

Dear Colleague

SEASONAL INFLUENZA VACCINATION PROGRAMME 2011-12

1. Our earlier letter of 4 July SGHD/CMO(2010)8 (available at: [http://www.sehd.scot.nhs.uk/cmo/CMO\(2011\)08.pdf](http://www.sehd.scot.nhs.uk/cmo/CMO(2011)08.pdf)) set out the policy and arrangements for this year's seasonal flu vaccination programme. The purpose of this letter is to provide some important updates ahead of the commencement of the programme next month.

2. Specifically, this letter provides a further update on:

- Details of the **publicity campaign** and **information materials** and how these can be obtained (**Annex A**);
- Vaccine specific updates that practitioners are required to be aware of (**paragraph 7 and Annex B**)

Launch

3. The official launch of the awareness raising campaign to support the vaccination programme is likely to be on the **3 October 2011**. Publicity materials have been distributed to NHS organisations, healthcare professionals and other related organisations from the beginning of September.

Maximising Uptake

4. GP practices and NHS Boards are reminded of the importance of maximising the uptake of vaccine by risk-groups. In particular to encourage efforts to ensure as many people as possible are vaccinated before the virus starts circulating at higher levels.

5. NHS Boards are also reminded of the importance of ensuring NHS staff are offered the seasonal flu vaccine. Our July letter outlined some important considerations around communicating and planning access and availability of the vaccine.

From the Chief Medical Officer
Chief Nursing Officer
Chief Pharmaceutical Officer
Sir Harry Burns MPH FRCS(Glas)
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28 September 2011

SGHD/CMO(2011)11

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

Chairs, NHS Boards
Infectious Disease Consultants
Consultant Paediatricians
Consultant Physicians
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Further Enquiries

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Pharmaceutical and vaccine supply issues

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6. It is particularly important that staff working in wards or clinical areas where patients may be at particular risk are vaccinated, and we would wish to see at least 50% uptake amongst such staff. As detailed in our previous letter at the end of the season we will conduct a survey in a single 'high-risk' ward or clinical area in each NHS Board to assess levels of uptake. Further information can be found in Annex E of our July letter.

Vaccine Issues

7. Since our previous letter there have been a number of important developments in relation to vaccines that practitioners should be aware of. Specifically, these are:

- Updated information on the **ovalbumin content** of vaccines has been provided, and the list of vaccines within *Immunisation Against Infectious Disease* (the Green Book) has accordingly been updated. The updated table is also attached at **Annex B** to this letter. Please ensure this table, or the updated version in the Green Book, is referred to.
- Practitioners are also reminded that seasonal influenza vaccines Enzira® and CSL Biotherapies generic influenza vaccine, both marketed by Pfizer Vaccines, **are restricted to use in adults and children aged 5 years and over**. This is reflected in the table at Annex B. The summaries of product characteristics for these vaccines also indicate that an increased number of reports of fever was also reported in the age group 5 to less than 9 years. Whilst fever is a common reaction following vaccination, clinicians should ensure that advice is given to parents on the management of vaccine-induced fever (see chapter 8) or consider offering an alternative vaccine licensed for the age group 5 to less than 9 years of age, if available at the time of vaccination.
- Practitioners should also be aware of recent advice received from MHRA relating to the vaccine Viroflu®, marketed by Crucell UK Ltd. This vaccine uses the same starting antigen as the Enzira and CSL Biotherapies generic influenza vaccines marketed by Pfizer. Whilst Viroflu is produced using a different manufacturing process, evidence suggests a higher rate of fever may be associated with use of this vaccine in children under 5 years of age than is expected with other influenza vaccines. Following discussions by European regulatory authorities, it is anticipated that the marketing authorisation for Viroflu will carry the following precautionary warning:

“Due to the risk of high fever, consideration should be given to the use of alternative seasonal influenza vaccines in children under the age of 5 years. In case it is used in children, parents should be advised to monitor for fever for 2-3 days following vaccination.”

- In light of this development, we advise clinicians to use alternative seasonal influenza vaccines authorised for use in children under 5 years of age. This is because, whilst there is no evidence that Viroflu is associated with an increased risk of febrile convulsions in children under 5 years of age, an increased risk cannot be ruled out. If no suitable alternative vaccines are available, clinicians should make parents aware of the risk and give clear advice about the management of post-vaccination fever in children. In cases where it is used in children, parents should be advised to monitor for fever for 2-3 days following

vaccination. Advice will also be given in a revision to the influenza chapter of the Green Book:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_079917

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 C**. This is similar to that used in previous years.

10. It is imperative that General Practitioners liaise closely with Community Pharmacists to ensure that vaccine availability and sufficient stock is guaranteed prior to the scheduling of clinics. Effective management of vaccines throughout the supply chain is essential. It is important to monitor the stock levels regularly. Responsible ordering and careful stock management is vital for cost effectiveness of the programme as a whole and to prevent unnecessary wastage. In the event of GP practices being left with unused vaccine they should contact their local Immunisation Co-ordinator, in the first instance, to make them aware of the surplus. **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. The contingency stock held for the 2011-12 flu season is 40,000 doses. In line with the current protocol (as set out in last year's CMO letter SGHD/CMO/(2010)19: [http://www.sehd.scot.nhs.uk/cmo/CMO\(2010\)19.pdf](http://www.sehd.scot.nhs.uk/cmo/CMO(2010)19.pdf)) this stock is intended primarily to support the vaccination of the public. It should not be relied upon to top up NHS orders of stock for the vaccination of staff.

Egg-Free Vaccine

12. As indicated in our previous letter we have centrally procured a small supply of the egg-free vaccine Preflucel®. A proportion of this has been pre-distributed to vaccine holding centres across Scotland. This vaccine should be retained for use only with those with a serious and proven egg-allergy. Most people with suspected egg allergies can be given normal seasonal flu vaccine; and additional advice is available to practitioners within the updated chapter of *Immunisation Against Infectious Disease* (the Green Book):

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_079917

13. Practitioners should contact Vaccine Holding Centres to access the egg-free vaccine.

Antivirals

14. As normal, we will issue advice later in the season when consultation rates for influenza-like illness indicate the prescribing of antivirals in general practice is appropriate. In previous years this point has been reached during Christmas week and practitioners should plan for the likelihood this advice can come during this busy period.

Conclusion

15. Finally, thank you for all the work you continue to undertake to ensure a successful campaign during 2011-12.

Yours sincerely

Harry Burns

Ros Moore

Bill Scott

HARRY BURNS

ROS MOORE

PROFESSOR BILL SCOTT

MARKETING AND AWARENESS RAISING

1. The 2011-12 seasonal flu campaign will move into the third year of the current communications and marketing campaign. The campaign will target the same audiences as last year; over 65s, under 65s with underlying medical conditions, and pregnant women. In addition, health care workers and unpaid carers will also be encouraged to come forward for vaccination. There will be a number of strands to this year's marketing campaign including social media, advertising, PR and online activity.
2. A television advert will be aired again this season, making use of the same creative concept as in previous years. The television advert will again seek to target the under 65 at-risk group with a view to making such individuals identify themselves as at-risk of flu, and will be supported by updated radio advert as well as 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 during early 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, from mid-September onwards.
5. Separately we will again make use of PR routes, radio and online activity to specifically target pregnant women, as well as producing a separate leaflet and poster for this group to support the campaign, which will be made available through GP practices and maternity services. There will also be electronic versions of Q&A documents for maternity staff and for pregnant women that have been produced this year to support the programme. These have already been distributed to Heads of Midwifery, and the Q&A for pregnant women will separately be available on the Immunisation Scotland website.
6. We will also be seeking to promote the vaccination to unpaid carers, which will be primarily through PR routes and in collaboration with key representative bodies and charity groups who work with unpaid carers.
7. A separate leaflet and poster will again be made available for frontline health and social care staff, to promote uptake of the vaccine amongst this group. As detailed elsewhere in the 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 Immunisation Scotland website will provide up to date advice about this year's seasonal flu campaign (<http://www.immunisationscotland.org.uk/vaccines-and-diseases/seasonalflu/index.aspx>). Online versions of all materials will be available 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 davidsellar@apsgroup.co.uk, by telephone on 0131 629 9931 or by fax on 0131 629 9967.

9. For this season flu related questions can be sent to Government using the following email address seasonalflu@scotland.gsi.gov.uk. The campaign will advise the public and professionals that questions can also be raised through Twitter on **@scotgovhealth**.

10. Finally, it is anticipated that the campaign will be officially launched by a media event involving Ministers or the Chief Medical Officer on 3 October 2011.

ANNEX B

Trivalent seasonal influenza vaccines for the 2011/12 influenza season.

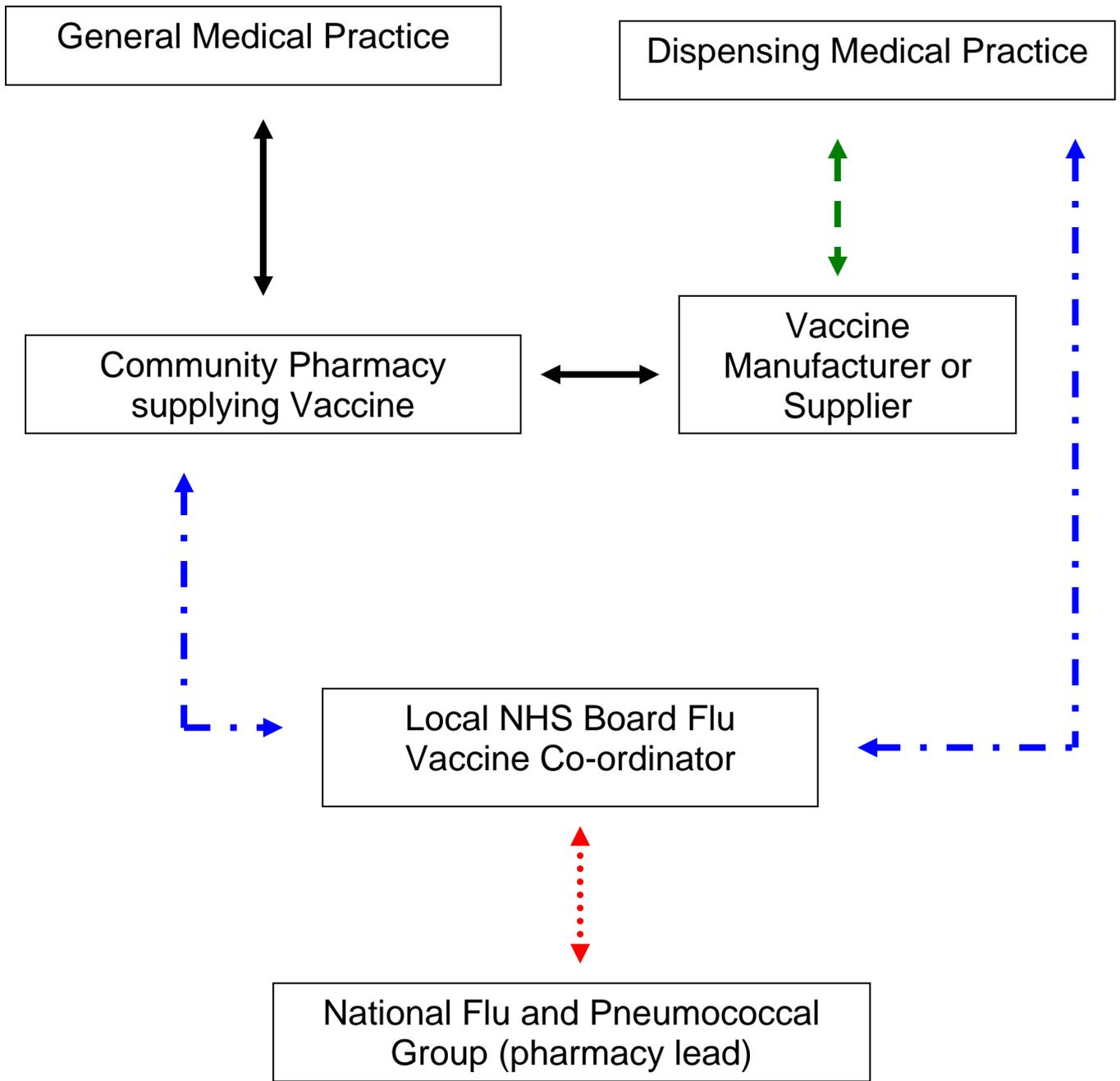
Supplier	Name of product	Vaccine type	Age indications	Ovalbumin content per 0.5ml dose
Abbott Healthcare	Influvac®	Surface antigen, inactivated	From 6 months	No more than 0.1µg
Abbott Healthcare	Imuvac®	Surface antigen, inactivated	From 6 months	No more than 0.1µg
Baxter Healthcare	Preflucel®	Split virion, inactivated, prepared on Vero cells	From 18 years	No ovalbumin
Crucell UK Ltd	Viroflu® **	Surface antigen, inactivated	From 6 months	No more than 0.05µg
Glaxo SmithKline	Fluarix®	Split virion inactivated virus	From 6 months	No more than 0.05µg
MASTA	Imuvac®	Surface antigen, inactivated	From 6 months	No more than 0.1µg
Novartis Vaccines	Agrippal®	Surface antigen, inactivated	From 6 months	No more than 0.2µg
Novartis Vaccines	Fluvirin®*	Surface antigen, inactivated	From 4 years	No more than 1µg
Pfizer Vaccines	CSL Inactivated Influenza Vaccine**	Split virion inactivated virus	From 5 years	No more than 1µg
Pfizer Vaccines	Enzira®**	Split virion inactivated virus	From 5 years	No more than 1µg
Sanofi Pasteur MSD	Inactivated Influenza Vaccine (Split Virion) BP	Split virion inactivated virus	From 6 months	No more than 0.024µg
Sanofi Pasteur MSD	Intanza 9µg	Split virion inactivated virus	From 18-59 years	No more than 0.024µg (0.1ml dose)
Sanofi Pasteur MSD	Intanza 15µg	Split virion inactivated virus	From 60 years	No more than 0.024µg (0.1ml dose)

None of the influenza vaccines for the 2011/12 season contains thiomersal as an added preservative.

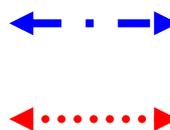
* This vaccine states in its SPC that it contains traces of thiomersal that are left over from the manufacturing process.

** Cautions for use in children – see vaccine issues section paragraph 7

Seasonal Flu Campaign 2011-12
 Communication Pathway with reference to
 Influenza Vaccine Supply



First line



Second Line

Third Line