



## Health Department

Dear Colleague

### INFLUENZA IMMUNISATION PROGRAMME FOR 2005-06

The purpose of this letter is to inform you of arrangements for the 2005-06 influenza immunisation programme.

#### Summary:

- Despite the problems encountered last year with flu vaccine supplies, the target for uptake of vaccination was met with provisional uptake figures for 2004-05 at \*71.7% for those in the aged 65 and over group. The Scottish Executive is very appreciative of the huge efforts made by GP practices and other healthcare staff in achieving these results.
- An additional group has been added to those recommended to receive flu immunisation in the Clinical at Risk Groups. **Individuals with chronic liver disease are now included.**
- NHS Boards will also wish to implement the recommendation to offer flu vaccination to people who are the main carer for an elderly or disabled person whose welfare may be at risk if the carer falls ill.
- This letter requires NHS Boards to negotiate a Locally Enhanced Service (LES) on the basis of the JCVI recommendation for:
  - a. people who are the main carer for an elderly or disabled person whose welfare may be at risk if the carer falls ill,
  - b. people with chronic liver disease.
- GP practices are encouraged to improve on last year's uptake for those aged aged 65 and over and those in 'at risk' groups under 65 years of age.

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16 August 2005

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#### For action

Chief Executives, NHS Boards  
General Practitioners  
Practice Nurses  
Health Visitors  
Community Pharmacists  
Chief Pharmacists  
Immunisation Co-ordinators  
CPHMs  
Directors of Public Health  
Medical Directors, NHS Boards  
Scottish Prison Service

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#### For information

Directors of Nursing, NHS Boards  
Specialists in Pharmaceutical Public  
Health  
Infectious Disease Consultants  
Consultant Paediatricians  
Consultant Physicians  
Health Protection Scotland  
Chief Executive, NHS Health  
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#### Further enquiries

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#### Medical Issues

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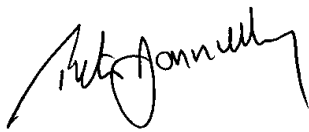


- As last year, a national publicity campaign will be launched in late September/early October. A further CMO letter to outline details will follow.

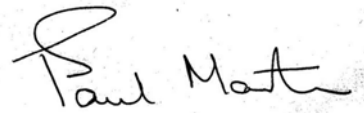
Details of the immunisation programme for 2005-06 are attached in Annex A.

Thank you for your continued work on this important immunisation programme.

Yours sincerely



**Deputy Chief Medical Officer**



**Chief Nursing Officer**



**Chief Pharmaceutical Officer**

\* NHS Highland's figures are not included this year but will be available in future years

## Influenza immunisation programme 2005-2006

### 1. National policy: the target groups

National policy for 2005/06 is that influenza immunisation should be offered to:

- (i) All those aged 65 years and over;
- (ii) All those aged 6 months and over in the following clinical risk groups:

Clinical risk category	Examples (decision based on clinical judgement)
<i>Chronic respiratory disease, including asthma</i>	This includes chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema, bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis, asthma requiring continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission, children who have previously been admitted to hospital for lower respiratory tract disease.
<i>Chronic heart disease</i>	This includes those requiring regular medication and/or follow-up for ischaemic heart disease, congenital heart disease, hypertensive heart disease (excluding uncomplicated controlled hypertension) and chronic heart failure.
<i>Chronic renal disease</i>	Including nephrotic syndrome, chronic renal failure, renal transplantation.
<i>Chronic liver disease</i>	Including cirrhosis.
<i>Diabetes</i>	Diabetes mellitus requiring insulin or oral hypoglycaemic drugs.
<i>Immunosuppression</i>	Immunosuppression due to disease or treatment, including asplenia or splenic dysfunction, and also including those on or likely to be on systemic steroids for more than a month at a dose equivalent to prednisolone at 20mgs or more per day (any age) or for children under 20 Kgs a dose of 1mg or more per kg per day. HIV infection at all stages  <i>However, some immunocompromised patients may have a suboptimal immunological response to the vaccine</i>

- (iii) those living in long-stay residential care homes or other long-stay care facilities where rapid spread is likely to follow introduction of infection and cause high morbidity and mortality.

- (iv) NHS Boards will also wish to implement the recommendation to offer flu vaccination to people who are the main carer for an elderly or disabled person whose welfare may be at risk if the carer falls ill.

## **2. Vaccine uptake**

In recent years we have exceeded the previously set 70% uptake target in those aged 65 years and older (uptake remains lower in those under 65 in clinical risk groups). Continued improvement in uptake rates across all groups should be encouraged (the World Health Organization has a target of 85% uptake in recommended risk groups by 2010).

## **3. Vaccine Supply Issues**

We are aware that delivery of some flu vaccines could be delayed by up to 4 weeks.

A letter outlining the reasons for this, and the measures that should be taken as a result, was sent to: Flu Immunisation Co-ordinators, for cascade to General Practitioners; Specialists in Pharmaceutical Public Health, for cascade to Community Pharmacists; Chief Pharmacists and Directors of Public Health, on the 9 August

## **4. Monitoring uptake**

As in previous years, Health Protection Scotland (HPS) will monitor vaccine uptake data for those aged 65 and over monthly from October to January and for those in the “at risk” groups as a single data collection exercise at the end of the flu season which will establish those vaccinated during the winter. General practices will be required to continue to use their disease-based registers to assist the identification of “at-risk” groups under 65.

## **5. Publicity and information materials**

A national publicity campaign will be launched in late September/early October to allow time for practices to have their influenza programme and early supplies of vaccine in place.

Posters, leaflets and other materials for NHS Boards will be supplied in advance by the Scottish Executive. In support of this year’s campaign leaflets aimed at the following groups will be provided:

- Children in ‘at risk’ groups
- Over 65 years and adults in ‘at risk’ groups.
- Healthcare Workers

From late September patients will begin to be aware of the campaign.

Additional copies of the resources can be obtained by e-mailing [Chris.sinclair2@scotland.gsi.gov.uk](mailto:Chris.sinclair2@scotland.gsi.gov.uk) or by Faxing: 0131 244 2157. The resources will also be available on: [www.show.scot.nhs.uk/flu](http://www.show.scot.nhs.uk/flu) . Further information on the programme and answers to commonly asked questions will be available on the above website: [www.show.scot.nhs.uk/flu](http://www.show.scot.nhs.uk/flu)

## **Press, TV and radio**

- National TV, Radio and Press advertising will be used to raise awareness of the influenza campaign programme from early October. This advertising will continue until November 2005. A further CMO letter with specific dates and details will follow.

## **6. Funding**

### **GP remuneration**

Under the terms of the new General Medical Services contract, there will be a Directed Enhanced Service (DES) available for providing this service. The DES will apply to the same groups as in 2004/05 (ie flu payments will be available for immunising those aged 65 and over and also for those aged under 65 and in an at risk group).

The Primary Medical Services (Directed Enhanced Services) (Scotland) Directions 2005 require contractors of this service to have developed satisfactory registers of the at-risk population to be immunised many of which will be in place as a result of participating in the Quality and Outcomes Framework. Payment arrangements under the scheme will apply to at-risk patients who are immunised by 31 March in the relevant financial year. For payment purposes the immunisation programme will operate from 1 August to 31 March in the relevant financial year.

### **Guidance to GPs and NHS providers:**

The cost of providing the vaccine should be met from the NHS Boards' unified budgets as part of the budget for GP prescribing costs.

From this year onwards, an additional group has been added to those recommended to receive flu immunisation in the Clinical at Risk Groups. **Individuals with chronic liver disease are now included.**

NHS Boards will also wish to implement the recommendation to offer flu vaccination to people who are the main carer for an elderly or disabled person whose welfare may be at risk if the carer falls ill.

This letter requires NHS Boards to negotiate a Locally Enhanced Service (LES) on the basis of the JCVI recommendation for:

- a. people who are the main carer for an elderly or disabled person whose welfare may be at risk if the carer falls ill,
- b. people with chronic liver disease.

There are Read codes available for identifying people with CLD and they can be added to the existing flu register.

Please note that some CLD sufferers and carers will already be covered under existing DES arrangements.

## **7. Influenza immunisation for health and social care staff**

- As in previous years, NHS employers should offer influenza immunisation to employees directly involved in patient care.
- Social care employers should consider similar action.

Influenza immunisation is highly effective in preventing influenza in working- age adults. In addition, influenza immunisation of staff may reduce the transmission of influenza to vulnerable patients, some of whom may have impaired immunity and thus reduced protection from any influenza vaccine they have received themselves.

Responsibility for occupational influenza immunisation rests with the employer and it should be provided through an occupational health service. It is up to individual NHS Boards/employers to determine their own programme and fund the immunisation of their staff.

- Occupational health services should place orders for the vaccine they need as early as possible.
- Vaccine for staff should not be obtained at the expense of vaccine for the 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 to provide this service.

Employers are recommended to keep records of staff immunised and monitor the effectiveness of their programme.

Campaign materials including leaflets, posters and a video specifically targeting HCWs are being produced and we are contacting occupational health departments with examples of good practice such as immunising HCWs in the workplace, to help improve uptake.

## **8. Influenza vaccine composition for 2005-06**

Flu vaccine strains are recommended by the World Health Organization (WHO) following careful mapping of flu viruses as they move around the world. This monitoring is continuous and allows experts to make predictions of which strains are most likely to cause influenza outbreaks in the northern hemisphere in the coming winter.

The strains of influenza virus recommended by WHO to be included in the components for the 2005-06 vaccine are:

- an A/New Caledonia/20/99(H1N1)-like virus
- an A/California/7/2004 (H3N2)-like virus\*
- an B/Shanghai/361/2002-like virus‡

\* A/New York/55/2004 is available as a vaccine virus

‡ The currently used vaccine viruses are B/Shanghai/361/2002, B/Jiangsu/10/2003 and B/Jilin/20/2003.

## 9. Vaccine suppliers

The following manufacturers have indicated they will be supplying the UK market during the coming season:

<i>1. Supplier</i>	<b>Name of product</b>	<b>Vaccine type</b>	<b>Contact details</b>
Sanofi Pasteur MSD	Inactivated influenza vaccine	Split virion	0800 085 5511
	Inactivated influenza vaccine for paediatric use	Split virion	
	Inflexal V	Surface antigen	
Chiron Vaccines	Fluvirin*	Surface antigen	08457 451 500
	Generic brand	Split virion	
	Enzira	Split virion	
GlaxoSmithKline	Fluarix*	Split virus	0808 100 9997
MASTA	MASTAFLU	Surface antigen	0113 238 7500
Solvay Healthcare	Influvac	Surface antigen, inactivated, sub-unit	0800 358 7468
	Invivac	Surface antigen, inactivated, virosome	
Wyeth Vaccines	Begrivac	Split virion	01628 685 437

\*Contains thiomersal. The Committee on Safety of Medicines (CSM)'s statement on the safety of vaccines containing thiomersal can be found on the following website:  
<http://medicines.mhra.gov.uk/ourwork/monitorsafequalmed/safetymessages/thiomersalstatement%5F210203.pdf>

#### **10. Immunisation against infectious disease (the 'Green Book')**

A revised influenza chapter for the book *Immunisation against infectious disease* (the 'Green Book') with details of the current recommendations is available at:  
<http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/GreenBook/fs/en>

You are encouraged to read this and if you have enquiries please discuss with local Immunisation Co-ordinators.

#### **11. Centrally generated letter**

As in previous years a centrally generated SIRS letter will invite people aged 65 years and over.