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For action

Chief Executives, NHS Boards
General Practitioners
Practice Nurses; Health Visitors
Community Pharmacists
Chief Pharmacists
Immunisation Co-ordinators
CPHMs; Directors of Public
Health; Medical Directors,
NHS Boards; Scottish Prison
Service; Scottish Ambulance
Service

For information

Directors of Nursing, NHS Boards
Specialists in Pharmaceutical
Public Health; Infectious Disease
Consultants; Consultant
Paediatricians; Consultant
Physicians; Health Protection
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Dear Colleague

**INFLUENZA AND PNEUMOCOCCAL IMMUNISATION
PROGRAMME 2007-08**

1. Our earlier CMO letter CMO(2007)4 dated 30 March 2007 set out the policy background and arrangements for this year's influenza vaccination programmes ([http://www.sehd.scot.nhs.uk/cmo/CMO\(2007\)04.pdf](http://www.sehd.scot.nhs.uk/cmo/CMO(2007)04.pdf)).
2. This letter provides a final update on the key elements of the vaccination programmes, and specifically:
 - details of the **publicity campaign and information materials** and how these can be obtained (Annex A);
 - the finalised **text of the centrally generated letter** (Annex B);
 - confirmation of **payment arrangements** for immunisation against influenza for those groups identified in CMO(2007)4 (Annex C);
 - details of **adverse reaction reporting**.
3. The official launch of the vaccination programme will be on **1 October 2007**. Publicity materials will be distributed to NHS organisations, healthcare professionals and other related organisations **from 17 September 2007**. (see also Annex A).

Vaccine Supply

4. It is imperative that General Practitioners liaise closely with the Community Pharmacy supplying the vaccine in order that vaccine availability is guaranteed prior to the final scheduling of clinics.

5. In order that communication links are consistent throughout Scotland, the Flu Vaccine Monitoring Group has agreed a communications pathway which is appended to this letter (Annex D). The pathway will reduce the potential confusion and duplication of effort if it is followed.

6. Patients should be reassured that they will be vaccinated. General Practitioners should liaise with Community Pharmacists to ensure that they have a sufficient stock of vaccine before publicising their local campaigns and scheduling patients for clinics. It is important that the integrated publicity and information campaign proceeds as planned to emphasise that those eligible still need to make arrangements to be vaccinated.

Influenza vaccine contingency stock

7. As in previous years, the Scottish Government is in the process of securing a central stock of influenza vaccine as a contingency measure.

Payment arrangements for vaccination

8. Contractors will be paid through a new Directed Enhanced Service (DES) for immunisation against influenza that covers all categories of the current CMO letter in Scotland – in this case those categories outlined in letter CMO(2007)4 dated 30 March 2007. A circular will be released by Primary Care Directorate later this month.

9. It is expected that, as is normal procedure, influenza immunisation will be concentrated in the period 1 September to 31 January of the relevant financial year. However, immunisation given at any time between 1 August and 31 March of the relevant financial year will qualify under this scheme. For pneumococcal immunisations, these can be given throughout the period 1 April to 31 March of the relevant financial year.

Targets

10. Throughout the UK, the target for immunising those aged 65 and over against influenza is 70%. For immunising against influenza for those in the non age related at-risk groups a target of 60% has been set for 2007/08. No target has been set for immunising those aged 65 and over against pneumococcal infection. For both influenza and pneumococcus, GPs should maximise uptake in the interests of patients. In all cases, the final decision as to who should be offered immunisation is a matter for the clinical judgement of the GP.

Data Recording

11. National Read codes are available and examples in use are shown below. These

will be standardised as part of the UK approach to having agreed Read code definitions. If practices store information on computers, they should ensure that all staff enter the correct Read code to indicate immunisations have been given or offered. The current read codes that staff should refer to are at Annex E.

Monitoring Uptake

12. As in previous years, Health Protection Scotland (HPS) will take the lead in monitoring uptake on behalf of the Scottish Government and provide monthly uptake data from October 2007 to January 2008. These reports will be circulated by HPS to the Scottish Government and NHS Boards. Final uptake figures for influenza vaccination will continue to be based on GP payment data, which will be available in final form around April 2008.

13. Assessment of uptake of pneumococcal vaccination will also be based on GP payment data, which will be available in final form around April 2008.

Monitoring Safety

14. If a doctor, nurse or pharmacist suspects that a serious reaction to influenza or pneumococcal vaccine has occurred, they should report it to the Commission on Human Medicines using the Yellow Card Scheme. The reporting mechanisms for suspected adverse reactions in Scotland for influenza and pneumococcal vaccine are the same as for all other medicines, and follow the Medicines and Healthcare Products Regulatory Agency (MHRA) 'Yellow Card' scheme –

http://www.mhra.gov.uk/home/idcplg?IdcService=SS_GET_PAGE&nodeId=287

15. Finally, thank you for all the work you have and will undertake to ensure a successful joint campaign in 2007-08.

Yours sincerely

Harry Burns

Paul Martin

Bill Scott

DR HARRY BURNS
Chief Medical Officer

MR PAUL MARTIN
Chief Nursing Officer

PROFESSOR BILL SCOTT
Chief Pharmaceutical Officer

PUBLICITY AND INFORMATION

The campaign for the seasonal influenza and pneumococcal immunisation programme 2007-08 will be **launched by the Minister for Public Health and the Chief Medical Officer on 1 October 2007.**

National TV, radio and press advertising will be used to raise awareness of the influenza campaign programme from week commencing 1 October 2007.

The website www.infoscotland.com/flu will be live from 1 October 2007.

A centrally-generated awareness-letter will be sent to everyone aged 65 and over, between 24 September and 14 October 2007, reminding them to make an appointment for their flu and pneumococcal vaccines.

General Practitioners and Pharmacists are being provided with materials to help them specifically target the at risk patients under 65 years of age.

Supplies of communications materials will be distributed to healthcare professionals and related organisations **during week commencing 17 September 2007.** As in previous years, it would be appreciated if these publicity materials could be displayed prominently, and used in preference to any alternative materials provided by vaccine manufacturers, from the official launch date of 1 October 2007.

The following materials will be distributed for promotion of the campaign

Professional fact sheet - This fact sheet is intended for use by a range of healthcare professionals and may also be useful for patients where more detailed information is sought.

Patient Information leaflet for those in an at risk group

Patient Information leaflet for those over 65 or in an at risk group

Patient Information leaflet on protecting children at increased risk against flu

Patient Information leaflet on pneumococcal

Patient Information leaflet for healthcare workers

Posters

From 1 October 2007, **further supplies** of patient information leaflets and posters will be available from the Scottish Government's web site www.infoscotland.com/flu . Further hard copies can be obtained from David Sellar at R.R.Donnelley by fax on 0131 625 6540 or e-mail david.sellar@rrd.com.

**TEXT OF THE CENTRALLY-GENERATED AWARENESS LETTER
MAILING FROM 24 SEPTEMBER – 12 OCTOBER 2007**

Dear Sir / Madam

As you are, or will soon be, aged 65 or over, **you are eligible to receive a free vaccination against influenza (flu)**. This vaccination will be available at your GP practice, usually from October and is important because it will help protect you from getting flu over the winter months.

Flu is an infection caused by a virus. For most people suffering from the flu it is just a nasty experience, but for some it can lead to more serious complications, such as bronchitis and pneumonia. As people get older, they become more vulnerable to these conditions.

Flu viruses are always changing, so people need the new vaccine each year. This winter's flu virus will be slightly different from last winter's flu virus. NHSScotland will therefore offer free flu vaccine this winter to everyone currently aged 65 years and over, and those persons who will reach 65 years of age on or before 31 March 2008.

You are also entitled to a free vaccination against pneumococcal disease if you have not had one in the past. Pneumococcus is a bacteria that can cause serious illness, including pneumonia and meningitis. Unlike flu vaccine, most people only ever require one dose of the pneumococcal vaccine. If you are unsure about whether you have already received the pneumococcal vaccination or unsure if you need the vaccination again, please speak to your GP or practice nurse when you go for your appointment to get your flu vaccination.

Each GP practice makes its own arrangements for offering the flu and pneumococcal vaccines to their patients, some will send letters and others will place local adverts. These arrangements usually commence in October depending on vaccine being available. However, if by early November, you are not aware of these arrangements, please contact your GP practice directly.

If you would like further information about your flu or pneumococcal vaccination, please call the NHS Helpline free on 0800 22 44 88 between 8am and 10pm, 7 days a week. You can also speak to your local GP practice or pharmacist. The flu website has information which you might also find helpful, and can be found at: <http://www.infoscotland.com/flu>.

Yours sincerely

Flu/Pneumococcal Vaccination Co-Coordinator
-----NHS Board

NHSScotland takes care of your personal information, and wants to keep it accurate. This letter was generated from a local automated listing of eligible patients in your area. If any of your details are inaccurate then please accept my apologies and write to the address on the front of this letter and your details will be updated. If you want further information on how NHSScotland uses your personal information the booklet '**Confidentiality - it's your right**' is available from your NHS Board Headquarters. You can also access the booklet from the website at: <http://www.hris.org.uk/index.aspx?o=1027>.



Target Groups for seasonal flu vaccine

The national policy for 2007/08 is that flu vaccine should be offered to the following groups:

- (i) All those **aged 65 years and over**;
- (ii) All those **aged 6 months or over in a clinical risk group** listed in Table 1 (with examples)
- (iii) Those **living in long-stay residential care homes or other long-stay care facilities** where rapid spread is likely to follow introduction of infection and cause high morbidity and mortality;
- iv) **Carers**. Carers per se are not “at risk” of influenza unless they themselves fall into a clinical risk group. They should however, be considered for influenza vaccination to protect those most at risk should their carer fall ill (i.e. resulting in the loss of an amount of care likely to prove detrimental to their welfare).

In 2005/06 the Scottish carer definition was revised to and remains as; someone, who, without payment, provides help and support to a partner, child or neighbour, who could not manage without their help. This could be due to age, physical or mental illness, addiction or disability. A young carer is a child or young person under the age of 18 carrying out significant caring tasks and assuming a level of responsibility for another person, which would normally be taken by an adult.

This is a different definition to JCVI recommendation for 2006/07. The definition given above reflects the definition used in the Scottish DES for Carers 2006/07 and allows for a consistent approach across general medical practice in support of carers. This definition should, however, embrace the working definition of the JCVI recommendation.

- v) Poultry workers as defined in 2006/07. The method by which vaccinations for this group is at the discretion of each NHS Board. Further details are outlined in CMO(2007)9.

As detailed in the book *Immunisation against Infectious Disease 2006* (the Green Book, page 193) pregnant women with existing risk factors should routinely be offered seasonal flu vaccination, regardless of the stage of pregnancy.

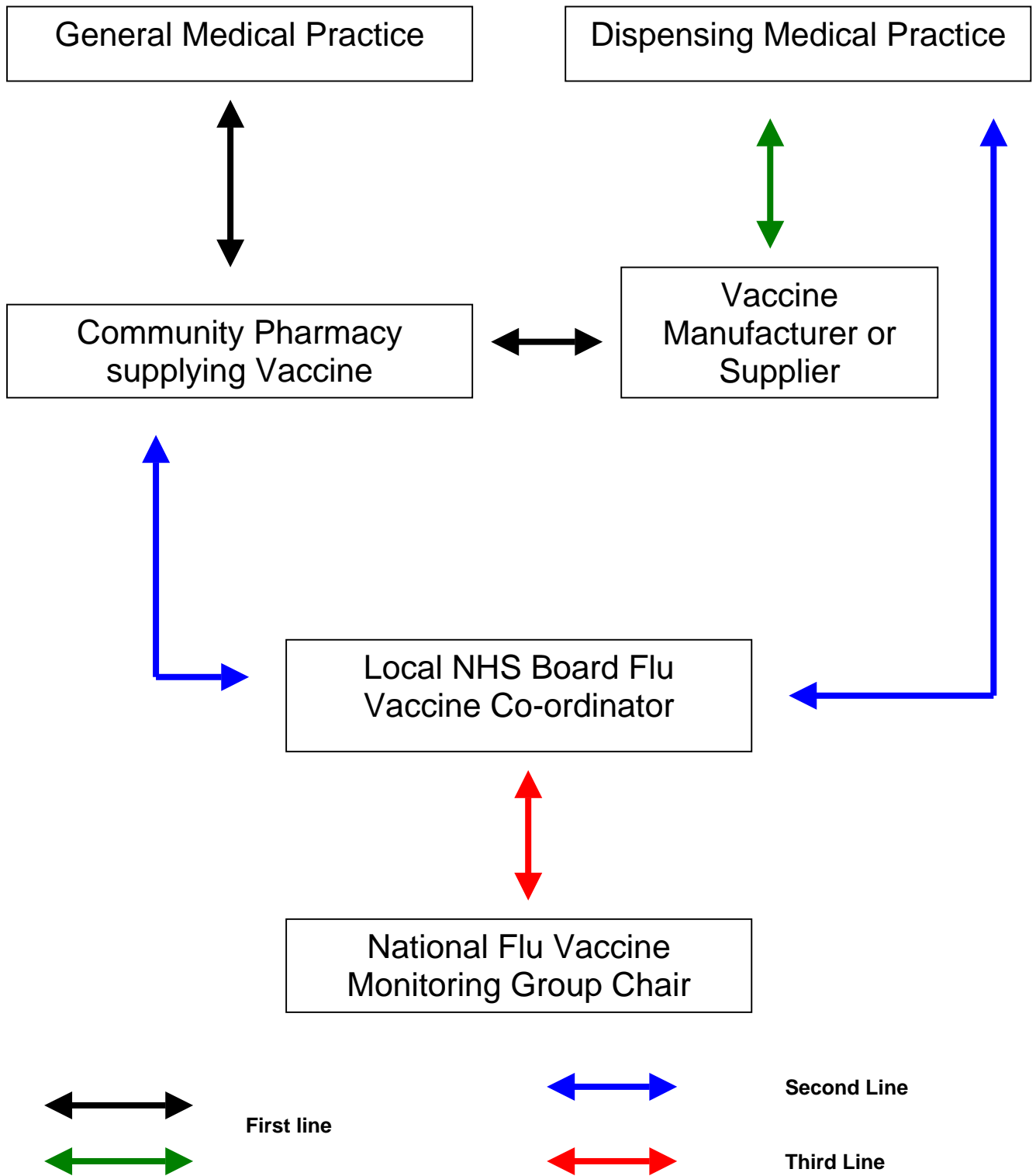
Table 1: Clinical Risk Groups 2007/08

Clinical Risk Category	Examples (decision based on clinical judgement)
<i>Chronic respiratory disease and asthma that requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission</i>	<ul style="list-style-type: none"> • Chronic obstructive pulmonary disease (COPD) including chronic bronchitis and emphysema; bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD) • Children who have previously been admitted to hospital for lower respiratory tract disease
<i>Chronic heart disease</i>	<ul style="list-style-type: none"> • Congenital heart disease • Hypertension with cardiac complications • Chronic heart failure • Individuals requiring regular medication and/or follow-up for ischaemic heart disease
<i>Chronic renal disease</i>	<ul style="list-style-type: none"> • Chronic renal failure • Nephrotic syndrome • Renal transplantation.
<i>Chronic liver disease</i>	<ul style="list-style-type: none"> • Cirrhosis • Biliary Artesia • Chronic hepatitis
<i>Chronic neurological disease</i>	<ul style="list-style-type: none"> • Cerebrovascular disease, principally stroke and transient ischaemic attacks (TIAs) • Multiple sclerosis and related conditions • Hereditary and degenerative disease of the central nervous system
<i>Diabetes</i>	<ul style="list-style-type: none"> • Type 1 diabetes • Type 2 diabetes requiring insulin or oral hypoglycaemic drugs • Diet controlled diabetes
<i>Immunosuppression</i>	<ul style="list-style-type: none"> • Immunosuppression due to disease or treatment • Patients undergoing chemotherapy leading to immunosuppression • Asplenia or splenic dysfunction • HIV infection • Individuals treated with or likely to be treated with systemic steroids for more than a month at a dose equivalent to prednisolone at 20mgs or more per day (any age) or for children under 20 Kgs a dose of 1mg or more per kg per day. • Some immunocompromised patients may have a suboptimal immunological response to the vaccine

ANNEX D

Winter Flu Campaign 2006/7

**Communication Pathway with reference to
Influenza Vaccine Supply**



NATIONAL READ CODES

National Read codes are available and examples in use are shown below. These will be standardised as part of the UK approach to having agreed Read code definitions. If practices store information on computers, they should ensure that all staff enter the same Read code to indicate immunisations have been given or offered. The current codes are as follows:

INFLUENZA

8I2F. Influenza vaccination contraindicated (I=letter not number)
 68NE. No consent - influenza imm.
 9OX5. Influenza vaccine declined (O=letter not number)
 65E.. Influenza vaccination
 14LJ. H/O:influenza vaccine allergy
 U60K4 [X] Influenza vaccine causing adverse effects therapeutic use (0=number not letter)
 ZV14F [V]Personal history of Influenza vaccine allergy
 8I6D. Influenza vaccine not indicated (I = letter not number)
 ZV048 [V] Influenza vaccination (0=number not letter)
 n47% (these are read codes attached to prescriptions)

allergy codes e.g. 14LJ. only need to be entered once for the new GMS contract, rather than every 15 months for most of the other codes .

PNEUMOCOCCUS

65720 pneumococcal vaccination given (0=number not letter)
 8I2E. pneumococcal vaccination contraindicated (I=letter not number)
 68NX. No consent pneumococcal immunisation
 8I3Q. Pneumococcal vaccination declined (I=letter not number)
 ZV14G [V]Personal history of pneumococcal vaccine allergy
 U60J8 [X]Pneumococcal vaccine causing adverse effects in therapeutic use (0=number not letter)
 n4B.. – (read codes attached to prescriptions)

The codes ZV14G and U60J8 are new read codes and not yet available in GPASS (due in the 5.7 release).

Note that the dots after the codes are important and GPASS users need to add a dot at the beginning of the code when entering information through the Read code browser.