



Dear Colleague

SEASONAL INFLUENZA VACCINATION PROGRAMME 2015-16

1. This letter provide details about the arrangements for the 2015-16 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(2015)13) covers the childhood programme.

2. The 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 are recommended to have flu vaccination.
- Morbid obesity has, for the first time, been included as an at-risk health condition in the table of clinical risk groups.
- The Green Book Chapter on Influenza has been updated.

3. There are no significant changes to the adult seasonal flu programme this year, apart from one addition to the list of eligible clinical at-risk groups.

Morbid Obesity

4. The JCVI announced in October 2014 that it advised that morbidly obese people ie those defined as BMI $40 \geq$) might also benefit from a flu vaccination. Many in this patient group will already be eligible due to complications of obesity that place them in another risk category. Please see the Green Book chapter for further information.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/427809/Green_Book_Chapter_19_v9_0_May_2015_.PDF

From the Chief Medical Officer
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For action

Chief Executives, NHS Boards
Medical Directors, NHS Boards
Nurse Directors, NHS Boards
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
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5. This change has been included as part of the GP contract in the 2015/16 DES and will attract payment for immunisation. However, Practices may need to decide whether or not a patient meets the criteria, if there are no other recognised risk factors to take into consideration.

Coding

6. The inclusion of the morbidly obese risk group is not expected to lead to a big increase in the total under 65 risk group. The quality of recording of morbid obesity by GPs is uncertain, but this risk category will be added to the aggregate level vaccine uptake (automated GP extracts) by Health Protection Scotland. This will ensure that comparisons of uptake with other UK countries can continue.

7. 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/> .

Other Information

8. Annexes A and B provide further information on this year's vaccination programme as well as a summary of the eligible groups for 2015-16.

Action

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

10. 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.

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Chief Medical Officer

Fiona McQueen
Chief Nursing Officer

Rose Marie Parr
Chief Pharmaceutical Officer

SEASONAL INFLUENZA VACCINATION PROGRAMME: 2015-16**Uptake Rates 2014-15**

1. Colleagues across the NHS have again worked hard to attain very good vaccination uptake rates for the last season. Provisional data for 2014-15 suggests uptake rates of:

- 76.3% - people aged 65 years and over
- 54.0% - under 65s at-risk
- 65.0% - pregnant women (with other risk factors)
- 49.5% - pregnant women (without other risk factors)

2. 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”

3. 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 from NHS Health Scotland’s website. (<http://www.healthscotland.com/resources/index.aspx>).

4. 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/NHS Boards as normal.

Pregnant Women

5. 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

6. 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.

7. 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 of accepting the offer of the vaccine.

8. 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/uploads/system/uploads/attachment_data/file/147882/Green-Book-Chapter-12.pdf

Communications

9. As usual a range of communication materials and resources are available, including:

- A national media campaign (radio, press, digital, social media), which will run from 1 October 2015 until 31 March 2016
- PR activities (national and local) relevant to the target audiences
- Information leaflets and posters (www.immunisationscotland.org.uk)
- Resources for health professionals (<http://www.nes.scot.nhs.uk/education-and-training/by-theme/initiative/public-health/health-protection/seasonal-flu.aspx>) and
- the Immunisation Scotland website (www.immunisationscotland.org.uk)

10. Information leaflets are available in a range of other languages to download from 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

Pneumococcal Immunisation

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

Vaccine Supply

12. All flu vaccines for children (up to and including 17 years) (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.

13. NHS Circular PCA(2014)(P)28 sets out arrangements for the ordering of vaccine for the 2015-16 seasonal flu programme for adults aged 65 years and over and adults aged 18 years or over in “at-risk” groups. [http://www.sehd.scot.nhs.uk/pca/PCA2014\(P\)28.pdf](http://www.sehd.scot.nhs.uk/pca/PCA2014(P)28.pdf))

14. 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.

15. 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.

Influenza Vaccine Composition for 2015-16

16. 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.

17. It was announced on 26th February 2015 that the WHO recommendation for composition of trivalent influenza vaccine (northern hemisphere) for the season 2015-16 is:

- an A/California/7/2009 (H1N1)pdm09-like virus;
- an A/Switzerland/9715293/2013 (H3N2)-like virus;
- a B/Phuket/3073/2013-like virus.

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

Contingency stock

19. 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: 2015-16

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 http://www.sehd.scot.nhs.uk/cmo/CMO(2015)13.pdf).
All patients aged 65 years and over	"Sixty-five and over" is defined as those aged 65 years and over on 31 March 2016 (i.e. born on or before 31 March 1951).
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 atresia, 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 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.
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	Vaccination is recommended for people in long-stay residential care

homes	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.
Morbid obesity (class III obesity)*	Adults with a Body Mass Index ≥ 40 kg/m ²

* 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/uploads/system/uploads/attachment_data/file/427809/Green_Book_Chapter_19_v9_0_May_2015_.PDF