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Dear Colleague

SEASONAL FLU VACCINATION PROGRAMME 2019/20

1. This letter sets out the arrangements for the 2019/20 seasonal flu vaccination programme in adults aged 65 years and over and those aged under 65 years with an “at-risk” health conditions. A separate letter is available for the childhood flu vaccination programme ([SGHD/CMO\(2019\)10](#)).
2. The key points of note for the 2019/20 seasonal flu vaccination programme are as follows:
 - all adults aged 65 years and over will receive either an adjuvanted trivalent inactivated flu vaccine (aTIV) or a cell based quadrivalent inactivated vaccine (QIVc).
 - those aged 18-64 years with an “at-risk” condition, as well as pregnant women (at all stages of pregnancy), will receive either a cell based quadrivalent inactivated flu vaccine (QIVc) or an egg based quadrivalent inactivated flu vaccine (QIVe). There are no changes to the clinical at-risk groups.
 - The uptake target for both the 65 years and over group, and the under 65’s “at-risk” group remains at 75% in line with World Health Organisation (WHO) targets.
 - A number of NHS Boards and Health and Social Care Partnerships (HSCP) are piloting delivery of the flu vaccine this year to a small proportion of eligible adults. NHS Boards and HSCPs will be in touch with those GP practices affected. GP practices retain responsibility for vaccinating this group unless specifically agreed with the local HSCP.
 - Healthcare workers will be offered egg based quadrivalent inactivated flu vaccine (QIVe).
 - The uptake target for healthcare workers remains at 60%. All efforts should be made to make the vaccine available at times and places that are convenient for staff.
 - NHS National Procurement will act as a link between GP practices and OM Movianto to ensure any potential allocation or delivery issues can be minimised and swiftly resolved (see paragraph 22 for more detail).

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

26 August 2019

SGHD/CMO(2019)11

For action

Chief Executives, NHS Boards
Medical Directors, NHS Boards
Nurse Directors, NHS Boards
Primary Care Leads, NHS Boards
Directors of Nursing & Midwifery,
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Chief Officers of Integration
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Practice Nurses
Immunisation Co-ordinators
CPHMs
Scottish Prison Service
Scottish Ambulance Service
Occupational Health Leads
Health and Social Care
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For information

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3. Further details about the composition, supply, ordering and delivery arrangements of the flu vaccine are available at [Annex A](#). Eligibility for the flu vaccine is set out in [Annex B](#). Contractual arrangements and further information can be found in [Annex C](#). Finally, [Annex D](#) contains the communications materials and educational resources developed to support the 2019/20 seasonal flu vaccination programme.

Action

4. NHS Boards, and in particular primary care teams, are asked to note and implement the arrangements outlined in this letter for the 2019/20 seasonal flu vaccination programme.
5. It is important that every effort is made this year to ensure high uptake, the programme is anticipated to have sufficient vaccine procured to support this, 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. System wide resource should be aligned to help ensure good uptake rates. 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. The benefits of flu vaccination amongst all eligible groups should be communicated and vaccination made as easily accessible as possible.
6. We strongly encourage all NHS staff to be 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 60% of front line staff and all 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 fully understand the role flu vaccination plays in preventing transmission of the flu virus. Nationally produced resources to support the promotion of the flu vaccine for Healthcare Workers will be available at: www.healthscotland.scot/flu/hcw from mid-September 2019.
7. Health Protection Scotland are tasked with the monitoring of influenza like illness and acute respiratory infection rates, seasonal flu vaccine uptake and the assessment of the health service impact of the vaccination programme. Your cooperation is essential in responding to data requests to support this activity.
8. Thank you for your continuing support in delivering this important vaccination programme.

Yours sincerely,

Catherine Calderwood

Fiona McQueen

Rose Marie Parr

**Chief Medical Officer
Officer**

Chief Nursing Officer

Chief Pharmaceutical

FLU VACCINE: COMPOSITION, SUPPLY, ORDERING AND DELIVERY ARRANGEMENTS

Flu vaccines for 2019/20

9. The flu vaccines that have been procured for Scotland for the forthcoming flu season are in line with the recommendations of the Joint Committee on Vaccination and Immunisation (JCVI). Both of the vaccines purchased for those aged 65 years and over are considered by the JCVI to be equally effective. Likewise, the two vaccines purchased for those aged 18-64 years with “at risk” conditions are considered by the JCVI to be equally effective.
10. The vaccines that will be centrally procured for the 2019/20 flu vaccination 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.

| Individuals aged 65 years and over | Individuals aged 18-64 years with “at-risk” conditions | Healthcare workers |
|---|---|--|
| adjuvanted Trivalent Inactivated Vaccine (aTIV) (Fluad®) | cell based Quadrivalent Inactivated Vaccine (QIVc) (Flucelvax Tetra®) | egg based Quadrivalent Inactivated Vaccine (QIVe) (Sanofi) |
| cell based Quadrivalent Inactivated Vaccine (QIVc) (Flucelvax Tetra®) | egg based Quadrivalent Inactivated Vaccine (QIVe) (Sanofi and Mylan) | |

Vaccine composition for 2019/20

11. 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 flu outbreaks in the northern hemisphere in the coming winter. Getting vaccinated is the best protection available against an unpredictable virus that can cause severe illness.
12. For the 2019/20 flu season (northern hemisphere winter) it is recommended that quadrivalent vaccines contain the following strains-:
- an A/Brisbane/02/2018 (H1N1)pdm09-like virus;
 - an A/Kansas/14/2017 (H3N2)-like virus;
 - a B/Colorado/06/2017-like virus (B/Victoria/2/87 lineage); and
 - a B/Phuket/3073/2013-like virus (B/Yamagata/16/88 lineage).
13. It is recommended that the influenza B virus component of trivalent vaccines for use in the 2019/20 northern hemisphere flu season be a B/Colorado/06/2017-like virus of the B/Victoria/2/87-lineage. For further information and the full report please see:
https://www.who.int/influenza/vaccines/virus/recommendations/2019_20_north/en/

Ordering and delivery arrangements

14. Orders for the flu vaccine should be placed on the OM Movianto online ordering system - Marketplace: (<https://ommarketplace.co.uk/Orders/Home>). Log-in details used in previous seasons remain valid and should continue to be used. If you have any issues with log-in arrangements or if you have new staff who require access to the system please contact OM Movianto Customer Services on 01234 248 623 for assistance.
15. GP practices should plan appropriately and place the minimum number of orders needed, taking into consideration available fridge capacity. NHS Boards are charged for each delivery made to practices.
16. Practices must ensure adequate vaccine supplies before organising vaccination clinics.
17. When placing orders for the vaccines in Marketplace, practices should search for the type of vaccine required. For example, if vaccines are required for patients aged 18 to 64 these can be found in Marketplace by entering the search term “QIVc” or “QIVe” on the ‘Orders’ screen. If vaccines are required for patients aged 65 or over, these can be found by searching for “aTIV” or “QIVc”.
18. To make it simpler for front line staff in the coming season, NHS Boards will be allocated only one type of vaccine for those aged 65 years and over and one type of vaccine for those aged 18 – 64 years with risk conditions (see paragraph 19 below). NHS Boards will advise practices of the vaccine available to order in their Board area. If you are unsure which vaccine to order please contact your NHS Board Immunisation Coordinator (see paragraph 23).
19. Vaccines are available in either packs of 10 or single dose packs. On the ordering platform, please read the vaccine information carefully and order the number of packs required rather than the total volume of individual vaccines – for example, if the vaccine is available in packs of 10 and the practice wants to request a delivery of 500 vaccines, an order should be placed for 50 packs of 10. If the vaccine is only available in single dose packs then a practice requiring e.g. 30 vaccines should order 30 single dose packs.
20. Patient information leaflets for vaccines supplied in packs of 10 will be provided separately to the vaccines. These will be added to orders by OM Movianto.

Egg-free vaccine

21. As part of the national arrangements for ordering and distribution of vaccines for the forthcoming flu season, practices in each NHS board will routinely receive one type of vaccine suitable for use in those aged 65 years and over, and one type of vaccine for those aged 18-64 years with “at risk” conditions. The consequence of this is that some NHS boards will not receive cell based Quadrivalent Inactivated Vaccine (QIVc - the egg free flu vaccine). Therefore, practices in these NHS Boards will be able to order a small quantity (maximum 50 doses) of QIVc to deal with clinical demand for individuals who are contraindicated to the egg based vaccines.

Further information and support

22. This year, a Procurement Officer within NHS National Procurement will act as a link between GP practices and OM Movianto to ensure any potential allocation or delivery issues can be minimised and swiftly resolved. Contact details for the Procurement Officer are as follows: NSS.fluvaccineenquiries@nhs.net

23. 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 NHS National Procurement (contact details as above) in the first instance and thereafter the Immunisation Co-ordinator within the NHS Board. If you require contact details for your NHS Board Immunisation Coordinator please email immunisationprogrammes@gov.scot

FLU VACCINE: ELIGIBILITY

24. 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 childhood flu CMO letter for the 19/20 programme has further details. |
| All patients aged 65 years and over | “Sixty-five and over” is defined as those aged 65 years and over on 31 March 2020. |
| 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.

25. 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.

Immunisation against Infectious Disease ('The Green Book')

26. Further guidance on the list of eligible groups can be found in the updated influenza chapter (chapter 19) of the Green Book available at:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/796886/GreenBook_Chapter_19_Influenza_April_2019.pdf

Pregnant women

27. A number of NHS Boards and HSCPs will be delivering flu vaccine for pregnant women through maternity services this year. NHS Boards and HSCPs will advise locally if that is the case and what arrangements need to be made to refer patients. GP practices retain responsibility for vaccinating this cohort unless specifically agreed with the local HSCP.

Call and recall of patients under 65 years “at-risk”

28. 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.scot/flu

Call and recall of patients aged 65 and over

29. 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 2020. These letters will be delivered from w/c 30 September 2019.

Vaccination of health and social care staff

30. Vaccination against flu should be considered an integral component of standard infection control procedures. As in previous years, free seasonal flu vaccination 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 the NHS as their employers.

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

32. Chapter 12 of the Green Book provides information on what groups can be considered as directly involved in delivering care and is available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/147882/Green-Book-Chapter-12.pdf

33. Uptake of seasonal flu vaccination by health care workers continues to be below the CMO target - in 2018/19 in Scotland this was 51.2% in territorial boards compared with a target of 60%. 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.

34. Helpful guidance and a toolkit to raise awareness and support the offer of the flu vaccine to Healthcare Workers has been produced and can be found online from September 2019 at: www.healthscotland.scot/flu/hcw

CONTRACTUAL ARRANGEMENTS AND FURTHER INFORMATION

Contractual arrangements

35. For information on payments associated with the seasonal flu and pneumococcal vaccines please see the forthcoming circular from Primary Care Division, Scottish Government.

Vaccine effectiveness

36. Provisional data on the UK end seasonal influenza vaccine effectiveness in the 2018/19 season in primary care has recently been published and is available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/807472/Surveillance_of_influenza_and_other_respiratory_viruses_in_the_UK_2018_to_2019-FINAL.pdf.

37. It demonstrates evidence of overall significant influenza VE in 2018/19, most notably against the dominant influenza strain last season (influenza A(H1N1)pdm09), but as seen in 2017 to 2018, there was reduced VE against influenza A(H3N2). Adjuvanted TIV provided significant protection for those aged 65 and over. The provisional end-of-season aVE was 44.3% (95% CI: 26.8, 57.7) against all laboratory-confirmed influenza; 45.7% (95% CI: 26.0%, 60.1%) against influenza A(H1N1)pdm09 and 35.1% (95% CI: -3.7%, 59.3%) against A(H3N2). Overall aVE was 49.9% (95%CI: -13.7%, 77.9%) for those aged 65 and over and 62.0% (95% CI: 3.4%, 85.0%) for those who received aTIV. Overall aVE for 2-17 year olds receiving LAIV was 48.6% (95% CI: -4.4%, 74.7%).

Pneumococcal immunisation

38. Health professionals are reminded that they should check the vaccination status of those eligible for pneumococcal immunisation when such people receive the flu vaccine. An online leaflet is available and can be accessed at: www.nhsinform.scot/pneumococcalforadults.

Uptake Rates in 2018/19

39. It is important that every effort is made this year to ensure uptake is as high as possible. The benefits of flu vaccination amongst all eligible groups should be communicated and vaccination made as easily accessible as possible.

40. Provisional data for 2018/19 suggests uptake rates of:

- 73.7% in people aged 65 years and over, compared with 73.7% in 2017/8;
- 42.4% in under 65's at-risk, compared with 44.8% in 2017/18;
- 57.5% in pregnant women (with other risk factors), compared with 61.8% in 2017/18; and
- 44.5% in pregnant women (without other risk factors), compared with 48.1% in 2017/18

41. Information on vaccine uptake for this season and previous seasons can be found at: <https://www.hps.scot.nhs.uk/a-to-z-of-topics/influenza/>. For further information regarding the HPS vaccine uptake monitoring programme, please contact nss.hpsflu@nhs.net.

COMMUNICATIONS MATERIALS AND EDUCATIONAL RESOURCES

Communications materials

42. A range of communication and workforce materials including a national media campaign (TV, radio, press, digital and social media) and PR activities (national and local) relevant to the target audiences will be in place from October 2019. Digital media tools and resources for healthcare professionals and partners will also be available.
43. Information leaflets and posters will be made available to GP practices to support the programme and raise awareness of the vaccine with the public. Leaflets and posters will be available at: www.nhsinform.scot/flu. The distribution of public facing materials to GP practices will start the week commencing 16 September 2019.
44. The seasonal flu information leaflets are also available in a range of other languages and alternative formats to download from www.nhsinform.scot/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

Workforce educational resources for registered healthcare practitioners

45. NHS Education for Scotland in partnership with Health Protection Scotland and the Scottish Health Protection Network has produced educational resources for registered healthcare practitioners. These include training slides with notes (including sets for key changes for 19/20 programme, midwifery, healthcare workers and effectiveness relating to the 18/19 programme), background information resources for midwives and a flow chart outlining the requirements for each of the eligible groups. These can be found at: <https://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/public-health/health-protection/seasonal-flu.aspx>