

Distribution: As Appendix 1

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Date: 6 May 2021

Reference: CEM/CMO/2021/23

Category: Immediate

Title: Update on Pneumovax 23® vaccine supplies.

What is this about: A supply of Pneumovax 23® vaccine will be available to order via ImmForm from 1 June 2021 for use in the national adult pneumococcal immunisation programme.

Issue This provides an update about new vaccine ordering arrangements in place for the UK and ongoing clinical guidance.

Due to increased global demand, supplies of Pneumovax®23 (Pneumococcal Polysaccharide Vaccine) have been constrained since 2017. In consequence, guidance has been issued on prioritisation of the available stock, most recently in [CMO/CEM/2020/29](#).

This letter provides information about the change to the supply route of Pneumococcal Polysaccharide Vaccine (PPV23) for use in the NHS vaccination programme from 1 June 2021.

Vaccine ordering

In line with other national immunisation programmes, a supply of PPV23 for the routine immunisation programme and immunisation of those with underlying medical conditions will be made available via a central UK supply, rather than the vaccine being procured locally directly from suppliers. The vaccine will be available to order via the ImmForm website from 1 June 2021. Details of ordering controls will be made available on ImmForm news, PHE's 'Vaccine Update' and PHW's regular Immunisation Bulletin in due course.

Vaccine supply and implications for prioritising eligible patients

Once the change occurs in June, previously un-vaccinated individuals and booster doses should be prioritised in the same order of priority that has been recommended since late 2017 as set out in Table 1 below and as follows:

- 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 on uptake of PPV23 in Wales indicates that only 35.9% of those aged 2 to 64 years who are asplenic had received PPV23 up to the end of March 2020.

- following vaccination of high-risk groups, PPV23 may then be offered 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.

PPV23 can be offered at the same time as other vaccines with the exception of pneumococcal polysaccharide vaccine (PCV13). Co-administration of COVID-19 vaccines with PPV23 is not currently recommended.

Funding arrangements

Funding for the PPV23 programme is contained within health boards' core budgets. Following the transition to the central vaccine supply from 1 June, health boards will receive invoices (via NHS Supply Chain) for PPV orders placed on ImmForm in line with the arrangements in place for other national programmes where vaccine are supplied centrally. Practices may still claim for vaccines procured directly but it is recommended that all locally procured PPV23 is used prior to 1 June to minimise reimbursement errors.

Table 1: Priority groups

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 disease that may lead to splenic dysfunction.
Immunosuppression	Due to disease or treatment, including patients undergoing chemotherapy leading to immunosuppression, bone marrow transplant, HIV infection at all stages, multiple myeloma or genetic disorders affecting the immune system (e.g. 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 (e.g. 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 above).
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 asplenic, those with splenic dysfunction and chronic kidney disease.

To: NHS Wales Shared Services Partnership to forward to:

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