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Dear Colleague

SEASONAL INFLUENZA (FLU) VACCINATION PROGRAMME 2017-18

1. This letter provide details about the arrangements for the 2017-18 seasonal flu vaccination programme in adults aged 65 years and over and those under 65 with “at-risk” health conditions. A separate letter (SGHD/CMO(2017)12) covers the childhood programme.

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

- There are no changes to the clinical at-risk groups.
- There is no egg-free flu vaccine available in 2017-18 as it has been discontinued by the vaccine manufacturer. A low-egg content flu vaccine is available.
- Uptake targets for both the 65 years and over group, and the under 65’s “at-risk” population will remain at 75%, in line with World Health Organisation (WHO) targets.
- Pregnant women, at any stage of pregnancy, remain eligible for, and are recommended to have, flu vaccination.

3. This will be the second year of the centralised arrangements for ordering, and taking delivery of, the seasonal flu vaccine. Supplies of the vaccine have been procured centrally, and OM Movianto will take orders from each GP practice and then distribute the vaccine direct. This arrangement only applies to the supply of trivalent inactivated influenza vaccines to GP practices for patients over the age of 65 and those under 65 with “at-risk” health conditions

4. This arrangement ensures timely supply of sufficient quantities of the vaccine to support one of the most important health protection initiatives in Scotland. The new arrangements worked extremely well last year.

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

3 August 2017

SGHD/CMO(2017) 11

For action

Chief Executives, NHS Boards
Medical Directors, NHS Boards
Nurse Directors, NHS Boards
Primary Care Leads, 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
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5. Further details about centralised procurement arrangements available at **Annex A**.

Green Book Chapter 19

6. Further information is available in the guidance published in Immunisation against Infectious Disease (the Green Book).
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/456568/2904394_Green_Book_Chapter_19_v10_0.pdf

Other Information

7. **Annexes B** and **C** provide more detail around this year's vaccination programme, including the eligible groups for 2017-18, 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 seasonal flu vaccination programme.

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

10. The Chief Medical Officers strongly encourage all staff are vaccinated against seasonal flu, particularly front-line staff and those working in areas where patients might be at greater risk (for example, paediatric, oncology, maternity, care of elderly, haematology, ICUs). The target is to vaccinate 50% of front line staff and efforts should be made to make the vaccine available at times and places that are convenient for staff. Senior clinicians and NHS Managers should ensure staff understand the role flu vaccination plays in preventing transmission of the flu virus.

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

SEASONAL INFLUENZA VACCINATION PROGRAMME: 2017-18

Vaccine Supply – national procurement arrangements

1. Seasonal flu vaccine distribution changed last year and all the indications are that the transition to centralised procurement of the vaccine was successful. This year the same arrangements should be followed. The centralised arrangements only apply to the supply of trivalent inactivated influenza vaccines to GP practices for patients over the age of 65 and under 65's at risk. There is no change to the arrangement for obtaining flu vaccine for children.

Delivery Arrangements

2. Orders for the vaccine should be placed on the OM Movianto online ordering system: (<https://ommarketplace.co.uk/Orders/Home>). Last year GP practices received log-in details for the system by email. These details remain valid and should continue to be used. If you have any issues with log-in arrangements please contact OM Movianto Customer Services on **01234 248 623** for assistance.

3. GP 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.

4. Vaccines are available in packs of 10. On the ordering platform, order the number of packs required 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.

5. NHS Boards have the option of holding a small volume of vaccines locally at Vaccine Holding Centres, for their contingency purposes e.g. in the event of fridge failure or delay in next scheduled delivery date from the distributor. This is a matter for NHS Boards to consider (and manage) locally, should they wish to do so.

Egg-free vaccine

6. There is no egg-free flu vaccine again this year as the vaccine has been discontinued by the vaccine manufacturer. A low-egg content flu vaccine is available and you can order the vaccine labelled as such on the ordering site.

Further information and Support

7. 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 NHS Board.

SEASONAL INFLUENZA VACCINATION PROGRAMME: 2017-18

1. 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 SGHD/CMO(2017)12).
All patients aged 65 years and over	“Sixty-five and over” is defined as those aged 65 years and over on 31 March 2018.
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 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 homes	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.
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.

2. 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.

3. 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

VACCINES

1. The vaccines that will be available for the 2017/18 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.

Supplier	Name of Product	Vaccine Type	Age indications
AstraZeneca UK Ltd	Fluenz Tetra ▼	Live attenuated, nasal (quadrivalent)	From 24 months to less than 18 years of age
GSK	Fluarix™ Tetra ▼	Split virion inactivated virus (quadrivalent)	From three years
MASTA	Imuvac®	Surface antigen, inactivated virus	From six months
	Inactivated Influenza Vaccine (Split Virion) BP	Split virion, inactivated virus	From six months
	Quadrivalent Influenza Vaccine (split virion, inactivated) ▼	Split virion, inactivated virus	From three years
Mylan (BGP Products)	Influvac®*	Surface antigen, inactivated virus	From six months
	Imuvac®	Surface antigen, inactivated virus	From six months
	Influenza vaccine, suspension for injection (influenza vaccine, surface antigen, inactivated)	Surface antigen, inactivated virus	From six months
Pfizer Vaccines	Influenza vaccine (split virion, inactivated), pre-filled syringe*	Split virion, inactivated virus	From five years
	Enzira®	Split virion Inactivated virus	From five years

Sanofi-Pasteur Vaccines	Quadrivalent Influenza Vaccine (split virion, inactivated) ▼ **	Split virion Inactivated virus	From three years
	Inactivated Influenza Vaccine (Split Virion) BP*	Split virion, inactivated virus	From six months
	Intanza®15 µg	Split virion, inactivated virus	60 years of age and over
Seqirus Vaccines Ltd	Agrippal®	Surface antigen, inactivated virus	From six months

* On national contract. Please order via OM Movianto

** On national contract. Please order via local NHS Board Vaccine Holding Centre

Uptake Rates in 2016-17

1. Provisional data for 2016-17 suggests uptake rates of:
 - 72.8% in people aged 65 years and over, (compared with 74.5% in 2015-16 and 76.3% in 2014-15);
 - 44.9% in under 65's at-risk, (compared with 48.0% in 2015-16 and 54.0% in 2014-15);
 - 61.5% in pregnant women (with other risk factors), compared with 61.5% in 2015-16 and 65% in 2014-15; and
 - 49.3% in pregnant women (without other risk factors), compared with 49.9% in 2015-16 and 49.5% in 2014-15
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 GP practices wish to make use of them. These will be available to download from Health Scotland’s website at www.healthscotland.com/flu.

Aged 65 and over

4. As in previous years the Scottish Government will arrange for a national call-up letter to be sent to all those who will be aged 65 years and over by 31 March 2018. These letters will be delivered w/c 25/9/17 and 29/9/17.

Pneumococcal Immunisation

5. Health professionals are reminded that they should check the vaccination status of those eligible for pneumococcal immunisation when such people receive the influenza vaccine. A new leaflet is available and can be accessed here www.immunisationscotland.org.uk/pneumococcal from 1 September 2017. GP practices will be provided with supplies of the leaflet along with the flu resources from week commencing 4 September 2017.

Contractual Arrangements

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

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. **Vaccination against flu should be considered an integral component of standard infection control procedures.** 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.

9. Social care providers and independent primary care providers such as GP, dental and optometry practices, and community pharmacists, should also arrange vaccination of their staff.

10. **Uptake of seasonal flu vaccination by health care workers continues to be low in Scotland and throughout the UK (35.3% in territorial boards).** 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 in helping to reduce the potential for the spread of flu as a result of accepting the offer of the vaccine.

11. 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 and workforce education

12. A range of communication and workforce materials 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/flu>)
- Educational Resources for health professionals at (<http://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/public-health/health-protection/seasonal-flu.aspx>).

13. Information leaflets and posters will again be made available to GP practices to support the programme and help inform/raise awareness of the vaccine with the public. The distribution of public facing materials to GP practices, will start the week commencing 4 September 2017.

14. The Seasonal Flu information leaflets are available also in a range of other languages to download from www.immunisationscotland.org.uk/flu. NHS Health Scotland is happy to consider requests for other languages and formats. Please contact 0131 314 5300 or email nhs.healthscotland-alternativeformats@nhs.net.

15. Helpful guidance and tools/ways to raise awareness/support the offer of the flu vaccine to Healthcare Workers has been produced and can be found online at www.healthscotland.com/flu. The information will be available to view online and use from September 2017.

Vaccine Composition for 2017-18

16. Each year the 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. For the 2017-18 flu season (northern hemisphere winter) it is recommended that trivalent vaccines contain the following strains-:

- an A/Michigan/45/2015 (H1N1)pdm09-like virus;
- an A/Hong Kong/4801/2014 (H3N2)-like virus;
- a B/Brisbane/60/2008-like virus.

18. 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, and the full report, please see http://www.who.int/influenza/vaccines/virus/recommendations/2017_18_north/en/.