

From the Chief Medical Officer

Dr Michael McBride



Department of

**Health, Social Services
and Public Safety**

www.dhsspsni.gov.uk

AN ROINN

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MÄNNYSTRIE O

**Poustie, Resydènter Heisin
an Fowk Siccar**

HSS(MD)44/2009

Chief Executives, Public Health Agency/Health & Social
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Medical Directors, HSC Trusts (*for onward distribution to all
Consultants, Occupational Health Physicians &
School Medical Leads*)
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Your Ref:
Our Ref: HSS(MD)44/2009
Date: 6 October 2009

Dear Colleague

**FURTHER UPDATE ON PANDEMIC (SWINE) INFLUENZA VACCINATION PROGRAMME
2009**

**THIS LETTER SUPERSEDES THE PREVIOUS LETTERS OF 1 JULY (HSS MD 28/09)
AND 14 AUGUST (HSS MD 37/09) AND INCORPORATES ALL INFORMATION WHICH IS
STILL RELEVANT.**

PLEASE NOTE THE ANNUAL SEASONAL FLU PROGRAMME SHOULD CONTINUE AS NORMAL, FROM THE 1ST OCTOBER.

INTRODUCTION

1. The purpose of this letter is to provide a further update on the policy and planning for the delivery of the vaccination programme against pandemic H1N1 (swine) influenza. Considerable work has already been undertaken through workstream 9 of the Regional Preparedness for a Swine Flu Pandemic Programme Board which provides the operational lead for this work. We are still dealing with a number of uncertainties – for instance, regarding the number of doses needed for protection; and the delivery profile from the manufacturers – which means that we are unable to provide you with definitive guidance on these as yet. However, the letter provides the most up to date information available on 5th October and outlines those details of the programme which have now been finalised and agreed, subject to licensing conditions. It also provides indicative arrangements for planning purposes for GPs and Trusts, however it is important to stress that these arrangements are still subject to change in light of further information.
2. The specific issues covered include:
 - Vaccines (paragraphs 3-12)
 - Supplies, distribution and storage (paragraphs 13-21)
 - Priority groups for vaccination (paragraphs 22-28)
 - Trust arrangements for vaccine programme (paragraphs 29-32)
 - Primary care arrangements for vaccine programme (paragraph 33)
 - University Health Service (paragraph 34)
 - Monitoring uptake (paragraph 35)
 - Information for health care professionals and the public (paragraphs 36-39)

Annex 1 – Vaccine Contraindications and Precautions for Use.

Annex 2 – Current Seasonal Flu Clinical Risk Groups 2009.

Annex 3 – Definition of Frontline Health Care Worker for H1N1 Swine Flu Vaccination Programme.

Annex 4 – Definition of Frontline Social Care Worker for H1N1 Swine Flu Vaccination Programme.

VACCINES

Vaccine to be supplied for programme

3. Two H1N1swine flu vaccines are being used as part of the national immunisation programme. The two vaccines are:
 - Baxter vaccine Celvapan – an inactivated whole virion vaccine that is produced in cell culture. **The European Medicines Agency (EMA)**

has recommended to the European Commission (EC) that Celvapan from Baxter, be granted a marketing authorisation. Adoption of an authorisation decision for this vaccine by the EC is expected shortly.

- GSK vaccine Pandemrix - an inactivated split virion vaccine (made from components of the virus). The virus is grown in hens' eggs and chemically inactivated. This vaccine contains an adjuvant AS03 to boost the immune response. It contains thiomersal as a preservative. **The EC has granted a marketing authorisation to GSK for its Pandemrix vaccine.**

Both vaccines are inactivated, do not contain live organisms and cannot cause 'swine flu'.

Number of Vaccine Doses

4. The EMEA's Committee for Medicinal Products for Human Use (CHMP) has recommended a two-dose vaccination schedule, with a 3-week interval for adults, including pregnant women and for children from the age of 6 months. For those aged from 6 months to 9 years, half the adult dose (i.e. 0.25ml rather than 0.5ml) is recommended. **The two vaccine products are not interchangeable and the same vaccine product must be used for both doses.**
5. Based on preliminary data, the proposed recommendations also allow for 1 dose to be given to those aged between 10 to 60 yrs. The EMEA is expecting further data from ongoing clinical studies over the coming months and these recommendations may be updated. Further advice will be sought from JCVI on the dosing schedule and this will be shared with colleagues as soon as it is available. **Planning should proceed on the basis of two doses of vaccine, separated by at least three weeks until this advice is received.**

Swine flu and other vaccines

6. The swine flu vaccine can be given at the same time as other vaccines, including the seasonal flu vaccine. If two vaccinations are being administered on the same day they should be given in a different site preferably in a different arm.

Contraindications and Precautions

7. JCVI has advised that individuals with a confirmed history of an anaphylactic reaction to egg, which is a very rare condition, should not be offered the GSK swine flu vaccine (Pandemrix). Individuals with a confirmed anaphylactic reaction to egg should be offered the Baxter vaccine when available. A Green Book chapter on pandemic influenza, which is currently being drafted, will reflect JCVI advice and is likely to read as follows:

"There are very few individuals who cannot receive the swine flu vaccine.

The vaccines should not be given to those who have had:

- A confirmed anaphylactic reaction to a previous dose of the vaccine, or
- A confirmed anaphylactic reaction to any component of the vaccine.

The GSK product should not be given to those who have had:

- A confirmed anaphylactic reaction to egg products as the vaccines are prepared in hens' eggs."

Further information on the two vaccines is included in Annex 1.

Reporting adverse reactions

8. Arrangements to report suspected adverse reactions to swine flu vaccines will be the same as for Tamiflu and Relenza. MHRA has put in place a special web based reporting system – the Swine Flu ADR Portal (www.mhra.gov.uk/swineflu) based on the Yellow Card scheme.

Vaccine damage payments scheme

9. Most vaccinations are given without any trouble at all, but very rarely there may be problems. Starting from 10th October, H1N1 swine flu vaccine will be included in the Vaccine Damage Payments Scheme. This is designed to help with the present and future financial burdens on the person affected and their family. It covers the routine childhood vaccines and is being extended to include swine flu vaccines. More information can be obtained from the website of the Department for Works and Pensions (www.dwp.gov.uk) that manages the Scheme. The scheme covers on use of H1N1 vaccination in NI.

Swine flu vaccines and Guillain-Barré syndrome (GBS)

10. Guillain-Barré syndrome is a rare but serious disease of the peripheral nervous system. Influenza-like illness has been shown to be associated with an increased risk of GBS. A recent study showed that the risk of GBS was about seventeen times higher in the period following infection with a flu-like illness compared to the usual risk of GBS. (Stowe et al., 2009).
11. In 1976, the swine influenza vaccines used in the United States were associated with an increased risk of GBS. It is thought that one extra case of GBS occurred with every 100,000 doses of the vaccine (Schonberger et al., 1979). The exact reason why the 1976 vaccine increased the risk of GBS remains unknown. Many studies have since looked at whether other influenza vaccines used since 1976 carry a risk of GBS and no robust evidence of a causal link has been found (Stratton et al., 2004). An epidemiological study of seasonal flu vaccines recently used in the UK found no risk of GBS (Stowe et al., 2009).
12. There is no evidence to suggest that either the GSK or Baxter swine flu vaccine, or seasonal flu vaccine, will carry an excess risk of GBS. As with any new vaccine, we will have robust systems in place to identify any serious side effects.

Schonberger LB et al., Guillain-Barre syndrome following vaccination in the national influenza immunization program, United States, 1976-1977. Am J Epidemiol 110(2):105-123.

Stratton K et al., (eds). (2004) Immunization Safety Review. Influenza Vaccines and Neurological Complications. Washington: The National Academies Press

Stowe J et al., Investigation of the temporal association of Guillain-Barre syndrome with influenza vaccine and influenza like illness using the United Kingdom General Practice Research Database. Am J Epidemiol 169(3):382-8.

SUPPLIES, DISTRIBUTION AND STORAGE

Delivery timeline

13. A 2.8% share of vaccine procured for the UK will be allocated to Northern Ireland. Based on previous experience it normally takes at least 1 week for vaccine to be moved from GB to NI. Work is ongoing to decide how much vaccine will be delivered to Trusts/GP Practices in an initial delivery drop. This information will be shared with Trusts/GP Practices once a new schedule becomes available. The key drivers are the date of arrival of vaccine in the UK and the quantity of vaccine received. Once this information is known details of quantities to expect and date of delivery can be provided to Trusts/GPs. We estimate a lead-in time of 2-3 weeks from a licensed vaccine being available in Northern Ireland to the vaccination programme commencing. In the event that initial supplies of the vaccine are limited vaccines will be delivered to Trusts for vaccination of staff and patients at the greatest risk of infection.

Distribution arrangements for vaccine

14. The Department has contractual arrangements in place for local storage and distribution of the H1N1 vaccines (similar to distribution arrangements for seasonal influenza vaccines) and further ordering arrangements and delivery details will be issued as soon as possible.

Storage

15. As for other vaccines, the vaccines need to be stored between 2°C and 8°C. It is essential that the cold chain is maintained throughout the distribution and storage of this vaccine and that wastage is minimised.
16. GP Practices will be aware of the requirements under the GMS Contract which states that:
 - (a) All vaccines are stored in accordance with the manufacturer's instructions; and
 - (b) All refrigerators in which vaccines are stored have a maximum/minimum thermometer and that readings are taken on all working days.

Vaccine presentation

17. It is likely that the vaccines will be supplied in the following presentations:

The GSK product:

- Will be presented in a box of 50 multidose vials of 2.5ml suspension and two boxes containing 25 2.5ml vials of adjuvant.
- Each 5.0 ml of reconstituted vaccine should provide 10x 0.5ml doses.
- Each pack should provide 500 doses.

The pack size for the 500 dose pack is 260mm x 113mm x 97mm.

The Baxter product:

- will be presented in a pack of 20 multidose vials of 5ml suspension per pack.
- Each 5ml vial should provide 10x 0.5ml doses.
- Each pack should provide 200 doses.

The pack size for the 200 dose pack is 206mm x 166mm x 55mm.

Consumables for GPs

18. Supplies of needles and syringes will be issued to all practices in advance of the programme beginning based on the quantity of vaccine to be sent to the practice. A small quantity of alcohol hand gel will also be provided. Target date to commence these deliveries is 14th October and they will be completed over a number of days. Deliveries will be labelled "H1N1 Vacc. Consumables".
19. The above products will be consolidated to boxes approximating size 300mm x 600mm x 460mm. Most practices will receive one single delivery of these consumables comprising up to 4 boxes. Larger practices will be contacted directly by BSO Procurement and Logistics to establish whether 2 or 3 deliveries will be necessary.
20. Additional sharps containers will be dealt with in the same way as annual flu increased requirements i.e. practices on Trust premises will draw added stock as normal if required and practices in their own premises will have additional containers available from Cannon Hygiene. In the latter these should be paid for in usual manner and passed back to respective Board area FPU for reimbursement.

Consumables for HSC Trusts

21. Trust vaccination leads will be notified of the respective consumable products (needles/syringes, sharps containers, hand gel) available from BSO Procurement and Logistics Service for undertaking the H1N1 vaccination programme. This information will also contain the relevant details and contact points necessary for delivery purposes etc. Trusts should requisition products as described in the details sent to the Trust vaccination leads. Delivery arrangements will be consistent with those normally provided by BSO. Clinical waste arising will be disposed of within the existing respective Trust arrangements.

PRIORITY GROUPS FOR SWINE FLU VACCINE

22. The national policy is that the following groups should be prioritised for vaccination in the following order:
 - (i) Individuals aged between six months and 65 years in the current seasonal flu clinical risk groups (copy attached at Annex 2);
 - (ii) All pregnant women, subject to licensing conditions on trimesters;
 - (iii) Household contacts of immunocompromised individuals;
 - (iv) People aged 65 and over in the current seasonal flu vaccine clinical at-risk groups.

23. These groups were selected because they are at highest risk of severe illness. In practice, it is likely that as vaccines become available, priority groups i-iii may be vaccinated concurrently, rather than in order of priority. The full statement from JCVI is available at: http://www.dh.gov.uk/ab/JCVI/DH_094744.
24. JCVI gave very careful consideration to its recommendations for vaccination of children. It recommended that children in clinical risk groups from six months of age upwards should be offered the swine flu vaccine because of the severity of the disease seen in these groups.

Pregnant women

25. Pregnant women are recommended swine flu vaccination because they are at an increased risk from the complications of swine flu (see para 30 for vaccination arrangements). There is no evidence of risk from vaccinating pregnant women, or those who are breast-feeding, with inactivated virus vaccines.
26. The GSK vaccine contains very low levels of thiomersal, a preservative that contains mercury. The presence of thiomersal permits use of the opened vials for up to twenty four hours. The UK Commission on Human Medicines (CHM) keeps the safety of vaccines, including other thiomersal containing vaccines, under continual review. The view of the CHM remains that there is no evidence of neurodevelopmental adverse effects caused by levels of thiomersal in vaccines. The only evidence of harm due to thiomersal is a small risk of hypersensitivity reactions (that typically include skin rashes or local swelling at the site of injection). The CHM advises that the balance of risks and benefits of thiomersal-containing vaccines is overwhelmingly positive. Further information is available at www.mhra.gov.uk (search for 'thiomersal'). **The benefits of vaccination far outweigh the risks, if any, of exposure to thiomersal-containing vaccines and vaccination must not be delayed for this reason.**

Immunisation of Frontline Health & Social Care Workers

27. In addition to the clinical at risk groups identified in par 22, frontline health and social care workers, as they are at increased risk of infection and of transmitting that infection to susceptible patients, will be prioritised to receive the vaccine at the same time as the first clinical risk groups. Eligibility guidance for vaccination for frontline health and social care workers is included in Annexes 3 and 4. Frontline health and social care workers will be vaccinated through Trust occupational health led clinics.
28. Vaccination provides true primary prevention of disease and is perhaps the most effective weapon at our disposal in the fight against swine flu. However, we all know that uptake of the seasonal flu vaccine amongst HSC and primary care staff is traditionally low. Although vaccination is optional, frontline staff have an individual and collective responsibility to reduce their risk of infection and of transmitting the virus to colleagues, vulnerable patients and relatives. Therefore, maximising staff participation in the vaccination programme is critical. All Trusts and GPs should ensure that their plans make access to the vaccine for their frontline staff as easy as possible to avoid compromising the safety of the care we provide.

TRUST ARRANGEMENTS

29. Trusts will be responsible for vaccinating the following priority groups:
- Frontline health and social care workers from Trusts, primary care and the independent sector (through Trust occupational health-led clinics)
 - Pregnant women (full details to be confirmed – see para 30)
 - Housebound patients (in line with seasonal flu arrangements).
 - All patients in nursing and residential homes, both Trust and independent sector.

Vaccination arrangements for pregnant women

30. Women who are pregnant and already on Trust systems at the start of the vaccination programme will be vaccinated by Trust staff. Local arrangements will be made to vaccinate groups of women who become pregnant or who present as pregnant after this date in order to maximise access to the vaccine and to minimise wastage of the vaccine.

Standing down of services for the duration of the vaccination campaign

31. Whilst every effort should be made to ensure that service disruption is minimised the following services may be impacted as staff are redeployed during the vaccination campaign:
- Health Visiting Service
 - School Nursing Service
 - Occupational Health
 - Community Nursing Services
 - Midwifery Service

Each Trust should communicate with key stakeholders at a local level to advise them of the services that will be affected in their area

32. The broad approach for the delivery of vaccines by Trusts has been agreed by the Regional Programme Board for Swine Flu Preparedness.

PRIMARY CARE ARRANGEMENTS

33. Following national negotiations with BMA General Practice Committee (GPC) an agreement has been reached on how the swine flu vaccine will be delivered.

The key features of the agreement between the Department and GPC are:

- It applies only to the people identified as being in the at risk groups,
- A fee of £5.25 per dose of vaccination given. Both sides have recognised that this vaccination programme represents additional work. The per dose payment is designed to cover the costs of this new activity in terms of contacting patients (call & recall arrangements eg stamps & envelopes), and administering the vaccination. In particular, the £5.25 will go in part towards

additional work required of staff, whether practice employees or Trust employees. It will be for individual practices to agree with local Trusts exactly how reimbursement for this should take place, whether by use of over-time or other means.

- District nurses will be responsible for vaccinating all the housebound, unless more appropriate arrangements are already in place locally for seasonal flu programmes. GPs are requested to liaise closely with Trusts to ease the delivery of this, but will not be expected to reimburse Trusts for this specific work.
- In addition and in recognition of the additional workload practices will undertake to deliver this vaccination programme, and to facilitate and incentivise practices to achieve the highest possible uptake of the vaccination for these most at risk patients, the Department, along with the other UK Health Departments, has also agreed that there should be:
- No change to the QOF during 2010/11. Recommendations for changes made by NICE will be on hold for one year, with the aim of implementation from 2011/12,
- Reduction in the QOF payment achievement thresholds for the PE 7 and PE 8 patient experience indicators, measured through the 2009/10 Patient Experience Survey, if practices achieve higher uptake levels of swine flu vaccination compared to the 2008/09 seasonal flu uptake rate for “At Risk” patients,
- A six week extension for practices to deliver (non swine flu) childhood vaccinations covering the third quarter of 2009/10. ie: the third quarter vaccination period will be extended to mid-February instead of the usual end-December date.

This agreement puts us in the best possible position to deliver the swine flu vaccination as it builds on an established model of vaccination delivery, and draws on the experience and expertise of the GP community.

The Department is presently drafting a Directed Enhanced Service specification for the vaccination programme and this will be made available to the HSC Board in the coming weeks.

UNIVERSITY HEALTH SERVICE

34. Students in frontline health care disciplines will be vaccinated through University occupational health-led clinics.

MONITORING UPTAKE

35. Because of the unprecedented nature of the programme it will be necessary to collect data more frequently than for normal vaccination programmes. The following data collection arrangements are proposed:

Primary care

Primary care will be asked to provide data to their local FPU on a weekly basis. It is hoped that the Apollo GP information system will become fully operational during Autumn 2009. This system will allow vaccination information to be accessed directly from GP computer systems without the need for completing a return. FPU's will collate the information and pass to the Public Health Agency (PHA). However, a manual paper based system may be needed in case the Apollo system is not operational. **New READ codes will be published by Connecting for Health.** There will be two new product/drug codes for the two respective vaccines and they are due to be published in the October release. There will also be new procedure codes that will differentiate between doses (i.e. dose 1 or 2) and brand of vaccine; these are being finalised and will be published shortly. Accurate data recording is essential for the clinical record and to allow vaccine uptake collection. Guidance on which codes to use is to be prepared and will be issued in due course.

Pregnant women

Current planning is that pregnant women will be vaccinated by Trust staff (see para 30). A paper return should be completed on a weekly basis and returned to the Trust pandemic vaccination co-ordinator. The Trust co-ordinator will collate this with other Trust clinic returns and an aggregate report returned to the PHA for analysis.

Frontline health and social care workers

Frontline health and social care staff from Trusts, primary care, and the independent sector will be vaccinated through Trust occupational health-led clinics. A paper return should be completed on a weekly basis and returned to the Trust pandemic vaccination co-ordinator. The Trust co-ordinator will collate this with other Trust clinic returns and an aggregate report will be returned to the PHA for analysis.

University health care students

Students in frontline health care disciplines will be vaccinated through University occupational health-led clinics. A paper return should be completed on a weekly basis and returned to the University pandemic vaccination co-ordinator. The University co-ordinator will collate this with other University clinic returns and an aggregate report will be returned to the PHA for analysis.

The Child Health System

The Child Health System will record all vaccinations for at risk children 0-18 years. Therefore GPs are requested to ensure details of vaccinations are passed to the CHS using the normal CHS7 Immunisation Unscheduled Attendance Form after each dose or by providing a weekly print out containing all the necessary information.

INFORMATION FOR HEALTH CARE PROFESSIONALS AND THE PUBLIC

Vaccination programme training and education material

36. Each Trust will arrange H1N1 vaccine specific training for healthcare professionals once training material is finalised. Materials for healthcare professionals will include the Green Book Chapter, a vaccine preparation training video, leaflets and factsheet, posters and vaccination cards. Although the final version of all materials is subject to change pending licensing of the two vaccines, near final drafts are expected to be circulated for development of preliminary training programmes. Templates for consent and Patient Group Directives are also being developed.

Publicity and information materials

37. The public information materials supporting this programme will be produced nationally across the four countries and will include leaflets, posters, television advertisements and other ambient advertising. It is expected that these public facing materials will go live a few days ahead of the vaccination programme roll out. A swine flu vaccination leaflet will be available for issue to all eligible patients in advance of their vaccination.
38. A communication strategy is being developed nationally to encourage maximum uptake of the vaccine among frontline health and social care staff. Local information advising them where and when to receive it, will be issued.

Online resources

39. All information and guidance resources to support the swine flu immunisation programme will be found on the DHSSPS website at www.dhsspsni.gov.uk. All materials will be made available on Trust websites and intranet sites for staff to access. All public facing materials will also be available on NI Direct at <http://www.nidirect.gov.uk/swine-flu>

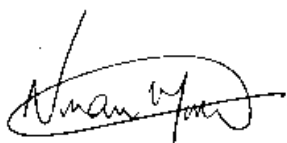
CONCLUSION

40. All Trusts and GP Practices must work together to develop plans to identify, communicate with and vaccinate their eligible frontline staff or patients in the at risk groups listed at paras 22-28 above.
41. The success of this vaccination programme has the potential to reduce the impact of swine flu on mortality, morbidity and service pressures in Northern Ireland. Your full participation and support is vital and is much appreciated.

Yours sincerely



Dr M McBride
Chief Medical Officer



Dr N Morrow
Chief Pharmaceutical Officer

Vaccine Contraindications and Precautions for Use

GSK vaccine Pandemrix

The following information on the GSK vaccine Pandemrix has been recommended by the Committee for Medicinal Products for Human Use (CHMP). The SPC lists the following contraindications and precautions for use:

History of an anaphylactic reaction to any of the constituents or trace residues (egg and chicken protein, ovalbumin, formaldehyde, gentamicin sulphate and sodium deoxycholate) of this vaccine.

Caution is needed when administering this vaccine to persons with a known hypersensitivity (other than anaphylactic reaction) to the active substance(s) to any of the excipients, to thiomersal and to residues (egg and chicken protein, ovalbumin, formaldehyde, gentamicin sulphate and sodium deoxycholate).

The draft Summary of Product Characteristics (SPC) can be found at <http://www.emea.europa.eu/humandocs/PDFs/EPAR/pandemrix/Pandemrix-PU-17-en.pdf>

Baxter vaccine Celvapan

More information is available on the Baxter vaccine Celvapan from the Summary of Product Characteristics (SPC) for the 'mock-up' H5N1 vaccines (**upon which the swine (pandemic) vaccines are based**). The SPCs lists the following contraindications and precautions for use:

History of an anaphylactic reaction to any of the constituents or trace residues (e.g. formaldehyde, benzonase, sucrose) of this vaccine.

Caution is needed when administering this vaccine to persons with a known hypersensitivity (other than anaphylactic reaction) to the active substance(s) to any of the excipients and to trace residues e.g formaldehyde, benzonase, sucrose.

The full Summary of Product Characteristics can be viewed at www.emea.europa.eu/humandocs/Humans/EPAR/celvapan/celvapan.htm (Click on the 'en' option for the English version of the documents).

Current Seasonal Flu Clinical Risk Groups 2009

These definitions also apply to the H1N1 Swine flu vaccination programme

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 Arterias 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>

**Until further information is available from a case control study of hospitalised patients currently being undertaken, the current definition of asthma used for seasonal flu vaccination programme will be used.*

The link to this document in the green book is as follows:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_079917 (see page 185).

Definition of Frontline Health Care Worker for H1N1 Swine Flu Vaccination Programme

Immunisation against Infectious Disease - the 'Green Book' and Seasonal Influenza Vaccination for Frontline Healthcare Workers

The Green Book is published by the Department of Health, London and is the reference guide on the latest UK immunisation recommendations and information on vaccines and vaccination procedures. It is based on scientific advice from the Joint Committee on Vaccination and Immunisation (JCVI).

The Green Book was last updated in full in 2006 and is available on line at http://www.dh.gov.uk/en/Publichealth/Healthprotection/Immunisation/Greenbook/DH_4097254 and distributed in hard copy to GPs, GP surgeries, practice nurses, health visitors, midwives, immunisation and flu co-ordinators, and a large number of other health professionals and the Royal Colleges.

The online version of the Green Book is updated when the JCVI make a new recommendation or makes changes to an existing recommendation.

Chapter 12 covers immunisation of healthcare and laboratory staff and sets out which healthcare workers should be routinely offered a vaccination against seasonal influenza as an occupational health vaccine (pages 85-87) i.e. those staff involved in direct patient care. It also sets out those that would not be expected to be offered this vaccine routinely.

Staff involved in direct patient care

This includes staff who have regular clinical contact with patients and who are directly involved in patient care. This includes doctors, dentists, midwives and nurses, paramedics and ambulance drivers, occupational therapists, physiotherapists and radiographers. Students and trainees in these disciplines and volunteers who are working with patients must also be included.

Seasonal influenza immunisation helps to prevent influenza in staff and may also reduce the transmission of influenza to vulnerable patients. Influenza vaccination is therefore recommended for healthcare workers directly involved in patient care, who should be offered influenza immunisation on an annual basis.

Non-clinical staff in healthcare settings

This includes non-clinical ancillary staff who may have social contact with patients but are not directly involved in patient care. This group includes receptionists, ward clerks, porters and cleaners. Seasonal influenza vaccination is not routinely recommended in this group.

Definition of Frontline Social Care Worker for H1N1 Swine Flu Vaccination Programme

The definition for social care workers is: **“social care staff who are employed to provide personal care to children and adults, both in care homes and in the community”**.

The UK Government & devolved administrations have agreed the following definition, that “Personal care” means:

- physical assistance given to a person in connection with:
 - eating or drinking (including the administration of parenteral nutrition),
 - toileting (including in relation to the process of menstruation),
 - washing or bathing,
 - dressing,
 - oral care, or
 - the care of skin, hair and nails (with the exception of nail care provided by a chiropodist or podiatrist); or
- the prompting, together with supervision, of a person, in relation to the performance of any of the activities listed in paragraph (a), where that person is unable to make a decision for themselves in relation to performing such an activity without such prompting and supervision.

Some examples of staff who would be included in this definition are:

- Care home staff in residential/nursing homes who provide personal care to residents
- Domiciliary care workers employed by agencies who provide personal care to service users in their own homes
- Personal assistants – staff employed to provide personal care to a single service user
- Students and trainees in these disciplines

And examples of people who would not be included are:

- Social workers
- Informal carers – family members and/or friends
- Non care staff in residential/nursing homes
- Housing staff – those who work in managing sheltered and similar housing
- Staff working in child or adult safeguarding
- Foster carers