



Dear Colleagues

ADULT FLU IMMUNISATION PROGRAMME 2020/21

1. We are writing to provide you with information about the adult seasonal flu immunisation programme.
2. We would like to begin by thanking you for all the hard work you are doing as part of the health and social care response to the global Covid-19 pandemic. We know that this has been an extremely challenging time for staff across the health and social care sector.
3. Given the impact of Covid-19 on the most vulnerable in society, it is imperative that we do all that we can to reduce the impact of seasonal flu on those most at risk. It is therefore essential that we have effective plans in place to deliver the flu immunisation programme this winter to protect those at risk, prevent ill health in the population and minimise further impact on the NHS and social care services.

Planning

4. We recognise that delivering the programme this year will be more challenging than ever before because of the impact of Covid-19 on our health and social care sector. We are working through the Scottish Immunisation Programme Group to develop guidance on vaccination service delivery to ensure that all who will benefit most from the flu vaccine will have the opportunity to receive it in a timely manner while maintaining good Infection Prevention & Control practices and appropriate physical distancing. The provision of appropriate Personal Protective Equipment (PPE) to those involved in the delivery of the flu vaccination programme will also form an important part of the programme planning. Please refer to the Covid-19 guidance available at: <https://www.hps.scot.nhs.uk/a-to-z-of-topics/covid-19/infection-prevention-and-control-ipc-guidance-in-healthcare-settings/#title-container>.

**From Chief Medical Officer
Chief Nursing Officer
Chief Pharmaceutical Officer**

Dr Gregor Smith
Professor Fiona McQueen
Professor Rose Marie Parr

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For action

Chief Executives, NHS Boards
Medical Directors, NHS Boards
Nurse Directors, NHS Boards
Primary Care Leads, NHS Boards
Directors of Nursing & Midwifery, NHS Boards
Chief Officers of Integration Authorities
Chief Executives, Local 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

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5. While General Practice will have an essential role to play in the flu immunisation programme, its capacity is likely to be substantially constrained by the need to maintain good Infection Prevention & Control practices and appropriate physical distancing measures. As set out in John Connaghan's letter of 14 May, flu immunisation preparation is a key clinical priority for Boards and Partnerships. A whole system response, bringing in other parts of the health system, is required if a successful programme is to be delivered.
6. We would expect us all to draw on learning from our experience with Covid-19 and be mindful on how best to deliver a vaccination programme that is prioritised towards protecting the most vulnerable.

Key Objectives

7. The flu programme is a strategic and Ministerial priority. The key objectives of the 2020/21 adult flu programme are summarised below
 - To protect those most at risk from flu in the coming season and to ensure that the impact of potential co-circulation of flu and Covid-19 is kept to an absolute minimum.
 - To plan to deliver the programme building on lessons learnt from previous years and our experience of Covid-19, recognising that arrangements may need to change and putting in place the resource needed to deliver the programme at scale.
 - To increase flu vaccine uptake across all eligible groups with particular focus on those who are aged 65 years and over; those aged 18-64 years in clinical risk groups, as well as pregnant women (at all stages of pregnancy). Full details of eligibility for flu immunisation this season is set out in **Annex A**.
 - To extend the national programme to offer vaccination to households of those who are shielding, social care staff who deliver direct personal care and **all** those aged 55-64 years old. Some of those aged 55-64 are otherwise eligible due to qualifying health conditions or employment.
 - To maximise uptake amongst frontline health and social care workers which may require creativity and innovation but is critical to safeguard staff, but also those in their care.
8. The Scottish Government has procured additional vaccine to cover increased uptake amongst existing cohorts, in light of Covid-19, as well as to provide vaccine supply to introduce additional eligible groups to the programme.
9. Scottish Ministers have indicated that the programme should be extended to those aged 50-54, if vaccine supply allows. We will review this in line with uptake rates and vaccine supply as the programme progresses.
10. A separate letter has been issued for the childhood flu immunisation programme, available at [https://www.sehd.scot.nhs.uk/cmo/CMO\(2020\)17.pdf](https://www.sehd.scot.nhs.uk/cmo/CMO(2020)17.pdf).
11. More information on the flu vaccines for this upcoming season as well as vaccine composition is provided below in **Annex B**.

Extension of the programme

12. Scottish Ministers have decided to extend the eligibility of the flu immunisation programme to social care workers providing direct personal care, households of those shielding and **all** 55-64 year olds this year. Some of those groups may already be eligible due to being part of one or more other cohorts e.g. those aged 55-64 may be otherwise eligible due to qualifying health conditions or employment.
13. The rationale for expanding to all 55-64 year olds, beyond those who are already eligible through qualifying health conditions or employment, is that it will help to protect an age group who are more vulnerable to both Covid-19 and seasonal flu than those in younger age groups; and will lower the risk for members of this group, of getting concurrent infection with both viruses. The vaccination of those aged 55-64 years-who would not be otherwise eligible should commence in a second phase of the programme later in the season as detailed below.
14. Individuals who have been shielding have already been identified as being at a high risk from Covid-19. The health risks are heightened should they contract both Covid-19 and seasonal flu at the same time. Given that a high proportion of those shielding are either over 55, or else have an underlying health condition, it is likely that many of them are already eligible for the seasonal flu vaccine. However, there are some people shielding whose underlying condition may cause them to have a sub-optimal response to the flu vaccine. Vaccinating those who live in households with those in the shielding group for Covid-19 should provide additional indirect protection to individuals who are shielding.
15. The intention is that eligibility would be defined by the shielding list in place at the time of vaccination. Further detail on this will follow.
16. The Covid-19 pandemic has had an effect on every aspect of public health, including vaccine supply at a global level. This means that the Scottish Government has had to make difficult decisions about how we expand eligibility. The pandemic has also meant that situations can change hugely at very short notice. We will adapt our approach to any changes that occur throughout flu season, always prioritising those most at risk from seasonal flu, and always additionally seeking to protect the NHS as far as possible.
17. To allow us to be responsive to the changing context, we will review the availability of vaccine after uptake levels become clear within existing cohorts, household members of those shielding, and frontline social care workers. At that point we will decide whether there is sufficient vaccine supply to allow us to extend eligibility to 50-54 year olds.
18. Scottish Government will remain in regular dialogue with delivery partners through the Scottish Immunisation Programme Group and will update on any significant developments.

Phased approach

19. All those initially eligible should be given flu vaccination as soon as possible so that individuals are protected when flu begins to circulate. This is the case for all high-risk cohorts, excluding 55-64 year olds not otherwise eligible, and means starting to vaccinate in late September/October as in previous years.
20. For those aged 55-64, not otherwise eligible due to qualifying health conditions or employment, this will mean starting in December, at the latest. This phased approach is aligned to the availability of vaccines, and prioritisation of the cohorts who are most at risk from the seasonal flu. We will provide further advice, should the programme be extended later in the season to those aged 50-54.
21. NHS Boards and GP practices should aim to schedule their immunisation services to match vaccine supply, as outlined above, if possible: beginning in late September/October, and completing vaccination by the end of November for most high-risk cohorts; and beginning in December at the latest, and completing at the end of January for 55-64 year olds not otherwise eligible.

Health and Social Care Workers

22. Timely immunisation of all health and social care workers in direct contact with patients/clients will be a critical component in our efforts to protect the most vulnerable in our society.
23. High rates of staff vaccination will help to protect individual staff members but also reduce the risks of transmission of flu viruses within health and social care premises which will contribute to the protection of individuals who may have suboptimal response to their own immunisations. Furthermore, it will help to maintain the workforce and minimise disruption to services that provide patient/client care by aiming to reduce staff sickness absence.
24. Senior clinicians, NHS Managers, Directors of Public Health, Local Authorities and Integration Authorities should ensure this work aligns with the prioritisation already being given to our Covid-19 response to the care sector as a means to prevent transmission of the flu virus in an already vulnerable group.

Communication materials

25. The national media campaign (TV, radio, press, digital and social media) will seek to increase uptake rates amongst all groups and retain high uptake rates amongst groups who may now be more cautious about getting vaccinated. Research and insight work will underpin the campaign in light of Covid-19 and potentially changing attitudes to vaccination.
26. A national toolkit will be produced to support the promotion of the flu vaccine to health and social care workers and provide resources such as invitation emails, posters and suggested social media posts. We are also working in partnership with professional bodies and membership organisations to try to increase uptake rates.

27. The public should be signposted to <http://www.nhsinform.scot/flu> for up to date information on the programme.

28. Workforce education materials will soon be made available at <https://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/public-health/health-protection/seasonal-flu.aspx>.

Resources

29. NHS Boards are asked to ensure that immunisation teams are properly resourced to develop and deliver the extended programme.

30. Any additional costs related to adapting immunisation programmes to meet Covid-19 requirements (e.g. physical distancing, PPE) should be recorded in NHS Boards' Local Mobilisation Plans, now called Covid-19 finance returns. This is in the form of a single row figure in the return.

31. Additional costs should also be submitted to the Scottish Government policy team directly with a breakdown of spend. The policy team will shortly issue a template to be submitted. Please ensure that costs are not double counted for services already delivered.

Action

32. NHS Boards and GP practices, are asked to note and implement the arrangements outlined in this letter for the 2020/21 adult seasonal flu immunisation programme. It is important that every effort is made this year to maximise uptake as this winter, more than ever, the flu vaccine is going to be a key intervention to reduce pressure on the NHS and protect the most vulnerable in our population.

33. We have procured additional vaccine to support higher uptake, however, ongoing and effective management at a local level is also required. NHS Boards should fully consider the needs of their eligible cohorts and plan appropriately and timeously in order to successfully deliver the programme.

34. 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 should be communicated and vaccination made as easily accessible as possible. This excludes those 55-64 year olds who are not otherwise eligible, as the commencement of vaccination of this group should be in December at the latest.

35. Integration Authority Chief Officers and Local Authorities are asked to work closely to communicate and promote the flu vaccination programme to social care workers providing direct personal care, and to ensure that they are supported to access the service. A separate letter will be issued to social care membership organisations to communicate the expansion directly to social care providers.

36. We would like to take this opportunity to express our gratitude for your continuing support in planning and delivering the flu immunisation programme and a heartfelt thank you for all your hard work in these most challenging of circumstances.

Yours sincerely,

Gregor Smith
Interim Chief Medical Officer

Fiona McQueen
Chief Nursing Officer

Rose Marie Parr
Chief Pharmaceutical Officer

FLU VACCINE: PRIORITISING UPTAKE AND ELIGIBILITY

Prioritising flu vaccine uptake

37. Flu vaccination is one of the key interventions we have to reduce pressure on the health and social care system this winter. Since March 2020 we have seen the impact of Covid-19 on the NHS and social care, and this coming winter we may be faced with co-circulation of viruses causing Covid-19 and flu. We understand that planning this year is more challenging with the uncertainties of staff absences, and how long policies around physical distancing and alternative models of schooling will remain in place. However, it is more important than ever to make every effort to deliver flu vaccination.
38. Those most at risk from flu are also most vulnerable to concurrent infection with Covid-19. The people most at risk from flu are already eligible to receive the flu vaccine, and in order to protect them as effectively as we can, their vaccination should be prioritised.
39. We should also prioritise the vaccination of eligible health and social care workers, to protect them and minimise the likelihood of them spreading Covid-19 and flu to those they care for. We anticipate that concerns about Covid-19 may increase demand for flu vaccination in all groups this year, whilst others may have additional safety concerns around getting vaccinated.
40. All those eligible should be given flu vaccination as soon as possible so that individuals are protected when flu begins to circulate. This is the case for all high-risk cohorts excluding 55-64's not otherwise eligible, and means starting to vaccinate in late September/October.
41. For those aged 55-64, not otherwise eligible through qualifying health conditions or employment, this will mean starting in December, at the latest. This phased approach is aligned to the availability of vaccines, and prioritisation of the cohorts who are most at risk from the seasonal flu. We will provide further advice, should the programme be extended later in the season to those aged 50-54.
42. NHS Boards and GP Practices should aim to schedule their immunisation services to match vaccine supply, as outlined above, if possible: beginning in late September/October and completing vaccination by the end of November for high-risk cohorts; and beginning in December at the latest, and completing at the end of January for 55-64 year olds not otherwise eligible.

Pregnant women

43. Most NHS Boards and Health and Social Care Partnerships (HSCPs) will be delivering flu vaccine to pregnant women through their local maternity services this year and should keep local practices informed about their plans including how to refer women to the services as appropriate.

GP practices however retain responsibility for vaccinating this cohort until alternative arrangements are made by local NHS Boards and HSCPs.

Existing Eligible Groups (those eligible in previous flu seasons)

44. In 2020/21 the seasonal flu vaccine should be offered, from the commencement of the programme, to the existing cohorts 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	The childhood flu CMO letter for the 20/21 programme has further details.
All patients aged 65 years and over	“Sixty-five and over” is defined as those aged 65 years and over by 31 March 2021.
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, including 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 disorder). 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 immunosuppression 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. Vaccination can also be given on an individual basis at the GP's discretion following a risk assessment after discussion with the carer.
Health care workers	Health care workers who are in direct contact with patients/service users should be vaccinated.
Morbid obesity (class III obesity)*	Adults with a Body Mass Index ≥ 40 kg/m ²

45. The list above is not exhaustive, and clinicians should apply clinical judgement to take into account the risk of flu exacerbating any underlying disease that a patient may have or compromise their care due to illness of their carer, 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.

Call and recall of patients aged 65 and over

46. 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 2021. These letters will be delivered from w/c 14 September 2020.

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

47. National call-up letters for those aged under 65 at-risk are under further consideration and further information will be provided in due course.

New Eligible Groups 20/21

48. In 2020/21 the seasonal flu vaccine should be offered to the new cohorts set out in the table below:

Eligible groups	Further detail
Social care workers	Social care workers who provide direct personal care in the following settings; adult care homes, children’s residential or secure care or care at home including Personal Assistants. This is targeted at those delivering direct personal care in these settings no matter of whether they are employed by Local Authorities, private or third sector employers.
Households of those shielding	Those who live in the same home as individuals falling within the Covid-19 shielding group.
All patients aged 55 to 64 years old	This is defined as those who will be aged 55 to 64 years old by 31 March 2021. The older age group are covered as an existing group above. Those within this group who are not otherwise eligible (i.e those with qualifying health conditions etc) should be vaccinated in a second phase as detailed below.

49. Health and social care workers and households of those shielding should be vaccinated from the commencement of the flu vaccination programme. Patients aged 55-64 years old, not otherwise eligible through qualifying health condition or employment, should be vaccinated in a second phase in December at the latest. This phased approach is aligned to the availability of vaccines, and prioritisation of the cohorts who are most at risk from the seasonal flu.

50. Scottish Ministers have indicated that the programme should be extended to those aged 50-54, if vaccine supply allows. We will review this in line with uptake rates and vaccine supply as the programme progresses.

Call and recall of households of those shielding

51. Scottish Government is currently considering the possibility of sending a national call-up letter to be sent to all households of those shielding. Further information on this will be provided in due course.

Call and recall of patients aged 55-64

52. Scottish Government is currently considering the possibility of sending a national call-up letter patients aged 55-64. Further information on this will be provided in due course.

Health and Social Care Workers

Healthcare Workers

53. Immunisation against flu should be considered an integral component of infection prevention and control. 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.

54. Uptake of seasonal flu vaccination by health care workers continues to be below the CMO target - in 2019/20 in Scotland this was 53.8% in territorial boards compared with a minimum target of 60%.

55. While vaccination of NHS staff remains voluntary, we will look to all NHS Boards to do everything they can to increase uptake which should include offering the vaccine in an accessible way, helping all staff understand the seriousness of being vaccinated for themselves, their family contacts, their patients and the NHS in helping to reduce the potential for the spread of flu.
56. GP, dental and optometry practices, as well as community pharmacists, should also arrange vaccination of their staff.

Social Care Workers

57. The current Covid-19 situation has highlighted the need to ensure that front line staff across both health and social care settings do not inadvertently transmit infection and should therefore be encouraged and able to access free flu vaccination on a national basis. Scottish Ministers have therefore decided that the policy on flu vaccination for the coming and future seasons should be extended to include social care staff delivering direct personal care to patients/clients. This is in order to protect frontline social care staff and those they care for from flu and to help limit sickness absence amongst the workforce.
58. For clarity, social care staff delivering direct personal care in the following settings should be covered by this programme:
- residential care for adults;
 - residential care and secure care for children; and
 - community care for persons at home (including housing support and Personal Assistants).
59. This is targeted at those delivering direct personal care in these settings no matter of whether they are employed by Local Authorities, private or third sector employers.
60. A Short Life Working Group was set up within the Scottish Immunisation Programme structure to coordinate expansion of the flu programme to cover social care staff who provide direct personal care. This included representation from Public Health Scotland, NHS Boards, COSLA, HSCP's, Scottish Care and the Coalition of Care and Support Providers in Scotland.

Immunisation against Infectious Disease ('The Green Book')

61. Further guidance on the list of eligible groups can be found in the most recent 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
62. 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://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/147882/Green-Book-Chapter-12.pdf
63. Any Green Book updates will be made to the linked pages above.

RECOMMENDED FLU VACCINES, VACCINE COMPOSITION AND ORDERING INFORMATION

Flu vaccines for 2020/21

64. The flu vaccines that have been centrally procured for the forthcoming flu season are in line with the recommendations of the Joint Committee on Vaccination and Immunisation (JCVI) and are set out in the table below.

Eligible Group	Vaccine
First Phase	
Individuals aged 65 years and over	adjuvanted Trivalent Inactivated Vaccine (aTIV) (Seqiris)
Individuals aged 18-64 years with “at-risk” conditions	cell based Quadrivalent Inactivated Vaccine (QIVc) (Flucelvax Tetra®) (Seqiris)
Health and Social Care Workers	cell based Quadrivalent Inactivated Vaccine (QIVc) (Flucelvax Tetra®)(Seqiris) or Egg based Quadrivalent Inactivated Vaccine (QIVe) (brand and manufacturer to be confirmed) dependent on vaccine supply and delivery schedules.
Households of those shielding	cell based Quadrivalent Inactivated Vaccine (QIVc) (Flucelvax Tetra®) (Seqiris)
Unpaid/Young carers	cell based Quadrivalent Inactivated Vaccine (QIVc) (Flucelvax Tetra®) (Seqiris)
Second Phase	
Individuals aged 55-64 not otherwise eligible through a qualifying health condition or employment	Egg based Quadrivalent Inactivated Vaccine (QIVe) (brand and manufacturer to be confirmed)

65. 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.

Vaccine composition for 2020/21

66. Each year the World Health Organization (WHO) recommends flu vaccine strains based on careful mapping of flu viruses as they circulate around the world.

67. 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.

68. For the 2020/21 flu season (northern hemisphere winter) it is recommended that cell based quadrivalent vaccines contain the following strains-:

- an A/Hawaii/70/2019 (H1N1)pdm09-like virus;
- an A/Hong Kong/45/2019 (H3N2)-like virus;
- a B/Washington/02/2019 (B/Victoria lineage)-like virus; and
- a B/Phuket/3073/2013 (B/Yamagata lineage)-like virus.

69. For the 2020/21 flu season (northern hemisphere winter) it is recommended that egg based quadrivalent vaccines contain the following strains-:

- an A/Guangdong-Maonan/SWL1536/2019 (H1N1)pdm09-like virus;
- an A/Hong Kong/2671/2019 (H3N2)-like virus;
- a B/Washington/02/2019 (B/Victoria lineage)-like virus; and
- a B/Phuket/3073/2013 (B/Yamagata lineage)-like virus.

70. For further information and the full report please see:

https://www.who.int/influenza/vaccines/virus/recommendations/2020-21_north/en/

Egg-free vaccine

71. For individuals with egg allergy the advice in the most recent influenza chapter of the Green Book should be followed:

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

72. Any Green Book updates will be made to the linked pages above.

73. Egg-allergic adults and children over age nine years with egg allergy can also be given the quadrivalent inactivated cell based (i.e. egg-free) vaccine, Flucelvax® Tetra, which is licensed for use in this age group.

Vaccine ordering and delivery arrangements

74. Information on ordering and delivery arrangements for the flu vaccine will be provided within further correspondence. Details of the supply arrangements for community pharmacies supporting this year's immunisation programme will be shared directly via relevant NHS Boards.

75. Orders for the flu vaccine should be placed on the 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.

76. If you have any issues with log-in arrangements or if you have new staff who require access to the system please contact Movianto Customer Services on 01234 248 623 for assistance.
77. NHS Boards and 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.
78. NHS Boards and GP practices must ensure adequate vaccine supplies before organising vaccination clinics.
79. 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 on the ‘Orders’ screen. If vaccines are required for patients aged 65 or over, these can be found by searching for “aTIV”.
80. To make it simpler for front line staff in the coming season, all NHS Boards will be allocated the same type of vaccine for each cohort e.g QIVc for most cohorts. The exception to this is for health and social care workers where a mix of QIVc and QIVe will be allocated based on vaccine supply and delivery schedules. **Only QIVe should be used for 55-64 year olds, not otherwise eligible due to qualifying health condition or employment, and will be available for ordering later in the season.** Those who are egg-allergic should be offered the QIVc vaccine as detailed above.
81. Vaccines are available in packs of 10. 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.
82. Patient information leaflets for vaccines supplied in packs of 10 will be provided separately to the vaccines. These will be automatically added to orders by Movianto.

Further information and support

83. As with last year, a Procurement Officer within NHS National Procurement will act as a link between GP practices and 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
84. For queries linked to ordering and deliveries, please contact the Movianto Customer Services Team (01234 248 623). If any delivery service issues cannot be resolved satisfactorily through dialogue with 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 .

CONTRACTUAL ARRANGEMENTS AND FURTHER INFORMATION

Contractual arrangements

85. Information on payments associated with the seasonal flu and pneumococcal vaccines will be set out by Primary Care Directorate, Scottish Government in due course.

Pneumococcal immunisation

86. Health professionals are reminded that they should check the immunisation status of those eligible for pneumococcal immunisation when such people receive the flu vaccine. Depending on the availability, the pneumococcal vaccine can be offered at the same time as the flu vaccine or at any other point in the year when vaccine becomes available. Health professionals should note to recall individuals in cases where no vaccine is immediately available. An online leaflet is available and can be accessed at: www.nhsinform.scot/pneumococcalforadults.

Uptake Rates in 2019/20

87. 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.

88. Provisional uptake data for 2019/20 suggests uptake rates of:

- 74% in people aged 65 years and over, compared with 73.7% in 2018/19;
- 42.3% in under 65's at-risk, compared with 42.4% in 2018/19;
- 53.8% for healthcare workers, compared with 51.2% in 2018/19
- 56.9% in pregnant women (with other risk factors), compared with 57.5% in 2018/19; and
- 42.9% in pregnant women (without other risk factors), compared with 44.5% in 2018/19.
- 44.7% in unpaid/young carers, compared with 45.1% in 2018/19.

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