



Dear Colleague

IMPORTANT CHANGES TO THE CHILDHOOD IMMUNISATION PROGRAMME

We are writing to you with further information about the changes to the routine childhood immunisation programme. This follows our letter of 8 February and provides advice on how these changes will be implemented.

From 4 September 2006, the following changes will be introduced:

- Pneumococcal vaccine will be introduced to the routine childhood immunisation programme, and the schedule for MenC and Hib vaccines will be modified.
- The new routine schedule given in Annex 1, Table 1 will be introduced. This schedule requires an additional immunisation visit at 12 months of age.
- A pneumococcal vaccination catch-up programme will be carried out for children aged under two years.

The Joint Committee on Vaccination and Immunisation has endorsed these changes.

There is sufficient pneumococcal vaccine currently available to allow some flexibility to bring forward part of the catch-up programme i.e. children born between 5 September 2004 and 3 August 2005 can be vaccinated earlier than suggested in Annex 3. This flexibility may assist general practices in organising their immunisation clinics.

We recognise the short lead-in time between this letter and the start date. We would encourage those who can implement the programme promptly to do so.

**From the
Chief Medical
Officer, Chief Nursing
Officer and Chief
Pharmaceutical Officer**

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For action

Chief Executives, NHS Boards
Medical Directors, NHS Boards (to cascade to General Practitioners; Infectious Disease Consultants; Consultant Paediatricians; Consultant Physicians)
Heads of Midwifery
Practice Nurses
Health Visitors
Community Pharmacists
Chief Pharmacists
Immunisation Co-ordinators
Consultants in Public Health Medicine
Scottish Prison Service
Directors of Nursing, NHS Boards
Specialists in Pharmaceutical Public Health
NHS Health Scotland

For information

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Practical arrangements for implementing the above changes

- A national project led by Health Protection Scotland (HPS) will co-ordinate the introduction of the new schedule. There are four elements: epidemiology and surveillance; information systems (the Scottish Immunisation Recall System (SIRS)); the strategic supply of vaccines; and communications and training. HPS will also develop an appropriate method to audit the implementation of the new arrangements and feed this back to NHS Boards through the National Immunisation Co-ordination Group.
- NHS Boards need to work with the national project and their local partners to ensure that arrangements are in place for children to be called for appointments, for the local distribution of the new vaccine, for distributing the revised communication materials to professionals and parents and for training primary care and other relevant staff on the new schedule.
- Immunisation co-ordinators will lead on this work on behalf of NHS Boards and provide advice to healthcare professionals.
- Vaccine Holding Centres will be advised of their indicative allocation based on GRO and SIRS data within the next three weeks. An initial six weeks allocation will be made to Vaccine Holding Centres five weeks prior to the commencement date to enable them to supply GP Practices and clinics with a four week supply in time for the start of the campaign. Orders for vaccine, against the indicative allocation should be made in the usual way. Requests for amounts over and above the allocated amounts should be made in advance to Margaret Johnston at NSS National Procurement via email to Margaret.johnston2@nhs.net .
- The packaging of the new vaccines is bulky. Practices and pharmacies need to ensure sufficient fridge space is available for the new vaccines.
- Information materials for parents and health professionals will be sent to general practices, health promotion units, community pharmacists, NHS 24 and immunisation co-ordinators.
- Resources will also be available on www.healthscotland.com/immunisation .
- A national advertising campaign will be run to raise awareness among parents about the new programme.

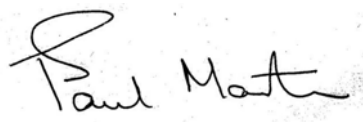
Further details of the changes are in Annex 1 (routine childhood immunisation programme) and Annex 2 (pneumococcal vaccination catch-up programme).

The success of our national immunisation programme is down to the commitment and hard work of the entire primary care team. We would like to take this opportunity to thank you for making these improvements happen. These changes allow us to increase the protection already offered to all our children.

Yours sincerely



Dr Harry Burns
Chief Medical Officer



Mr Paul Martin
Chief Nursing Officer



Professor Bill Scott
Chief Pharmaceutical Officer

The Routine Childhood Immunisation Programme

1. Background to the changes

The background for the changes to the routine childhood immunisation programme is detailed in our letter dated 8 February 2006 (available at [http://www.show.scot.nhs.uk/sehd/cmo/CMO\(2006\)03.pdf](http://www.show.scot.nhs.uk/sehd/cmo/CMO(2006)03.pdf)). Further information will be available in the factsheets and new green book chapters, on the NHS Health Scotland website www.healthscotland.com/immunisation and on the JCVI website www.advisorybodies.doh.gov.uk/JCVI/.

2. Timing

The routine programme will change on 4 September 2006. All children starting their immunisation from that date should be offered the new immunisation schedule. The Hib/MenC booster should also be introduced for children aged 12 months of age from that date.

3. Routine Childhood Immunisation Schedule

All children starting the immunisation programme at 2 months of age will follow the schedule below (see Table 1):

Table 1

When to immunise	What is given	Vaccine and how it is given
Two months old	Diphtheria, tetanus, pertussis, polio and <i>Haemophilus influenzae</i> type b (DTaP/IPV/Hib)	One injection (Pediacef)
	Pneumococcal (PCV)	One injection (Prevenar)
Three months old	Diphtheria, tetanus, pertussis, polio and <i>Haemophilus influenzae</i> type b (DTaP/IPV/Hib)	One injection (Pediacef)
	Meningitis C (MenC)	One injection (Menjugate, Neisvac C or Meningitec)
Four months old	Diphtheria, tetanus, pertussis, polio and <i>Haemophilus influenzae</i> type b (DTaP/IPV/Hib)	One injection (Pediacef)
	Pneumococcal (PCV)	One injection (Prevenar)
	Meningitis C (MenC)	One injection (Menjugate, Neisvac C or Meningitec)
Around 12 months	<i>Haemophilus influenzae</i> type b, Meningitis C (Hib/MenC)	One injection (Menitorix)
Around 13 months	Measles, mumps and rubella (MMR)	One injection (Priorix or MMR II)
	Pneumococcal (PCV)	One injection (Prevenar)
Three years four months to five years old	Diphtheria, tetanus, pertussis and polio (dTaP/IPV or DTaP/IPV)	One injection (Infanrix-IPV or Repevax)
	Measles, mumps and rubella (MMR)	One injection (Priorix or MMR II)
Thirteen to 18 years old	Tetanus, diphtheria and polio (Td/IPV)	One injection (Revaxis)

It is important that all those involved in immunisations are familiar with the childhood immunisation schedule (described in Table 1). Changes are:

- the addition of a pneumococcal conjugate vaccine (PCV) at 2, 4 and 13 months of age;
- one dose of MenC vaccine at 3 and at 4 months;
- a booster dose of Hib and MenC vaccine (given as a combined Hib/MenC vaccine) at 12 months of age.

Introducing these changes means that:

- infants will be offered different combinations of vaccines at the 2, 3 and 4 month visits;
- three injections will be offered to infants at 4 months of age;
- a new 12 month vaccination visit will be introduced.

4. Children aged over 2 months of age at the start of the programme

There will be a small number of children who will be part-way through their primary vaccination schedule when the changes are introduced. It is important to ensure that these children receive three doses of DTaP/IPV/Hib (Pediacef), and at least two doses of MenC (with one dose being given at the 4 month visit).

All children aged over 2 months and under 2 years of age will be offered PCV as part of the catch-up campaign (see Annex 2 and 3 for details).

All children, irrespective of their primary vaccination history, should receive a booster dose of Hib/MenC vaccine at their routine 12 months of age visit in order to ensure long-term protection. There is no Hib/MenC catch-up for children older than 12 months of age at the start of the new programme.

5. Children at an increased risk of pneumococcal infection

Some groups of children are at increased risk from pneumococcal infection (see Table 2).

All at-risk children will routinely be offered PCV vaccine, according to the schedule for the routine immunisation programme (i.e. at 2, 4 and 13 months of age). In addition, all at-risk children should be offered a single dose of pneumococcal polysaccharide vaccine (PPV) when they are two years of age or over.

At-risk children presenting late for immunisation

At-risk children who present late for vaccination should be offered 2 doses of PCV¹ before the age of 12 months and a further dose at 13 months of age. All at-risk children should also be offered a single dose of PPV when they are two years of age or older and at least 2 months after the final dose of PCV.

At-risk children aged over 12 months and under 5 years of age should be offered a single dose of PCV. Please note that children in this age group who have asplenia or splenic dysfunction, or who are immunocompromised, require a second dose of PCV because this group may have a sub-optimal immunological response to the first dose of vaccine. This should be given 2 months after the first dose. They should also be offered a single dose of PPV (if not previously given) when they are two years of age or older (and at least 2 months after the final dose of PCV).

At-risk children presenting for first pneumococcal immunisation aged 5 years and over should be offered a single dose of PPV.

6. Children under five years of age who have previously had invasive pneumococcal disease

All children under 5 years of age, who have had invasive pneumococcal disease (IPD), for example pneumococcal meningitis or pneumococcal bacteraemia, should be offered a dose of PCV irrespective of previous vaccination history. Children under 13 months who are unvaccinated or partially vaccinated should complete the immunisation schedule.

These children should be investigated for immunological risk factors to seek a possible treatable condition predisposing them to infection. If they are found to fall into one of the risk groups in table 2, they should receive pneumococcal polysaccharide vaccine after the age of two years (and at least 2 months after the final dose of PCV).

All new cases of IPD in children eligible for routine or catch-up PCV will be followed up by the local NHS Board public health department in liaison with Health Protection Scotland. Those cases of IPD, who have been previously immunised with PCV, will be offered antibody testing against each of the 7 vaccine serotypes and advice on clinical and immunological investigation. A blood sample should be taken four weeks after infection to assess antibody response to disease and measure immunoglobulin levels. At this time, a booster dose of pneumococcal vaccine (irrespective of vaccination status of child) should be given. A second blood sample should be taken four weeks after vaccination to measure response to the booster dose.

7. Vaccination of children with unknown or incomplete status

Where a child born in the UK presents with an inadequate or incomplete immunisation record, every effort should be made to clarify what vaccines they have had. A child who has not completed the routine programme for all vaccines should complete the course, including for pneumococcal vaccination. Children under 12 months of age require two doses of PCV, two months apart, followed by a dose at 13 months. Children aged between 12 and 24

¹ One month apart if necessary to ensure 2 doses are given before a dose at 13 months.

months should be offered a single dose of PCV. Children aged over 24 months do not require vaccination.

Children coming to the UK may not have been offered pneumococcal vaccination previously. Where there is not reliable history of previous immunisation it should be assumed they are unimmunised and the UK recommendation should be followed.

8. Pneumococcal vaccination catch-up programme

Details of the pneumococcal catch-up programme for all children under two years of age are listed in Annexes 2 and 3.

9. Pharmacy issues

The following new vaccines will be offered as part of the routine programme. Full details on the products are available in the Summary of Product Characteristics (SPC).

Pneumococcal Conjugate Vaccine (PCV)

PCV, brand name Prevenar™ is manufactured by Wyeth Pharmaceuticals.

Presentation

Prevenar is presented as a suspension for injection in a pre-filled syringe supplied in a ten syringe pack without needles. The pack size (10 doses) is 144mm x 100mm x 63mm.

During storage a white deposit and clear supernatant can be seen. The vaccine should be shaken well to obtain a homogeneous white suspension and should not be used if it contains any particulate matter once shaken or shows any variation in appearance.

Dosage

A single dose of 0.5ml should be given at 2 months and 4 months followed by a third dose as a booster of 0.5ml at 13 months of age.

Administration

Vaccines are routinely given intramuscularly into the anterolateral thigh or the upper arm (infants over 1 year of age). This is to reduce the risk of localised reactions, which are more common when the vaccine is given subcutaneously. For individuals with a bleeding disorder, however, vaccines should be given by deep subcutaneous injection to reduce the risk of bleeding. The vaccine can be given at the same time as other vaccines such as DTaP/IPV/Hib, MenC and MMR but in a different site.

It is recommended that infants under 1 year of age should be given vaccinations in the anterolateral aspect of the thigh. Where two injections are given in the same thigh, they should be separated by at least 2.5cm and a note be made of which vaccine is given in which site. This should be recorded in the Personal Child Health Record (PCHR – red book) and the child's GP record.

The vaccine must not be mixed with other concurrently administered vaccines.

Hib-MenC Vaccine

Hib-MenC, brand name Menitorix™ is manufactured by GlaxoSmithKline.

Presentation

Menitorix is presented as a one-dose pack containing a vial of white powder and a 0.5ml pre-filled syringe containing a clear colourless solvent. It is supplied with two separate needles - a green needle (21g x 38 mm) for reconstitution and a blue needle (23g x 25 mm) for administration. The pack size (one dose) is 55mm x 133mm x 35mm. Instructions for reconstitution of the vaccine are given at section 7 of the package leaflet.

Dosage

A single dose of 0.5ml is to be given as a booster at 12 months of age.

Administration

Vaccines are routinely given intramuscularly into the upper arm or anterolateral thigh. This is to reduce the risk of localised reactions, which are more common when the vaccine is given subcutaneously. For individuals with a bleeding disorder, however, vaccines should be given by deep subcutaneous injection to reduce the risk of bleeding.

Storage of vaccines

Vaccines should be stored in the original packaging at +2°C to +8°C and protected from light. All vaccines are sensitive to some extent to heat and cold. Heat speeds up the decline in potency of most vaccines, thus reducing their shelf life. Effectiveness cannot be guaranteed for vaccines unless they have been stored at the correct temperature. Freezing may cause increased reactivity and loss of potency for some vaccines. It can also cause hairline cracks in the container, leading to contamination of the contents.

10. Reporting of adverse reactions

Prevenar and Menitorix both carry a black triangle symbol (▼). This is a standard symbol added to the product information of a vaccine/medicine during the early stages of marketing to encourage reporting of all suspected adverse reactions. If a doctor, nurse, pharmacist or parent suspects that any adverse reaction to one of these vaccines has occurred, they should report it to the Commission on Human Medicines (CHM) either the Yellow Card reporting form (e.g. in the BNF), the www.yellowcard.gov.uk website or by telephoning 0800 100 3352.

11. Vaccine supply

Vaccine Holding Centres will be advised of their indicative allocation based on GRO and SIRS data within the next three weeks. An initial six weeks allocation will be made to Vaccine Holding Centres five weeks prior to the commencement date to enable them to supply GP Practices and clinics with a four week supply in time for the start of the campaign.

Orders for vaccine, against the indicative allocation should be made in the usual way. Requests for amounts over and above the allocated amounts should be made in advance to Margaret Johnston at NSS National Procurement at email Margaret.johnston2@nhs.net .

12. Vaccine Stock Management

Effective management of vaccines throughout the supply chain is an essential part of reducing wastage and maximising efficiency of the programme. Even small reductions in vaccine wastage can have a major impact on vaccine supplies and their financing.

Practices need to review their holdings of MenC vaccine in particular as the new routine programme only requires two doses of MenC vaccine to be given.

Prevenar packaging is significantly larger than other vaccine currently provided. Please ensure sufficient fridge space is available for the new vaccines. Details of the pack size are given on page 7 of this letter.

13. Consumables

Please note that needles will need to be ordered to administer Prevenar. The following product is recommended:

FTR163 blue needle 23g x 25 mm

This product may be ordered in the usual way. In order to manage the supplies of these consumables, please place regular orders to meet your needs rather than one very large order. Needles will not be supplied with the vaccine.

14. Vaccine call/recall

The SIRS system will be amended in line with the new vaccine schedule.

General practices should advise SIRS of any children who have already received conjugate pneumococcal vaccine prior to the introduction of routine vaccination, i.e. those at increased risk of pneumococcal infection.

15. Patient Group Directions

The requirement for Patient Group Directions (PGD) is described in HDL(2001)7, available from http://www.show.scot.nhs.uk/sehd/mels/HDL2001_07.htm .

For those practices that choose to use PGDs, specimen PGDs for Prevenar and Menitorix are being developed and will be available at <http://www.show.scot.nhs.uk/sehd> . NHS Boards may choose to use these drafts as the basis of their PGDs and tailor them to reflect local needs.

16. Funding and Service Arrangements

NHS Employers has reached agreement with the BMA General Practitioners Committee.

GPs will be remunerated £15.02 per child for the delivery of the pneumococcal vaccinations and the additional vaccination visit at 12 months to deliver the combined Hib and Men C vaccine. The Statement of Financial Entitlement will be amended and back dated to 4 September 2006.

The vaccines will be made available and distributed to the NHS through the Vaccine Holding Centres. The cost of the vaccine and administrative costs are expected to be met by NHS Boards.

17. Consent

The changes to the vaccine programme will not affect the consent process: consent must be obtained before administration of all vaccines and is not brand specific.

Consent obtained before the occasion on which a child is brought for immunisation is only an agreement for the child to be included in the national childhood immunisation programme. It does not mean that consent is in place for each future immunisation. There is no legal requirement for consent to be in writing.

Health professionals involved in immunisation must ensure that:

- parents/carers have access to the new information;
- that there is sufficient opportunity for them to discuss any issues arising; and
- that they are properly informed of the benefits of the new vaccines, the possible side effects and how to treat them.

18. Information for parents and healthcare professionals

To support the new changes to the childhood immunisation schedule NHS Health Scotland has produced a range of information resources. New leaflets, and factsheets for parents and healthcare professionals will be sent directly to GP practices, community pharmacists, health promotion units and NHS 24 call centres in August. These resources should be shared with all colleagues involved in giving or advising about immunisation, including health visitors, and practice nurses.

Further copies of these resources can be ordered from NHS Board Health Promotion Departments. In case of difficulty contact marketing@health.scot.nhs.uk.

Resources will also be available to view and download from the www.healthscotland.com/immunisation website in August. The website will be updated to reflect the changes to the programme, and a new section for Hib/MenC immunisation is being created.

TABLE 2 Pneumococcal Clinical Risk Groups for Children

Note: All children, including those in clinical risk groups, should be offered PCV according to the new routine immunisation schedule. Children in the clinical risk groups listed below, aged 2 months to under 5 years of age should receive 7-valent pneumococcal conjugate vaccine (PCV), according to Annex 1, paragraph 5. This should be followed by a single dose of 23-valent pneumococcal polysaccharide vaccine when they are 2 years of age or over (and at least two months after the last dose of PCV). Children over 5 years of age should receive a single dose of pneumococcal polysaccharide vaccine.

Clinical risk group	1. Examples (<u>decision based on clinical judgement</u>)
Asplenia or dysfunction of the spleen	This includes conditions such as homozygous sickle cell disease and coeliac syndrome that may lead to splenic dysfunction.
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 neuromuscular disease (e.g. cerebral palsy) with a risk of aspiration. Asthma is not an indication, unless continuous or frequently repeated use of systemic steroids (as defined in Immunosuppression below) is needed.
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 renal disease	This includes nephrotic syndrome, chronic renal failure, renal transplantation.
Chronic liver disease	This includes cirrhosis, biliary atresia, chronic hepatitis
Diabetes (requiring insulin or oral hypoglycaemic drugs)	This includes type I diabetes requiring insulin or type 2 diabetes requiring oral hypoglycaemic drugs. It does not include diabetes that is diet controlled.
Immunosuppression	Due to disease or treatment, including asplenia or splenic dysfunction and HIV infection at all stages. Patients undergoing chemotherapy leading to immunosuppression. Individuals treated with or likely to be treated with systemic steroids for more than a month at a dose equivalent to prednisolone 20mg or more per day (any age), or for children under 20kg, a dose of $\geq 1\text{mg/kg/day}$. <i>Some immunocompromised patients may have a suboptimal immunological response to the vaccine.</i>
Individuals with cochlear implants	<i>It is important that immunisation does not delay the cochlear implantation.</i> Where possible, pneumococcal vaccination should be completed at least 2 weeks prior to surgery to allow a protective immune response to develop. In some cases it will not be possible to complete the course prior to surgery. In this instance, the course should be started at any time prior to or following surgery and completed according to the immunisation schedule.
Individuals with cerebrospinal fluid leaks	This includes leakage of cerebrospinal fluid such as following trauma or major skull surgery.

Pneumococcal Vaccination Catch-Up Programme

1. Timing of Pneumococcal Catch-Up Campaign

The pneumococcal catch-up campaign will start on 4 September 2006. Our aim is to ensure that the target cohorts are offered vaccination appropriate for their age within 6 months of the start of the programme.

2. The Cohort

Children who will be over 2 months of age and under 2 years of age at the time of introduction will need to be invited to receive pneumococcal vaccine.

Children aged 2 months or under at the time of introduction will be offered pneumococcal vaccine as part of the new routine immunisation programme (see Annex 1). Children over 2 years of age will not be part of the catch-up programme. The risk for children over 2 years of age becoming ill with pneumococcal infection is considerably less than in younger age groups. It is likely that pneumococcal infections in all age groups will fall as a result of introduction of the programme in the under two's.

3. The immunisations to be offered

The recommended schedule for implementing the programme is summarised in Annex 3. The child's date of birth runs down the left-hand side of the table, and the month in which the vaccine is recommended to be given runs along the top of the table.

In summary:

Children born between 5 September 2004 and 3 August 2005 (i.e. aged over 13 months of age and under 2 years at the start of the programme) should be offered one dose of PCV.

Children born between 4 August 2005 and 3 February 2006 (i.e. aged 8 months to 13 months of age at the start of the programme) should be offered one dose of PCV at their routine 13 month visit.

Children born between 4 February 2006 and 3 July 2006 (i.e. aged over two months and under 8 months of age at the start of the programme) should be offered two doses of PCV separated by a period of two months. These children should also be offered a further dose at 13 months of age.

The following scenarios help to illustrate the use of the table:

- a) A baby born on 21 June 2006 should be offered PCV at the routine 4 month visit in October, a second dose at an additional 6 month visit in December, and then a booster dose at the scheduled 13 month visit.

- b) A child born 6 November 2005 should be offered PCV at the scheduled 13 month visit in December.
- c) A child born on 2 April 2005 should be offered one dose of PCV in November.
- d) A child born on 4 September 2004 is not eligible for the vaccine as they are over two years of age when the programme starts. Pneumococcal infections occur less frequently in children aged 2 years and over, and it is likely that pneumococcal infections in all age groups will fall as a result of introduction of the programme in the under two's.
- e) A baby born on 17 July 2006 will not be part of the catch-up programme. This baby will receive pneumococcal vaccination as part of the routine programme.

4. Reporting of adverse reactions

See page 8.

5. Vaccine supply

Vaccine Holding Centres will be advised of their indicative allocation based on GRO and SIRS data within the next three weeks. An initial six weeks allocation will be made to Vaccine Holding Centres five weeks prior to the commencement date to enable them to supply GP Practices and clinics with a four week supply in time for the start of the campaign. Orders for vaccine, against the indicative allocation should be made in the usual way. Requests for amounts over and above the allocated amounts should be made in advance to Margaret Johnston at NSS National Procurement at email Margaret.johnston2@nhs.net

6. Vaccine stock management

Managing supplies of vaccine during the pneumococcal catch-up programme presents challenges in vaccine management with which health professionals are familiar. All staff ordering vaccines need to ensure that vaccine wastage is reduced as far as possible by ensuring fridge space is available before ordering and storing the vaccine correctly. Practices who find that they have excess pneumococcal vaccine remaining at the end of the catch-up programme should use it in the routine programme. Vaccine wastage for this catch-up programme should be negligible.

7. Consumables

Please note that needles will need to be ordered to administer Prevenar.

FTR163 blue needle 23g x 25 mm

In order to manage the supplies of these consumables, please place regular orders to meet your needs rather than one very large order. Needles and syringes will not be supplied with the vaccine.

8. Vaccine call/recall

The SIRS system will be amended in line with the new vaccine schedule.

General practices should advise SIRS of any children who have already received conjugate pneumococcal vaccine outwith the previous routine schedule, i.e. those at increased risk of pneumococcal infection.

General practices will need to provide sufficient additional vaccine appointments or catch-up clinics.

A draft letter is attached at Annex 4 for practices that send out their own appointments.

9. Patient Group Directions

The requirement for Patient Group Directions (PGD) is described in HDL(2001)7, available from http://www.show.scot.nhs.uk/sehd/mels/HDL2001_07.htm.

For those practices that choose to use PGDs, specimen PGDs for Prevenar and Menitorix are being developed and will be available at <http://www.show.scot.nhs.uk/sehd>. NHS Boards may choose to use these drafts as the basis of their PGDs and tailor them to reflect local needs.

10. Funding and service arrangements

NHS Employers has reached agreement with the BMA General Practitioners Committee.

GPs will be remunerated £7.51 as an item of service payment for each child vaccinated. The Statement of Financial Entitlement will be amended and back dated to 4 September 2006.

The vaccines will be made available and distributed to the NHS through the Vaccine Holding Centres. The cost of the vaccine and administrative costs are expected to be met by NHS Boards.

11. Consent

The introduction of the pneumococcal catch-up programme will not affect the consent process: consent must be obtained before administration of all vaccines and is not vaccine-product specific.

Consent obtained before the occasion on which a child is brought for immunisation is only an agreement for the child to be included in the national childhood immunisation programme. It does not mean that consent is in place for each future immunisation. There is no legal requirement for consent to be in writing.

Health professionals involved in immunisation must ensure that:

- parents/carers have access to the new information;
- that there is sufficient opportunity for them to discuss any issues arising, and

- that they are properly informed of the benefits of the new vaccines, the possible side effects, and how to treat them.

12. Information for parents and healthcare professionals

To support the new changes to the childhood immunisation schedule NHS Health Scotland has produced a range of information resources. New leaflets, and factsheets for parents and healthcare professionals will be sent directly to GP practices, community pharmacists, health promotion units and NHS 24 call centres in August. These resources should be shared with all colleagues involved in giving or advising about immunisation, including health visitors, and practice nurses.

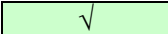
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Resources will also be available to view and download from the www.healthscotland.com/immunisation website in August. The website will be updated to reflect the changes to the programme, and a new section for Hib/MenC immunisation is being created.

Pneumococcal Vaccination Catch-Up Table

Recommended schedule for catch-up vaccination from 4 September 2006							
Child's date of birth	4 Sept to 3 Oct	4 Oct to 3 Nov	4 Nov to 3 Dec	4 Dec to 3 Jan	4 Jan to 3 Feb	4 Feb to 3 Mar	Child's age at vaccination (months)
5/9/04 to 3/11/04	√						23
4/11/04 to 3/12/04	√						22
4/12/04 to 3/1/05		√					22
4/1/05 to 3/2/05		√					21
4/2/05 to 3/3/05			√				21
4/3/05 to 3/4/05			√				20
4/4/05 to 3/5/05				√			20
4/5/05 to 3/6/05				√			19
4/6/05 to 3/7/05					√		19
4/7/05 to 3/8/05					√		18
4/8/05 to 3/9/05	√						13
4/9/05 to 3/10/05		√					13
4/10/05 to 3/11/05			√				13
4/11/05 to 3/12/05				√			13
4/12/05 to 3/1/06					√		13
4/1/06 to 3/2/06						√	13
4/2/06 to 3/3/06*		√		√			8, 10
4/3/06 to 3/4/06*		√		√			7, 9
4/4/06 to 3/5/06*	√		√				5, 7
4/5/06 to 3/6/06*	√		√				4, 6
4/6/06 to 3/7/06*		√		√			4, 6

Notes

 Indicates the month in which the child should be offered PCV

*Children in this age group will receive a booster dose of PCV at 13 months of age and a dose of Hib/MenC at 12 months of age.

Please note that there are sufficient supplies of PCV vaccine for all children born between 5/9/04 and 3/8/05 to be offered PCV as soon as it is practically possible after the start of the programme. This will provide general practices with the flexibility to immunise eligible children over a shorter time period.

Suggested template letter of appointment for those practices sending out their own invitations for the pneumococcal catch-up programme

PRACTICE NAME
ADDRESS

[Date]

[Recipient's Address]

Dear Parent

The Scottish Executive Health Department has recommended that your child needs a catch-up dose of pneumococcal conjugate vaccine (PCV). This vaccine has recently been introduced to the routine childhood immunisation programme and includes a catch-up for all children under two years of age. We are writing to invite you to bring your child for this vaccination on:

[date and time]

[venue]

This vaccination is important for your child because of the risks of pneumococcal disease, which include meningitis and septicaemia (blood poisoning) in children under two years of age. For more information about this vaccination, please read the leaflet (enclosed). If you have any further questions, please get in touch with your health visitor, practice nurse or GP.

As a practice we recommend pneumococcal conjugate vaccine for your child and hope that you will be able to bring your child for this appointment. If the above time and date is not suitable for you, please contact the practice to arrange another appointment.

Yours sincerely

[Click here and type your name]