



UPDATE:

Update to communications issued 3rd of November 2020

Vaccine Supply Notification

VSN/2020/001-U2

23-valent polysaccharide pneumococcal vaccine (Pneumovax 23[®])
pre-filled syringes (Merck Sharp and Dohme Limited)

Material updates are shown in *italics*

Date of issue: 11/12/2020

Summary

- ***Supplies of Pneumovax[®] 23 pre-filled syringes (PFS) are now out of stock until late January 2021, due to increased demand.***
- Public Health England (PHE) have re-issued the clinical prioritisation guideline included below (see page 2 of this Notification) in the November 2020 edition of their [Vaccine Update Bulletin](#) to support practitioners during this time. This includes immediate actions to take in the event of no vaccine being available.
- ***The emphasis is for NHS England and NHS Improvement (NHSEI) to share the stock currently held, so that it is only used for priority cases.***

Actions Required

For NHSEI to share the vaccine stock currently held, so that it is only used for priority cases.

To ensure that the limited supplies of Pneumovax[®] 23 PFS are preserved for those individuals with the highest clinical need, all relevant healthcare professionals in primary, secondary or specialist healthcare services should work to ensure all remaining stock on shelves is prioritised for the vaccination of high-risk patients as per PHE's ***updated*** clinical prioritisation guideline, where applicable.

Supporting information

Clinical Information

- Please refer to page 2 for PHE's ***updated*** clinical prioritisation guidelines.

Obtaining supplies

- ***Supplies of Pneumovax 23[®] pre-filled syringes are now out of stock until late January 2021.***

Enquiries:

- If you have any clinical queries, please contact your local Screening and Immunisation Team or Health Protection team.
- If you have any queries, please contact DHSCmedicinesupplyteam@dhsc.gov.uk.



Supply of pneumococcal polysaccharide vaccine (Pneumovax® 23)

Material updates are shown in *italics*

Due to increased demand, supplies of pneumococcal polysaccharide vaccine (PPV23) marketed by MSD as Pneumovax® 23 in pre-filled syringes ***will be out of stock until late January 2021***. Clinicians should continue to prioritise vaccination according to the recommendations below.

PPV23 is recommended for:

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

A single lifetime dose is recommended for most individuals. Five yearly boosters are recommended for asplenic patients and those with chronic kidney disease. PPV23 should not be routinely administered in hospitals to patients with COVID-19 infection for the prevention of secondary bacterial pneumonia. This is because the immune response is unlikely to be sufficiently rapid and limited evidence of secondary infection with *Streptococcus pneumoniae* in COVID-19 patients.

Advice on how to manage the PPV23 programme

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 group followed by those in moderate priority groups who have never received PPV23 (see the table below). 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 lower priority groups (including healthy individuals aged 65 years and over) and booster doses for asplenic, those with splenic dysfunction and chronic kidney disease are less urgent and can be planned when sufficient stock is available.

Providers should work together to ensure remaining stocks of PPV23 are where possible, made available to those who will benefit the most. This may require transfer of stock between providers in keeping with advice here: <http://createsend.com/t/d-E5434ABA283BEA792540EF23F30FEDED>

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.



Table: Priority groups for Pneumococcal polysaccharide 23-valent vaccine (PPV23, Pneumovax 23)

| Clinical risk group | Examples (decision based on clinical judgement) |
|---|--|
| High risk | |
| 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 | <i>This includes leakage of cerebrospinal fluid such as following trauma or major skull surgery (does not include CSF shunts)</i> |
| Individuals with cochlear implants | <i>It is important that immunisation does not delay the cochlear implantation.</i> |
| 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 individuals aged 65 years and over. Booster doses for asplenic, those with splenic dysfunction and chronic kidney disease. |