Title: The effectiveness of pneumococcal vaccination in adults with common immune mediated inflammatory diseases: a UK wide study using data from the Clinical Practice Research Datalink Gold.

Authors: Dr Georgina Nakafero, PhD^{1,2}, Dr Matthew J. Grainge, PhD³, Dr Tim Card, PhD^{3,4}, Prof Christian D. Mallen, PhD⁵, Prof Jonathan S. Nguyen Van-Tam, MD³, Prof. Abhishek Abhishek, PhD^{1,2}.

Institutions: ¹Academic Rheumatology, School of Medicine, University of Nottingham, Nottingham. ²Nottingham NIHR BRC, Nottingham. ³Lifespan and Population Health, School of Medicine, University of Nottingham, Nottingham. ⁴Nottingham Digestive Diseases Centre, Translational Medical Sciences, School of Medicine, University of Nottingham. ⁵Primary Care Centre Versus Arthritis, School of Medicine, Keele University, Keele.

Corresponding author: Prof. Abhishek Abhishek

Address for correspondence:

Prof A Abhishek

The University of Nottingham, Nottingham, UK.

School of Medicine,

A24, Academic Rheumatology,

Clinical Sciences Building,

NG5 1PB

Email: abhishek.abhishek@nottingham.ac.uk

Phone: 01158231392

ORCiD iD: https://orcid.org/0000-0002-3859-7354

Abstract

Background

The effectiveness of pneumococcal vaccination in people with common immune mediated inflammatory diseases (IMIDs) has not been evaluated. We investigated the effectiveness of pneumococcal vaccination in preventing respiratory morbidity and mortality in this population.

Methods

We conducted three nested case-control studies using data from the Clinical Practice Research Datalink Gold, linked to hospitalization and mortality records. Adults with incident common IMIDs diagnosed between 1997 and 2019 were followed up from the first diagnosis date to the occurrence of an outcome or date of last follow-up. Cases were people with IMIDs hospitalised for pneumonia, death due to pneumonia, or primary-care consultation for lower respiratory tract infection (LRTI) respectively. Cases were age and sex matched to up to ten contemporaneous controls using incidence density sampling.

We defined pneumonia using hospital discharge diagnoses, death due to pneumonia using death certification data, and primary-care consultation for LRTI as present when primary-care consultation and antibiotic prescription occurred on the same date.

Findings

1,884 patients with and 10,476 patients without pneumonia hospitalization; 781 patients that died due to pneumonia and 4,540 patients who were alive on the index

date; and 10,549 patients with LRTI and 43,981 patients without were included in the nested case-control analyses.

On multivariable analysis, pneumococcal vaccination was negatively associated with hospitalisation for pneumonia (aOR (95%CI) 0.70 (0.60, 0.81), death certified due to pneumonia (aOR (95%CI) 0.60 (0.48, 0.76) and LRTI (aOR (95%CI) 0.76 (0.72, 0.80). There was no association between wellness checks (negative control exposure) and pneumonia or death due to pneumonia. Wellness check was associated positively with LRTI.

Interpretation

Pneumococcal vaccination is protective against pneumonia and death due to pneumonia without apparent residual confounding. However, residual unmeasured confounding cannot be fully excluded in observational research which includes nested case-control study.

Funding

National Institute for Health and Care Research (NIHR201973).

Research in context:

Evidence before this study: Patients with inflammatory diseases are at an increased risk of pneumococcal pneumonia. Vaccination against pneumococcus using the 23valent pneumococcal polysaccharide vaccine (PPV 23) is widely recommended for this vulnerable group. However, vaccine uptake remains low. Immunosuppression reduces vaccine induced immunity, including that elicited by the PPV 23. Whether vaccination against pneumococcus with the PPV 23 - the most widely used vaccine against pneumococcus globally and recommended for use in adults in the UK prevents pneumonia and its complications in this population is not well understood. This lack of evidence is a major barrier to vaccination in people with IMIDs. We searched PubMed for randomised controlled trials (RCTs) and observational studies published between database inception and December 21, 2023, using the terms (pneumoco* AND vaccin*) AND (effica* OR effective*) AND (trial OR cohort OR casecontrol) AND (rheumat* OR psoria* OR lupus OR colitis OR Crohn*) with no language restrictions to identify pre-existing evidence. We identified one underpowered clinical trial conducted in Japan that did not detect efficacy for pneumococcal vaccination on clinical outcomes.

Added value of this study: Using a UK wide cohort of patients with rheumatoid arthritis, psoriatic arthritis, axial spondylarthrosis, reactive arthritis, inflammatory bowel

disease, and systemic lupus erythematosus, we conducted three separate nested case control studies that included 1,884 patients hospitalised due to pneumonia and 10,476 patients without such hospital admission; 781 patients that died due to pneumonia and 4,540 patients who were alive on index date; and 10,549 patients with antibiotic treated LRTI and 43,981 patients without. On multivariable analysis, pneumococcal vaccination was associated negatively with hospitalisation for pneumonia (adjusted Odds Ratio (aOR), 0.70 [95% Confidence Interval (CI) 0.60,0.81]), death due to pneumonia (aOR, 0.60 [95% CI 0.48,0.76]) and LRTI (aOR, 0.76 [95% CI 0.72,0.80]). There was no evidence for waning immunity over time. There was no association between attending for a routine wellness check, a negative control exposure, and either hospitalisation or death due to pneumonia. Attending a routine wellness check was associated with LRTI suggesting residual confounding.

Implications of all the available evidence: This study reported that pneumococcal vaccination prevents hospitalisation and death due to pneumonia in people with common immune mediated inflammatory diseases with protective effect present across a range of prognostic factors. The extent of protection was comparable to what has been reported in other at-risk conditions. This evidence should be used to promote vaccination in this vulnerable population. Due to a lack of evidence on aetiology of pneumonia, we were unable to ascertain vaccine efficacy on pneumococcal pneumonia.

Introduction Common immune mediated inflammatory diseases (IMIDs) such as rheumatoid arthritis (RA), psoriasis +/- arthritis (PsA), inflammatory bowel disease (IBD), and systemic lupus erythematosus (SLE) affect 1 in 30 adults in the UK and are treated with corticosteroid sparing immune suppressing drugs (1-3). These conditions are associated with an increased risk of infection with *Streptococcus pneumoniae*, the commonest cause of community acquired pneumonia, with rate ratios ranging from 4.0-4.4 for pneumococcal pneumonia and 2.2-6.5 for invasive pneumococcal disease (4-6). Consequently, vaccination with the pneumococcal vaccine is recommended for adults with IMIDs, and pneumococcal polysaccharide vaccine (PPV23) is the main vaccine used globally (7-9).

The effectiveness of pneumococcal vaccines for clinically relevant outcomes, such as pneumococcal pneumonia and its complications such as death, is not well understood in people with IMIDs. To our knowledge, only one randomised placebo controlled trial has evaluated the efficacy of PPV23 in preventing pneumonia in people with RA and it did not demonstrate vaccine efficacy, potentially due to a lack of power (10). However, a retrospective study on the clinical effectiveness of PPV23 in people with RA reported a relative risk of 9.7 for pneumonia in the non-vaccinated individuals (11). Trials of vaccinations in immunosuppressed people are short-term, typically only report on serological outcomes, and demonstrate that the pneumococcal vaccine is immunogenic in people with IMIDs, albeit the serological response might be diminished when compared to the healthy population (12-14).

Lack of knowledge about vaccine efficacy and concerns about disease flare underlie vaccine hesitancy in people with IMIDs (15-17). According to our patient and public

engagement, it is imperative to provide evidence on the benefit from pneumococcal vaccine in people with IMIDs in order to improve the vaccine uptake. Thus, the objectives of this study were to investigate the association between pneumococcal vaccination and hospitalisation due to pneumonia, death due to pneumonia, and primary-care managed lower-respiratory tract infection (LRTI) in people with common IMIDs.

Methods Data from the Clinical Practice Research Datalink (CPRD) Gold linked to hospitalization and mortality records were used. Incepted in the year 1987, CPRD Gold is an anonymised longitudinal database of electronic health records of >14 million people in the UK. CPRD participants are representative of the UK population in terms of age, sex, and ethnicity (18). CPRD includes information on demographics, lifestyle factors, and diagnoses. The latter are stored as Read codes – a hierarchical coded thesaurus of clinical terms. Information about primary-care prescriptions and immunisations, including date of vaccination, is also recorded. The data are enhanced by linkage with hospitalisation (Hospital Episode Statistics (HES)) and mortality records (Office of National Statistics (ONS)).

Approval CPRD Research Data Governance (Reference 21_000614).

Study design Nested case-control study.

Study period 1 April 1997 to 31 December 2019. The start time was selected to coincide with the time CPRD commenced linkage to hospitalisation and mortality data. **Population** Adults aged ≥18 years diagnosed with either RA, IBD, axial spondyloarthritis (AxSpA, i.e., PsA, reactive arthritis, or ankylosing spondylitis) or SLE, with at least one prescription of either methotrexate, azathioprine, 5-mercaptopurine, sulfasalazine, 5-aminosalicylate, mycophenolate, leflunomide, ciclosporin, tacrolimus or sirolimus, and alive and contributing data to CPRD in the study period. Patients were required to have ≥one year disease free registration period in their current GP surgery before the first record of the diagnosis.

Exposure Pneumococcal vaccination was the exposure of interest. It was defined using product and Read codes (Supplementary material page 3). In patients with ≥two

vaccinations, the latest record of vaccination prior to the index date was used to define the vaccination date (9).

Outcomes [1] hospitalisation due to pneumonia, [2] death due to pneumonia recorded as either a primary or contributing cause of death, and [3] primary-care managed LRTI. A sensitivity analysis considered death due to pneumonia where this was the primary cause of death. Hospitalisation and death due to pneumonia were defined using ICD codes in the linked HES and ONS datasets respectively (Supplementary material page 3). ICD codes for hospital acquired pneumonia were not considered to define the case status. Primary-care managed LRTI was defined as primary-care consultation for LRTI and antibiotic prescription on the same date.

Nested case-control studies Separate nested-case control studies were undertaken for the three outcomes. Patients with incident IMIDs diagnosed after the age of 18 years were followed up from the date of IMID diagnosis to the earliest date of outcome, transfer out of practice, last data collection from the practice, death, or study end. Controls were individuals without the outcome of interest during the follow-up period that were alive and were contributing data to the CPRD on the date on which their matched case had an outcome of interest. As many as 10 controls were matched to each case for age (±5 years) and sex using incidence density sampling without replacement, whereby the index case was matched to controls drawn from the full risk set (19). Controls were allocated an index date corresponding to the outcome date of their matched case. Receipt of pneumococcal vaccine and covariates were ascertained using data prior to the index date.

Covariates We selected covariates to minimise confounding. These were age, sex, practice level Index of Multiple Deprivation (IMD, quintiles), body mass index (BMI, kg/m²), alcohol consumption (current, ex-, never), smoking status (current, ex-, never), Charlson's comorbidity index (CCI), immunosuppression (i.e., immune suppressing drugs and corticosteroid prescription within 30-days prior to index date), IMID type, factors that reflect health seeking behaviour (i.e., influenza vaccination, shingles vaccination, number of primary care consultation, number of hospital admissions and number of prescriptions in 12-months prior to index date), and additional risk-factors indicating pneumococcal vaccination (9).

Statistical analyses Multivariable unconditional logistic regression was used to assess the association between pneumococcal vaccination as an exposure and each of the three outcomes. Multiple imputation using chained equations was used to impute missing data for smoking, alcohol, and body mass index using Stata command *mi impute*. The imputation model included all listed confounders, exposure, and case-control indicator (20). Ten imputations were carried out as the extent of missing data was modest.

Adjusted odds ratios (aOR) and 95% confidence interval (CI) were calculated and combined using Rubin's rule across the imputed datasets, with vaccination as the exposure of interest. Three models were constructed: model 1 included age and sex, model 2 included age, sex, BMI, alcohol, smoking, IMD, number of primary care consultations in 12 months prior to index date, number of hospital admission in 12 months prior to index date, number of hospital admission in 12 months prior to index date, influenza vaccination in 12 months prior to index date, influenza vaccination in 12 months prior to index date, IMID type, immune suppressing

drug and CCI, and model 3 included all variables in model 2 alongside at-risk conditions (chronic heart disease, diabetes immunosuppression, chronic liver disease, chronic kidney disease, chronic respiratory disease, asplenia (except for death due to pneumonia outcome) and treatment (corticosteroid prescription within 30 days of index date) that may indicate the need for pneumococcal vaccination. The number of vaccinations received was not included in the model because in the UK, booster pneumococcal vaccinations are only indicated in people at risk of rapid decline in antibody levels i.e., those with splenic dysfunction, asplenia, and chronic kidney disease, and consequently those receiving multiple doses may not be more protected against pneumococcal disease.

Exploratory subgroup analyses were undertaken according to IMID type, age (<65 years or \geq 65 years), CCI (<median vs \geq median) and additional indication for pneumococcal vaccination (present vs absent). A post-hoc subgroup analysis was undertaken for sex and index year (\leq 2011 vs \geq 2012). A sensitivity analysis was undertaken in patients in whom pneumonia was the primary cause of death. A post-hoc sensitivity analysis was undertaken for patients treated with immune-suppressive corticosteroid sparing drugs and methotrexate within 30-days prior to the index date. We assessed the extent of unmeasured confounding using E-value, defined as the minimum strength of association that an unmeasured confounder would need to have with both vaccination status and the outcome, conditional on the measured covariates, to cancel the observed association between vaccination and outcome of interest. The higher the E-value, the less likely for unmeasured confounding to explain away the observed exposure-outcome association (21). Additionally, we used NHS wellness check (Supplementary material page 3) as a negative exposure variable to explore the

role of unmeasured confounding in this study analyses (22). Data management and analysis were performed in Stata v17, Stata Corp LLC, Texas, USA.

Role of the funding source

The funders of the study had no role in study design, data collection, data analysis, data interpretation, or writing of the report. GN and AA had full access to the data in the study.

Results

Data from 12,360 patients (7,326, 59.3% female) of whom 1,884 were hospitalised due to pneumonia were included in the analysis that evaluated the association between vaccination and hospitalization due to pneumonia (Supplementary material page 2). Patients hospitalised with pneumonia, compared to those without a hospital admission due to pneumonia, were more likely to be current smokers (380 (20.2%) vs 1,560 (14.9%)), ex-smokers (779 (41.4%) vs 3690 (35.2%)), prescribed corticosteroids (339 (18%) vs 699 (6.7%)), have diabetes (321 (17%) vs 1,409 (13.5%)), chronic respiratory disease (415 (22%) vs 1,034 (9.9%)), chronic heart disease (373 (19.8%) vs 1361 (12.6%)), and received influenza vaccination in the last 12-months (1,174 (62.3%) vs 4,484 (42.8%)). They had more primary-care prescriptions and consultations in the last 12-months (median 66 vs 23; and 54 vs 27 respectively) (Table 1).

Data from 5,321 patients (3,112, 58.5% female) of whom 781 died due to pneumonia were included in the analysis that evaluated the association between vaccination and death due to pneumonia (Supplementary material page 2). Among them, pneumonia was the primary cause of death in 649 cases. Patients who died of pneumonia, compared to their controls, were more likely to be current smokers (122 (15.6%) vs 499 (11%)), received influenza vaccination in the previous 12-months (508 (65%) vs 2,463 (54.3%)), have RA (504 (64.5%) vs 2,497 (55%)), chronic heart disease (230 (29.5%) vs 798 (17.6%)), chronic respiratory disease (230 (29.5%) vs 587 (12.9%)), chronic kidney disease (226 (28.9%) vs 1,105 (24.3%)), diabetes (153 (19.6%) vs 655 (14.4%)), prescribed corticosteroid in the preceding 30-days (177 (22.7%) vs 415

(9.1%)) and had more primary-care prescriptions and consultations in the last 12months (median 93 vs 39; and 64 vs 33 respectively).

Data from 54,530 patients (33,605, 61.6% female) of whom 10,549 were diagnosed with LRTI were included in the analysis that evaluated the association between vaccination and LRTI (Figure S1). The proportion of patients with a diagnosis of chronic respiratory disease, corticosteroid prescription within previous 30-days and vaccination against influenza was higher among patients with LRTI compared to those without LRTI (1,282 (12.2%) vs 3,956 (9%), 1,939 (18.4%) vs 3,135 (7.1%), 5,714 (54.2% vs 17,108 (38.9%) respectively). Additionally, the number of prescriptions and primary-care consultations in the previous 12-months was higher in patients with LRTI than in those without LRTI (median 45 vs 22; and 43 vs 27 respectively). There was no appreciable difference in either moderate or heavy alcohol intake between cases and controls in the three nested case-control studies.

Vaccinations occurred both before and after the diagnosis of an IMID was recorded in the CPRD (Supplementary material page 38). On multivariate analysis, pneumococcal vaccination was associated with significantly lower odds of hospitalisation for pneumonia (aOR, 0.70 [95% CI 0.60,0.81]), death due to pneumonia (aOR, 0.60 [95% CI 0.48,0.76]) and LRTI (aOR, 0.76 [95% CI 0.72,0.80]) (Table 2). In a sensitivity analysis, pneumococcal vaccination was associated with significantly lower odds of death due to pneumonia where pneumonia was recorded as the primary cause of death (aOR, 0.65 [95% CI 0.51,0.83]). 567 (4.6%), 52 (1%) and 2099 (3.9%) people whose data were included in the nested case control studies examining the association between pneumococcal vaccination and hospitalization due to pneumonia, death due to pneumonia and LRTI received >1 pneumococcal

vaccinations respectively. The results were unchanged upon excluding them (Supplementary material page 39). There were only 97 cases with the details of causative organism recorded in the HES dataset, therefore pneumococcal pneumonia could not be analysed separately as an. outcome.

In subgroup analyses, pneumococcal vaccination protected from LRTI regardless of age, IMID type, CCI, and additional indication for vaccination (Table 3). Similarly, vaccination protected against pneumonia hospitalisation and death across age, comorbidity and IMID type except for people with AxSpA, IBD, and high CCI in whom the protective effect lacked statistical significance (Table 4, 5). Compared to not being vaccinated, both vaccination within and prior to 5-years of index date were negatively associated with hospitalization for pneumonia (aOR, 0.82 [95% CI 0.69,0.97]) and 0.62, [95% CI 0.53,0.73]) respectively) and death due to pneumonia (aOR, 0.70 [95% CI 0.53,0.92]) and 0.55, [95% CI 0.43,0.71]) respectively), while the evidence for LRTI was inconsistent (aOR, 0.96, [95% CI 0.90-1.02]) and 0.61, [95% CI 0.57,0.65]) respectively) (Model-3). Comparable vaccine effectiveness was observed when the data were analysed restricted to those prescribed any immune-suppressing corticosteroid sparing drug and those prescribed methotrexate within the 30-days preceding the index date (Supplementary material page 40). Vaccine effectiveness was comparable when the data analyses were stratified for sex and calendar year in which the case experienced an outcome (Table S4).

No patient was vaccinated on the index date. 10 (0.5%), 11 (1.4%), 50 (0.5%) patients in the hospitalization due to pneumonia, death due to pneumonia, and LRTI requiring antibiotics case-control study were vaccinated within 14 days of the index date. The

results did not change when data were analysed excluding them. Similarly, the results were unchanged in a complete case analysis (Supplementary material page 41).

The E-values for the association of pneumococcal vaccination with hospitalisation for pneumonia, death due to pneumonia, and LRTI were 2.21, 1.96, and 1.81 respectively. There was no association between NHS wellness check (negative exposure) and hospitalisation for pneumonia (aOR 0.92, [95% CI 0.74, 1.15]) and death due to pneumonia (aOR 0.90, [95% CI 0.63, 1.29]). A positive association was observed between the NHS wellness check and LRTI (aOR 1.13, [95% CI 1.03, 1.23]).

Discussion This large study found that pneumococcal vaccine protected against hospitalisation for pneumonia, death certified due to pneumonia and LRTI in people with common IMIDs. The protective effect was observed in those recently prescribed an immune-suppressing steroid sparing drug, methotrexate, corticosteroids, and was present regardless of comorbidity burden, age, sex, and type of IMID but was weaker in people with IBD and AxSpA. There was no evidence of waning of immunity over time. These findings are supported by immunogenicity studies which have shown that the humoral response to PPV23 is present in people with inflammatory conditions treated with immune-suppressing drugs although serologic titres are lower for strains such as the 6B and 23F serotypes and in the context of B-cell depleting therapy (12, 13).

To our knowledge, this is the first study to demonstrate the clinical effectiveness of PPV23 across a broad range of common IMIDs. A few studies considered vaccine effectiveness in individual IMIDs or in groups of similar IMIDs and reported variable magnitude of protection (11, 23, 24). These studies mainly assessed the effectiveness of pneumococcal conjugated vaccines (PCV) and not that of a single dose PPV 23 vaccine that is commonly used in routine adult vaccinations in the UK and in many countries across the globe (9). In a recent Swedish study, PCV 7 reduced the risk of pneumonia and serious infections in people with inflammatory arthritis by 53% (24). Vaccination with PPV 23 in combination with PCV 13 but not alone was protective against severe pneumococcal disease among US veterans withIBD (HR [95% CI] 0.17 [0.14,0.22]) and 1.10 [0.99,0.21] respectively). Similarly, receipt of an additional dose of PPV23 showed a protective effect against severe pneumococcal disease in IBD (HR [95% CI] 0.80 [0.67,0.95]) (23). In RA patients treated with methotrexate, PPV23

had an adequate doubling of median antibody levels with vaccinated patients being 10 times less likely to develop pneumonia over a 10-year period than the unvaccinated (11). On the other hand, a randomised double-blind trial on the clinical efficacy of PPV23 in preventing pneumonia in RA patients did not demonstrate vaccine efficacy, potentially due to low power (25).

Our estimate of vaccine effectiveness against pneumonia are comparable to the findings from general population studies (26, 27). In the Cochrane meta-analysis, PPV23 protected against all-cause pneumonia by 29% (95% CI 3%-48%) in the general population (26). Similarly, in observational studies, pneumococcal vaccine associated with a reduced risk of pneumococcal community acquired pneumonia (HR 0.49 (95% CI 0.29, 0.84), all-cause community acquired pneumonia (HR 0.75 (95% CI 0.58, 0.98) in those 60 years in age or older (27), and hospitalisation for pneumonia (HR 0.74 (95% CI 0.59, 0.92) in the elderly (28).

Our study found that pneumococcal vaccination protected against respiratory morbidity and mortality in common IMIDs irrespective of age and comorbidity burden. Previous studies in people aged \geq 65 years have reported similar findings of protection against invasive pneumococcal disease ranging from 23% to 56% (29-31). However, in certain conditions, such diabetes and HIV infection, PPV 23 has been shown to be less effective(32, 33). In our study, protection against death due to pneumonia conferred by vaccination in patients with high comorbidity burden score lacked statistical significance, although this could be due to few events. The protective effect against pneumonia hospitalisation in people with greater comorbidity with high event numbers was statistically significant.

Although not evaluated in a multivariate analysis in our study, corticosteroid prescription within the previous 30-days was two to three-fold more common in cases diagnosed with LRTI, hospitalized due to pneumonia, and among those who died due to pneumonia than in their age and sex matched controls. This finding is consistent with previous reports of an association between corticosteroid prescription and hospitalization for pneumonia (34) suggesting that such patients ought to be flagged in primary-care for prioritisation for pneumococcal vaccination.

The main strength of our study is the use of data from a nationally representative dataset that originated during routine care of patients in the NHS. Healthcare in the NHS is free at the point of delivery for all UK residents. We included patients with a range of common inflammatory conditions that are usually treated with corticosteroids sparing immunosuppressive drugs thereby indicating pneumococcal vaccination in the UK. The abovementioned factors increase the generalisability of our findings. We used both primary-care record of IMID diagnosis and prescription of immune-suppressing drug to define our population, thereby improving the internal validity of the findings. We also assessed outcomes of clinical importance namely, hospitalisation due to pneumonia, death due to pneumonia and primary-care consultation for LRTI that required treatment with antibiotics. In the UK, hospital discharge summaries include information on reasons for hospitalisation and are completed by doctors. Similarly, death certification is done by doctors. Both hospital discharge diagnoses and cause of death are regarded as having high validity. Primary care consultation for LRTI that were treated with antibiotics was selected as an outcome because these infections may include community acquired pneumonia. However, this is a non-specific outcome

and should be interpreted with caution. It is possible that LRTI may be misdiagnosed viral illness for which patients were prescribed antibiotics due to risk averse prescribing in those with immunosuppression. This was reflected in an association of the negative control exposure with LRTI and a low E value.

Our study has several weaknesses. Despite the outcomes studied being of clinical relevance, they were hospitalization and death due to all-cause pneumonia. These are therefore not specific to Streptococcus Pneumoniae against which the vaccine is designed to protect against (9). Additionally, PPV23 is the only vaccine recommended to be used in adults in the UK, making it difficult to assess other vaccine types using this dataset. People vaccinated elsewhere rather than in primary-care were not included in this study because the actual date of their vaccination could not be established. However, these comprise a very small proportion of vaccinated individuals in the UK given majority of vaccinations happen in primary-care where in this setting PPV23 is reimbursed by the state. We were unable to assess the impact of biologics on vaccine effectiveness because data on prescriptions of biological agents are not recorded in the CPRD. This is likely to be a particular issue for those with AxSpA and PsA who are often treated with biologic monotherapy. However, some patients in our study would have been treated with biologics. We could not separately investigate vaccine effectiveness in people with less common IMIDs such as SLE because of the small sample size. We did not include patients with vasculitis, polymyalgia rheumatica, and rare connective tissue diseases such as systemic sclerosis and polymyositis and the findings should not be extrapolated to them. Despite controlling for confounding, unmeasured confounding and healthy user bias might have inflated vaccine effectiveness particularly against LRTI but it is ethically

challenging to support an RCT of vaccination in this at-risk population. Additionally, we assumed the data to be missing at random and did not undertake sensitivity analysis to assess the validity of these assumptions. It is possible that variables not in our imputation model could have explained patterns of missing data, in which case data would be missing not at random. The results we presented were similar to those from a complete case analysis which provides a degree of reassurance. Finally, many cases could not be matched to controls.

In conclusion, pneumococcal vaccine prevents respiratory morbidity and mortality in people with common IMIDs. These findings should be used to promote pneumococcal vaccination in this at-risk group.

Funding

This project is funded by the National Institute for Health and Care Research (NIHR) under its Research for Patient Benefit (RfPB) Programme (Grant Reference Number NIHR201973). The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.

Disclosure statement A.A. has received personal fees from UpToDate (royalty), Cadilla Pharmaceuticals (lecture fees), Limbic (consulting) unrelated to this work. CDM is Director of the NIHR School for Primary Care Research. Keele University has received research funding for CDM from NIHR, MRC,. JSN-V-T was seconded to the Department of Health and Social Care (DHSC) from October 2017 to March 2022. He has performed one off consultancy for MSD, which manufactures PPV23, in May 2023. The views expressed in this manuscript are those of its authors and not necessarily those of DHSC or any other entity mentioned above. The other authors have no conflict of interest to declare.

Author contribution

Conceptualisation: Abhishek. Methodology: Abhishek, Grainge, Card, Van-Tam, Mallen, Nakafero. Project administration: Abhishek, Nakafero. Resources: Abhishek, Nakafero. Software: Abhishek, Nakafero, Grainge. Supervision: Abhishek, Grainge, Van-Tam, Card, Mallen. Validation: Abhishek. Visualisation: Nakafero. Writing – original draft: Abhishek, Nakafero. Writing– review & editing: Abhishek, Grainge, Card, Van-Tam, Mallen, Nakafero. All authors had full access to the data in the study and Dr Nakafero and Prof Abhishek directly accessed and verified the underlying data reported in the manuscript. All authors had final responsibility for the decision to submit for publication. **Data sharing statement** Data used in the study are from the Clinical Practice Research Datalink (CPRD). Due to CPRD licencing rules, we are unable to share data used in this study with third parties. The data used in this study may be obtained directly from the CPRD. Study protocol is available from <u>www.cprd.com</u>.

	Primary care c LRTI requiring	onsultation for antibiotics	Hospitalisatior	n for pneumonia	Death due to pneumonia	
Variables	Cases	Controls	Cases	Controls	Cases	Controls
	(n=10,549)	(n=43,981)	(n=1,884)	(n= 10,476)	(n=781)	(n=4,540)
Continuous variables; median (IQR)						
Age; mean (SD)	55 (16)	54 (16)	63 (15)	60 (15)	71 (11)	69 (11)
Body mass index (BMI)	27 (23.6,31.4)	26.3 (23.2,30.1)	26 (22.7,30.1)	26.2 (23.2,29.8)	24.4 (21.1,28.2)	26 (23.1,29.4)
Missing BMI values	697 (6.6)	3,130 (7.1)	147 (7.8)	746 (7.1)	79 (10.1)	305 (6.7)
Charlson's comorbidity index	1 (0,2)	1 (0,2)	2 (0,3)	1 (0,2)	2 (1,4)	1 (0,3)
Index of Multiple deprivation	3 (2,5)	3 (2,4)	3(2,5)	3 (2,4)	3 (2,5)	3 (2,4)
Number of prescriptions [±]	45 (20,84)	22 (1,57)	66 (32,116)	23 (0,61)	93 (57,153)	39 (1,78)
Number of consultations [±]	43 (27,61)	27 (3,48)	54 (35,74)	27 (1,47)	64 (45,86)	33 (9,53)
Number of hospitalisations [±]	0 (0,0)	0 (0,0)	2 (1,3)	0 (0,1)	2 (1,4)	0 (0,1)
Categorical variables; n (%)						
Sex						
Male	3,952 (37.5)	16,973 (38.6)	788 (41.8)	4,246 (40.5)	338 (43.3)	1,871 (41.2)
Female	6,597 (62.5)	27,008 (61.4)	1,096 (58.2)	6,230 (59.5)	443 (56.7)	2,669 (58.8)
Smoking status						
Non-smoker	4,490 (42.6)	21,253 (48.3)	692 (36.7)	5,073 (48.4)	306 (39.2)	2,153 (47.4)
Current smoker	2,425 (22.9)	8,574 (19.5)	380 (20.2)	1,560 (14.9)	122 (15.6)	499 (11.0)
Ex-smoker	3,499 (33.2)	13,730 (31.2)	779 (41.4)	3,690 (35.2)	333 (42.6)	1,833 (40.4)
Missing	135 (1.3)	424 (1.0)	33 (1.8)	153 (1.5)	20 (2.6)	55 (1.2)
Alcohol consumption (units/week):						
Non-drinker	2,293 (21.7)	9,427 (21.4)	495 (26.3)	2,274 (21.7)	220 (28.2)	1,004 (22.1)
Low drinker (1-14)	5,639 (53.5)	24,036 (54.7)	879 (46.7)	5,627 (53.7)	338 (43.3)	2,466 (54.3)
Moderate (15-21)	410 (3.9)	1,866 (4.2)	68 (3.6)	430 (4.1)	17 (2.2)	178 (3.9)
Hazardous (> 21)	600 (5.7)	2,480 (5.6)	111 (5.9)	610 (5.8)	40 (5.1)	229 (5.0)
Former drinker	392 (3.7)	1,275 (2.9)	73 (3.9)	355 (3.4)	46 (5.9)	171 (3.8)
Missing	1,215 (11.5)	4,897 (11.1)	258(13.7)	1,180 (11.3)	120 (15.4)	492 (10.8)
Previous influenza vaccination [±]	5,714 (54.2)	17,108 (38.9)	1,174 (62.3)	4,484 (42.8)	508 (65.0)	2,463 (54.3)
Previous shingles vaccination	101 (1.0)	490 (1.1)	28 (1.5)	137 (1.3)	8 (1.0)	46 (1.0)
At-risk conditions						
Diabetes	1,266 (12.0)	5,084 (11.6)	321 (17.0)	1,409 (13.5)	153 (19.6)	655 (14.4)
Chronic kidney disease	1,129 (10.7)	6,029 (13.7)	421 (22.4)	1,935 (18.5)	226 (28.9)	1,105 (24.3)
Chronic liver disease	63 (0.6)	337 (0.8)	23 (1.2)	80 (0.8)	12 (1.5)	30 (0.7)
Chronic respiratory disease	1,282 (12.2)	3,956 (9.0)	415 (22.0)	1,034 (9.9)	230 (29.5)	587 (12.9)
Chronic heart disease	983 (9.3)	4,135 (9.4)	373 (19.8)	1,316 (12.6)	230 (29.5)	798 (17.6)
Asplenia	6 (0.1)	18 (0.04)	-/- (0.2)	-/- (0.04)	-	-

Table 1: Demographic and clinical characteristics of patients included in the Nested Case-Control Study

	Primary care of LRTI requiring	consultation for antibiotics	Hospitalisatio	tion for pneumonia Death due to pneumonia		pneumonia
Immunosuppression	176 (1.7)	849 (1.9)	68 (3.6)	199 (1.9)	24 (3.1)	87 (1.9)
Corticosteroid prescription	1,939 (18.4)	3,135 (7.1)	339 (18.0)	699 (6.7)	177 (22.7)	415 (9.1)
IMID type						
Rheumatoid arthritis	5,053 (47.9)	19,862 (45.2)	1,066 (56.6)	5,174 (49.4)	504 (64.5)	2,497 (55.0)
Inflammatory bowel syndrome	3,692 (35.0)	17,443 (39.7)	635 (33.7)	4,013 (38.3)	226 (28.9)	1,619 (35.7)
Systemic lupus erythematosus	370 (3.5)	1,069 (2.4)	63 (3.3)	197 (1.9)	17 (2.2)	76 (1.7)
Spondlyloarthritis	1,434 (13.6)	5,607 (12.8)	120 (6.4)	1,092 (10.4)	34 (4.4)	348 (7.7)
Steroid sparing drug						
5-ASA/sulfasalazine	5,260 (49.9)	23,299 (53.0)	946(50.2)	5,588 (53.3)	377 (48.3)	2,402 (52.9)
Immune suppressing drugs	5,289 (50.1)	20,682 (47.0)	938 (49.8)	4,888 (46.7)	404 (51.7)	2,138 (47.1)

prior to indexdate;-/- number of participants < 5 were suppressed to comply with the CPRD guidelines; IQR: Interquartile range; SD: Standard deviation; Spondyloarthritis: psoriatic arthritis, ankylosing spondyloarthritis and reactive arthritis; corticosteroid prescription within 30 days prior to indexdate; 5-ASA: aminosalicylates; Immune suppressing drugs: methotrexate, leflunomide, azathioprine, ciclosporin, mycophenolate, mercaptopurine, tacrolimus/sirolimus.

±12

Outcomes	Cases n (%)	Controls n (%)	Model 1 OR (95% CI)	Model 2 OR (95% CI)	Model 3 OR (95% CI)	Less likely to have More likely to have
Primary care consultation for LRTI requiring antibiotics						an event an event
Unvaccinated	5,299 (50.2)	22,035 (50.1)	1	1	1	
Vaccinated	5,250 (49.8)	21,946 (49.9)	0.94 (0.90,0.99)	0.73 (0.70,0.77)	0.76 (0.72,0.80)	
Hospitalisation for pneumonia						
Unvaccinated	639 (33.9)	4,182 (39.9)	1	1	1	
Vaccinated	1,245 (66.1)	6,294 (60.1)	1.09 (0.98,1.23)	0.71 (0.62,0.82)	0.70 (0.60,0.81)	
Death due to pneumonia		_				
Unvaccinated	200 (25.6)	1,168 (25.7)	1	1	1	
Vaccinated	581 (74.4)	3,372 (74.3)	0.86 (0.72,1.03)	0.64 (0.51,0.81)	0.60 (0.48,0.76)	
						0.4 0.6 0.8 1.0 1.2 1.4

Table 2: Pneumococcal vaccine effectiveness in immune mediated inflammatory condition. The figure displays results of model 3.

Fully adjusted OR (95% CI)

OR: odds ratio; CI, confidence interval; Model 1 adjusted for matching variables (age and sex); Model 2 adjusted for age, sex, body mass index, alcohol, smoking, Charlson comorbidity index, number of primary care consultations in 12 months prior to indexdate, number of hospital admission in 12 months prior to indexdate, influenza vaccination in 12 months prior to indexdate, shingles vaccination in 12 months prior to indexdate deprivation score, inflammatory condition type, corticosteroid sparing drug prescription within 30-days (immune suppressing vs. immunomodulatory) drug ; Model 3 (Fully adjusted model): Model 2 covariates plus at-risk conditions for pneumococcal vaccination (chronic heart disease, diabetes immunosuppression, chronic liver disease, chronic kidney disease, chronic respiratory disease, asplenia (except for death due to pneumonia outcome), corticosteroid prescription within 30 days of indexdate

Subgroup	Cases, n (%)	Controls, n (%)	aOR*(95% CI)	Less likely to have	More likely to have	
< 65 years		-		an event		
Vaccinated, No	4,695 (61.9)	19,598 (61.3)	1		•	
Vaccinated, Yes	2,886 (38.1)	12,384 (38.7)	0.79 (0.75,0.84)		•	
≥65 years		-			<u>.</u>	
Vaccinated, No	604 (20.4)	2,437 (20.3)	1			
Vaccinated, Yes	2,364 (79.7)	9,562 (79.7)	0.71 (0.63,0.80)		•	
RA					•	
Vaccinated, No	2,035 (40.3)	7,677 (38.7)	1		#	
Vaccinated, Yes	3,018 (59.7)	12,185 (61.4)	0.76 (0.70,0.82)		•	
IBD					:	
Vaccinated, No	2,261 (61.2)	10,627 (60.9)	1			
Vaccinated, Yes	1,431(38.8)	6,816 (39.1)	0.73 (0.66,0.80)		•	
SpA					•	
Vaccinated, No	806 (56.2)	3,160 (56.4)	1			
Vaccinated, Yes	628 (43.8)	2,447 (43.6)	0.85 (0.74,0.99)		•	
CCI low (≤ median)					•	
Vaccinated, No	4,505 (60.3)	18,193 (60.4)	1	I	# :	
Vaccinated, Yes	2,965 (39.7)	11,916 (39.6)	0.74 (0.69,0.78)		•	
CCI high (>median)					•	
Vaccinated, No	794 (25.8)	3,842 (27.7)	1	I		
Vaccinated, Yes	2,285 (74.2)	10,030 (72.3)	0.84 (0.76,0.93)		•	
At-risk condition present						
Vaccinated, No	1,488 (32.2)	4,598 (28.7)	1	I		
Vaccinated, Yes	3,137 (67.8)	11,436 (71.3)	0.71 (0.66,0.76)			
At-risk condition absent					•	
Vaccinated, No	3,811 (64.3)	17,437 (62.4)	1	I	.	
Vaccinated, Yes	2,113 (35.7)	10,510 (37.6)	0.81 (0.74,0.88)		•	
					i	
			0.5	1	.0	1.5
				Adjusted C)R(95% CI)	

Table 3: The association of pneumococcal vaccine and LRTI requiring antibiotics: Subgroup analyses (model 3).

*adjusted for age, sex, body mass index, alcohol, smoking, Charlson comorbidity index, number of primary care consultations in 12 months prior to indexdate, number of hospital admission in 12 months prior to index date, influenza vaccination in 12 months prior to index date, shingles vaccination in 12 months prior to index date, deprivation score, inflammatory condition, corticosteroid sparing drug prescription within 30-days (immune suppressing vs. immunomodulatory), chronic heart disease, diabetes immunosuppression, chronic liver disease, chronic kidney disease, chronic respiratory disease, asplenia (except for death due to pneumonia), corticosteroid prescription within 30 days of index date, -/-:few observations leading to failure of model convergence.

Subgroup	Cases, n (%)	Controls, n (%)	aOR*(95% CI)	Less likely to have an event	More likely to have an event
< 65 years	_				
Vaccinated, No	458 (50.5)	3,365 (56.1)	1		<u>:</u>
Vaccinated, Yes	449 (49.5)	2,631 (43.9)	0.76 (0.62,0.93)		
≥65 years	-	-			
Vaccinated, No	181 (18.5)	817 (18.2)	1		
Vaccinated, Yes	796 (81.5)	3,663 (81.8)	0.66 (0.53,0.83)	_	:
RA	-				:
Vaccinated, No	297 (27.9)	1,688 (32.6)	1		÷
Vaccinated, Yes	769 (72.1)	3,486 (67.4)	0.73 (0.60,0.88)		•
IBD	-			-	•
Vaccinated, No	264 (41.6)	1,887 (47.0)	1		÷.
Vaccinated, Yes	371 (58.4)	2,126 (53.0)	0.68 (0.52,0.88)		•
SpA					•
Vaccinated, No	45 (37.5)	525 (48.1)	1		•
Vaccinated, Yes	75 (62.5)	567 (51.9)	0.76 (0.41,1.42)		•
CCI low (≤ median)					•
Vaccinated, No	434 (46.9)	3,303 (51.5)	1		•
Vaccinated, Yes	492 (53.1)	3,116 (48.5)	0.70 (0.57,0.85)		•
CCI high (>median)	3				• •
Vaccinated, No	205 (21.4)	879 (21.7)	1		•
Vaccinated, Yes	753 (78.6)	3,178 (78.3)	0.71 (0.57,0.88)		• •
At-risk condition +nt	-3				•
Vaccinated, No	279 (23.8)	993 (21.7)	1		•
Vaccinated, Yes	895 (76.2)	3,570 (78.2)	0.70 (0.56,0.87)		• •
At-risk condition -nt					<u>:</u>
Vaccinated, No	360 (50.7)	3,189 (53.9)	1		•
Vaccinated, Yes	350 (49.3)	2,724 (46.1)	0.69 (0.57,0.84)		
			0.0	0.5	1.0 1.5

Table 4: The association of pneumococcal vaccine and hospitalisation due to pneumonia: Subgroup analyses (model 3).

*adjusted for age, sex, body mass index, alcohol, smoking, Charlson comorbidity index, number of primary care consultations in 12 months prior to indexdate, number of hospital admission in 12 months prior to index date, influenza vaccination in 12 months prior to index date, shingles vaccination in 12 months prior to index date, deprivation score, inflammatory condition type, corticosteroid sparing drug prescription within 30-days (immune suppressing vs. immunomodulatory) drug, chronic heart disease, diabetes immunosuppression, chronic liver

disease, chronic kidney disease, chronic respiratory disease, asplenia (except for death due to pneumonia), corticosteroid prescription within 30 days of index date, -/-: few observations leading to failure of model convergence.

Table 5: The association of pneumococcal vaccine and death due to pneumonia: subgroup analyses (model-3).

Subgroup	Cases, n (%)	Controls, n (%)	aOR*(95% CI)	Less likely to have	More likely to have
< 65 years				an event	an event
Vaccinated, No	73 (38.0)	633 (41.4)	1		
Vaccinated, Yes	119 (62.0)	898 (58.7)	0.60 (0.37,0.97)		:
≥65 years	-	•			• • •
Vaccinated, No	127 (21.6)	535 (17.8)	1		i i
Vaccinated, Yes	462 (78.4)	2,474 (82.2)	0.59 (0.45,0.78)		•
RA		·		-	•
Vaccinated, No	138 (27.4)	585 (23.4)	1		
Vaccinated, Yes	366 (72.6)	1,912 (76.6)	0.53 (0.40,0.71)		•
IBD				-	•
Vaccinated, No	45 (19.9)	458 (28.3)	1		: •
Vaccinated, Yes	181 (80.1)	1,161 (71.7)	0.90 (0.56,1.43)	·	
CCI low (≤ median)					
Vaccinated, No	144 (32.4)	962 (30.3)	1		:
Vaccinated, Yes	301 (67.6)	2,212 (69.7)	0.47 (0.35,0.63)		* * *
CCI high (>median)				-	* * *
Vaccinated, No	56 (16.7)	206 (15.1)	1		:
Vaccinated, Yes	280 (83.3)	1,160 (84.9)	0.92 (0.61,1.39)		_ :
At-risk condition +nt		•			
Vaccinated, No	124 (21.2)	426 (17.4)	1		÷
Vaccinated, Yes	462 (78.8)	2,024 (82.6)	0.70 (0.52,0.93)	_	•
At-risk condition -nt					—
Vaccinated, No	76 (39.0)	742 (35.5)	1		: •
Vaccinated, Yes	119 (61.0)	1,348 (64.5)	0.46 (0.30,0.70)	_	•
			· · · · · ·		•
			ſ		10 15
			, i i i i i i i i i i i i i i i i i i i	0.0	1.0 1.0

*adjusted for age, sex, body mass index, alcohol, smoking, Charlson comorbidity index, number of primary care consultations in 12 months prior to indexdate, number of hospital admission in 12 months prior to index date, influenza vaccination in 12 months prior to index date, shingles vaccination in 12 months prior to index date, deprivation score, inflammatory condition type, corticosteroid sparing drug prescription within 30-days (immune suppressing vs. immunomodulatory), chronic heart disease, diabetes immunosuppression, chronic liver disease, chronic kidney disease, chronic respiratory disease, asplenia (except for death due to pneumonia), corticosteroid prescription within 30 days of index date, -/-:few observations leading to failure of model convergence.

References

1. Scott IC, Whittle R, Bailey J, Twohig H, Hider SL, Mallen CD, et al. Rheumatoid arthritis, psoriatic arthritis, and axial spondyloarthritis epidemiology in England from 2004 to 2020: An observational study using primary care electronic health record data. Lancet Reg Health Eur. 2022;23:100519.

2. Freeman K, Ryan R, Parsons N, Taylor-Phillips S, Willis BH, Clarke A. The incidence and prevalence of inflammatory bowel disease in UK primary care: a retrospective cohort study of the IQVIA Medical Research Database. BMC Gastroenterol. 2021;21(1):139.

3. Rees F, Doherty M, Grainge M, Davenport G, Lanyon P, Zhang W. The incidence and prevalence of systemic lupus erythematosus in the UK, 1999-2012. Ann Rheum Dis. 2016;75(1):136-41.

4. van Aalst M, Lötsch F, Spijker R, van der Meer JTM, Langendam MW, Goorhuis A, et al. Incidence of invasive pneumococcal disease in immunocompromised patients: A systematic review and meta-analysis. Travel Med Infect Dis. 2018;24:89-100.

5. Shea KM, Edelsberg J, Weycker D, Farkouh RA, Strutton DR, Pelton SI. Rates of pneumococcal disease in adults with chronic medical conditions. Open Forum Infect Dis. 2014;1(1):ofu024.

6. Wotton CJ, Goldacre MJ. Risk of invasive pneumococcal disease in people admitted to hospital with selected immune-mediated diseases: record linkage cohort analyses. J Epidemiol Community Health. 2012;66(12):1177-81.

7. Furer V, Rondaan C, Heijstek MW, Agmon-Levin N, Assen Sv, Bijl M, et al. 2019 update of EULAR recommendations for vaccination in adult patients with autoimmune inflammatory rheumatic diseases. Ann Rheum Dis. 2020;79(1):39-52.

8. Lopez A, Mariette X, Bachelez H, Belot A, Bonnotte B, Hachulla E, et al. Vaccination recommendations for the adult immunosuppressed patient: A systematic review and comprehensive field synopsis. J Autoimmun. 2017;80:10-27.

9. UK Health Security Agency. Pneumococcal: the green book, chapter 25. 2023. 10. Rondaan C, Furer V, Heijstek MW, Agmon-Levin N, Bijl M, Breedveld FC, et al. Efficacy, immunogenicity and safety of vaccination in adult patients with autoimmune inflammatory rheumatic diseases: a systematic literature review for the 2019 update of EULAR recommendations. RMD Open. 2019;5(2):e001035.

11. Coulson E, Saravanan V, Hamilton J, Long KS, Morgan L, Heycock C, et al. Pneumococcal antibody levels after pneumovax in patients with rheumatoid arthritis on methotrexate. Ann Rheum Dis. 2011;70(7):1289-91.

12. Nagra D, Bechman K, Adas M, Yang Z, Alveyn E, Subesinghe S, et al. A Systematic Review and Meta-Analysis of Anti-Rheumatic Drugs and Pneumococcal Vaccine Immunogenicity in Inflammatory Arthritis. Vaccines. 2023;11(11):1680.

13. Pugès M, Biscay P, Barnetche T, Truchetet M, Richez C, Seneschal J, et al. Immunogenicity and impact on disease activity of influenza and pneumococcal vaccines in systemic lupus erythematosus: a systematic literature review and meta-analysis. Rheumatology (Oxford). 2016;55(9):1664-72.

14. van Aalst M, Langedijk AC, Spijker R, de Bree GJ, Grobusch MP, Goorhuis A. The effect of immunosuppressive agents on immunogenicity of pneumococcal vaccination: A systematic review and meta-analysis. Vaccine. 2018;36(39):5832-45.

15. Malhi G, Rumman A, Thanabalan R, Croitoru K, Silverberg MS, Hillary Steinhart A, et al. Vaccination in inflammatory bowel disease patients: attitudes, knowledge, and uptake. J Crohns Colitis. 2015;9(6):439-44.

16. Lawson EF, Trupin L, Yelin EH, Yazdany J. Reasons for failure to receive pneumococcal and influenza vaccinations among immunosuppressed patients with systemic lupus erythematosus. Semin Arthritis Rheum. 2015;44(6):666-71.

17. Fuller A, Hancox J, Vedhara K, Card T, Mallen C, Van-Tam JSN, et al. Barriers and facilitators to vaccination uptake against COVID-19, influenza, and pneumococcal pneumonia in immunosuppressed adults with immune-mediated inflammatory diseases:

A qualitative interview study during the COVID-19 pandemic. PLoS One. 2022;17(9):e0267769.

18. Herrett E, Gallagher AM, Bhaskaran K, Forbes H, Mathur R, van Staa T, et al. Data Resource Profile: Clinical Practice Research Datalink (CPRD). International journal of epidemiology. 2015;44(3):827-36.

19. Richardson DB. An incidence density sampling program for nested case-control analyses. Occup Environ Med. 2004;61(12):e59-e.

20. Moons KG, Donders RA, Stijnen T, Harrell Jr FE. Using the outcome for imputation of missing predictor values was preferred. J Clin Epidemiol. 2006;59(10):1092-101.
21. VanderWeele TJ, Ding P. Sensitivity analysis in observational research: introducing the E-value. Ann Intern Med. 2017;167(4):268-74.

22. Lipsitch M, Tchetgen Tchetgen E, Cohen T. Negative controls: a tool for detecting confounding and bias in observational studies. Epidemiology. 2010;21(3):383-8.

23. Love BL, Finney CJ, Gaidos JK. Effectiveness of conjugate and polysaccharide pneumococcal vaccines for prevention of severe pneumococcal disease among inflammatory bowel disease patients. Journal of Crohn's and Colitis. 2021;15(8):1279-83.

24. Nagel J, Jönsson G, Nilsson J-Å, Manuswin C, Englund M, Saxne T, et al. Reduced risk of serious pneumococcal infections up to 10 years after a dose of pneumococcal conjugate vaccine in established arthritis. Vaccine. 2023;41(2):504-10.

25. Izumi Y, Akazawa M, Akeda Y, Tohma S, Hirano F, Ideguchi H, et al. The 23valent pneumococcal polysaccharide vaccine in patients with rheumatoid arthritis: a double-blinded, randomized, placebo-controlled trial. Arthritis Res Ther. 2017;19(1):1-10.

26. Moberley S, Holden J, Tatham DP, Andrews RM. Vaccines for preventing pneumococcal infection in adults. Cochrane Database Syst Rev. 2012;2012(1):Cd000422

2013;2013(1):Cd000422.

27. Ochoa-Gondar O, Vila-Corcoles A, Rodriguez-Blanco T, Gomez-Bertomeu F, Figuerola-Massana E, Raga-Luria X, et al. Effectiveness of the 23-valent pneumococcal polysaccharide vaccine against community-acquired pneumonia in the general population aged \geq 60 years: 3 years of follow-up in the CAPAMIS study. Clin Infect Dis. 2014;58(7):909-17.

28. Vila-Córcoles A, Ochoa-Gondar O, Hospital I, Ansa X, Vilanova A, Rodríguez T, et al. Protective effects of the 23-valent pneumococcal polysaccharide vaccine in the elderly population: the EVAN-65 study. Clin Infect Dis. 2006;43(7):860-8.

29. Djennad A, Ramsay ME, Pebody R, Fry NK, Sheppard C, Ladhani SN, et al. Effectiveness of 23-valent polysaccharide pneumococcal vaccine and changes in invasive pneumococcal disease incidence from 2000 to 2017 in those aged 65 and over in England and Wales. EClinicalMedicine. 2018;6:42-50.

30. Perniciaro S, van der Linden M. Pneumococcal vaccine uptake and vaccine effectiveness in older adults with invasive pneumococcal disease in Germany: A retrospective cohort study. The Lancet Regional Health–Europe. 2021;7.

31. Streeter AJ, Rodgers LR, Masoli J, Lin NX, Blé A, Hamilton W, et al. Real-world effectiveness of pneumococcal vaccination in older adults: Cohort study using the UK Clinical Practice Research Datalink. PLoS One. 2022;17(10):e0275642.

32. Del Riccio M, Boccalini S, Cosma C, Vaccaro G, Bonito B, Zanella B, et al. Effectiveness of pneumococcal vaccination on hospitalization and death in the adult and older adult diabetic population: a systematic review. Expert Review of Vaccines. 2023(just-accepted).

33. Pitsiou GG, Kioumis IP. Pneumococcal vaccination in adults: does it really work? Respir Med. 2011;105(12):1776-83.

34. Wolfe F, Caplan L, Michaud K. Treatment for rheumatoid arthritis and the risk of hospitalization for pneumonia: associations with prednisone, disease-modifying antirheumatic drugs, and anti-tumor necrosis factor therapy. Arthritis Rheum. 2006;54(2):628-34.

Supplementary material

Figure S1	Study population selection: Nested case-control study	Page 2
Table S1	List of Read codes used in the study	Page 3
Table S2	Time between the diagnosis of immune mediated inflammatory disease (IMID) and pneumococcal vaccination	Page 38
Table S3	Effectiveness of a single dose of pneumococcal vaccine	Page 39
Table S4	Pneumococcal vaccine effectiveness: subgroup analyses (model-3)	Page 40
Table S5	Results of complete case analysis	Page 41

Figure S1: Study population selection criteria: Nested case-control study cohorts



IMID: Immune mediated inflammatory diseases; CPRD: Clinical Practice Research Datalink; HES: Hospital Episode Statistics; LRTI: Lower respiratory tract infection

Table S1: code lists

A. Pneumococcal vaccination codes

Medcodes

medcode	readcode	readterm
5764	7L19700	Subcutaneous injection of Pneumovax II
11363	6572	Pneumococcal vaccination
30411	90000	Pneumococcal vaccination administration
36826	6572000	Pneumococcal vaccination given
53198	657K.00	Booster pneumococcal vaccination
97759	657P.00	Pneumococcal vaccination given by other healthcare provider

Product codes

prodcode	Description
	Pneumococcal polysaccharide conjugated vaccine (adsorbed) suspension for injection 0.5ml
821	vials
832	Pneumococcal polysaccharide vaccine solution for injection 0.5ml vials
930	Pneumovax II vaccine solution for injection 0.5ml vials (sanofi pasteur MSD Ltd)
1327	PNEUMOVAX VAC
3684	Pnu-Imune vaccine solution for injection 0.5ml vials (Wyeth Pharmaceuticals)
15482	PNEUMOVAC PLUS VACCINE VAC
42602	Prevenar 13 vaccine suspension for injection 0.5ml pre-filled syringes (Pfizer Ltd)
	Pneumococcal polysaccharide conjugated vaccine (adsorbed) suspension for injection 0.5ml
42612	pre-filled syringes
42991	Pneumococcal 10-valent saccharide conjugated absorbed vaccine
50264	Pneumovax II vaccine solution for injection 0.5ml pre-filled syringes (sanofi pasteur MSD Ltd)
50338	Prevenar vaccine suspension for injection 0.5ml pre-filled syringes (Pfizer Ltd)
53159	Synflorix vaccine suspension for injection 0.5ml pre-filled syringes (GlaxoSmithKline UK Ltd)
4530007	PNEUMOVAX VAC
6007001	PNEUMOCOCCAL 23-VALENT POLYSACCHARIDE vaccine

6008001 PNEUMOVAX II vaccine

7920001 PNEUMOCOCCAL 7-VALENT SACCHARIDE CONJUGATED adsorbed vaccine

9289001 PREVENAR vaccine

10904001 PNU-IMUNE vaccine

B: Pneumonia

- ICD10 Description
- J13 Pneumonia due to Streptococcus pneumoniae
- J14 Pneumonia due to Haemophilus influenzae
- J15 Bacterial pneumonia, not elsewhere classified
- J15.0 Pneumonia due to Klebsiella pneumoniae
- J15.1 Pneumonia due to Pseudomonas
- J15.2 Pneumonia due to streptococcus
- J15.3 Pneumonia due to streptococcus, group B
- J15.4 Pneumonia due to other streptococci
- J15.5 Pneumonia due to Escherichia coli
- J15.6 Pneumonia due to other Gram-negative bacteria
- J15.7 Pneumonia due to Mycoplasma pneumoniae
- J15.8 Other bacterial pneumonia
- J15.9 Bacterial pneumonia, unspecified Pneumonia due to other infectious organisms, not elsewhere
- J16 classified
- J16.0 Chlamydia pneumonia
- J16.8 Pneumonia due to other specified infectious organisms
- J18 pneumonia, organism unspecified
- J18.0 Bronchopneumonia, unspecified
- J18.1 Lobar pneumonia, unspecified
- J18.2 Hypostatic pneumonia, unspecified
- J18.8 Other pneumonia, organism unspecified
- J18.9 Pneumonia, unspecified
- J85.1 Absess of lung with pneumonia
- J85.2 Absess of lung without pneumonia

C: Lower respiratory infection

Medcode	Readcode	Readterm
68	H06z011	Chest infection
152	H302.00	Wheezy bronchitis
293	H06z111	Respiratory tract infection
312	H060.00	Acute bronchitis
556	H2700	Influenza
1019	H061.00	Acute bronchiolitis
1382	H060w00	Acute viral bronchitis unspecified
2476	H0700	Chest cold
2581	H06z000	Chest infection NOS
3163	H300.00	Tracheobronchitis NOS
3358	H06z100	Lower resp tract infection
4519	14B3.11	H/O: bronchitis
4899	H06z200	Recurrent chest infection
5818	1700	Respiratory symptoms
5909	H312011	Chronic wheezy bronchitis
5978	H060.11	Acute wheezy bronchitis
6124	H062.00	Acute lower respiratory tract infection
6475	R0600	[D]Respiratory system and chest symptoms
7074	H5yy.11	Respiratory infection NOS
7092	H3012	Recurrent wheezy bronchitis
8025	H000	Acute respiratory infections
9043	H060600	Acute pneumococcal bronchitis

11072	H060300	Acute purulent bronchitis
14791	H27y100	Influenza with gastrointestinal tract involvement
15626	H310000	Chronic catarrhal bronchitis
15774	H271000	Influenza with laryngitis
16388	H27z.00	Influenza NOS
16468	R06zz00	[D]Respiratory system and chest symptoms NOS
17185	H061200	Acute bronchiolitis with bronchospasm
17359	H3011	Chest infection - unspecified bronchitis
17917	H061z00	Acute bronchiolitis NOS
18451	H061500	Acute bronchiolitis due to respiratory syncytial virus
20198	H060z00	Acute bronchitis NOS
		Chronic obstruct pulmonary dis with acute lower resp
21061	H3y0.00	infect
21113	H0z00	Acute respiratory infection NOS
21145	H060400	Acute croupous bronchitis
21492	H060800	Acute haemophilus influenzae bronchitis
23488	H271z00	Influenza with respiratory manifestations NOS
23663	17ZZ.00	Respiratory symptom NOS
24316	H2411	Chest infection with infectious disease EC
24800	H060x00	Acute bacterial bronchitis unspecified
25603	H310.00	Simple chronic bronchitis
27819	H312.00	Obstructive chronic bronchitis
29273	H060C00	Acute bronchitis due to parainfluenza virus
29617	H271100	Influenza with pharyngitis
29669	H0600	Acute bronchitis and bronchiolitis
31363	H27yz00	Influenza with other manifestations NOS
31886	H060A00	Acute bronchitis due to mycoplasma pneumoniae
37447	H06z112	Acute lower respiratory tract infection
41137	H06z.00	Acute bronchitis or bronchiolitis NOS
43362	H060700	Acute streptococcal bronchitis

43625	H271.00	Influenza with other respiratory manifestation
44525	H312z00	Obstructive chronic bronchitis NOS
44611	D410300	Polycythaemia due to cyanotic respiratory disease
46052	H20y000	Severe acute respiratory syndrome
46157	H27y000	Influenza with encephalopathy
46397	P8z00	Respiratory system anomaly NOS
47472	H27y.00	Influenza with other manifestations
47638	R06z.00	[D]Other respiratory system and chest symptoms
48593	H060D00	Acute bronchitis due to respiratory syncytial virus
49794	H060900	Acute neisseria catarrhalis bronchitis
54533	H061000	Acute capillary bronchiolitis
54739	Hyu8400	[X]Respiratory disorders in other diseases CE
61118	H310z00	Simple chronic bronchitis NOS
63697	43jQ.00	Avian influenza virus nucleic acid detection
64716	7N22y00	[SO]Specified respiratory tract NEC
64890	H060E00	Acute bronchitis due to rhinovirus
65916	H060F00	Acute bronchitis due to echovirus
66043	H31y.00	Other chronic bronchitis
66228	H061600	Acute bronchiolitis due to other specified organisms
66397	Hyu1.00	[X]Other acute lower respiratory infections
69192	H061300	Acute exudative bronchiolitis
70630	Hyu8.00	[X]Other diseases of the respiratory system
70815	H464z00	Chronic respiratory conditions due to chemical fumes NOS
71370	H060200	Acute pseudomembranous bronchitis
73100	Hyu1000	[X]Acute bronchitis due to other specified organisms
91123	43jz.00	Parainfluenza type 3 nucleic acid detection
93153	H060B00	Acute bronchitis due to coxsackievirus
94130	43jx.00	Parainfluenza type 1 nucleic acid detection
94858	43jy.00	Parainfluenza type 2 nucleic acid detection
94930	H2900	Avian influenza

96017	4JU5.00	Influenza B virus detected
96018	4JU2.00	Influenza H3 virus detected
96019	4JU0.00	Influenza H1 virus detected
96286	4JUF.00	Human parainfluenza virus detected
97062	4JU4.00	Influenza A virus, other or untyped strain detected
97279	Hyu0700	[X]Influenza+other manifestations, virus not identified
		[X]Influenza+oth respiratory manifestatns, virus not
97605	Hyu0600	identifd
		[X]Influenza+other manifestations, influenza virus
97936	Hyu0500	identified
98102	H2A11	Influenza A (H1N1) swine flu
98103	1W000	Possible influenza A virus H1N1 subtype
98115	1J72.11	Suspected swine influenza
98125	1J72.00	Suspected influenza A virus subtype H1N1 infection
98129	H2A00	Influenza due to Influenza A virus subtype H1N1
98143	4J3L.00	Influenza A virus H1N1 subtype detected
98156	4JU3.00	Influenza H5 virus detected
98257	Hyu0400	[X]Flu+oth respiratory manifestations, 'flu virus identified
99214	Hyu1100	[X]Acute bronchiolitis due to other specified organisms
99762	14B9.00	History of acute lower respiratory tract infection
101775	H060100	Acute membranous bronchitis
103785	H58y500	Respiratory bronchiolitis associated interstitial lung dis
572	H2600	Pneumonia due to unspecified organism
886	H2500	Bronchopneumonia due to unspecified organism
1576	H231.00	Pneumonia due to mycoplasma pneumoniae
1849	H2100	Lobar (pneumococcal) pneumonia
3683	H261.00	Basal pneumonia due to unspecified organism
4910	H56y100	Interstitial pneumonia
5202	H2000	Viral pneumonia
5324	H2800	Atypical pneumonia

5612	H224.00	Pneumonia due to staphylococcus
6094	H2z00	Pneumonia or influenza NOS
6181	H061400	Obliterating fibrous bronchiolitis
9389	H2011	Chest infection - viral pneumonia
9639	H260.00	Lobar pneumonia due to unspecified organism
10086	H200	Pneumonia and influenza
11202	H530z00	Abscess of lung NOS
11849	H2y00	Other specified pneumonia or influenza
12061	H22y200	Pneumonia - Legionella
12423	H223.00	Pneumonia due to streptococcus
13573	H270000	Influenza with bronchopneumonia
14976	H20z.00	Viral pneumonia NOS
15308	A3A4.00	Legionella
15912	H270.00	Influenza with pneumonia
16287	H2511	Chest infection - unspecified bronchopneumonia
17025	H233.00	Chlamydial pneumonia
19400	H2611	Chest infection - pnemonia due to unspecified organism
19992	AC21.00	Lung echinococcus granulosus
21185	H5300	Abscess of lung and mediastinum
22795	H2211	Chest infection - other bacterial pneumonia
23095	H22z.00	Bacterial pneumonia NOS
23546	H220.00	Pneumonia due to klebsiella pneumoniae
23726	H24y700	Pneumonia with varicella
25694	H2300	Pneumonia due to other specified organisms
26125	H312300	Bronchiolitis obliterans
27519	H24y200	Pneumonia with pneumocystis carinii
27641	A789300	HIV disease resulting in Pneumocystis carinii pneumonia
28634	H2200	Other bacterial pneumonia
29005	H530.00	Abscess of lung
29166	H2111	Chest infection - pneumococcal pneumonia

29457	H270.11	Chest infection - influenza with pneumonia
30437	H243.00	Pneumonia with whooping cough
30591	H221.00	Pneumonia due to pseudomonas
30653	H2311	Chest infection - pneumonia organism OS
31269	H201.00	Pneumonia due to respiratory syncytial virus
32172	A551.00	Postmeasles pneumonia
33478	H20y.00	Viral pneumonia NEC
33730	H530000	Single lung abscess
34251	H23z.00	Pneumonia due to specified organism NOS
34274	H246.00	Pneumonia with aspergillosis
34659	H53z.00	Abscess of lung and mediastinum NOS
34732	A054.00	Amoebic lung abscess
35082	H243.11	Pneumonia with pertussis
35189	H530300	Abscess of lung with pneumonia
35220	AD63.00	Pneumocystosis
35745	H270z00	Influenza with pneumonia NOS
36675	H202.00	Pneumonia due to parainfluenza virus
37711	H530100	Multiple lung abscess
37881	H222.00	Pneumonia due to haemophilus influenzae
40299	AB24.11	Pneumonia - candidal
40498	H2400	Pneumonia with infectious diseases EC
41034	H240.00	Pneumonia with measles
41084	A221.11	Woolsorters' disease
41404	AB50100	Primary pulmonary blastomycosis
41589	H061100	Acute obliterating bronchiolitis
43286	H241.00	Pneumonia with cytomegalic inclusion disease
43884	H22yz00	Pneumonia due to bacteria NOS
45161	A221.00	Pulmonary anthrax
45425	H22y100	Pneumonia due to proteus
47295	A205.00	Pneumonic plague, unspecified

47973	A54x400	Herpes simplex pneumonia
48481	AB24.00	Candidiasis of lung
48804	H222.11	Pneumonia due to haemophilus influenzae
49398	H24y600	Pneumonia with typhoid fever
50408	A730.00	Ornithosis with pneumonia
50867	H22y.00	Pneumonia due to other specified bacteria
52071	H247000	Pneumonia with candidiasis
52384	H22yX00	Pneumonia due to other aerobic gram-negative bacteria
52520	Hyu0800	[X]Other viral pneumonia
53753	Hyu0H00	[X]Other pneumonia, organism unspecified
53947	Hyu0D00	[X]Pneumonia in viral diseases classified elsewhere
53969	H247z00	Pneumonia with systemic mycosis NOS
54540	AB30.00	Primary pulmonary coccidioidomycosis
54551	AB40700	Chronic pulmonary histoplasmosis capsulati
54906	AB65000	Pulmonary cryptococcosis
57667	H530200	Gangrenous pneumonia
58896	A022200	Salmonella pneumonia
59951	AB42.00	Pulmonary histoplasmosis
60119	H230.00	Pneumonia due to Eaton's agent
60299	H22y011	E.coli pneumonia
60482	H24y300	Pneumonia with Q-fever
61623	H24y000	Pneumonia with actinomycosis
62408	AC12.11	Lung fluke disease
62623	H242.00	Pneumonia with ornithosis
62632	H270100	Influenza with pneumonia, influenza virus identified
63763	Hyu0A00	[X]Other bacterial pneumonia
63858	H223000	Pneumonia due to streptococcus, group B
64306	A391.00	Pulmonary actinomycosis
65419	H22y000	Pneumonia due to escherichia coli
66362	H24z.00	Pneumonia with infectious diseases EC NOS

67836	H200.00	Pneumonia due to adenovirus
67901	H24y100	Pneumonia with nocardiasis
69782	H24y.00	Pneumonia with other infectious diseases EC
70559	H24yz00	Pneumonia with other infectious diseases EC NOS
70710	A203.00	Primary pneumonic plague
72182	H24y400	Pneumonia with salmonellosis
73340	A39y000	Pulmonary nocardiosis
73735	H232.00	Pneumonia due to pleuropneumonia like organisms
91481	AB40600	Acute pulmonary histoplasmosis capsulati
96332	AyuEU00	[X]Other pulmonary aspergillosis
98381	Hyu0B00	[X]Pneumonia due to other specified infectious organisms
98782	H24y500	Pneumonia with toxoplasmosis
100742	AB63300	Allergic bronchopulmonary aspergillosis
101292	AB41500	Histoplasma duboisii with pneumonia
101507	AB40500	Histoplasma capsulatum with pneumonia
102918	4JU1.00	Influenza H2 virus detected
103404	H247100	Pneumonia with coccidioidomycosis
104121	H2B00	Community acquired pneumonia
104264	H2C00	Hospital acquired pneumonia
106300	H203.00	Pneumonia due to human metapneumovirus
106908	H244.00	Pneumonia with tularaemia
111027	Hyu0C00	[X]Pneumonia in bacterial diseases classified elsewhere
111655	Hyu0G00	[X]Pneumonia in other diseases classified elsewhere

D: Antibiotics

- Prodcode Product_name
 - 22029 amiclav 250mg/125mg tablets (ashbourne pharmaceuticals ltd)
 - 11634 amix 125 oral suspension (ashbourne pharmaceuticals ltd)
 - 11613 amix 250 capsules (ashbourne pharmaceuticals ltd)
 - 21844 amix 250 oral suspension (ashbourne pharmaceuticals ltd)

18786 amix 500 capsules (ashbourne pharmaceuticals ltd) amopen 125mg/5ml liquid (yorkshire pharmaceuticals ltd) 29697 amopen 250mg capsule (vorkshire pharmaceuticals ltd) 30498 amopen 250mg/5ml liquid (yorkshire pharmaceuticals ltd) 31423 amopen 500mg capsule (yorkshire pharmaceuticals ltd) 17711 amoram 125mg/5ml oral suspension (lpc medical (uk) ltd) 12378 amoram 250mg capsules (lpc medical (uk) ltd) 9243 amoram 250mg/5ml oral suspension (lpc medical (uk) ltd) 22438 amoram 500mg capsules (lpc medical (uk) ltd) 22415 8906 amoxicillin 125mg / clavulanic acid 31mg/5ml oral suspension amoxicillin 125mg / clavulanic acid 31mg/5ml oral suspension 13285 amoxicillin 125mg / clavulanic acid 62.5mg/5ml oral suspension 53942 amoxicillin 125mg powder (ivax pharmaceuticals uk ltd) 41835 amoxicillin 125mg sugar free chewable tablets 3742 amoxicillin 125mg sugar free powder 13848 amoxicillin 125mg/1.25ml oral suspension paediatric 485 amoxicillin 125mg/5ml mixture (celltech pharma europe ltd) 42822 amoxicillin 125mg/5ml mixture (crosspharma ltd) 28872 41818 amoxicillin 125mg/5ml oral solution (berk pharmaceuticals ltd) amoxicillin 125mg/5ml oral solution (co-pharma ltd) 42240 amoxicillin 125mg/5ml oral solution (neo laboratories ltd) 29337 amoxicillin 125mg/5ml oral suspension 62 amoxicillin 125mg/5ml oral suspension (a a h pharmaceuticals ltd) 33690 amoxicillin 125mg/5ml oral suspension (actavis uk ltd) 34857 amoxicillin 125mg/5ml oral suspension (almus pharmaceuticals ltd) 42545 amoxicillin 125mg/5ml oral suspension (bristol laboratories ltd) 50002 amoxicillin 125mg/5ml oral suspension (generics (uk) ltd) 32622 amoxicillin 125mg/5ml oral suspension (ivax pharmaceuticals uk ltd) 23238 amoxicillin 125mg/5ml oral suspension (kent pharmaceuticals ltd) 48038 amoxicillin 125mg/5ml oral suspension (phoenix healthcare distribution ltd) 52685

- 28875 amoxicillin 125mg/5ml oral suspension (ranbaxy (uk) ltd)
- 43229 amoxicillin 125mg/5ml oral suspension (sandoz ltd)
- 55047 amoxicillin 125mg/5ml oral suspension (sandoz ltd)
- 28870 amoxicillin 125mg/5ml oral suspension (teva uk ltd)
- 56561 amoxicillin 125mg/5ml oral suspension (waymade healthcare plc)
- 503 amoxicillin 125mg/5ml oral suspension sugar free
- 33696 amoxicillin 125mg/5ml oral suspension sugar free (a a h pharmaceuticals ltd)
- 34679 amoxicillin 125mg/5ml oral suspension sugar free (actavis uk ltd)
- 53078 amoxicillin 125mg/5ml oral suspension sugar free (alliance healthcare (distribution) ltd)
- 36054 amoxicillin 125mg/5ml oral suspension sugar free (almus pharmaceuticals ltd)
- 52122 amoxicillin 125mg/5ml oral suspension sugar free (bristol laboratories ltd)
- 31014 amoxicillin 125mg/5ml oral suspension sugar free (generics (uk) ltd)
- 24150 amoxicillin 125mg/5ml oral suspension sugar free (ivax pharmaceuticals uk ltd)
- 34384 amoxicillin 125mg/5ml oral suspension sugar free (kent pharmaceuticals ltd)
- 52857 amoxicillin 125mg/5ml oral suspension sugar free (phoenix healthcare distribution ltd)
- 29858 amoxicillin 125mg/5ml oral suspension sugar free (sandoz ltd)
- 34638 amoxicillin 125mg/5ml oral suspension sugar free (teva uk ltd)
- 55626 amoxicillin 125mg/5ml oral suspension sugar free (waymade healthcare plc)
- 1391 amoxicillin 250mg / clavulanic acid 125mg tablets
- 7636 amoxicillin 250mg / clavulanic acid 62mg/5ml oral suspension
- 13262 amoxicillin 250mg / clavulanic acid 62mg/5ml oral suspension
- 42809 amoxicillin 250mg capsule (c p pharmaceuticals ltd)
- 31661 amoxicillin 250mg capsule (co-pharma ltd)
- 28882 amoxicillin 250mg capsule (crosspharma ltd)
- 34435 amoxicillin 250mg capsule (ddsa pharmaceuticals ltd)
- 33222 amoxicillin 250mg capsule (lagap)
- 32872 amoxicillin 250mg capsule (mepra-pharm)
- 34714 amoxicillin 250mg capsule (neo laboratories ltd)
- 45267 amoxicillin 250mg capsule (regent laboratories ltd)
 - 9 amoxicillin 250mg capsules

25484	amoxicillin 250mg capsules (a a h pharmaceuticals ltd)
33343	amoxicillin 250mg capsules (actavis uk ltd)
54796	amoxicillin 250mg capsules (boston healthcare ltd)
54491	amoxicillin 250mg capsules (bristol laboratories ltd)
30745	amoxicillin 250mg capsules (generics (uk) ltd)
34042	amoxicillin 250mg capsules (ivax pharmaceuticals uk ltd)
30528	amoxicillin 250mg capsules (kent pharmaceuticals ltd)
54271	amoxicillin 250mg capsules (mawdsley-brooks & company ltd)
51536	amoxicillin 250mg capsules (milpharm ltd)
30743	amoxicillin 250mg capsules (ranbaxy (uk) ltd)
48006	amoxicillin 250mg capsules (sandoz ltd)
23967	amoxicillin 250mg capsules (teva uk ltd)
54185	amoxicillin 250mg capsules (wockhardt uk ltd)
870	amoxicillin 250mg sugar free chewable tablets
42815	amoxicillin 250mg/5ml mixture (celltech pharma europe ltd)
33570	amoxicillin 250mg/5ml mixture (crosspharma ltd)
40238	amoxicillin 250mg/5ml mixture (mepra-pharm)
45317	amoxicillin 250mg/5ml oral solution (neo laboratories ltd)
427	amoxicillin 250mg/5ml oral suspension
33165	amoxicillin 250mg/5ml oral suspension (a a h pharmaceuticals ltd)
34760	amoxicillin 250mg/5ml oral suspension (actavis uk ltd)
41090	amoxicillin 250mg/5ml oral suspension (almus pharmaceuticals ltd)
55018	amoxicillin 250mg/5ml oral suspension (bristol laboratories ltd)
33689	amoxicillin 250mg/5ml oral suspension (generics (uk) ltd)
32640	amoxicillin 250mg/5ml oral suspension (ivax pharmaceuticals uk ltd)
51382	amoxicillin 250mg/5ml oral suspension (phoenix healthcare distribution ltd)
55499	amoxicillin 250mg/5ml oral suspension (ranbaxy (uk) ltd)
56223	amoxicillin 250mg/5ml oral suspension (sandoz ltd)
37755	amoxicillin 250mg/5ml oral suspension (sandoz ltd)
53924	amoxicillin 250mg/5ml oral suspension (sigma pharmaceuticals plc)

- 27725 amoxicillin 250mg/5ml oral suspension (teva uk ltd)
- 585 amoxicillin 250mg/5ml oral suspension sugar free
- 34232 amoxicillin 250mg/5ml oral suspension sugar free (a a h pharmaceuticals ltd)
- 40243 amoxicillin 250mg/5ml oral suspension sugar free (actavis uk ltd)
- 54222 amoxicillin 250mg/5ml oral suspension sugar free (alliance healthcare (distribution) ltd)
- 42732 amoxicillin 250mg/5ml oral suspension sugar free (almus pharmaceuticals ltd)
- 49065 amoxicillin 250mg/5ml oral suspension sugar free (bristol laboratories ltd)
- 31535 amoxicillin 250mg/5ml oral suspension sugar free (generics (uk) ltd)
- 33699 amoxicillin 250mg/5ml oral suspension sugar free (ivax pharmaceuticals uk ltd)
- 34855 amoxicillin 250mg/5ml oral suspension sugar free (kent pharmaceuticals ltd)
- 34775 amoxicillin 250mg/5ml oral suspension sugar free (teva uk ltd)
- 17746 amoxicillin 375mg soluble tablets
- 1140 amoxicillin 3g oral powder sachets sugar free
- 33383 amoxicillin 3g oral powder sachets sugar free (a a h pharmaceuticals ltd)
- 40168 amoxicillin 3g oral powder sachets sugar free (kent pharmaceuticals ltd)
- 28130 amoxicillin 3g oral powder sachets sugar free (teva uk ltd)
- 41734 amoxicillin 3g powder (actavis uk ltd)
- 15192 amoxicillin 400mg / clavulanic acid 57mg/5ml sugar free oral suspension
- 5662 amoxicillin 500mg / clarithromycin 500mg / lansoprazole 30mg triple pack
- 13216 amoxicillin 500mg / clavulanic acid 125mg tablets
- 38684 amoxicillin 500mg capsule (c p pharmaceuticals ltd)
- 35570 amoxicillin 500mg capsule (crosspharma ltd)
- 34885 amoxicillin 500mg capsule (ddsa pharmaceuticals ltd)
- 44854 amoxicillin 500mg capsule (lagap)
- 34912 amoxicillin 500mg capsule (neo laboratories ltd)
 - 48 amoxicillin 500mg capsules
- 33692 amoxicillin 500mg capsules (a a h pharmaceuticals ltd)
- 53627 amoxicillin 500mg capsules (accord healthcare ltd)
- 26157 amoxicillin 500mg capsules (actavis uk ltd)
- 52820 amoxicillin 500mg capsules (alliance healthcare (distribution) ltd)

- 47640 amoxicillin 500mg capsules (almus pharmaceuticals ltd)
- 55527 amoxicillin 500mg capsules (boston healthcare ltd)
- 52771 amoxicillin 500mg capsules (bristol laboratories ltd)
- 23740 amoxicillin 500mg capsules (generics (uk) ltd)
- 29463 amoxicillin 500mg capsules (ivax pharmaceuticals uk ltd)
- 33706 amoxicillin 500mg capsules (kent pharmaceuticals ltd)
- 52058 amoxicillin 500mg capsules (medreich plc)
- 54725 amoxicillin 500mg capsules (milpharm ltd)
- 34852 amoxicillin 500mg capsules (ranbaxy (uk) ltd)
- 31801 amoxicillin 500mg capsules (sandoz ltd)
- 34001 amoxicillin 500mg capsules (teva uk ltd)
- 55394 amoxicillin 500mg capsules (wockhardt uk ltd)
- 1722 amoxicillin 500mg dispersible tablets
- 2281 amoxicillin 500mg sugar free chewable tablets
- 4582 amoxicillin 750mg soluble tablets
- 9343 amoxicillin 750mg sugar free powder
- 439 amoxicillin with clavulanic acid dispersible tablets
- 2171 amoxil 125mg/1.25ml paediatric oral suspension (glaxosmithkline uk ltd)
- 2153 amoxil 125mg/5ml syrup sucrose free (glaxosmithkline uk ltd)
- 133 amoxil 250mg capsules (glaxosmithkline uk ltd)
- 1812 amoxil 250mg/5ml syrup sucrose free (glaxosmithkline uk ltd)
- 2174 amoxil 3g oral powder sachets sucrose free (glaxosmithkline uk ltd)
- 847 amoxil 500mg capsules (glaxosmithkline uk ltd)
- 49590 amoxil 500mg capsules (lexon (uk) ltd)
- 51436 amoxil 500mg capsules (mawdsley-brooks & company ltd)
- 56700 amoxil 500mg capsules (necessity supplies ltd)
- 15148 amoxil 500mg dispersible tablet (smithkline beecham plc)
- 4010 amoxil 750mg sachets (glaxosmithkline uk ltd)
- 4154 amoxil fiztab 125mg tablet (bencard)
- 1637 amoxil fiztab 250mg tablet (bencard)

- 7737 amoxil fiztab 500mg tablet (bencard)
- 31571 amoxycillin
- 32505 amoxycillin
- 27897 amoxycillin
- 7592 amoxycillin 125 mg cap
- 22469 amoxycillin 125mg/31mg clavulanic acid
- 25034 amoxycillin 125mg/62mg clavulanic acid
- 7581 amoxycillin 125mg/62mg clavulanic acid syr
- 27886 amoxycillin 250/clavulanic acid 125 disp
- 19795 amoxycillin 250mg/clavulanic acid 125mg
- 1570 amoxycillin 500 mg tab
- 2902 amoxycillin fiztab 125 mg tab
- 1393 amoxycillin fiztab 250 mg tab
- 22293 amoxycillin trihydrate sachet
- 21982 amoxycillin trihydrate sachet
- 31286 amoxymed 125mg/5ml oral solution (medipharma ltd)
- 3669 amoxymed 250mg capsule (medipharma ltd)
- 33109 amrit 125mg/5ml liquid (bhr pharmaceuticals ltd)
- 27714 amrit 250mg capsule (bhr pharmaceuticals ltd)
- 33110 amrit 250mg/5ml liquid (bhr pharmaceuticals ltd)
- 33112 amrit 500mg capsule (bhr pharmaceuticals ltd)
- 27495 arpimycin 125mg/5ml liquid (rosemont pharmaceuticals ltd)
- 36544 arpimycin 125mg/5ml oral suspension (rosemont pharmaceuticals ltd)
- 24220 arpimycin 250mg/5ml liquid (rosemont pharmaceuticals ltd)
- 36514 arpimycin 250mg/5ml oral suspension (rosemont pharmaceuticals ltd)
- 37022 arpimycin 500mg/5ml liquid (rosemont pharmaceuticals ltd)
- 415 augmentin 125/31 sf oral suspension (glaxosmithkline uk ltd)
- 50595 augmentin 125/31 sf oral suspension (mawdsley-brooks & company ltd)
- 51164 augmentin 125/31 sf oral suspension (waymade healthcare plc)
- 569 augmentin 250/62 sf oral suspension (glaxosmithkline uk ltd)

- 52666 augmentin 250/62 sf oral suspension (sigma pharmaceuticals plc)
- 2507 augmentin 375mg dispersible tablets (glaxosmithkline uk ltd)
- 49063 augmentin 375mg tablets (doncaster pharmaceuticals ltd)
- 399 augmentin 375mg tablets (glaxosmithkline uk ltd)
- 48683 augmentin 375mg tablets (lexon (uk) ltd)
- 49374 augmentin 375mg tablets (mawdsley-brooks & company ltd)
- 49048 augmentin 375mg tablets (waymade healthcare plc)
- 50279 augmentin 625mg tablets (doncaster pharmaceuticals ltd)
- 509 augmentin 625mg tablets (glaxosmithkline uk ltd)
- 49656 augmentin 625mg tablets (lexon (uk) ltd)
- 52207 augmentin 625mg tablets (mawdsley-brooks & company ltd)
- 49321 augmentin 625mg tablets (sigma pharmaceuticals plc)
- 49683 augmentin 625mg tablets (waymade healthcare plc)
- 5341 augmentin-duo 400/57 oral suspension (glaxosmithkline uk ltd)
- 56591 augmentin-duo 400/57 oral suspension (lexon (uk) ltd)
- 51194 augmentin-duo 400/57 oral suspension (sigma pharmaceuticals plc)
- 31007 aureomycin powder (wyeth pharmaceuticals)
- 25127 avelox 400mg tablets (bayer plc)
- 26289 bacticlor mr 375mg tablets (ranbaxy (uk) ltd)
- 4895 benzoyl peroxide 5% / erythromycin 3% gel
- 21802 berkmycen 250mg tablet (berk pharmaceuticals ltd)
- 17093 bisolvomycin capsule (boehringer ingelheim ltd)
- 27016 ciprofloxacin
- 498 ciprofloxacin 100mg tablets
- 42507 ciprofloxacin 100mg tablets (a a h pharmaceuticals ltd)
- 48031 ciprofloxacin 100mg tablets (almus pharmaceuticals ltd)
- 54555 ciprofloxacin 100mg tablets (doncaster pharmaceuticals ltd)
- 54674 ciprofloxacin 100mg tablets (phoenix healthcare distribution ltd)
- 39913 ciprofloxacin 100mg tablets (sandoz ltd)
- 52309 ciprofloxacin 100mg tablets (sigma pharmaceuticals plc)

- 52945 ciprofloxacin 200mg/100ml solution for infusion vials
- 56439 ciprofloxacin 200mg/100ml solution for infusion vials (a a h pharmaceuticals ltd)
- 34647 ciprofloxacin 250mg tablet (neo laboratories ltd)
- 281 ciprofloxacin 250mg tablets
- 29343 ciprofloxacin 250mg tablets (a a h pharmaceuticals ltd)
- 50601 ciprofloxacin 250mg tablets (accord healthcare ltd)
- 34308 ciprofloxacin 250mg tablets (actavis uk ltd)
- 51537 ciprofloxacin 250mg tablets (alliance healthcare (distribution) ltd)
- 54393 ciprofloxacin 250mg tablets (arrow generics ltd)
- 54701 ciprofloxacin 250mg tablets (bristol laboratories ltd)
- 56381 ciprofloxacin 250mg tablets (co-pharma ltd)
- 43814 ciprofloxacin 250mg tablets (dr reddy's laboratories (uk) ltd)
- 33989 ciprofloxacin 250mg tablets (generics (uk) ltd)
- 41561 ciprofloxacin 250mg tablets (ivax pharmaceuticals uk ltd)
- 54302 ciprofloxacin 250mg tablets (medreich plc)
- 34448 ciprofloxacin 250mg tablets (niche generics ltd)
- 34694 ciprofloxacin 250mg tablets (pliva pharma ltd)
- 34559 ciprofloxacin 250mg tablets (sandoz ltd)
- 34478 ciprofloxacin 250mg tablets (teva uk ltd)
- 34655 ciprofloxacin 250mg tablets (wockhardt uk ltd)
- 4091 ciprofloxacin 250mg/5ml oral suspension
- 10304 ciprofloxacin 2mg/ml infusion
- 45341 ciprofloxacin 500mg tablet (neo laboratories ltd)
- 34322 ciprofloxacin 500mg tablet (niche generics ltd)
- 583 ciprofloxacin 500mg tablets
- 29458 ciprofloxacin 500mg tablets (a a h pharmaceuticals ltd)
- 52501 ciprofloxacin 500mg tablets (accord healthcare ltd)
- 34605 ciprofloxacin 500mg tablets (actavis uk ltd)
- 49445 ciprofloxacin 500mg tablets (almus pharmaceuticals ltd)
- 56789 ciprofloxacin 500mg tablets (apc pharmaceuticals & chemicals (europe) ltd)

52616 ciprofloxacin 500mg tablets (arrow generics ltd)

53641 ciprofloxacin 500mg tablets (co-pharma ltd)

- 50055 ciprofloxacin 500mg tablets (doncaster pharmaceuticals ltd)
- 53088 ciprofloxacin 500mg tablets (dr reddy's laboratories (uk) ltd)
- 30707 ciprofloxacin 500mg tablets (generics (uk) ltd)
- 42174 ciprofloxacin 500mg tablets (ivax pharmaceuticals uk ltd)
- 55917 ciprofloxacin 500mg tablets (medreich plc)
- 43557 ciprofloxacin 500mg tablets (pliva pharma ltd)
- 53878 ciprofloxacin 500mg tablets (ranbaxy (uk) ltd)
- 43797 ciprofloxacin 500mg tablets (sandoz ltd)
- 45285 ciprofloxacin 500mg tablets (teva uk ltd)
- 34494 ciprofloxacin 500mg tablets (wockhardt uk ltd)
- 34973 ciprofloxacin 750mg tablet (niche generics ltd)
- 1837 ciprofloxacin 750mg tablets
- 29472 ciprofloxacin 750mg tablets (a a h pharmaceuticals ltd)
- 43517 ciprofloxacin 750mg tablets (actavis uk ltd)
- 52099 ciprofloxacin 750mg tablets (bristol laboratories ltd)
- 56856 ciprofloxacin 750mg tablets (ranbaxy (uk) ltd)
- 28544 ciprofloxaxin 400mg/200ml in glucose 5% infusion
- 9154 ciproxin 100mg tablets (bayer plc)
- 1202 ciproxin 250mg tablets (bayer plc)
- 52353 ciproxin 250mg tablets (doncaster pharmaceuticals ltd)
- 53519 ciproxin 250mg tablets (lexon (uk) ltd)
 - 163 ciproxin 250mg/5ml oral suspension (bayer plc)
- 728 ciproxin 500mg tablets (bayer plc)
- 52807 ciproxin 500mg tablets (mawdsley-brooks & company ltd)
- 52177 ciproxin 500mg tablets (sigma pharmaceuticals plc)
- 49839 ciproxin 500mg tablets (waymade healthcare plc)
- 7752 ciproxin 750mg tablets (bayer plc)
- 45591 clarie xl 500mg tablets (teva uk ltd)

- 10326 clarithromycin 125mg granules straws
- 331 clarithromycin 125mg/5ml oral suspension
- 45795 clarithromycin 125mg/5ml oral suspension (a a h pharmaceuticals ltd)
- 54903 clarithromycin 125mg/5ml oral suspension (alliance healthcare (distribution) ltd)
- 51831 clarithromycin 125mg/5ml oral suspension (phoenix healthcare distribution ltd)
- 41453 clarithromycin 125mg/5ml oral suspension (ranbaxy (uk) ltd)
- 53168 clarithromycin 125mg/5ml oral suspension (sandoz ltd)
- 26059 clarithromycin 187.5mg granules straws
 - 765 clarithromycin 250mg granules sachets
- 17645 clarithromycin 250mg granules straws
- 537 clarithromycin 250mg tablets
- 34650 clarithromycin 250mg tablets (a a h pharmaceuticals ltd)
- 54472 clarithromycin 250mg tablets (accord healthcare ltd)
- 48163 clarithromycin 250mg tablets (actavis uk ltd)
- 52158 clarithromycin 250mg tablets (alliance healthcare (distribution) ltd)
- 54882 clarithromycin 250mg tablets (almus pharmaceuticals ltd)
- 52719 clarithromycin 250mg tablets (apotex uk ltd)
- 53086 clarithromycin 250mg tablets (doncaster pharmaceuticals ltd)
- 34394 clarithromycin 250mg tablets (generics (uk) ltd)
- 51154 clarithromycin 250mg tablets (kent pharmaceuticals ltd)
- 53153 clarithromycin 250mg tablets (phoenix healthcare distribution ltd)
- 53688 clarithromycin 250mg tablets (ranbaxy (uk) ltd)
- 47582 clarithromycin 250mg tablets (sandoz ltd)
- 50946 clarithromycin 250mg tablets (sigma pharmaceuticals plc)
- 54269 clarithromycin 250mg tablets (somex pharma)
- 34533 clarithromycin 250mg tablets (teva uk ltd)
- 54897 clarithromycin 250mg tablets (tillomed laboratories ltd)
- 53144 clarithromycin 250mg tablets (wockhardt uk ltd)
- 5357 clarithromycin 250mg/5ml oral suspension
- 54241 clarithromycin 250mg/5ml oral suspension (a a h pharmaceuticals ltd)

- 55148 clarithromycin 250mg/5ml oral suspension (alliance healthcare (distribution) ltd)
- 34811 clarithromycin 250mg/5ml oral suspension (ranbaxy (uk) ltd)
- 53179 clarithromycin 250mg/5ml oral suspension (sandoz ltd)
- 54208 clarithromycin 250mg/5ml oral suspension (sigma pharmaceuticals plc)
- 55428 clarithromycin 250mg/5ml oral suspension (waymade healthcare plc)
- 54529 clarithromycin 500mg modified-release tablet (hillcross pharmaceuticals ltd)
- 6803 clarithromycin 500mg modified-release tablets
- 681 clarithromycin 500mg tablets
- 38163 clarithromycin 500mg tablets (a a h pharmaceuticals ltd)
- 51426 clarithromycin 500mg tablets (accord healthcare ltd)
- 48023 clarithromycin 500mg tablets (actavis uk ltd)
- 49939 clarithromycin 500mg tablets (alliance healthcare (distribution) ltd)
- 53715 clarithromycin 500mg tablets (almus pharmaceuticals ltd)
- 53776 clarithromycin 500mg tablets (doncaster pharmaceuticals ltd)
- 34608 clarithromycin 500mg tablets (generics (uk) ltd)
- 53703 clarithromycin 500mg tablets (kent pharmaceuticals ltd)
- 46488 clarithromycin 500mg tablets (ranbaxy (uk) ltd)
- 40784 clarithromycin 500mg tablets (sandoz ltd)
- 53109 clarithromycin 500mg tablets (somex pharma)
- 34974 clarithromycin 500mg tablets (teva uk ltd)
- 53875 clarithromycin 500mg tablets (tillomed laboratories ltd)
- 11433 clarithromycin 500mg with lansoprazole 30mg and amoxicillin 500mg triple pack
- 6497 clarithromycin 500mg with metronidazole 400mg with lansoprazole 30mg triple pack
- 28349 clarosip 125mg granules for oral suspension straws (grunenthal ltd)
- 31689 clarosip 187.5mg granules for oral suspension straws (grunenthal ltd)
- 31690 clarosip 250mg granules for oral suspension straws (grunenthal ltd)
- 9925 clavulanic acid 125mg with amoxicillin 250mg tablets
- 13239 clavulanic acid 125mg with amoxicillin 500mg tablets
- 24006 clavulanic acid 31mg with amoxcillin 125mg/5ml oral suspension
- 21775 clavulanic acid 31mg with amoxicillin 125mg/5ml sugar free oral suspension

- 20432 clavulanic acid 57mg with amoxicillin 400mg/5ml sugar free suspension
- 42485 clavulanic acid 62mg with amoxicillin 250mg/5ml oral suspension
- 16612 clavulanic acid 62mg with amoxicillin 250mg/5ml sugar free suspension
- 24093 clavulanic acid with amoxicillin dispersible tablets
- 12504 clomocycline 170mg capsules
- 10200 co-amoxiclav 125mg/31mg/5ml oral suspension
- 54052 co-amoxiclav 125mg/31mg/5ml oral suspension (a a h pharmaceuticals ltd)
- 54732 co-amoxiclav 125mg/31mg/5ml oral suspension (generics (uk) ltd)
- 1638 co-amoxiclav 125mg/31mg/5ml oral suspension sugar free
- 43548 co-amoxiclav 125mg/31mg/5ml oral suspension sugar free (a a h pharmaceuticals ltd)
- 54324 co-amoxiclav 125mg/31mg/5ml oral suspension sugar free (actavis uk ltd)
- 54452 co-amoxiclav 125mg/31mg/5ml oral suspension sugar free (alliance healthcare (distribution) ltd)
- 54808 co-amoxiclav 125mg/31mg/5ml oral suspension sugar free (almus pharmaceuticals ltd)
- 28874 co-amoxiclav 125mg/31mg/5ml oral suspension sugar free (ivax pharmaceuticals uk ltd) co-amoxiclav 125mg/31mg/5ml oral suspension sugar free (phoenix healthcare
- 56884 distribution ltd)
- 34680 co-amoxiclav 125mg/31mg/5ml oral suspension sugar free (ranbaxy (uk) ltd)
- 34972 co-amoxiclav 125mg/31mg/5ml oral suspension sugar free (sandoz ltd)
- 829 co-amoxiclav 250mg/125mg dispersible tablets sugar free
- 545 co-amoxiclav 250mg/125mg tablets
- 30786 co-amoxiclav 250mg/125mg tablets (a a h pharmaceuticals ltd)
- 19209 co-amoxiclav 250mg/125mg tablets (actavis uk ltd)
- 51623 co-amoxiclav 250mg/125mg tablets (alliance healthcare (distribution) ltd)
- 48147 co-amoxiclav 250mg/125mg tablets (almus pharmaceuticals ltd)
- 34297 co-amoxiclav 250mg/125mg tablets (generics (uk) ltd)
- 28871 co-amoxiclav 250mg/125mg tablets (ivax pharmaceuticals uk ltd)
- 33693 co-amoxiclav 250mg/125mg tablets (kent pharmaceuticals ltd)
- 50446 co-amoxiclav 250mg/125mg tablets (phoenix healthcare distribution ltd)
- 30783 co-amoxiclav 250mg/125mg tablets (ranbaxy (uk) ltd)

- 19414 co-amoxiclav 250mg/125mg tablets (sandoz ltd)
- 34734 co-amoxiclav 250mg/125mg tablets (teva uk ltd)
- 55312 co-amoxiclav 250mg/125mg tablets (waymade healthcare plc)
- 46915 co-amoxiclav 250mg/125mg tablets (zentiva)
- 7364 co-amoxiclav 250mg/62mg/5ml oral suspension
- 54708 co-amoxiclav 250mg/62mg/5ml oral suspension (a a h pharmaceuticals ltd)
- 54780 co-amoxiclav 250mg/62mg/5ml oral suspension (generics (uk) ltd)
 - 524 co-amoxiclav 250mg/62mg/5ml oral suspension sugar free
- 42227 co-amoxiclav 250mg/62mg/5ml oral suspension sugar free (a a h pharmaceuticals ltd)
- 51678 co-amoxiclav 250mg/62mg/5ml oral suspension sugar free (almus pharmaceuticals ltd)
- 37304 co-amoxiclav 250mg/62mg/5ml oral suspension sugar free (ivax pharmaceuticals uk ltd)
- 40320 co-amoxiclav 250mg/62mg/5ml oral suspension sugar free (ranbaxy (uk) ltd)
- 46918 co-amoxiclav 250mg/62mg/5ml oral suspension sugar free (sandoz ltd)
- 34234 co-amoxiclav 250mg/62mg/5ml oral suspension sugar free (teva uk ltd)
- 56578 co-amoxiclav 250mg/62mg/5ml oral suspension sugar free (waymade healthcare plc)
- 6687 co-amoxiclav 400mg/57mg/5ml oral suspension sugar free
- 51637 co-amoxiclav 400mg/57mg/5ml oral suspension sugar free (a a h pharmaceuticals ltd)
- 641 co-amoxiclav 500mg/125mg tablets
- 33701 co-amoxiclav 500mg/125mg tablets (a a h pharmaceuticals ltd)
- 50742 co-amoxiclav 500mg/125mg tablets (actavis uk ltd)
- 50341 co-amoxiclav 500mg/125mg tablets (alliance healthcare (distribution) ltd)
- 53609 co-amoxiclav 500mg/125mg tablets (apc pharmaceuticals & chemicals (europe) ltd)
- 53996 co-amoxiclav 500mg/125mg tablets (aurobindo pharma ltd)
- 30705 co-amoxiclav 500mg/125mg tablets (generics (uk) ltd)
- 29356 co-amoxiclav 500mg/125mg tablets (ivax pharmaceuticals uk ltd)
- 40148 co-amoxiclav 500mg/125mg tablets (kent pharmaceuticals ltd)
- 49610 co-amoxiclav 500mg/125mg tablets (medreich plc)
- 54591 co-amoxiclav 500mg/125mg tablets (phoenix healthcare distribution ltd)
- 34493 co-amoxiclav 500mg/125mg tablets (ranbaxy (uk) ltd)
- 32910 co-amoxiclav 500mg/125mg tablets (sandoz ltd)

- 29353 co-amoxiclav 500mg/125mg tablets (teva uk ltd)
- 44154 co-amoxiclav 500mg/125mg tablets (zentiva)
- 21860 cyclodox 100mg capsule (berk pharmaceuticals ltd)
- 21878 demix 100 capsules (ashbourne pharmaceuticals ltd)
- 21828 demix 50 capsules (ashbourne pharmaceuticals ltd)
- 2428 distaclor 125mg/5ml liquid (dista products ltd)
- 25384 distaclor 125mg/5ml oral suspension (flynn pharma ltd)
- 4576 distaclor 250mg capsule (dista products ltd)
- 9219 distaclor 250mg/5ml liquid (dista products ltd)
- 22042 distaclor 250mg/5ml oral suspension (flynn pharma ltd)
- 7889 distaclor 375mg modified-release tablet (dista products ltd)
- 319 distaclor 500mg capsule (dista products ltd)
- 18243 distaclor 500mg capsules (flynn pharma ltd)
- 3523 distaclor 500mg modified-release tablet (dista products ltd)
- 20992 distaclor mr 375mg tablets (flynn pharma ltd)
- 21038 doxatet 100mg tablet (manufacturer unknown)
- 2884 doxycycline (as hyclate) 100mg dispersible tablets
- 970 doxycycline (as hyclate) 100mg tablets
- 12987 doxycycline (as hyclate) 50mg capsules with microgranules
- 23819 doxycycline (as hyclate) 50mg capsules with microgranules
- 8724 doxycycline (as hyclate) 50mg/5ml oral solution
- 41560 doxycycline 100mg capsule (ivax pharmaceuticals uk ltd)
- 34594 doxycycline 100mg capsule (neo laboratories ltd)
- 34423 doxycycline 100mg capsule (pliva pharma ltd)
- 41605 doxycycline 100mg capsule (sandoz ltd)
- 1046 doxycycline 100mg capsules
- 24149 doxycycline 100mg capsules (a a h pharmaceuticals ltd)
- 34300 doxycycline 100mg capsules (actavis uk ltd)
- 49737 doxycycline 100mg capsules (alliance healthcare (distribution) ltd)
- 46807 doxycycline 100mg capsules (almus pharmaceuticals ltd)

- 32066 doxycycline 100mg capsules (generics (uk) ltd)
- 24126 doxycycline 100mg capsules (ivax pharmaceuticals uk ltd)
- 33671 doxycycline 100mg capsules (kent pharmaceuticals ltd)
- 53310 doxycycline 100mg capsules (sigma pharmaceuticals plc)
- 30739 doxycycline 100mg capsules (teva uk ltd)
- 55519 doxycycline 100mg capsules (waymade healthcare plc)
- 6396 doxycycline 100mg dispersible tablets sugar free
- 26747 doxycycline 100mg tablet (neo laboratories ltd)
- 40796 doxycycline 40mg modified-release capsules
- 264 doxycycline 50mg capsules
- 34175 doxycycline 50mg capsules (a a h pharmaceuticals ltd)
- 48095 doxycycline 50mg capsules (actavis uk ltd)
- 53973 doxycycline 50mg capsules (alliance healthcare (distribution) ltd)
- 34765 doxycycline 50mg capsules (generics (uk) ltd)
- 40391 doxycycline 50mg capsules (ivax pharmaceuticals uk ltd)
- 32419 doxycycline 50mg capsules (teva uk ltd)
- 23405 doxylar 100mg capsules (sandoz ltd)
- 23432 doxylar 50mg capsules (sandoz ltd)
- 17226 economycin 250mg capsule (ddsa pharmaceuticals ltd)
- 26111 economycin 250mg tablet (ddsa pharmaceuticals ltd)
- 40980 efracea 40mg modified-release capsules (galderma (uk) ltd)
- 4489 erycen 250mg tablet (berk pharmaceuticals ltd)
- 23017 erycen 500mg tablet (berk pharmaceuticals ltd)
- 318 erymax 250mg capsule (elan pharma)
- 10190 erymax 250mg gastro-resistant capsules (teva uk ltd)
- 14511 erymax sprinkle 125mg capsule (elan pharma)
- 9434 erymin 250mg/5ml oral suspension (elan pharma)
- 48017 erythoden 125mg/5ml liquid (stevenden healthcare)
- 41389 erythoden 250mg/5ml liquid (stevenden healthcare)
- 39616 erythrocin 250 tablets (amdipharm plc)

- 480 erythrocin 250mg tablet (abbott laboratories ltd)
- 1072 erythrocin 500 500mg tablet (abbott laboratories ltd)
- 39613 erythrocin 500 tablets (amdipharm plc)
- 53449 erythrocin 500 tablets (lexon (uk) ltd)
- 51984 erythrocin 500 tablets (mawdsley-brooks & company ltd)
- 53004 erythrocin 500 tablets (necessity supplies ltd)
- 50693 erythrocin 500 tablets (sigma pharmaceuticals plc)
- 50223 erythrocin 500 tablets (stephar (u.k.) ltd)
- 27768 erythrolar 250mg tablet (lagap)
- 50205 erythrolar 250mg tablets (ennogen pharma ltd)
- 4153 erythrolar 250mg/5ml liquid (lagap)
- 23954 erythrolar 500mg tablet (lagap)
- 49301 erythrolar 500mg tablets (ennogen pharma ltd)
- 3209 erythromid 250mg tablet (abbott laboratories ltd)
- 9148 erythromid ds 500mg tablet (abbott laboratories ltd)
- 1376 erythromycin 100 mg syr
- 7792 erythromycin 12 mg syr
- 14429 erythromycin 125mg sprinkle capsules
- 34231 erythromycin 125mg/5ml liquid (berk pharmaceuticals ltd)
- 33248 erythromycin 125mg/5ml liquid (ivax pharmaceuticals uk ltd)
 - 397 erythromycin 125mg/5ml oral suspension
- 9656 erythromycin 2% gel
- 1969 erythromycin 250 mg mix
- 29154 erythromycin 250mg capsule (actavis uk ltd)
- 103 erythromycin 250mg gastro-resistant capsules
- 33686 erythromycin 250mg gastro-resistant capsules (a a h pharmaceuticals ltd)
- 50580 erythromycin 250mg gastro-resistant capsules (actavis uk ltd)
- 50694 erythromycin 250mg gastro-resistant capsules (alliance healthcare (distribution) ltd)
- 55133 erythromycin 250mg gastro-resistant capsules (kent pharmaceuticals ltd)
- 49952 erythromycin 250mg gastro-resistant capsules (phoenix healthcare distribution ltd)

- 34512 erythromycin 250mg gastro-resistant capsules (teva uk ltd)
- 55397 erythromycin 250mg gastro-resistant capsules (waymade healthcare plc)
- 34837 erythromycin 250mg gastro-resistant tablet (co-pharma ltd)
 - 63 erythromycin 250mg gastro-resistant tablets
- 24127 erythromycin 250mg gastro-resistant tablets (a a h pharmaceuticals ltd)
- 33703 erythromycin 250mg gastro-resistant tablets (abbott laboratories ltd)
- 29344 erythromycin 250mg gastro-resistant tablets (actavis uk ltd)
- 52906 erythromycin 250mg gastro-resistant tablets (alliance healthcare (distribution) ltd)
- 42661 erythromycin 250mg gastro-resistant tablets (almus pharmaceuticals ltd)
- 52952 erythromycin 250mg gastro-resistant tablets (co-pharma ltd)
- 42296 erythromycin 250mg gastro-resistant tablets (dr reddy's laboratories (uk) ltd)
- 34334 erythromycin 250mg gastro-resistant tablets (generics (uk) ltd)
- 24129 erythromycin 250mg gastro-resistant tablets (ivax pharmaceuticals uk ltd)
- 53986 erythromycin 250mg gastro-resistant tablets (medreich plc)
- 55483 erythromycin 250mg gastro-resistant tablets (milpharm ltd)
- 52428 erythromycin 250mg gastro-resistant tablets (phoenix healthcare distribution ltd)
- 31530 erythromycin 250mg gastro-resistant tablets (ranbaxy (uk) ltd)
- 34479 erythromycin 250mg gastro-resistant tablets (sovereign medical ltd)
- 33685 erythromycin 250mg gastro-resistant tablets (teva uk ltd)
- 34873 erythromycin 250mg tablet (berk pharmaceuticals ltd)
- 34189 erythromycin 250mg tablet (c p pharmaceuticals ltd)
- 553 erythromycin 250mg.5ml oral suspension
- 47242 erythromycin 250mg/5ml liquid (c p pharmaceuticals ltd)
- 41584 erythromycin 250mg/5ml liquid (ivax pharmaceuticals uk ltd)
- 3408 erythromycin 500 mg cap
- 401 erythromycin 500mg ec gastro-resistant tablets
- 34869 erythromycin 500mg tablet (c p pharmaceuticals ltd)
- 41604 erythromycin 500mg tablet (hillcross pharmaceuticals ltd)
- 26365 erythromycin 500mg tablet (ivax pharmaceuticals uk ltd)
- 55300 erythromycin 500mg tablet (teva uk ltd)

- 47676 erythromycin 500mg/5ml liquid (c p pharmaceuticals ltd)
- 2326 erythromycin 500mg/5ml oral suspension
- 37796 erythromycin estolate 125mg/5ml suspension
- 9903 erythromycin estolate 250mg capsules
- 40073 erythromycin estolate 250mg/5ml suspension
- 37694 erythromycin estolate 500mg tablets
- 2429 erythromycin ethyl succinate 125mg/5ml oral suspension
- 13167 erythromycin ethyl succinate 125mg/5ml oral suspension (a a h pharmaceuticals ltd)
- 49978 erythromycin ethyl succinate 125mg/5ml oral suspension (focus pharmaceuticals ltd)
- 50948 erythromycin ethyl succinate 125mg/5ml oral suspension (phoenix healthcare distribution ltd)
- 47126 erythromycin ethyl succinate 125mg/5ml oral suspension (pinewood healthcare)
- 34779 erythromycin ethyl succinate 125mg/5ml oral suspension (sandoz ltd)
- 4672 erythromycin ethyl succinate 125mg/5ml oral suspension sugar free
- 33697 erythromycin ethyl succinate 125mg/5ml oral suspension sugar free (a a h pharmaceuticals ltd)
- 42659 erythromycin ethyl succinate 125mg/5ml oral suspension sugar free (abbott laboratories ltd)
- 55589 erythromycin ethyl succinate 125mg/5ml oral suspension sugar free (alliance healthcare (distribution) ltd)
- 48101 erythromycin ethyl succinate 125mg/5ml oral suspension sugar free (focus
- pharmaceuticals ltd)
- 33695 erythromycin ethyl succinate 125mg/5ml oral suspension sugar free (generics (uk) ltd)
- 34795 erythromycin ethyl succinate 125mg/5ml oral suspension sugar free (ivax pharmaceuticals uk ltd)
- 45870 erythromycin ethyl succinate 125mg/5ml oral suspension sugar free (pinewood healthcare)
- 33705 erythromycin ethyl succinate 125mg/5ml oral suspension sugar free (teva uk ltd)
- 2376 erythromycin ethyl succinate 250mg/5ml oral suspension
- 13120 erythromycin ethyl succinate 250mg/5ml oral suspension (a a h pharmaceuticals ltd)
- 32902 erythromycin ethyl succinate 250mg/5ml oral suspension (kent pharmaceuticals ltd)

46696 erythromycin ethyl succinate 250mg/5ml oral suspension (sandoz ltd) 2225 erythromycin ethyl succinate 250mg/5ml oral suspension sugar free erythromycin ethyl succinate 250mg/5ml oral suspension sugar free (a a h 32898 pharmaceuticals ltd) erythromycin ethyl succinate 250mg/5ml oral suspension sugar free (abbott laboratories 46154 ltd) erythromycin ethyl succinate 250mg/5ml oral suspension sugar free (alliance healthcare 52860 (distribution) ltd) erythromycin ethyl succinate 250mg/5ml oral suspension sugar free (generics (uk) ltd) 33694 erythromycin ethyl succinate 250mg/5ml oral suspension sugar free (ivax 30177 pharmaceuticals uk ltd) erythromycin ethyl succinate 250mg/5ml oral suspension sugar free (teva uk ltd) 34853 733 erythromycin ethyl succinate 500mg tablets 2226 erythromycin ethyl succinate 500mg/5ml oral suspension 30980 erythromycin ethyl succinate 500mg/5ml oral suspension (kent pharmaceuticals ltd) erythromycin ethyl succinate 500mg/5ml oral suspension sugar free 14171 erythromycin ethyl succinate 500mg/5ml oral suspension sugar free (abbott laboratories 31514 ltd) erythromycin ethyl succinate 500mg/5ml oral suspension sugar free (ivax 25595 pharmaceuticals uk ltd) erythromycin ethyl succinate 500mg/5ml oral suspension sugar free (teva uk ltd) 27203 erythromycin ethylsuccinate (coated) 250mg/5ml oral suspension sugar free 25751 erythromycin ethylsuccinate 125mg sachets 30234 12330 erythromycin ethylsuccinate 1g sachets 13635 erythromycin ethylsuccinate 250mg sachets 15713 erythromycin ethylsuccinate 500mg sachets erythromycin ethylsuccinate sf 125 mg/5ml sus 1037 erythromycin sf sach 250 mg 3907 438 erythromycin stearate 250mg tablets 2350 erythromycin stearate 500mg tablets 3572 erythroped 250mg powder (abbott laboratories ltd)

erythroped 250mg/5ml oral suspension (abbott laboratories ltd) 532 4596 erythroped a 1g sachets (abbott laboratories ltd) erythroped a 500mg tablet (abbott laboratories ltd) 327 erythroped a 500mg tablets (amdipharm plc) 39632 erythroped a 500mg tablets (lexon (uk) ltd) 54098 erythroped a 500mg tablets (sigma pharmaceuticals plc) 56203 erythroped forte 500mg sachets (abbott laboratories ltd) 4372 erythroped forte 500mg/5ml liquid (abbott laboratories ltd) 993 erythroped forte 500mg/5ml oral suspension (abbott laboratories ltd) 4610 erythroped forte sf 500mg/5ml oral suspension (amdipharm plc) 39642 3042 erythroped pi 125mg sachets (abbott laboratories ltd) erythroped pi 125mg/5ml liquid (abbott laboratories ltd) 997 erythroped pi 125mg/5ml oral suspension (abbott laboratories ltd) 825 erythroped pi sf 125mg/5ml oral suspension (amdipharm plc) 39623 erythroped sf 250mg/5ml oral suspension (amdipharm plc) 39669 flemoxin 375mg soluble tablet (paines & byrne ltd) 18930 flemoxin 750mg soluble tablet (paines & byrne ltd) 24396 galenamox 125mg/5ml oral suspension (galen ltd) 14386 galenamox 250mg capsules (galen ltd) 14371 14407 galenamox 250mg/5ml oral suspension (galen ltd) 14396 galenamox 500mg capsules (galen ltd) ilosone 125mg/5ml liquid (dista products ltd) 18682 ilosone 250mg capsule (dista products ltd) 17207 19330 ilosone 250mg/5ml liquid (dista products ltd) ilosone 500mg tablet (dista products ltd) 18643 ilotycin 250mg tablet (eli lilly and company ltd) 23244 imperacin 250mg tablet (astrazeneca uk ltd) 12541 7485 keflex 125mg/5ml liquid (eli lilly and company ltd) 32

erythroped 250mg sachets (abbott laboratories ltd) erythroped 250mg/5ml liquid (abbott laboratories ltd)

16747

105

- 27072 keflex 125mg/5ml oral suspension (flynn pharma ltd)
- 7430 keflex 250mg capsule (eli lilly and company ltd)
- 11989 keflex 250mg capsules (flynn pharma ltd)
- 9157 keflex 250mg tablet (eli lilly and company ltd)
- 830 keflex 250mg tablets (flynn pharma ltd)
- 10455 keflex 250mg/5ml liquid (eli lilly and company ltd)
- 28722 keflex 250mg/5ml oral suspension (flynn pharma ltd)
- 12276 keflex 500mg capsule (eli lilly and company ltd)
- 24618 keflex 500mg capsules (flynn pharma ltd)
- 9603 keflex 500mg tablet (eli lilly and company ltd)
- 31110 keflex 500mg tablets (flynn pharma ltd)
- 26233 keftid 125mg/5ml oral suspension (co-pharma ltd)
- 26207 keftid 250mg capsules (co-pharma ltd)
- 41853 keftid 250mg/5ml oral suspension (co-pharma ltd)
- 26236 keftid 500mg capsules (co-pharma ltd)
- 33304 kerymax 250mg gastro-resistant capsules (kent pharmaceuticals ltd)
- 26989 kiflone 125mg/5ml oral solution (berk pharmaceuticals ltd)
- 21835 kiflone 250mg capsule (berk pharmaceuticals ltd)
- 21979 kiflone 250mg/5ml oral solution (berk pharmaceuticals ltd)
- 27017 kiflone 500mg capsule (berk pharmaceuticals ltd)
- 26992 kiflone 500mg tablet (berk pharmaceuticals ltd)
- 3736 klaricid 125mg/5ml oral suspension (abbott laboratories ltd)
- 2719 klaricid 250mg tablets (abbott laboratories ltd)
- 52411 klaricid 250mg tablets (necessity supplies ltd)
- 9583 klaricid 250mg/5ml oral suspension (abbott laboratories ltd)
- 6623 klaricid 500 tablets (abbott laboratories ltd)
- 14816 klaricid adult 250mg granules sachets (abbott laboratories ltd)
- 38997 klaricid paediatric 125mg/5ml oral suspension (abbott laboratories ltd)
- 39010 klaricid paediatric 250mg/5ml oral suspension (abbott laboratories ltd)
- 6121 klaricid xl 500mg tablets (abbott laboratories ltd)

- 15290 lansoprazole with amoxicillin and clarithromycin 30mg + 500mg + 500mg triple pack
- 7439 ledermycin 150mg capsule (wyeth pharmaceuticals)
- 16613 ledermycin 150mg capsules (mercury pharma group ltd)
- 22076 ledermycin 300mg tablet (wyeth pharmaceuticals)
- 6295 levofloxacin 250mg tablets
- 55708 levofloxacin 250mg tablets (actavis uk ltd)
- 56012 levofloxacin 250mg tablets (dr reddy's laboratories (uk) ltd)
- 5238 levofloxacin 500mg tablets
- 53673 levofloxacin 500mg/100ml infusion bags
- 19001 megaclor 170mg capsule (pharmax ltd)
- 6306 moxifloxacin 400mg tablets
- 17222 mysteclin oral solution (bristol-myers squibb pharmaceuticals ltd)
- 15071 nordox 100mg capsule (sankyo pharma uk ltd)
- 8393 novobiocin/tetracycline 125 mg cap
- 25752 nystatin with tetracycline hc capsule
- 9361 oxymycin 250mg tablets (dr reddy's laboratories (uk) ltd)
- 2458 oxytetracycline 100 mg tab
- 9034 oxytetracycline 125mg/5ml syrup
- 8285 oxytetracycline 250 mg syr
- 132 oxytetracycline 250mg capsules
- 34888 oxytetracycline 250mg tablet (c p pharmaceuticals ltd)
 - 77 oxytetracycline 250mg tablets
- 34044 oxytetracycline 250mg tablets (a a h pharmaceuticals ltd)
- 34040 oxytetracycline 250mg tablets (actavis uk ltd)
- 34336 oxytetracycline 250mg tablets (ivax pharmaceuticals uk ltd)
- 40483 oxytetracycline 250mg tablets (sandoz ltd)
- 34141 oxytetracycline 250mg tablets (teva uk ltd)
- 28291 oxytetracycline 3%/hydrocortisone 1%
- 10542 oxytetracycline hcl/hydrocortisone .5 % ear
- 17703 oxytetramix 250 tablets (ashbourne pharmaceuticals ltd)

- 30520 primacine 125mg/5ml liquid (pinewood healthcare)
- 39118 primacine 250mg/5ml liquid (pinewood healthcare)
- 27504 primacine 500mg/5ml liquid (pinewood healthcare)
- 27681 ranclav 125mg/31mg/5ml sf oral suspension (ranbaxy (uk) ltd)
- 25370 ranclav 375mg tablets (ranbaxy (uk) ltd)
- 22017 respillin 125mg/5ml oral solution (opd pharm)
- 22015 respillin 125mg/5ml oral solution (opd pharm)
- 24203 respillin 250mg capsule (opd pharm)
- 24200 respillin 500mg capsule (opd pharm)
- 31428 retcin 250mg tablet (ddsa pharmaceuticals ltd)
- 21808 rommix 125mg/5ml oral suspension sugar free (ashbourne pharmaceuticals ltd)
- 11611 rommix 250 ec tablets (ashbourne pharmaceuticals ltd)
- 25278 rommix 500mg tablet (ashbourne pharmaceuticals ltd)
- 24097 rondomycin 150mg capsule (pfizer ltd)
- 18109 sebomin mr 100mg capsules (actavis uk ltd)
- 37440 sebren mr 100mg capsules (teva uk ltd)
- 19693 sustamycin 250mg capsule (boehringer mannheim uk ltd)
- 17693 tavanic 250mg tablets (sanofi)
- 6206 tavanic 500mg tablets (sanofi)
- 27254 tenkorex 500mg capsule (opd pharm)
- 7455 terramycin 250mg capsule (pfizer ltd)
- 17467 terramycin 250mg tablets (pfizer ltd)
- 9014 tetrabid-organon 250mg capsule (organon laboratories ltd)
- 8219 tetrachel 250mg capsule (berk pharmaceuticals ltd)
- 3816 tetrachel 250mg tablet (berk pharmaceuticals ltd)
- 25017 tetracycline
- 56044 tetracycline 125mg/5ml oral solution
- 8284 tetracycline 125mg/5ml syrup
- 21804 tetracycline 125mg/5ml syrup
- 41547 tetracycline 250mg capsule (berk pharmaceuticals ltd)

- 121 tetracycline 250mg capsules
- 34011 tetracycline 250mg capsules
- 56181 tetracycline 250mg tablet (celltech pharma europe ltd)
- 45271 tetracycline 250mg tablet (numark management ltd)
 - 386 tetracycline 250mg tablets
- 43538 tetracycline 250mg tablets (a a h pharmaceuticals ltd)
- 41636 tetracycline 250mg tablets (actavis uk ltd)
- 54214 tetracycline 250mg tablets (alliance healthcare (distribution) ltd)
- 53117 tetracycline 250mg tablets (almus pharmaceuticals ltd)
- 48100 tetracycline 250mg tablets (teva uk ltd)
- 2922 tetracycline 250mg with nystatin 250000units tablets
- 2636 tetracycline 500 mg cap
- 3528 tetracycline 500 mg tab
- 21654 tetracycline ear/eye
- 21629 tetracycline eye
- 31425 tetracycline hcl/pancreatic concentrate cap
- 28736 tetracycline hydrochloride/amphotericin syr
- 15355 tetracycline with chlortetracycline & demeclocycline tablets
- 25071 tetracycline with nystatin capsules
- 4951 tetralysal 300 capsules (galderma (uk) ltd)
- 20054 tetralysal 408mg capsule (pharmacia ltd)
- 25280 tiloryth 250mg gastro-resistant capsules (tillomed laboratories ltd)
- 268 vibramycin 100mg capsules (pfizer ltd)
- 3152 vibramycin 100mg dispersible tablet (pfizer ltd)
- 10454 vibramycin 50mg/5ml oral solution (pfizer ltd)
- 9267 vibramycin acne pack 50mg capsules (pfizer ltd)
- 56198 vibramycin-d 100mg dispersible tablets (mawdsley-brooks & company ltd)
- 14904 vibramycin-d 100mg dispersible tablets (pfizer ltd)
- 52967 vibramycin-d 100mg dispersible tablets (stephar (u.k.) ltd)
- 53135 vibramycin-d 100mg dispersible tablets (waymade healthcare plc)

26392 vibrox 100mg capsules (kent pharmaceuticals ltd)

21829 zoxycil 250mg capsule (trinity pharmaceuticals ltd)

26262 zoxycil 500mg capsule (trinity pharmaceuticals ltd)

E: NHS Wellness check

Readcode	Readterm
69D2.13	Well man health check
90QA.00	Well man monitor. check done
90Q1.00	Attends well man monitoring
69D2.14	Well man health examination
90Q3.00	Well man monitoring default
69D2.15	Well woman health check
90P3.00	Well woman monitoring default
90P1.00	Attends well woman monitoring
69D2.16	Well woman health examination
90PA.00	Well woman monitor.check done
9N0R.00	Seen in well person clinic
	[V]Well persons examination, investigation and
ZV700	screening
ZV711	[V]Well person screening
ZV7z.00	[V]Unspecified well person screening
	Readcode 69D2.13 9OQA.00 9OQ1.00 69D2.14 9OQ3.00 69D2.15 9OP3.00 9OP1.00 69D2.16 9OPA.00 9NOR.00 2V700 ZV700 ZV711 ZV72.00

	LRTI treated with antibiotics		Hospitalisation for pneumonia		Death due to pneumonia	
	Cases	Controls	Cases	Controls	Cases	Controls
Diagnosis of IMID recorded in the CPRD before the vaccination date.						
Number (%)	2,450 (46.7)	13,743 (62.6)	532 (42.7)	3,829 (60.8)	246 (42.3)	1,990 (59.0)
Time between date of first record	2.01	3.38	2.70	3.85	3.28	3.73
of IMID diagnosis in the CPRD and vaccination; median (IQR) years	(0.71,4.45)	(1.35,6.26)	(1.06,5.13)	(1.69,6.44)	(1.36,5.81)	(1.71,5.81)
Diagnosis of IMID recorded in the CPRD after the vaccination date						
Number (%)	2,800 (53.3)	8,203 (37.4)	713 (57.3)	2,465 (39.2)	335 (57.7)	1,382 (41.0)
Time between vaccination and	4.16	3.46	4.49	3.18	3.93	3.13
date of first recorded diagnosis of IMID in CPRD; median (IQR) years	(1.80,7.70)	(1.50,6.31)	(2.12,7.61)	(1.45,5.83)	(1.82,6.76)	(1.42,5.69)

Table S2: Time between the diagnosis of immune mediated inflammatory disease (IMID) and pneumococcal vaccination¹

¹among those that received a single pneumococcal vaccination.

Table S3: Effectiveness of a single dose of pneumococcal vaccine (model-3)

Outcomes	Cases	Controls	Adjusted
	n (%)	n (%)	OR (95% CI)
LRTI treated with antibiotics in primary-care			
Unvaccinated	5,299 (52.2)	22,035 (52.1)	1
Vaccinated	4,860 (47.8)	20,237 (47.9)	0.77 (0.73,0.81)
Hospitalisation for pneumonia			
Unvaccinated	639 (36.1)	4,182 (41.7)	1
Vaccinated	1,133 (63.9)	5,839 (58.3)	0.70 (0.60,0.81)
Death due to pneumonia			
Unvaccinated	200 (27.4)	1,168 (27.3)	1
Vaccinated	529 (72.6)	3,372 (72.7)	0.61 (0.48,0.78)

OR: odds ratio; CI, confidence interval; adjusted for age, sex, body mass index, alcohol, smoking, Charlson comorbidity index, number of primary care consultations in 12 months prior to index date, number of hospital admission in 12 months prior to index date, influenza vaccination in 12 months prior to index date, shingles vaccination in 12 months prior to index date deprivation score, inflammatory condition type, corticosteroid sparing drug prescription within 30-days (immune suppressing vs. immunomodulatory) drug, at-risk conditions for pneumococcal vaccination (chronic heart disease, diabetes immunosuppression, chronic liver disease, chronic kidney disease, chronic respiratory disease, asplenia (except for death due to pneumonia outcome), corticosteroid prescription within 30 days of index date.

	LRTI treated with antibiotics			Hospitalisation for pneumonia			Death due to pneumonia		
Subgroup	Cases, n (%)	Controls, n (%)	aOR*(95% CI)	Cases, n (%)	Controls, n (%)	aOR*(95% CI)	Cases, n (%)	Controls, n (%)	aOR*(95% CI)
Any immunosuppressant		· · ·							· · ·
Vaccinated No	3 026 (57 5)	13 354 (57 3)	1	340 (36 0)	2 153 (13 0)	1	02 (24 4)	670 (27 0)	1
Vaccinated, Yes	2,234 (42.5)	9,945 (42.7)	0.78 (0.73,0.84) ¹	597 (63.1)	3,135 (56.1)	0.69 (0.57,0.85) ¹	285 (75.6)	1,732 (72.1)	0.56 (0.40,0.77) ¹
Methotrexate prescribed within 30-days									
Vaccinated, No Vaccinated, Yes	1,530 (41.1) 2,195 (58.9)	5,484 (38.9) 8,600 (61.1)	1 0.77 (0.71,0.84) ¹	1,201 (33.1) 2,429 (66.9)	192 (28.7) 476 (71.3)	1 0.64 (0.50,0.82) ¹	75 (26.9) 204 (73.1)	381 (22.9) 1,285 (77.1)	1 0.51 (0.35,0.75) ¹
Data restricted to cases with outcome in the year 2012 or later and matched controls									
Vaccinated, No Vaccinated, Yes	2,327 (41.3) 3,307 (58.7)	13,481 (44.7) 16,662 (55.3)	1 0.78 (0.73.0.84)	265 (28.7) 660 (71.4)	2,184 (35) 4,052 (65)	1 0.63 (0.51.0.78)	61 (18.4) 270 (81.6)	499 (20.5) 1,938 (79.5)	1 0.63 (0.42.0.95)
Data restricted to cases with outcome before 2012 and matched controls			()			(()
Vaccinated, No Vaccinated, Yes	2,972 (60.5) 1,943 (39.5)	8,554 (61.8) 5,284 (38.2)	1 0.95 (0.87,1.04)	374 (39) 585 (61)	1,998 (47.1) 2,242 (52.9)	1 0.87 (0.70,1.07)	139 (30.9) 311 (69.1)	669 (31.8) 1,434 (68.2)	1 0.66 (0.49,0.89)
Men									
Vaccinated, No Vaccinated, Yes	1,993 (50.4) 1,959 49.6)	8,658 (51) 8,315 (49)	1 0.72 (0.66,0.79)	262 (33.3) 526 (66.8)	1,678 (39.5) 2,568 (60.5)	1 0.70 (0.55,0.89)	82 (24.3) 256 (75.7)	484 (25.9) 1,387 (74.1)	1 0.55 (0.37,0.80)
Women									
Vaccinated, No Vaccinated, Yes	3,306 (50.1) 3,291 (49.9)	13,377 (49.5) 13,631 (50.5)	1 0.79 (0.74.0.84)	377 (34.4) 719 (65.6)	2,504 (40.2) 3,726 (59.8)	1 0.70 (0.58.0.84)	118 (26.6) 325 (73.4)	684 (25.6) 1,985 (74.4)	1 0.63 (0.47.0.86)

Table S4: Pneumococcal vaccine effectiveness: subgroup analyses (model-3)

*adjusted for age, sex, body mass index, alcohol, smoking, Charlson comorbidity index, number of primary care consultations in 12 months prior to index date, number of hospital admission in 12 months prior to index date, influenza vaccination in 12 months prior to index date, shingles vaccination in 12 months prior to index date, deprivation score, inflammatory condition type, corticosteroid sparing drug prescription within 30-days (immune suppressing vs. immunomodulatory), chronic heart disease, diabetes immunosuppression, chronic liver disease, chronic kidney disease, chronic respiratory disease, asplenia (except for death due to pneumonia), corticosteroid prescription within 30 days of index date. ¹Excluded corticosteroid sparing drug prescription within 30-days (immune suppressing vs. immunomodulatory) as a covariate.
Table 5. Results of complete case analysis.

Outcomes	Cases	Controls	Adjusted
	n (%)	n (%)	OR (95% CI)
LRTI treated with antibiotics in primary-care			
Unvaccinated	4,256 (47.2)	17,882 (47.4)	1
Vaccinated	4,753 (52.8)	19,827 (52.6)	0.77 (0.73,0.82)
Hospitalisation for pneumonia			
Unvaccinated	463 (30.0)	3,336 (37.3)	1
Vaccinated	1,082 (70.0)	5,609 (62.7)	0.75 (0.63,0.88)
Death due to pneumonia			
Unvaccinated	140 (22.3)	918 (23.6)	1
Vaccinated	488 (77.7)	2,972 (76.4)	0.70 (0.53,0.91)

OR: odds ratio; CI, confidence interval; adjusted for age, sex, body mass index, alcohol, smoking, Charlson comorbidity index, number of primary care consultations in 12 months prior to index date, number of hospital admission in 12 months prior to index date, influenza vaccination in 12 months prior to index date, shingles vaccination in 12 months prior to index date deprivation score, inflammatory condition type, corticosteroid sparing drug prescription within 30-days (immune suppressing vs. immunomodulatory) drug, at-risk conditions for pneumococcal vaccination (chronic heart disease, diabetes immunosuppression, chronic liver disease, chronic kidney disease, chronic respiratory disease, asplenia (except for death due to pneumonia outcome), corticosteroid prescription within 30 days of index date.