

T: 0131-244 5542 F: 0131-244 2157
E: Rona.watters@scotland.gsi.gov.uk

Dear Colleague

SEASONAL INFLUENZA AND PNEUMOCOCCAL IMMUNISATION PROGRAMMES 2010-11

1. Our earlier letter of 30 June (**SGHD/CMO(2010)14** – available: [http://www.sehd.scot.nhs.uk/cmo/CMO\(2010\)14.pdf](http://www.sehd.scot.nhs.uk/cmo/CMO(2010)14.pdf)) set out the policy background and arrangements for this year's seasonal influenza vaccination programme. This letter provides a further update on the key elements of the vaccination programme, and specifically:

- A **flow chart** for identifying those eligible for vaccination and vaccine schedules (**Annex A**)
- Details of the **publicity campaign** and **information materials** and how these can be obtained (**Annex B**);
- A protocol setting out the purpose of the nationally held **contingency stock** and how Boards can access the stock if required (**Annex C**)
- A note of **best practice guidelines for flu vaccination** that has been produced by the National Flu and Pneumococcal Group in consultation with GP Practice Managers and other stakeholders. (**Annex E**)
- Details of this year's **poultry workers vaccination campaign** (**Annex F**)
- Advice on **pneumococcal vaccination** this year (**paragraph 25**)

2. The official launch of the vaccination programme is likely to be on **4 October 2010**. Publicity materials will be distributed to NHS organisations, healthcare professionals and other related organisations from mid September.

Maximising Uptake

3. Chief Executives are reminded that while we recognise the increasing financial pressures across the NHS in Scotland, NHS Boards have a legal obligation to maximise uptake of the flu vaccine amongst eligible risk groups.

From the Chief Medical Officer
Chief Nursing Officer
Chief Pharmaceutical Officer
Dr Harry Burns MPH FRCS(Glas)
FRCP(Ed) FFPH
Ros Moore RGN, RNT, BSc (Hons)
Nursing, MA
Professor Bill Scott BSc MSc
FRPharms

1 September 2010

SGHD/CMO(2010)19

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
Scottish Prison Service; Scottish
Ambulance Service

For information

Infectious Disease Consultants
Consultant Paediatricians
Consultant Physicians
Health Protection Scotland
Chief Executive, NHS Health Scotland
NHS 24

Further Enquiries

Policy Issues

Rona Watters
3ES, St Andrew's House
Rona.watters@scotland.gsi.gov.uk

Medical Issues

Dr Andrew Riley
2N.07, St Andrew's House
Andrew.riley@scotland.gsi.gov.uk

Pharmaceutical Issues

Pamela Warrington
1E.02A, St Andrew's house
pamela.warrington@scotland.gsi.gov.uk

Vaccine supply

William Malcolm
Health Protection Scotland
w.malcolm@nhs.net

Vaccine Eligibility and Dosage

4. Our letter of 30 June set out the recommendations of the Joint Committee on Vaccination and Immunisation (JCVI) in respect of the seasonal flu programme this year. You will recall that this year's recommendations are complicated by the need to provide H1N1 monovalent vaccination to some groups in addition to administration of the usual seasonal flu trivalent vaccination. JCVI have also recommended the vaccination of all pregnant women for this year only.

5. In recognition of the complexity of the recommendations the Department of Health has produced a flow chart that seeks to make it easier for vaccinators to identify who is at risk and what vaccinations are recommended. A copy of this flow chart is included in the revised influenza chapter of the Green Book, which is available at http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/document/s/digitalasset/dh_118770.pdf. **Annex A** contains an alternative easy-read version of this flow chart which has been successfully piloted by NHS Greater Glasgow and Clyde. Colleagues are free to use whichever flow chart they prefer. (Although provided in colour, the flow-chart at Annex A will also print clearly in black and white).

6. In planning the delivery of the vaccine, practices may find it helpful to run a data search on their IT system to identify the small number of patients who require a more complex vaccine delivery schedule, such as children under 5 years with at-risk conditions and immunocompromised patients. Practices that in previous years have organised open access vaccination days may find it helpful to offer to vaccinate these groups by appointment at special clinics when there would be more time to ensure the algorithm is followed correctly.

7. As confirmed in our previous letter (**SGHD/CMO(2010)14** [http://www.sehd.scot.nhs.uk/cmo/CMO\(2010\)14.pdf](http://www.sehd.scot.nhs.uk/cmo/CMO(2010)14.pdf)), poultry workers and workers involved in surveillance of wild birds for avian influenza are eligible for free vaccination in the 2010-11 seasonal flu season. Further details on the immunisation of poultry workers are included in **Annex F**.

Vaccine supply

8. The UK Vaccine Industry Group (UVIG) has confirmed that, according to delivery schedules agreed between manufacturers and customers, it is anticipated that the majority of seasonal flu vaccine will be delivered to customers by the end of October.

9. In order that communication links are consistent throughout Scotland, a communications pathway for any vaccine related issues is attached at **Annex D**. This is similar to that used in previous years.

10. It is imperative that General Practitioners liaise closely with Community Pharmacists in order that vaccine availability and sufficient stock is guaranteed prior to the scheduling of clinics. Effective management of vaccines throughout the supply chain is essential to reduce vaccine wastage. It is important to consider the

stock levels and keep wastage to a minimum. Responsible ordering and careful stock management is vital for cost effectiveness of the programme as a whole and to prevent unnecessary wastage. In many cases some or all unused vaccine can be returned and GP practices should discuss with Community Pharmacists the return or disposal of any unused vaccine. **As in previous years we will be monitoring vaccine ordering and usage to determine the extent of any vaccine wastage across the country.**

Seasonal influenza vaccine contingency stock

11. As in previous years, the Scottish Government has secured a central stock of seasonal influenza vaccine as a contingency measure. A new protocol setting out the purpose of the stock and how it can be accessed by Boards has been agreed by Scottish Ministers and this is attached at **Annex C** for information. The contingency stock held for the 2010-11 flu season is 40,000 doses. Annex D summarises the communication pathway with reference to the Influenza Vaccine Supply that should be used in conjunction with Annex C.

Payment arrangements for vaccination

12. Payment arrangements to GP Practices for immunisation against seasonal influenza and reporting to Practitioners Services Division (PSD) and Health Protection Scotland (HPS) will be set out in a separate Circular from the Scottish Government Primary Care Division

13. It is expected that, as is normal procedure, seasonal influenza immunisation will be concentrated in the period 4 November to 30 November. However, immunisation given at any time between 1 August and 31 March of the relevant financial year will qualify under this scheme.

Targets

14. Throughout the UK, **the target for immunising those aged 65 and over against seasonal influenza will rise from 70% to 75%** for the first time this year. This will bring Scotland in line with World Health Organisation recommendations, but is also in line with achievement in Scotland in recent years.

15. The uptake target for the under 65 at-risk group remains at 60% for this season.

Best Practice in Delivering Flu Vaccination for Practice Managers

16. The Implementation of the Seasonal Flu Review report, which was published in August 2008, recommended that the Scottish Government produce a guideline of 'best practice' in setting up and running flu clinics for practice managers. This was intended to replicate guidance that had been issued in other parts of the UK. The Flu and Pneumococcal Group recently held a workshop with GP Practice Managers and other stakeholders to identify best practice approaches to delivering seasonal flu vaccination. The outcome of this workshop is attached at **Annex E** for information.

All practice managers are encouraged to consider this document in the planning and delivery of flu vaccination services.

Monitoring Uptake

17. 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 2010 to January 2011. 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 Payment following the end of the financial year. For further information regarding the HPS vaccine monitoring programme please contact nss.hpsflu@nhs.net.

18. CMO letter (2010)9 ([http://www.sehd.scot.nhs.uk/cmo/CMO\(2010\)09.pdf](http://www.sehd.scot.nhs.uk/cmo/CMO(2010)09.pdf)), which was issued on 28 April 2010 provides further detail on monitoring of vaccine uptake and extracts of data from GP systems.

19. A further CMO letter will issue shortly providing details on extracts of data from GP systems in respect of disease surveillance over the flu season.

Monitoring Safety

20. 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).

21. This year MHRA will be closely monitoring any adverse reactions in children over 6 months and under 5 years, due to an increased risk of febrile convulsions following vaccination with Enzira® (identified in Australia during their flu season). As outlined in our previous letter **SGHD/CMO/(2010)16** ([http://www.sehd.scot.nhs.uk/cmo/CMO\(2010\)16.pdf](http://www.sehd.scot.nhs.uk/cmo/CMO(2010)16.pdf)) **Enzira® or CSL Biotherapies generic influenza vaccine Ph. Eur. marketed by Wyeth/Pfizer Vaccines under Wyeth branding should not be used in children under 5 years** and any adverse events following the vaccination of children under 5 following any influenza vaccine should be reported via the yellow card scheme.

Vaccination of Health and Social Care Staff

22. As per our letter of 30 June this year, colleagues are reminded that NHS organisations should encourage employees directly involved in patient care to have seasonal influenza vaccination. Social care providers may wish to consider similar action for front line staff.

23. Uptake rates for the 2009-10 seasonal flu season for the vaccination of health and social care workers was excellent with 30.9%¹ of staff receiving their vaccination. We would strongly urge NHS organisations and social care providers to aim to meet or exceed these uptake rates for the 2010-11 season.

24. 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.

Pneumococcal Vaccination

25. Pneumococcal vaccination continues to be recommended for those in the at-risk groups and for those aged over 65. Healthcare providers should continue to invite those eligible for vaccination. Further information on pneumococcal vaccination is available in the Green Book chapter at: http://www.dh.gov.uk/dr_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_115268.pdf.

Conclusion

26. Finally, thank you for all the work you continue to undertake to ensure a successful campaign during 2010-11.

Yours sincerely

Harry Burns

Ros Moore

Bill Scott

Dr Harry Burns

Ros Moore

Professor Bill Scott

¹ (This is based on data submitted in Jan 2010, from 13 Boards that submitted both number of seasonal flu vaccinations and denominator data. For one of these 13 boards the data supplied for seasonal flu was combined health and social care data).

MARKETING AND AWARENESS RAISING

1. The 2010-11 seasonal flu campaign will revert to the communications and marketing campaign which commenced 2 years ago, prior to the emergence of influenza A(H1N1). The main message of this campaign is 'Don't let flu turn on you'. The campaign will have a number of strands targeting at-risk under 65s (and in particular, those with 'heart and lung problems'; pregnant women; unpaid carers; health and social care staff; and the over 65 group) and will make use of a range of media, advertising, PR and on-line activity.
2. A new television advert will be produced, making use of the same creative concept as the campaign used 2 years ago. This television advert will seek to target the under 65 at-risk group with a view to making such individuals identify themselves as at-risk for the purposes of flu vaccination. This will be supported by a new radio advert and extensive media and PR coverage in national and local press.
3. As usual leaflets and posters will be produced to promote the vaccine to risk groups, and these will be distributed to GP practices, pharmacies, NHS Boards and other bodies in September. 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 launch date.
4. The over 65s will receive the annual SIRS letter, inviting them to make an appointment for vaccination. These letters will issue in line with dates agreed by NHS Boards.
5. Separately we will also make use of PR routes and on line activity to specifically target pregnant women. Similar to the approach taken with the H1N1 vaccination programme a separate leaflet specifically for pregnant women will be produced this year to support the campaign, and this will be made available through GP practices and maternity services.
6. We will be seeking to promote the vaccination to unpaid carers this year, and will do this primarily through PR routes and in collaboration with key representative bodies and charities groups who work with unpaid carers.
7. Finally, a separate leaflet will be made available for health and social care staff, to promote uptake of the vaccine amongst this group. As detailed elsewhere in this letter we would encourage all NHS staff to take up the offer of the free flu vaccine to protect themselves, their patients, and the NHS as a whole over the winter period.
8. The newly launched Immunisation Scotland website (<http://www.immunisationscotland.org.uk/>) will provide up to date advice about this year's seasonal flu campaign. Online versions of all materials will be available here and further hard copies including translations into alternative languages are also available on request from David Sellar, Senior eProcurement Officer, APS Group

(Scotland) Ltd, who can be contacted by email at david.sellar@apsgroup.co.uk, by phone on 0131 629 9931 or by fax on 0131 629 9967.

9. Finally, it is anticipated that the campaign will be officially launched by a media event involving Ministers or the CMO on 4 October 2010.

SEASONAL FLU VACCINE NATIONAL CONTINGENCY STOCK: PROTOCOL

Purpose

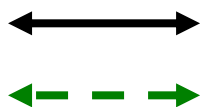
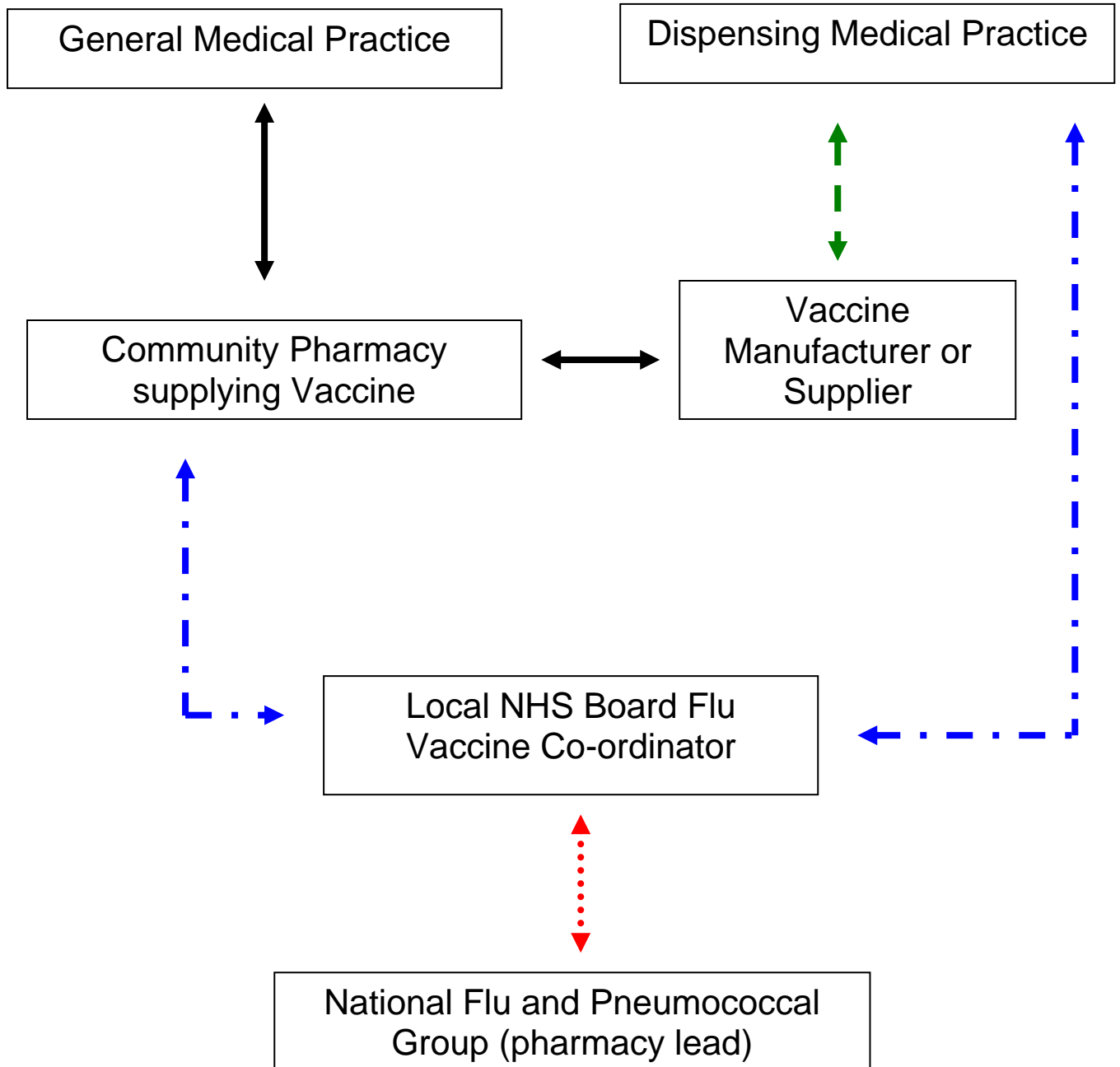
- The contingency stock is held primarily to support vaccination of members of the public. The stock may be released to Boards when there is a shortage of vaccine supply, with the aim of ensuring those most at risk are vaccinated as a priority.
- The primary purpose of the contingency stock is not to top up vaccine stocks held by NHS Boards for occupational vaccination – although this might be considered in certain circumstances as a preference to destruction of stock (for example, when there is no major shortages in the public stock and vaccination of the population is well advanced).

Protocols around when the contingency stock should be used

- The contingency stock will be retained primarily to be used when a shortage of vaccine for the vaccination of the public emerges during the course of the vaccination programme.
- Any NHS Boards facing a shortage **that cannot be managed locally** should, in the first instance, approach the National Flu and Pneumococcal Group to highlight a possible need for the contingency stock. Contact should be made with Dr Jim McMenamin (jim.mcmenamin@nhs.net) at Health Protection Scotland in the first instance.
- On receiving such a request the Flu and Pneumococcal Group will immediately (within one working day) canvass other boards to establish whether there is a more widespread problem and to assess any other possible need for the contingency stock.
- The Flu and Pneumococcal Group will then provide a report to the Scottish Government Flu Group, which will hold an emergency meeting (within one working day) to consider and take decisions on the use of the stock. In the case of major supply problems this may also include agreement with Ministers on the use of the stock.
- Other scenarios may occur where the contingency stock may be used – for example a late addition to the priority groups for vaccination – and in these cases HPS or the Scottish Government would commence the process for considering whether or not the stock should be used, but this should not prohibit Boards from making the request in the usual way set out above.
- NHS Boards are free to make the same request of the Flu and Pneumococcal Group for access to the contingency stock for the purposes of NHS staff vaccination, but the presumption will always be that the contingency stock will

be prioritised for the general public and only where there is unlikely to be any need to make use of the contingency stock for the vaccination of the public will the Scottish Government Flu Group consider providing Boards access to the stock for staff vaccination. Boards are required to order sufficient vaccine for their staff and the contingency stock should not routinely be used to top this up.

**Seasonal Flu Campaign 2010-11
Communication Pathway with reference to
Influenza Vaccine Supply**



First line



Second Line



Third Line

DELIVERING SEASONAL FLU VACCINATION - BEST PRACTICE GUIDANCE FOR PRACTICE MANAGERS

Aim of this paper

The purpose of annual seasonal flu vaccination campaign is to protect the health of those most at risk of complications of influenza. In addition it aims to offer protection from influenza to the health and social care workforce. The combined effect of this programme is to reduce the burden of illness on the NHS over the winter months. This is a resource intensive programme which uses Primary Care as the main point of delivery for annual seasonal flu vaccinations.

A workshop was convened on Thursday July 22 2010 to consider 'best practice' in running seasonal flu vaccination in primary care in order to maximise uptake. This workshop brought together frontline staff from high-uptake achieving practices, NHS Board Flu vaccination coordinators, SGPC and Scottish Government Immunisation Policy representatives.

The bullet points below summarise the consensus of the discussion at the workshop. Discussion was focussed round the topics areas indicted.

1. Identifying and contacting 'at risk' patients

- Ensure Read coding for 'at risk' patients is up to date.
- Practice software contains searches or audits to identify patients in 'at risk' groups for flu, however, the practice should check these over to ensure patients have been identified appropriately.
- An invitation letter to 'at risk' patients is useful (a pilot of a targeted letter of invitation for those under the age of 65 in at risk groups in the 2008/9 season led to a 7% increase in uptake compared with practices that did not issue such a letter).
- It is useful to specifically target those who do not attend for vaccination in the first rush. Contact might be by letter or phone call or use of SMS texting (e.g. via NHS mail).
- If patients do not attend clinics or appointments for vaccination, vaccination can be discussed opportunistically with them at other routine appointments – conversation and endorsement from their GP may be convincing.
- Have invitational material available and prominent within the practice (and in multiple languages if appropriate to the practice setting).

2. Scheduling and running clinics

- Availability of vaccine is critical for scheduling of vaccination clinics – begin conversation with your supplier (often your local community pharmacy) in early September to know when to expect vaccine.
- Schedule clinics for an appropriate date after the bulk of vaccine is expected.
- Consider arranging a buddy system with local practices or through your CHP so that unforeseen circumstances can be accommodated on clinic days – for example staff shortages.

- Advertise clinic date/time/location by use of highly visible posters within the practice
- Consider posters in local shops and pharmacies to reinforce this practice message.
- Contact with local media to promote interest for clinic days may be useful.
- Consider advertising clinics at the bottom of prescriptions and repeat prescriptions.
- For specific flu clinics communicate clearly to patients that these clinics are for vaccinations only and that unless of pressing urgency all other matters should be discussed at another time (to maximise throughput at specific clinics).

It is clear that different practices deliver vaccination clinics in different ways:

- **Open clinics within the practice**
 - Consider a suite of measures to improve the patient experience, minimise queuing and (hopefully) encourage patients to come back next year.
 - Facilities - maximise the use of the facility (e.g. designate rooms as waiting areas, consider using alternative exits).
 - Staffing – consider having staff designated to the following tasks
 - Vaccinators
 - Data recorders (while vaccinators may also discharge this function, consider if alternative staff may be required)
 - Flow/logistic managers (additional staff may be required to ensure the smooth running of the clinic and for vaccine management).
- **Open or appointment clinics outside the practice**
 - All of the measures as outlined above plus
 - Consider
 - a building that provides enough space to accommodate the number of patients expected
 - central location
 - good transport links
 - appropriate parking facilities.
 - Give due consideration to maintaining patient privacy.
 - Safety - ensure adherence to best practice including resuscitation, maintenance of the cold-chain and hand hygiene.

3. Data entry

- Data entry for vaccination should be on the day of vaccination or as soon as possible afterwards. This will prevent double vaccination events and other administrative errors.
- Ensure administration associated with vaccinations made outside the practice – for example in home visits and care homes - is as fast and as smooth as possible.
- Ahead of the clinic identify the batch numbers of the vaccine.

- Ensure all data recorders know which batch number they are to record.
- Manage vaccine stocks within the practice to reduce the number of batches available at any time, to limit potential mistakes in batch number entry.
- Data recorded should include date of vaccination, batch number, expiry date, manufacturer, site of administration and an identifier for who administered the vaccine.

4. Monitoring vaccine uptake and minimising wastage

- Monitor uptake within the practice.
- For patients eligible for vaccination who have as yet not had their vaccination consider measures to encourage them to be vaccinated including
 - opportunistically at subsequent practice attendance
 - systematically by phone/text/letter.
- Ensure that any unused or unrequired vaccine is returned (where possible) to minimise wastage. Continued discussions with community pharmacists or suppliers will enable effective management of vaccine stocks.

5. Cold chain issues

- Be familiar with current cold chain guidance.
- Be familiar with product requirements for all brands of vaccine being used.
- Prepare ahead of time to receive and store large amounts of vaccine.
- Work closely with your vaccine supplier to discuss vaccine delivery and storage.
- For off-site vaccinations - be compliant with cold chain guidance.

6. Adverse events

- Report adverse events through the yellow-card system to the MHRA.
- Have emergency resuscitation equipment available and staff trained to use it.

7. Patient Group Directions

- Be familiar with regulations with regulations surrounding the administration of vaccines under Patient Group Directions
- Be aware that nurses and other staff authorised to operate Patient Group Directions can only do so as named individuals
- Keep a record of all staff authorised to give vaccinations under PGDs
- Be aware that healthcare support workers cannot provide vaccinations under PGDs (Patient Specific Directions only).

8. Role of your NHS Board

All enquiries about annual seasonal flu vaccination should be directed to your NHS Board Public Health Team and your immunisation coordinator in the first instance, as with any other vaccination.

ROUTINE SEASONAL INFLUENZA IMMUNISATION FOR POULTRY WORKERS IN 2010-11

Background

1. The Joint Committee on Vaccination and Immunisation (JCVI) recommended in 2005 that poultry workers should be given seasonal flu vaccination to minimise the theoretical public health risk of avian influenza (H5N1) mixing with seasonal flu and possibly mutating into a pandemic flu strain.

2. **H5N1 continues to circulate in other parts of the world.** There have been 35 cases of H5N1 and 17 deaths between 1 January and 12 August 2010. Of these, 21 cases (8 deaths) occurred in Egypt. These figures highlight the importance of encouraging poultry workers to receive vaccination. **NHS Boards are required to arrange for all identifiable poultry workers in their area to be offered the seasonal flu vaccination.**

Definition of Target Population

3. The key groups to be immunised in the 2010-11 programme are:
- Those who work in poultry units (including those with game birds);
 - Those carrying out ancillary processes in such units which involve coming into contact with live or dead birds e.g. catchers, poultry processors and those involved in the slaughter of birds;
 - Veterinarians or researchers who routinely visit such poultry units e.g. Animal Health Agency, Meat Hygiene Service, Scottish Government Rural Payments and Inspections Directorate;
 - Those engaged in supporting surveillance for avian influenza in wild birds, e.g. staff employed by Scottish Natural Heritage and the Scottish SPCA.
4. Those involved in units with less than 50 birds or domestic owners of poultry, those who have direct contact with birds in pet shops, aviaries or zoos, and members of poultry workers' families are assessed as being at lower risk. If they seek immunisation, they should not be turned down, but neither should they be proactively approached.

Identifying Defined Poultry Workers

5. To assist NHS Boards in contacting poultry workers in their area all NHS Boards should receive an extract from the GB poultry register regularly to the secure (nhs.net) email address that was previously provided by each NHS Board. This extract contains contact details from the GB Poultry Register, a database of people keeping over 50 birds and will be provided in the form of an excel document. If you

have any problems receiving or accessing the extract please email poultry-register-reports@defra.gsi.gov.uk

6. The Scottish Government will also be communicating with farming organisations and large poultry companies to inform the industry of the vaccination campaign, and to let them know that information on local arrangements will follow from the NHS Board.

Awareness Raising

7. As in previous years, we have produced a leaflet for poultry workers and this is enclosed below. Hard copies will be distributed to NHS Boards by the end of September 2010.

8. A suggested draft letter setting out the reasons for promoting the seasonal flu vaccine to poultry workers (if appropriate to local arrangements), is attached at **Annex G**. NHS Boards can use this letter to inform registered poultry holdings of this.

Payments for GPs

9. Contractors delivering vaccination to poultry workers will be paid through a Directed Enhanced Services (DES) for immunisation against influenza that covers all categories detailed in the current CMO letter. Details of the payment arrangements to GP Practices for immunisation against influenza and reporting to Practitioners Services Division (PSD) and Health Protection Scotland (HPS) will be sent separately in a circular from the Primary Care Division.

Payment for NHS Boards

10. NHS Boards who make alternative arrangements for vaccination of poultry workers can claim the costs from the Scottish Government Public Health Directorate. Before any payment can be made, NHS Boards will be required to provide the actual number of flu immunisations made in respect of poultry workers to Rona Watters, Scottish Government Health Protection Team, 3 East South, St Andrew's House, Edinburgh, EH1 3DG. Claims for the 2010-11 vaccination programme should be submitted by the end of February 2011.

NHS Helpline

11. The NHS Helpline will support the Seasonal Flu Immunisation programme by handling calls and providing information to the public. In order to ensure callers are directed to the appropriate local services, NHS Boards should ensure they provide details of their local arrangements to the NHS Helpline. Details of vaccination arrangements for poultry workers should be forwarded (prior to the issue of letters of notification to registered poultry holdings), to gail.lumsden@nhs24.scot.nhs.uk

DRAFT TEXT OF POSSIBLE LETTER TO BE SENT TO REGISTERED POULTRY HOLDINGS BY NHS BOARDS

Dear **[Name]**

I am writing to you, as a registered poultry/game keeper of more than 50 birds, to advise you that you and your workers at your poultry/game holding are entitled to a free seasonal flu jab as part of the Scottish Government's annual flu immunisation campaign.

The free flu vaccination is available to all poultry workers working in registered premises. It will give you and your fellow workers some personal protection against normal seasonal influenza, which typically occurs over the winter months. It may also contribute as a public health measure to prevent a new pandemic strain of influenza from developing. It is thought that a new strain of influenza which can be transmitted readily from human to human could occur if the usual human seasonal flu and bird flu viruses are present together and allowed to mix.

Please note that this flu vaccine only offers some protection against normal seasonal human flu, and offers no protection against bird flu.

Seasonal flu is an illness caused by a virus. Because flu viruses are always changing, people need the new vaccine each year. Poultry workers are recommended to have the free flu jab as early in the season as possible to give them the best possible protection.

If you or your fellow workers wish to proceed with flu vaccination please contact **[insert local arrangements]**. I enclose for your information a leaflet entitled "Protect Yourself and Millions of Others", which you may find useful. For any other information on the free flu jab, please call the NHS Helpline free on 0800 22 44 88 between 8am and 10pm, 7 days a week.

Yours faithfully

[Name]