

30 June 2010

Dear Colleague

SEASONAL INFLUENZA VACCINATION PROGRAMME 2010-11

This letter replaces our earlier letter of 18 May 2010 (reference – SGHD/CMO(2010)12), taking account of an error in the recommendations at Annex A, paragraph 5 (ii) and (iii) and the table shown at Annex C.

1. The purpose of this letter is to set out the arrangements for the 2010-11 seasonal influenza vaccination programme. Clearly the 2009-10 period and the emergence of influenza A(H1N1) has presented significant challenges for all of the NHS in Scotland. It now appears that the worst of the pandemic has passed – the joint [CMO/CNO letter SGHD/CMO \(2010\)6 dated 19 February 2010](#) provided details of the Influenza A (H1N1) vaccination programme for the spring and summer period. We need now to turn our attention to the forthcoming seasonal vaccination programme.

2. A letter outlining arrangements for the 2010-11 pneumococcal immunisation programme will be issued separately later this year.

Seasonal Flu Programme 2009/10

3. Initial data to the end of week 12 of 2010 indicates uptake rates of 73.6 % in people aged 65 and over. Although uptake has once again exceeded the national target of 70%, this figure is lower than the uptake figure at this same point in 2009. However, we recognise that this is likely to be a result of the impact of the H1N1 programme.

4. Initial data for the under 65 at-risk group indicates an uptake of 53.3 %. This is the first year that seasonal flu uptake has exceeded the 50% mark. Undoubtedly this is as a result of the extra effort to reach this risk group for H1N1 vaccination, but this is nevertheless a significant achievement. The challenge now will be to maintain this level of uptake for the

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SGHD/CMO(2010)14

For action

Chief Executives, NHS Boards
Nurse Directors, NHS Boards
General Practitioners; Practice Nurses
Health Visitors; Directors of Pharmacy
Immunisation Co-ordinators
CPHMs; Directors of Public Health
Medical Directors, NHS Boards
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2010-11 flu season.

5. As ever, we are very appreciative of all the efforts of GPs, Community Pharmacies, practice staff, NHS Board staff and other colleagues in delivering the seasonal flu vaccine – particularly over the course of the last season when there were so many additional pressures and challenges to contend with.

Details of the Seasonal Flu Programme 2010/11

6. The seasonal flu programme for 2010/11 will commence on **1 October 2010**. Full details of the various elements of the programme for 2010/11 are outlined in **Annex A**. In particular colleagues should be aware of the following important changes to the programme this year:

- The **national target for the 65 and over at risk group will rise from 70% to 75%** for the first time. This will bring us in line with World Health Organisation recommendations but is also in line with achievement in Scotland in recent years.
- For 2010-11, the seasonal flu programme will provide trivalent seasonal flu vaccine as well as the continuation of the monovalent H1N1 vaccine in certain circumstances, in line with JCVI recommendations. These are set out more fully in **Annex A**.
- The nationally held **contingency stock** of seasonal flu vaccine will be reduced from 80,000 to 40,000 doses. This was proposed and agreed by Ministers last year, but was later reversed following the emergence of the H1N1 pandemic. Experience remains that the contingency stock of vaccine is underused and that there is sufficient flexibility in local supplies of seasonal flu vaccine to manage any minor mismatch between supply and demand. We will also be retaining stocks of H1N1 vaccine and H5N1 vaccine in addition to the contingency stock of the seasonal flu vaccine.

7. There have been **no changes** to the clinical at risk groups from the 2009/10 season, however recommendations around the continuation of vaccination against H1N1 for certain groups do provide an additional layer of complexity to eligibility for vaccines in 2010/11. This is discussed in more detail in **Annex A**. The table in **Annex B** provides the current list of seasonal flu clinical risk groups and the table at **Annex C** provides a summary of recommendations for vaccination in relation to both seasonal flu and H1N1, for ease of reference.

8. The list of vaccine manufacturers for 2010/11 is shown in paragraph 11 of **Annex A**. NHS Circular PCA (P) (2009) 22 which was issued on 23 December 2009 is available at [http://www.sehd.scot.nhs.uk/pca/PCA2009\(P\)22.pdf](http://www.sehd.scot.nhs.uk/pca/PCA2009(P)22.pdf). This updates the drug tariff for 2010/11 but all other vaccine arrangements are as set out in circular PCA (P) 2008) 23 (available at: [http://www.sehd.scot.nhs.uk/pca/PCA2008\(P\)23.pdf](http://www.sehd.scot.nhs.uk/pca/PCA2008(P)23.pdf)). In line with that circular, Community Pharmacy contractors should have completed the processing of orders by 27 February 2010 at the latest.

Marketing and communications

9. 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 and unpaid carers to take up the offer of the vaccine. More information about the campaign will follow in late summer. In addition, 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.

Call and Recall of Under 65 At-Risk

10. **GP practices are reminded of their obligations to provide call and recall for those under the age of 65 for seasonal flu vaccination in line with the DES agreement.**

11. Experience from a 2008/09 pilot and from the H1N1 vaccination programme clearly indicates that call and recall by way of a letter from GP practices inviting those at risk for vaccination can have a very positive impact on vaccine uptake amongst this group. This is discussed in more detail in Annex A, but we would encourage all GP practices to provide call and recall for this group by way of a letter of invitation for vaccination from the practice. As part of the marketing campaign template letters will be available if practices wish to make use of them.

Planning Activity

12. Colleagues are reminded of the importance of planning for vaccination early in the season, to ensure that as many of the at risk population as possible can be protected before viruses begin circulating.

Action

13. **Primary care teams are asked to note the arrangements outlined in this letter for the influenza vaccination programme in 2010/11.**

Yours sincerely

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Vaccine Supply for Season 2010/11

1. NHS Circular PCA(P) (2009)22, which was issued on 23 December 2009 (available at: [http://www.sehd.scot.nhs.uk/pca/PCA2009\(P\)22.pdf](http://www.sehd.scot.nhs.uk/pca/PCA2009(P)22.pdf)) sets out arrangements for the ordering of vaccine for the 2010/11 seasonal flu programme. Other than an update to the drug tariff, arrangements for 2010/11 are identical to 2009/10. Community Pharmacy contractors should have completed the processing of orders by 27 February 2010 at the latest. Any contractors who have not yet placed vaccine orders or who want to add to orders should contact the relevant community pharmacist as soon as possible. Once orders have been placed, suppliers will be able to confirm their delivery schedule.
2. Health Protection Scotland 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.

Recommended Target Groups

3. Following advice from the Joint Committee on Vaccination and Immunisation there have been **no changes** to the target groups for seasonal flu vaccination in 2010/11. However the seasonal flu programme this year will also continue to provide monovalent H1N1 vaccination to certain groups. There will therefore be an added layer of complexity to this year's programme that professionals (and the public) will need to be aware of.
4. In summary, the following groups should receive the seasonal flu vaccine as usual:
 - (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. Carers 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;

(v) Poultry workers as defined in 2006/07 (available at: [http://www.sehd.scot.nhs.uk/cm0/CMO\(2006\)14.pdf](http://www.sehd.scot.nhs.uk/cm0/CMO(2006)14.pdf)). This group will be immunised through a separate programme outside the seasonal flu arrangements.

5. In addition to this, the JCVI has also recommended the following in relation to ongoing H1N1 vaccination:

(i) That **pregnant women with no clinical risk conditions** should be offered the trivalent seasonal flu vaccination through the 2010-11 flu season if they have not already been vaccinated against H1N1. This will apply to the 2010-11 flu season only. Pregnant women who are at risk from seasonal flu as a result of a clinical condition should be offered the trivalent seasonal flu vaccine as normal. (As detailed in the book *Immunisation against Infectious Disease 2006* pregnant women with existing risk factors should routinely be offered seasonal flu vaccination, regardless of the stage of pregnancy.) In the meantime, all pregnant women should continue to be offered the monovalent H1N1 swine influenza vaccine.

(ii) That **immunocompromised individuals aged 13 years and over** who have not yet received H1N1 vaccine should receive one dose of monovalent H1N1 vaccine followed four weeks later by one dose of trivalent seasonal influenza vaccine.

(iii) That **immunocompromised children aged six months to below 13 years** who have not received the influenza vaccine previously should receive one dose of monovalent H1N1 vaccine and one dose of trivalent seasonal influenza vaccine at the same time. This should be followed four weeks later by a second dose of trivalent seasonal influenza vaccine.

(iv) That **at risk children aged between 6 months and below 5 years** who have not already received the H1N1 vaccine should receive the adjuvanted monovalent H1N1v vaccine in addition to (and at the same time as) the trivalent seasonal flu vaccine as recommended above in 4(ii). This is because response to the trivalent seasonal flu vaccine is uncertain in this age group.

6. For ease of reference, these recommendations are summarised in the table at **Annex C**. **If there is any further refinement of these recommendations prior to the start of the seasonal flu programme this year we will of course let you know as soon as possible.** Please note that both seasonal flu vaccine and H1N1 can be given on the same occasion. The vaccines should be given at different sites, preferably in a different limb. If given in the same limb, they should be given at least 2.5cm apart. The site at which each vaccine is given and the batch numbers of the vaccines should be recorded in the individual's records.

Vaccine Uptake Targets

7. The national uptake targets for 2010/11 is **75%** for patients aged 65 years and over. This is an increase in the national target from 70%, bringing us into line with World Health Organisation recommendations. With the exception of the most recent

pandemic flu season, the NHS in Scotland has achieved or exceeded an uptake rate of 75% for a number of years so we do not anticipate that this target will present any significant problems.

8. The national uptake target for the at-risk under 65 age group will remain at 60%. However, in line with experience from the H1N1 vaccination programme, we would encourage all GP practices to provide call and recall for this group by way of a letter of invitation for vaccination from their practice.

9. In 2008-09 a pilot exercise operated in NHS Borders and NHS Lanarkshire to investigate what impact of a letter from GPs would have on uptake of vaccine amongst those under the age of 65. This pilot study indicated an increase in uptake of 6.3% as a result of this activity. We would therefore encourage all GP practices to deliver call and recall for those patients under the age of 65 by way of a letter from the practice.

Monitoring uptake

10. 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 NSS.HPSFluVaccine@nhs.net.

Influenza vaccine composition for 2010/11

11. Each year 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 on which strains are most likely to cause influenza outbreaks in the northern hemisphere in the coming winter.

12. The WHO recommendation for composition of influenza vaccine (northern hemisphere) for the season 2010/11, is:

- The pandemic A/California/7/2009 (H1N1)-like virus;
- A/Perth/16/2009 (H3N2)-like virus; and
- B/Brisbane/60/2008-like virus

13. The trivalent seasonal flu vaccines will include an influenza A (H1N1) strain. As set out above some people are still recommended to receive the monovalent H1N1 vaccine, in some cases in addition to the trivalent seasonal flu vaccine. This is because the monovalent vaccine is considered to give longer-lasting protection than would the strain included in the trivalent seasonal flu vaccine, and for those most at risk of H1N1 and its complications, longer lasting protection is preferable.

Vaccine Suppliers

14. The table on the following page sets out the vaccine manufacturers that have indicated they will be supplying the UK market during the coming season.

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

Supplier	Name of product	Vaccine Type	Contact details
GlaxoSmithKline	Fluarix	Split virion, 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	
Pfizer Vaccines (formerly Wyeth Vaccines)	Enzira	Split virion Inactivated	0800 089 4033
	Generic influenza vaccine	Split virion Inactivated	
Sanofi Pasteur MSD	Inactivated influenza vaccine	Split virion	0800 085 5511
	Intanza**	Intradermal, split virion	
Solvay Healthcare	Influvac	Surface antigen, inactivated, sub-unit	0800 358 7468
	Imuvac	Surface antigen, inactivated, sub-unit	

None of the influenza vaccines for the 2010/11 season contain thiomersal as an added preservative.

*This vaccine states in its Summary of Product Characteristics (SPC) that it contains traces of thiomersal that are left over from the manufacturing process.

** This vaccine is an intra-dermal vaccine. Staff delivering vaccination with this vaccine need to ensure that they have necessary skills and competencies to administer intradermal vaccinations.

Monitoring safety

16. 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).

Publicity and information materials

17. Details of the anticipated national publicity programme, due to be launched in October 2010, will follow later in the summer. The campaign for 2010-11 will revert back to the creative and branding approach used for seasonal flu in 2008-09, prior to the H1N1 pandemic emerging.

18. As usual all marketing material will be made available to support health professionals within NHS Boards running local flu campaigns. Further information and resources will also be available to view and download on our information website: www.infoscotland.com/flu

Immunisation against Infectious Disease (the 'Green Book')

19. 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, with further updates published on the website on 30 July 2008, 10 September and 29 October 2009. The book can be found online at:
www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/GreenBook/fs/en

Funding and contractual arrangements

20. Funding and contractual arrangements for GPs are set out in Circular PCA(M)(2007)13 - amendment, issued on 31 October 2007 and Directions are set out in Circular PCA(M)(2006)3.. These can be found online at [http://www.sehd.scot.nhs.uk/pca/PCA2007\(M\)13amendment.pdf](http://www.sehd.scot.nhs.uk/pca/PCA2007(M)13amendment.pdf) and [http://www.sehd.scot.nhs.uk/pca/PCA2006\(M\)03.pdf](http://www.sehd.scot.nhs.uk/pca/PCA2006(M)03.pdf) . The circular and Directions will be revised and updated for this season's programme. Please also see Annex D.

Influenza immunisation for health and social care staff

21. 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.

22. As in previous years, free seasonal 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. Arrangements that were implemented for the H1N1 vaccination programme were an emergency response for that programme alone, and were not intended to set any precedents for the routine seasonal flu vaccination programme.

23. Low uptake of seasonal flu vaccination by health care workers is an issue that has been subject of UK Parliamentary scrutiny in the last 12 months. We would encourage all NHS Boards to offer the vaccine in an accessible way, and all staff to seriously consider the benefits to themselves and to their patients from accepting the offer of the vaccine. Staff are reminded that the influenza vaccine does not contain any live virus and it is impossible to develop the flu as a direct result of the vaccine.

24. For non-NHS organisations, responsibility for provision of occupational influenza immunisation rests with employers. Immunisation should be provided through occupational health services or other arrangements with private health care providers. 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.

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

26. 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. The information should also be sent to GP practices, with the patient's permission, to update their patient's records.

SEASONAL INFLUENZA VACCINATION PROGRAMME 2010/11

Clinical Risk Groups 2010/11

Clinical Risk Category	Examples (but decisions should be based on clinical judgement)
Chronic respiratory disease, including asthma	<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
Chronic heart disease	<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
Chronic renal disease	<ul style="list-style-type: none"> • Chronic renal failure • Nephrotic syndrome • Renal transplantation.
Chronic liver disease	<ul style="list-style-type: none"> • Cirrhosis • Biliary Atresia • Chronic hepatitis
Chronic neurological disease	<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
Diabetes Mellitus	<ul style="list-style-type: none"> • Type 1 diabetes • Type 2 diabetes (including treatment by insulin, oral hypoglycaemic drugs or diet alone)
Immunosuppression	<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 C

Group	Monovalent H1N1 Swine Influenza Vaccine	Trivalent Seasonal Influenza Vaccine
People in the usual seasonal influenza clinical risk groups aged 5 years – 64 years	X	✓
All people aged 65 years and over	X	✓
Children in the usual seasonal influenza clinical risk groups aged between six months and below five years	✓* (if they have <u>not</u> previously received the Monovalent H1N1 Swine Influenza Vaccine)	✓ (to be administered at the same time as Monovalent H1N1 Swine Influenza Vaccine if this is being given)
All immunosuppressed people who <u>have</u> previously received the monovalent H1N1 swine vaccine	X	✓
All immunosuppressed children aged under 13 who have <u>not</u> received the monovalent H1N1 swine vaccine previously	✓^ (to be given at the same time as the first dose of Trivalent Seasonal Influenza Vaccine)	✓ (dose one to be given at the same time as Monovalent H1N1 Swine Influenza Vaccine) ✓ (second dose to be given 4 weeks after the first)
All immunosuppressed people aged 13 years plus who have <u>not</u> received the monovalent H1N1 swine influenza vaccine previously	✓^ (to be given 4 weeks before the Trivalent Seasonal Influenza Vaccine)	✓ (to be given 4 weeks after Monovalent H1N1 Swine Influenza Vaccine)
Pregnant women who are in a clinical risk group for seasonal influenza	X	✓
Pregnant women who are not in a clinical risk group for seasonal influenza	X	✓ (if they have <u>not</u> previously received the Monovalent H1N1 Swine Influenza Vaccine)
Frontline Health and Social Care Workers	X	✓
Poultry Workers	X	✓

*The monovalent H1N1 swine influenza vaccine is still being offered to this group if they have not received it already as the response to the trivalent seasonal influenza vaccine is uncertain in this age group.

^ The monovalent H1N1 swine influenza vaccine is still being offered to these groups if they have not received it already as the immune response to a single dose of trivalent seasonal influenza vaccine would be expected to be suboptimal in immunocompromised individuals that have not previously received the H1N1 swine influenza vaccine.

Table 1 is not exhaustive; please refer to the revised Green Book chapter on influenza, which will be available online by the end of July 2010

Table 2: Dosage for H1N1 (Swine) monovalent vaccine

Age	Pandemrix Dose	Celevapan Dose
Children from six months and up to 10 years of age	A single dose of 0.25ml	Two doses of 0.5ml given at least 3 weeks apart
Adults and children aged 10 years and over	A single dose of 0.5ml	Two doses of 0.5ml given at least 3 weeks apart

Table 3: Dosage for Trivalent Seasonal Flu Vaccine

Age	Dose
Children aged 6-35 months	0.25ml or 0.5ml (depending on the manufacturer's SPC, repeated 4-6 weeks later if receiving influenza vaccine for the first time)
Children aged 3-12 years	0.5ml (repeated 4-6 weeks later if receiving influenza vaccine for the first time)
Adults and children aged 13 years and over	A single injection of 0.5ml

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) (2009)23, which was issued on 23 December 2009. This updated existing circular PCA (P) (2008)23 available at [http://www.sehd.scot.nhs.uk/pca/PCA2008\(P\)23.pdf](http://www.sehd.scot.nhs.uk/pca/PCA2008(P)23.pdf), which set 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 establish an influenza immunisation scheme and may enter into arrangements with a primary medical services 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/PCA2007\(M\)13amendment.pdf](http://www.sehd.scot.nhs.uk/pca/PCA2007(M)13amendment.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). The circular will be revised for this season's programme.

4. The Primary Medical Services (Directed Enhanced Services) (Scotland) Directions 2006 require Health Boards to ensure that contractors of this service have developed and maintained satisfactory registers of all the at risk patients to whom the contractor is to offer immunisation. 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).