



Dear Colleagues

SEASONAL FLU IMMUNISATION ADULT PROGRAMME 2022/23: CONFIRMATION OF COHORTS

1. We are writing to provide you with information about the adult seasonal flu immunisation programme 2022/23.
2. We would like to begin by thanking all those involved in the programme. Despite the challenges of delivering an extended flu immunisation programme to approximately 2.7 million eligible individuals during the 2021/22 flu season, as part of the health and social care response to COVID-19, vaccination uptake rates in the 65 years and over cohort reached 90.3% last season. This is the highest uptake ever achieved for this group, and exceeds the World Health Organization's ambition of 75% uptake target of the vaccine. All of this was possible only because of your hard work and commitment.
3. Building on our success from last year's programme, it is essential that we continue to do all that we can to reduce the impact of flu and COVID-19 on the most vulnerable in society, and to minimise the impact on the NHS and social care services.

Planning

4. We recognise that delivering this year's flu programme will continue to be extremely challenging for our health and social care sector. We believe that the learning from our experience from the COVID-19 vaccination programme will assist us to successfully deliver a vaccination programme that protects those most at risk from flu.

**From Chief Medical Officer
Chief Nursing Officer
Chief Pharmaceutical Officer**
Professor Sir Gregor Smith
Professor Alex McMahon
Professor Alison Strath

5 May 2022

SGHD/CMO(2022)19

For action

Chief Executives, NHS Boards
Medical 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

Chairs, NHS Boards
Infectious Disease Consultants
Consultant Physicians
Public Health Scotland
Chief Executive, Public Health Scotland
NHS 24

Further Enquiries to:

Policy Issues

Vaccination Policy Team
seasonalfluprogramme@gov.scot

Medical Issues

Dr Lorna Willocks
Senior Medical Officer
St Andrew's House
Lorna.Willocks@gov.scot

PGD/Pharmaceutical Issues

William Malcolm
Public Health Scotland
William.Malcolm@nhs.scot

Vaccine Supply Issues

nss.vaccineenquiries@nhs.scot

5. We will continue to work with the Scottish Immunisation Programme Group to develop vaccination service delivery to ensure that eligible groups receive their vaccine in a timely and co-ordinated manner.

Key Objectives

6. The flu programme is a strategic and Ministerial priority. The key objectives of the 2022/23 adult flu programme are summarised below:
 - To protect those most at risk from flu, and to ensure that the impact of potential co-circulation of flu and COVID-19 is kept to an absolute minimum in the coming season.
 - To plan and deliver the programme, recognising lessons learned from previous years and building on our experience of COVID-19. Understanding that agile arrangements will allow essential resources to quickly adapt, in order to deliver the programme to a greater scale and at pace.
 - To further increase flu vaccine uptake again 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) and Health and Social Care Workers. Full details of eligibility for flu immunisation for this season is set out in Annex A.
 - The national programme is extended again this year, to include social care staff who deliver direct personal care, unpaid and young carers, independent contractors (GP, dental, optometry and community pharmacy practices, non-NHS employed laboratory staff (if working on COVID-19 testing during the coming flu season) including support staff, teachers and support staff (pupil facing), prison population, prison officers and support staff who deliver direct detention services, secondary school pupils and all those aged 50-64 years. Some of those aged 50-64 years may also be eligible due to their existing underlying health conditions, or their employment. The extended offer will maintain resilience in the sectors above, and will again be reviewed next year.
 - We will work with our communications colleagues and our health and social care partners to encourage greater uptake amongst frontline health and social care workers, including primary care based independent contractors (GP, dental, optometry and community pharmacy practices), and if appropriate non-NHS laboratory staff (if working on COVID-19 testing during the coming flu season) including support staff, who are delivering patient facing services. An innovative, well-timed approach is required, and is critical to safeguard staff, whilst also protecting those in their care.
7. The Scottish Government has procured vaccine to cover increased uptake amongst existing cohorts, in light of COVID-19, as well as to provide sufficient volumes of the vaccine to also support vaccination to the extended groups.

8. Throughout the duration of the programme, uptake rates and vaccine supply will be reviewed to ensure that those at greatest clinical risk receive their vaccination to ensure optimum protection.
9. A separate letter will be issued for the childhood flu immunisation programme and will be circulated in due course.
10. More information on the flu vaccines for the forthcoming season, as well as vaccine composition is provided in Annex B.

Extension of the programme

11. Scottish Ministers have indicated that they wish to continue the extended immunisation programme next season to include:
 - Secondary school pupils
 - all those aged 50-64 years
 - Independent contractors (GP, dental, optometry and community pharmacy practices), non-NHS laboratory staff (if working on COVID-19 testing during the coming flu season) including support staff
 - Teachers, pupil facing support staff
 - Prison population, prison officers and support staff who deliver direct front facing detention services.
12. The rationale for expanding to:
 - Independent contractors, teachers, prison population, prison officers who deliver direct detention services is to maintain the resilience of services in these sectors and to reduce the risk of infection and transmission of the virus to patients and others in care settings during the Scottish Government's response to COVID-19.
 - Secondary school pupils is to provide direct protection, lowering the impact of influenza on children and provide indirect protection to those who are more vulnerable. This will help to protect the educational environment again this year, and will support resilience within the sector.
 - Those aged 50-64 years, is to help protect an age group who are more vulnerable to both COVID-19 and flu viruses than those in younger age groups, and will lower their risk of suffering concurrent infection from both viruses. This will also aid with the management of the winter pressures on health and social care services.
13. COVID-19 has demonstrated that conditions can evolve very quickly, and has impacted on all aspects of public health, including vaccine supply at a global level. With that in mind, the Joint Committee for Vaccination and Immunisation's (JCVI) view for the coming season has informed our decision to again procure sufficient vaccine for the expanded eligibility groups for this season. We will continue to prioritise those most at risk from flu, adapting our

approach when required to protect public health and health and social care services as far as possible.

14. The Scottish Government will remain in regular dialogue with delivery partners, through the Scottish Immunisation Programme Group, and will update you all on any significant developments.

Health and Social Care Workers

15. It is imperative that timely immunisation of all health and social care workers in direct contact with patients/clients remains a central element in our objective to protect the most vulnerable in our society.
16. Last year, staff flu vaccination uptake rates were much higher than in previous years, helping to protect the workforce, whilst minimising the disruption of vital services that provide patient/client care. Flu vaccination not only protects individual staff members, but reduces the risk of transmission of flu viruses within health and social care settings, contributing to the protection of individuals who may have a suboptimal response to their own immunisations.
17. 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 of preventing transmission of flu viruses in an already vulnerable group.

Communication materials

18. The national media campaign (TV, radio, press, digital and social media) is being developed, and further details will be provided in due course. The Scottish Government will work closely with Public Health Scotland (PHS) to develop a toolkit to encourage the promotion of the flu vaccine that will support NHS and social care colleagues in delivering the programme.
19. PHS will produce and make available a range of national accessible information materials to support informed consent for all eligible cohorts.
20. The public should be signposted to NHS inform for up to date information on the programme. Further details will be provided in due course.

Workforce Education

21. NHS Education for Scotland (NES) and PHS will work closely with stakeholders to update workforce education materials to support the programme, and thereafter make these available to colleagues prior to the start of the flu season. These will be available on the NES TURAS Learn website <https://learn.nes.nhs.scot/14743/immunisation/seasonal-flu>

Action

22. NHS Boards and those GP practices which have been given notice to continue participating in the programme, are asked to note and implement the arrangements outlined in this letter for the 2022/23 adult seasonal flu immunisation programme. It is again important that every effort is made this year to maximise uptake this winter.
23. We have procured additional vaccine to support higher uptake for the coming season, however, ongoing and effective management at a local level is essential to the success of the programme. NHS Boards and social care services should fully consider the needs of their eligible cohorts and plan appropriately and timeously in order to effectively deliver the programme.
24. We would ask that appropriate action is taken to ensure that as many people as possible are vaccinated early in the season, and before flu viruses begin to circulate. A separate letter will be issued containing further information. The benefits of flu vaccination should be communicated and vaccination made as easily accessible as possible.
25. 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 fully supported to access the service. A separate letter will be issued to social care membership organisations to communicate the need to support higher uptake in this discipline to social care providers.
26. We would like to take this opportunity to express our gratitude for your professionalism and 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

Alex McMahon

Alison Strath

Professor Sir Gregor Smith
Chief Medical Officer

Professor Alex McMahon
Chief Nursing Officer

Professor Alison Strath
Chief Pharmaceutical Officer

FLU VACCINE: PRIORITISING UPTAKE AND ELIGIBILITY

Prioritising flu vaccine uptake

1. 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 services, and this coming winter we may again be faced with co-circulation of viruses causing COVID-19 and flu. As the incidence of influenza infection for the last two seasons has been extremely low, we understand that planning for Autumn/Winter is even more challenging with the uncertainties of flu virus incidence and the potential for staff absences. Nevertheless, it is essential to make every effort to deliver flu vaccination.
2. Those most at risk from flu related complication are also vulnerable to concurrent infection with COVID-19. Those at risk from flu are already eligible to receive their vaccine, and in order to protect them as effectively as we can, their vaccination should be prioritised.
3. We should also prioritise the vaccination of eligible health, social care workers and independent contractors, to protect them and minimise the likelihood of the spread of COVID-19 and flu to those they care for.
4. Scottish Government and Public Health Scotland (PHS) will provide further guidance around delivery arrangements and prioritisation in due course.

Pregnant Women

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

Vulnerable Groups

6. Influenza vaccine should be offered, ideally before flu viruses start to circulate, to:
 - all those aged 65 years or older
 - all those aged 6 months or older, in clinical risk groups shown in table below and
 - children not in clinical risk groups who are eligible for vaccination, as part of the programme for all children aged two years (on 1st September 2022), to less than 18 years old (for school aged children only those still attending school are eligible).

Clinical risk groups who should receive the influenza immunisation

7. Influenza vaccine should be offered to those in the clinical risk categories set out below:

Clinical risk category	Examples (this list is not exhaustive and decisions should be based on clinical judgement)
Chronic respiratory disease	<p>Asthma that requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission.</p> <p>Chronic obstructive pulmonary disease (COPD) including chronic bronchitis and emphysema; bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD).</p> <p>Children who have previously been admitted to hospital for lower respiratory tract disease.</p>
Chronic heart disease	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	Chronic kidney disease at stage 3, 4 or 5, chronic kidney failure, nephrotic syndrome, kidney transplantation.
Chronic liver disease	Cirrhosis, biliary atresia, chronic hepatitis
Chronic neurological disease	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 disability.
Diabetes	Type 1 diabetes, type 2 diabetes requiring insulin or oral hypoglycaemic drugs, diet controlled diabetes.
Immunosuppression (see contraindications and precautions section on live attenuated influenza vaccine)	<p>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 (e.g. IRAK-4, NEMO, complement disorder)</p> <p>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.</p> <p>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 influenza and should be offered</p>

	influenza 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.
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). see precautions section on live attenuated influenza vaccine
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

8. Patients should be advised that many other organisms cause respiratory infections similar to influenza during the influenza season, e.g. the common cold and Respiratory Syncytial Virus (RSV). Influenza vaccine will not protect against these diseases.

Other Groups

9. The list above is not exhaustive, and health professionals should apply clinical judgment to take into account the risk of influenza exacerbating any underlying disease that a patient may have, as well as the risk of serious illness from influenza itself. Influenza vaccine should be offered in such cases, even if the individual is not in the clinical risk groups specified above.
10. Vaccination should also be offered to 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). In addition to the above, immunisation should be provided to healthcare and social care workers in direct contact with patients/clients, to protect them and to reduce the transmission of influenza within health and social care premises, to contribute to the protection of individuals who may have a suboptimal response to their own immunisations, and to avoid disruption to services that provide their care.

This includes:

- health and social care staff directly involved in the care of their patients or clients
- 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 (this does not include prisons, young offender institutions, university halls of residence etc.)
- those who are in receipt of a carer's allowance or unpaid carers, or those who are the main carer of an elderly or disabled person whose welfare

may be at risk if the carer falls ill. Vaccination should be given on an individual basis at the health professional's discretion in the context of other clinical risk groups in their practice

- others involved directly in delivering health and social care, such that they and vulnerable patients/clients are at increased risk of exposure to influenza (please refer to the Green Book chapter 19 available at: [The Green book of immunisation - chapter 19 influenza \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/102222/gb19_influenza.pdf))

Extended Eligible Groups 2022/23

11. In 2022/23, the seasonal flu vaccine will, once again be offered to the extended cohorts set out in the table below:

Eligible Groups	Additional Information
NHS independent contractors.	This is defined as GP, dental, optometry and community pharmacy practices, non-NHS laboratory staff (if working on COVID-19 testing) and support staff.
All secondary school children.	The childhood flu CMO letter for the 2022/23 programme will provide further details.
Nursery, Primary and Secondary school Teachers and support staff.	This is defined as teachers, nursery teachers and support staff working in close contact with pupils, in both a Local Authority and Independent settings.
Prison population.	Prison population in the detention estate.
Prison officers and support staff.	Prison officers and support staff working in close contact with prison population, delivering direct detention services.

12. Health and social care workers, primary care independent contractors, those aged 50-64 years (by the 31 March 2023), Nursery, Primary, Secondary school teachers and support staff should be vaccinated as soon as feasible before the possible commencement of the flu season.

Health and Social Care Workers

NHS Workers

13. Seasonal Flu immunisation should be considered an integral component of infection prevention and control. As in previous years, free 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 their employer.

14. Uptake of seasonal flu vaccination by health and social care workers has greatly improved in 2021/2022 - uptake was 67.3% and 49.3% respectively, in Territorial NHS Boards this flu season.

15. 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, protecting their family contacts, their patients and the NHS in helping to reduce the potential spread of flu viruses.
16. Independent contractors such as GP, dental, optometry and community pharmacy practices, non-NHS laboratory staff (if working on COVID-19 testing) as well as support staff, should also arrange vaccination of their staff.

Social Care Workers

17. COVID-19 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 to take up the offer of vaccination, and should be able to access this on a national basis. Scottish Ministers have therefore indicated that the policy on free flu vaccination for the coming season should continue 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.
18. For clarity, social care staff delivering direct personal care in the following settings should be included in 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).
19. This is to support those delivering direct personal care in these settings no matter whether they are employed by Local Authorities, private or the third sector.
20. The circulation of flu viruses was again very low during the 2021/22 flu season however it is difficult to predict the level of circulation for the coming season. With the potential for both flu and COVID-19 viruses circulating during the coming winter, to alleviate NHS and social care service pressure, support key services, and to reduce the risk of infection and transmission, the following groups have also been included in this year's programme:
 - Independent contractors,
 - Nursery, Primary and Secondary school Teachers and support staff;
 - Prison population, prison officers and support staff.

This will again be reviewed next year, to establish if these additional groups should be included in the future programme.

Immunisation against Infectious Disease ('The Green Book')

21. Further guidance on the list of eligible groups clinically at risk of seasonal flu can be found in the most recent influenza chapter (chapter 19) of the Green Book available at: [The Green book of immunisation - chapter 19 influenza \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/67122/green-book-chapter-19-influenza.pdf)
22. Chapter 12 of the Green Book provides information on what groups can be considered as directly involved in delivering care and is available at: [Green Book: Chapter 12 Immunisation of healthcare and laboratory staff \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/67122/green-book-chapter-12-immunisation-of-healthcare-and-laboratory-staff.pdf)
23. Any Green Book updates will be made to the linked pages above.

RECOMMENDED FLU VACCINES, VACCINE COMPOSITION AND ORDERING INFORMATION

Flu vaccines for 2022/23

1. 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 Groups	Vaccine – JCVI Recommended
Individuals aged 65 years and over	aQIV - Adjuvanted Quadrivalent Influenza Vaccine (Seqirus).
Individuals aged 18-64 years with “at-risk” conditions	QIVc - Cell-based Quadrivalent Influenza Vaccine (Seqirus).
Health, Social Care Workers and NHS independent contractors	QIVc - Cell-based Quadrivalent Influenza Vaccine (Seqirus).
Unpaid/Young carers	QIVc - Cell-based Quadrivalent Influenza Vaccine (Seqirus).
Individuals aged 50-64 not otherwise eligible through a qualifying health condition or employment.	QIVc - Cell-based Quadrivalent Influenza Vaccine (Seqirus).
Nursery, Primary and Secondary school Teachers and support staff.	QIVc - Cell-based Quadrivalent Influenza Vaccine (Seqirus).
Prison population, prison officers and support staff.	QIVc - Cell-based Quadrivalent Influenza Vaccine (Seqirus).

Vaccine composition for 2022/23

2. Each year the World Health Organization (WHO) recommends flu vaccine strains based on careful mapping of flu viruses as they circulate around the world.
3. 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.
4. For the 2022/23 flu season, the WHO recommends that quadrivalent vaccines for use in the 2022/2023 influenza season in the northern hemisphere contain the following:

Egg-based vaccines

- an A/Victoria/2570/2019 (H1N1)pdm09-like virus;
- an A/Darwin/9/2021 (H3N2)-like virus;
- a B/Austria/1359417/2021 (B/Victoria lineage)-like virus; and
- a B/Phuket/3073/2013 (B/Yamagata lineage)-like virus.

Cell culture - or recombinant-based vaccines

- an A/Wisconsin/588/2019 (H1N1)pdm09-like virus;
- an A/Darwin/6/2021 (H3N2)-like virus;
- a B/Austria/1359417/2021 (B/Victoria lineage)-like virus; and
- a B/Phuket/3073/2013 (B/Yamagata lineage)-like virus.

For more information

5. Recommended composition of influenza virus vaccines for use in the 2022/2023 northern hemisphere influenza season – full report (25 February 2022) available at: [Recommendations announced for influenza vaccine composition for the 2022-2023 northern hemisphere influenza season \(who.int\)](#)
6. Questions and Answers - Recommended composition of influenza virus vaccines for use in the Northern hemisphere 2021-2022 influenza season and development of candidate vaccine viruses for pandemic preparedness (February 2021) available at: [202202_qanda_recommendation.pdf \(who.int\)](#)

Egg-free vaccine

7. For individuals with egg allergy the advice in the most recent influenza chapter of the Green Book should be followed: [The Green book of immunisation - chapter 19 influenza \(publishing.service.gov.uk\)](#)
8. Any Green Book updates will be made to the linked pages above.
9. Egg-allergic adults and children over age two years with egg allergy can also be given QIVc - Cell-based Quadrivalent Influenza Vaccine (Seqirus) (i.e. egg-free) vaccine, which is recommended and licensed for use in this age group.

Vaccine ordering and delivery arrangements

10. 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.
11. NHS Boards and GP practices participating in the programme 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 participating in the programme.
12. NHS Boards and GP practices participating in the programme must ensure adequate vaccine supplies before organising vaccination clinics.
13. Orders for the flu vaccine should be placed on the Movianto online ordering system - Marketplace: (<https://marketplace.moviato.com>). Log-in details used in previous seasons remain valid and should continue to be used.

14. 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 587 112 for assistance.
15. 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 “aQIV”.
16. 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. Individuals aged 65 years and over should be offered aQIV; those individuals aged 18-64 should be offered QIVc. Those who are egg-allergic should be offered the QIVc vaccine as detailed above.
17. 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, as the vaccine is available in packs of 10, a site that wants to request a delivery of 500 vaccines should place an order for 50 packs of 10.
18. 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 the manufacturer.
19. A small volume of QIVe (Sanofi) has been procured for children aged 6 months to under 2 years. This vaccine can be requested from local Vaccine Holding Centres.

Further information and support

20. As with last year, a Procurement Officer within NHS National Procurement will act as a link between participating sites 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.vaccineenquiries@nhs.scot

For queries linked to ordering and deliveries, please contact the Movianto Customer Service Team (01234 587 112 or Flu.Scotland@movianto.com) If any delivery service issues cannot be resolved satisfactorily through dialogue, 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: seasonalfluprogramme@gov.scot.