



SCOTTISH EXECUTIVE

Health Department

Dear Colleague

INFLUENZA IMMUNISATION

The purpose of this letter is threefold:

- to give you brief feedback on the influenza immunisation programme for 2001/02;
- to begin preparing for next winter (2002/03) and to alert you to a revised uptake target for those aged 65 and over;
- to remind you that *orders for vaccine should be placed as soon as possible, if you have not already done so*, and that such orders should take account of your local occupational health programmes for immunising health and social care staff.

Congratulations are due to all those involved in the influenza immunisation programme for 2001/02. National uptake of vaccine in those aged 65 and over was 64.9%, which, when list inflation is taken into account, meets the target of 65%. In addition, almost 70% of NHS Boards exceeded that target. More formal evaluation processes are nearing completion, and key findings will be disseminated shortly.

Building on last year's success, we are planning on the basis that most elements of the policy framework from 2001/02 will remain unchanged and roll forward into 2002/03. A key change is that the target uptake for those aged 65 and over will be increased to a minimum of 70%. This is challenging, but achievable. As in previous years, the Department will negotiate with the Scottish General Practitioners Committee on a scheme to provide incentives for GPs to take the steps necessary to encourage patients to come forward for influenza immunisation. In the meantime, practices must assess their vaccine needs for their risk groups.

From the Chief Medical Officer, Chief Nursing Officer and Chief Pharmaceutical Officer

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Trust Chief Pharmacists
Directors of Nursing, NHS Boards
Directors of Nursing Services, NHS
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The Joint Professional letter of 26 March 2001 (SEHD/CMO (2001)9) requested that practices make lists or registers to include:

- all patients aged 65 and over;
- those in residential care; and
- those under 65 in the ‘high risk’ groups, defined in the table below.

Where these registers have not been prepared, practices should make arrangements to take work forward this year.

The at risk groups for influenza immunisation in patients under 65 years of age are set out in the table below:

<i>Those with chronic respiratory Disease, including asthma</i>	This includes chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema, bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis, asthma requiring continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission.
<i>Those with chronic heart disease</i>	This includes chronic ischaemic heart disease, congenital heart disease and hypertensive heart Disease requiring regular medication and follow-up (but excluding uncomplicated controlled hypertension), and chronic heart failure.
<i>Chronic renal disease</i>	Including nephrotic syndrome, chronic renal failure, renal transplantation.
<i>Diabetes</i>	Diabetes mellitus requiring insulin or oral hypoglycaemic drugs.
<i>Immunosuppression</i>	Due to disease or treatment, including systemic steroids equivalent to 20mg prednisolone daily for more than 2 weeks. <i>However, please note that some immunocompromised patients may have a suboptimal immunological response to vaccine.</i>

Hospitalisation for any of the above “at risk” conditions within the last year would also be an indication for flu vaccine.

Some categories of medication correlate closely to the risk criteria. However, they are not concordant with the risk groups and it is recommended they are only used as an ancillary aid in compiling disease-based registers.

As for the year 2001/02, in the interests of all patients, practices should aim to maximise uptake for all at risk groups both age related and non-age related. Given the success of this year's campaign in increasing uptake, we will look to practices to draw on and learn lessons from their experience and as a result to further increase uptake next winter 2002/03.

Please note that if you have not already done so orders for vaccine for the 2002/03 season should be placed as soon as possible for those under 65 in the risk groups, all those aged 65 and over and those in residential care.

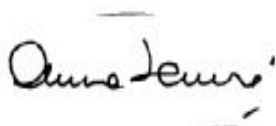
Similarly, vaccine orders should take account of your local plans for occupational health immunisation programmes for health and social care staff. Responsibility for occupational influenza immunisation rests with the employer, and staff immunisation programmes should be arranged through Occupational Health Services or resourced alternatively through local arrangements. Last year, the numbers of staff receiving the vaccine varied enormously across the country but, on the whole, uptake was low. Based on the lessons learned, NHS Boards should carry out positive local campaigns encouraging relevant staff to take up the vaccine. As reports of staff uptake will be sought, records should be kept of the staff groups targeted and the numbers and proportion of these targeted staff who have been immunised. For the avoidance of doubt, this means that NHS organisations and Local Authority Social Work Departments will be responsible for making their own arrangements for immunisation, including ordering supplies of vaccine.

A further letter will follow with more detailed information on the immunisation programme for 2002/03, and in particular the plans we are currently developing for a completely new publicity campaign.

Yours sincerely



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Chief Medical Officer



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Chief Nursing Officer



MR BILL SCOTT
Chief Pharmaceutical Officer