Directorate of Chief Medical Officer and Public Health

T: 0131-244 6910 F: 0131-244 2157
E: Gareth.Brown@scotland.gsi.gov.uk

The Scottish Government

Dear Colleague

SEASONAL INFLUENZA VACCINATION PROGRAMME 2012-13

1. The purpose of this letter is to set out the arrangements for the 2012-13 seasonal influenza vaccination programme.

Seasonal Flu Programme 2011-12

2. Colleagues across the NHS have again worked hard to attain very good vaccination uptake rates. Data from Practitioner Services Division indicates that in people aged 65 and over an uptake rate of 76.6% was achieved, the fourth successive year that the target of 75% for this group has been met.

3. Data from Practitioner Services Division for the under 65 at-risk group indicates an uptake of 59.7%. This is the highest ever uptake rate in this group – slightly higher than last year, and the fourth year that uptake has exceeded the 50% mark. However we are still someway off the target of 75%.

4. Vaccination uptake rates for pregnant women reached 39.6% for those without other risk factors, and 60% for those with other risk factors. These figures are lower than last year, but may be partially explained by an increased accuracy of recording of pregnancy denominator data. We also recognise that pregnant women may have particular concerns about the vaccine and that will inform decision making about whether or not to be vaccinated. We should continue to work hard to ensure that we are communicating the benefits of the vaccine, and making it as easily accessible as possible women to ensure we can immunise as many pregnant women as possible.

5. As ever, we are very appreciative of all the efforts of GPs, community pharmacists, practice staff, midwives, NHS Board staff and other colleagues in delivering the seasonal flu programme.

From the Chief Medical Officer
Chief Nursing Officer
Chief Pharmaceutical Officer
Sir Harry Burns MPH FRCS(Glas) FRCP(Ed) FFPH
Ros Moore RGN, RNT, BSc (Hons) Nursing, MA
Professor Bill Scott BSc MSc FRPharmS

9 July 2012

SGHD/CMO(2012)6

For action
Chief Executives, NHS Boards
Medical Directors, NHS Boards
Directors of Nursing & Midwifery, NHS Boards
Directors of Pharmacy
Directors of Public Health
General Practitioners
Practice Nurses
Immunisation Co-ordinators
CPHMs
Scottish Prison Service
Scottish Ambulance Service

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

Further Enquiries

Policy Issues

Gareth Brown
3EN, St Andrew's House
Gareth.Brown@scotland.gsi.gov.uk

Medical Issues

Dr Nicola Steedman
2N.13, St Andrew's House
Nicola.steedman@scotland.gsi.gov.uk

Pharmaceutical and Vaccine Supply

William Malcolm
Health Protection Scotland
W.malcolm@nhs.net

Details of the Seasonal Flu Programme 2012-13

6. The seasonal flu programme for 2012-13 will commence in early October.

7. Full details of the various elements of the programme for 2012-13 are outlined in the following Annexes:

Annex A: Vaccine issues
Annex B: Details of groups eligible for seasonal flu vaccination
Annex C: Vaccination of pregnant women
Annex D: Vaccination of health and social care staff
Annex E: Communications
Annex F: Contractual Issues

8. There are no significant policy changes for the coming flu season compared with last year. The key points of note are as follows:

- Uptake targets for 65 years and above group and the under 65 at-risk population will remain at 75%, in line with World Health Organisation targets.
- All pregnant women, at any stage of pregnancy, remain eligible for vaccination (see Annex C).
- We expect that an egg-free vaccine will be available this season (see Annex A).
- NHS Boards and staff are asked to ensure that all front-line staff are offered the seasonal flu vaccine. Chief Executives will be asked shortly to identify a seasonal flu **staff vaccination champion** in each NHS hospital in Scotland. The role of these champions will be to ensure that vaccine is available, and that staff recognise their responsibilities to protect themselves and their patients. (see Annex D)
- We await final confirmation of the vaccine dosage schedule as per the Green Book Chapter. The Department of Health (DH) aim to publish an updated influenza chapter on the DH website shortly and we will communicate this as soon as it is available.

Monitoring Vaccine Uptake: Data Extraction

9. As in previous years, Health Protection Scotland (HPS) will take the lead in monitoring vaccine uptake on behalf of the Scottish Government. This will be primarily managed by extracting uptake information from GP systems. Uptake rates will be published on a weekly basis within the HPS weekly report. Additionally, NHS Boards will be able to access specific uptake data down to individual practice level from the HPS seasonal influenza vaccine uptake microsite. The data made available will include vaccine uptake by week in the season 2012/13 as compared to prior seasons at the board level, to allow NHS Boards to monitor the success of their strategy to increase uptake.

10. The 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 GP practice 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/ .

11. In achieving the target for those under the age of 65 it is important to ensure that the size of the populations at risk – i.e. the denominators of the population who are to be offered vaccination – is accurately and consistently described and that mechanisms are put in place to ensure their validity.

12. To this end, at the end of the year **GP practices are requested to send to Practitioner Services Division a single figure for the total number of people under the age of 65 who are in at risk groups within their practice area. (The denominator figure for per centage uptake calculations.)** This will be used for statistical purposes and is important as this information allows HPS to validate the estimated uptake figures collected throughout the influenza season for those under the age of 65 in at risk groups.

13. For further information regarding the HPS vaccine monitoring programme please contact nss.hpsflu@nhs.net.

Call and Recall of Under 65 At-Risk

14. GP practices are reminded that they are required to develop a proactive and preventative approach to offering immunisations by adopting robust call and reminder systems to contact all at-risk patients. Recent experience has clearly indicated that call and recall by way of a letter from GP practices can have a very positive impact on vaccine uptake. We would encourage all GP practices to provide call and recall, particularly for the under 65 years at risk group, by way of a letter. Template letters will be available as part of the marketing campaign, if practices wish to make use of them.

15. 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 as normal.

Planning Activity

16. Colleagues are reminded of the importance of planning for vaccination early in the season, to ensure that as many of the at risk population as possible can be protected before viruses begin circulating. **Although uptake rates have improved in recent years, a significant proportion of individuals are not being vaccinated until late in the year and after flu viruses are circulating**. Our aim should be to get as many people as possible vaccinated before the end of November. The target date forms part of the DES directions.

Action

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

18. 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.

Yours sincerely

Harry Burns *Ros Moore* *Bill Scott*

Sir Harry Burns **Ros Moore** **Professor Bill Scott**
Chief Medical Officer **Chief Nursing Officer** **Chief Pharmaceutical Officer**

Annex A

SEASONAL INFLUENZA VACCINATION PROGRAMME: 2012-13

Vaccine Supply

1. NHS Circular PCA(P) (2012)1/PCA(M) (2012)1, which was issued on 11 January 2012 (available at: http://www.sehd.scot.nhs.uk/pca/PCA2012(P)01(M)01.pdf sets out arrangements for the ordering of vaccine for the 2012-13 seasonal flu programme. Other than an update to the drug arrangements for 2012-13 are identical to 2011-12.

2. Community pharmacy contractors should have completed the processing of orders by 2 March 2012 at the latest**.** Any contractors who have not yet placed vaccine orders or GPs 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.

Influenza vaccine composition for 2012-13

3. 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.

4. The WHO recommendation for composition of influenza vaccine (northern hemisphere) for the season 2012-13 is:

- A/California/7/2009 (H1N1)pdm09-like virus;
- A/Victoria/361/2011 (H3N2)-like virus*; and
- B/Wisconsin/1/2010-like virus *

***** different component to that in the 2011/12 season vaccines.

Vaccine Suppliers

5. The table on the following page sets out the vaccine manufacturers that have indicated they will be supplying the UK market during the coming.

6. Community pharmacy contractors are the main source of flu vaccine to GPs, 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 GPs 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.

7. Novartis Vaccines has confirmed that it is their intention to market **an egg free, trivalent seasonal flu vaccine** called Optaflu for the 2012-13 season. The vaccine is a surface antigen, inactivated vaccine prepared in cell cultures rather than in hen's eggs and therefore is not contraindicated in individuals with a confirmed egg allergy. The vaccine is licensed for those aged 18 years and over.

8. Advice from the Green Book on managing patients with egg allergies should be followed.

(http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_127082.pdf)

Supplier	Name of product	Vaccine Type	Age indications	Contact details
Abbott Healthcare	Influvac®	Surface antigen, inactivated	From 6 months	0800 358 7468
	Imuvac®	Surface antigen, inactivated	From 6 months	
AstraZeneca UK Ltd	FLUENZ ▼	Live attenuated, nasal	From 24 months to less than 18 years of age	0845 139 0000
Crucell UK	Viroflu®	Surface antigen, inactivated	From 6 months	0844 800 3907
	Inflexal®V	Surface antigen, inactivated	From 6 months	
GlaxoSmithKline	Fluarix®	Split virion inactivated virus	From 6 months	0800 221 441
MASTA	Imuvac®	Surface antigen, inactivated	From 6 months	0113 238 7500 (option 1)
	Inactivated Influenza Vaccine (Split Virion) BP	Split virion, inactivated virus	From 6 months	
Novartis Vaccines	Agrippal®	Surface antigen, inactivated	From 6 months	08457 451 500
	Fluvirin®*	Surface antigen, inactivated	From 4 years	
	Optaflu®	Surface antigen, inactivated, prepared in cell cultures	From 18 years	
Pfizer Vaccines	CSL Inactivated Influenza Vaccine	Split virion Inactivated virus	From 5 years	T: 0800 089 4033
	Enzira®	Split virion Inactivated virus	From 5 years	
Sanofi Pasteur MSD	Inactivated Influenza Vaccine (Split Virion) BP	Split virion, inactivated virus	From 6 months	0800 085 5511
	Intanza® 9 µg	Split virion, inactivated virus	From 18 years - 59 years	
	Intanza®15 µg	Split virion, inactivated virus	From 60 years	

None of the influenza vaccines for the 2012/13 season contain thiomersal as an added preservative. *This vaccine states in its Summary of Product Characteristics (SPC) that it contains traces of thiomersal that are left over from the manufacturing process.

Vaccine Safety

9. The Medicines and Healthcare products Regulatory Agency (MHRA) monitors the safety of influenza vaccine. If a doctor, nurse, pharmacist or patient suspects that an adverse reaction to a flu vaccine has occurred, it should be reported to the Commission on Human Medicines (CHM) using the Yellow Card spontaneous reporting scheme (www.yellowcard.gov.uk).

Contingency stock

10. As in previous years the Scottish Government will 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 last year's CMO letter SGHD/CMO/(2010)19. This can be viewed at http://www.sehd.scot.nhs.uk/cmo/CMO(2010)19.pdf

Annex B

SEASONAL INFLUENZA VACCINATION PROGRAMME: 2012-13

The seasonal flu vaccine should be offered to the eligible groups set out in the table below.

Eligible groups	Further detail
All patients aged 65 years and over	
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, nephrotic syndrome, kidney transplantation.
Chronic liver disease aged six months or older	Cirrhosis, biliary artesia, chronic hepatitis
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 consider on an individual basis the clinical needs of patients including individuals with cerebral palsy, multiple sclerosis and related or similar conditions; or hereditary and degenerative disease of the nervous system or muscles; or severe neurological 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. Asplenia or splenic dysfunction, HIV infection at all stages. 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).
Pregnant women	Pregnant women at any stage of pregnancy (first, second or third trimesters).
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	Does not include 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.

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. Trivalent seasonal flu vaccine should 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: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_079917

Annex C

SEASONAL INFLUENZA VACCINATION PROGRAMME: 2012-13

Vaccination of pregnant women

1. There is good evidence that pregnant women are at increased risk from complications if they contract flu.

2. **All pregnant women** are recommended to receive the seasonal flu vaccine irrespective of their stage of pregnancy in the 2012-13 flu season (and irrespective if they had it in previous years for previous pregnancies). NHS Boards should ensure local arrangements are in place for midwives to notify practices of all women attending for maternity care.

3. There is good evidence that pregnant women are at increased risk from complications if they contract flu[1,2]. In addition, there is evidence that flu during pregnancy may be associated with premature birth and smaller birth size and weight[3,4] and that flu vaccination may reduce the likelihood of prematurity and smaller infant size at birth associated with influenza infection during pregnancy.[5] Furthermore, a number of studies show that flu vaccination during pregnancy provides passive immunity against flu to infants in the first few months of life.[6,7,8,9]

4. A review of studies on the safety of flu vaccine in pregnancy concluded that inactivated flu vaccine can be safely and effectively administered during any trimester of pregnancy and that no study to date has demonstrated an increased risk of either maternal complications or adverse foetal outcomes associated with inactivated influenza vaccine.[10]

5. Seasonal flu vaccination is usually carried out between October and March and it would be unusual to carry on vaccinating after that date. There is no expectation that pregnant women – or anyone in any other risk group – should be vaccinated beyond this date.

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[1] Neuzil KM, Reed GW, Mitchel EF *et al.* (1998) Impact of influenza on acute cardiopulmonary hospitalizations in pregnant women. *Am J Epidemiol.* 148: 1094-102.
[2] Pebody R *et al.* (2010) Pandemic influenza A (H1N1) 2009 and mortality in the United Kingdom: risk factors for death, April 2009 to March 2010. *Eurosurveillance* 15(20): 19571.
[3] Pierce M, Kurinczuk JJ, Spark P *et al.* (2011) Perinatal outcomes after maternal 2009/H1N1 infection: national cohort study. *BMJ.* 342: d3214
[4] McNeil SA, Dodds LA, Fell DB *et al.* (2011) Effect of respiratory hospitalization during pregnancy on infant outcomes. *Am J Obstet Gynecol.* 204: (6 Suppl 1) S54-7.
[5] Omer SB, Goodman D, Steinhoff MC *et al.* (2011) Maternal influenza immunization and reduced likelihood of prematurity and small for gestational age births: a retrospective cohort study. *PLoS Med.* 8: (5) e1000441
[6] Benowitz I, Esposito DB, Gracey KD *et al.* (2010) Influenza vaccine given to pregnant women reduces hospitalization due to influenza in their infants. *Clin Infect Dis*. 51: 1355-61.
[7] Eick AA, Uyeki TM, Klimov A, *et al*. (2010) Maternal influenza vaccination and effect on influenza virus infection in young infants. *Arch Pediatr Adolesc Med*. 165: 104-11.
[8] Zaman K, Roy E, Arifeen SE *et al*. (2008) Effectiveness of maternal influenza immunisation in mothers and infants. *N Engl J Med*. 359: 1555-64.
[9] Poehling KA, Szilagyi PG, Staat MA *et al.* (2011) Impact of maternal immunization on influenza hospitalizations in infants. *Am J Obstet Gynecol.* 204: (6 Suppl 1) S141-8.
[10] Tamma PD, Ault KA, del Rio C, Steinhoff MC *et al*. (2009) Safety of influenza vaccination during pregnancy. *Am. J. Obstet. Gynecol*. 201(6): 547-52.

Annex D

SEASONAL INFLUENZA VACCINATION PROGRAMME: 2012-13

Influenza immunisation for health and social care staff

1. 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 should also consider vaccination of staff.

2. Chapter 12 of the Green Book provides information on what groups of staff can be considered as directly involved in delivering care, but examples might include:

- clinicians, midwives and nurses, paramedics and ambulance drivers;
- occupational therapists, physiotherapists and radiographers;
- primary care providers such as GPs, practice nurses, district nurses and health visitors;
- dentists, dental nurses, therapists or hygienists
- social care staff working in care settings;
- pharmacists, both those working in the community and in other clinical settings.

3. Students and trainees in these disciplines and volunteers who are working with patients should also be included. This is not an exhaustive list and decisions to provide immunisation should be based on local assessment of likely risk and exposure.

Rationale for Vaccination

4. 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, their patients, and the NHS as a result accepting the offer of the vaccine.

5. Flu outbreaks can arise in health and social care settings with both staff and their patients/clients being affected when flu is circulating in the community. It is important that health professionals protect themselves by having the flu vaccine, and, in doing so, they reduce the risk of spreading flu to their family members.

6. Vaccination of healthcare workers against flu significantly lowers rates of flu-like illness, hospitalisation and mortality in the elderly in healthcare settings. [1,2,3,4] Vaccination of staff in social care settings may provide similar benefits. Flu immunisation of healthcare workers with direct patient contact and social care staff may reduce the transmission of

[1] Potter J, Stott DJ, Roberts MA, Elder AG, O'Donnell B, Knight PV and Carman WF (1997) The influenza vaccination of health care workers in long-term-care hospitals reduces the mortality of elderly patients. *Journal of Infectious Diseases* **175**: 1-6.
[2] Carman WF, Elder AG, Wallace LA, McAulay K, Walker A, Murray GD and Stott DJ. (2000) Effects of influenza vaccination of healthcare workers on mortality of elderly people in long term care: a randomised control trial. *The Lancet* **355**: 93-7.
[3] Hayward AC, Harling R, Wetten S, Johnson AM, Munro S, Smedley J, Murad S and Watson JM (2006) Effectiveness of an influenza vaccine programme for care home staff to prevent death, morbidity, and health service use among residents: cluster randomised controlled trial. *British Medical Journal* doi:10.1136/bmj.39010.581354.55 (published 1 December 2006)
[4] Lemaitre M, Meret T, Rothan-Tondeur M, Belmin J, Lejonc J, Luquel L, Piette F, Salom M, Verny M, Vetel J, Veyssier P and Carrat F (2009) Effect of influenza vaccination of nursing home staff on mortality of residents: a cluster randomised trial. *Journal of American Geriatric Society* **57**: 1580-6

infection to vulnerable patients, some of whom may have impaired immunity that may not respond well to immunisation.

7. Vaccination of frontline workers also helps reduce the level of sickness absences and can help ensure that the NHS and care services are able to continue operating over the winter period. This is particularly important when responding to winter pressures, and winter planning should seek to take account of the importance of staff vaccination across the NHS.

Setting Targets and Monitoring Uptake

8. In line with last year, **we would encourage NHS Boards to vaccinate around 50% of front line staff** – particular priority should be given to staff working in areas where patients might be at particularly high risk (paediatric, oncology, maternity; care of elderly; haematology; ITUs).

9. To gauge the seasonal flu vaccination uptake amongst front line staff across all NHS Boards, we recently conducted a survey concentrated on one of the areas where patients might be at particularly high risk, (haematology wards) and where we last year asked for 50% or more of staff to be vaccinated. Not all NHS Boards provided a response to this request but the information received so far indicates that uptake has not reached the 50% in these clinical areas. In many parts of the country a proportion of staff have refused vaccination when it has been offered.

10. Additionally, Health Protection Scotland collected information on uptake of vaccine by staff across the NHS in Scotland. Although there were a number of caveats/issues with this data (due to differences in data systems between NHS Boards), the information collected suggested that **uptake in all staff was 30.4%.** (weighted mean according to population within each Health Boards). HPS will continue to request information on staff vaccination uptake, and a template for this will be agreed through the Flu Forum Group.

Staff Vaccination Champions

11. It is clear that communication is vital to promoting uptake of vaccine by staff. Our survey has shown that many staff are choosing not to be vaccinated rather than being unable to access the vaccine. This reinforces the importance of ensuring staff have access to up-to-date information about the risks and benefits of seasonal flu vaccine, and that employers are promoting vaccination as a positive choice.

12. For these reasons, the Chief Medical Officer has written to NHS Chief Executives with a request that each NHS hospital in Scotland identifies a **seasonal flu staff vaccination champion** to promote and support the vaccination of staff. These individuals will be identified over the coming weeks, and they will be provided with support from Health Protection Scotland, the Immunisation Coordinators, and from the Scottish Government, to ensure that they have the skills and knowledge to raise awareness and answer any questions staff may have in relation to the vaccine. Experience in other parts of the UK – in particular in the Birmingham Children's Hospital – has shown that the appointment of a champion to promote the vaccination can help increase and maintain levels of uptake over a number of seasons.

Communications

13. To support local efforts to raise awareness of the vaccine, NHS Boards should consider sending personal letters to NHS staff inviting them to attend a specific clinic at/near to their place of work. The purpose of the invitations is not only to organise clinics but to

encourage individuals to consider having the vaccine and to make a decision. In one NHS Board with particularly good levels of uptake, invitations are sent out 2 weeks before commencement of the campaign to raise awareness within the organisation. Specific advertising is used to support letters.

14. It is important to communicate to all staff that the potential consequences of getting influenza due to not being immunised are:

I. **Personal** - Influenza is not a minor illness even in normally fit people. It makes people feel extremely unwell for 2 to 3 days and full recovery normally takes a week. Even fit and healthy people can develop more serious consequences and can require hospitalisation.

II. **Patients –** Staff incubating or even suffering from flu can unintentionally pass this on to patients they are looking after. If the patients are ill, elderly or suffering from a variety of chronic conditions this can lead to serious illness and even death. We should be doing everything possible to prevent healthcare workers infecting patients.

III. **Service Continuity –** If large numbers of staff require a week off work with flu, the service's ability to keep looking after ill patients is severely curtailed with the likelihood of ward closures, cancelled operations and cancelled clinics.

15. National information and awareness raising materials will be available in early September to support NHS Boards promoting vaccination to their staff **(see Annex E).**

Planning Delivery

16. Clinics should, as far as possible, be arranged at the place of work and should include clinics during early, late and night shifts, at convenient areas throughout the Board area. Clinics should be run efficiently with administrative support to deal with paperwork, to manage staff and data collection. This will result in staff having quick, easy access to the vaccine.

17. Drop-in clinics should also be considered for staff unable to make their designated appointment or who may have changed their mind.

Vaccination in non-NHS Organisations

18. For non-NHS organisations, responsibility for provision of occupational influenza immunisation rests with employers. Immunisation should be provided through occupational health services or other arrangements with private health care providers. It is vital that health and social care staff not only protect themselves against seasonal flu, but recognise the importance of protecting patients in their care and their professional responsibility.

19. It is recommended that NHS independent contractors (GPs, Dentists, Community Pharmacists and Optometrists) consider vaccination of their employed staff, and responsibility for this lies with employers as above. Contractors themselves should also be vaccinated.

20. Vaccine for staff should not be used at the expense of vaccine for 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 by their NHS Board or by employers to provide this service.

21. Occupational health services are recommended to keep records of staff who have been immunised. The information should also be sent to GP practices, with the patient's permission, to update their patient records. It is important that accurate and up to date information on vaccine uptake in staff is available for boards to monitor uptake in their staff.

Annex E

SEASONAL INFLUENZA VACCINATION PROGRAMME: 2012-13

Publicity and information materials

1. As usual, the Scottish Government will deliver a national marketing and awareness raising campaign to at risk groups to promote uptake of the vaccine. It is anticipated that the programme will commence at the same time as the vaccination programme is launched in early October 2012.

2. All marketing material will be made available to support health professionals within NHS Boards running local flu campaigns. NHS Health Scotland have taken over the responsibility for the printing and distribution of the seasonal flu marketing materials, which will be distributed in early September to ensure that colleagues have enough time to display information and to prepare for the programme.

3. Although all elements of the campaign are still to be finalised, at present we anticipate that the following materials will be available:

- a public information leaflet containing key messages for all risk groups
- a poster for all risk groups
- an information leaflet specifically for pregnant women
- a poster specifically targeted at pregnant women
- an information leaflet specifically for health and social care workers
- a poster specifically for health and social care workers

4. In addition to these materials the marketing campaign is also likely to include radio and television advertising, and PR activities with local and national media.

5. Further information and resources will also be available to view and download on the Immunisation Scotland website in due course: http://www.immunisationscotland.org.uk/

6. In addition to these promotional materials for those eligible for vaccination, we will also update the **professional FAQ** document that will be available ahead of the start of the season on the HPS website. This document will seek to address the most common questions from professionals about vaccines, risk groups and seasonal flu. We will seek to update the document during the season to take account of any emerging issues. Q&A materials which were provided health professionals and pregnant women last year will be updated and redistributed.

7. The Influenza chapter of the *Immunisation against Infectious Disease* (the 'Green Book') is available, should you wish to refer to it at any time. The chapter reflects the latest JCVI advice and also provides additional useful information on managing individuals with egg allergies. The chapter is available at the following link: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_127082.pdf

SEASONAL INFLUENZA VACCINATION PROGRAMME: 2011-12

Contractual Arrangements

1. When community pharmacists and dispensing doctors place orders for the vaccine they estimate the amount they need directly with the manufacturers, negotiating prices themselves. NHS Circular PCA(P) (2012)1/PCA(M) (2012)1 which was issued on 11 January 2012, and is available at http://www.sehd.scot.nhs.uk/pca/PCA2012(P)01(M)01.pdf which set out the arrangements for ordering of vaccine for the 2012-13 season and details reimbursement and remuneration arrangements. Other users, such as NHS Boards (for occupational immunisation) are responsible for their own supplies.

2. As part of the arrangements for annual influenza immunisation scheme, each NHS Board must establish an influenza immunisation scheme and may enter into arrangements with a primary medical services contractor to provide immunisation to at-risk patients in line with national guidelines.

3. The current Directed Enhanced Service (DES) and associated Directions which require Boards to set up an Influenza and Pneumococcal Immunisation Scheme were issued on 23 September 2011 (Circular PCA(M)(2011)14) and 5 April 2012 (PCA(M)(2012)4). These can be found online at: http://www.show.scot.nhs.uk/sehd/pca/PCA2011(M)14.pdf and http://www.sehd.scot.nhs.uk/pca/PCA2012(M)04.pdf The DES applies **to all groups recommended by the JCVI and accepted nationally** (i.e. flu and pneumococcal immunisation payment will be available for immunising those aged 65 and over and also flu immunisation for those aged under 65 and in an at risk group).

4. The Primary Medical Services (Directed Enhanced Services) (Scotland) Directions 2012 require Health Boards to ensure that contractors providing this service develop and maintain registers of all the at risk patients to whom the contractor is to offer immunisation. Payment arrangements under the scheme will apply to at risk patients who are immunised against flu, by 31 March in the relevant financial year. For payment purposes, the flu immunisation programme will operate from 1 August to 31 March in the relevant financial year. Pneumococcal payments will be made throughout the period 1 April to 31 March of the relevant financial year (as it is undertaken throughout the year, unlike flu immunisation).