

From the Acting Chief Medical Officer
Dr Elizabeth Mitchell



Department of
**Health, Social Services
and Public Safety**

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AN ROINN

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MÄNNYSTRIE O

**Poustie, Resydènter Heisin
an Fowk Siccar**

HSS (MD) 28/2009

Chief Executive, Public Health Agency
Chief Executive, Health & Social Care Board
Chief Executive, Health & Social Care Trusts
Director of Public Health, Public Health Agency
Assistant Director Health Protection, Public Health Agency
Director of Nursing, Public Health Agency
Directors of Pharmaceutical Services, Health & Social Care
Board/Trusts/CSA
Family Practitioner Service Leads, Health & Social Care
Board
GP Medical Advisers, Health & Social Care Board
Consultants in Communicable Disease Control, Public
Health Agency
All Community Pharmacists
Medical Directors, HSS Trusts (*for onward distribution to all
Consultants, Occupational Health Physicians and school
medical leads*)
Nursing Directors, HSS Trusts (*for onward distribution to all
Community Nurses & School Nurses*)
All General Practitioners (*for onward distribution to practice
staff including practice nurses*)
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Our Ref: HSS(MD) 28/2009
Date: 1 July 2009

Dear Colleague

PANDEMIC INFLUENZA A(H1N1) VACCINATION PROGRAMME

1. Following the World Health Organisation's announcement of the move to pandemic alert level 6, the UK has activated its advanced purchase agreements with two manufacturers for pandemic vaccine. Early work has commenced on planning for the delivery of the programme at a national level, but it is vital that the Public Health Agency, the Health and Social Care Board and all HSC Trusts and Primary Care services locally commence planning for the delivery of the vaccination and for the impact the programme is likely to have on other business. To enable this to happen we are writing to set out the assumptions and expectations we are currently basing our planning upon.

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Vaccine

2. Vaccine contract negotiations have been taken forward at a UK level by the Department of Health. Advance purchase agreements have now been activated and contracts have been signed with Baxter Healthcare Ltd and GlaxoSmithKline on behalf of the UK administrations. Northern Ireland will receive a proportionate share of all vaccine as it arrives in the UK. Current assumptions are that the first batch of vaccines will arrive in the UK in August and therefore the PHA, HSCB, HSC Trusts and Primary Care services need to plan on the basis of potentially having to deliver vaccinations from September. According to current delivery estimates, vaccine for 100% of the population could be delivered by November 2010, but a significant proportion of this is expected to arrive before the end of this calendar year.

At present the assumption is that the schedule will be a two dose schedule with at least three weeks between doses. These vaccines will go through the previously established European licensing procedures for pandemic vaccines. Further scientific work will inform whether or not some sections of the population would be adequately protected by one dose, but it is too early to say for certain what the outcome of that may be.

There is no evidence that the vaccines are interchangeable – so individuals need to receive two doses of the Baxter vaccine, or two doses of the GSK vaccine (but not one dose of each). This will require accurate recording of which vaccine was administered for the first dose.

Storage

3. As for other vaccines, the vaccines need to be stored between 2°C and 8°C. It is likely that the vaccines will be supplied in the following presentations:

The Baxter product:

- will be presented in a pack of 20 multidose vials of 5ml suspension per pack.
- Each 5ml vial should provide 10 doses.
- Each pack should provide 200 doses.

The pack size is 206mm x 166mm x 55mm.

The GSK product:

- will be presented in a box of 50 multidose vials of 2.5ml suspension and two boxes containing 25 2.5ml vials of adjuvant
- each 5.0 ml of reconstituted vaccine should provide 10 doses.
- Each pack should provide 500 doses.

The pack size is 260mm x 113mm x 97mm

Priority Groups

4. On the basis that not all vaccine will be available immediately, there will inevitably be a need to prioritise the vaccination activity. The Joint Committee on Vaccination and Immunisation has provided initial views on likely priority groups, but further discussions are taking place on a UK basis to consider this further. We cannot provide you with any further detail at this point but would hope to clarify shortly. Possible priority groups are:

- Individuals aged between six months and 65 years in the current seasonal flu clinical risk groups.
- Pregnant women in their second and third trimester
- Health and social care workers directly involved in patient care.
- Other health and social care workers
- Children aged from 3 years to 16 years of age.
- People aged 65 years and over
- All others not in the above groups

It is important to note that the priority order of these groups as yet to be agreed

Potential Delivery Models

5. Delivery of the pandemic influenza A/H1N1 vaccination programme will be a national programme. However, we do recognise the need for local flexibility in terms of approaches to delivery. Our intention therefore will be to work in partnership with the Public Health Agency and the Health and Social Care Board to put in place the framework within which the HSC Trusts, Primary Care and other partners can operate, having flexibility around local delivery models. This will be underpinned by national guidance wherever a national view is needed, and by ongoing support.

The PHA are currently carrying out an initial scoping exercise which is considering each of the potential priority groups for vaccination and possible delivery models for vaccination. It is likely that the vaccination programme will involve Primary Care, the School Health system and Occupational Health to deliver the vaccine. Many successful vaccination programmes are well established in Northern Ireland and we anticipate that the pandemic influenza A(H1N1) vaccination programme will build on these tried and tested models.

The numbers for each of the likely priority groups are very large and delivering vaccination to such numbers will be a significant challenge. Whichever delivery model is agreed upon locally, the entire Northern Ireland health service will need to be involved in supporting delivery. Creative working across the PHA, HSCB and other bodies will be required. It is likely that Primary Care will have a major role and we are very much aware of the need to resolve contracting issues to enable service delivery model planning to progress – Northern Ireland is involved in work underway at a UK level and we will provide an update as soon as possible.

Resources

6. Resources are clearly a key issue however, as yet we have no definite confirmation of the level of additional resources available. Work being undertaken by the PHA should include an estimate of the additional resources required for each model of vaccine delivery. It may be necessary to also consider reprioritisation of work, in the event of a shortfall in resources.

In conjunction with the PHA & HSCB we are looking at the implications for other immunisation programmes. Our intention, common across the UK, is that the seasonal flu programme and childhood vaccination (including HPV) will continue, and we would ask you to plan on this basis for the meantime.

Education and Training

7. There will be a number of staff training issues commensurate with efforts to increase the number of competent vaccinators available to take forward the vaccination programme.

Programme and Governance

8. Implementation of the pandemic influenza A/H1N1 vaccination programme will be led by the Public Health Agency and the Health and Social Care Board, working with the HSC Trusts and Primary Care. Policy development and overall responsibility for the vaccination programme remains with the Department. All organisations must work together to ensure effective, efficient and timely delivery of the vaccination programme.

Information materials and publicity

9. A range of information materials to support the A/H1N1 Vaccination Programme will be developed nationally and adapted for local use.

Data Recording and Data Collection

10. Accurate data recording and data collection will be vital in assessing the roll out and impact of the pandemic influenza A/H1N1 vaccination campaign. We anticipate that vaccine uptake data collections will be based on existing information systems wherever possible, modified as appropriate.

Conclusion

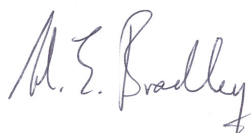
11. The situation regarding vaccine supplies and subsequent delivery is changing regularly. On a positive note, we understand from manufacturers that the development of the vaccine is progressing well. Nevertheless delivery of the pandemic influenza A/H1N1 vaccination programme will be a significant challenge for the Health Service in Northern Ireland, unprecedented in scale and scope.

We shall continue to provide updates on this issue as information becomes available.

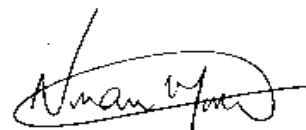
Yours sincerely



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