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Dear Colleague

## SEASONAL INFLUENZA VACCINATION PROGRAMME 2016-17

1. This letter provide details about the arrangements for the 2016-17 seasonal influenza vaccination programme in adults aged 65 years and over and adults aged 18 years and over with “at-risk” health conditions. A separate letter ([SGHD/CMO\(2016\)14](#)) covers the childhood programme.

2. The key points of note for the seasonal flu programme are as follows:

- New arrangements are in place for the ordering and supply of the seasonal flu vaccine
- There are no changes to the clinical risk groups.
- 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.
- Pregnant women, at any stage of pregnancy, remain eligible for and are recommended to have flu vaccination.
- There is no egg-free vaccine available in 2016-17 as it has been discontinued by the manufacturer. A low-egg content vaccine is available.

3. This year, there are new arrangements for ordering, and taking delivery of, the seasonal flu vaccine. Supplies of the vaccine have been procured centrally, and a specialist healthcare logistics company (OM Movianto) has been contracted to take orders from each GP practice and then distribute the vaccine direct. **The change only applies to the supply of trivalent inactivated influenza vaccines to GP Practices for patients over the age of 65 and all at risk patients aged 18 or over.**

From the Chief Medical Officer  
Chief Nursing Officer  
Chief Pharmaceutical Officer  
Dr Catherine Calderwood  
Professor Fiona McQueen  
Dr Rose Marie Parr

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7 September 2016

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SGHD/CMO(2016)16

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### For action

Chief Executives, NHS Boards  
Medical Directors, NHS Boards  
Nurse Directors, NHS Boards  
Primary Care Leads, NHS Boards  
Directors of Nursing & Midwifery,  
NHS Boards  
Chief Officers of Integration  
Authorities  
Directors of Pharmacy  
Directors of Public Health  
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 Physicians  
Health Protection Scotland  
Chief Executive, NHS Health  
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### Further Enquiries

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4. The new arrangements will help ensure timely supply of sufficient quantities of the vaccine to support one of the most important health protection initiatives in Scotland.

5. Further details about the new procurement arrangements are available at **Annex A**.

6. Please refer to the guidance published in Immunisation against Infectious Disease (the Green Book) for advice on vaccinations for those with egg allergies. <https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19>

### **Other Information**

7. Annexes B and C provide more detail around this year's vaccination programme, including the eligible groups for 2016-17, the vaccine components (as announced by WHO) and other general information.

### **Action**

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

9. We would ask that action is taken forward to ensure as many people as possible are vaccinated early in the season, and before flu viruses are circulating.

**10. The Chief Medical Officer strongly recommends all health and social care staff consider the flu vaccine part of infection control procedures, and are vaccinated to prevent transmission of the virus to patients and colleagues.**

11. Thank you for your continuing support in delivering this important vaccination programme.

*Catherine Calderwood*  
**Chief Medical Officer**

*Fiona McQueen*  
**Chief Nursing Officer**

*Rose Marie Parr*  
**Chief Pharmaceutical Officer**

## ANNEX A

### SEASONAL INFLUENZA VACCINATION PROGRAMME: 2016-17

#### Vaccine Supply – new national procurement arrangements

1. You will be aware that seasonal flu vaccine distribution is changing. NHS Boards and GP practices should already be working with OM Movianto (the company appointed to deliver the new arrangements) to confirm and order their vaccine requirements for 2016-17. **The change only applies to the supply of trivalent inactivated influenza vaccines to GP Practices for patients over the age of 65 and all at risk patients aged 18 or over.**

2. **There is no change to the arrangement for obtaining flu vaccine for children.** GP practices should place orders for live nasal spray vaccine via the vaccine holding centres. Injectable quadrivalent inactivated flu vaccine for children should be ordered via vaccine holding centres in NHS Boards using local ordering systems.

#### Delivery Arrangements

3. Orders for the vaccine should be placed on the OM Movianto online ordering system: (<https://uat.ommarketplace.co.uk/Orders/Home>). Practices should have received log-in details for the system by email. If you have not received this email, or think you may have accidentally deleted it, contact OM Movianto Customer Services on **01234 248 623**. They will be able to re-send your username and password.

4. Practices should plan to place the minimum number of orders needed to manage available fridge capacity. If you have sufficient fridge capacity you may choose to place one single order for the season. However, if storage is limited, then multiple deliveries per season are possible. NHS Boards are charged for each delivery made to practices.

5. The first order is a 'pre-order'. Practices should have pre-ordered the quantity required for their first delivery of the season on OM Movianto's online ordering platform before **12 August**. The vaccines are expected to become available from mid-September onwards but this is dependent on the vaccine manufacturer release date. You will receive an email in early September confirming your first delivery date.

6. Practices need to request subsequent deliveries as required. The OM Movianto delivery schedule is organised by postcode; every practice has a fixed weekly order cut-off time and scheduled delivery day. The order cut-off time and delivery day has been emailed to practices and can also be found on the flu section of the PSD website <http://www.psd.scot.nhs.uk/flu-vaccine-distribution.html>. To arrange a delivery for a specific week's delivery date, ensure the order is placed online before noon on the order cut-off day for that week's delivery.

7. Vaccines are available in packs of 10. On the ordering platform, order the number of packs required for the next delivery rather than the total volume of

individual vaccines – for example, if the practice wants to request a delivery of 500 vaccines, order 50 packs of 10.

8. After placing the order online, an order confirmation will be emailed to the practice; this should be carefully checked to ensure the correct quantity has been ordered and the delivery date is as expected. If you notice an error or have any queries, contact the OM Movianto customer services team on 01234 248 623.

9. When the delivery arrives, check that the paperwork is correct, along with the number of cartons and that there are no visible signs of damage to the packaging. If there are any problems, contact OM Movianto customer services on 01234 248 623.

### **Egg-free vaccine**

10. As stated, there is no egg-free vaccine as manufacture has been discontinued by the manufacturer. A low-egg content vaccine is available and you should order the vaccine labelled as such on the ordering site.

### **Exceptional Order Requirements**

11. A small number of practices have indicated that they need *more than one delivery per week*. If you need more than one delivery in a given week, you should place the request for the first delivery online. For the second delivery, you must contact OM Movianto Customer Services Team on 01234 248 623. It is **not** possible to arrange more than one delivery in a given week via the online ordering system. If you place more than one order online in a given, orders will be bundled together and will arrive on the same day (each order will indicate the same expected date).

12. A small number of practices have indicated that they require deliveries on a *Saturday or more than one delivery on the same day*, for example if a large clinic is planned and there is insufficient fridge capacity to store vaccines in the practice for that clinic. OM Movianto cannot accommodate Saturday deliveries or more than one delivery on the same day. However, health boards will be able to work with practices that have exceptional delivery requirements to find a local solution. This may involve assessing whether the practices would benefit from additional fridge capacity, or whether vaccine holding centres, or another local facility, could store vaccines for a practice and deliver them to the clinics. Please contact your health board directly for assistance; a list of contacts is available on the PSD website.

13. There is provision, in an emergency, to request an *unscheduled urgent delivery* of the vaccine. Emergency deliveries will be made within 24 hours of the order being placed. The health board is charged for each delivery that is made to the practice (fee per delivery basis). Emergency deliveries have a significantly higher charge than standard deliveries. If an emergency delivery is required, then you should contact OM Movianto customer services directly on 01234 248 623. Authorisation **must** be sought from your health board before placing an emergency delivery. OM Movianto will request the name of the authoriser when the order is placed. A list of contacts at health boards that can provide this authorisation will be posted on the PSD website before the deliveries commence.

## **Returns Process**

14. Practices should only order the volume of vaccines required. Consideration is being given to arrangements for any unused vaccines. Guidance will be issued at a later date. It is expected that it will only be possible to return complete packs of unused vaccines in their original packaging at the end of the season.

## **Further information and Support**

15. Detailed information including, and an FAQ document on the new process is accessible here: <http://www.psd.scot.nhs.uk/flu-vaccine-distribution.html>

16. For queries linked to ordering and deliveries, please contact the OM Movianto Customer Services Team (01234 248 623). If any delivery service issues cannot be resolved satisfactorily through dialogue with OM Movianto, the issue should be escalated to the health board.

## Annex B

### SEASONAL INFLUENZA VACCINATION PROGRAMME: 2016-17

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

Eligible groups	Further detail
<b>Pre-school children aged 2-5 years; and All primary school children in P1-7</b>	A separate CMO letter has further details (see SGHD/CMO(2016)14).
<b>All patients aged 65 years and over</b>	“Sixty-five and over” is defined as those aged 65 years and over on 31 March 2017.
<b>Chronic respiratory disease</b> 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.
<b>Chronic heart disease</b> 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.
<b>Chronic kidney disease</b> aged six months or older	Chronic kidney disease at stage 3, 4 or 5, chronic kidney failure, nephritic syndrome, kidney transplantation.
<b>Chronic liver disease</b> aged six months or older	Cirrhosis, biliary atresia, chronic hepatitis from any cause such as Hepatitis B and C infections and other non-infective causes
<b>Chronic neurological disease</b> 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 offer immunisation, based on individual assessment, to clinically vulnerable individuals including those with cerebral palsy, learning disabilities, 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.
<b>Diabetes</b> aged six months or older	Type 1 diabetes, type 2 diabetes requiring insulin or oral hypoglycaemic drugs, diet controlled diabetes.
<b>Immunosuppression</b> 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).
<b>Asplenia or dysfunction of the spleen</b>	This also includes conditions such as homozygous sickle cell disease and coeliac syndrome that may lead to splenic dysfunction.

<b>Pregnant women</b>	Pregnant women at any stage of pregnancy (first, second or third trimesters).
<b>People in long-stay residential care or homes</b>	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.
<b>Unpaid Carers and young carers</b>	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.
<b>Health and social care staff</b>	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.
<b>Morbid obesity (class III obesity)*</b>	Adults with a Body Mass Index $\geq 40$ kg/m <sup>2</sup>

\* Many of this patient group will already be eligible due to complications of obesity that place them in another risk category.

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>

## Vaccine Composition for 2016-17

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. During the last 10 years, the flu vaccine has generally been a good match for the circulating strains of flu, even though it is not possible to predict exactly which strains will circulate each year. **Being immunised is the best protection available against an unpredictable virus that can cause severe illness.**

For the 2016-17 flu season (northern hemisphere winter) it is recommended that trivalent vaccines contain the following strains :

- an A/California/7/2009 (H1N1)pdm09-like virus;
- an A/Hong Kong/4801/2014 (H3N2)-like virus;
- a B/Brisbane/60/2008-like virus.

It is recommended that quadrivalent vaccines containing two influenza B viruses contain the above three viruses and a B/Phuket /3073/2013-like virus. For further information please see the [full report](#).

The vaccines that will be available for the 2016/17 flu immunisation programme are set out in the table below. Some flu vaccines are restricted for use in particular age groups. The Summary of Product Characteristics (SPC) for individual products **should always** be referred to when ordering vaccines for particular patients.

Fluenz Tetra ▼	Live attenuated, nasal	From 24 months to less than 18 years of age	
Fluarix™ Tetra ▼	Split virion inactivated virus	From three years	<b>On national contract. Please order via local Vaccine Holding Centre</b>
Imuvac®	Surface antigen, inactivated virus	From six months	
Inactivated Influenza Vaccine (Split Virion) BP	Split virion, inactivated virus	From six months	
Influvac®	Surface antigen, inactivated virus	From six months	
Imuvac®	Surface antigen, inactivated virus	From six months	

Influenza vaccine, surface antigen, inactivated	Surface antigen, inactivated virus	From six months	
CSL Inactivated Influenza Vaccine	Split virion, inactivated virus	From five years	<b>On national contract. Please order via OM Movianto</b>
Enzira®	Split virion Inactivated virus	From five years	
Inactivated Influenza Vaccine (Split Virion) BP	Split virion, inactivated virus	From six months	<b>On national contract. Please order via OM Movianto</b>
Intanza®15 µg	Split virion, inactivated virus	60 years of age and over	
Agrippal®	Surface antigen, inactivated virus	From six months	<b>On national contract. Please order via OM Movianto</b>

## Annex C

### Uptake Rates in 2015-16

1. Provisional data for 2015-16 (in week 13) suggests uptake rates of:  
**74.5%** in people aged 65 years and over, (compared with 76.3% in 2014-15 and 76.9% in 2013-14);  
**48.0%** in under 65s at-risk, (compared with 54.0% in 2014-15 and 57.5% in 2013-14);  
**61.5%** in pregnant women (with other risk factors), compared with 65% in 2014-15 and 2013-14; and  
**49.9%** in pregnant women (without other risk factors), compared with 49.5% in 2014-15 and 47.9% in 2013-14
2. Disappointingly uptake rates were slightly down across almost all eligible groups when compared with previous seasons.
3. For further information regarding the HPS vaccine uptake monitoring programme, please contact [nss.hpsflu@nhs.net](mailto:nss.hpsflu@nhs.net).

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

4. GP practices are reminded that they are required to adopt robust call and recall systems to contact all “at-risk” patients. Template letters will be available nearer the time if practices wish to make use of them. These will be available to download from Health Scotland’s website [www.healthscotland.com/flu](http://www.healthscotland.com/flu).

### Aged 65 and over

5. As in previous years the Scottish Government will arrange for a national call-up letter to be sent to all those aged 65 years and over.

### Pneumococcal Immunisation

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

### Pregnant Women

7. Maternity services 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 vaccine where appropriate.

## Vaccination of Health and Social Care Staff

8. **Low uptake of seasonal flu vaccination by health care workers continues to be an issue (33.2% in territorial boards in Scotland).** This year we are hoping to attain a target uptake of 50%.
9. **Vaccination against flu should be considered an integral component of standard infection control procedures.** Vaccination against flu plays a vital role in reducing transmission of the disease. 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.
10. Social care providers and independent primary care providers such as GP, dental and optometry practices, and community pharmacists, should also arrange vaccination of staff.
11. **Every effort should be made to promote and offer the vaccine in a way that is accessible to all staff regardless of location and working pattern**
12. Chapter 12 of the Green Book provides information on what groups can be considered as directly involved in delivering care. See <https://www.gov.uk/government/publications/immunisation-of-healthcare-and-laboratory-staff-the-green-book-chapter-12>

## Communications

13. As usual a range of communication materials and resources are available, including:
  - A national media campaign (TV, radio, press, digital, social media),
  - PR activities (national and local) relevant to the target audiences
  - Information leaflets and posters (<http://www.immunisationscotland.org.uk/publications/index.aspx>)
  - Resources for health professionals (<http://www.nes.scot.nhs.uk/education-and-training/by-theme/initiative/public-health/health-protection/immunisation.aspx>) and
  - the Immunisation Scotland website ([www.immunisationscotland.org.uk](http://www.immunisationscotland.org.uk) )
14. Information leaflets are available in a range of other languages to download from [www.immunisationscotland.org.uk](http://www.immunisationscotland.org.uk). NHS Health Scotland is happy to consider requests for other languages and formats. Please contact 0131 536 5500 or email [nhs.healthscotland-alternativeformats@nhs.net](mailto:nhs.healthscotland-alternativeformats@nhs.net)

Please see: <http://www.immunisationscotland.org.uk/publications/index.aspx>

## **Contingency stock**

15. Lastly, as the new national procurement arrangements are now in place for ordering supplies for the seasonal flu programme, the Scottish Government will no longer purchase a contingency supply of quadrivalent and trivalent inactivated vaccines.

16. As noted before, all stock should be ordered using the new web based system. NHS Boards **have the option** of holding a small volume of the vaccine locally at Vaccine Holding Centres, for their contingency purposes eg in the event of fridge failure or delay in next scheduled delivery date from the distributor. This is a matter for Boards to consider (and manage) locally, should they wish to do so.