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Dear Colleague

## SCOTTISH CHILDHOOD FLU VACCINATION PROGRAMME 2017-18

1. This letter is to advise you about the arrangements for this year's childhood flu vaccination programme. Those eligible for the childhood flu vaccination programme include:

- All children aged 2-5\* (not yet at school) through GP practices (*\*children must be aged 2 or above on 1 September 2017*); and
- All primary school aged children (primary 1 to primary 7) at school.

2. GP practices will again offer vaccination to any primary school-aged child resident in Scotland at the time of the immunisation programme who was not vaccinated during their local school immunisation session or who requires a second dose of inactivated vaccine to complete their first course of flu vaccine. **Annex A** provides additional information on vaccination arrangements and **Annex B** provides information on the communications supporting the childhood flu programme this year.

### Vaccine

3. Fluenz Tetra® is the vaccine of choice for the majority of children again this year – a live attenuated nasal influenza vaccine (LAIV). **Please note that, as a live, attenuated vaccine, Fluenz Tetra® is contraindicated in some patients.** Children who have a contraindication to LAIV should be offered the correct, age specific inactivated flu vaccine, if appropriate. See **Annex C** for a list of vaccines.

4. Fluenz Tetra® has a shorter shelf life (18 weeks) than other flu vaccines. The expiry date on the nasal spray applicator should always be checked before use. Vaccine has been ordered to cover the period over which historically the flu vaccine has been used, extending from September to mid-December. It is likely that most of the

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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### For action

Chief Executives, NHS Boards  
Medical Directors, NHS Boards  
Nurse Directors, NHS Boards  
Primary Care Leads, NHS Boards  
Directors of Pharmacy  
Directors of Public Health  
General Practitioners  
Practice Nurses  
School Nurses  
Immunisation Co-ordinators  
CPHMs  
Scottish Ambulance Service  
Occupational Health Leads

### For information

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  
Health Visitors  
Scottish General Practitioners Committee  
Local Authority Chief Executives and Directors of Education  
Proprietors of Independent Schools  
Scottish Council of Independent Schools

### Further Enquiries

Policy Issues  
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Fluenz Tetra® will have expired by the end of December 2017. In light of this it will be important to ensure that efforts are made to vaccinate children before then.

### Green Book

5. The Green Book chapter on influenza (chapter 19) contains detailed advice on the flu vaccine and associated contraindications and colleagues should ensure they are familiar with, and refer to, this before vaccinating patients

<https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19>.

### Egg Allergy

6. In 2015, the JCVI recommended that Fluenz Tetra® can safely be given to children with an **egg allergy**, unless they have previously had a life-threatening reaction to eggs (or products containing eggs) that required intensive care (see:

<https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19> for more information).

### Asthma

7. Fluenz Tetra® may not be suitable for some children with severe asthma. It is not recommended for children who are currently taking oral steroids or who have been prescribed oral steroids in the 14 days prior to the flu vaccination session. There are limited safety data on children who are currently taking a high dose of an inhaled steroid – Budesonide >800 mcg/day or equivalent (e.g. Fluticasone >500 mcgs/day) – such children should only be given LAIV on the advice of their specialist. As these children are a defined risk group for influenza, those who cannot receive LAIV should receive an inactivated influenza vaccine instead.

8. Vaccination with Fluenz Tetra ® should be deferred in children with a history of active wheezing in the past 72 hours or those who have increased their use of bronchodilators in the previous 72 hours. If their condition has not improved after a further 72 hours then, to avoid delaying protection in this high risk group, these children should be offered an inactivated influenza vaccine.

### Alternative Vaccines for Children in whom Fluenz Tetra® is unsuitable

9. For the small proportion of children for whom Fluenz Tetra® is contraindicated, a suitable age-based inactivated injectable flu vaccine should be considered:-

- Children aged from six months to under two years in “at-risk” groups who are not included in the extension programme should be offered a **trivalent inactivated vaccine** licensed for their age.
- Children from age two years to under three years for whom Fluenz Tetra® is not suitable should be offered a **trivalent inactivated vaccine** licensed for their age.
- Children aged from three years for whom Fluenz Tetra® is not suitable should be offered **quadrivalent inactivated vaccine (QIV)**. The quadrivalent vaccine has two influenza B strains and therefore may provide better protection against the circulating B strain(s) than trivalent inactivated influenza vaccines.

- If these children are aged less than nine years and have not received flu vaccine before, two doses of a licensed injectable inactivated vaccine should be offered (given at least four weeks apart with the second dose being given at GP practice).
- Young people at secondary school and those who have left school up to age 18 in “at-risk” groups should be offered **quadrivalent inactivated vaccine**.

10. LAIV and QIV should be ordered from vaccine holding centres as in previous years.

11. Some inactivated flu vaccines are restricted to use in particular age groups. Practitioners must be familiar with and refer to the marketing authorisation holder’s Summary of Product Characteristics (SPC) for the particular brand when administering vaccines.

### **Uptake Rates in 2016-17**

12. These are the uptake rates and aspirational targets for the 2016-17 programme.

	Uptake	Target
2-5 year olds (not yet at school) – vaccinated at GP practice	59.0%	65%
School children (Primary 1 – Primary 7) – vaccinated at school	73.0%	75%

In light of uptake generally, the targets for this coming year’s programme (2017-18) will remain the same:

- **65%** uptake for the 2-5 year olds (not yet at school) being offered immunisation at GP practice. To continue to improve uptake among this group a centralised letter will be sent to all parents/carers of children in this category to invite them to take up the offer of immunisation for their child.
- **75%** uptake for the primary school aged children. A primary school pack will be sent home with each pupil, which includes information on the programme and a consent form for parents to give their consent to immunisation.

### **Other Issues**

13. General information on the topics listed below can be found in previous communications on this vaccination programme (see [http://www.sehd.scot.nhs.uk/cmo/CMO\(2014\)13.pdf](http://www.sehd.scot.nhs.uk/cmo/CMO(2014)13.pdf)) These include:

- Storage
- Vaccine Stock Management
- Reporting of Adverse Events
- Monitoring Vaccine Uptake: Data Extraction
- Patient Group Directions (PGD’s are available on the Health Protection Scotland website at <http://www.hps.scot.nhs.uk/immvax/pgd.aspx>)

### **Contractual Arrangements**

14. Please refer to the Influenza and Pneumococcal DES (PCA(M)(2017)02) for information on payments associated with the childhood flu vaccination programme. This is available at: <http://www.show.scot.nhs.uk/publications/>

### **Action**

15. NHS Boards, including their primary care teams, and GP practices are asked to note and implement the arrangements outlined in this letter.

16. We are grateful for the continuing support of all staff in working together to implement this significant public health programme.

Yours sincerely

*Catherine Calderwood*  
**Chief Medical Officer**

*Fiona McQueen*  
**Chief Nursing Officer**

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

**Children to be Vaccinated by GP Practices**

1. Children aged under two years of age with “at-risk” conditions. GP practices continue to be responsible for vaccinating “at-risk” children aged six months to less than two years. GP practices should continue to make their usual arrangements for vaccinating those children, including call and recall.
2. All children aged two to five years including “at-risk” children in this age group who are not yet at school. GP practices will receive a list of eligible pre-school children from SIRS. GP practices can either mark the SIRS list or return a list of children vaccinated which includes their CHI numbers and addresses to SIRS. A central invitation letter will be issued to parents/carers of all pre-school children aged 2 to 5 years this year inviting them to make an appointment with their GP.
3. Secondary school aged children and those who have left school up to age 18 years. GPs continue to be responsible for vaccinating all “at-risk” children who are not receiving vaccine in school this year. GPs should continue to make their usual arrangements for those children, including call and recall.
4. A small number of children receiving one dose of inactivated vaccine in primary school will require a second dose (if they have not previously had a flu vaccine) and this should be provided by GPs. These children will be identified by the school health team and advised to contact their GPs and GPs are not required to identify them pro-actively.

**Children to be vaccinated by NHS Boards**

All children in Primary School

5. NHS Boards are responsible for flu vaccination arrangements of all primary school aged children this coming winter. Scottish Government policy is that all primary school children (including “at-risk” children) should be offered vaccination in school whether they require the nasal vaccine or an injectable vaccine. However, it is recognised that not all NHS Boards may wish to vaccinate children in schools who require an injectable flu vaccine. Some NHS Boards may need GP support with vaccinating “at-risk” children early in the flu season to avoid “at-risk” children waiting.

**National mop up arrangements (in GP Practices)**

6. NHS Boards are only required to offer one vaccination slot per primary school per year. This means that children who are not vaccinated on the particular day may make an appointment with their GP to receive the vaccination (as set out in the DES). Such appointments should only be made after the school vaccination session has passed. GPs will also be able to offer vaccination to children who do not attend school for whatever reason (home-schooled, travelling community).

### Communication Materials

1. A central invitation letter and leaflet will be issued to parents/guardians of all eligible pre-school children aged 2 to 5 years. These will be issued week commencing 18/9/17 to week commencing 22/9/17. TV and radio advertising will be timed around parents receiving this communication, which will invite them to make an appointment at their GP practice. Posters, leaflets and other support materials will also be distributed to all GP practices. The public should be signposted to [www.immunisationscotland.org.uk/childflu](http://www.immunisationscotland.org.uk/childflu) for up to date information on the programme.

2. For NHS Boards (schools programme) consent packs will be distributed to local schools to be sent home in school bags. These packs will include a letter and leaflet for parents of primary school children as well as a consent form. To support the programme in schools, NHS Health Scotland have produced a support pack that will include briefing sheets for education staff, stickers and a DVD that can be shown to children in advance of flu vaccination sessions. These packs are being delivered to all primary schools for the attention of the Head Teacher in accordance with the schedule agreed with child health departments within each HB.

### Educational Resources for Healthcare Practitioners

3. NHS Education for Scotland in partnership with Health Protection Scotland has produced educational resources for registered healthcare practitioners. These resources will shortly be available at: <http://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/public-health/health-protection/seasonal-flu.aspx>.

## Vaccines

Vaccine	Type	Age Indication	Cohort
Fluenz Tetra®, AstraZeneca UK Ltd	Quadrivalent live attenuated	From 2 years to less than 18 years of age	<ul style="list-style-type: none"> <li>• All children aged 2- 5 (not yet at school)</li> <li>• All primary school aged children in primary 1 to primary 7</li> <li>• All children from 2 years to less than 18 years old in clinical risk groups</li> </ul>
Quadrivalent Influenza Vaccine (split virion, inactivated) Sanofi Pasteur Vaccines	Quadrivalent inactivated	From 3 years of age	<ul style="list-style-type: none"> <li>• Children in the above cohorts aged from 3 years who are contraindicated for Fluenz Tetra®</li> </ul>
Inactivated influenza vaccine (split virion) BP®, Sanofi Pasteur Vaccines  Or  Influvac® Mylan (BGP) Products	Trivalent inactivated	From 6 months of age	<ul style="list-style-type: none"> <li>• Children aged 6 months to less than 2 years in a clinical risk group</li> <li>• Children aged less than 3 years who are contraindicated for Fluenz Tetra®</li> </ul>