From the Chief Medical Officer

Dr Michael McBride



www.dhsspsni.gov.uk

AN ROINN

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Assistant Director Health Protection, Public Health Agency (for
onward distribution to relevant public health staff)
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Director of Pharmaceutical Services, Health & Social Care

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All General Practitioners and GP Locums (for onward distribution to practice staff)

All Community Pharmacists

Medical Directors, HSC Trusts (for onward distribution to all Consultant Paediatricians & School Medical Leads)

Nursing Directors, HSC Trusts (for onward distribution to all Community Nurses, and school nurses)

Directors of Children's Services, HSC Trusts

ectors of Children's Services, HSC Trusts Date: 22 January 2010

Dear Colleague

CHANGES TO THE CHILDHOOD PNEUMOCOCCAL CONJUGATE VACCINE

- 1. The purpose of this letter is to make you aware that in the spring there will be a change to the pneumococcal conjugate vaccine supplied for the childhood immunisation programme.
- 2. Since vaccination with pneumococcal conjugate vaccine (PCV) became part of the routine childhood programme in 2006, we have supplied the vaccine 'Prevenar', which protects against seven pneumococcal serotypes (4, 6B, 9V, 14, 18C, 19F and 23F). In the spring, we will replace this vaccine with 'Prevenar 13', which protects against six additional serotypes (1, 3, 5, 6A, 7F and 19A in addition to the seven serotypes against which Prevenar protects). This will be a significant extension to protection offered to babies and young children. It is important to note that the schedule for pneumoccocal vaccine remains the same i.e. 2, 4 and 15 months.



- 3. The contract award announcement is being made on the 19 January and we have attached the DHSSPS press release (Annex A) to ensure that you know about this future change.
- 4. We will issue a letter with more detailed information of this change, **including the date of the introduction of the new vaccine**, as soon as we can. The next letter will
 also include a link to a draft PGD which may be useful for those developing one. In
 the meantime we would encourage all GPs to begin to prepare for this future change
 to the vaccination programme, and the information about Prevenar 13 contained in
 Annex B will be useful.
- 5. In addition, a new Green Book Chapter will soon be available at: http://www.dh.gov.uk/en/Publichealth/Healthprotection/Immunisation/Greenbook/dh 4097254
- 6. Until the new vaccine is introduced, it is important that the routine vaccination programme continues as currently recommended using the available vaccines. Parents should be discouraged from delaying vaccination and leaving their child vulnerable to infection. GPs should continue to order supplies of PCV as usual. The current PCV vaccine Prevenar will continue to be supplied, and should continue to be used, until the new PCV vaccine becomes available later in the spring.
- 7. We hope that this early information is helpful in keeping you abreast of future developments, and with sufficient information for you to prepare for this change.
- 8. Thank you for your contribution to achieving this important public health improvement

Yours sincerely

DR MICHAEL MCBRIDE Chief Medical Officer

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MR MARTIN BRADLEY Chief Nursing Officer

Matin E. Kulley.

DR NORMAN MORROW
Chief Pharmaceutical Officer

cc Dr A McCormick, Permanent Secretary

Dr Elizabeth Mitchell, Deputy Chief Medical Officer

Dr Paddy Woods, Deputy Chief Medical Officer

Dr Elizabeth Reaney, Senior Medical Officer

Mr A Elliott, Director of Health Development, DHSSPS

Mr Seamus Camplisson, Health Protection Team, DHSSPS

Mr M Coleman, Health Protection Team, DHSSPS

Dr E Rooney, Chief Executive, Public Health Agency

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Dr B Dunn, Chair, GPS, BMA

Prescribing Advisers, HSC Trusts

Regional Drug and Poisons Information Service

Dr Jill Mairs, Regional Procurement Pharmacist

Mr P Tiffney, Movianto Ireland

This letter is available at www.dhsspsni.gov.uk and also on the DHSSPS Extranet which can

be accessed directly at http://extranet.dhsspsni.gov.uk or by going through the HPSS Web at

http://www.n-i.nhs.uk and clicking on DHSSPS.

EMBARGOED UNTIL 00:01AM TUESDAY 19TH JANUARY 2010

CHILDREN TO BE OFFERED BETTER PROTECTION AGAINST DISEASE

Protection against scepticaemia and pneumococcal meningitis will be boosted from 7 to 13 strains of pneumococcal bacteria

A replacement vaccine, which will protect children against a greater number of strains of the pneumococcal bacteria, is to be introduced into the routine Childhood Immunisation Programme later this year, Health Minister Michael McGimpsey said today.

The vaccine will be phased in to replace the current vaccine, and will protect against 13 different types of pneumococcal bacteria, whereas the existing version of the vaccine currently protects against 7 strains.

The new vaccine will follow exactly the same three dose schedule that is used at present: one vaccination at two, four and 15 months old. Parents of infants who are due to be vaccinated should not delay.

Welcoming the announcement the Health Minister Michael McGimpsey said

"This vaccine will provide greater protection to children and marks yet another improvement to our world class Childhood Immunisation Programme.

"The new vaccine will ensure that young people throughout Northern Ireland are offered even greater protection against a very serious, vaccine-preventable disease."

The move to introduce the new vaccine follows a procurement process, following strict EU rules, which was completed in January and resulted in the contract being offered to Wyeth for their pneumococcal vaccine 'Prevenar 13'.

ENDS

Notes to Editors

- 1. The pneumococcal conjugate vaccine was first introduced into the routine childhood vaccination programme in 2006.
- 2. This announcement is in line with similar changes being announced in England, Scotland and Wales.
- 3. This change only affects the childhood immunisation programme. The adult pneumococcal vaccine, Pneumovax, will continue to be administered as usual.
- 4. For further information contact the DHSSPS press office on 028 9052 0575.

Information about Prevenar 13 and its introduction

Prevenar 13 has been licensed by the European Medicines Agency (EMEA).

The Summary of Product Characterists (SPC) and the Product Information Leaflet (PIL) are available at:

http://emc.medicines.org.uk/medicine/22689/SPC/Prevenar+13+suspension+for+injection/

http://emc.medicines.org.uk/document.aspx?documentId=22694http://emc.medicines.org.uk/emc/industry/default.asp?page=displaydoc.asp&documentid=22694

- The new vaccine will be a direct replacement for the existing PCV vaccine (Prevenar), so it will follow the same three dose schedule, i.e. doses offered at 2, 4 and 15 months of age. This means that apart from using a new vaccine, the vaccination schedule (see below) remains unchanged.
- Prevenar 13 will be a direct replacement of an existing PCV vaccine in the routine programme. <u>After Prevenar 13 has been introduced</u>, children who have already received one or two doses of the current PCV vaccine (Prevenar) will complete their vaccination course with Prevenar 13 according to the routine vaccination schedule, e.g.
 - A child who has receive one dose of Prevenar at two months will be offered a dose of Prevenar 13 at four months of age and a further dose at 15 months.
 - A child who has received Prevenar at two and four months of age will be offered Prevenar 13 at fifteen months of age.
- As this is a direct replacement of an existing vaccine in the routine programme, there
 will be no catch-up programme.
- There is no impact on payments to GPs from this change of vaccine supplied.

Routine childhood immunisation programme

When to immunise	Diseases protected against	Vaccine given
Two months old	Diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib) Pneumococcal infection	DTaP/IPV/Hib and Pneumococcal conjugate vaccine (PCV)
Three months old	Diphtheria, tetanus, pertussis, polio and Haemophilus influenzae type b (Hib) Meningitis C (meningococcal group C)	DTaP/IPV/Hib and MenC
Four months old	Diphtheria, tetanus, pertussis, polio and Haemophilus influenzae type b (Hib) Meningitis C Pneumococcal infection	DTaP/IPV/Hib, MenC and PCV
Around 12 months old	Haemophilus influenza type b (Hib) and meningitis C	Hib/MenC
15 months old	Measles, mumps and rubella (German measles) Pneumococcal infection	MMR and PCV
Three years to five years old	Diphtheria, tetanus, pertussis and polio Measles, mumps and rubella	DTaP/IPV or dTaP/IPV and MMR
Girls aged 12 to 13 years	Cervical cancer caused by human papillomavirus types 16 and 18	HPV
14 to 18 years old	Tetanus, diphtheria and polio	Td/IPV