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Dear Colleagues

SCOTTISH CHILDHOOD SEASONAL FLU VACCINATION PROGRAMME 2020/21

1. We are writing to provide you with information about the childhood seasonal flu immunisation programme in 2020/21.
2. We would like to begin by thanking you for all the hard work you are doing as part of the NHS response to the global Covid-19 pandemic. We know that this has been an extremely challenging time for staff across the health and social care sector.
3. Given the impact of Covid-19 on the most vulnerable in society, it is imperative that we do all that we can to reduce the risk of our vulnerable population from contracting seasonal flu. It is therefore essential that we have effective plans in place to deliver the childhood flu immunisation programme this winter to protect against children contracting flu themselves but also to protect against children transmitting flu to any vulnerable people they come into contact with.
4. Delivery of the childhood flu programme will protect those at risk, prevent ill health and minimise further impact on the health and social care sector.

Planning

5. We recognise that delivering the programme this year will be more challenging than ever before because of the impact of Covid-19 on our health and social care sector. We are working through the Scottish Immunisation Programme Group to develop guidance on vaccination service delivery to ensure that children will have the opportunity to receive the flu vaccine in a timely manner while maintaining good Infection Prevention & Control (IP&C) practices and physical distancing. The provision of appropriate Personal Protective Equipment (PPE) to those involved in the delivery of the childhood flu vaccination

**From Interim Chief Medical Officer
Chief Nursing Officer
Chief Pharmaceutical Officer**
Dr Gregor Smith
Professor Fiona McQueen
Professor 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
Occupational Health Leads

For information

Infectious Disease Consultants
Consultant Paediatricians
Consultant Physicians
Consultants in Dental Public Health
Directors of Dentistry
Chief Executive, Public 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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programme will also form an important part of the programme planning. Please refer to the Covid-19 guidance available at: <https://www.hps.scot.nhs.uk/a-to-z-of-topics/covid-19/infection-prevention-and-control-ipc-guidance-in-healthcare-settings/#title-container>

6. We would expect us all to draw on learning from our experience with Covid-19 and be mindful on how best to deliver a vaccination programme that is prioritised to protecting the most vulnerable and deliver to a scale not previously envisaged.
7. A further letter will be issued providing guidance on delivery arrangements this season.

Eligibility

8. Those eligible for the childhood flu vaccination programme include:
 - All children aged two-five* years (not yet at school) (**children must be aged two years or above on 1 September 2020*); and
 - All primary school aged children (primary one to primary seven) at school.
9. Providers should continue to arrange vaccination for 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.
10. A number of NHS Boards and Health and Social Care Partnerships (HSCPs) have either transferred, or are in the process of transferring, delivery of the flu vaccine to children in the two-five age group. A small number of Boards and HSCPs have not yet made alternative delivery arrangements. NHS Boards and HSCPs will be working closely with local practices to ensure that all eligible children are offered this vaccine timeously to protect them against this infection. GP practices however retain responsibility for vaccinating this age group unless specifically agreed with the local HSCP.

Vaccine

11. Fluenz Tetra®, a live attenuated nasal influenza vaccine (LAIV), is the vaccine available for the majority of children again this year. 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 a suitable quadrivalent, inactivated flu vaccine, as appropriate.
12. 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.
13. The delivery schedule for Fluenz Tetra® for 2020/21 has not yet been confirmed as this is subject to manufacturing and ongoing regulatory processes. As Fluenz Tetra® has a shorter shelf life than other vaccines it will be delivered into the national stockpile in a number of consignments in order to ensure there are in date supplies available throughout the period vaccine can be offered.

To support efficient delivery of the programme it is anticipated that the delivery schedule will result in most of the vaccine becoming available to order in the initial weeks of the programme.

14. Additional vaccine has also been procured to cover an increased uptake in light of Covid-19. NHS Boards and Practices must ensure adequate vaccine supplies before organising vaccination clinics. Any issues or queries should be escalated to the Immunisation Co-ordinator within the NHS Board. If you require contact details for your NHS Board Immunisation Coordinator please email immunisationprogrammes@gov.scot.
15. Annex A provides additional information on the vaccine.

Communication materials

16. A central invitation letter and leaflet will be issued to parents/guardians of all eligible pre-school children aged two to five years. A national media campaign (TV, radio, press, digital and social media) will be timed around parents receiving this communication, which will invite them to arrange their child's vaccination. Research and insight work will underpin the campaign in light of Covid-19 and potentially changing attitudes to vaccination.
17. Posters, leaflets and other support materials will also be distributed to all GP practices and other key settings such as nurseries. Some NHS Boards and HSCPs may undertake additional local communication as appropriate to complement national communication.
18. 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. The messaging within these is currently being revised and tested in light of Covid-19.
19. To support the programme in schools, Public Health Scotland will ensure all schools have supporting materials on the flu vaccine for staff, parent and young people. These will all be available for schools to download from early August 2020.
20. The two to five and primary flu leaflets are available in other languages (including Polish, Mandarin and Arabic) and alternative formats (BSL, audio and Easy Read) at www.nhsinform.scot/childflu (under 'Further Information'). Public Health Scotland is happy to consider requests for other languages and formats. Please contact 0131 314 5300 or email phs-otherformats@nhs.net.
21. The public should be signposted to www.nhsinform.scot/childflu for up to date information on the programme.

Resources

22. In relation to the aspects of the childhood flu programme NHS Boards are asked to ensure that primary care and immunisation teams are properly resourced to develop and deliver the childhood flu programme this season.

23. Any additional costs related to adapting immunisation delivery programmes to meet Covid-19 requirements (e.g. physical distancing, PPE) should be recorded in NHS Boards' Local Mobilisation Plans. Any additional costs should also be submitted to the Scottish Government policy team. Please ensure that costs are not double counted for services already delivered.

Action

24. NHS Boards, including their Primary Care teams, and GP practices are asked to note and plan appropriately to implement the arrangements outlined in this letter.

It is important that every effort is made this year to ensure high uptake as this winter, more than ever, the flu vaccine is going to be a key intervention to reduce viral transmission and pressure on the NHS.

25. We have procured additional vaccine to support higher uptake however, ongoing and effective management at a local level is also required. NHS Boards and Primary Care teams should fully consider the needs of their eligible cohorts and plan appropriately and timeously in order to successfully deliver the programme.

26. We would ask that action is taken to ensure as many children as possible are vaccinated early in the season, and before flu viruses begin to circulate. The benefits of flu vaccination should be communicated and vaccination made as easily accessible as possible.

27. We would also ask NHS Boards to engage early with education colleagues, including school heads, to ensure that models of vaccine delivery are discussed and agreed in light of physical distancing and the potential for a blended learning model to be in place.

28. We are grateful for the continuing support and co-operation of all staff in working together to implement this significant public health programme.

Yours sincerely

Gregor Smith
Interim Chief Medical Officer

Fiona McQueen
Chief Nursing Officer

Rose Marie Parr
Chief Pharmaceutical Officer

VACCINES

1. The flu vaccines recommended by the Joint Committee on Vaccination and Immunisation (JCVI) are set out in the table below.

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"> All children aged 2- 5 (not yet at school) All primary school aged children in primary 1 to primary 7 All children from 2 years to less than 18 years old in clinical risk groups
Quadrivalent Influenza Vaccine (split virion, inactivated) Sanofi Pasteur Vaccines	Quadrivalent inactivated (egg based)	From 6 months of age to less than 9 years of age	<ul style="list-style-type: none"> Children aged 6 months to less than 2 years in a clinical risk group Children in the above cohorts aged from 2 years to under 9 who are contraindicated for Fluenz Tetra®
Quadrivalent Influenza Vaccine (surface antigen, inactivated) Flucelvax Tetra® Seqirus Vaccines	Quadrivalent inactivated (cell based)	From 9 years of age	<ul style="list-style-type: none"> Children in the above cohorts aged from 9 years who are contraindicated for Fluenz Tetra®

Immunisation against Infectious Disease (“The Green Book”)

2. Chapter 19 of the Green Book 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. It is available at: <https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19>.

Alternative vaccines for children in whom Fluenz Tetra® is unsuitable

3. For the small proportion of children for whom Fluenz Tetra® is contraindicated, a suitable QIV should be considered.
4. 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.

5. LAIV should be ordered from vaccine holding centres as in previous years. Cell and egg based QIV can be ordered from OM Movianto who distribute flu vaccines to practices for the adult flu vaccination programme.

Egg allergy

6. JCVI has advised (JCVI, 2015) that children with an egg allergy – including those with previous anaphylaxis to egg – can be safely vaccinated with LAIV in any setting (including primary care and schools). The only exception is for children who have required admission to intensive care for a previous severe anaphylaxis to egg, for whom no data are available; such children are best given LAIV in the hospital setting. LAIV remains the preferred vaccine for this group and the intranasal route is less likely to cause systemic reactions. See chapter 19 of the Green Book for further information: <https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19>.
7. Children with egg allergy but who also have another condition which contraindicates LAIV should be offered a suitable quadrivalent inactivated influenza vaccine with a very low ovalbumin content (less than 0.12 micrograms/ml).
8. Children in a clinical risk group and aged under nine years who have not been previously vaccinated against influenza will require a second dose (of either LAIV or inactivated vaccine as appropriate).
9. Children over age nine years with egg allergy can also be given the quadrivalent inactivated egg free vaccine, Flucelvax® TETRA, which is licensed for use in this age group.

Asthma

10. JCVI have advised (2019) that, on the basis of recent data, children with asthma on inhaled corticosteroids may safely be given LAIV, irrespective of the dose prescribed.
11. LAIV is not recommended for children and adolescents currently experiencing an acute exacerbation of symptoms including those who have had increased wheezing and/or needed additional bronchodilator treatment in the previous 72 hours. Such children should be offered a suitable quadrivalent inactivated influenza vaccine to avoid a delay in protection.
12. There are limited safety data in children who require regular oral steroids for maintenance of asthma control, or have previously required intensive care for asthma exacerbation – such children should only be given LAIV on the advice of their specialist.
13. As these children may be at higher risk from influenza infection, those who cannot receive LAIV should receive a suitable quadrivalent inactivated influenza vaccine.

Uptake rates in 2019/20

14. It is important that every effort is made this year to ensure uptake is as high as possible.

15. The uptake rates for 2019/20 season compared to 2018/19 season are set out in the table below:

	2019/20	2018/19	Uptake Target
2-5 year olds (not yet at school) – vaccinated at GP practice	52.5%	55.8%	65%
School children (Primary 1 – Primary 7) – vaccinated at school	71.1%	72.9%	75%

16. Targets for this coming year's programme (2020/21) will remain the same:

- **65%** uptake for the 2-5 year olds (not yet at school) being offered immunisation primarily at GP practice. To support 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. As detailed above, 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.

Contractual arrangements

17. For information on payments associated with the childhood flu vaccination programme please see the forthcoming circular from Primary Care Division, Scottish Government.

General Information

18. 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: <https://www.hps.scot.nhs.uk/a-to-z-of-topics/influenza/#guidelines>)