Dear Colleague

1. **INFLUENZA IMMUNISATION PROGRAMME FOR 2004-05**

2. **PNEUMOCOCCAL IMMUNISATION PROGRAMME FOR 2004-05**

The purpose of this letter is to inform you of the arrangements for:

- the influenza immunisation programme in 2004/05
- the pneumococcal immunisation programme in 2004/05 and to update you on changes to the recommendation for pneumococcal immunisation

**Summary**

**Influenza Immunisation Programme 2004/05**

- The arrangements for influenza immunisation for 2004–05 build on last year’s successful programme, which saw record numbers – 72.5% of those in the aged 65 and over group - receiving immunisation against influenza. The Scottish Executive greatly appreciates the extensive efforts made by GP practices and other healthcare staff to achieve these very positive results which exceeded the 70% target.

- Following advice from the Joint Committee on Vaccination and Immunisation (JCVI), the influenza immunisation policy for 2004-05 remains unchanged but there will be greater emphasis on the patients in the “at risk” groups from 6 months and under 65 years including the younger “at risk” groups and “at risk” children.
• The uptake target for those aged 65 years and over will remain at 70%

• JCVI has recommended that uptake in risk groups under 65 years of age be brought up to this level. For this first year we are aiming at 60% uptake for “at risk groups” under 65 years.

• As in previous years SCIEH will monitor vaccine uptake.

• As in previous years a national publicity campaign will be launched in late September.

Details of the influenza immunisation programme are at Annex A.

**Action required at this stage – Influenza Programme**

Practices should establish the disease-based registers required by the new General Medical Services and 17C contracts and the terms of the Directed Enhanced Service for influenza and pneumococcal vaccination to identify those patients under 65 years and in the “at risk” groups over 6 months. Given the well-established nature of the annual influenza immunisation programme, we expect that local plans are well advanced for the order and delivery of influenza vaccine for those aged 65 and over and “at-risk” groups under 65. Given the increased focus on immunising the younger “at-risk” groups including “at-risk” children, please would you ensure that you identify “at risk” patients and order sufficient vaccine. Details are at Annex A.

**Pneumococcal Immunisation Programme 2004/05**

• The arrangements for 2004-05 build on last year’s successful programme, which saw a high take-up of the pneumococcal vaccine in the aged 65 and over group. Early estimates indicate an uptake of around 65% based on doses distributed and there is encouraging preliminary evidence that the campaign may have contributed to a reduction in the incidence of pneumococcal disease in the 65+ age group. The Scottish Executive greatly appreciates the extensive efforts made by GP practices and other healthcare staff to achieve these very positive results.

• From 1 April this year, the new cohort of patients who are or will become 65 before 31 March 2005, who have not previously been immunised, should be offered pneumococcal vaccine, including those who did not take up the opportunity last year.

• Pneumococcal vaccine continues to be recommended for certain “at risk” groups under 65 years of age. On the recommendation of JCVI pneumococcal conjugate vaccine should now be recommended for “at risk” children under 5 years of age rather than under 2 years as previously recommended. The clinical risk groups recommended for pneumococcal immunisation have been revised.

Details of the pneumococcal immunisation programme are given at Annex B.
Action Required at This Stage – Pneumococcal Programme

Steps should now be taken to identify requirements and place orders for pneumococcal polysaccharide vaccine (PPV) for all patients who are, or will reach, age 65 and over between 1 April 2004 and 31 March 2005, who have not previously received pneumococcal immunisation. In addition to identifying the new cohort of patients reaching 65 this year, the opportunity should be taken to identify previously unimmunised patients over 65 who were eligible last year but did not take up the opportunity to be vaccinated, and patients in “at risk groups” who have not been immunised previously as set out in Annex B.

Future communications

We will contact you again with further details about the influenza and pneumococcal immunisation programmes for 2004-05 when they have been finalised. This will include further details on information materials, communication and publicity for the public information campaign, monitoring vaccine uptake and the text of the SIRS generated letter.

Thank you for your continued work on these immunisation programmes.

Yours sincerely

DR E M ARMSTRONG  
Chief Medical Officer

MISS ANNE JARVIE  
Chief Nursing Officer

MR BILL SCOTT  
Chief Pharmaceutical Officer
ANNEX A

INFLUENZA IMMUNISATION PROGRAMME FOR 2004-05

1. Groups eligible for influenza immunisation

National policy for 2004/05 is that influenza immunisation should be offered to:

a. All those aged 65 and over;

b. All those aged from 6 months in the following clinical “at risk” groups:

<table>
<thead>
<tr>
<th>Clinical Risk Category</th>
<th>Examples (Decision Based on Clinical Judgement)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Those with chronic respiratory Disease, including asthma</strong></td>
<td>This includes chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema, bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis, asthma requiring continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission, children who have previously been admitted to hospital for lower respiratory tract disease.</td>
</tr>
<tr>
<td><strong>Those with chronic heart disease</strong></td>
<td>This includes those requiring regular medication and/or follow up for ischaemic heart disease, congenital heart disease, hypertensive heart disease (excluding uncomplicated controlled hypertension), and chronic heart failure.</td>
</tr>
<tr>
<td><strong>Chronic renal disease</strong></td>
<td>Including nephrotic syndrome, chronic renal failure, renal transplantation.</td>
</tr>
<tr>
<td><strong>Diabetes</strong></td>
<td>Diabetes mellitus requiring insulin or oral hypoglycaemic drugs.</td>
</tr>
<tr>
<td><strong>Immunosuppression</strong></td>
<td>Immunosuppression due to disease or treatment, including asplenia or splenic dysfunction, and also including those 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 20 Kgs a dose of 1 mg or more per Kg per day. HIV infection at all stages. However, please note that some immunocompromised patients may have a suboptimal immunological response to the vaccine.</td>
</tr>
</tbody>
</table>

c. Those living in long-stay residential care homes or other long-stay care facilities, where rapid spread is likely to follow introduction of infection and cause high morbidity and mortality.
2. Vaccination uptake target

We would encourage all concerned to build upon previous efforts to encourage take-up of immunisation in an effort to ensure that uptake is increased wherever possible in 2004-05, particularly in the “at risk” groups under 65 years and from 6 months of age. In an effort to ensure a realistic but stretching flu uptake target, we have agreed to maintain the 70% target for patients aged 65 and over for 2004-05. For the first time we are setting a target of 60% for patients in the “at risk” groups under 65.

3. Monitoring vaccine uptake

For 2004-05 general practices will be required to develop and maintain disease-based registers which will identify the “at risk” groups under 65 as set out in the Primary Medical Services (Directed Enhanced Services) (Scotland) Directions 2004 issued under cover of NHS Circular PCA(M)(2004)15.

As in previous years SCIEH will monitor influenza vaccine uptake data for those aged 65 and over monthly from October to December. This year general practices will be required to set up disease-based registers which will identify the “at-risk” groups under 65, and for the first time SCIEH will collect influenza vaccine uptake data for “at-risk” groups from 6 months and under 65 years. This will be performed as a single data collection exercise at the end of the flu season which will establish those vaccinated during the winter.

4. Remuneration

Under the terms of the new General Medical Services contract, there will be a Directed Enhanced Service (DES) available for providing this service. The DES will apply to the same groups as in 2003/04 (ie flu payments will be available for immunising those aged 65 and over and also for those aged under 65 and in an at risk group). Final details of the DES, including payment levels, are currently being discussed with the Scottish General Practitioners Committee (SGPC) and will be provided separately under cover of a PCA(M) circular once agreed.

The Primary Medical Services (Directed Enhanced Services) (Scotland) Directions 2004 require contractors of this service to develop a proactive and preventative approach to offering immunisation with the aims of maximising uptake in the interests of at-risk patients, and towards meeting any public health targets set. Payment arrangements under the scheme will apply to at-risk patients who are immunised by 31 March in the relevant financial year. For payment purposes the immunisation programme will operate from 1 August to 31 March in the relevant financial year.

5. Funding Arrangements for NHS Boards

The cost of providing the vaccine should be met from the NHS Boards’ unified budgets as part of the budget for GP prescribing costs.
6. **Influenza Immunisation for health and social care staff**

- As in previous years, NHS employers should offer influenza immunisation to employees directly involved in patient care.

- Social care employers should consider similar action.

Influenza immunisation is highly effective in preventing influenza in working-age adults. In addition, influenza immunisation of staff may reduce the transmission of influenza to vulnerable patients, some of whom may have impaired immunity and thus reduced protection from any influenza vaccine they have received themselves.

Responsibility for occupational influenza vaccination rests with the employer, and staff vaccination programmes should be arranged through Occupational Health Services or resourced alternatively through local arrangements.

Vaccine orders should, as previously, take account of your local plans for occupational health vaccination programmes for health and social care staff.

In previous years, the numbers of staff receiving the vaccine varied enormously across Scotland but, on the whole, uptake was low. Based on the lessons learned, NHS Boards should initiate positive local campaigns encouraging relevant staff to be vaccinated. Employers are recommended to keep records of staff immunised and monitor the effectiveness of their programme.

For the avoidance of doubt, NHS organisations and Local Authority Social Work Departments will be responsible for making their own arrangements for vaccination, including ordering supplies of vaccine, which should be placed as soon as possible.

7. **Orders for Influenza Vaccine**

Practices should ensure they have ordered sufficient influenza vaccine for 2004-05 as soon as possible through their community pharmacist for patients aged 65 years and over, those in the “at risk” groups, including “at risk” children aged from 6 months, and those in long stay facilities, bearing in mind that children at risk aged under 13 years receiving influenza vaccine for the first time require 2 doses. Details of “at risk” groups are at section 1 above.

General practices should place their orders, as soon as possible, in the usual way through community pharmacists through the stock order system. GPs can also obtain vaccines requested on GP10s. Vaccine suppliers are listed at section 9 below.
8. **Influenza vaccine composition for 2004-05**

Influenza vaccine strains are recommended by the World Health Organisation following careful mapping of influenza viruses as they travel around the world. This monitoring is continuous and allows experts to make predictions of which strains are most likely to cause influenza outbreaks in the Northern Hemisphere in the coming winter.

The strains of influenza virus recommended by the World Health Organisation to be included in the components for the 2004/05 vaccine are:

- an A/New Caledonia/20/99(H1N1) - like virus
- an A/Fujian/411/2002(H3N2) - like virus*
- a B/Shanghai/361/2002 - like virus**

* The currently used vaccine virus is A/Wyoming/3/2003. A/Kumamoto/102/2002 is also available.

** Candidate vaccine viruses include B/Shanghai/361/2002 and B/Jilin/20/2003 which is a B/Shanghai/361/2002 - like virus.
9. **Vaccine Suppliers**

The following manufacturers have indicated that they will supply the UK market during the coming season:

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th>Name of Product</th>
<th>Vaccine Type</th>
<th>Contact details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aventis Pasteur MSD</td>
<td>Inactivated influenza vaccine</td>
<td>Split virion</td>
<td>0800 085 5511</td>
</tr>
<tr>
<td></td>
<td>Inflexal V</td>
<td>Virosome adjuvated Surface antigen</td>
<td></td>
</tr>
<tr>
<td>Chiron Vaccines Evans</td>
<td>Fluvirin*</td>
<td>Surface antigen</td>
<td>08457 451 500</td>
</tr>
<tr>
<td></td>
<td>Generic brand*</td>
<td>Surface antigen</td>
<td></td>
</tr>
<tr>
<td>GlaxoSmithKline</td>
<td>Fluarix*</td>
<td>Split virus</td>
<td>0808 100 9997</td>
</tr>
<tr>
<td>MASTA</td>
<td>MASTAFLU</td>
<td>Surface antigen</td>
<td>0113 238 7500</td>
</tr>
<tr>
<td>Solvay Healthcare</td>
<td>Influvac</td>
<td>Surface antigen</td>
<td>0800 358 7468</td>
</tr>
<tr>
<td>Wyeth Vaccines</td>
<td>Begrivac</td>
<td>Split virus</td>
<td>0800 083 6222</td>
</tr>
<tr>
<td></td>
<td>Agrippal</td>
<td>Surface antigen</td>
<td></td>
</tr>
</tbody>
</table>

* Contains thiomersal. The Committee on Safety of Medicines’ (CSM) statement on the safety of vaccines containing thiomersal can be found on the following site: [http://medicines.mhra.gov.uk/ourwork/monitorsafequalmed/safetymessages/thiomersalstatement%5F210203.pdf](http://medicines.mhra.gov.uk/ourwork/monitorsafequalmed/safetymessages/thiomersalstatement%5F210203.pdf)
10. Information materials

A national publicity campaign will be launched in late September to allow time for practices to have their influenza programme and early supplies of vaccine in place.

Posters, leaflets and other materials for NHS Boards will be supplied in advance by the Scottish Executive. In support of this year’s campaign leaflets aimed at the following groups will be provided:

- Children in ‘at risk’ groups
- Over 65 years and adults in ‘at risk’ groups.
- Healthcare Workers

From late September patients will begin to be aware of the campaign.

Additional copies of the resources can be obtained by e-mailing Chris.sinclair2@scotland.gsi.gov.uk or by Faxing: 0131 244 2157. The resources will also be available on: www.show.scot.nhs.uk/flu. Further information on the programme and answers to commonly asked questions will be available on the above website: www.show.scot.nhs.uk/flu

11. Immunisation against infectious disease (the Green Book)

A revised Influenza Chapter for the UK Health Departments’ book Immunisation Against Infectious Disease (the Green Book) with details of current recommendations will be available at: www.dh.gov.uk/policyandguidance/healthandsocialcaretopics/greenbook/fs/en

You are encouraged to read this. If you have enquiries please discuss with local Immunisation Coordinators.

12. Centrally generated letter

As in previous years a centrally generated SIRS letter will invite people aged 65 years and over.
PNEUMOCOCCAL IMMUNISATION PROGRAMME FOR 2004-05

This Annex reminds health professionals of the details of the current pneumococcal immunisation programme for older people and gives details of new recommendations for risk groups recommended to receive pneumococcal vaccine that affects all ages.

1. Groups eligible for pneumococcal immunisation

For pneumococcal immunisation in 2004/05 the target groups will be:

- the cohort of patients who are, or will become, 65 years between 1 April 2004 and 31 March 2005 who have not been immunised previously, including those who did not take up the opportunity to be immunised last year; and

- patients in the “at risk” groups under 65 at 31 March 2004, who have not hitherto been immunised. Please see section 10 and Table A for details.

- Some patients who are in “at risk” groups may require re-immunisation, eg splenectomy patients. They should be supervised by a medical advisor who will make the decision about their care including immunisation. This guidance does not cover the special circumstances which relate to these patients. Further advice is in Immunisation against Infection Diseases (The Green Book).

www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/GreenBook/fs/en

2. Background to current policy - Adults aged 65 and over

As outlined in CMO letters SEHD/CMO(2003)4 and (2003)9, pneumococcal polysaccharide immunisation was introduced during the winter of 2003-04 for adults aged 65 and over, who had not already received pneumococcal immunisation. The arrangements for the introduction of the pneumococcal programme last winter were drawn up by an implementation group, led by Professor Lewis Ritchie. Its advice was that the new programme should be implemented with a one-off catch-up in 2003-04, to offer immunisation to all patients who were, or who would reach aged 65 years and over by 31 March 2004 and who had not already been immunised against pneumococcal infection.

In future years, the group advised, there should be a more limited exercise to offer immunisation to those reaching age 65 in any particular year. The group advised that in the winter of 2003-04 general practices should offer pneumococcal immunisation at the same time as offering immunisation against flu, thus obviating the need for a second visit by the patient to the surgery. Where offers were not taken up, these could, in the case of pneumococcal immunisation, be offered opportunistically at patients’ future visits to the practice, or the following year.
3. Plans for 2004/05

At the Implementation Group’s final meeting on 20 May 2004, the Group recommended that for 2004-05 the emphasis should be on a flexible approach. The group recognised that:

- A single pneumococcal vaccination offers long lasting protection against invasive pneumococcal disease and unlike flu vaccination does not need to be given annually.

- Unlike influenza vaccination, pneumococcal vaccination can be given at any time of year.

- Following the success of the one off catch up campaign for those aged 65 and over in the winter of 2003-04, a minority of people receiving influenza vaccination will also require pneumococcal vaccination during the forthcoming winter 2004-05.

In view of these factors the group recommends that practices adopt a flexible approach, under which:

Either

- Patients are called for pneumococcal vaccination at the same time as influenza immunisation. Patients may receive pneumococcal immunisation at the same time as influenza immunisation, provided it is administered at a different site.

Or

- Patients are offered pneumococcal vaccination opportunistically when they visit the surgery for other reasons. If given opportunistically, patients will receive maximum benefit if they are protected before the start of the winter season as pneumococcal disease is commonest during the winter months.

4. Contraindications

Regardless of which approach is adopted, it should be remembered that pneumococcal vaccination is contraindicated if it has been given within the last 3 years. Further advice on contraindications and indications for re-immunisation are given in *Immunisation against Infection Diseases* (The Green Book).

(http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/GreenBook/fs/en)

5. Vaccine orders for 2004-05

To gauge numbers accurately, general practices will wish to check the records of patients in the target age and risk groups, and identify those who have not been immunised against pneumococcal infection before and therefore require to be immunised in 2004-05.

Since vaccine ordering and supply are essential features of any immunisation programme, it is important that practices should identify patients who are eligible for immunisation and place their orders as soon as possible.
The vaccine used in this programme is the 23-valent pneumococcal polysaccharide vaccine (Pneumovax II) which is supplied by Aventis Pasteur MSD Ltd (Tel: 0800 085 5511, Fax: 0800 085 8958).

As for last year, it has been agreed that the most appropriate way of procuring the vaccine would be, like influenza vaccine, through community pharmacists using the Stock Order system. GPs can also obtain vaccines requested on GP 10s. **General practices should therefore, as soon as possible, place orders for the pneumococcal polysaccharide vaccine (Pneumovax) through their normal channels.**

The quantity of vaccine distributed last year was in excess of the amount administered. Some practices may, therefore, have stock remaining from the 2003/2004 campaign which is still ‘in date’. This can still be used for 2004/2005 and should be taken into account when placing orders for further stock to minimise waste.

6. **Funding Arrangements**

As for last year, the costs of providing the vaccine will be met from the NHS Boards’ unified budgets as part of the budget for GP prescribing costs.

7. **Remuneration**

NHS Boards are reminded that the pneumococcal immunisation programme is a Directed Enhanced Service (DES) which NHS Boards must commission.

Under the terms of the new General Medical Services contract, there will be a Directed Enhanced Service (DES) available for providing this service. The DES will apply to the same groups as in 2003/04 (ie For Pneumococcal Immunisations, fees will only be available for those aged 65 and over). Final details of the DES, including payment levels, are currently being discussed with the Scottish General Practitioners Committee (SGPC) and will be provided separately under cover of a PCA(M) circular once agreed.

8. **Centrally generated letter**

As for last year the centrally generated letter produced by SIRS for the influenza campaign will remind people becoming aged 65 years and over this winter that those who have not previously received pneumococcal vaccine are eligible and should check with their GP.

9. **Information Materials**

A poster and leaflet for NHS Boards will be supplied in advance by the Scottish Executive. Additional copies can be obtained from: Chris.sinclair2@scotland.gsi.gov.uk or by Faxing 0131 244 2157
10. At Risk Groups: Changes to the Age at which Pneumococcal Conjugate Vaccine is Recommended and Risk Groups Recommended to Receive Pneumococcal Vaccination

(a) At risk children under 5 years of age

The Joint Committee on vaccination and Immunisation (JCVI) has recommended that the 7-valent pneumococcal conjugate vaccine should now be recommended for at-risk children under five years of age according to the following schedule:

- Infants who start pneumococcal immunisation at less than six months of age should be given three doses of pneumococcal conjugate vaccine from 2 months of age with an interval of one month between doses. A fourth dose should be given after the first birthday.

- Infants who start immunisation aged seven to eleven months of age should be given two doses of pneumococcal conjugate vaccine with an interval of one month between doses. A third dose should be given after the first birthday, and at least one month after the second dose.

- Children who commence immunisation aged 12 to 60 months should have two doses of pneumococcal conjugate vaccine with an interval of two months between doses.

All children in the above groups also need to be given the 23-valent pneumococcal polysaccharide vaccine at the appropriate age to cover the wider range of serotypes. A single dose of 23-valent pneumococcal polysaccharide vaccine should be given after their second birthday and at least two months after the final dose of the 7-valent pneumococcal conjugate vaccine.

“At-risk” children under 5 years of age who have already received 23-valent pneumococcal polysaccharide vaccine should receive two doses of 7-valent pneumococcal conjugate vaccine as above, at least two months after the polysaccharide vaccine.

Pneumococcal conjugate vaccine is not currently recommended for those commencing immunisation at age 5 years and over.

The 7-valent pneumococcal conjugate vaccine (Prevenar™) is supplied by Wyeth vaccines. See details under vaccine supply at section 11 below.

(b). Changes to the clinical risk groups recommended for pneumococcal immunisation

In addition to the above advice, the risk groups recommended to receive pneumococcal vaccine have been revised by JCVI to include new risk groups and to clarify existing risk groups. The new advice is summarised at Table A below.
• Individuals with CSF shunts are identified as a new risk group.

• Children under 5 years of age who have previously had invasive pneumococcal disease such as pneumococcal meningitis or bacteraemia are now recommended to receive pneumococcal vaccine. This is being recommended as these children may have an unrecognised condition such as congenital asplenia that may make them more susceptible to pneumococcal infection.

11. Vaccine Supply

• 23-valent pneumococcal polysaccharide vaccine (Pneumovax II) is supplied by Aventis Pasteur MSD (Tel:0800 085 5511, FAX 0800 085 8958).

• 7-valent pneumococcal conjugate vaccine (Prevenar™) is supplied by Wyeth Vaccines. Medical information 01628 415330 (Distribution through Farillon Tel: 01708 330200, FAX 01708 376554).

12. Immunisation against infectious disease (the ‘Green Book’)

A revised pneumococcal chapter for the UK Health Departments’ book Immunisation Against Infectious Disease (the ‘Green Book’) with details of these changes is available at: http://www.dh.gov.uk/policyandguidance/healthandsocialcaretopics/greenbook/fs/en You are encouraged to read this and if you have enquiries please discuss with local Immunisation Coordinators.
TABLE A

**Pneumococcal vaccine is recommended for:**

- All those aged 65 years and over;
- All those aged over 2 months in the following clinical risk groups:

Children aged 2 months to under 5 years of age should receive 7-valent pneumococcal conjugate vaccine (according to the schedule in paragraph 10a above), followed by a single dose of 23-valent pneumococcal polysaccharide vaccine after the age of 2 years. Children over 5 years of age and adults should receive a single dose of polysaccharide vaccine.

<table>
<thead>
<tr>
<th>Clinical Risk Category</th>
<th>Examples (Decision based on clinical judgment)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Asplenia or dysfunction of the spleen</strong></td>
<td>This also includes conditions such as homozygous sickle cell disease and coeliac syndrome that may lead to splenic dysfunction.</td>
</tr>
<tr>
<td><strong>Chronic respiratory disease, including asthma</strong></td>
<td>This includes chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema, bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis, asthma requiring continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission. Children who have previously been admitted to hospital for lower respiratory tract disease</td>
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<td><strong>Chronic heart disease</strong></td>
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<td>Including nephrotic syndrome, chronic renal failure, renal transplantation.</td>
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<td><strong>Chronic liver disease</strong></td>
<td>Including cirrhosis.</td>
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<td><strong>Diabetes</strong></td>
<td>Diabetes mellitus requiring insulin or oral hypoglycaemic drugs.</td>
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</tr>
<tr>
<td><strong>Individuals with cochlear implants</strong></td>
<td><strong>However, some immunocompromised patients may have a suboptimal immunological response to the vaccine</strong></td>
</tr>
<tr>
<td><strong>Individuals with CSF shunts</strong>*</td>
<td>Including other conditions where leakage of CSF can occur.</td>
</tr>
<tr>
<td><strong>Children under 5 years of age who have previously had invasive pneumococcal disease</strong>*</td>
<td>e.g. children who have previously had pneumococcal meningitis or pneumococcal bacteraemia.</td>
</tr>
</tbody>
</table>

* New risk group category