHBs need to ensure that their child health system provider is familiar with the timing and role out of the catch-up programme. Immunisation co-ordinators may also assist in facilitating the new arrangements.

A draft letter is attached at Annex 3 for surgeries who send out their own appointments.

## 9. Patient Group Directions

As these children will be known at the time they attend the clinic for their vaccination, a Patient Specific Direction (PSD) will be required to cover vaccine administration.

The PSD should contain sufficient information to ensure that patient safety is not compromised. The PSD may be developed using the PGD template issued as part of WHC 2000/116.

WHC 2000/116 is available from <http://howis.wales.nhs.uk/microsite/page.cfm?OrgID=295&PID=212>

Specimen PGDs will also be made available from <http://howis.wales.nhs.uk/immunisation>

## 10. Funding and Service Arrangements for Catch-Up Campaign

The General Practitioners Committee of the British Medical Association, NHS Employers and GPC (Wales) have agreed to the introduction of the new vaccines and to the catch-up campaign.

An item of service payment of £7.51 per child has been agreed for practices administering this vaccine as part of the catch-up campaign. LHBs should therefore reimburse those practices who have been commissioned to provide this service a payment of £7.51 for each child immunised as part of this campaign.

LHBs should invoice the Welsh Assembly Government for reimbursement of the costs of claims from practices and also for the costs of vaccine used for the catch-up campaign. Send invoices FAO: Matthew Thomas, PHPD2, WAG, Cathays Park, Cardiff, CF10 3NQ.

## 11. Consent

The introduction of the pneumococcal catch-up programme will not affect the consent process: consent must be obtained before administration of all vaccines and is not brand specific.

Consent obtained before the occasion on which a child is brought for immunisation is only an agreement for the child to be included in the national childhood immunisation programme. It does not mean that consent is in place for each future immunisation. There is no legal requirement for consent to be in writing.

## 12. Information for parents and healthcare professionals

Health professionals involved in immunisation must ensure that:

- parents/carers have access to the new information;
- that there is sufficient opportunity for them to discuss any issues arising, and
- that they are properly informed of the benefits of the new vaccines, the possible side effects, and how to treat them.

To support the pneumococcal catch-up programme a range of bilingual information resources have been produced. New leaflets and factsheets for parents and healthcare professionals will be sent directly to GP surgeries, community pharmacists, child health departments, health promotion units and NHS Wales Direct before the start of the programme. These resources should be shared with all colleagues involved in giving or advising about immunisation, including health visitors, and practice nurses.

Further copies of these resources can be ordered from the Welsh Assembly Government Publication Centre by e-mail: [assembly-publications@wales.gsi.gov.uk](mailto:assembly-publications@wales.gsi.gov.uk) or telephone: 029 2082 3683 (between 8.00am - 5.00pm, Monday – Friday).

These resources will also be available to view and download from:

<http://www.cmo.wales.gov.uk/content/work/immunisation/leaflets-factsheets-e.htm>

The [www.immunisation.nhs.uk](http://www.immunisation.nhs.uk) website will be updated to reflect the changes to the programme, and a new section for Hib/MenC immunisation is being created. These new pages will go live at the time of the introduction of the new immunisation schedule.

## Pneumococcal Vaccination Catch-Up Table

Recommended schedule for vaccination from 4 <sup>th</sup> September of the Pneumococcal catch-up programme 2006							
	September	October	November	December	January	February	
Child's date of birth at start of programme							Child's age at vaccination (months)
5/09/04 to 3/11/04	√						23, 24
4/11/04 to 3/12/04	√						22
4/12/04 to 3/1/05		√					22
4/1/05 to 3/2/05		√					21
4/2/05 to 3/3/05			√				21
4/3/05 to 3/4/05			√				20
4/4/05 to 3/5/05				√			20
4/5/05 to 3/6/05				√			19
4/6/05 to 3/7/05					√		19
4/7/05 to 3/8/05					√		18
4/8/05 to 3/9/05	√						13
4/9/05 to 3/10/05		√					13
4/10/05 to 3/11/05			√				13
4/11/05 to 3/12/05				√			13
4/12/05 to 3/1/06					√		13
4/1/06 to 3/2/06						√	13
4/2/06 to 3/3/06*		√		√			8, 10
4/3/06 to 3/4/06*		√		√			7, 9
4/4/06 to 3/5/06*	√		√				5, 7
4/5/06 to 3/6/06*	√		√				4, 6
4/6/06 to 3/7/06*		√		√			4, 6

## Notes

√ Indicates the month in which the child should be offered PCV

\*Children in this age group will receive a booster dose of PCV at 13 months of age and a dose of Hib/MenC at 12 months of age.

Please note that there are sufficient supplies of PCV vaccine for all children born between 5/09/04 and 3/8/05 to be offered PCV as soon as it is practically possible after the start of the programme. This will provide general practices with the flexibility to immunise eligible children over a shorter time period.

**Suggested template letter of appointment for those practices sending out their own invitations for the pneumococcal catch-up programme**

PRACTICE NAME

ADDRESS

[Date]

[Recipient's Address]

Dear Parent

The purpose of this letter is to inform you that your child needs a catch-up dose of pneumococcal conjugate vaccine (PCV). This vaccine has recently been introduced to the routine childhood immunisation programme and all children under two years of age are being offered protection. We are writing to invite you to bring your child for this vaccination on:

[date and time]

[venue]

This vaccination is important for your child. Pneumococcal disease is a particular risk in children under two years of age, and can lead to meningitis and septicaemia (blood poisoning). For more information about this vaccination, please read the leaflet (enclosed). If you have any further questions, please get in touch with your health visitor, practice nurse or GP.

As a practice we recommend pneumococcal conjugate vaccine for your child and hope that you will be able to bring your child for this appointment. If the above time and date is not suitable for you, please contact the surgery to arrange another appointment.

Yours sincerely

[Click here and type your name]

Senior Partner