

To: Immunisation Co-ordinators
Directors of Public Health
General Practitioners

Regional Directors of Public Health

Copy: SHA Pharmacy & Prescribing Leads

SHA Medical Directors

Pharmaceutical Advisers of PCTs

Consultants in Communicable Disease Control

Royal College of Physicians

Royal College of General Practitioners

Faculty of Public Health

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Dear colleagues

JCVI advice on the pneumococcal vaccination programme for people aged 65 years and older

I am writing to inform you about new advice from the Joint Committee on Vaccination and Immunisation (JCVI) that is being published today on the routine pneumococcal vaccination programme for people aged 65 years and over. Under this programme, a single dose of pneumococcal polysaccharide vaccine (PPV) has been offered to all those aged 65 years and older. Publication of the JCVI advice may lead to questions from patients, their families or other members of the public and this letter is provided to give information that I hope will be helpful.

In my letter of 16 March 2011¹, I informed you about JCVI advice that the routine PPV universal vaccination programme for all those aged 65 years and older be stopped, but PPV should continue to be offered to those aged 65 years and older in risk groups based on clinical judgement. This advice was based on analyses available at the time suggesting that the protection the vaccine provides was limited and was not long-lasting in older people.

The Department sought views on the advice from interested parties and a number of submissions were received. In addition, a number of new independent analyses of epidemiological data on severe pneumococcal disease in the UK were also received.

JCVI has reviewed all the submissions and new analyses. Although the submissions did not materially influence nor inform the JCVI's thinking, the new analyses allowed the committee to re-evaluate its previous advice. JCVI has concluded that, whilst uncertainty remains about the effectiveness of PPV, there is better evidence from the UK experience of the vaccine suggesting that PPV provides some moderate short-term protection to those aged 65 years and older, although protection may be less and wane faster in older age groups and for some clinical risk groups. Furthermore, the findings of the new analyses suggest that the programme remains cost effective, despite the limited effectiveness of the vaccine, and may be more cost effective than implementing a risk group-based programme. For these reasons, JCVI has advised that the existing routine universal PPV programme for those aged 65 years and older should continue but be kept under review. The JCVI statement is at: http://www.dh.gov.uk/ab/JCVI/DH 094744

The Department has accepted JCVI's advice. Therefore, the routine pneumococcal vaccination programme for those aged 65 years and older is continuing and clinicians should continue to follow the existing guidance on the use of PPV in the pneumococcal chapter of the Green Book: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_122639.pdf

Yours sincerely

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