

From the Acting Chief Medical Officer
Dr Elizabeth Mitchell



Department of
**Health, Social Services
and Public Safety**

www.dhsspsni.gov.uk

AN ROINN

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MÄNNYSTRIE O

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HSS(MD)32/2009

Chief Executives, Public Health Agency/ Health & Social Care Board/Trusts
Director of Public Health, Public Health Agency
Assistant Director Health Protection, Public Health Agency
Director of Nursing, Public Health Agency
Directors of Pharmaceutical Services, Health & Social Care Board/Trusts
Family Practitioner Service Leads, Health & Social Care Board
GP Medical Advisers, Health & Social Care Board
Consultants in Communicable Disease Control, Public Health Agency
All Community Pharmacists
Medical Directors, HSS Trusts (*for onward distribution to all Consultants, Occupational Health Physicians*)
Nursing Directors, HSS Trusts (*for onward distribution to all Community Nurses*)
All General Practitioners (*for onward distribution to practice staff*)

Your Ref:
Our Ref: HSS(MD)32/2009
Date: 29 July 2009

Dear Colleague

SEASONAL INFLUENZA IMMUNISATION PROGRAMME FOR 2009/2010

1. We are writing to thank everyone who was involved in delivering the Seasonal Influenza Immunisation Programme in 2008/2009. The Public Health Agency and the Health and Social Care Board as commissioners are required to make arrangements to deliver the 2009/2010 Seasonal Influenza Immunisation Programme. From October 2009 the Department will issue separate guidance in relation to A/H1N1 (swine) flu immunisation, when available.

Target Groups for seasonal flu vaccine

2. As in previous years, the national policy is that the flu vaccine should be offered to the following groups:
 - (i) All those aged 65 years and over;
 - (ii) All those aged 6 months or over in a clinical risk group (Annex1);

- (iii) 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);
- (iv) Those who are in receipt of a carer's allowance, or those who are the main carer for an elderly or disabled person whose welfare may be at risk if the carer falls ill. This should be given on an individual basis at the GP's discretion in the context of other clinical risk groups in their practice.

Annual influenza immunisation for these groups is provided as part of a Directed Enhanced Service (DES).

As detailed in the Green Book – *Immunisation against Infectious Disease 2006* (Chapter 19, page 193), pregnant women in the clinical risk groups listed should be vaccinated before the influenza season, regardless of the stage of pregnancy.

A revised edition of Immunisation against infectious disease (the 'Green Book') was published and distributed in December 2006. An update to the influenza chapter was published online in July 2008.

A revised chapter on influenza for 2009 is now available at:

http://www.dh.gov.uk/en/Publichealth/Healthprotection/Immunisation/Greenbook/DH_4097254

Clinical Risk Groups

3. There are no changes to the clinical risk groups in this years programme. The clinical at risk groups are set out in Annex 1.

GPs should take into account the risk of influenza infection exacerbating any underlying disease that a patient may have, as well as the risk of serious illness from influenza itself. GPs should consider on an individual basis the clinical needs of their patients including individuals with:

- multiple sclerosis and related conditions, or
- hereditary and degenerative diseases of the central nervous system.

Where these target groups are not covered by the DES, the HSCB should consider the need for an appropriate local enhanced service.

A/H1N1 (Swine) Flu

4. The World Health Organisation (WHO) have recently declared A/H1N1 (Swine) flu to be a pandemic. The Department will issue separate guidance for dealing with pandemic flu immunisation when available. In the meantime the PHA and HSCB should continue to make necessary arrangements to facilitate the annual seasonal flu immunisation programme as normal.

Poultry workers

5. Those who work in close contact with poultry will be offered immunisation through a separate programme. This is the fourth year that we have run such a programme and this policy is in line with the rest of the UK. The Joint Committee on Vaccination and Immunisation (JCVI) has endorsed this advice.

Offering poultry workers the seasonal flu vaccination is a precautionary public health measure to reduce the risk of poultry workers contracting both avian and human influenza simultaneously. This would reduce the theoretical risk for circulating human influenza virus to re-assort with avian influenza virus, thereby producing a new influenza virus which could have pandemic potential.

Seasonal influenza vaccine protects against seasonal human influenza but does not protect against avian or swine influenza.

The Health and Social Care Board is asked to consider putting in place a LES for poultry workers, which is in line with national policy. The HSCB will reimburse those who provide this service.

More information on this programme can be found in "Seasonal Influenza Immunisation Programme for Poultry Workers 2009/2010, available at www.dhsspsni.gov.uk and also on the DHSSPS Extranet which can be accessed directly at <http://extranet.dhsspsni.gov.uk> or by going through the HPSS Web at <http://www.n-i.nhs.uk> and clicking on DHSSPS.

In the event that a poultry worker attends the practice for flu immunisation the practice should contact the Health and Social Care Board which will be able to advise accordingly.

Funding and Contractual arrangements

6. Under the arrangement associated with the GMS contract financial envelope, The HSCB has already been allocated funding for the immunisation with flu vaccine of those over 65s and for those under 65s at risk. Additional money will be allocated in 2009-10 to the HSC Board, from the Public Health Agency, to cover:
 - payments to GPs for immunisation of carers and those with chronic liver disease;
 - payment of a data collection fee to general practices;
 - Trust support for the delivery of the Influenza programme;
 - support for pharmacies in promoting the influenza immunisation campaign; and
 - funding for a seasonal flu immunisation programme for poultry workers.

Immunisation of patients who do not fall into a DES or LES category

7. Where a person not in the high risk group requests an influenza vaccination, the decision to immunise is based on the GP's clinical judgement. Influenza vaccine for such immunisations should not be obtained using the central supply ordering system. Currently there are no anticipated shortfalls with influenza vaccine supply and therefore GPs should have no difficulty in obtaining vaccine using health service prescriptions for individual patients. Practices are reminded that contractually it is not

possible to charge for the prescription or the administration of the vaccine to a patient who is registered with the practice. Any contractor offering a private flu vaccination service for their own registered patients is immediately in breach of their contract.

Influenza Immunisation of Health Care Workers

8. We would wish to remind HSC employers of the need to offer and recommend influenza immunisation to employees directly involved in patient care.

This will require proactive workplace planning and awareness raising in order to improve the historically low uptake rates of immunisation achieved. **Trusts/employers should determine their own programmes and fund the immunisation of their staff.**

Trusts/employers should ensure, so far as is reasonably practicable, that healthcare workers are free of and are protected from exposure to communicable infections during the course of their work, and that all staff are suitably educated in the prevention and control of HCAs. They should ensure that occupational health policies and procedures in relation to the prevention and management of communicable infections in healthcare workers, including immunisation, are in place. The influenza immunisation given to staff directly involved in patient/client care acts as an adjunct to good infection prevention and control procedures. It may reduce the transmission of infection to vulnerable patients/clients some of whom may have impaired immunity and not produce a good response to their own immunisation.

Examples of staff directly involved in patient care are:

- Clinicians, midwives and nurses, paramedics and ambulance drivers
- Occupational therapists, physiotherapists and radiographers
- Primary care providers such as GPs, practice nurses, district nurses and health visitors
- Staff in nursing and care homes that look after older people.

Students and trainees in these disciplines and volunteers who are working with patients should also be included.

Action for Trusts

- Trusts should begin planning now for an influenza immunisation programme targeted at relevant staff.
- By **30th April 2010** Trust Chief Executives should supply the PHA with a report on the success of the campaign, including information on immunisation uptake rates among staff.

Consent

9. Health professionals must ensure that for each person who attends an immunisation session, appropriate information and advice about the influenza vaccine is given and that the persons consent is obtained. Individuals coming forward for immunisation should be given a reasonable opportunity to discuss any concerns before being immunised.

Vaccine Update Targets

10. The DHSSPS targets for 2009/2010 have been maintained at 70% for patients aged 65 years and over and 60% for patients in the clinical at risk groups, who are under 65 years (Annex 1). The uptake in 2008/2009 for those aged 65 years and over was 76.8% and the under 65 'at risk' groups was 74%.

Monitoring Uptake

11. The PHA will take the lead in monitoring uptake on behalf of DHSSPS. The PHA is asked to put in place arrangements to supply a minimum data set on the uptake of influenza immunisation for regional monitoring purposes. The HSCB has money within its baseline to support the collection of this data which it will transfer to the HSCB. The funding allows for £1.75 per patient. It is essential to supply this information in the required format by the agreed deadlines. Specific arrangements for surveillance will be issued by PHA at a later date.

It is important to ensure that uptake rates for immunisation remain high and that a similar level of effort to previous years is required by all those involved in delivering the programme.

Monitoring Safety

12. If a doctor, nurse, or pharmacist suspects that any adverse reaction to one of the influenza vaccines has occurred, it should be reported to the MHRA <http://yellowcard.mhra.gov.uk/> using the yellow card reporting scheme.

Publicity and Information Materials

13. Information materials including leaflets and posters will be available to support health professionals running local flu campaigns. These should start to arrive in practices by the end of August in good time for practices to plan their local immunisation programmes. It is anticipated that the regional publicity programme will be launched in October 2009.

GENERAL PRACTITIONER ARRANGEMENTS FOR ORDERING & DELIVERY OF VACCINE

Influenza vaccine composition for 2009/10

14. The components recommended for the 2009/10 northern hemisphere influenza vaccine are as follows;
 - A/Brisbane/59/2007 (H1N1)-like virus;
 - A/Brisbane/10/2007 (H3N2)-like virus;
 - B/Brisbane/60/2008-like virus.

Further details can be found on the WHO website:

http://www.who.int/entity/csr/disease/influenza/recommendations2009_10north/en/index.html

15. Influenza vaccine for the 2009/2010 Influenza Immunisation Programme has been centrally purchased by the Department on behalf of the PHA from four influenza vaccine manufacturers, namely Sanofi Pasteur, GlaxoSmithKline, Solvay and Wyeth.

The vaccine supplies are only to be used for the immunisation of the recommended patient groups as defined in this letter.

Timeline

16. Currently there are no expected vaccine supply issues. It is anticipated that initial seasonal influenza vaccine supplies will arrive into Northern Ireland during the week commencing 7th September 2009. This should permit GPs and Trusts to schedule clinics from 1 October 2009.

Orders

17. Although there are four different manufacturing companies involved, GPs and hospital pharmacies are requested to order generically (i.e. inactivated influenza vaccine) as there will be no preference for any particular brand. All the supplies of influenza vaccine are 0.5ml pre-filled syringe presentations and are thiomersal-free. GPs and hospital pharmacies must only order sufficient to meet their weekly needs and only the quantity that they have sufficient refrigerated capacity to store. (Note - Storage Conditions: 2-8 C refrigerated storage/ Protect from light/ Do not freeze).

As the majority of the stock will be in packs of 10 pre-filled syringes, GPs and hospital pharmacies are requested, as far as possible, to order in multiples of 10. Requests for smaller quantities of vaccine will be facilitated nearer the end of the campaign. To ensure equitable provision throughout Northern Ireland, it is important that orders are made in line with anticipated need and that wastage is kept to an absolute minimum.

How to Order

18. Orders for influenza vaccine must be placed **only** with **Movianto Ireland** - formerly Castlereagh Pharmaceuticals - (contact details below) either by telephone, fax or by e-mail. Where possible, it is preferred that all orders from GP practices are **faxed or e-mailed**, using the attached form (a copy can be downloaded from the Department's website at http://www.dhsspsni.gov.uk/index/phealth/professional/cmo_communications) to:

Movianto Ireland
6a Prince Regent Road
Belfast
BT5 6QR

Tel: 028 9079 5799

Fax: 028 9079 6303

[E-mail: orders.nireland@movianto.com](mailto:orders.nireland@movianto.com)

Opening hours: 9:00am to 5:00pm (Monday to Friday).

Initial Orders

19. Initial orders for your first delivery of influenza vaccine 2009/2010 can be placed with **Movianto Ireland from w/c 24th August 2009**. Initial orders must only be a small quantity of influenza vaccine to start immunisation clinics.

Please note that all GP practices are requested to ensure that all stocks of last years supplies of Influenza Vaccine 2008/2009 (expiry date 30th June 2009) must be removed and destroyed (according to disposal policy) **prior** to placing your initial order.

Additional Orders

20. Additional orders can be placed from week commencing 5th October 2009 and orders should be placed weekly to meet on-going requirements. Please note that there is no limit on the number of orders that can be placed on an on-going basis and GPs and hospital pharmacies are requested to only hold sufficient stock to meet weekly needs. **As Movianto Ireland will deliver all orders within 24 hours of receipt there is no need to stockpile vaccine.**

Please note that the normal delivery time schedule is within 24 hours of receipt of your order. Practices are requested to manage their orders to meet this delivery schedule. However **in exceptional circumstances** should any more urgent delivery be required, please contact Customer Services (Tel: 028 9079 5799).

Delivery

21. Movianto Ireland will deliver orders **within 24 hours of receipt**. All orders must be signed for on receipt of delivery and all vaccines must be refrigerated immediately. Any problems with the order must be notified to the driver upon delivery or as soon as possible by telephone to Customer Services (Tel: 028 9079 5799). Please note there will be no uplift of vaccines once delivered and receipted, except in the event of a batch recall.

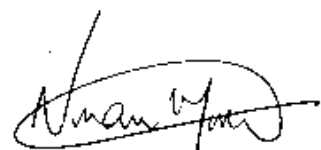
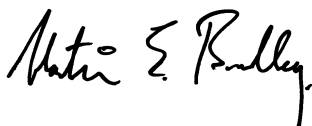
Contingency Supply

22. A contingency supply of influenza vaccine will be available should particular difficulties in supply arise. This supply may be accessed by contacting the Regional Pharmaceutical Procurement Service (Tel: 028 90 55 2386). It should be noted that this contingency supply is limited and should be accessed only in exceptional circumstances.

Audit

23. At the end of this season's influenza programme, to inform the arrangements for next year, the Department will carry out an audit of the vaccines issued and used.

Yours Sincerely



DR ELIZABETH MITCHELL
Acting Deputy Chief
Medical Officer

MR MARTIN BRADLEY
Chief Nursing Officer

DR NORMAN MORROW
Chief Pharmaceutical Officer

cc Dr Michael McBride, Acting Permanent Secretary
Dr Elizabeth Mitchell, Acting Chief Medical Officer
Mrs Linda Brown, Deputy Secretary, DHSSPS
Dr Elizabeth Reaney, Senior Medical Officer, DHSSPS
Mr A Elliott, Director of Population Health, DHSSPS
Ms C Jendoubi, Director of Primary Care, DHSSPS
Mr J Farrell, Principal, GMS Contract Unit, DHSSPS
Mr M Coleman, Health Protection Team, DHSSPS
Miss C McKee, Health Protection Team, DHSSPS
Dr E Rooney, Chief Executive, Public Health Agency
Dr B Dunn, Chair, GPC, BMA
Prescribing Advisers, HSC Trusts
Regional Drug and Poisons Information Service
Dr Jill Mairs, Regional Procurement Pharmacist
Dr Philip McClements, NI Prison Service
Universities Student Health Services
Occupational Health Departments Boards/ Trusts
NICS Occupational Health
Mr P Tiffney, Movianto Ireland

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Clinical Risk Groups 2008/09

Clinical risk category	Examples (decision based on clinical judgement)
<i>Chronic respiratory disease and asthma that requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission</i>	<ul style="list-style-type: none"> • 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
<i>Chronic heart disease</i>	<ul style="list-style-type: none"> • Congenital heart disease • Hypertension with cardiac complications • Chronic heart failure • Individuals requiring regular medication and/or follow-up for ischaemic heart disease
<i>Chronic renal disease</i>	<ul style="list-style-type: none"> • Chronic renal failure • Nephrotic syndrome • Renal transplantation.
<i>Chronic liver disease</i>	<ul style="list-style-type: none"> • Cirrhosis • Biliary Atresia • Chronic hepatitis
<i>Chronic neurological disease*</i>	<ul style="list-style-type: none"> • Cerebrovascular disease, principally stroke and transient ischaemic attacks (TIAs) • Multiple sclerosis and related conditions • Hereditary and degenerative disease of the central nervous system
<i>Diabetes Mellitus</i>	<ul style="list-style-type: none"> • Type 1 diabetes • Type 2 diabetes requiring insulin or oral hypoglycaemic drugs • Diet controlled diabetes
<i>Immunosuppression</i>	<ul style="list-style-type: none"> • Immunosuppression due to disease or treatment • Patients undergoing chemotherapy leading to immunosuppression • Asplenia or splenic dysfunction • HIV infection • Individuals treated with or likely to be treated with systemic steroids for more than a month at a dose equivalent to prednisolone at 20mgs or more per day (any age) or for children under 20 Kgs a dose of 1mg or more per kg per day. <p><i>Some immunocompromised patients may have a suboptimal immunological response to the vaccine</i></p>

Movianto Ireland

Influenza Vaccine - ORDER FORM

Date of Order:

Practice Code:

Practice Name:

Address:

Postcode:

Phone No:

Fax No:

Opening Times:

Contact Name:

Product Name	PACK SIZE	Quantity of PACKS required.	Confirm quantity in NUMBER OF DOSES
Inactivated Influenza Vaccine	10 Pre-filled syringes (i.e. 10 DOSES)		

6A Prince Regent Road, Castlereagh, Belfast BT5 6QR

Tel: 028 9079 5799 Fax: 028 9079 6303 email:

orders.nireland@movianto.com

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