TO BE PRINTED ON LOCAL TRUST HEADED PAPER



<Doctor>

<Practice>

<Street>

<City>

<Postcode>

<Date>

Dear Dr <GP name>,

# Re: Name: …………………………………………………………………………………………………………….

# DoB: ……………………………………………………………………………………………………………….

# NHS No: …………………………………………………………………………………………………………

**Eculizumab in Shiga-toxin producing E.Coli Haemolytic Uraemic Syndrome (ECUSTEC): A Randomised, Double-Blind, Placebo-Controlled Trial.**

Further to my recent letter, your patient (a participant in the ECUSTEC trial) has recently undergone their day 60 ECUSTEC study visit.

Due to the temporary increase in risk of meningococcal disease with short-term eculizumab treatment, your patient was given additional precautions against meningococcal disease. The risk has now reduced to the background population risk.

Eight weeks of penicillin V prophylaxis (or erythromycin if penicillin allergic) has now been completed. No further penicillin prophylaxis is required.

**Those not already included in the UK Vaccination programme for Bexsero received one dose of Bexsero at enrolment. An optional second dose was offered at the day 60 visit in order to complete the primary immunisation course.**

**Your patient was already included in the UK Vaccination**

**Programme for Bexsero**

**Your patient received a second dose of Bexsero**

**(details in Appendix 1).**

**Your patient did not receive a second dose of Bexsero (declined)**

*Study team to tick the appropriate box and leave the others blank*

**Children under 2 years of age at enrolment to ECUSTEC who were not included in the UK Vaccination programme for Bexsero and who have received 2 doses of Bexsero can be offered an optional booster in line with the Summary of Product Characteristics. If indicated, this should be given between 12 and 23 months after the second dose (details in Appendix 1). We would be grateful if this could be administered in General Practice. Details for reimbursement of costs are given in Appendix 2. Boosters are not indicated in children over 2 years at the time of the first Bexsero dose.**

**A third dose of Bexsero is indicated and can be offered**

*Study team to tick the appropriate box and leave the other blank*

**A third dose of Bexsero is not indicated**

*Study team to tick the appropriate box and leave the other blank*

Yours sincerely,

*<insert responsible clinician name>*

ECUSTEC Trial Office, The University of Birmingham Clinical Trials Unit, College of Medical & Dental Sciences, Institute of Applied Health Research, University of Birmingham, Edgbaston, Birmingham, B15 2TT.

Web address: www.birmingham.ac.uk/ECUSTEC

**Appendix 1**

**Details of second Bexsero vaccination given at day 60 study visit (please update your information systems accordingly):**

Vaccine name:

Product name:

Batch number:

Expiry date:

Dose administered:

Site used:

Date immunisation given:

Vaccine not given as declined

*Tick if declined*

**Appendix 2**

**Details of how to claim reimbursement for third dose of Bexsero if given in General Practice**

The GP should claim reimbursement from commissioners referencing the ECUSTEC trial and contact [R&DFinancepreaward@nuth.nhs.uk](mailto:R&DFinancepreaward@nuth.nhs.uk) for any queries.