

HSS(MD)18/01

15 June 2001

To: All General Practitioners
All Community Pharmacists
Directors of Public Health
Medical Directors of HSS Trusts for onward distribution to all Consultants
Consultants in Communicable Disease Control in each H&SSB
Directors of Nursing of each H&SSB
Directors of Pharmaceutical Services of each HSS Trust, H&SSB and CSA
Nursing Directors of HSS Trusts
Regional Epidemiologist, CDSC

Dear Colleague

INFLUENZA IMMUNISATION PROGRAMME FOR WINTER 2001/02

The Influenza Immunisation Programme in Northern Ireland last year was very successful; the regional uptake level of immunisation among those aged 65 years and over was 68%. Thanks are due to all those whose efforts ensured the success of the campaign. The purpose of this letter is to highlight actions which need to be taken before the end of June 2001 and outline arrangements for the Influenza Immunisation Programme for 2001/2002. More detailed information will follow in due course.

Last year the Influenza Immunisation Programme was extended to include all people aged 65 years and over, in addition to people with underlying 'high risk' conditions whatever their age and people in long-stay residential care. The same immunisation policy applies for 2001/2002. Further details on influenza immunisation may be found in 'Immunisation Against Infectious Disease' (The Green Book) 1996 edition, Chapter 20.

Priorities for Action

Similar to last year additional funding will be made available to support the Influenza Immunisation Programme, further details will follow as soon as possible. The recent circular HSS (PPM) 2/2001 – Priorities for Action 2001/2002 highlighted the importance of protecting the health of elderly people and other vulnerable groups in the winter months through influenza immunisation. A target of 70% uptake of influenza immunisation among the 65 plus population has been set for Boards. In addition Trusts should be aiming for staff immunisation levels of at least 20%.

The Regional Influenza and Pneumococcal Working Group will continue to work closely with Health and Social Services Boards, Primary Care Professionals and others to help achieve this target. Meanwhile a number of actions are required of Boards, General Practitioners and Trusts and these are outlined below.

Health and Social Services Boards should:-

- ❖ Identify a Board Co-ordinator with overall responsibility for influenza immunisation
- ❖ Support Primary Care Professionals in delivering the immunisation programme and attaining the 70% uptake target in over 65s by:
 - Working with GP practices to ensure all patients over 65 and all 'at risk' patients are identified and offered 'flu vaccine'.
 - Supplying GPs with examples of 'good practice' to encourage high uptake, the use of personalised invitation letters by GPs is a good example.
 - Providing additional support to practices where the 70% uptake may prove difficult to achieve
 - Ensure that arrangements are in place to monitor uptake of vaccine in each practice and overall in the Board. This information will be used to contribute to the regional evaluation of immunisation uptake.

GPs are asked to:

- ❖ Urgently review their 'at risk' population as well as the population of people aged over 65 years of age and estimate the amount of vaccine they require. This should be broadly similar to last years requirements.
- ❖ Using the above information consider the establishment of a practice based influenza immunisation 'register' which will only need to be updated annually and thus facilitate future influenza immunisation campaigns.

It is imperative that GPs urgently determine their vaccine requirements and place orders with their supplier or Community Pharmacist by the end of June 2001.

Actions required of Trusts

- ❖ Immunisation of HPSS Staff – Trusts will need to make arrangements for their local Influenza Immunisation Programme for all Trust staff.
- ❖ Trusts should begin to make arrangements for the provision of Trust nursing support to the delivery of the Influenza Immunisation Programme in their Board area.

Flu Vaccine Supplies

GPs are asked to:

Estimate their vaccine requirements and inform their supplier (normally a Community Pharmacist) at the earliest possible date, and **by the end of June at the latest**, of the estimated need for this year's programme. It is expected that enough flu vaccine should 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 we suggest that GPs consider writing all prescriptions (stock or otherwise) generically as "influenza vaccine" rather than as a specific brand.

Community Pharmacist Suppliers are asked to:

Liaise with their local GPs to identify the estimated amount of vaccine required at the earliest possible date. It has been advised that the vaccine order needs to be made with the wholesaler or vaccine manufacturer **by the end of June 2001** in order to guarantee vaccine supply. However manufacturers have indicated that they will aim to deliver on any orders made after this date.

Vaccine manufacturers supplying the UK market

Manufacturer	Name of Product	Vaccine Type
Aventis Pasteur MSD	Inactivated influenza vaccine (Split virion) BP	Split virion
Celltech Medeva	Fluvirin	Surface antigen
SmithKline Beecham	Fluarix	Split virion
Solvay	Influvac	Surface antigen
Wyeth	Begrivac	Split virion

Further information may be obtained from:-

Dr Lorraine Doherty (Medical) Tel 028 9052 0717

Dr Vanessa Chamber (Pharmaceutical) Tel: 028 9052 3279

Dr Carolyn Mason (Nursing) Tel 028 9052 0796

Yours sincerely

Dr H Campbell
Chief Medical Officer

Dr N Morrow
Chief Pharmaceutical Officer

Ms J Hill
Chief Nursing Officer

cc Chief Executives HSS Boards and Trusts
GP Medical Advisors
Prescribing Advisers of HSSBs
Directors of Primary Care HSSBs
Regional Drug and Poisons Information Service
Pharmaceutical/Contractors Committee
General Practitioners Committee, Northern Ireland