

T: 0131-244 2678 F: 0131-244 2157
E: annette.stuart@scotland.gsi.gov.uk

Dear Colleague

SEASONAL INFLUENZA VACCINATION PROGRAMME 2014-15

1. The purpose of this letter is to provide details about the arrangements for the 2014-15 seasonal influenza vaccination programme in adults aged 65 years and over and adults from aged 18 years with “at-risk” health conditions. Vaccine supply arrangements for the adult programme can be found at <http://www.sehd.scot.nhs.uk/pca/PCA2014%28P%2901.pdf> A separate letter (SGHD/CMO(2014)13) provides details on the implementation of year 2 of the childhood flu programme which began in October 2013.

2. As you are aware, this has been a particularly busy time for colleagues across the NHS, where additional work has been undertaken to establish, and roll out, a number of new vaccination programmes during 2013/14. We are particularly grateful to colleagues for their efforts during this time.

3. Colleagues across the NHS have again worked hard to attain very good vaccination uptake rates for the last season. Provisional data on vaccine uptake received by Health Protection Scotland (HPS) suggests that in people aged 65 years and over an uptake rate of 76.9% was achieved, the 6th successive year that the World Health Organisation (WHO) target of 75% for this group has been met.

4. Provisional data on vaccine uptake received by HPS for the under 65 years “at-risk” group suggests an uptake rate of 57.5% – this compares to 59.2% last year (the PSD validated figure). It marks the 5th year that uptake in this group has exceeded the 50% mark. It is of course still some way off the target of 75% for those in “at-risk” groups.

5. Vaccination uptake rates for pregnant women reached 47.9% for those without other risk factors, and 65% for those with other risk factors. Vaccination uptake has been lower throughout the season compared to that of last year. Additional PR and marketing activity was undertaken towards the end of the 2013/14 flu season to raise awareness amongst this important group. We should continue to work hard to ensure that we are communicating the benefits of the vaccine amongst this recommended group, making the vaccine easily accessible for as many pregnant women as possible.

From the Acting Chief Medical Officer
Chief Nursing Officer
Chief Pharmaceutical Officer
Dr Aileen Keel, CBE
Ros Moore RGN, RNT, BSc (Hons)
Nursing, MA
Professor Bill Scott BSc MSc
FRPharmS

18 June 2014

SGHD/CMO(2014)12

For action

Chief Executives, NHS Boards
Medical Directors, NHS Boards
Directors of Nursing & Midwifery, NHS Boards
Directors of Pharmacy, NHS Boards
Directors of Public Health, NHS Boards
General Practitioners
Practice Nurses
Immunisation Co-ordinators
CPHMs
Scottish Prison Service
Scottish Ambulance Service
Occupational Health Leads

For information

Chairs, NHS Boards
Infectious Disease Consultants
Consultant Paediatricians
Consultant Physicians
Consultants in Dental Public Health
Dental Lead Officers
Health Protection Scotland
Chief Executive, NHS Health Scotland
NHS 24

Further Enquiries

Policy Issues

Annette.Stuart
3EN, St Andrew's House
annette.stuart@scotland.gsi.gov.uk

Medical Issues

Dr Nicola Steedman
3E:05, St Andrew's House
Nicola.steedman@scotland.gsi.gov.uk

Pharmaceutical and Vaccine Supply

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

6. Midwives should inform the relevant GP practice when they become aware of a pregnancy in one of their patients. This will enable GP Practices to flag their records to enable them to deliver the flu vaccination where appropriate. As part of the forthcoming marketing campaign for the 2014/15 flu season, there will be a strand of work aimed at pregnant women in particular to support an improvement in vaccination uptake rates this year, protecting as many women and their babies as possible.

7. NHS Board practice attached staff are encouraged to support the seasonal flu vaccination programme. As ever, we are very appreciative of all the efforts of GPs, Community Pharmacists, Practice Staff, Midwives, NHS Board staff and other colleagues in delivering the seasonal flu programme.

8. Health professionals are reminded that they should check the vaccination status of those eligible for pneumococcal immunisation when such people receive the influenza vaccine.

Details of the Seasonal Flu Vaccination Programme 2014-15

9. The seasonal flu programme for 2014-15 will commence on 01 October 2014 and run until 31 March 2015.

10. Full details of the various elements of the programme for 2014-15 are outlined in the following Annexes:

Annex A: Vaccine issues

Annex B: Details of groups eligible for seasonal flu vaccination

Annex C: Vaccination of pregnant women

Annex D: Vaccination of health and social care staff

Annex E: Communications

Annex F: Contractual Issues

11. With the exception of asplenia/dysfunction of spleen, the list of clinical risk groups has not changed for 2014-15. However, in addition to these groups, the phasing of the rollout of the childhood flu programme has now been adjusted to reflect the feedback from NHS Boards and experiences from year one of the childhood flu vaccination programme. The other key points of note for the seasonal flu programme are as follows:

- Uptake targets for both the 65 years and above group, and the under 65s “at-risk” population will remain at 75%, in line with WHO targets.
- All pregnant women, at any stage of pregnancy, remain eligible for and recommended to have flu vaccination (see Annex C).

The Green Book

12. The Green Book, *Immunisation against Infectious Disease*, provides guidance for healthcare workers on administering the flu vaccine, possible adverse reactions and risk groups. Public Health England (PHE) will publish an updated influenza chapter of the Green Book on the Gov.uk website shortly. This will include detailed information about the way that the available flu vaccines should be administered. The Green Book is available online at: <https://www.gov.uk/government/publications/green-book-the-complete-current-edition> .

13. **An updated green book chapter is expected by the end of June 2014.**

Monitoring Vaccine Uptake: Data Extraction

14. As in previous years, HPS will lead in monitoring vaccine uptake on behalf of the Scottish Government. This will be primarily managed by extracting aggregate level uptake information from GP systems by age, sex and risk group. Estimated vaccine uptake rates will be published on a weekly basis in the HPS weekly influenza report. Additionally, NHS Boards will be able to access specific uptake data down to individual practice level within their board from the HPS seasonal influenza vaccine uptake microsite (flu portal). The data made available will include vaccine uptake by week in the season 2014-15 as compared to prior seasons at the board level, to allow NHS Boards to monitor the success of their strategy to increase uptake.

15. The Scottish Clinical Information Management in Practice (SCIMP) website provides very good information and guidance on coding, recording of vaccinations and exceptions (e.g. where a vaccine is contraindicated), as well as links to relevant documents. Colleagues in primary care or within NHS Boards with general queries about data extraction and coding; should refer to the SCIMP website in the first instance: <http://www.scimp.scot.nhs.uk/> .

16. In achieving the target for those under the age of 65 years it is important to ensure that the size of the populations “at-risk” – i.e. the denominators of the population who are to be offered vaccination – is accurately and consistently described and that mechanisms are put in place by General Practices to ensure their validity.

17. To this end, at the end of the year **GP Practices are requested to send to Practitioner Services Division (PSD) a single figure for the total number of people under the age of 65 years who are in “at-risk” groups within their practice area as part of their immunisation payment claim (directed enhanced service) (the denominator figure for percentage uptake calculations.)** This information should be submitted by 31 March 2015. This will be used for statistical purposes and is important as this information allows HPS to validate the estimated uptake figures collected throughout the influenza season for those under the age of 65 years in “at-risk” groups.

A similar validation process is undertaken for those aged 65 years and over using the end of season PSD immunisation payment claims (directed enhanced service).

18. For further information regarding the HPS vaccine uptake monitoring programme, please contact nss.hpsflu@nhs.net.

Call and Recall of Under 65 years “at-risk”

19. GP Practices are reminded that they are required to develop a proactive and preventative approach to offering immunisations by adopting robust call and recall systems to contact all “at-risk” patients. Recent experience has clearly indicated that call and recall by way of a letter from GP Practices can have a very positive impact on vaccine uptake. We would encourage all GP Practices to provide call and recall, particularly for the under 65 years “at-risk” group, in this way. Template letters will be available nearer the time as part of the flu marketing campaign, if Practices wish to make use of them. These will be available from NHS Health Scotland’s website.

(<http://www.healthscotland.com/resources/index.aspx>)

20. As in previous years the Scottish Government will also arrange for a national call-up letter to be sent to all those aged 65 years and over. The dates for such letters will be agreed with Immunisation Co-ordinators as normal.

Planning Activity

21. 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 influenza viruses begin circulating. **Although uptake rates have improved in recent years, a significant proportion of individuals are not being vaccinated until late in the year and after influenza viruses are circulating.** Our aim should be to get as many people as possible vaccinated before the end of November. The target date forms part of the DES directions.

Action

22. **NHS Boards, particularly primary care teams, are asked to note the arrangements outlined in this letter for the influenza vaccination programme.**

23. **We would ask that action is taken forward to ensure as many people as possible – including NHS staff – are vaccinated early in the season, and before flu viruses are circulating.**

Yours sincerely

Aileen Keel

Ros Moore

Bill Scott

Dr Aileen Keel CBE

Ros Moore

Professor Bill Scott

SEASONAL INFLUENZA VACCINATION PROGRAMME: 2014-15

Vaccine Supply

1. NHS Circular PCA(P) (2014)1/PCA(M) (2014)1 , which was issued on 11 February 2014 (available at: [http://www.sehd.scot.nhs.uk/pca/PCA2014\(M\)03.pdf](http://www.sehd.scot.nhs.uk/pca/PCA2014(M)03.pdf)) sets out arrangements for the ordering of vaccine for the 2014-15 seasonal flu programme for adults aged 65 years and over and adults aged 18 years or over in “at-risk” groups.
2. Community pharmacy contractors should have completed the processing of orders by 7 March 2014. **Any contractors who have not yet placed vaccine orders or GP Practices who want to add to orders should contact the relevant community pharmacy contractor as soon as possible.** Once orders have been placed, suppliers will be able to confirm their delivery schedule.

Influenza Vaccine Composition for 2014-15

3. Each year the World Health Organisation (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.
4. The WHO recommendation for composition of influenza vaccine (Northern Hemisphere) for the season 2014-15 is:
 - an A/California/7/2009 (H1N1)pdm09-like virus;
 - an A/Texas/50/2012 (H3N2)-like virus;
 - a B/Massachusetts/2/2012-like virus.

It is recommended that quadrivalent vaccines containing 2 influenza B viruses contain the above 3 viruses and a B/Brisbane/60/2008-like virus (Victoria lineage). For further information please see the [full report](#).

Vaccine Suppliers

5. All flu vaccines for children (whether Fluenz® Tetra or other injectable vaccines) are now being ordered centrally by the Scottish Government. GP Practices should place orders with vaccine holding centres in each NHS Board using the local ordering system for both Fluenz® Tetra and injectable flu vaccines. Practices must liaise closely with holding centres to ensure adequate vaccine supplies are guaranteed before organising vaccination clinics.
6. Community Pharmacy Contractors are the main source of flu vaccine for adults to GP Practices, and Practices need to keep in regular contact with the Community Pharmacist who has placed orders on their behalf rather than contacting manufacturers directly. Throughout the flu season it is important that GP Practices and Community Pharmacists continue to liaise closely to manage supply and distribution of vaccine stock and to ensure vaccine availability and sufficient stock is guaranteed prior to the scheduling of clinics.

7. The table below sets out the vaccine manufacturers that have indicated they will be supplying the UK market during the coming season.

Supplier	Name of product	Vaccine Type	Age indications
Abbott Healthcare	Influvac®	Surface antigen, inactivated	From 6 months
	Imuvac®	Surface antigen, inactivated	From 6 months
GlaxoSmithKline	Fluarix™ Tetra ▼	Split virion inactivated virus	From 3 years
MASTA	Imuvac®	Surface antigen, inactivated	From 6 months
	Inactivated Influenza Vaccine (Split Virion) BP	Split virion, inactivated virus	From 6 months
	Enzira®	Split virion, inactivated virus	From 5 years (consider alternative vaccine in children aged 5 years to under 9 years due to risk of adverse reaction)
Novartis Vaccines	Agrippal®	Surface antigen, inactivated	From 6 months
	Optafu® ▼	Surface antigen, inactivated, prepared in cell cultures	From 18 years
Pfizer Vaccines	CSL Inactivated Influenza Vaccine	Split virion Inactivated virus	From 5 years (consider alternative vaccine in children aged 5 years to under 9 years due to risk of adverse reaction)
	Enzira®	Split virion Inactivated virus	From 5 years (consider alternative vaccine in children aged 5 years to under 9 years due to risk of adverse reaction)
Sanofi Pasteur MSD	Inactivated Influenza Vaccine (Split Virion) BP	Split virion, inactivated virus	From 6 months
	Intanza® 9 micrograms	Split virion, inactivated virus	From 18 years to 59 years
	Intanza® 15 micrograms	Split virion, inactivated virus	60 years of age and over

8. None of the influenza vaccines for the 2014/15 season contain thiomersal as an added preservative.

9. Some of the flu vaccines are restricted for use in particular age groups. The Marketing Authorisation holder's summary of product characteristics for individual products should always be referred to when ordering and administering vaccines for particular patients.

10. Advice from the Green Book on managing patients with egg allergies should be followed.

(https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/206232/Green-Book-updated-070513.pdf)

Vaccine Safety

11. The Medicines and Healthcare products Regulatory Agency (MHRA) monitors the safety of influenza vaccines. If a doctor, nurse, pharmacist or patient suspects that an adverse reaction to a flu vaccine has occurred, it should be reported using the Yellow Card spontaneous reporting scheme (www.yellowcard.gov.uk).

Contingency stock

12. As in previous years, the Scottish Government have arranged to purchase a contingency supply of seasonal flu vaccine. A protocol is in place for the use of this contingency stock, and this was set out in CMO letter SGHD/CMO/ (2010)19. This can be viewed at: [http://www.sehd.scot.nhs.uk/cmo/CMO\(2010\)19.pdf](http://www.sehd.scot.nhs.uk/cmo/CMO(2010)19.pdf)

SEASONAL INFLUENZA VACCINATION PROGRAMME: 2014-15

The seasonal flu vaccine should be offered to the eligible groups set out in the table below.

Eligible groups	Further detail
Pre-school children aged 2-5 years; and All primary school children in P1-7	A separate CMO letter has further details (see SGHD/CMO(2014)13).
All patients aged 65 years and over	“Sixty-five and over” is defined as those aged 65 years and over on 31 March 2015 (i.e. born on or before 31 March 1950).
Chronic respiratory disease aged six months or older	Asthma that requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission. Chronic obstructive pulmonary disease (COPD) including chronic bronchitis and emphysema; bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD). Children who have previously been admitted to hospital for lower respiratory tract disease.
Chronic heart disease aged six months or older	Congenital heart disease, hypertension with cardiac complications, chronic heart failure, individuals requiring regular medication and/or follow-up for ischaemic heart disease.
Chronic kidney disease aged six months or older	Chronic kidney disease at stage 3, 4 or 5, chronic kidney failure, nephritic syndrome, kidney transplantation.
Chronic liver disease aged six months or older	Cirrhosis, biliary arteria, chronic hepatitis, chronic hepatitis from any cause such as Hepatitis B and C infections and other non-infective causes
Chronic neurological disease aged six months or older	Stroke, transient ischaemic attack (TIA). Conditions in which respiratory function may be compromised, due to neurological disease (e.g. polio syndrome sufferers). Clinicians should consider on an individual basis the clinical needs of patients including individuals with cerebral palsy, multiple sclerosis and related or similar conditions; or hereditary and degenerative disease of the nervous system or muscles; or severe neurological or severe learning disability.
Diabetes aged six months or older	Type 1 diabetes, type 2 diabetes requiring insulin or oral hypoglycaemic drugs, diet controlled diabetes.
Immunosuppression aged six months or older	Immunosuppression due to disease or treatment. Patients undergoing chemotherapy leading to immunosuppression, bone marrow transplant. HIV infection at all stages, multiple myeloma or genetic disorders affecting the immune system eg IRAK-4, NEMO, complement deficiency. Individuals treated with or likely to be treated with systemic steroids for more than a month at a dose equivalent to prednisolone at 20mg or more per day (any age) or for children under 20kg a dose of 1mg or more per kg per day. It is difficult to define at what level of immuno suppression a patient could be considered to be at a greater risk of the serious consequences of flu and should be offered flu vaccination. This decision is best made on an individual basis and left to the patient’s clinician. Some immunocompromised patients may have a suboptimal immunological response to the vaccine. Consideration should also be given to the vaccination of household contacts of immunocompromised individuals, i.e. individuals who expect to share living accommodation on most days over the winter and therefore for whom continuing close contact is unavoidable. This may include carers (see below).
Asplenia or dysfunction of the spleen	This also includes conditions such as homozygous sickle cell disease and coeliac syndrome that may lead to splenic dysfunction.
Pregnant women	Pregnant women at any stage of pregnancy (first, second or third trimesters).
People in long-stay residential care or homes	Vaccination is recommended for people in long-stay residential care homes or other long-stay care facilities where rapid spread is likely to follow the introduction of infection, and cause high morbidity and mortality. This does not include, for instance, prisons, young offender institutions, university halls of residence etc.
Unpaid Carers and young carers	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.
Health and social care staff	Health and social care workers who are in direct contact with patients/service users should be vaccinated by their employers as part of an occupational health programme.

The list above is not exhaustive, and the medical practitioner should apply clinical judgement to take into account the risk of flu exacerbating any underlying disease that a patient may have, as well as the risk of serious illness from flu itself. Seasonal flu vaccine can be offered in such cases even if the individual is not in the clinical risk groups specified above.

Further guidance on the list of eligible groups and guidance on administering the seasonal flu vaccine, can be found in the updated influenza chapter of the Green Book: Immunisation against infectious disease, available at the following link: <https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19>

SEASONAL INFLUENZA VACCINATION PROGRAMME: 2014-15

Vaccination of Pregnant Women

1. **All pregnant women** are recommended to receive the seasonal flu vaccine irrespective of their stage of pregnancy in the 2014-15 flu season (and irrespective of whether they had it in previous years or for previous pregnancies). NHS Boards should ensure local arrangements are in place for midwives to notify GP Practices of all women attending for maternity care.

2. There is good evidence that pregnant women are at increased risk from complications if they contract flu^{1,2}. In addition, there is evidence that flu during pregnancy may be associated with premature birth and smaller birth size and weight^{3,4} and that flu vaccination may reduce the likelihood of prematurity and smaller infant size at birth associated with influenza infection during pregnancy.⁵ Furthermore, a number of studies show that flu vaccination during pregnancy provides passive immunity against flu to infants in the first few months of life.^{6,7,8,9}

3. A review of studies on the safety of flu vaccine in pregnancy concluded that inactivated flu vaccine can be safely and effectively administered during any trimester of pregnancy and that no study to date has demonstrated an increased risk of either maternal complications or adverse fetal outcomes associated with inactivated influenza vaccine.¹⁰

4. Seasonal flu vaccination is usually carried out between October and March and it would be unusual to carry on vaccinating after that date. There is no expectation that pregnant women – or anyone in any other risk group – should be vaccinated beyond this date.

¹ Neuzil KM, Reed GW, Mitchel EF *et al.* (1998) Impact of influenza on acute cardiopulmonary hospitalizations in pregnant women. *Am J Epidemiol.* 148: 1094-102.

² Pebody R *et al.* (2010) Pandemic influenza A (H1N1) 2009 and mortality in the United Kingdom: risk factors for death, April 2009 to March 2010. *Eurosurveillance* 15(20): 19571.

³ Pierce M, Kurinczuk JJ, Spark P *et al.* (2011) Perinatal outcomes after maternal 2009/H1N1 infection: national cohort study. *BMJ.* 342: d3214

⁴ McNeil SA, Dodds LA, Fell DB *et al.* (2011) Effect of respiratory hospitalization during pregnancy on infant outcomes. *Am J Obstet Gynecol.* 204: (6 Suppl 1) S54-7.

⁵ Omer SB, Goodman D, Steinhoff MC *et al.* (2011) Maternal influenza immunization and reduced likelihood of prematurity and small for gestational age births: a retrospective cohort study. *PLoS Med.* 8: (5) e1000441

⁶ Benowitz I, Esposito DB, Gracey KD *et al.* (2010) Influenza vaccine given to pregnant women reduces hospitalization due to influenza in their infants. *Clin Infect Dis.* 51: 1355-61.

⁷ Eick AA, Uyeki TM, Klimov A, *et al.* (2010) Maternal influenza vaccination and effect on influenza virus infection in young infants. *Arch Pediatr Adolesc Med.* 165: 104-11.

⁸ Zaman K, Roy E, Arifeen SE *et al.* (2008) Effectiveness of maternal influenza immunisation in mothers and infants. *N Engl J Med.* 359: 1555-64.

⁹ Poehling KA, Szilagyi PG, Staat MA *et al.* (2011) Impact of maternal immunization on influenza hospitalizations in infants. *Am J Obstet Gynecol.* 204: (6 Suppl 1) S141-8.

¹⁰ Tamma PD, Ault KA, del Rio C, Steinhoff MC *et al.* (2009) Safety of influenza vaccination during pregnancy. *Am. J. Obstet. Gynecol.* 201(6): 547-52.

SEASONAL INFLUENZA VACCINATION PROGRAMME: 2014-15

Influenza Immunisation for Health and Social Care Staff

1. The Scottish Government considers it to be unacceptable for healthcare workers recommended to receive flu vaccine not to take up this offer. Therefore, as in previous years, free seasonal influenza immunisation should be offered by NHS organisations to all employees directly involved in delivering care. This is not an NHS service, but an Occupational Health responsibility being provided to NHS staff by employers. Social Care Providers and Independent Primary Care Providers such as GP, Dental and Optometry Practices, and Community Pharmacists, should also consider vaccination of staff. **Doctors are reminded of the General Medical Council's (GMC) guidance on Good Medical Practice (2013), which advises immunisation "against common serious communicable diseases (unless otherwise contraindicated)" in order to protect both patients and colleagues (paragraph 29, available at:**

http://www.gmc-uk.org/guidance/good_medical_practice/your_health.asp

See also the link to the February 2014 edition of GMC news in which they have recommended flu vaccination this year.

([http://www.gmc-uk.org/GMC News February 2014.pdf 54928597.pdf](http://www.gmc-uk.org/GMC_News_February_2014.pdf_54928597.pdf))

2. Chapter 12 of the Green Book provides information on what groups of staff can be considered as directly involved in delivering care, but examples might include:

- Clinicians, Midwives and Nurses, Paramedics and Ambulance Drivers;
- Occupational Therapists, Physiotherapists and Radiographers;
- Primary Care Providers such as GPs, Practice Nurses, District Nurses and Health Visitors;
- Dentists, Dental Nurses, Therapists or Hygienists
- Social Care staff working in care settings;
- Pharmacists, both those working in the community and in other clinical settings.

3. Students and trainees in these disciplines and volunteers who are working with patients should also be included. This is not an exhaustive list and decisions to provide immunisation should be based on local assessment of likely risk and exposure.

Rationale for Vaccination

4. Low uptake of seasonal flu vaccination by health care workers continues to be an issue in Scotland and throughout the UK. While vaccination of NHS staff remains voluntary, 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 their family contacts, their patients, and the NHS as a result accepting the offer of the vaccine.

5. Flu outbreaks can arise in health and social care settings with both staff and their patients/clients being affected when flu is circulating in the community. It is important that health professionals protect themselves by having the flu vaccine, and, in doing so, they reduce the risk of spreading flu to their family members.

6. Vaccination of healthcare workers against flu significantly lowers rates of flu-like illness, hospitalisation and mortality in the elderly in healthcare settings.^{11,12} Vaccination of staff in social care settings may provide similar benefits. Flu immunisation of healthcare workers with direct patient contact and social care staff may reduce the transmission of infection to vulnerable patients, some of whom may have impaired immunity that may not respond well to immunisation.

7. Vaccination of frontline workers also helps reduce the level of sickness absences and can help ensure that the NHS and care services are able to continue operating over the winter period. This is particularly important when responding to winter pressures, and winter planning should seek to take account of the importance of staff vaccination across the NHS.

Setting Targets and Monitoring Uptake

8. In line with last year, **we would encourage NHS Boards to vaccinate at least 50% of front line staff** – particular priority should be given to staff working in areas where patients might be at particularly high risk (paediatric, oncology, maternity; care of elderly; haematology; ITUs).

9. HPS collected information following the last flu season on uptake of vaccine by staff across the NHS in Scotland. Although there were a number of caveats/issues with this data (due to differences in data systems between NHS Boards), the information collected suggested that **uptake in all staff was 34.7% in season 2013/14 compared to 33.5% in season 2012/13** (average territorial board figure) HPS will continue to request information on staff vaccination uptake, and a template for this will be agreed through the Scottish Immunisation Programme Service Delivery Group.

Communications

10. To support local efforts to raise awareness of the vaccine, NHS Boards should consider sending personal letters to NHS staff inviting them to attend a specific clinic at/near to their place of work. The purpose of the invitations is not only to organise clinics but to encourage individuals to consider having the vaccine and to make a positive decision to do so. In one NHS Board with particularly good levels of uptake, invitations are sent out 2 weeks before commencement of the campaign to raise awareness within the organisation. Specific advertising is used to support letters.

¹¹ Potter J, Stott DJ, Roberts MA, Elder AG, O'Donnell B, Knight PV and Carman WF (1997) The influenza vaccination of health care workers in long-term-care hospitals reduces the mortality of elderly patients. *Journal of Infectious Diseases* **175**: 1-6.

¹² Carman WF, Elder AG, Wallace LA, McAulay K, Walker A, Murray GD and Stott DJ. (2000) Effects of influenza vaccination of healthcare workers on mortality of elderly people in long term care: a randomised control trial. *The Lancet* **355**: 93-7.

11. It is important to communicate to all staff that the potential consequences of getting influenza due to not being vaccinated are:

- I. **Personal** - Influenza is not a minor illness even in normally fit people. It makes people feel extremely unwell for 2 to 3 days and full recovery normally takes a week. Even fit and healthy people can develop more serious symptoms and can require hospitalisation. Additionally, there is the potential for transmission to family members.
- II. **Transmission to others** – Staff incubating or even suffering from flu can unintentionally pass this on to other staff, and/or the patients they are looking after, and their family contacts. If the patients are ill, elderly or suffering from a variety of chronic conditions this can lead to serious illness and even death. We should be doing everything possible to prevent healthcare workers infecting patients. Anecdotal evidence from acute respiratory illness outbreaks in nursing homes and hospital wards last season highlight the importance of infected staff transmitting flu to patients. As mentioned earlier, GMC guidance on Good Medical Practice should be kept in mind.
- III. **Service Continuity** – If large numbers of staff require a week off work with flu, the service's ability to keep looking after ill patients is severely curtailed with the likelihood of ward closures, cancelled operations and cancelled clinics.

12. National information and awareness raising materials will be available to support NHS Boards promoting vaccination to their staff (**see Annex E**).

Planning Delivery

13. Clinics should, as far as possible, be arranged at the place of work and should include clinics during early, late and night shifts, at convenient locations throughout the Board area. Clinics should be run efficiently with administrative support to deal with paperwork, to manage staff and data collection. This will result in staff having quick, easy access to the vaccine.

14. Drop-in clinics should also be considered for staff unable to make their designated appointment or who may have changed their mind.

Vaccination in non-NHS Organisations

15. 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 in this regard.

16. It is recommended that NHS Independent Contractors (GPs, Dentists, Community Pharmacists and Optometrists) consider vaccination of their employed

staff, and responsibility for this lies with employers as above. Contractors themselves should also be vaccinated. GP Practices can use NHS vaccine supplies to vaccinate their own staff for the purposes of this programme.

17. 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.

18. Teams involved in the vaccination of staff are reminded that Occupational Health services are recommended to keep records of staff who have been immunised. The information on vaccination should also be sent to GP Practices, with the patient's permission, to update their patient records. It is important that accurate and up to date information on vaccine uptake in staff is available for NHS Boards to monitor uptake in their staff.

SEASONAL INFLUENZA VACCINATION PROGRAMME: 2014-15

Publicity and information materials

1. This year, the Scottish Government will deliver a national marketing and awareness raising campaign to “at-risk” groups to promote uptake of the vaccine. It is anticipated that the programme will run at the same time as the vaccination programme is launched in early October 2014. This year the childhood programme is being extended to include all pre-school children aged 2-5, and all primary school children P1-P7 and new materials will be produced to reflect this.

2. All marketing materials will be made available to support health professionals within NHS Boards running local flu campaigns. NHS Health Scotland is responsible for the printing and distribution of the seasonal flu marketing materials, which will be distributed in early September to ensure that colleagues have enough time to display information and to prepare for the programme.

3. Although some elements of the campaign are still to be finalised, at present we anticipate that the materials will include an information leaflet containing key messages for all risk groups; a poster for all risk groups; an information leaflet specifically for pregnant women; a poster specifically targeted at pregnant women; an information leaflet specifically for health and social care workers; and a poster specifically for health and social care workers

4. In addition to these materials, marketing activity is also likely to include a radio, television and digital advertising campaign, PR activities with local and national media and partnership activity with organisations relevant to the target audiences.

5. Further information and resources will also be available to view and download on the Immunisation Scotland website in due course: <http://www.immunisationscotland.org.uk/>

6. In addition to these promotional materials for those eligible for vaccination, we will also update the **professional FAQ** document that will be available ahead of the start of the season on the NHS Education for Scotland website (<http://www.nes.scot.nhs.uk/>). This document will seek to address the most common questions from professionals about vaccines, risk groups and seasonal flu. We will seek to update the document during the season to take account of any emerging issues. Q&A materials which were provided to health professionals and pregnant women last year will be updated and redistributed.

SEASONAL INFLUENZA VACCINATION PROGRAMME: 2014-15

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) (2013)1/PCA(M) (2013)1 which was issued on 31 January 2013 (available at: [http://www.sehd.scot.nhs.uk/pca/PCA2013\(P\)01\(M\)01.pdf](http://www.sehd.scot.nhs.uk/pca/PCA2013(P)01(M)01.pdf)) set out the arrangements for ordering of vaccine for the 2014-15 season and details for 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 current Directions requiring Boards to set up an Influenza, Pneumococcal and Pertussis Immunisation Scheme were issued in September 2012 and are currently in the process of being revised to reflect the following key changes.
4. The Scottish Government is meeting the vaccine purchase costs (including delivery to vaccine holding centres) and other central costs associated with the programme, and Health Boards are meeting the service delivery costs including GP costs from their baseline resources.
5. From 2014-15 the influenza programme is extended to pre-school children aged 2-5 years and all primary school children (P1—P7). See SGHD/CMO(2014)13 for further details.
6. Pertussis will be issued under cover of a separate Directed Enhanced Service (DES) reflecting advice from the Joint Committee on Vaccination and Immunisation (JCVI) to extend the temporary programme of pertussis for pregnant and post natal women.
7. The minimum position outlined in the Directed Enhanced Service (DES) regarding payments to Practices should normally apply, and any necessary variation for local circumstances should be agreed by NHS Board and Local Medical Committees (LMCs).
8. The current DES and associated Directions which require Boards to set up an Influenza and Pneumococcal Immunisation Scheme were issued on 28 September 2012 (Circular PCA(M)(2012)12. These can be found online at: [http://www.sehd.scot.nhs.uk/pca/PCA2012\(M\)12.pdf](http://www.sehd.scot.nhs.uk/pca/PCA2012(M)12.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 years and over and also flu immunisation for those aged under 65 years and in an “at-risk” group).

9. The Primary Medical Services (Directed Enhanced Services) (Scotland) Directions require NHS Boards to ensure that contractors providing this service develop and maintain 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 October 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).