

From the Acting Chief Medical Officer
Dr Elizabeth Mitchell



Department of

**Health, Social Services
and Public Safety**

An Roinn

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

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Chief Executives, HSS Boards/Trusts
Directors of Public Health, HSS Boards
Director of Nursing, HSS Boards
Directors of Pharmaceutical Services, HSS Boards/Trusts/CSA
GP Medical Advisers, HSS Boards
Consultants in Communicable Disease Control, HSS Boards
All Community Pharmacists
Medical Directors, HSS Trusts (*for onward distribution to all Consultants, Occupational Health Physicians*)
Nursing Directors, HSS Trusts (*for onward distribution to all Community Nurses*)
All General Practitioners (*for onward distribution to practice staff including practice nurses*)
Regional Epidemiologists, CDSC (NI)
Occupational Health Physicians

Dear Colleague

INFLUENZA IMMUNISATION PROGRAMME FOR 2006/2007

1. The purpose of this letter is to (i) provide you with details of this year's Influenza Immunisation Programme and (ii) alert you to potential difficulties with the influenza vaccine supply for the coming season. As you 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.

Season 2005/06

2. Influenza immunisation has now grown to become one of the major public health programmes in the UK. In the winter of 2005/2006 a record amount of vaccine was made available to the UK. Although there were interruptions to the vaccine supply to the UK last year NI was largely unaffected and received a full supply of vaccine. This was due in large part to the security of the new arrangements for central procurement and distribution of influenza vaccine which were implemented in 2005/06.
3. In 2005/06 we saw the highest ever uptake of flu vaccine with 76.8% of people aged 65 years and over and 80.9% of those aged less than 65 in an 'at risk' category' receiving the vaccine in NI last year. This tremendous achievement could only have been reached with the hard work and dedication of General Practitioners, nurses and other health professionals, and sincere thanks to you all for the vital role that you all played.

Vaccine Supply for Season 2006/07

4. Despite ordering more vaccine for the UK for 2006/7 the UK Vaccine Industry Group (UVIG) has alerted the Department that manufacturers are encountering problems growing one of the vaccine virus strains recommended for this year's seasonal flu vaccine. Most supplies of flu vaccine will be distributed later than usual. Manufacturers will not know the full extent of the problem – particularly the impact on total quantity of vaccine available - before the end of July 2006.
5. DHSSPS has already got firm contracts in place with three separate vaccine manufacturers and is seeking assurances from these companies on these contracts. At this stage we anticipate that a third of our vaccine supply will arrive in the province during the third week of September 2006. DHSSPS will continue to work with the other UK Health Departments and the UVIG on the supply issues.
6. Given the delay in deliveries, and possible shortfall in total supply, our shared objective should be to ensure that vaccine is used for those most at need. General Practitioners will want to use their patient registers to schedule immunisations according to prioritisation. We have sought the advice of the Joint Committee on Vaccination and Immunisation who confirm vaccine should be prioritised for those aged 65 years and over and those in the clinical risk groups defined in this letter (see table 1).

Further information on supplies will be available towards the end of July and we will issue further communication then.

Recommended Patient Groups

We would also like to draw your attention to the following points of clarification about the recommended patient groups:

- **Asthmatics** who require continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission remain a clinical risk group. General Practitioners will receive a payment under the current Direct Enhanced Service (DES).
- Patients with **chronic liver disease** are a clinical risk group.
- **Carers** per se are not 'at risk' of influenza unless they themselves fall into a clinical risk group. Carers should be considered for influenza vaccination to protect those most at risk should their carer fall ill (i.e. resulting in the loss of an amount of care likely to prove detrimental to their welfare). The definition of carers has been amended to assist the targeting of those carers (see Annex 1). However, in order to ensure that those people in a recommended clinical risk group get vaccinated, carers will have a lower prioritisation for 2006/07 season.

Influenza Immunisation Programme 2006/2007

Prioritisation for Seasonal Flu Vaccine

7. Vaccine should be used to all those in Priority Group 1 first, and then the following groups, in order, as vaccine becomes available.

Table 1

Category	Description
1	All those aged 65 year and over
	All those aged over 6 months in the JCVI recommended clinical risk groups only
2	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 include prisons, young offenders institutions, or university halls of residence)
3	Carers (using revised 2006 definition)
4	Healthcare Workers
5	Any other groups

Monitoring Uptake

8. As in previous years, CDSCNI will take the lead in monitoring uptake on behalf of DHSSPS. 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.

Monitoring safety

9. The Medicines and Healthcare Products Regulatory Agency (MHRA) monitor the safety of influenza vaccine. In the period from 1 September 2005 to 27 February 2006 a total of 95 adverse reports were received. If a doctor, nurse pharmacist or patient suspects that any adverse reaction to one of these vaccines has occurred, it should be reported to the Commission on Human Medicines (CHM) using the Yellow Card spontaneous reporting scheme (www.yellowcard.gov.uk).

Publicity and Information Materials

10. A regional publicity programme will be launched in October 2006 in good time for practices to plan their local immunisation programmes. Information materials including leaflets and posters will be available to support health professionals running local flu campaigns. These should start to arrive in practices during August.

Funding and contractual arrangements

11. 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.

12. There will be no in-year amendment to the seasonal influenza Directed Enhanced Specification (DES) for 2006. In order to provide the vaccine to chronic liver disease sufferers and carers using the revised definition shown in this letter, Boards should consider entering into a local agreement with contractors using a separate Local Enhanced Service to cover these groups.

Influenza Immunisation for Health and Social Care Staff

13. In order to ensure those people in priority clinical risk group are vaccinated, healthcare workers will have a lower prioritisation. However if supplies prove sufficient it is recommended for health professionals who directly care for patients to be protected, once the priority groups have been vaccinated.
14. As in previous years, HPSS organisations should offer influenza immunisation to employees directly involved in patient care.
15. Social care organisations should consider similar action, especially for staff in nursing and care homes who look after older people.
16. Influenza immunisation is highly effective in preventing influenza in working-age adults. In addition, influenza immunisation of staff may reduce the transmission of influenza to vulnerable patients, some of whom may have impaired immunity and thus reduced protection from any influenza vaccine they have received themselves. Such individuals are of lower priority whilst there are shortages of vaccine.

17. Responsibility for occupational influenza immunisation rests with employers and it should be provided through occupational health services. Trusts/employers should determine their own programmes and fund the immunisation of their staff.
- Vaccine for staff should not be used at the expense of vaccine for the risk groups.
 - Staff should not be asked to go to their GP for their immunisation unless they fall within one of the recommended high-risk groups, or GPs have been contracted specifically by a Board or Trust to provide this service.

Occupational health services are recommended to keep records of staff who have been immunised.

Influenza Vaccine Composition for 2006/07

18. Flu vaccine strains are recommended by the World Health Organization (WHO) following careful mapping of flu viruses as they move around 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.
19. The strains of influenza virus recommended by WHO to be used in the 2006-07 season (northern hemisphere winter) are:
- A/New Caledonia/20/99(H1N1)-like virus
 - A/Wisconsin/67/2005 (H3N2)-like virus or A/Hiroshima/52/2005
 - B/Malaysia/2506/2004-like virus

Vaccine Suppliers

20. As per last year, all influenza vaccine for the 2006/07 Influenza Immunisation Programme is being centrally purchased by the Department from three different vaccine manufacturers, namely Sanofi Pasteur, Solvay Healthcare and Wyeth. As indicated in paragraph 5 we anticipate that a third of our vaccine supply will arrive in the province during the third week of September 2006. Further details of the ordering and delivery system will be issued shortly to GPs.

The Definition of Carers for 2006/07 Season

The 2005/06 carer definition to be revised from the current;

- (a) Those who are the main carer for an elderly or disabled person whose welfare may be at risk if the carer falls ill. This should be given on an individual basis, at the GP's discretion.

to

- (b) Those who are in receipt of a carers allowance, or those who are the main carer for an elderly or disabled person whose welfare may be at risk if the carer falls ill. This should be given on an individual basis at the GP's discretion in the context of other clinical risk groups in their practice

Contractual Arrangements

1. At this stage GPs should estimate the amount of vaccine they require for this year. The process for ordering will be advised upon receipt of further details of the vaccine delivery schedules. Vaccine for this purpose is centrally funded by DHSSPS. **This vaccine is to be used only for immunisation of those defined in regional policy outlined in this letter.** Other users, such as HPSS Trusts (for occupational immunisation) are responsible for their own supplies.
2. As part of the arrangements for annual influenza immunisation scheme, each Board must enter into arrangements with a General Medical Services (GMS) or Personal Medical Services (PMS) contractor to provide immunisation to at-risk patients in line with national guidelines.
3. Under GMS, annual influenza immunisation is provided as part of a Directed Enhanced Service (DES). This is a nationally directed service specification. As part of these contracting arrangements, the provider is required to compile a register of patients at-risk. In these cases the contractor is entitled to an item of service fee under the DES.
4. Where a patient, not in the high risk group and requests an influenza vaccination this decision is based on the GP's clinical judgement. If the GP vaccinates then there will be no DES payment. **Vaccine from the DHSSPS funded central supply may not be used for these patients.**
5. As part of the GMS contract, providing a flu vaccination as "private treatment" by a contractor in relation to one of its registered patients would be a breach of contract under Regulation 24. Any contractor offering a private flu vaccination service for its own registered patients is immediately in breach of their contract whether or not the private charge relates to the prescription or the administration of the vaccine or both.
6. Under the current system contractors can cross refer patients so that practice A provides private flu vaccinations for patients of practice B and vice-versa. But, if there were any financial adjustments between the practices this could be seen as a breach of regulation 24. In these circumstances there is no DES payment and no SFE payment.

TABLE 1

Clinical Risk Groups 2006/07

Clinical Risk Group	Examples
<p>Chronic respiratory disease & Asthma that requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission.</p>	<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.
<p>Chronic heart disease</p>	<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.
<p>Chronic renal disease</p>	<ul style="list-style-type: none"> • Chronic renal failure • Nephrotic syndrome • Renal transplantation
<p>Chronic liver disease</p>	<ul style="list-style-type: none"> • Cirrhosis • Biliary Atresia • Chronic hepatitis
<p>Diabetes requiring insulin or oral hypoglycaemic drugs</p>	<ul style="list-style-type: none"> • Type 1 diabetes • Type 2 diabetes requiring oral hypoglycaemic drugs
<p>Immunosuppression</p>	<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 20mgs or more per day (any age) or for children under 20 kgs a dose of 1mg/kg/day. <p><i>Some immunocompromised patients may have a suboptimal immunological response to the vaccine</i></p>