

From the Chief Medical Officer  
**Dr Michael McBride**



Department of  
**Health, Social Services  
and Public Safety**

[www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk)

HSS(MD) 10/2016

For Action:

Chief Executives, Public Health Agency/Health & Social  
Care Board/HSC Trusts/NIAS  
GP Medical Advisers, Health & Social Care Board  
All General Practitioners and GP Locums (*for onward  
distribution to practice staff*)

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Your Ref:  
Our Ref: HSS(MD) 10/2016  
Date: 28 April 2016

**Please see attached full addressee list**

Dear Colleague

## **REMOVAL OF THE INFANT DOSE OF MEN C CONJUGATE VACCINE GIVEN AT THREE MONTHS FROM 1 JULY 2016**

### **ACTION REQUIRED**

**The HSCB must ensure that this information is cascaded to all General Practitioners immediately.**

**Chief Executives must ensure that this information is drawn to the attention of all staff involved in immunisation.**

1. We are writing to advise you that the Joint Committee on Vaccination and Immunisation (JCVI) have recommended that infants no longer require vaccination against meningococcal serogroup C (Men C).
2. Therefore from **1 July 2016**, infants should no longer receive the dose of Men C conjugate vaccine currently given at the second primary immunisation visit at around 3 months (12 weeks) of age.
3. The combined Hib/Men C vaccine (Menitorix) dose given at 12/13 months of age and the Men ACWY conjugate vaccine dose given to school pupils in year 11 by school health teams are unaffected by this change and should still be given as normal. Further details regarding the revised childhood immunisation schedule are available at Annex A.
4. The JCVI noted that, because of the successful Men C programme introduced in 1999, there are now very few cases of invasive Men C disease. In Northern Ireland there have been no cases of invasive Men C disease in children under 5 years of age in recent years.

5. The dose of combined Hib/Men C offered at 12/13 months of age will provide good protection to toddlers and younger children. In addition, the introduction of the Men B vaccine (Bexsero®) into the childhood immunisation programme may provide a degree of protection against some cases of invasive Men C disease.
6. Vaccination of adolescents with the Men C conjugate vaccine which began in the 2013/14 academic year, and later, Men ACWY conjugate vaccine, should sustain good herd protection and therefore the risk to infants will remain low.
7. The JCVI's statement is available in the minutes of the June 2015 meeting (minutes dated 15 July 2015), at: [The JCVI statement on the removal of the infant Men C dose](#)
8. The revised chapter on meningococcal disease in *Immunisation against Infectious Disease (the Green Book)* will be available shortly at: [The Green Book, chapter 22](#)
9. Northern Ireland's successful national immunisation programme brings great benefits to the health of the whole population and we would like to take this opportunity to thank all involved in delivering the programme for their continuing hard work.

Yours sincerely



**Dr Michael McBride**  
Chief Medical Officer



**Prof Charlotte McArdle**  
Chief Nursing officer



**Dr Mark Timoney**  
Chief Pharmaceutical Officer

This letter is available on the DHSSPS website at

[www.dhsspsni.gov.uk/index/phealth/professional/cmo\\_communications.htm](http://www.dhsspsni.gov.uk/index/phealth/professional/cmo_communications.htm)

#### CIRCULATION LIST

Executive Medical Director/Director of Public Health, Public Health Agency (*for onward distribution to all relevant health protection staff*)  
 Assistant Director Public Health (Health Protection), Public Health Agency  
 Director of Nursing, Public Health Agency  
 Assistant Director of Pharmacy and Medicines Management, Health & Social Care Board (*for onward distribution to all Community Pharmacies*)  
 Directors of Pharmacy HSC Trusts  
 Director of Social Care and Children, HSCB  
 Family Practitioner Service Leads, Health & Social Care Board (*for cascade to GP Out of Hours services*)  
 Medical Directors, HSC Trusts (*for onward distribution to all Consultant Obstetricians, Paediatricians and other relevant staff*)

Directors of Nursing, HSC Trusts (*for onward distribution to all Community Nurses, and Midwives*)

Directors of Children's Services, HSC Trusts

RQIA (*for onward transmission to all independent providers including independent hospitals*)

Regional Medicines Information Service, Belfast HSC Trust Regional Pharmaceutical Procurement Service, Northern HSC Trust

School of Nursing, QUB and University of Ulster

## REVISED VACCINATION SCHEDULE FOR MEN C-CONTAINING VACCINES (i.e. Hib/Men C and Men ACWY).

The change to the schedule for Men C-containing vaccines is based on advice from the Joint Committee on Vaccination and Immunisation (JCVI), the UK's independent committee of immunisation experts. Full guidance will be found in the revised chapter on meningococcal vaccination included in *Immunisation against infectious disease* ('the Green Book'): [The Green Book, chapter 22](#)

### The revised routine schedule for Men C-containing vaccinations from 1 July 2016.

Age	Dose & Vaccine
12-13 months old	one dose - Hib/Men C vaccine
Around 14/15 years old (ideally at the same time as the Td/IPV)	one dose – Men ACWY conjugate vaccine <sup>\$</sup>

<sup>\$</sup>From September 2015, the routine Men C booster dose that was offered to pupils in school year 11 was replaced with the Men ACWY conjugate vaccine to offer additional protection against meningococcal capsular group A, W and Y in response to a national outbreak of invasive Men W disease.

- As part of a time limited catch-up campaign, those aged up to 25 years entering university as undergraduates for the first time, should be offered the Men ACWY vaccine.
- A comprehensive Men ACWY catch-up programme was introduced last Autumn through general practice and schools to vaccinate all adolescents aged 14-18 years in response to an increase in meningococcal W (Men W) disease. Further details can be found in the attached letter - <https://www.dhsspsni.gov.uk/sites/default/files/publications/dhssps/hss-md-10a-2015.pdf>
- Detailed recommendations on the administration of the vaccines are set out in the [Chapter 22](#) of the Green Book. This guidance must be followed at all times.

**Background to the changes can be found at:** [The JCVI statement on the removal of the infant Men C dose](#) (See minutes dated 15 July 2015)

### Vaccination of individuals with uncertain or incomplete immunisation status.

For those children who have not been immunised according to the UK routine schedule, please access '*Vaccination of individuals with uncertain or incomplete immunisation status*' from this link: <https://www.gov.uk/government/publications/vaccination-of-individuals-with-uncertain-or-incomplete-immunisation-status>

<https://www.gov.uk/government/collections/immunisation>

## **Funding implications**

### *Removing the three-month dose*

Childhood immunisations are classified as additional services in the GP contract and the infrastructure costs of delivering these are covered by GP practices' core funding. GP practices are also eligible for target payments if they have vaccinated 70% or 90% of their two-year-old patients with the recommended vaccines.

To reflect the removal of the Men C 3-month dose from the infant schedule, an adjustment will be made to the target payments. However, this adjustment will not be made until 2018/19, reflecting the fact that the vaccination status is not assessed until two years of age (i.e. children aged three months by 30 June 2016 receiving the 3-month Men C dose will still need to be assessed when they reach two years of age).

## **Communications and information for parents and health professionals**

The existing immunisation information booklets will be amended to bring them into line with the new schedule and these will be available on the PHA website.

PHA will also send information to health professionals in due course.

## **Personal Child Health Record (the "Red Book")**

Arrangements have been made for the Red Book record of childhood vaccinations to be amended to reflect this change to the childhood schedule. It is important that information about vaccinations given is recorded in the Red Book.

## **Child Health System**

The delivery of the childhood immunisation programme is underpinned by the use of the Child Health System (CHS). This system schedules appointments (call/recall system), facilitating the accurate recording of vaccination activity and extraction of data from CHS for vaccine coverage collections (COVER programme). It will be updated to reflect the removal of Men C vaccine at 3 months from the immunisation schedule.

## **Disease Surveillance**

The Public Health Agency will continue to monitor the incidence of invasive meningococcal disease and investigate cases in the same way as they do currently.

Coverage of the combined Hib/Men C vaccine will continue to be collected at two years of age.

## **Reporting and management of cases of meningococcal disease**

Current guidance should continue to be followed. See link: [Meningococcal disease: guidance on public health management](#)

## **Men C Vaccine Ordering**

Men C vaccine (NeisVac-C®) will continue to remain available to order the normal way until 30 June 2016.

Locally held stocks of Men C vaccine (NeisVac-C®) should be carefully reviewed before more vaccine is ordered, to take account of the cessation date and to ensure vaccine is not ordered unnecessarily.

Any stock remaining in fridges on 1 July 2016 should be retained until it expires at which point it should be disposed of in line with local policies.