Public Health England

Protecting and improving the nation's health

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Dear Colleagues

Shortage of pneumococcal polysaccharide vaccine (PPV23) – recommendations on how to manage PPV23 immunisation (updated for winter 2019)

Possible shortage of PPV23 during winter 2019
MSD have informed PHE and DHSC that there will be limited supplies of PPV23 vaccines until their next delivery which is expected in January 2020. This will affect both the PPV23 vials and PNEUMOVAX 23 pre-filled syringes. Practices should therefore plan to prioritise PPV23 vaccination according to the recommendations below.

Background
PPV23 continues to be recommended for:

- individuals aged from 2 years or over in clinical risk groups
- all individuals aged 65 years and over

The vaccine covers the 23 most common serotypes of *Streptococcus pneumoniae* (the pneumococcus) that are responsible for a range of diseases including meningitis, septicaemia and pneumonia. Pneumococcal infection occurs in the extremes of age with the highest incidence in infants and older adults. The vaccine differs from the PCV13 vaccine used for the routine childhood programme, as it covers additional 10 serotypes, and is not conjugated to a protein. PPV23 provides modest protection of limited duration, especially in older adults. Booster doses are not recommended for most at-risk individuals as there is limited evidence of additional protection, but five yearly boosters are recommended for asplenic patients and those with chronic kidney disease. In contrast, PCV13 provides excellent protection to young infants and also reduces the nasopharyngeal carriage of the pneumococcus – leading to high levels of herd protection. The remaining serotypes in PPV23, and the other serotypes not covered in any vaccine, are now responsible for the majority of residual disease.

Current arrangements
The PPV23 programme is commissioned as an enhanced service and vaccine is normally procured by general practices and reimbursed by the NHS Business Services Authority (NHS BSA). The vaccine is often delivered alongside the influenza programme, although, unlike influenza, only a single lifetime dose is recommended for most individuals. Because of the

relatively short duration of protection, and the increasing incidence with age, there are no major concerns about deferring vaccination in over 65 year olds for several months or until next year. The enhanced service payment allows for this delay.

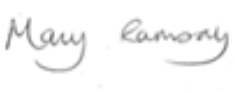
Advice on how to manage and plan the PPV23 programme

The supply constraints affecting PPV23 vaccine will make it unlikely that practices will be able to offer the vaccine alongside influenza vaccine to all eligible patients in lower priority groups (e.g. healthy people aged 65 years and over). Practices should therefore plan to offer PPV23 to this group throughout the year rather than aligning immunisation to take place alongside the flu programme. This will help to ensure demand for vaccine is more consistent across the year and that stock can be ordered in small quantities to cover the requirements each month, thus also reducing the risk of wastage.

1. If you are able to procure stock, the priority should be to offer vaccine to those **newly diagnosed with conditions in the high priority followed by those in the moderate priority groups who have never received PPV23**. When such individuals are first identified, if no vaccine is available, please ensure that their records are flagged in order to call them for a future appointment. Also ensure that other aspects of management are optimised and in place (for example antibiotic prophylaxis, or booster doses of PCV13) – as advised in relevant guidance, or by the specialist clinician caring for patient.
2. Any PPV23 dose that the surgery is able to access should be offered **opportunistically to high and moderate priority groups** attending an appointment at the surgery who have never received PPV23 and are due this vaccine
3. PPV23 vaccination **for low priority groups** (including healthy individuals aged 65 years and over) and **booster doses** for asplenics, those with splenic dysfunction and chronic kidney disease are less urgent and can be planned when sufficient stock is available.

Please also note that national stocks of PCV13 (Prevenar13), or separately procured PCV10 (Synflorix), should not be used in place of PPV23 because herd protection from the childhood PCV13 programme has reduced pneumococcal disease due to these serotypes across all ages, including the elderly. PPV23 helps provide additional protection against serotypes that are not covered by PCV13 or PCV10.

Yours sincerely



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Priority groups for Pneumococcal polysaccharide 23-valent vaccine (PPV23)

Clinical risk group	Examples (decision based on clinical judgement)
High priority	
Asplenia or dysfunction of the spleen	This also includes conditions such as homozygous sickle cell disease and coeliac syndrome that may lead to splenic dysfunction.
Immunosuppression	Due to disease or treatment, including patients undergoing chemotherapy leading to immunosuppression, bone marrow transplant, asplenia or splenic dysfunction, HIV infection at all stages, multiple myeloma or genetic disorders affecting the immune system (e.g. IRAK-4, NEMO, complement deficiency) Individuals 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 20kg, a dose of 1mg or more per kg per day.
Individuals with cerebrospinal fluid leaks	This includes leakage of cerebrospinal fluid such as following trauma or major skull surgery.
Individuals with cochlear implants	*It is important that immunisation does not delay the cochlear implantation.*
Moderate priority	
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 neurological disease (e.g. cerebral palsy) with a risk of aspiration. Asthma is not an indication, unless so severe as to require continuous or frequently repeated use of systemic steroids (as defined in Immunosuppression below).
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 kidney disease	Nephrotic syndrome, chronic kidney disease at stages 4 and 5 and those on kidney dialysis or with kidney transplantation.
Chronic liver disease	This includes cirrhosis, biliary atresia and chronic hepatitis.
Diabetes	Diabetes mellitus requiring insulin or oral hypoglycaemic drugs. This does not include diabetes that is diet controlled.
Low priority	
Healthy over 65s	