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To: All General Practitioners (for onward distribution to practice staff including practice nurses)  
All Community Pharmacists  
Directors of Public Health, HSS Boards  
Directors of Nursing, HSS Boards  
Medical Directors of HSS Trusts (for onward distributions to all Consultants)  
Nursing Directors of HSS Trusts (for onward distribution to Community Nurses)  
Consultants in Communicable Disease Control in each HSSB  
Directors of Pharmaceutical Services of each HSS Trust, HSSB and CSA  
Regional Epidemiologist, CDSC  
Chief Executives, HSS Boards and Trusts  
GP Medical Advisers, HSS Boards

Dear Colleague

## **INFLUENZA IMMUNISATION PROGRAMME FOR WINTER 2002-2003**

The purpose of this letter is to outline arrangements for the influenza immunisation programme for 2002-2003. Last years influenza immunisation programme in Northern Ireland was the most successful ever, the regional target of 70% uptake of immunisation among those aged 65 years and over was exceeded by all Boards and the final uptake of immunisation in this group was 72%. The success of this programme was due to the hard work of all those involved in planning and delivering the programme, particular thanks are due to those working in primary care.

### **Priorities For Action**

The influenza immunisation programme remains one of Minister's Priorities for Action and has been highlighted in the recent circular *Priorities for Action 2002-2003* (HSSPPM2/2002). This year a target of 70% uptake of influenza immunisation among the 65+ population has been set for boards. A further target of 60% uptake of influenza immunisation among those aged less than 65 with a clinical indication for influenza immunisation as also been set.

The regional influenza pneumococcal working group has been meeting to work with Board's, primary care professional and Trusts to develop the approach to achieving both these targets. Detailed information on how to organise and implement local influenza immunisation programmes is included at **Annexe 1**.

## **Additional Initiatives to Support the Influenza Immunisation Campaign for 2002-2003**

On the recommendation of the regional influenza and pneumococcal working group, the Department will support the following initiatives to support the programme this year.

1. The supply of customised prepaid envelopes to GP Practices who wish to use their own patient invitation letters. The use of these envelopes last year was widespread and feedback from primary care was that they were extremely useful in the practice. This years envelopes will be delivered directly to GP practices from the printers to ensure timely arrival for optimum use by practices.
2. A new communications strategy is being devised to support the programme for 2002-2003. This new approach will recognise the need to target the under 65's with 'at risk' medical condition, as well as the over 65's in order to encourage them to attend for influenza immunisation. The communications strategy will include television and radio advertising, advertising on buses, posters and a new leaflet, which will be circulated for use in primary care.

### **Action required by Boards, Trusts and Primary Care**

Health and Social Services Board should

- Identify a Board co-ordinator with overall responsibility for influenza immunisation
- Support primary care professionals in delivering the influenza immunisation programme and attaining the 70% uptake target in over 65's and the 60% uptake target in under 65's 'at risk' by;
  - Working with GP practices to ensure all patients over 65 and all 'at risk' patients under 65 are identified and offered flu vaccine.
  - Supplying GPs with examples of good practice to encourage high uptake, personalised invitation letters were used successfully by many GP's last year and is an example of good practice in this area.
  - Providing additional support to practices where the targets for uptake may prove difficult to achieve .
  - Ensuring that arrangements are in place to monitor uptake of immunisation in each practice and overall in the Board. This information will be used to contribute to the regional evaluation of immunisation uptake.
  - Identify particular areas in their Board area with low uptake of influenza immunisation and work with local community pharmacists to develop initiatives to promote immunisation uptake in these areas. A small amount of funding will be available from DHSSPS for these initiatives.

**GPs are asked to**

- Update their register of those aged over 65 years of age.
- Identify their ‘at risk’ population aged less than 65 years (**see Annex 2**). This year the denominator to be used for uptake monitoring purposes in this group is **10% of the existing practice population aged less than 65, based on CSA lists**.
- It is essential that GPs have already determined their vaccine requirements and placed orders with their local supplier. Those who have not done so should proceed to do so immediately.

### **Action required of Trusts**

- Trusts will need to make arrangements for the influenza immunisation of all staff.
- Trusts should begin to make arrangements for the provision of Trust nursing support to support the delivery of the influenza immunisation programme and their Board area.

### **Vaccine Supplies**

**All practices, which have not already done so, should inform their local supplier (most often a community pharmacist) of their estimated need for this year’s programme immediately’**

Enough flu vaccine is expected to be available for the recommended risk groups. However, if demand is higher than expected and firm orders have not been placed in advance, shortages could occur. As an additional safeguard to ensure adequacy of supplies GPs are asked to follow a generic prescribing policy i.e. ‘influenza vaccine’ rather than a specific brand. A contingency supply of vaccine will be available should particular difficulties in supply arise. This supply may be accessed by contacting Dr Jill Mairs at Regional Pharmaceutical Procurement Centre (Tel 028 90552386). It should be noted that there will be limited contingency stock available and it must be assessed in exceptional circumstance only.

The latest information from the manufacturers is that vaccine should become available during the first week of October. Practices should therefore plan to start immunising patients from the week commencing Monday 14 October. Details of the vaccine composition for this year area included in **Annexe 3**.

### **Funding**

As in previous years the Department has recognised the importance of the influenza immunisation and has allocated specific resources for the delivery of the programme. The Department have agreed terms with the General Practitioners Committee (GPC) of the BMA for GPs to be reimbursed for immunisation of patients aged 65 years and over and for immunisation of those aged under 65 with at risk medical conditions. This year GPs will receive an item of service payment at the B rate (£6.80) for immunisation of those aged 65 and over. An equivalent payment of £6.80 per patient will be made for immunisation of under 65s with a clinical indication and the Department will allocate funding to the Boards for this purpose.

In recognition of the value of the local development schemes to promote influenza immunisation which have been used by the Health and Social Services Boards in conjunction with GPs over the last few years the Department will continue to allocate specific funding for these schemes. In addition to the funding allocated for Trust nursing support and administrative support, this year DHSSPS will allocate a small amount of funding to support initiatives by community pharmacists in areas of low influenza immunisation uptake. Details of this funding will be sent to boards at a later date.

### **Surveillance Arrangements**

Information on the uptake of influenza immunisation is required by each Board, and they will in turn be asked to supply the minimum data necessary for regional monitoring purposes. The Department will allocate funding to Boards to support the collection of this data through local development schemes. The payment this year will be £1.75 per patient. It is essential for practices to supply this information in the required format by the agreed deadlines. Specific arrangements for surveillance will be issued by boards at a later date.

In order to ensure that uptake rates for influenza immunisation remain high, a similar level of effort to last year is required by all those involved in delivering the programme. Last year influenza virus was circulating at an extremely low level within the province and therefore no major influenza outbreaks or increases in admissions due to influenza related illnesses. However, as in every other year, we must sustain our efforts to increase influenza immunisation uptake to avoid problems should we experience high levels of influenza virus.

For further information please contact:

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Yours sincerely

**Dr H Campbell**  
**Chief Medical Officer**

**Dr N Morrow**  
**Chief Pharmaceutical Officer**

**Ms J Hill**  
**Chief Nursing Officer**

c.c Prescribing Advisers of HSS Boards  
Directors of Primary Care of HSS Boards  
Regional Drug and Poisons Information Service of Poisons

Dr Jill Mairs, Regional Procurement Pharmacist

## ANNEX 1

### Running a successful Influenza Immunisation Programme

Over the last number of years lessons have been learned from the implementation of the influenza immunisation programme regionally and nationally. This has enabled the identification of good practice, which is relevant locally in the implementation of a successful programme. The following should act as a guide for those planning and delivering local programmes.

#### At HPSS Boards

- Boards should advise GP practices of the necessity to have ordered their influenza vaccine supply early. Consortia of practices, and practices in the same area should not make themselves dependant on vaccine from one manufacturer: influenza vaccine manufacture is to a tight timetable, and delays are not uncommon.
- Directly contacting people aged 65 years and over to inform them that they are recommended to have the vaccine demonstrated maximum benefit in achieving uptake targets. Experience shows that a personalised letter from GPs is the best way of achieving a high take-up. Last year this method was used successfully by a large number of GP practices here. Boards should commend this as good practice to local GP practices.
- Boards should work closely with GP Practices to share expertise. Additional support should be offered to those practices that may have difficulty organising their immunisation programme or achieving good uptake rates.
- Boards should identify areas of low uptake and explore the possibility of collaborative initiatives with local community pharmacists to promote influenza immunisation uptake.
- Before embarking on local advertising campaigns Boards should ensure that vaccine supplies are available at GP Practices; local advertising should emphasise that people will be immunised over a period of several weeks – there is no need to panic early in the programme
- The monitoring of the uptake rates is the responsibility of Boards. Each Board should ensure arrangements are in place to collect data from GPs which meets regional monitoring requirements. This year Boards are required to monitor uptake in the under 65 population 'at risk'.

#### In General Practice

There is no single way to run a successful immunisation programme in General Practice. The following advice is directed mainly at general practitioners, practice nurses and practice managers and is based on published information both published and evidence from last years successful programme.

##### 1. Preliminary Planning

##### ***Plan your campaign early***

- ❖ Nominate a lead person to take charge of organisation.
- ❖ Compile a **register** or list of those patients for whom immunisation is recommended, from computer, age/sex, chronic disease management, patient or prescription records, or as patients are seen during the year. The computer search strategies supplied by DHSS&PS

last year may help in this respect. GP Medical Advisers at Boards may also be able to provide advice on the best way of compiling your register.

The list generated by your search should be kept to record information on when a patient is immunised and should be used for future campaigns. It may be useful to flag or mark patient records in some way.

Make plans for immunising:

- Vulnerable/homebound patients
- Residential home patients

❖ Order sufficient vaccine for your needs. Confirm orders well in advance.

### ***Decide upon the best strategy for your practice***

- ❖ Involve all the key players. These include practice nurses, practice receptionists and managers, district nurses, health visitors and local pharmacists. Try to draw on any experiences learnt from previous campaigns employed in your practice.
- ❖ Consider how patients will be offered immunisation. The use of a personalised invitation letter has been shown to be effective. Prepaid customised envelopes will be supplied by DHSSPS to support this approach.
- ❖ Decide what approach your practice will take to delivering immunisation, e.g. individual appointments, immunisation clinics.
- ❖ Determine in advance how patient consent will be obtained and how records will be kept.

### ***Immunisation clinics***

Consider the logistics of special clinics. Where and when will they be held? Should they be held at lunchtimes, evenings or Saturday mornings when the surgery is not busy with routine work, or in other places? What staffing resources and training will be needed? Remember staff will not be able to carry out normal duties during flu immunisation sessions.

### ***Storing vaccines***

Ensure you have, or have access to, adequate refrigeration facilities (see Immunisation against Infectious Disease 1996, chapter 4). Flu vaccines must be stored at 2-8 °C and must not be frozen or they will lose potency. Develop procedures to avoid disasters such as fridge doors being left open or power supplies being disconnected and for the refrigeration of vaccines in transit to any other settings where immunisation may take place. Consider asking your supplier for sensible staggered deliveries if you think storage space will be a problem. Check to see if manufacturers are offering guaranteed delivery dates.

### ***Review appointments***

Where feasible consider timing review appointments for patients in the target groups, routine elderly health checks or visits to housebound patients, nursing or care homes to coincide with your immunisation campaign.

### ***Target the targeted***

It is appreciated that the 'worried well' will continue to ask for flu immunisations. Whilst GPs retain the final say as to who is to be offered vaccine, excessive immunisation of those outside the target groups may lead to shortages of vaccine for the high risk groups.

## 2. Informing patients

### *Role of DHSS&PS*

The Department will be running an advertising campaign, including TV and radio, from early October, and will supply resource material including leaflets and posters from end of August.

### *Local publicity*

Publicise your own arrangements within your practice, including clinic times and how to make an appointment. Your Health Board may also be organising local publicity.

### *Practice staff*

Encourage staff to remind patients in the target groups about the need for immunisation, on home visits or when they collect repeat prescriptions, for example. Stickers as reminders on notes may help.

### *Making contact*

Telephone or write to patients in the risk groups advising them to have a flu immunisation and informing them of the arrangements. Make sure they know when to call for an appointment. Consider generating a list of patients whom you have already informed about your vaccination arrangements.

### *Personal contact*

Patients are most likely to take up flu immunisation if their doctor, nurse or pharmacist recommends it. The best form of publicity and the best way to achieve a high uptake, is a personal recommendation, or personalised letter, from the GP.

### *Advice for patients about flu vaccine*

When giving vaccinations, remember to tell people what the vaccine can do (give substantial protection against influenza, which can be a nasty illness and take some time to recover from in people in the recommended risk groups) and what it will **not** do (cause flu; protect against the many, mainly less serious, respiratory infections that circulate each winter)!.Also any adverse reactions they might expect (temporary soreness at the injection site, and, uncommonly, elevated temperature and muscle aches lasting up to 48 hours following immunisation, but much less than the symptoms caused by flu itself).

## 3. Recording Information

The vaccine given, batch number, person giving the injection and site of injection if more than one vaccine is given at the same visit must be recorded in the patient's record. Agree a consistent way of doing this in the practice. A system of reporting any adverse reactions should also be in place.

Decide how you will collect and store information on immunisations given. To monitor overall uptake, Health Boards will require information on progress of your campaign, for people on your list aged 65 and over, at the end of October, the end of November and a final tally at the end of the campaign. An additional requirement this year is to monitor uptake of immunisation in those aged less than 65 with an 'at risk' medical condition. Your local Board will inform you of the

information requirements and arrangements for collection; this will usually require completion of a standard form which may also be used for claiming payment.

*Who should do it?*

Nominate key personnel to be responsible for collecting information.

*Recording data on your computer*

If you store information on your practice computer, ensure all staff enter the same READ code to indicate influenza vaccine has been given e.g. "Influenza vaccination 65E".

## ANNEX 2

### Influenza Immunisation Policy and Vaccines for 2002/03

#### National Policy

National policy for 2002/03 is that influenza immunisation should be offered to :

1 People of all ages in the following risk groups:

Risk Group	Conditions Included
<b>Chronic respiratory disease, including asthma</b>	<ul style="list-style-type: none"> <li>❑ Chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema</li> <li>❑ Bronchiectasis</li> <li>❑ Cystic fibrosis</li> <li>❑ Interstitial lung fibrosis</li> <li>❑ Pneumoconiosis</li> <li>❑ Asthma <u>requiring continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission.</u></li> </ul>
<b>Chronic heart disease</b>	<ul style="list-style-type: none"> <li>❑ Chronic ischaemic heart disease</li> <li>❑ Congenital heart disease</li> <li>❑ Hypertensive heart disease requiring regular medication and follow-up (but <u>excluding uncomplicated controlled hypertension</u>)</li> <li>❑ Chronic heart failure</li> </ul>
<b>Chronic renal disease</b>	<ul style="list-style-type: none"> <li>❑ Nephrotic syndrome</li> <li>❑ Chronic renal failure</li> <li>❑ Renal transplantation</li> </ul>
<b>Diabetes</b>	<ul style="list-style-type: none"> <li>❑ Diabetes mellitus <u>requiring insulin or oral hypoglycaemic drugs</u></li> </ul>
<b>Immunosuppression</b>	<p>Due to disease or treatment, including systemic steroids equivalent to 20mg prednisolone daily for more than 2 weeks.</p> <p><b>Note</b> – some immunocompromised patients may have a suboptimal immunological response to vaccine.</p>

- 2 All aged 65 years and over.
- 3 Those living in long-stay residential and nursing homes or other long-stay facilities.

One of the contributors to the success of programmes in previous years was the ability to identify the target population of people 65 years of age and over so that they could be invited to attend for immunisation. Practices should also identify and maintain an up to date list or register of those in the other clinical categories so that this year's uptake can be improved in these groups.

## ANNEX 3

### Influenza vaccine composition for 2002/03

Flu vaccine strains are recommended by the World Health Organisation following careful mapping of flu viruses as they travel the world. This monitoring is continuous and allows experts to make predictions of which strains are most likely to cause influenza outbreaks in the Northern Hemisphere in the coming winter.

Flu vaccines currently contain versions of three flu viruses: Influenza A (H3N2), Influenza A (H1N1) and Influenza B. This year's recommended vaccine strains are:

- an A/New Caledonia/20/99(H1N1) - like virus
- an A/Moscow/10/99 (H3N2) - like virus\*
- a B/Hong Kong/330/2001 - like virus

\*The widely used vaccine strain A/Panama/2007/99, is an A/Moscow/10/99-like virus

In recent years the strains in the vaccine have been a very good match with circulating strains and have offered good protection.