



Dear Colleagues

SEASONAL FLU IMMUNISATION CHILDHOOD AND SCHOOL PROGRAMME 2022/23 – COHORT CONFIRMATION

1. We are writing to provide you with information about the childhood and schools' based seasonal flu immunisation programme for the 2022/23 season (this includes both Local Authority and Independent school settings).
2. We would like to begin by thanking all those involved in the programme for your hard work, 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. We know that this has been an extremely challenging time for all staff across the health and social care sector.
3. Delivery of the flu immunisation programme will again provide protection for those at risk of infection with seasonal flu viruses, and it is therefore essential that we build on the success of last year's programme to prevent ill health, and minimise further impact on the NHS and social care services.
4. A recommendation to extend influenza vaccination to school-aged children was made in 2012 by the Joint Committee for Vaccinations and Immunisation (JCVI), to provide both individual protection to the children themselves and reduce transmission across all age groups. Implementation of the programme began in 2013, with pre-school and primary school children being offered vaccination.

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

Professor Sir Gregor Smith
Professor Alex McMahon
Professor Alison Strath

29 June 2022

SGHD/CMO(2022)27

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
School Nurses
Immunisation Co-ordinators
CPHMs
Scottish Ambulance Service

For information

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

Further Enquiries

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 and Vaccine

Supply Issues

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

5. In the 2021/22 season, the expanded influenza vaccination programme was further extended to include secondary school pupils, and will again include this cohort for the 2022/23 season.
6. Following consideration, the JCVI has recommended that expanding flu vaccination to secondary school pupils would be cost effective, and provide further resilience to the NHS and social care services during the winter months, particularly if COVID-19 continues to circulate. The programme will remain a key intervention during the coming winter, and will be reviewed on an on-going basis. This is a school based programme and only pupils attending school at the time of the vaccination programme are eligible (see information below regarding home educated children). Information on vaccination for teachers and pupil facing support staff can be found in the adult seasonal flu programme letter: [https://www.sehd.scot.nhs.uk/cmo/CMO\(2022\)19.pdf](https://www.sehd.scot.nhs.uk/cmo/CMO(2022)19.pdf).

Eligibility

7. Those eligible for the childhood and school flu vaccination programme include:
 - All children aged from 6 months to 2 years in clinical risk groups (children must be aged 6 months or above on 1 September 2022);
 - All children aged 2-5 years (not yet at school) (children must be aged 2 years or above on 1 September 2022); and
 - All primary school children (primary one to primary seven) at school.
 - All secondary school pupils (years one to six) at school.
8. Health Boards should make arrangements so that pupils who miss out on vaccination during the school session, are recalled and offered subsequent opportunities to get the vaccine. Likewise, Health Boards should offer the opportunity for those few children under 9 years of age who require a second dose. Children who are in eligible age groups and are home educated should also be offered vaccination through local arrangements.
9. Most Health Boards and Health & Social Care Partnerships (HSCPs) have either transferred, or are in the process of completing the transfer of flu vaccine delivery to children aged 6 months to 2 years in clinical risk groups and those in the 2 to 5 year age group from GP Practices. However, Boards may have local arrangements in place to use GP practices to meet their own delivery requirements. Health Boards and HSCPs should be working closely with these GP practices to ensure that all eligible children are offered the vaccine timeously to protect them against this infection.

Vaccine

10. This year, Fluenz Tetra[®], a live attenuated nasal influenza vaccine (LAIV), is the vaccine available for the majority of children and adolescents aged under 18 years. A very small number of pupils may be aged 18 years at the time they receive the vaccine, and they should also be offered the LAIV off-label. This will be included in the national Patient Group Direction (PGD) template. Please note that, as a live, attenuated vaccine, Fluenz Tetra[®] is contraindicated in a

very small number of children and pupils. Children who have a contraindication to LAIV should be offered a suitable quadrivalent, inactivated flu vaccine, as appropriate for their age. Cell based quadrivalent influenza vaccine (Seqirus Vaccines) (QIVc), which is now licensed for all children aged two years and above, will be available to order for children in at risk groups who are contraindicated to receive LAIV. Children in clinical risk groups aged 6 months to less than 2 years should be offered egg based quadrivalent influenza vaccine (Sanofi Pasteur Vaccines) (QIVe).

11. Fluenz Tetra[®] has a shorter shelf life (18 weeks) compared to other flu vaccines. The expiry date on the nasal spray applicator should always be checked before use.
12. The delivery schedule for Fluenz Tetra[®] for 2022/23 has not yet been confirmed, as this is subject to manufacturing and ongoing regulatory processes. As Fluenz Tetra[®] has a shorter shelf life than other vaccines it will be delivered into the national stockpile in a number of consignments, in order to ensure that there are in date supplies available throughout the period vaccine can be offered.
13. To support efficient delivery of the programme, it is anticipated that the delivery schedule will result in most of the vaccine becoming available to order in the initial weeks of the programme.
14. Sufficient vaccine has been procured for the 2022/23 flu season to ensure adequate vaccine supply is available, and will also allow for an increased uptake in light of COVID-19. Vaccination teams must secure adequate vaccine supplies before organising vaccination clinics.
15. More information on the vaccines available for the 2022/23 programme, and further information is set out in Annex B.

Recording Childhood flu vaccinations using VMT

16. NHS Grampian used VMT to record childhood flu vaccination events in 2021/22. Following this successful pilot, VMT is now available for use across all Health Boards for this coming season's childhood flu programme. Health Boards preferred recording mechanism must remain consistent and cannot be changed once the Autumn/Winter programme has commenced.
17. The national FVCV Team will support Health Boards wishing to use VMT in 2022/23 by offering workshops. These will include clear advice and training on how to use VMT for childhood flu; with expert input from the NES VMT team.
18. There are clear benefits to using VMT, including improved data quality for reporting purposes. A flat file upload from NCDS to SIRs and CHSP-School will be provided for any Boards wishing to utilise VMT. The purpose of this will be to eliminate the need for further manual data entry in order to update vaccination records in local child health systems and clear schedules for the following season. If Health Boards opt to use the VMT and will be delivering any aspect

of childhood flu via local arrangement with GPs, then participating GP practices must use VMT for recording the vaccination event and GPIT systems will be updated via NCDS.

19. Technology required for Health Boards to extend the use of VMT to child flu teams is available from local e-Health Leads and we would encourage the repurposing of existing IT equipment where possible.
20. Health Boards who do not use VMT for recording purposes this Autumn/Winter, will be required to submit weekly Childhood flu uptake data using the Public Health Scotland (PHS) template spreadsheets.

Communication materials

21. An invitation letter and leaflet will be issued to parents/guardians of all eligible pre-school children aged 6 months to 2 years in clinical risk groups and 2 to 5 years (not yet at school) inviting them for vaccination. A national media campaign (radio, digital and social media) will be timed around parents receiving this communication. Research and insight activity will underpin the campaign in light of COVID-19, and potentially changing attitudes to vaccination.
22. Posters, leaflets and other materials to support the campaign will also be distributed to relevant community settings, such as nurseries and libraries. Health Boards and HSCPs are encouraged to undertake additional local communication activity as appropriate to complement national communications.
23. For schools' based programmes, consent packs will be distributed to local schools to be sent home in school bags. These packs will include a letter and leaflet for parents of primary and secondary school pupils as well as a consent form. The messaging within these is currently being revised and tested.
24. To support the programme in schools, PHS will ensure all schools have supporting materials on the flu vaccine for staff, parents and pupils. These will be updated and will be available for schools to download prior to the start of the programme.
25. Flu vaccine information leaflets for children aged two to five years, primary school and secondary school pupils will be available in other languages (including Polish, Chinese, Arabic, Punjabi, Urdu and BSL) and alternative formats (audio and Easy Read) at www.nhsinform.scot/childflu. PHS will consider requests for other languages and formats. Please contact 0131 314 5300 or email phs.otherformats@phs.scot.
26. The public should be signposted to <https://www.nhsinform.scot/childflu> for up to date information on the programme.

Workforce education materials

27. Workforce education materials will be made available at [Seasonal flu | Turas | Learn \(nhs.scot\)](#).

Resources

28. Health Boards are asked to ensure that immunisation teams, including vaccine holding centres and Child Health, are properly resourced to develop and deliver this year's extended programme. Provision of NES/PHS education resources together with application of the common staffing method will support Health Boards to assure that at all times sufficient numbers of suitably qualified and competent practitioners, from a range of professional disciplines, are available to meet the health, wellbeing and safety of patients, enabling the provision of safe and high-quality health care and the wellbeing of staff.

Support

29. Any issues or queries should be escalated to the Immunisation Co-ordinator within the Health Board. If you require contact details for your NHS Board Immunisation Coordinator please email seasonalfluprogramme@gov.scot.

ACTIONS

30. Health Boards, including their primary care teams, and participating GP practices are asked to note and plan appropriately to implement the arrangements outlined in this letter for the 2022/23 childhood and school seasonal flu immunisation programme. It is imperative that every effort is made to ensure high uptake as the flu vaccine is a key intervention to reduce viral transmission, lower the risk of suffering concurrent infection from both viruses and will lessen the pressure on health and social care services.
31. Health Boards and Primary Care teams should fully consider the needs of their eligible cohorts, planning appropriately and timeously in order to successfully deliver the programme. Sufficient vaccines have been procured to support higher vaccination uptake however, ongoing and effective management at a local level will also be required.
32. Action should be taken to ensure as many children and adolescents 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.
33. Health Boards should engage early with education colleagues, including school heads, to ensure that models of vaccine delivery are discussed and agreed, with the most effective model being implemented.
34. We would like to take this opportunity to express our sincere gratitude for your professionalism and continuing support in planning and delivering the flu

immunisation programme, and thank you for all your hard work in these most challenging of circumstances.

Yours sincerely,

Gregor Smith

Professor Sir Gregor Smith
Chief Medical Officer

Alex McMahon

Professor Alex McMahon
Chief Nursing Officer

Alison Strath

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, and this winter we may be faced with co-circulation of viruses causing COVID-19 and flu. We understand that planning this year will be even more challenging and it is now more important than ever to make every effort to deliver flu vaccination.
2. Those most at risk from flu may also be vulnerable to concurrent infection with COVID-19. Those most at risk from flu are already eligible to receive the flu vaccine, and in order to protect them as effectively as possible, their vaccination should be prioritised.

Eligible Groups

3. In 2022/23, the flu vaccine should be offered from the commencement of the programme, to all children aged 6 months to 2 years in clinical risk groups; pre-school aged two to five years (not yet at school), all primary and secondary school children and adolescents.

Recommendation

4. The Joint Committee on Vaccination and Immunisation (JCVI) recommends the live attenuated influenza vaccine (LAIV) is offered to children and adolescents, as it is more effective than the inactivated injectable vaccines in children. It is easier to administer and considered better at reducing the spread of influenza to others, who may be vulnerable to the complications of influenza.
5. Uptake of seasonal flu vaccination last year for children:

Cohort	Uptake	National Ambition
Children aged 2-5 years	57.2%	70%
Primary school	74.6%	80%
Secondary school	62.1%	80%

6. We would ask all Health Boards to do everything they can to further increase uptake to all children. It is important that parents understand the importance of vaccinating their children, as this will reduce the potential spread of the virus and pressure on the NHS and social care services.

Immunisation against Infectious Disease ('The Green Book')

7. 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/931139/Green_book_chapter_19_influenza_V7_OCT_2020.pdf.

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

Annex B

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
At risk children aged 6 months - 2 years	Offered Egg based Quadrivalent Influenza Vaccine (split virion, inactivated Sanofi Pasteur Vaccines (QIVe)
Children aged 2 –18 years who cannot receive LAIV	Offered, Cell-based Quadrivalent Influenza Vaccine (surface antigen, inactivated), (licensed from the age of 2 years) Seqirus Vaccine (QIVc)
Pre-school children aged 2-5 years	Offered live attenuated influenza vaccine (LAIV)
Primary school children	Offered live attenuated influenza vaccine (LAIV)
Secondary school pupils	Offered live attenuated influenza vaccine (LAIV)

2. Some flu vaccines are restricted for use in particular age groups. The Summary of Product Characteristics (SPC) for individual products and Patient Group Directions (PGD) should always be referred to when ordering vaccines for particular patients.

Contraindications

3. The Green Book chapter on influenza contains detailed advice on the flu vaccine and associated contraindications and colleagues should ensure they are familiar with, and refer to this before vaccinating patients
<https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19>.

4. LAIV should not be given to children or adolescents who are clinically severely immunocompromised due to conditions or immunosuppressive therapy such as: acute and chronic leukaemias; lymphoma; HIV infection not on highly active antiretroviral therapy (HAART); cellular immune deficiencies; and high dose corticosteroids. It is not contraindicated for use in children or adolescents with stable HIV infection receiving antiretroviral therapy; or who are receiving topical corticosteroids, inhaled corticosteroids or low-dose systemic corticosteroids, or those receiving corticosteroids as replacement therapy, e.g. for adrenal insufficiency. It is contraindicated in children and adolescents receiving salicylate therapy (other than for topical treatment of localised conditions) because of the association of Reye's

syndrome with salicylates and wild-type influenza infection as described in the SPC for Fluenz® Tetra.

Vaccine composition for 2022/23

5. Each year the World Health Organization (WHO) recommends flu vaccine strains, based on careful mapping of flu viruses as they circulate around the world.
6. 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.
7. 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

8. 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 \(who.int\)](https://www.who.int/publications/m/item/recommendations-announced-for-influenza-vaccine-composition-for-the-2022-2023-northern-hemisphere-influenza-season).

9. Questions and Answers - Recommended composition of influenza virus vaccines for use in the Northern hemisphere 2022-2023 influenza season and development of candidate vaccine viruses for pandemic preparedness (February 2021) available at: [202202_qanda_recommendation.pdf \(who.int\)](https://www.who.int/publications/m/item/202202_qanda_recommendation.pdf).

Egg-free vaccine

10. Egg-allergic adults and children aged over 2 years 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

11. LAIV and inactivated flu vaccine should be ordered from vaccine holding centres as in previous years.
12. Health Boards and participating GP practices must ensure adequate vaccine supplies before organising vaccination clinics.