

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**

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**Poustie, Resydènter Heisin
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HSS(MD)56/2009

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onward distribution to all health protection staff*)
Assistant Director Health Protection, Public Health Agency
Director of Nursing, Public Health Agency
Director of Pharmaceutical Services, Health & Social Care
Board/Trusts
Director of Social Care and Children, HSCB
Family Practitioner Service Leads, Health & Social Care
Board (*for cascade to GP Out of Hours services*)
GP Medical Advisers, Health & Social Care Board
All General Practitioners and GP Locums (*for onward distribution
to practice staff*)
All Community Pharmacists
Medical Directors, HSC Trusts (*for onward distribution to all
Consultants, Occupational Health Physicians &
School Medical Leads*)
Nursing Directors, HSC Trusts (*for onward distribution to all
Community Nurses, and midwives*)
Directors of Children's Services, HSC Trusts
RQIA (*for onward transmission to all independent providers
including independent hospitals*)
Prof P Johnston, Dean of Medical School at QUB
Heads of Occupational Health at QUB and UU
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Prof H McKenna, Head of Life and Health Sciences UU
Dr O Barr, Head of School of Nursing, UU

Your Ref:

Our Ref: HSS(MD)56/2009

Date: 24th November 2009

Dear Colleague

SWINE INFLUENZA (H1N1): PHASE TWO OF THE VACCINATION PROGRAMME

INTRODUCTION

1. I am writing to provide you with an update on extending the swine flu vaccination programme beyond the initial priority groups. The first phase of delivery has been progressing well; anecdotal evidence suggests a good take-up of the vaccine amongst patients in the priority groups and eligible frontline staff, and we will share official uptake data as soon as this available. I would like to thank you all for your efforts so far in planning and mobilising this new vaccination programme so quickly and effectively.

Vaccination of children over six months and under five

2. Completing the vaccination of all of the initial priority groups – public and health and social care staff – remains our highest clinical priority, and it is important that we continue to work to achieve this. Once this is complete however, the Joint Committee on Vaccination and Immunisation (JCVI) supports our decision to offer the vaccine to all healthy children over six months and under five years of age. Evidence shows that young children are currently suffering the greatest overall impact from the disease. Children under five are the age group with the consistently highest levels of hospital admissions. By vaccinating as many under fives as possible, we will be offering them the best possible protection against the virus.

Dates of birth of children in cohort for vaccination

3. The programme will cover all children born between 1 January 2005 and 7 June 2009, who are 6 months old from 7 December 2009 and are less than 5 years (4 years, 364 days) as of 31 December 2009. It will also include children born after 7 June 2009 who are aged 6 months after 7 December 2009 until further notice.
4. While we are still to finalise the logistics of how the vaccine will be delivered to children over six months and under five, we expect that general practice will want to continue to be a key component in the delivery of vaccines to young children. This would enable families to have their children vaccinated in a setting that is familiar to them, as well as allowing parents flexibility in when their children are vaccinated. We are expecting parents will be invited to bring their child in for vaccination, should they wish to take up the offer.

Vaccines for children and young people

5. JCVI advice is that Pandemrix should be the vaccine of choice for children and young people up to 18 years of age. This is because currently there are no paediatric data available for Celvapan. The following schedule is recommended in Northern Ireland.

For all children aged from 6 months of age to less than 10 years of age (9 years, 364 days):

Pandemrix (manufactured by GSK)

- Two half doses (0.25ml) of Pandemrix should be given with a minimum of three weeks between doses.

Celvapan (manufactured by Baxter) should be given to individuals, including children, with a history of severe anaphylactic reaction (shock or acute difficulty in breathing) after egg containing products.

- Two doses (0.5ml) of Celvapan should be given with a minimum of three weeks between doses.

Timing of phase 2

6. The 4 UK Health Departments agreed a fee for GPs administering the H1N1 vaccination to patients in the 'at risk' groups under Phase 1 of the vaccination programme. Further negotiations will be taking place at a national level to reach agreement on the fees for Phase 2 of the programme. We will keep you informed on progress.
7. We will be discussing local implementation of the national agreement and will provide you with a further update as soon as we have more information. We would anticipate that GP practices will be able to begin vaccination of children over six months and under five as soon as they finish vaccinating their patients in the priority groups in phase one. The date by which individual GP practices will be in a position to start this second phase of the programme will vary from practice to practice but we would encourage all practices to move as quickly as they can towards this. The total quantity of vaccine available depends on deliveries into the country but, based on the manufacturer's forecasts, we expect to have significantly more stock of (GSK) Pandemrix available from the end of this month. This is good news and will enable us to extend the programme in this way.

Extending vaccination to the main carers of older people or disabled people

8. We have also taken note of the JCVI advice that the vaccination of main carers of older people and disabled people, whose welfare may be at risk if their carer falls ill, should be an important next group. Like frontline health and social care workers, carers have considerable ongoing responsibilities towards the health and welfare of others and are looking after vulnerable people who need to be protected from the risk of infection. We are therefore discussing how best to implement this advice with carers organisations at a national level to establish a sensible approach before communicating further detail on how the programme will work. This will include the consideration of a number of practical questions, such as how to define and reach the carers who are most in need. Following these discussions, we will write to you again to outline any next steps. In the interim, our focus remains on vaccinating the patients in the initial priority groups, followed by those children aged between six months and five years.

Extending the vaccination programme more widely

9. In terms of any further extension of the priority groups, the JCVI has advised that use of the vaccine in the wider healthy population should depend on the evolution of the pandemic as well as new and emerging clinical data on the use of the vaccine. They have also advised us that were the epidemic to wane, this could obviate the need for further vaccination. Through the Department of Health (London), DHSSPS has placed orders for sufficient H1N1 swine flu vaccination for the whole Northern Ireland population if required. At this stage we have decided to prioritise young children and carers to make optimal use of available supplies and for the reasons previously outlined. We will continue to be guided by the most up-to-date scientific advice.

Vaccination of health and social care staff

10. Frontline health and social care staff have been offered the vaccine and many have received it. Now that this phase of the vaccination programme is almost complete, it is only appropriate that the offer of vaccination is extended to remaining health and social care staff, including staff in primary care and the independent sector. We want to recognise the contribution of these staff who play a vital role in health and social care. These staff will be offered vaccination through occupational health departments in the same way as the frontline staff. I would now encourage those staff to take up the offer of vaccination.

Vaccination of pregnant women

11. Given that pregnant women are particularly vulnerable to complications should they get swine flu, the Department strongly recommends that pregnant women should have the vaccine. While ultimately, whether to have the vaccine or not is a personal choice, it is important that healthcare staff have the right information available to provide to their patients about the vaccine, how it will protect them and how it has been tested to ensure safety. Please be reminded of the information that is available to support the vaccination campaign on the Department's website, including an information leaflet and Q&A at www.dhsspsni.gov.uk or www.publichealth.hscni.net or www.nidirect.gov.uk .
12. We are aware that there have been a number of instances of pregnant women requesting the (Baxter) Celvapan vaccine when they have been offered the (GSK) Pandemrix vaccine. The JCVI recommended that pregnant women should be given Pandemrix since a one-dose schedule with this vaccine gives excellent protection against the virus. It therefore gives much more rapid protection than would be afforded by the two-dose Celvapan schedule. Expert scientific advice is clear that thiomersal-containing vaccines, such as Pandemrix, do not present a risk to pregnant women or their babies. However, as it is better to be vaccinated than not at all, and, if a pregnant woman does not wish to receive Pandemrix, despite receiving clear advice about the more rapid protection this would offer, all Trusts should ensure that there are arrangements in place for her to be able to receive Celvapan, and that GPs are made aware of these. All five Trusts already have Celvapan clinics in place to deal with egg allergy patients, so they can also use these clinics to offer the Celvapan vaccine to those pregnant women who insist on having it.

Swine flu surveillance

13. Finally, following the publication of additional guidance for pandemic planners on 22 October, which indicated that the pandemic may peak at a lower rate than we originally thought, there has been a decrease in GP consultations for flu and flu-like illness for the last three consecutive weeks. The other key indicators are also showing a downward trend. While swine flu continues to circulate in the community, it is too early to confirm that this will be an ongoing trend, however, it is encouraging news.

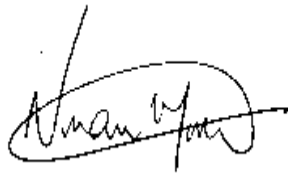
CONCLUSION

14. We would like to take this opportunity to thank everyone involved in this vaccination programme. The response of primary care, Trusts, the Public Health Agency, HSC Board and the Business Support Organisation so far has been outstanding. We are encouraged by the early indications that the uptake rate has been good but would again emphasise the need for individual and collective responsibility for health care workers to protect themselves and their patients from the impact of swine flu. Your full participation and continued support is vital and greatly appreciated.

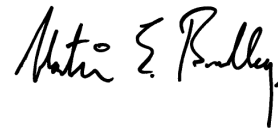
Yours sincerely



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