From the Chief Medical Officer
Professor Sir Michael McBride

Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

Castle Buildings
Stormont Estate
Belfast BT4 3SQ
Tel: 028 90 520653
Email: cmooffice@health-ni.gov.uk

HSS(MD)35/2026

Your Ref:
Our Ref: HSS(MD)35/2026
Date: 22 September 2026

FOR ACTION

Chief Executives, Public Health Agency/HSC Trusts
Chief Operating Officer, SPPG
GP Medical Advisers, SPPG
All General Practitioners and GP Locums *(for onward distribution to practice staff)*
Assistant Director of Pharmacy and Medicines Management, SPPG (*for onward distribution to SPPG Pharmacy and Medicines Management Team*)
OOH Medical Managers *(for onward distribution to staff)*

Dear Colleague

PEOPLE EXPERIENCING HOMELESSNESS ELIGIBLE FOR PNEUMOCOCCAL VACCINATION

ACTIONS REQUIRED

Chief Executives must ensure this information is drawn to the attention of all staff involved in the pneumococcal vaccination programme.

The SPPG must ensure this information is cascaded to all General Practitioners and practice managers for onward distribution to all staff involved in the pneumococcal vaccination programme.

1. The purpose of this letter is to advise that, in line with advice from the Joint Committee on Vaccination and Immunisation (JCVI), people experiencing homelessness will become a new clinical risk group eligible for pneumococcal vaccination in October 2026, this is in line with this year's start date for our adult Influenza Vaccination programme.

2. In Northern Ireland, pneumococcal vaccination has been recommended for clinical risk groups aged 2 to 64 years of age since 1992, and for all adults aged 65 years and over since 2003. In 2006, Northern Ireland introduced the pneumococcal vaccination into the routine infant immunisation programme, currently vaccination is offered at 16 weeks of age, followed by a second dose at 1 year of age.

3. The Joint Committee on Vaccination and Immunisation (JCVI) has now advised that people experiencing homelessness (PEH) should be considered a clinical risk group and should now be offered the pneumococcal and seasonal influenza (flu)[1] vaccinations. This advice was based on evidence of high comorbidity rates placing these individuals at a similar level of risk of hospitalisation and death from these diseases as people aged 65 years and over.

   Key points about the expansion of the pneumococcal vaccination programme:

   - Eligible PEH are defined as individuals experiencing homelessness who are rough sleepers and those using hostels for the homeless or night shelters, or in other accommodation on an emergency / 'crash bed' basis only;
   - From October 2026, pneumococcal vaccination should be offered to PEH through existing Trust inclusion services; GPs are asked to facilitate vaccination of people experiencing homelessness, as defined above, on request. GPs can claim the normal Item of Service (IoS) fee for these patients.
   - PEH aged 16 years and over will be eligible while retaining a degree of flexibility in practice to accommodate younger individuals experiencing homelessness (as defined above) when / as appropriate;
   - PCV20 (Prevenar 20® vaccine) can be co-administered with seasonal influenza vaccine and all other vaccines for which individuals in this cohort may be eligible. Administration of any vaccination presents an opportunity to review an individual's vaccination history and offer any outstanding vaccinations for which they are eligible; see: Vaccination of individuals with uncertain or incomplete immunisation

4. Providers are expected to deliver a 100% offer to those eligible; however, it is acknowledged that achieving full coverage may be challenging due to limitations in identifying all eligible individuals in this cohort within routine health data systems.

5. Commissioners and providers should ensure they have robust plans in place to identify and address health inequalities for all underserved groups, and it is expected that progress will be made on reducing unwarranted variation and improving uptake of vaccination among such groups.

Further information

6. Annex A provides information and resources for healthcare professionals to support implementation.

[1] Flu vaccination for PEH is covered in HSS(MD) 30/2026

7. For any clinical or operational queries, please contact the PHA Immunisation Team in the first instance. For queries about supporting programme resources, please email pha.immunisation@hscni.net.

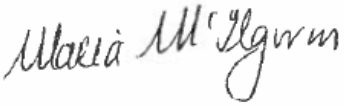
Conclusion

8. Invasive pneumococcal disease is a major cause of morbidity and mortality. Vaccination remains the best form of individual defence against severe illness, hospitalisation, and death.

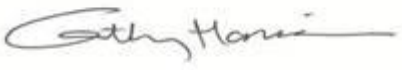
9. We would like to take this opportunity to thank everyone involved in the commissioning and operational delivery of vaccination programmes in Northern Ireland, these programmes are essential to protect individuals and communities while also reducing pressure on health services.

Yours sincerely

Prof Sir Michael McBride
Chief Medical Officer



Prof Maria McIlgorm
Chief Nursing Officer



Prof Cathy Harrison
Chief Pharmaceutical Officer

Circulation List

Director of Public Health/Medical Director, Public Health Agency (*for onward distribution to all relevant health protection staff*)
Assistant Director Public Health (Health Protection), Public Health Agency
Director of Nursing, Public Health Agency
Assistant Director of Pharmacy and Medicines Management, SPPG (*for onward distribution to SPPG Pharmacy and Medicines Management Team and community pharmacists*)
Directors of Pharmacy HSC Trusts
Director of Social Care and Children, SPPG
Family Practitioner Service Leads, SPPG *(for cascade to GP Out of Hours services)*
Medical Directors, HSC Trusts *(for onward distribution to all Consultants, Occupational Health Physicians and School Medical Leads)*
Nursing Directors, HSC Trusts *(for onward distribution to all Community Nurses, and Midwives)*
Directors of Children's Services, HSC Trusts
RQIA (*for onward transmission to all independent providers including independent hospitals*)
Regional Medicines Information Service, Belfast HSC Trust
Regional Pharmaceutical Procurement Service, Northern HSC Trust
Professor Kenda Crozier, Head of School of Nursing and Midwifery QUB
Andrea Shepherd, Head of School of Nursing, Ulster University
Ann Kerrin, Head of HSC Clinical Education Centre
Stephanie Foster, Open University
Professor Paul McCarron, Head of School of Pharmacy and Pharmaceutical Sciences, Ulster University
Professor Gavin Andrews, Head of School, School of Pharmacy, QUB
Postgraduate Pharmacy Dean, NI Centre for Pharmacy Learning and Development, QUB
Michael Donaldson, Head of Dental Services, SPPG *(for distribution to all General Dental Practitioners)*
Raymond Curran, Head of Ophthalmic Services, SPPG *(for distribution to Community Optometrists)*
Trade Union Side
Clinical Advisory Team
Louise McMahon, Director of Integrated Care, SPPG
Prof Camille Harron, NIMDTA
Prof Pascal McKeown, QUB
Prof Alan Smyth, QUB
Prof Peter Bazira, Head of Medical School, UU
Dr Kathy Cullen, Director of the Centre for Medical Education at QUB
Michelle Tennyson, Allied Health Professional, DoH
Lead Allied Health Professional HSC Trusts
Head of School, UU
Glynis McMurtry - Professional Head of Pharmacy GP Federations (*for onward distribution to GP Pharmacists)*

This letter is available on the Department of Health website at

https://www.health-ni.gov.uk/topics/professional-medical-and-environmental-health-advice/hssmd-letters-and-urgent-communications

Annex A

Advice – The Joint Committee on Vaccination and Immunisation

People experiencing homelessness (PEH) carry a high burden of both diagnosed and undiagnosed chronic conditions, leading to premature mortality and frequent use of emergency healthcare. Many live in overcrowded communal environments which increase the risk of transmission and outbreaks of acute respiratory infections. Access to routine healthcare is often limited, and vaccine uptake is low, meaning that effective delivery relies on outreach approaches and specialist services to improve engagement and delivery.

At the June 2024 Joint Committee on Vaccination and Immunisation (JCVI) meeting, the UK Health Security Agency (UKHSA) presented additional analyses, including hospital episode statistics (HES) data showing influenza/pneumonia was the second most common cause of unplanned admissions among homeless males, alongside chronic obstructive pulmonary disease (COPD). Data demonstrated very high levels of comorbidity among PEH, with 18- to 24-year-olds experiencing homelessness having comorbidity rates (37%) comparable to the general population aged over 65 (around 40%).

The JCVI discussed and agreed that, when considering a potential age cut off for vaccination, it might be more practical to offer universal vaccination due to the challenges and time required to identify those with chronic illness in outreach settings. The JCVI further concluded that PEH face similar risks of hospitalisation and death from influenza and pneumococcal disease as people aged 65 and over.

As a result, the JCVI advised that seasonal influenza and pneumococcal vaccinations should be routinely offered to people experiencing homelessness, defined as rough sleepers and those living in hostels or night shelters.

Vaccine supply

PCV20 (Prevenar 20®) is available for providers to order online via the usual process. Providers should ensure that local stocks of vaccine are rotated in fridges so that wastage is minimised. It is recommended that providers hold no more than 2 to 4 weeks' worth of stock. PCV20 (Prevenar 20®) is supplied as a pack of 10 doses in pre-filled syringes without needles.

Patient group directions (PGDs)

An updated PCV20 PGD will be produced by Strategic Planning and Performance Group to authorise for commissioned services.

Immunisation Against Infectious Disease (the Green Book)

The Pneumococcal: the green book, chapter 25 will be updated to reflect the change.

Surveillance and Reporting

All providers administering the pneumococcal vaccine to PEH should record administration on the Vaccine Management System (VMS). The PHA vaccine surveillance team should extract data from VMS to provide periodic reports of numbers vaccinated.

Training and information resources for healthcare practitioners

The PHA should ensure existing training materials and resources are updated to reflect the new eligible cohort.

Patient information materials

The PHA should develop appropriate patient information about pneumococcal vaccination to support eligible individuals in making an informed decision about vaccinations.

Consent

Guidance on informed consent can be found in chapter 2 of the Green Book.

Reporting suspected adverse reactions

PCV20 (Prevenar 20®) is a black triangle product and is subject to additional monitoring by the Medicines and Healthcare products Regulatory Authority (MHRA).

Healthcare professionals and members of the public are asked to report suspected adverse reactions through the online MHRA Yellow Card scheme, by downloading the Yellow Card app, or by calling 0800 731 6789 between 9am and 5pm, Monday to Friday.