



SCOTTISH EXECUTIVE

Health Department

(this is a revised version with a change in Annex B concerning Agrippal)

Dear Colleague

PNEUMOCOCCAL VACCINATION FOR THOSE AGED 65 AND OVER - 2003-04

INFLUENZA VACCINATION PROGRAMME - 2003-04

1. Our earlier CMO letter [SEHD/CMO \(2003\) 4](#) (dated 6 March 2003) informed you of the new policy to offer pneumococcal vaccination to those people aged 65 and over, who have not previously been vaccinated, and set out the policy background. Subsequently, CMO letter [SEHD/CMO \(2003\) 9](#) (dated 29 July 2003) provided additional information about arrangements for this year's influenza and pneumococcal vaccination programmes.

2. This letter, which has been agreed with SGPC, provides a final update on the key elements of these two concurrent vaccination programmes, and specifically:

- final details of information materials and how these can be obtained (Annex A);
- amended details of vaccine suppliers (Annex B);
- the finalised text of the centrally generated letter (Annex C);
- confirmation of GP payment arrangements for administering pneumococcal vaccine; and related to that, provides details of forms which can be used to concurrently claim payments for influenza and pneumococcal vaccinations and update patient vaccination data held on SIRS (Annex D);
- information of a contingency stock of influenza vaccine;
- details of what action to take if a batch of vaccine needs to be recalled;
- updated advice on treatment of influenza;
- examples of best practice in running a successful programme – including correct READ computer codes (Annex E); and
- answers to some Frequently asked Questions (FAQs) on both flu and pneumococcal vaccination (Annexes F and G)

**From the
Chief Medical
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SEHD/CMO(2003) 10

For action

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Health Visitors
Practice Nurses
District Nurses
CPHMs/Immunisation Co-ordinators
Chief Executives of Health Boards
Chief Executives of Trusts
Chief Executives of Local Authorities

For information

Directors of Occupational Health
Directors of Human Resources
Directors of Public Health
Director of SCIEH
Scottish General Practitioners
Committee
Scottish Pharmaceutical General
Committee
Director, Common Services Agency
General Manager, Practitioner
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- confirmation that the new Pneumococcal Immunisation chapter of Immunisation Against Infectious Disease (the Green Book) is available on: www.doh.gov.uk/greenbook

Information relating to these vaccination programmes will be available in due course on the following Executive website:- www.scotland.gov.uk/health/flu_pneumococcal

Please note that this website is planned to be live on 8th September – see also Annex A.

GP payment arrangements for vaccination

3. As you may already be aware, payments to GPs for administering influenza and pneumococcal vaccine in 2003-04 have been determined as follows:

- For Pneumococcal immunisations, GPs will be paid under the terms of the Statement of Fees and Allowances at rate B (currently £6.80) per dose. Circular [PCA\(M\)\(2003\)14](#) provides details of the payment arrangements.
- For Influenza Immunisations, it has been agreed that last year's deal for immunising those aged 65 and over will be rolled forward to this year and will be uplifted by the average DDRB increase to fees and allowances once this figure becomes known. For the under 65 at risk group, GPs will be paid at rate B for each immunisation given. Further details of the payment arrangements for influenza vaccinations will be issued under cover of a PCA circular in due course.

4. Consistent with paragraph 5 of NHS Circular PCA(M)(2003)14, issued on 28 August 2003, the SIRS team have developed their systems to facilitate the combined recording of claims for payment and patient vaccination data. This may prove beneficial in future years, when it will be important to have readily accessible information about who has been vaccinated and when. Each GP practice will therefore receive a SIRS print-out, in week commencing 15th September, detailing all their patients who may potentially be eligible for flu and pneumococcal vaccination this winter. This will, we hope, give each practice the option of using the information on the print-out, and the various data fields, to streamline the essential administrative tasks associated with these vaccination programmes. Additional detail is at Annex D.

Measuring Uptake

5. As advised in CMO letter SEHD (2003)9, the Scottish Centre for Infection and Environmental Health (SCIEH) will, in 2003-04, continue to measure uptake of influenza vaccination and provide monthly uptake data to the Executive from October to December 2003. These reports will be circulated by SCIEH to the Executive and NHS boards in the usual way. Final uptake figures for influenza vaccination will continue to be based on GP payment data, which will be available in final form around April 2004.

6. Assessment of uptake of pneumococcal vaccination will also be based on GP payment data, which will be available in final form around April 2004.

Influenza contingency stock

7. As in previous years, the Executive has secured a small central stock of influenza vaccine as a contingency measure. NHS Boards' Immunisation Co-ordinators may have access to this contingency stock of influenza infection reaches epidemic proportions; guidance on related procedures will be issued separately.

Adverse Reaction Reporting

8. If a doctor, nurse or pharmacist suspects that a serious reaction to pneumococcal vaccine has occurred, they should report it to the Committee on Safety of Medicines using the Yellow Card Spontaneous Reporting Scheme. The clinical adverse reaction reporting mechanisms in Scotland for pneumococcal vaccine are the same as for all other medicines, and follows the Medicines and Healthcare Products Regulatory Agency (MHRA) 'Yellow Card' scheme –

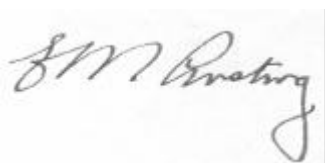
<http://medicines.mhra.gov.uk/ourwork/monitorsafeequalmed/yellowcard/yellowcardscheme.htm>

Information should also be sent to the Committee on Safety of Medicine's Regional Reporting Centre in Edinburgh at Committee on Safety of Medicine Scotland, CARDS, Freepost, SCO7777, Edinburgh EH3 0BR.

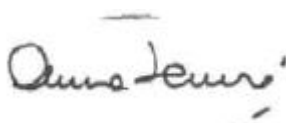
9. As an established vaccine, pneumococcal vaccine does not classify as a 'black triangle' product under the Yellow Card scheme.

10. Finally, we wish again to record our appreciation of all the work you have and will undertake to ensure a successful joint campaign in 2003-04.

Yours sincerely



DR E M ARMSTRONG
Chief Medical Officer



MISS ANNE JARVIE
Chief Nursing Officer



MR BILL SCOTT
Chief Pharmaceutical Officer

PUBLICITY AND INFORMATION

As set out in CMO letter SEHD (2003) 9, arrangements for publicising these integrated campaigns are in the final stages of development. The main details are:

Professional leaflet/factsheet

- The text and artwork for this leaflet have now been finalised. The leaflet is intended for use by a range of healthcare professionals and may also be useful for patients where more detailed information is sought. Supplies of the leaflet will be distributed to GP practices and pharmacies (and others as appropriate) **during week commencing 1st September - see* below.**
- From 8th September, you will be able to view and download further copies of the professional leaflet from the Executive's web site – www.scotland.gov.uk/health/flu_pneumococcal. A small number of hard copies will also be available from the Executive's Public Health Division, by faxing Richard Martin on fax number 0131-244-2157 or by e mailing Richard at richard.martin@scotland.gsi.gov.uk

Patient Information leaflets and poster

- The text and artwork for the separate pneumococcal and influenza patient information leaflets, and a joint influenza/pneumococcal poster have now been finalised. Supplies of these materials will be distributed **during week commencing 8th September**, in line with arrangements for influenza information materials in previous years, to healthcare professionals and related organisations. ***In order to integrate fully with other publicity arrangements, only the pneumococcal patient leaflet should be made available from week commencing 15th September.** The influenza leaflet and the poster should be displayed from week commencing 29th September.
- As in previous years, it would be appreciated if these Executive/NHSScotland publicity materials could be displayed prominently, and used in preference to any alternative materials provided by vaccine manufacturers.
- From 15th September, further supplies of both patient information leaflets and the joint poster will be available after issue from Executive's web site – www.scotland.gov.uk/health/flu_pneumococcal or in hard copy from Public Health Division by fax or e mail as above.

Press, TV and radio

- National press materials and TV and radio advertising will be used to raise awareness of the pneumococcal vaccination programme from week commencing 8th September.
- From 29th September, Press, TV and radio advertising will be also used to signal the start of both the influenza and pneumococcal vaccination programmes. This advertising will continue until November 2003.

REVISED SUPPLIER DETAILS FOR INFLUENZA VACCINE

CMO letter SEHD (2003) 9 dated 29 July provided details of vaccine suppliers. Unfortunately, this information was incorrect. The correct details are as follows:

The following manufacturers have indicated they will be supplying the UK market during the coming season:

| Manufacturer | <i>Name of Product</i> | <i>Vaccine Type</i> | <i>Contact details</i> |
|-----------------------------|---|------------------------------------|-------------------------------|
| Aventis Pasteur MSD (APMSD) | Inactivated influenza (split virion) BP | Split virus | 0800 085 5511 |
| | @ Inflexal V (for orders confirmed with APMSD and any new orders) | Virosome adjuvated surface antigen | |
| Evans Vaccines/ Powderject | Fluvirin* | Surface antigen | 08457 451 500 |
| | Generic brand* | Surface antigen | |
| Glaxo SmithKline | Fluarix* | Split virus | 0808 100 2228 |
| Solvay Healthcare | Influvac* | Surface antigen | 0800 358 7468 |
| Wyeth Vaccines | Begrivac | Split virus | 01708 330225 |
| | Agrippal | Surface antigen | |
| MASTA (distributor) | MASTAFLU* | Surface antigen | 0113 238 7555 |
| | @ Inflexal V (for orders already confirmed with MASTA) | Virosome adjuvated surface antigen | |

* Contains thiomersal. The Committee on Safety of Medicine's statement on the statement of vaccines containing thiomersal can be found on:-
http://medicines.mhra.gov.uk/ourwork/monitorsafequalmed/safetymessages/thiomersalstatement_210203.pdf

@ Please note that both MASTA and Aventis Pasteur MSD will be distributors for Inflexal V during the flu season 2003/04. MASTA will be serving confirmed orders already placed for Inflexal V. New orders for Inflexal V should be placed with Aventis Pasteur MSD.

TEXT OF CENTRALLY-GENERATED AWARENESS LETTER

As indicated in the previous CMO letter of 29 July, a centrally generated letter will be issued to all patients who are aged 65 and over on or before 31 March 2004, using the SIRS system. The final text¹ is set out below. This has been agreed with SGPC: -

“Free flu and pneumococcal vaccination”

As you are, or shortly will be, aged 65 or over, you are eligible to receive two free vaccinations; one against flu (influenza) and the other against pneumococcal disease, if you have not previously had a pneumococcal vaccination. These vaccinations will be available at your GP practice.

Flu is an illness caused by a virus. For most people flu is just a nasty experience, but for some it can lead to more serious complications, such as bronchitis and pneumonia. As people get older they become more vulnerable to these conditions. Because flu viruses are continually changing, people need the new vaccine each year. This winter's flu viruses will be different from last year's. NHSScotland will therefore offer free flu vaccine to everyone aged 65 and over on or before 31 March 2004.

For the first time, NHSScotland will also offer free vaccination against pneumococcal disease to everyone aged 65 and over, if not already vaccinated. This infection may cause more serious forms of pneumonia, septicaemia (blood poisoning) and meningitis. If you are unsure about this please discuss it with your GP or practice nurse at the time of your appointment for vaccination.

Each GP practice will make its own arrangements for offering the flu and pneumococcal vaccines, which will usually commence in October. However, if, by late-October, you are not aware of these arrangements, please contact your GP practice.

If you wish to have further information, please call the NHS helpline free on 0800 22 44 88 between 8 am and 10 pm 7 days a week or speak to your local GP practice or pharmacist. Alternatively, you can visit the website - http://www.scotland.gov.uk/health/flu_pneumococcal

Information about your health data may be used by NHSScotland to help develop better health care for patients and for administration and payment purposes within NHSScotland.

Yours sincerely

Flu/Pneumococcal Vaccination Co-ordinator
-----NHS Board

PS. This letter was generated from a local automated listing of eligible patients in your area. If your circumstances have recently changed, please accept my apologies.

¹ Subject to minor variations in NHS Grampian and NHS Dumfries and Galloway to recognise local circumstances.

ANNEX D

COMBINED CLAIMS FOR PAYMENT FOR INFLUENZA AND PNEUMOCOCCAL VACCINATIONS

The means by which GPs can claim the IOS fee for Pneumococcal Immunisation are described in the circular PCA(M)(2003)14 issued on 28 August 2003, and paragraph 5 specifies a number of acceptable alternatives.

Consistent with the approach outlined in paragraph 5 (ii) of the PCA circular above, the SIRS team have developed their systems to facilitate the combined recording of claims for payment and patient vaccination data. The latter may also prove to be beneficial in future years, when it will be important to have readily accessible information about who has been immunised and when.

As such, each GP practice will receive a SIRS print-out, during week commencing 15th September, detailing all patients in the age cohort who may potentially be eligible for flu and pneumococcal vaccination this winter. This will give each practice the option of using the information on the print-out, and the various data fields, as an aide-memoire during vaccination clinics, and to streamline the essential administrative tasks associated with these vaccination programmes.

The print-outs will have the following fields:-

| (1) Patients Name | (2) Patient's d.o.b | (3) Patients CHI no. | (4) Flu Vaccination | | (5) Pneumococcal vaccination | | (6) Previous Pneumococcal vaccination (optional) | |
|-------------------------|---------------------------|----------------------------|------------------------|-----------------------|------------------------------------|----------------------|--|----|
| | | | (4) (a) | (4) (b) (optional) | (5)(a) | (5)(b) (optional) | Yes | No |
| | | | Date | Batch Code | Date | Batch code | | |

Practices will be sent alphabetical lists of patients for each practice, pre-printed with their names, dates of birth and CHI numbers (in columns (1) to (3) respectively).

Practices should complete columns (4)(a) and (5)(a) to indicate the date on which both flu and pneumococcal vaccinations were given. In addition, practices optionally may complete Columns (4)(b) and (5)(b) to provide data relating to batch codes. An associated form will be provided to allow practices to use single digit codes to record the batch numbers of the vaccines administered, thereby reducing the administrative burden further.

Column (6), which is also optional, consists quite simply of two tick-boxes to help GP practices who wish to use it - as an aide-memoire in the current exercise or as an investment in subsequent programmes - to identify those patients who have already received pneumococcal vaccination.

GP practices should submit completed payment claim forms to the Practitioner Services Division (PSD) of the CSA in line with established payment deadline dates. PSD will then forward copies of all claim forms to SIRS departments for vaccination data input.

EXAMPLES OF GOOD PRACTICE FOR RUNNING A SUCCESSFUL INFLUENZA/PNEUMOCOCCAL VACCINATION PROGRAMME

Experience of previous influenza campaigns has reflected some good examples of best practice. Some of these are set out below for the benefit of all involved in taking forward the influenza/pneumococcal programmes this year:

- Direct contact with people aged 65 years and over, to inform them that they are recommended to have the vaccine, demonstrated maximum benefit in achieving uptake targets. Experience shows that a personalised letter is the best way of achieving a high take-up in all target groups - both age and non-age related;
- NHS boards, PCTs and Flu/Pneumococcal Co-ordinators should work with GP Practices and community pharmacists to produce action plans for achieving best results;
- NHS boards, Trusts and GP practices should ensure that vaccine supplies are available from community pharmacies before launching local advertising programmes or initiating call and recall systems. Any local advertising should emphasise that people will be immunised over a period of several weeks – there is no need for concern early in the programme;
- As well as a Flu/Pneumococcal Co-ordinator at NHS board level, GP practices should consider the benefit of nominating a lead person to take charge of the campaign at practice level;
- Ensure registers compiled of those patients for whom vaccination is recommended are up to date. If unavailable, a register can be compiled from computer generated age/sex data – or obtain a list from your PCT/NHS board or Practitioner Services Division. For those outwith the age-related categories, at-risk registers can be compiled from Chronic Disease Management Registers; patient or prescription records, or opportunistically as patients are seen throughout the year;
- Ensure availability of, or access to, adequate refrigeration facilities, especially for 2003-04 when concurrent storage of both influenza and pneumococcal vaccines are required (see Immunisation against Infectious Disease 1996, chapter 4). Both influenza and pneumococcal vaccines must be stored at 2-8°C and must not be frozen or they will lose potency. For storage purposes, the dimensions of the pneumococcal pack are 73mm x 28mm x 28mm per vial. In other words, 25 doses occupy 1.43 litres of fridge space;
- Liaise with your community pharmacist or supplier to ensure that deliveries are staggered - if you think storage space will be a problem – to ensure sufficient supplies within the Practice in time for each immunisation session;
- Develop/check procedures to avoid potential disasters such as fridge doors being left open or power supplies being disconnected. Allow for adequate cooling of vaccines in transit to any other settings where vaccination may take place;
- A system of reporting any adverse reactions should also be in place;

- If you store information on your practice computer, ensure all staff enter the same READ code to indicate influenza vaccination has been given. The correct code is **65E..** - note that the two dots after 65E are important for this purpose. For pneumococcal vaccination given, the correct Read code is **65720** – note no dots;
- Order sufficient vaccine for your needs. Confirm orders well in advance. Some manufacturers may take part of the order as provisional only, which should be confirmed prior to the outset of the practice programme;
- Involve all the key players, including practice nurses, practice receptionists and managers, district nurses, health visitors and local pharmacists. Try to draw on any experiences learned from previous vaccination programmes employed in your practice. Try to ensure, in particular, that every one dealing with enquiries from patients is well-briefed and primed early in the programme, in order that they can provide accurate information to the public on, for example, those in the at risk groups, the timing of vaccination clinics in their practice and how to get an appointment for vaccination;
- Posters, leaflets and materials for General Practices, Community Pharmacists and NHS boards to supplement their local materials will be supplied by the Executive directly as indicated in Annex A. We suggest that you display these materials in prominent positions throughout the winter;
- PCT or NHS board should help, for example, with advertising, protocol development, notifying patients or in sharing resources with other practices for running vaccination clinics and provision of assistance from community nursing staff. Ensure local community pharmacists are kept informed and are invited to support the programme;
- Consider the logistics, location and timing of special vaccination clinics for optimal patient access. Also consider associated staffing resources and specific training requirements for these clinics;
- Confirm local arrangements to ensure that all eligible housebound patients and patients in nursing or care homes are included in the vaccination programme;
- It is appreciated that the 'worried well' will continue to ask for flu and, possibly, pneumococcal vaccinations. Whilst the giving of vaccine is ultimately a clinical judgement, vaccination should be focused on patients in the target groups to avoid supply shortages for those at highest risk.
- Encourage staff to opportunistically remind patients in the target groups about the need for vaccination, for example on home visits or when they collect repeat prescriptions - stickers as reminders on notes may help;
- When giving vaccinations, remember to share information with patients on the expected benefits and limitations of both influenza and pneumococcal vaccines, as described in the patient information and health professional leaflets.

INFLUENZA VACCINATION: SOME COMMONLY ASKED QUESTIONS ON THE POLICY**Q. What has changed this year?**

A. We aim to improve the uptake of vaccine in all the at risk groups; and the minimum target of 70% uptake has been maintained (in line with last year) for vaccinating people aged 65 years and over. We are aware that this will be a stretching target for some areas but the majority of NHS board areas met the 70% target for last year. To assist in areas with lower uptake, the Executive has, again, arranged to issue, a centrally generated letter, signed by Flu/Pneumococcal Co-ordinators, to all patients aged 65 and over reminding them that they are eligible for free flu and pneumococcal vaccinations – see also Annexes A and C. Given the decision to also offer all patients aged 65 and over, protection against pneumococcal infection from 2003-04, it has been decided to revive TV publicity featuring Hannah Gordon.

Q. What does the influenza uptake target apply to?

A. The target is for PCTs and NHS boards to achieve a minimum 70% uptake of vaccination in those aged 65 years and over registered with GPs in their areas.

Q. Are targets being set for the other risk groups?

A. No, in line with advice issued in 2002, GPs should have compiled at-risk registers of their patients under 65 as part of good practice.

Q. Can GPs give influenza vaccine outside the recommended risk groups?

A. The final decision as to who is offered influenza vaccination is for the patient's doctor, but those in the targeted groups are the ones whose health is most at risk and these should be given priority. Those under 65 and not in an at-risk group should not expect flu vaccine to be provided by the NHS.

Q. Can a GP charge the patient for a vaccination if they are outside the risk groups?

A. A GP cannot charge a patient on his/her or a partner's NHS list for a flu vaccination.

Q. Will GPs be required to vaccinate health and social care workers on their lists?

A. Vaccination of health, social care or other occupational groups is a matter for the employer through their occupational health service. A GP may be contracted to provide this service outside his or her General Medical Services contract. If a GP vaccinates a healthcare worker on his list he/she cannot charge the worker.

Q. Should primary care staff be vaccinated?

A. NHS independent contractors eligible for occupational health services and Community Pharmacists should liaise with local PCTs to discuss arrangements for them and their staff.

Q. Should a GP vaccinate staff in residential and nursing homes?

A. As for healthcare workers, it is the responsibility of the employer to make any arrangements.

Q. Will sufficient vaccine be available?

A. Enough vaccine should be available for the recommended at risk groups. However, if demand is higher than expected and firm orders have not been placed in advance, shortages could occur.

Q Treatment of influenza.

A Antiviral drugs are available for treating flu. These drugs may help shorten the symptoms or prevent the spread of flu but only by about a day on average. The message clearly remains that for the at risk groups, prevention is better than cure. Previous guidance issued on the treatment of flu was set out in CMO letter SEHD (2000) 10 dated 8 December 2000. **This is no longer extant.** In determining treatment issues when flu is circulating, you should now refer to the NICE website link – www.nice.org.uk/pdf/58_Flu_fullguidance.pdf. This guidance has been endorsed in Scotland. You should have particular regard to Appendix E on pages 29 and 30 in that guidance, which sets out the thresholds set by SCIEH in determining flu activity in Scotland. Such activity is recorded in the SCIEH weekly reports provided routinely to the Executive and NHS Boards each month between October and January. If or when activity is thought to be nearing epidemic thresholds in Scotland - of more than 1,000 cases per 100,000 consultations - SCIEH and the Department would communicate this to the field in order they could gear up service provision accordingly. Colleagues will also be able to monitor details of incidence as set out in the comprehensive SCIEH weekly reports issued during October and May 2004.

For the purpose of service provision, although the majority of flu seasons peak between December and March, it is worth noting that it can appear as early as October or as late as April.

QUESTIONS SOMETIMES ASKED BY PATIENTS

Q. Flu is not so bad/I've had flu in the past and survived/I'm pretty fit for my age. Why do I need a flu vaccine?

A. Because flu is more than just a heavy cold and though not usually serious in younger people, as you get older it can really lay you low.

Q. I had a flu vaccine before and I still got flu.

A. It probably wasn't flu. There are many other respiratory infections around every winter - flu is just one of them but it is usually worse than the others and there is a vaccine which should prevent it in the majority of people. Unfortunately the flu vaccine won't prevent the other infections, but it should stop you getting flu.

Q. I had a flu vaccine before and it gave me flu.

A. It can't. There is no active virus in a flu vaccine so it can't cause flu. You could have had one of the other viruses referred to above. Or very occasionally you could have caught flu before the vaccination took effect. Vaccinations are given before the flu season usually starts, but occasionally influenza appears earlier than expected.

Q. I had a flu vaccine before and it made me ill.

A. Flu vaccine can cause some discomfort and swelling at the site of the injection. On rare occasions a flu vaccination can produce a temperature and aching muscles,

sometimes with joint pains, beginning a few hours after the injection and lasting up to 2 days. Other reactions are very rare. If you had a serious reaction, however, you should discuss with your GP whether you should have the vaccine again.

Q. What other reactions can flu vaccinations cause?

A. In people who have a severe hypersensitivity to hens' eggs the vaccine may cause a reaction. Neurological symptoms - called the Guillain Barré syndrome - have been reported very rarely as a reaction to influenza vaccination. This is estimated to occur once for every one million doses given.

Q. I can't eat eggs. Should I have the vaccine?

A. Food intolerance alone is not a contra-indication to having the vaccine.

Q. Will I have to pay for the vaccine?

A. No - unless you choose to go to a private doctor or clinic.

Q. I heard you can now treat flu.

A. A number of antiviral drugs are available to treat or prevent the spread of flu. They may shorten the symptoms of flu but only by about a day. In the case of influenza, prevention is certainly better than cure.

Q. Do flu vaccines contain thiomersal?

A. Some flu vaccines contain thiomersal (see Annex B). Thiomersal contains ethylmercury, and it has been used in vaccines for over 60 years as a preservative to prevent microbial contamination or as an activating agent to produce killed vaccines.

PNEUMOCOCCAL VACCINATION: SOME COMMONLY ASKED QUESTIONS ON THE POLICY

Q. What has changed this year?

A. In the past, it has been policy in the UK to offer pneumococcal vaccination only to people in high-risk groups. For the first time in 2003-04, in line with advice from the Joint Committee on Immunisation and Vaccination (JCVI) it is being offered routinely to all patients aged 65 and over. This is in line with current vaccination policy in other countries including USA, Canada, Australia, New Zealand, many European countries and elsewhere in the UK.

Q. Are all UK health Departments adopting this policy?

A. No. The Department of Health in England are introducing a phased pneumococcal vaccination programme for those patients aged 65 and over, starting with those aged 80 and over in 2003-04.

Q. Which pneumococcal vaccine will be used in this programme?

A. 23-valent pneumococcal polysaccharide vaccine will be offered to those patients aged 65 and over as part of this campaign. This was introduced in 1983 and has been used for over 10 years in the UK for people who are at particular risk from pneumococcal disease. The 7-valent conjugate vaccine will continue to be used for children under the age of two.

Q. Why is this vaccination programme being taken forward in conjunction with the influenza programme in 2003-04?

A. Because this is the first year in which all patients aged 65 and over will be eligible for vaccination against pneumococcal infection, the Executive's Pneumococcal Implementation Group considered that a combined approach would be advantageous. This should maximise uptake by offering patients both vaccines to eligible patients at one GP appointment and also optimise the impact of publicity resources.

Q. Does that mean that all publicity materials will cover both campaigns?

A. No. Press and TV advertising will initially cover pneumococcal vaccination to raise awareness of this new programme. Follow-on publicity will cover both the influenza and pneumococcal programmes. Information materials will be available for each vaccination together with a dual-purpose poster. In addition, for healthcare professionals and, where appropriate, patient use, a professional leaflet will also be made available for pneumococcal vaccination. For timing details see Annex A above.

Q. Is there a target uptake for pneumococcal vaccination in 2003-04?

A. No. However, we have encouraged those in the field to try to reflect already high uptakes of influenza vaccination for pneumococcal also. For 2003-04, uptakes for influenza vaccination were, on average across NHS boards, between 65 and 70% of the 65 and over target group.

- Q. Can GPs give pneumococcal vaccine outside the recommended risk groups?**
A. The final decision as to who is offered pneumococcal vaccination is for the patient's doctor, but those in the targeted groups are the ones whose health is most at risk and these should be given priority. Those under 65 and not in an at-risk group should not expect pneumococcal vaccination to be provided by the NHS.
- Q. Can a GP charge the patient for a vaccination if they are outside the risk groups?**
A. A GP cannot charge a patient on his/her or a partner's NHS list for a pneumococcal vaccination.
- Q. Are healthcare workers being offered vaccination against pneumococcal infection?**
A. No. In line with JCVI advice, only those patients in vulnerable at risk groups, including all those aged 65 and over, should be offered pneumococcal vaccine.
- Q. Should pneumococcal vaccine be given at the same time as flu vaccine?**
A. As long as the appropriate checks are made, pneumococcal vaccine can conveniently be given at the same time as flu vaccine - but at a different site – for those patients for whom it is currently indicated.
- Q. Will sufficient pneumococcal vaccine be available?**
A. Enough vaccine should be available for all patients aged 65 and over. However, it is for GP practices, through community pharmacists, to order sufficient vaccine for patients on their individual lists.

QUESTIONS SOMETIMES ASKED BY PATIENTS

- Q. How effective is the vaccine?**
A. A number of studies have shown that pneumococcal polysaccharide vaccine gives substantial, but not complete, protection against the serious forms of pneumococcal infection where the bacteria have entered the blood stream.
- Q. Do people who have had pneumococcal disease need the vaccine?**
A. People who have had pneumococcal disease in the past should still be vaccinated as there is more than one type of pneumococcal bug and they can still become infected with another type.
- Q. I have heard that certain forms of disease can be treated with antibiotics?**
A. Whilst certain forms of this disease can be treated effectively with antibiotics, some forms are becoming increasingly resistant to antibiotic treatment. Prevention through vaccination is therefore increasingly important for those most vulnerable.
- Q. Is it safe to give pneumococcal vaccine at the same time as influenza vaccine?**
A. Studies have shown there are no problems in giving the two vaccines at the same time. However, the injections should be given at a different site or in separate limbs.
- Q. How often should pneumococcal vaccine be given?**

- A. It is currently recommended that most adults will only need one dose of pneumococcal polysaccharide vaccine in their lifetime. Re-vaccination is not normally advised except, every 5 years, in individuals in whom antibody levels are likely to have declined more rapidly, such as those with no spleen, with splenic dysfunction or with nephrotic syndrome. **Note:** Re-vaccination is contraindicated within three years of a previous dose of pneumococcal vaccine being given.

Q. What adverse reactions are possible?

- A. Local reactions such as mild soreness, redness and induration at the injection site can occur, lasting no longer than 1-3 days; less commonly, low-grade fever or muscle pain can develop. There is no risk of pneumococcal vaccine causing pneumococcal infection or disease as it does not contain live bacteria, only their polysaccharide (sugar) coat. More serious reactions are rare. However, if a doctor, nurse or pharmacist suspects that a serious reaction to pneumococcal vaccine has occurred they should report it to the Committee on Safety of Medicines using the Yellow Card Spontaneous Reporting Scheme.

Please see the Green Book for more details on adverse reactions: www.doh.gov.uk/greenbook. A paper copy of the revised Green Book entry on pneumococcal vaccination was circulated with copies of the professional pneumococcal leaflet – see Annex A.

Q. What about people under 65 – will they be offered pneumococcal vaccination?

- A. There is an established policy of offering pneumococcal vaccination to at risk groups under 65 years and this remains unchanged. If in doubt, the current at risk groups are listed in the revised Green Book entry as above.

Q. Does pneumococcal vaccine contain thiomersal?

- A. No. Pneumococcal vaccine does not contain thiomersal.