Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Feidhmeannacht na Seirbhíse Sláinte
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Circular 021/15

24 September 2015

Influenza/Pneumococcal/Hepatitis B Vaccination Programmes 2015/2016

Dear Doctor,

I wish to advise you about the 2015/2016 Influenza/Pneumococcal/Hepatitis B Vaccination Programmes which recommenced this month. The target population/risk categories for each programme are set out in Appendix A.

The vaccination claiming system is available to General Practitioners (see 'Vaccination Services' on your GP Application Suite menu). For information on accessing and using the claiming system, please see Appendix B attached – Frequently Asked Questions.

In the event you continue to opt for manual submission, please arrange to use one of the attached forms, which should be copied when required and submitted for payment in one batch. Vaccination Programme claims are no longer accepted on STC/SS/OOH claims and will not be processed for payment.

Please find attached:
Appendix A: Programme Target Populations/Risk Categories
Appendix B: Frequently Asked Questions
Appendix C: List of approved vaccines
Appendix D: Set of Blank Claiming Form Templates to be retained and copied as required for additional submissions.

Please call 1890 252920 to address any queries you may have in relation to the Influenza, Pneumococcal, or Hepatitis B Vaccination Programmes for 2015/2016.

Yours sincerely,

Patrick Burke
Primary Care Reimbursement Service

APPENDIX A: Programme Target Populations/Risk Categories

Influenza Vaccination Programme

A	Chronic Respiratory Disease
B	Pregnant Women
C	Chronic Heart Disease
D	Chronic Renal Failure
E	Chronic Liver Disease
F	Chronic Neurological Disease
G	Immunosuppressed (due to disease or treatment)
H	Household contacts or out of home carer (to persons with increased medical risk)
I	Diabetes Mellitus
J	Morbidly Obese
K	Haemoglobinopathies
L	Children with conditions that compromise respiratory function
M	Residents of a nursing home or other long stay facility
O	Carers
P	People in close contact with pigs, poultry or water fowl
Q	Children on long-term aspirin therapy
R	Health Care worker – Medical/Dental
S	Health Care worker – Nursing
T	Health Care worker – Health and Social Care Staff
U	Health Care worker - Management /Administration
V	Health Care worker – General Support Staff
W	Other Health Care Worker
X	Age 65 and over
AL	Down Syndrome

Pneumococcal Vaccination Programme

A	Chronic Respiratory Disease
C	Chronic Heart Disease
D	Chronic Renal Failure
E	Chronic Liver Disease
F	Chronic Neurological Disease
G	Immunosuppressed (due to disease or treatment)
I	Diabetes Mellitus
K	Haemoglobinopathies
L	Children with conditions that compromise respiratory function
X	Age 65 and over
Y	Children < 5 years with history of invasive pneumococcal disease
Z	CSF leaks either congenital or complicating skull fracture or neurosurgery
AA	Individuals who have received, or are about to receive, cochlear implants
AL	Down Syndrome*

APPENDIX A: ***Continued***

Pneumococcal/Influenza Vaccination Programme

A	Chronic Respiratory Disease
C	Chronic Heart Disease
D	Chronic Renal Failure
E	Chronic Liver Disease
F	Chronic Neurological Disease
G	Immunosuppressed (due to disease or treatment)
I	Diabetes Mellitus
K	Haemoglobinopathies
L	Children with conditions that compromise respiratory function
X	Age 65 and over
AL	Down Syndrome*

Hepatitis B Vaccination Programme

D	Chronic Renal Failure
E	Chronic Liver Disease
G	Immunosuppressed (due to disease or treatment)
R	Health Care worker – Medical/Dental
S	Health Care worker – Nursing
T	Health Care worker – Health and Social Care Staff
U	Health Care worker - Management /Administration
V	Health Care worker – General Support Staff
W	Other Health Care Worker
AB	Occupational Risk
AC	Family and household contacts of Hepatitis B cases
AD	Injecting drug users and contacts
AE	Receiving regular blood transfusions
AF	Clients in centres for learning disabilities
AG	Members of high risk groups e.g. immigrants from high or intermediate prevalence of hepatitis B, infection, inmates, homeless, MSM, sex workers.

*Changes in at risk categories will be applied to vaccination screens in the coming week

APPENDIX B: Frequently Asked Questions

Q1. How do I access the vaccination recording web site to provide the details of vaccination services which I want to provide?

Choose the menu option titled "Vaccination Services" from your GP Application Suite menu.

Q2. What process should I follow?

Type in the details of the proposed vaccination, then print off the paper record which the patient (or guardian) signs before providing the vaccination. This approach ensures that the proposed vaccination service has not already been provided by another health professional. It also provides confirmation to you that PCRS has validated the proposed service from a reimbursement point of view.

Q3. Where can I get training on the PCRS web site?

The web site has on screen assistance and validation to help if you forget to enter something. The web site for capturing these details is designed to minimize the time taken and is also designed to be simple to use. The on screen help and validation will ensure that you can record the necessary details.

Q4. What details do I need to provide?

You need to provide details of uptake for HSE Population Health and to support the processing and payment of claims e.g.

a) the patient receiving the vaccination,

b) the vaccination itself i.e. batch number and injection site,

Details	Source
Vaccination date,	User input
Vaccination batch number,	Drop down selection list
Injection site,	Drop down selection list

c) the practitioner administering the vaccine

Details	Source
*GMS No.	User input
Name	User input
*MCRN	User input
*Cold Chain Account Number	User input

c) any "at risk" medical condition that the patient may have,

Details	Source
Medical risk code,	Tick Box Listing

Q5. What details do I have to capture in respect of the patient?

Enter the patient's Personal Public Service number (PPS number).

For patients in the target group, if the PPS number exists and the patient has a valid Medical Card / GP Visit Card/ Health (Amendment) Act, 1996 Card associated with this PPS number then this will be found automatically for you in most cases. The patient is entitled to free vaccination and the vaccination details submitted to PCRS are a claim for remuneration.

For patients in the target group, if the PPS number exists and no Medical Card / GP Visit Card /Health (Amendment) Act, 1996 Card is identified you will have an opportunity to input the Medical Card / GP Visit Card number / Health (Amendment) Act, 1996 Card. If Medical Card / GP Visit Card / Health (Amendment) Act, 1996 Card eligibility exists for this patient then they are entitled to free vaccination and the vaccination details submitted to PCRS are a claim for remuneration.

If the patient does not have Medical Card / GP Visit Card / Health (Amendment) Act, 1996 Card eligibility but the patient's PPS number is found then the vaccination details submitted to PCRS are simply a record in this case.

If the patient does not have Medical Card / GP Visit Card/ Health (Amendment) Act, 1996 Card eligibility and no PPS number is found, then the patient details including their PPS number should be recorded. The vaccination details submitted to PCRS are simply a record in this case also.

Finally, In a small number of cases the patient may present with their verified PPS number and it can happen that the patient details on file need to be changed. The "Override Patient Details" is used in this case to enter the patient details including their name and address. The vaccination details submitted to PCRS are simply a record in this case also.

Q6. What other details do I need to input or record?

Any field marked with an * on the on-line system or the paper-based form must be completed. However it is desirable that all system or form fields are completed. This will help to ensure prompt payment as well as assisting in the collation of data that will drive and inform future vaccination campaigns.

Q7. I get paid for vaccinating a Medical Card holder in the target group. Why do I need to record vaccinations provided to persons not in the target group?

Since the HSE provides the vaccine and may be required to look back it is important to capture details of all vaccinations. Future stock distribution requirements to vaccination service providers can also be determined with reference to records of vaccinations provided.

Q8. I don't want to use the web site. Can I continue to submit manual paper claims?

In the event you continue to opt for manual submission, please arrange to use one of the blank vaccination forms dispatched to you. This form should be copied when required and submitted for payment in one batch. Please insert all relevant details, including your medical council number and select appropriate at risk group where the client is aged less than 65. Submission of this year's Flu Campaign on STC/SS/OOH claims will not be processed for payment.

Q9. What happens if the PCRS web site is down or my connection to the internet is not available?

The PCRS web site is available almost all of the time, 24 hours a day, 365 days a year. However, by way of backup, a vaccination record form will be available to download and copy. You should download this form and prepare a stock of forms as a backup to allow you provide vaccinations in the event of web site unavailability for any reason. Simply complete the form and enter the details later when the web site is available again. This form will contain the standard Data Protection notice which applies in the case of all records.

Data Protection Notice: Personal data collected by HSE PCRS is used for the purpose of providing a health service. It is required, stored, processed and disclosed to other bodies in accordance with the laws relating to proper treatment of personal data.

Extra care should be used in this case to verify the details which you will need to enter into the web site later. If some of the details are incorrect, e.g. the medical card is not valid then you will not be able to get reimbursed for this service via the web site.

Q10. Where do I get help if I have problems with PCRS web sites?

There are two elements involved in using web sites successfully. These are (a) the web site itself and (b) the browser software you are using to access the web site and your computer environment the browser is installed on.

Regarding the web site itself, PCRS is committed to announcing any planned downtime in advance to you. If there is unplanned downtime a message will be posted to this effect as soon as possible. There is a single national web site and to the extent any issue arises PCRS is generally aware of that immediately.

Regarding your browser software itself and your computer environment, you need to ensure that these components are covered with support agreements so that you have assistance readily available to you.

Appendix C:

Hepatitis B/Influenza/Pneumococcal Programmes

Approved Vaccine Batch Numbers for 2015/2016 Programmes

Vaccine Type	Manufacturer	Product	Batch No	Expiry Date
Hepatitis B	GLAXOSMITHKLINE	ENGERIX (PAED)	AHBVC276DF	30/09/2015
	GLAXOSMITHKLINE	ENGERIX (PAED)	AHBVC440AN	28/02/2017
	GLAXOSMITHKLINE	ENGERIX(ADULT)	AHBVC307AG	31/10/2015
	GLAXOSMITHKLINE	ENGERIX(ADULT)	AHBVC348AI	31/03/2016
	GLAXOSMITHKLINE	ENGERIX(ADULT)	AHBVC350AC	30/04/2016
	GLAXOSMITHKLINE	ENGERIX(ADULT)	AHBVC399AC	31/03/2017
	GLAXOSMITHKLINE	ENGERIX(ADULT)	AHBVC424AH	30/04/2017
	GLAXOSMITHKLINE	FENDRIX	AFENA017AA	30/11/2015
	GLAXOSMITHKLINE	FENDRIX	AFENA019AC	30/06/2016
	GLAXOSMITHKLINE	FENDRIX	AFENA020BG	30/09/2016
	SANOFI PASTEUR MSD	HBVAXPRO 5mcg	J013181	31/03/2016
	SANOFI PASTEUR MSD	HBVAXPRO 5mcg	K003087	30/09/2016
	SANOFI PASTEUR MSD	HBVAXPRO 5mcg	K011470	30/09/2016
	SANOFI PASTEUR MSD	HBVAXPRO 10mcg	J006920	31/10/2015
	SANOFI PASTEUR MSD	HBVAXPRO 10mcg	J011662	31/01/2016
	SANOFI PASTEUR MSD	HBVAXPRO 10mcg	J013100	31/01/2016
	SANOFI PASTEUR MSD	HBVAXPRO 10mcg	K000821	31/05/2016
	SANOFI PASTEUR MSD	HBVAXPRO 10mcg	K003523	31/05/2016
	SANOFI PASTEUR MSD	HBVAXPRO 10mcg	K005930	30/09/2016
	SANOFI PASTEUR MSD	HBVAXPRO 10mcg	K011551	28/02/2017
	SANOFI PASTEUR MSD	HBVAXPRO 10mcg	K017650	28/02/2017
	SANOFI PASTEUR MSD	HBVAXPRO 10mcg	K025893	31/05/2017
	SANOFI PASTEUR MSD	HBVAXPRO 10mcg	L004509	31/07/2017
	SANOFI PASTEUR MSD	HBVAXPRO 40mcg	J006651	31/10/2015
	SANOFI PASTEUR MSD	HBVAXPRO 40mcg	K017060	28/02/2017
	SANOFI PASTEUR MSD	HBVAXPRO 40mcg	J014602	30/04/2016
	SANOFI PASTEUR MSD	HBVAXPRO 40mcg	K002144	30/04/2016
	SANOFI PASTEUR MSD	HBVAXPRO 40mcg	K004021	30/04/2016
	SANOFI PASTEUR MSD	HBVAXPRO 40mcg	L003801	31/05/2017
Influenza	SANOFI PASTEUR MSD	INACTIVATED INFLUENZA	M8194-2	31/05/2016
	SANOFI PASTEUR MSD	INACTIVATED INFLUENZA	M7273-6	31/05/2016
	SANOFI PASTEUR MSD	INACTIVATED INFLUENZA	M7285-4	30/06/2016
	SANOFI PASTEUR MSD	INACTIVATED INFLUENZA	M7337-2	30/06/2016
Pneumococcal	SANOFI PASTEUR MSD	PNEUMOVAX 11	K008462	31/01/2016
	SANOFI PASTEUR MSD	PNEUMOVAX 11	K012576	30/06/2016
	SANOFI PASTEUR MSD	PNEUMOVAX 23 0.5ml	K015735	30/06/2016
	SANOFI PASTEUR MSD	PNEUMOVAX 23 0.5ml	K015737	30/06/2016
	SANOFI PASTEUR MSD	PNEUMOVAX 23 0.5ml	L020288	30/04/2017
	PFIZER	PREVENAR 13	H07355	30/11/2015
	PFIZER	PREVENAR 13	H39094	30/04/2016
	PFIZER	PREVENAR 13	H73072	30/06/2016
	PFIZER	PREVENAR 13	H99160	31/07/2016
	PFIZER	PREVENAR 13	J13186	30/11/2016
	PFIZER	PREVENAR 13	J45819	31/01/2017
	PFIZER	PREVENAR 13	J71856	31/03/2017
	PFIZER	PREVENAR 13	J66965	30/04/2017
	PFIZER	PREVENAR 13	L16103	31/08/2017
	PFIZER	PREVENAR 13	L42723	31/10/2017
	PFIZER	PREVENAR 13	L70543	30/11/2017
	PFIZER	PREVENAR 13	L67945	31/01/2018

Pneumococcal Vaccination Claim

Reference Number

PATIENT DETAILS

***PPSN**

***Card No.**

***Patient's Name**

Address

***Date of Birth**

Gender

TO BE COMPLETED IN WRITING BY PATIENT OR GUARDIAN

1. I verify that I/the named patient have received an injection of Pneumococcal Vaccination.
2. I confirm that I consented to have myself/the named patient vaccinated with Pneumococcal Vaccination.
3. **Data Protection Notice:** Personal data collected by HSE PCRS is used for the purpose of providing a health service. It is required, stored, processed and disclosed to other bodies in accordance with the laws relating to proper treatment of personal data.

Signature (Mandatory)

PRACTITIONER DETAILS

***GMS Number**

***NAME**

The vaccination detailed hereon has been given by me.
*SIGNATURE AND STAMP OF CONTRACTOR

If different from above, then please provide details, in BLOCK CAPITALS, of person administering the vaccine

***Forename:**

***Surname:**

***MCRN:**

***Cold Chain Acc. No.:**

VACCINATION DETAILS

*** Vaccination Date**

DD / MM / YYYY

Batch Number

Name of Vaccine

Manufacturer

Injection Site

Expiry Date

Vacc. Type

**INCREASED MEDICAL RISK CODES

A	C	D	E
F	G	I	K
L	X	Y	Z
AA	AL		

* Mandatory fields
** At least one required for payment

Contractors should retain copies of this paperwork for their own records and audit if required.

INCREASED MEDICAL RISK CODES DESCRIPTION

A - Chronic Respiratory Disease
C - Chronic Heart Disease
D - Chronic Renal Failure
E - Chronic Liver Disease
F - Chronic Neurological Disease
G - Immunosuppressed (due to disease or treatment)
I - Diabetes Mellitus
K - Haemoglobinopathies
L - Children with conditions that compromise respiratory function
X - Age 65 and over
Y - Children < 5 years with history of invasive pneumococcal disease
Z - CSF leaks either congenital or complicating skull fracture or neurosurgery
AA - Individuals who have received, or are about to receive, cochlear implants
AL - Down Syndrome

Influenza Vaccination Claim

Reference Number

PATIENT DETAILS

*PPSN

*Card No.

*Patient's Name

Address

*Date of Birth

*Gender

TO BE COMPLETED IN WRITING BY PATIENT OR GUARDIAN

1. I verify that I/the named patient have received an injection of Influenza Vaccination.
2. I confirm that I consented to have myself/the named patient vaccinated with Influenza Vaccination.
3. **Data Protection Notice:** Personal data collected by HSE PCRS is used for the purpose of providing a health service. It is required, stored, processed and disclosed to other bodies in accordance with the laws relating to proper treatment of personal data.

Signature (Mandatory)

PRACTITIONER DETAILS

*GMS Number

*NAME

The vaccination detailed hereon has been given by me.
*SIGNATURE AND STAMP OF CONTRACTOR

If different from above, then please provide details, in BLOCK CAPITALS, of person administering the vaccine

*Forename:

*Surname:

*MCRN:

*Cold Chain Acc. No.:

VACCINATION DETAILS

* Vaccination Date

DD / MM / YYYY

Batch Number

Name of Vaccine

Manufacturer

Injection Site

Expiry Date

Vacc. Type

**INCREASED MEDICAL RISK CODES

A		B		C		D	
E		F		G		H	
I		J		K		L	
M		O		P		Q	
R		S		T		U	
V		W		X		AL	

* Mandatory fields
** At least one required for payment

Contractors should retain copies of this paperwork for their own records and audit if required.

INCREASED MEDICAL RISK CODES DESCRIPTION

A - Chronic Respiratory Disease
B - Pregnant woman
C - Chronic Heart Disease
D - Chronic Renal Failure
E - Chronic Liver Disease
F - Chronic Neurological Disease
G - Immunosuppressed (due to disease or treatment)
H - Household contacts or out of home carer (to persons with increased medical risk)
I - Diabetes Mellitus
J - Morbidly Obese
K - Haemoglobinopathies
L - Children with conditions that compromise respiratory function
M - Resident of a nursing home or other long stay facility
O - Carers
P - People in close contact with pigs, poultry or water fowl
Q - Children on long-term aspirin therapy
R - Health Care worker - Medical/Dental
S - Health Care worker - Nursing
T - Health Care worker - Health and Social Care Staff
U - Health Care worker - Management /Administration
V - Health Care worker - General Support Staff
W - Other Health Care Worker
X - Age 65 and over
AL - Down Syndrome

Pneumococcal/Influenza Vaccination Claim

Reference Number

PATIENT DETAILS

***PPSN**

***Card No.**

***Patient's Name**

Address

***Date of Birth**

Gender

TO BE COMPLETED IN WRITING BY PATIENT OR GUARDIAN

1. I verify that I/the named patient have received two injections, Pneumococcal Vaccination and Influenza Vaccination.
2. I confirm that I consented to have myself/the named patient vaccinated with both the Pneumococcal and Influenza Vaccinations.
3. **Data Protection Notice:** Personal data collected by HSE PCRS is used for the purpose of providing a health service. It is required, stored, processed and disclosed to other bodies in accordance with the laws relating to proper treatment of personal data.

Signature (Mandatory)

PRACTITIONER DETAILS

***GMS Number**

***NAME**

The vaccination detailed hereon has been given by me.
*SIGNATURE AND STAMP OF CONTRACTOR

If different from above, then please provide details, in BLOCK CAPITALS, of person administering the vaccine

***Forename:**

***Surname:**

***MCRN:**

***Cold Chain Acc. No.:**

VACCINATION DETAILS

*** Vaccination Date**

DD / MM / YYYY

Batch Number

Name of Vaccine

Manufacturer

Injection Site

Expiry Date

Vacc. Type

Batch Number

Name of Vaccine

Manufacturer

Injection Site

Expiry Date

Vacc. Type

**INCREASED MEDICAL RISK CODES

A	C	D	E
F	G	I	K
L	X	AL	

* Mandatory fields
** At least one required for payment

Contractors should retain copies of this paperwork for their own records and audit if required.

INCREASED MEDICAL RISK CODES DESCRIPTION

A - Chronic Respiratory Disease
C - Chronic Heart Disease
D - Chronic Renal Failure
E - Chronic Liver Disease
F - Chronic Neurological Disease
G - Immunosuppressed (due to disease or treatment)
I - Diabetes Mellitus
K - Haemoglobinopathies
L - Children with conditions that compromise respiratory function
X - Age 65 and over
AL - Down Syndrome

Hepatitis B Vaccination Claim

Reference Number

PATIENT DETAILS

***PPSN**

***Card No.**

***Patient's Name**

Address

***Date of Birth**

Gender

TO BE COMPLETED IN WRITING BY PATIENT OR GUARDIAN

1. I verify that I/the named patient have received an injection of Hepatitis B Vaccination.
2. I confirm that I consented to have myself/the named patient vaccinated with Hepatitis B Vaccination.
3. **Data Protection Notice:** Personal data collected by HSE PCRS is used for the purpose of providing a health service. It is required, stored, processed and disclosed to other bodies in accordance with the laws relating to proper treatment of personal data.

Signature (Mandatory)

PRACTITIONER DETAILS

***GMS Number**

***NAME**

The vaccination detailed hereon has been given by me.
*SIGNATURE AND STAMP OF CONTRACTOR

If different from above, then please provide details, in BLOCK CAPITALS, of person administering the vaccine

***Forename:**

***Surname:**

***MCRN:**

***Cold Chain Acc. No.:**

VACCINATION DETAILS

*** Vaccination Date**

DD / MM / YYYY

Batch Number

Name of Vaccine

Manufacturer

Injection Site

Expiry Date

Vacc. Type

Shot 1 ☐ 2 ☐ 3 ☐ 4 ☐

Clinical Necessity

**INCREASED MEDICAL RISK CODES

D ☐	E ☐	G ☐	R ☐
S ☐	T ☐	U ☐	V ☐
W ☐	AB ☐	AC ☐	AD ☐
AE ☐	AF ☐	AG ☐	

* Mandatory fields
** At least one required for payment

Contractors should retain copies of this paperwork for their own records and audit if required.

INCREASED MEDICAL RISK CODES DESCRIPTION

D - Chronic Renal Failure
E - Chronic Liver Disease
G - Immunosuppressed (due to disease or treatment)
R - Health Care worker - Medical/Dental
S - Health Care worker - Nursing
T - Health Care worker - Health and Social Care Staff
U - Health Care worker - Management /Administration
V - Health Care worker - General Support Staff
W - Other Health Care Worker
AB - Occupational Risk
AC - Family and household contacts of Hepatitis B cases
AD - Injecting drug users and contacts
AE - Receiving regular blood transfusions
AF - Clients in centres for learning disabilities
AG - Members of high risk groups e.g. immigrants from high or intermediate prevalence of Hepatitis B, infection, inmates, homeless, MSM, sex workers