

Dear Colleague

25 August 2009

SEASONAL INFLUENZA IMMUNISATION PROGRAMME 2009-10

1. Our earlier CMO letter dated 16 March 2009 set out the policy background and arrangements for this year's seasonal influenza vaccination programme. As you will know, Influenza A (H1N1) has emerged since our previous letter and the new virus is now the subject of significant activity on the part of the NHS in Scotland. Work is currently underway to plan for a vaccination programme against influenza A (H1N1) and more specific advice on that programme will be provided separately. A separate CMO letter will also follow regarding the Pneumococcal vaccination.

2. The purpose of this letter is to update you on the key elements of the seasonal influenza vaccination programme for 2009-10. We are planning on the basis that the annual seasonal influenza vaccination programme will be delivered alongside the influenza A (H1N1) vaccination programme. Colleagues should not delay seasonal flu vaccination on the basis of waiting until influenza A (H1N1) vaccine is available. In due course it may be possible to co-administer both vaccines to some, and the increased efficiency of this would be welcomed. However, in the meantime, vaccination of those who may be at serious risk from seasonal influenza should commence as soon as the vaccine becomes available.

3. Specifically, this letter provides information on:

- Details of the seasonal flu awareness raising campaign for 2009-10, which will be part of the overarching UK-wide influenza communications campaign, alongside H1N1 messages. **(Annex A)**:
- Confirmation of payment arrangements for immunisation against seasonal influenza for those groups listed in CMO letter dated 16 March 2009 **(Annex B and Annex C)**:
- Details of adverse reaction reporting.

4. The official launch of the seasonal influenza vaccination programme will be on 1 October 2009.

Vaccination supply

5. The UK Vaccine Industry Group (UVIG) has confirmed that, according to delivery schedules agreed between manufacturers and customers, 97% of seasonal influenza vaccines are expected to be delivered to Scotland by the end of October 2009, with 99.7% delivered by the end of November.

Addresses

For action

Chief Executives, NHS
Boards
General Practitioners
Practice Nurses
District Nurses
Health Visitors
Directors of Pharmacy
Immunisation Co-ordinators
CPHMs
Directors of Public Health
Medical Directors, NHS
Boards (for distribution to
GP Practices)
Scottish Prison Service
Scottish Ambulance
Service
Directors of Occupational
Health
Community Pharmacy
Contractors
Nurse Directors

For information

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

Enquiries to: Further Enquiries

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Policy Issues
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<http://www.scotland.gov.uk>

6. In order that communication links are consistent throughout Scotland, a communications pathway from the Vaccine Monitoring Group similar to that used for last year's programme is attached at **Annex D**. If followed, the pathway should reduce the potential for confusion and duplication of effort.

7. It is imperative that General Practitioners liaise closely with Community Pharmacies supplying the seasonal flu vaccine in order that vaccine availability and sufficient stock is guaranteed prior to the scheduling of clinics. Patients should be reassured that they will be vaccinated against seasonal influenza. Given that the seasonal flu vaccination programme will run alongside the H1N1 vaccination programme, it is important that colleagues are aware of the difference between the two vaccination programmes, in order to provide appropriate advice to the public. In particular, colleagues should be aware that:

- The seasonal flu vaccine will not provide any cross protection against influenza A (H1N1)
- Many of those who are in risk groups for seasonal flu will need to receive vaccinations against both strains of flu virus
- The influenza A (H1N1) vaccination will require two doses at least three weeks apart.

8. More detailed advice for professionals around influenza A (H1N1) is currently being developed and will be provided ahead of the vaccination campaign commencing.

Seasonal Influenza vaccine contingency stock

9. As in previous years, the Scottish Government has secured a central stock of seasonal influenza vaccine as a contingency measure. This stock will be used to address any minor mismatches in supply and demand for vaccine locally.

Payment arrangements for vaccination

10. Payment arrangements to GP Practices for immunisation against seasonal influenza and reporting to Practitioners Services Division (PSD) and Health Protection Scotland (HPS) are set out in NHS Circular PCA(M)(2007)13 and rates will be updated in the 2009/10 primary medical services allocation letter.

11. It is expected that, as is normal procedure, seasonal influenza immunisation will be concentrated in the period 1 October to 31 January. However, immunisation given at any time between 1 August and 31 March of the relevant financial year will qualify under this scheme.

Targets

12. Throughout the UK, the target for immunising those aged 65 and over against seasonal influenza is 70%. For those in the non age related at-risk groups a target of 60% has been set for 2009-10. 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

13. National READ codes are available and examples in use are shown at **Annex E**. 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.

Monitoring Uptake

14. As in previous years, Health Protection Scotland (HPS) will take the lead in monitoring uptake on behalf of the Scottish Government and will provide monthly uptake data from October 2009 to January 2010. These reports will be circulated by HPS to the Scottish Government and NHS Boards. Final uptake figures for seasonal influenza vaccination will continue to be based on GP payment data, which will be available from PSD Claims for Payments following the end of the financial year.

Monitoring Safety

15. If a doctor, nurse, pharmacist or patient suspects that a serious reaction to seasonal influenza vaccine has occurred, they should report it to the Medicines and Healthcare Products Regulatory Agency (MHRA), using the Yellow Card Spontaneous Reporting Scheme. The clinical adverse reaction reporting mechanism in Scotland for seasonal influenza vaccine are the same as for all other medicines, and follow the MHRA 'Yellow Card' scheme –

<http://www.mhra.gov.uk/Safetyinformation/Reportingsafetyproblems/Medicines/Reportingsuspectedadversedrugreactions/index.htm>

Vaccination of Health and Social Care Staff

16. As per our letter of 16 March this year, colleagues are reminded that NHS organisations should encourage employees directly involved in patient care to have seasonal influenza immunisation. Social care organisations are encouraged to consider similar action, especially for staff in nursing and care homes that look after older people. It is vital that health and social care staff not only protect themselves against seasonal flu, but recognise the importance of protecting patients in their care and their professional responsibility.

17. It is the responsibility of employers to protect their staff. However, free seasonal influenza immunisation should be offered by NHS organisations to all Health Boards' employees directly involved in patient care. Vaccine for staff should not be used at the expense of vaccine for the at risk groups. Likewise, 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 the NHS Board to provide this service. Occupational health services are recommended to keep records of staff who have been immunised.

18. Given the current attention on influenza A (H1N1) and possible increase in demand for seasonal flu vaccination amongst health and social care staff, employers are asked to review vaccine orders and to consider whether there is a need to increase stocks of vaccine.

Conclusion

19. Finally, thank you for all the work you have and continue to undertake. We do appreciate that this programme, along with the H1N1 vaccination programme will be a huge undertaking over the next few months.

Yours sincerely

DR HARRY BURNS
Chief Medical Officer

Dr MARGARET MCGUIRE
Acting Chief Nursing Officer

PROFESSOR BILL SCOTT
Chief Pharmaceutical Officer

PUBLICITY AND INFORMATION

1. As a result of the emergence of influenza A (H1N1), and the development of a UK communications and marketing strategy to provide information on all influenza related issues, the seasonal flu marketing campaign will this year be delivered on a UK wide basis.

2. It is likely that the seasonal influenza campaign will need to commence prior to the influenza A (H1N1) campaign but the materials that will be provided will be four nations branded i.e. it will carry the health brands of Scotland, England, Northern Ireland and Wales. It will have a similar 'look and feel' as the campaign that will run around respiratory and hand hygiene (RHH) in relation to pandemic flu, and around the H1N1 vaccination programme. There will be one strapline used across all respiratory and hand hygiene, seasonal and swine flu vaccination.

3. The campaign is still being planned but we know that an information leaflet will be made available and will be distributed to Boards and other organisations by RR Donnelley.

4. It is likely that there will also be other communications activity but detailed arrangements have not yet been made.

5. As in previous years a centrally-generated awareness-letter will be sent to everyone aged 65 and over, reminding them to make an appointment for their flu and pneumococcal vaccines. The text of this letter will be changed this year to provide some advice around influenza A (H1N1) and the possible need for separate vaccination – information on this will follow shortly.

6. As in previous years, it would be appreciated if all publicity materials could be displayed prominently, and used in preference to any alternative materials provided by vaccine manufacturers, from the launch date of 1 October 2009.

7. From 1 October 2009, further supplies of leaflets will follow. Further hard copies can be obtained from David Sellar at RR Donnelley by fax on 0131 625 6540 or e-mail david.sellar@rrd.com.

Target Groups for seasonal flu vaccine

The national policy for 2009-10 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, relative, friend 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 the JCVI recommendation for 2006/07. The definition 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 CMO9(2009).

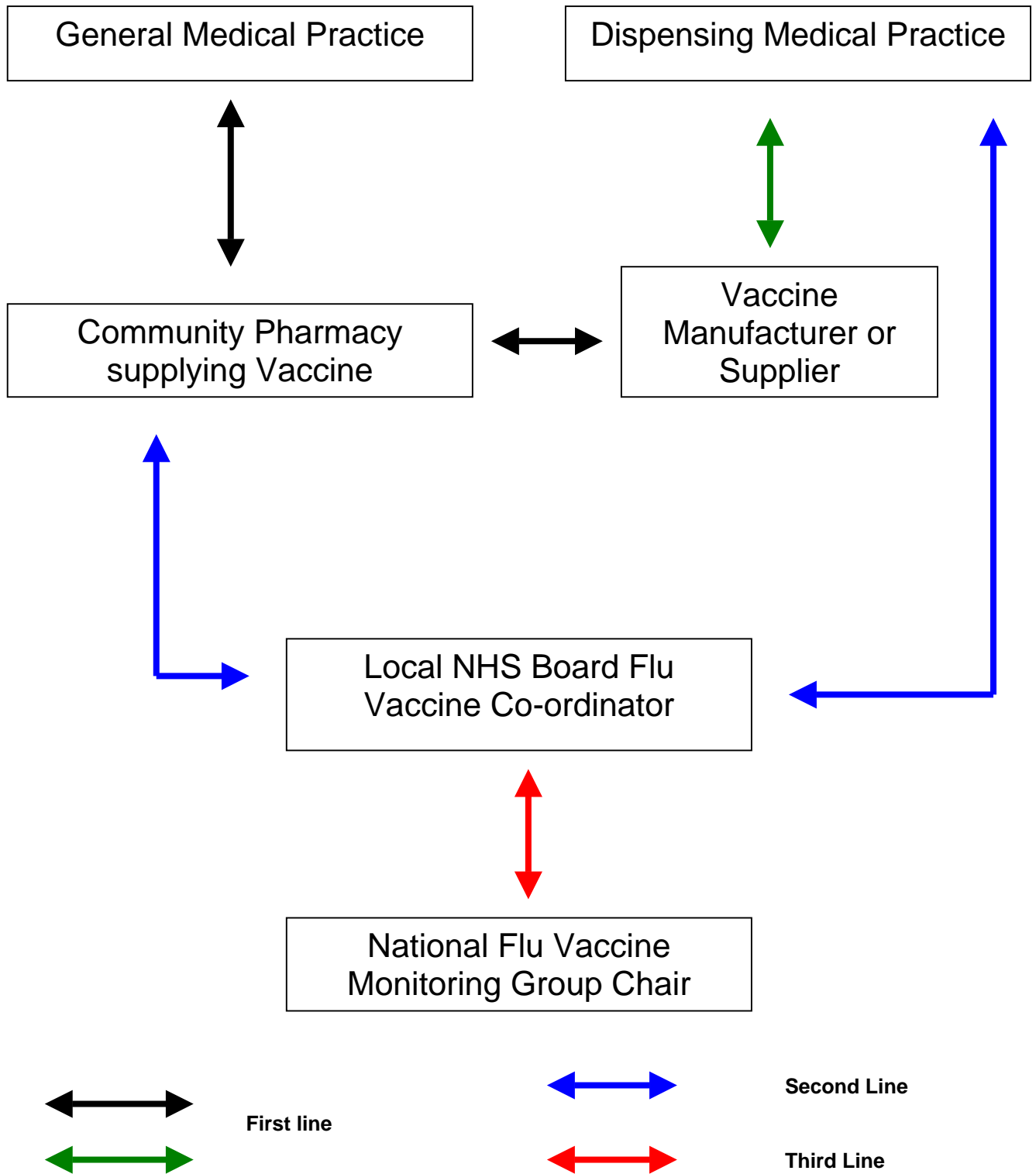
As detailed in the book *Immunisation against Infectious Disease 2006* (the Green Book, page 193) pregnant women with existing risk factors should routinely be offered seasonal flu vaccination, regardless of the stage of pregnancy.

Seasonal Influenza Clinical Risk Groups 2009/10

Clinical Risk Category	Examples (decision based on clinical judgement)
<i>Chronic respiratory disease, including asthma</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) • Asthma that requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission • 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

**Seasonal Flu Campaign 2009-10
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
 ZV14F [V]Personal history of Influenza vaccine allergy
 8I6D. Influenza vaccine not indicated (I = letter not number)
 ZV048 [V] Influenza vaccination (O=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 (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.