

*From the Chief Medical Officer*  
Dr Henrietta Campbell CB

**HSS(MD)21/2005**

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

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Your Ref:  
Our Ref: HSS(MD)21/2005  
Date: 23<sup>rd</sup> June 2005

Dear Colleague

## **INFLUENZA IMMUNISATION PROGRAMME FOR 2005/2006**

1. The purpose of this letter is to provide you with details of this year's Influenza Immunisation Programme. As you are aware the Influenza Immunisation Programme is delivered as a direct enhanced service which is commissioned by Health and Social Services Boards from primary medical services contractors. This letter outlines regional policy on influenza immunisation for the coming year and provides guidance for Boards and others in the commissioning and delivery of this programme.

### **Overview of 2004/2005 Campaign**

2. The 2004/05 campaign got off to a difficult start due to problems with the supply of influenza vaccine for the programme. This problem arose as a substantial proportion of the province's flu vaccine supply had been ordered from one supplier, which was unable to honour its supply commitments to the province.

Adequate supplies of vaccine for the campaign were secured by DHSSPS in collaboration with the other UK Health Departments and in negotiation with a range of vaccine manufacturers. These were delivered over a period of 6 weeks, however this led in some practices to a delay in commencement and implementation of the immunisation programme and caused some disruption to the programme overall.

However in spite of this, high uptake rates of influenza immunisation were maintained:

- 72.7% uptake in those aged 65 and over
- 65.2% uptake in the under 65's at risk

Influenza immunisation uptake rates in Northern Ireland remain the highest in the UK.

### **Epidemiology of Influenza in Northern Ireland 2004/2005**

3. CDSC (NI) undertake enhanced surveillance of influenza and influenza-like illness in Northern Ireland through a network of GP spotter practices, which are distributed across the province. The key features of influenza during 2004/2005 can be summarised as follows:

- Normal levels of influenza virus were in circulation during winter 2004/2005.
- The predominant strain was influenza A H3 – similar to the A/California-like viruses that were in circulation throughout the UK in 2004/2005.
- As in 2003/2004, children aged 0-4 years were most affected by 'flu-like illness' during winter 2004/2005 (approximately 50% of all laboratory confirmed influenza infections were in this age group).

### **Arrangements for Influenza Immunisation Programme 2005/2006**

4. The uptake targets for Boards remain the same as in previous years, ie:

- 70% for people aged 65 and over
- 60% for people under 65 with at-risk medical conditions

As in previous years, those providing the service should develop a proactive and preventive approach to offering immunisation with the aims of maximising uptake in the interests of at-risk patients and of meeting any public health targets set.

Detailed information on the target groups for 2005/2006 is included at Annex A. Two additional groups have been added to those recommended to have influenza immunisation as follows:

- Individuals with chronic liver disease
- Carers who are the main carer for an elderly or disabled person

GP's may wish to consider, on an individual basis, the vaccination of people who fall into these two groups. Some chronic liver disease sufferers and carers will already be covered under the existing DES groupings. There are Read codes available for identifying people with chronic liver disease and they can be added to the existing flu register. For carers who are the main carers for an elderly or disabled person whose welfare may be at risk if the carer falls ill, GP's should use their discretion as this information is not routinely collected within clinical systems.

As there is no in-year amendment to the DES for 2005, it will be up to Boards as part of core contractual responsibilities to consider if a separate Local Enhanced Service (LES), defining the population to be served and routes to achieve uptake is needed.

### **Influenza Vaccine Composition 2005/2006**

5. Influenza vaccine strains are recommended by the World Health Organisation (WHO) following careful mapping of flu viruses as they move around the world. The strains of influenza virus recommended by WHO to be included in the components for the 2005/2006 vaccine for the Northern hemisphere are as follows:

- an A/New Caledonia/20/99(H1N1)-like virus
- an A/California/7/2004 (H3N2)-like virus\*
- an B/Shanghai/361/2002-like virus‡

\*A/New York/55/2004 is available as a vaccine virus

‡The currently used vaccine viruses are B/Shanghai/361/2002, B/Jiangsu/10/2003 and B/Jilin/20/2003.

### **Vaccine Supply**

6. Following all the difficulties experienced during last year's influenza immunisation campaign, DHSSPS undertook a detailed review of the arrangements for the supply and distribution of influenza vaccine. As a result, this year all influenza vaccine for the 2005/2006 Influenza Immunisation Programme is being centrally purchased by the department from a number of different vaccine manufacturers. Under the terms of the contract negotiated with the manufacturers, supplies of vaccine will arrive in Northern Ireland by the 23<sup>rd</sup> September 2005 at the latest. The arrangements for ordering and distribution of vaccines are as follows:

Orders for the supply of vaccine are not to be made with Community Pharmacists this year. Instead all orders are to be placed directly with Castlereagh Pharmaceuticals who will, at the appropriate time, deliver the vaccine to GP Practices. Further details of the new ordering and delivery system will be issued shortly to GPs.

### **Publicity**

7. A new publicity campaign is being developed to support influenza immunisation in 2005/2006 and will include carers in the new materials. Information leaflets will be distributed in advance of the launch at the Influenza Immunisation Programme.

The supply of customised pre-paid envelopes to GP practices who wish to use their own patient invitation letters will continue this year. These envelopes will have the same look as last year so that patients will realise the letters contain important information about influenza immunisation. These envelopes will be delivered directly to GP practices.

Unused envelopes must be returned to:

Mrs. Caroline White  
Health Protection Team  
Room C4.22 Castle Buildings  
Stormont Estate  
BELFAST BT4 3SQ

### **Funding**

8. The funding for the Influenza Immunisation Campaign is covered under the GMS Contract. Additional resources will be allocated to Boards in August from the Department's health protection budget for the provision of additional support for:

- Trust support of delivery of the Influenza Immunisation Programme
- Payment of a data collection fee to general practitioners

Resources will also be made available to boards to support community pharmacies in promoting the influenza immunisation campaign.

### **Influenza Immunisation for Healthcare Workers**

9. As in previous years HPSS employers should offer influenza immunisation to health care staff. Influenza immunisation is highly effective in preventing influenza in working age adults. In addition influenza immunisation of staff may reduce the transition of influenza to vulnerable patients, some of whom may have impaired immunity and thus reduced protection from any influenza vaccine they have received themselves.

It is the responsibility of the employer to deliver an occupational health led influenza immunisation campaign at work. Each Trust/employer should determine their own immunisation programme and fund the immunisation of their staff. Employers are recommended to keep records of staff immunised and monitor the effectiveness of their programme.

### **Immunisation Against Infectious Disease (The Green Book)**

10. A revised influenza chapter for the book *Immunisation Against Infectious Disease* (The Green Book) with details of the current recommendations is available at:  
[www.dh.gov.uk/policyandguidance/healthandsocialcaretopics/greenbook/fs/en](http://www.dh.gov.uk/policyandguidance/healthandsocialcaretopics/greenbook/fs/en)

### **Action Required by Boards and Trust**

11. **Health and Social Services Boards should:**
- Commission the Influenza Immunisation Programme as a direct enhanced service. Boards should ensure that appropriate data collection processes are in place to meet the surveillance requirements of CDSC(NI) and DHSSPS

- Identify a Board co-ordinator with overall responsibility for the programme
- Support primary care professionals in delivering the influenza immunisation uptake targets

## 12. Action required of Trust:

- Trusts should begin to make arrangements for provision of the Trust nursing support to help with the delivery of the Influenza Immunisation Programme in their Board area
- Trusts will need to make arrangements for the influenza immunisation of all staff

## 13. Surveillance Arrangements

Each Board is asked to supply a minimum data set on the uptake of influenza immunisation for regional monitoring purposes. The Department will allocate funding to Boards to support the collection of this data, the payments this year will remain at £1.75 per patient. It is essential for Boards to supply this information in the required format by the agreed deadlines. Specific arrangements for surveillance will be issued by Consultants in Communicable Disease Control at Health and Social Services Boards 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.

For further information please contact:

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 & Chair of Regional Influenza & Pneumococcal Working Group

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 Chief Pharmaceutical Officer Tel: 028 90 523219

Dr Carolyn Mason (Nursing issues) [carolyn.mason@dhsspsni.gov.uk](mailto:carolyn.mason@dhsspsni.gov.uk)  
 Nursing Officer Tel: 028 90 520795

Yours sincerely

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

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

**Mr F Rice**  
**Acting Chief Nursing Officer**



## INFLUENZA IMMUNISATION PROGRAMME 2005/2006

### 1. National Policy: The Target Groups

National policy for 2005/2006 is that influenza immunisation should be offered to:

- (i) All those aged 65 years and over;
- (ii) All those aged over 6 months in the following clinical risk groups:

Clinical Risk Category	Examples (decision based on clinical judgement)
<b>Chronic respiratory disease, including asthma</b>	This includes chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema, bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis, asthma requiring continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission, children who have previously been admitted to hospital for lower respiratory tract disease.
<b>Chronic heart disease</b>	This includes those requiring regular medication and/or follow-up for ischaemic heart disease, congenital heart disease, hypertensive heart disease (excluding uncomplicated controlled hypertension) and chronic heart failure.
<b>Chronic renal disease</b>	Including nephrotic syndrome, chronic renal failure, renal transplantation.
<b>Chronic liver disease</b>	Cirrhosis
<b>Diabetes</b>	Diabetes mellitus requiring insulin or oral hypoglycaemic drugs.
<b>Immunosuppression</b>	Immunosuppression due to disease or treatment, including asplenia or splenic dysfunction, and also including those on or likely to be on 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 20kgs a dose of 1mg or more per kg per day. HIV infection at all stages.  <i>However, some immunocompromised patients may have a suboptimal immunological response to the vaccine.</i>

- (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 including prisons, young offender institutions, university halls of residence etc).
- (iv) Carers who are the main carer for an elderly or disabled person.