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Dear Colleague

ANNOUNCEMENT OF PHASE TWO PRIORITY GROUPS FOR THE INFLUENZA A (H1N1) VACCINATION PROGRAMME

INTRODUCTION

1. The purpose of this letter is to thank you for your ongoing support in the delivery of the H1N1 vaccination programme and to provide you with information about the second phase of the programme.

2. Delivery of the programme to patients in the initial clinical priority groups alongside frontline health and social care workers has been progressing well and it remains our priority to ensure these vulnerable individuals are offered vaccination against the H1N1 virus before Christmas. This still remains our highest priority and it is essential that we work steadfastly to achieve this. Given that we are now also planning a second phase of the programme, we need to carefully manage both the continued vaccination of the initial phase one priority groups and the additional phase two priority groups.

3. To date, early reported vaccination rates suggest a good uptake of the vaccine amongst frontline health and social care staff. We are now at the stages of gathering preliminary data on the clinical at risk groups and will share this information with you as soon as we can.

Extension of Programme to Young Children

4. As announced by the Cabinet Secretary for Health and Well-being on 19 November, a second phase of the vaccination programme has now been agreed and will focus on offering vaccination to young children aged over six months and up to five years of age. Evidence shows that children under the age of five years consistently have the highest levels of hospital admissions with the H1N1 influenza. By vaccinating this group, we will be offering them the best possible protection against the H1N1 virus.

From the Chief Medical Officer
Dr Harry Burns MPH

Acting Chief Nursing Officer
Dr Margaret McGuire

3 December 2009

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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
Nurse Directors
Boards (for distribution to
GP Practices)
Scottish Prison Service
Scottish Ambulance
Service
Directors of Occupational
Health
Community Pharmacists

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
Directors of Human Resources
H1N1 Vaccination Programme
Strategic and Operational Leads
COSLA
ADES
Scottish Care
Care Commission
SCG Coordinators
RCN
RCM
CPHVA

5. The programme will cover all children born between 1 January 2005 and 7 June 2009, who are six months old from 7 December and are less than 5 years old (4 years, 364 days) as of 31 December 2009. It will also include children born after 7 June 2009 who are aged 6 months and over after 7 December 2009 until further notice. As indicated above, this phase, whilst important, should not take priority over completion of phase one.

6. The SCIMP guidance on data entry and extraction will be amended shortly to include guidance for this new priority group. The following web link offers practices help in identifying patients in all current priority groups and on recording their vaccination details:

http://www.scimp.scot.nhs.uk/H1N1_Influenza.html

Extending Vaccination to Carers of Elderly or Disabled People and Poultry Workers

7. We have considered the JCVI advice of 18 November which noted that vaccination of carers for elderly or disabled persons - whose welfare may be at risk if their carer falls ill - may have benefits. We are holding discussions with carers' organisations at a national level and monitoring the epidemiology of the pandemic to determine how best to respond to this advice. We will provide further information on this shortly.

8. Health Ministers across the UK have also agreed that poultry workers should be offered vaccination during phase two of the programme. Further discussions with colleagues in the Department of Health and the Department for Environment and Rural Affairs are underway to agree whether this group will also include other workers who come into contact with poultry ie those carrying out ancillary processes which involve coming into contact with live or dead birds, processors and those involved in the slaughter of birds; and professional staff who routinely visit poultry units such as those working in government agencies.

9. Health Boards are required to plan for delivery of vaccination to all groups identified for vaccination as part of phase two and further information on definitions for carers and poultry workers will be provided as soon as possible.

Model of Delivery for Phase Two

10. The precise means of delivery have yet to be agreed. We expect the basic model for vaccinating young children to be an invitation to parents to bring their child in for vaccination, should they wish to take up the offer. Formal negotiations are underway with the Scottish General Practitioners Committee on exactly how this should take place.

Further Enquiries:

Vaccine supplies/pharmacy issues

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Policy Issues

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Timing

10. As mentioned above in paragraph two, vaccination of patients in the initial priority groups remains our highest priority, in the first instance. We therefore would ask that you press on and ensure vaccination of phase one groups. Those practices that have completed phase one groups should stand ready to start phase two, in December, as soon as practicable.

Vaccine Supply

11. To date, we have received over 1 million doses of Pandemrix vaccine and just over 160,000 doses of Celvapan vaccine. GP practices should now be receiving regular weekly deliveries of vaccine from local Vaccine Holding Centres which should enable efficient planning arrangements for the vaccination of all patients.

12. We are confident that we will continue to receive a steady supply of vaccine from the manufacturers over the coming weeks and we anticipate that arrangements can be put in place soon to enable Boards to order their own vaccine from the national stockpile. This will require Boards to ensure continued close working with general practice colleagues to ensure sufficient vaccine supply is ordered. We will continue to allocate deliveries to Boards for at least the next two weeks based on a pro rata basis and thereafter we will work with Boards to determine how they plan for the weeks ahead. Further guidance will be provided to ensure Boards are fully aware of the longer term arrangements for ordering vaccine.

13. We can appreciate the difficult logistical arrangements which you may be faced with in having another group of patients who now require prioritisation for vaccination. Arrangements may require to be put in place to deal with a potential cross over of both phase one and phase two priority groups being vaccinated from the month of December and a degree of flexibility will be required to successfully handle this.

Vaccine Schedule

14. We previously advised in our letter of 21 October that the Joint Committee on Vaccination and Immunisation (JCVI) had confirmed its earlier advice that the Pandemrix vaccine should be the vaccine of choice for children and young people up to 18 years of age. Following further advice from the JCVI on 18 November, the current recommended dose for children to be vaccinated against H1N1 is:

Pandemrix

For all children aged from 6 months of age up to 10 years of age (9 years, 364 days):

- Two half doses (0.25ml) of Pandemrix should be given with a minimum of at least three weeks between doses.

Celvapan

For children with a history of severe anaphylactic reaction (shock or acute difficulty in breathing) after coming into contact with egg containing products. This vaccine has been deemed safe for use in children by the JCVI.

Vaccination of Pregnant Women

15. You will be aware that the JCVI previously recommended that pregnant women should be given the Pandemrix vaccine. The JCVI recommended that pregnant women be given the Pandemrix vaccine as it is a one-dose schedule with this vaccine. This schedule provides adequate levels of antibodies against H1N1, giving more rapid protection against the virus.

16. We have asked Health Protection Scotland to produce a short briefing paper for NHS Board Operational leads on the need for further action to ensure the optimum uptake of vaccination in pregnant women before 31 December 2009. We have requested specifically that Boards ensure that **all** pregnant women resident in the Board area have been invited for vaccination by 9 December 2009. The briefing paper can be accessed at:

<http://www.hps.scot.nhs.uk/resp/publicationsdetail.aspx?id=43335>

Communications and Information Resources for Phase Two

17. We are working with the Department of Health to develop targeted communications and information resources for this second phase of the programme including an information leaflet for parents of young children eligible for vaccination. We are progressing this as quickly as possible and hope to have materials ready for phase two commencing in December.

CONCLUSION

18. We would like to thank you for your continued support and the significant efforts which have gone into delivering this vaccination programme. Your valuable work continues to ensure that we are on track to offer vaccination to those in the initial priority groups by Christmas and will enable the programme to continue into its next phase within the coming weeks. Your full participation and endeavours continue to be vital and are much appreciated.

Yours sincerely

Harry Burns

Margaret M McGuire

Dr Harry Burns
Chief Medical Officer

Dr Margaret McGuire
Acting Chief Nursing Officer