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16 March 2009

Dear Colleague

## INFLUENZA IMMUNISATION PROGRAMME 2009-10

1. Thank you for all of your continuing hard work and commitment to the seasonal influenza immunisation programme. This letter outlines the arrangements in place for the 2009/10 influenza programme. A letter outlining arrangements for the 2009-10 pneumococcal immunisation programme will be issued separately later this year.

### Seasonal Flu Programme 2008/09

2. As you are aware, influenza immunisation has now grown to become one of the major public health programmes in the UK. The 2008/09 flu programme did not face some of the challenges that have been encountered in recent years and in particular there were no problems with vaccine supply, with all vaccines being available by October 2008. There has been a degree of media attention this season on flu issues particularly during the period when flu rates peaked over the Christmas period. I am very grateful for all your efforts during this time.

3. Initial data to the end of week 9 of 2009 indicates uptake rates of **75.5%** in people aged 65 and over and **48.7%** in those in an at risk group has been achieved. It is anticipated that the final vaccination uptake figures for 2008/09, which will be produced by NSS PSD on the basis of end of year claim for payment, will confirm that the target (70%) for those aged 65 and over will have been exceeded. The Scottish Government is very appreciative of the huge efforts made by Immunisation Co-ordinators, GPs, nurses and GP practice staff, Community Pharmacists and other healthcare staff in achieving these results.

**From the Chief Medical Officer  
Acting Chief Nursing Officer  
Chief Pharmaceutical Officer  
Dr Harry Burns MPH FRCS(Glas)  
FRCP(Ed) FFPH  
Dr Margaret McGuire, RM, RN, BA,  
Med, PhD  
Professor Bill Scott BSc MSc  
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16 March 2009

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SGHD/CMO(2009)2

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**CMO (2009)**

**For action**

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

**For information**

Nurse Directors, NHS Boards  
Specialists in Pharmaceutical Public  
Health  
Infectious Disease Consultants  
Consultant Paediatricians  
Consultant Physicians  
Health Protection Scotland  
Chief Executive, NHS Health Scotland  
NHS 24

**Further Enquiries**

**Vaccine supplies**

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## Details of the Seasonal Flu Programme 2009/10

4. Details of the programme for 2009/10 are outlined in **Annex A**. There have been **no changes** to the clinical at risk groups from the 2008/09 season. However the wording in the section on Immunosuppression was updated in July 2008. **Annex B** provides the current list.

5. The list of vaccine manufacturers for 2009/10 is shown in paragraph 6 of **Annex A**. NHS Circular PCA (P) (2008) 23 which was issued on 16 December 2008 is available at [http://www.sehd.scot.nhs.uk/pca/PCA2008\(P\)23.pdf](http://www.sehd.scot.nhs.uk/pca/PCA2008(P)23.pdf). The circular sets out the arrangements for ordering of vaccine for the 2009/10 Flu programme. In line with the circular, Community Pharmacy contractors should have completed the processing of orders by 27 February 2009 at the latest.

## Marketing and communications

6. As in previous years, a national publicity campaign will be launched in late September/early October to encourage those people in risk groups as well as health care workers to take up the offer of the vaccine. A further letter outlining details will be issued prior to the launch of the 2009/10 programme.

## Action

**Primary care teams are asked to note the arrangements outlined in this letter for the influenza vaccination programme in 2009/10.**

Yours sincerely

**Dr Harry Burns**  
Chief Medical Officer

**Dr Margaret McGuire**  
Chief Nursing Officer

**Professor Bill Scott**  
Chief Pharmaceutical Officer

## Annex A

### Vaccine Supply for Season 2009/10

1. NHS Circular PCA (P) (2008) 23, which was issued on 16 December 2008 [http://www.sehd.scot.nhs.uk/pca/PCA2008\(P\)23.pdf](http://www.sehd.scot.nhs.uk/pca/PCA2008(P)23.pdf) set out arrangements for the ordering of vaccine for the 2009/10 Flu Programme. In line with the circular, Community Pharmacy contractors should have completed the processing of orders by 27 February 2009 at the latest. Those of you who have not yet placed your vaccine order or who want to add to your order should contact your community pharmacist as soon as possible. Once orders have been placed, suppliers will be able to confirm their delivery schedule.

2. The Vaccine Supply Monitoring Group is in the process of contacting NHS Boards to establish the quantity of vaccines ordered in Scotland. It is essential that community pharmacists and dispensing general medical practitioners advise their NHS Board Flu Vaccine Co-ordinator of the current ordering situation. If you require further information please contact Mr Edward Mallinson email: [Edward.mallinson@lanarkshire.scot.nhs](mailto:Edward.mallinson@lanarkshire.scot.nhs)

### Recommended Target Groups

3. Following advice from the Joint Committee on Vaccine and Immunisation there have been **no changes** to the target groups for the 2009/10 flu season. Therefore, the national policy is that flu vaccine should be offered to the following groups:

- (i) All those aged 65 years and over;
- (ii) All those aged over 6 months in a clinical at risk group (see Annex B for details);
- (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 (this does not include prisons, young offender institutions, university halls of residence etc);
- (iv) Unpaid Carers;
- (v) Poultry workers as defined in 2006/07 (available at [http://www.sehd.scot.nhs.uk/cmo/CMO\(2006\)14.pdf](http://www.sehd.scot.nhs.uk/cmo/CMO(2006)14.pdf) . This group will be immunised through a separate programme outside of the seasonal flu programme.

4. 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.

### Vaccine Uptake Targets

5. The national uptake targets for 2009/10 is **70%** for patients aged 65 years and over, and **60%** for patients in the clinical at risk groups aged under 65 years.

## Vaccine Suppliers

6. As Community Pharmacists are the main source of flu vaccine supply to GPs, practices need to keep in regular contact with the Community Pharmacist that have placed orders on their behalf rather than contacting manufacturers directly.

The following manufacturers have indicated they will be supplying the UK market during the coming season:

Supplier	Name of product	Vaccine Type	Contact details
GlaxoSmithKline	Fluarix	Split Influenza virus, inactivated	0800 783 0470
MASTA	Imuvac	Surface antigen, inactivated, sub-unit	0113 238 7500 (option 1)
Novartis Vaccines	Agrippal	Surface antigen	08457 451 500
	Begrivac	Split virion	
	Fluvirin*	Surface antigen	
	Inactivated influenza vaccine*	Surface antigen	
	Optaflu	Cell Culture	
Sanofi Pasteur MSD	Inactivated influenza vaccine	Split virion	0800 085 5511
	Viroflu	Virosomal	
Solvay Healthcare	Influvac	Surface antigen, inactivated, sub-unit	0800 358 7468
	Imuvac	Surface antigen, inactivated, sub-unit	
Wyeth Vaccines	Enzira	Split virion Inactivated	0800 089 4033
	Generic influenza vaccine	Split virion Inactivated	

None of the influenza vaccines for the 2009/10 season contain thiomersal as an added preservative. \*These vaccines state in their Summary of Product Characteristics (SPC) that it contains traces of thiomersal that are left over from the manufacturing process.

## Monitoring uptake

7. As in previous years, Health Protection Scotland (HPS) will take the lead in monitoring uptake on behalf of the Scottish Government. For further information regarding the HPS vaccine monitoring programme please contact [fluvaccine@hps.scot.nhs.uk](mailto:fluvaccine@hps.scot.nhs.uk).

## Monitoring safety

8. The Medicines and Healthcare Products Regulatory Agency (MHRA) monitors the safety of influenza vaccine. If a doctor, nurse, pharmacist or patient suspects that an adverse reaction to a flu vaccine has occurred, it should be reported to the Commission on Human Medicines (CHM) using the Yellow Card spontaneous reporting scheme ([www.yellowcard.gov.uk](http://www.yellowcard.gov.uk)).

## Publicity and information materials

9. Details of the anticipated national publicity programme, due to be launched in October 2009, will follow. All marketing material will as usual be made available to support health professionals running local flu campaigns within NHS Boards. Further information and resources will also be available to view and download on our information website: [www.infoscotland.com/flu](http://www.infoscotland.com/flu)

## Immunisation against Infectious Disease (the 'Green Book')

10. A revised version of the book *Immunisation against Infectious Disease* (the 'Green Book') was published and distributed in December 2006. It includes a revised chapter on influenza. The book can be found online at: [www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/GreenBook/fs/en](http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/GreenBook/fs/en)

## Funding and contractual arrangements

11. Funding and contractual arrangements for GPs are set out in Circular PCA(M)(2007)13 - amendment, issued on 31 October 2007. This can be found online at [http://www.sehd.scot.nhs.uk/pca/PCA\(M\)\(2007\)13amendment.pdf](http://www.sehd.scot.nhs.uk/pca/PCA(M)(2007)13amendment.pdf). Please also see **Annex C**.

## Influenza immunisation for health and social care staff

12. NHS organisations should encourage employees directly involved in patient care to have influenza immunisation. Social care providers may wish to consider similar action for front line staff.

13. As in previous years, free influenza immunisation should be offered by NHS organisations to all employees directly involved in patient care. NHS Boards/employers should determine their own programmes and fund the immunisation of their staff.

14. For non NHS organisations, responsibility for occupational influenza immunisation rests with employers and immunisation should be provided through occupational health services or other arrangements with private health care providers.

15. It is recommended that NHS independent contractors (GPs, Dentists, Community Pharmacists and Optometrists) consider vaccination of staff, and responsibility for this lies with employers.

16. Vaccine for staff should not be used at the expense of vaccine for risk groups. Staff should not be asked to go to their GP for their immunisation unless they fall within one of the recommended high-risk groups, or GPs have been contracted specifically by their NHS Board or by employers to provide this service. Occupational health services are recommended to keep records of staff who have been immunised.

17. Staff should be reminded that the influenza vaccine does not contain any live virus and as such it is impossible to develop the flu or flu symptoms as a direct result of the vaccine.

## Influenza vaccine composition for 2009/10

18. The World Health Organization (WHO) recommends flu vaccine strains based on careful mapping of flu viruses as they move around the world. This monitoring is continuous and allows experts to make predictions of which strains are most likely to cause influenza outbreaks in the northern hemisphere in the coming winter.

19. The WHO recommendation for composition of influenza vaccine (northern hemisphere) for the season 2009/10 is:

\*an A/Brisbane/59/2007 (H1N1)-like virus

\*an A/Brisbane/10/2007 (H3N2)-like virus

\*a B/Brisbane/60/2008-like virus

## Clinical Risk Groups 2009/10

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

## Contractual arrangements

1. When community pharmacists and dispensing doctors place orders for the vaccine they estimate the amount they need directly with the manufacturers, negotiating prices themselves. NHS Circular PCA (P) (2008)23, which was issued on 16 December 2008 available at [http://www.sehd.scot.nhs.uk/pca/PCA2008\(P\)23.pdf](http://www.sehd.scot.nhs.uk/pca/PCA2008(P)23.pdf) sets out the arrangements for ordering of vaccine for the 2009/10 season and details reimbursement and remuneration arrangements. Other users, such as NHS Boards (for occupational immunisation) are responsible for their own supplies.
2. As part of the arrangements for annual influenza immunisation scheme, each NHS Board must enter into arrangements with a General Medical Services (GMS) or Personal Medical Services (PMS) contractor to provide immunisation to at-risk patients in line with national guidelines.
3. The available Directed Enhanced Service (DES) for GP contractors providing this service was issued on 31 October 2007 (Circular PCA(M)(2007)13 - amendment. This can be found online at: [http://www.sehd.scot.nhs.uk/pca/PCA\(M\)\(2007\)13ammendment.pdf](http://www.sehd.scot.nhs.uk/pca/PCA(M)(2007)13ammendment.pdf). The DES applies **to all groups recommended by the JCVI and accepted nationally** (i.e. flu and pneumococcal immunisation payment will be available for immunising those aged 65 and over and also flu immunisation for those aged under 65 and in an at risk group).
4. The Primary Medical Services (Directed Enhanced Services) (Scotland) Directions 2006 require contractors of this service to have developed satisfactory registers of the at risk population to be immunised many of which will be in place as a result of participating in the Quality and Outcome Framework. Payment arrangements under the scheme will apply to at risk patients who are immunised against flu, by 31 March in the relevant financial year. For payment purposes, the flu immunisation programme will operate from 1 August to 31 March in the relevant financial year. Pneumococcal payments will be made throughout the period 1 April to 31 March of the relevant financial year (as it is undertaken throughout the year, unlike flu immunisation).