

T: 0131-244 2711  
E: [sarah.dillon@gov.scot](mailto:sarah.dillon@gov.scot)



Dear Colleague

## SEASONAL INFLUENZA (FLU) VACCINATION PROGRAMME 2018-19

1 This letter provide details about the arrangements for the 2018 - 19 seasonal flu vaccination programme in adults aged 65 years and over and those under 65 years with "at-risk" health conditions. A separate letter [SGHD/CMO\(2018\) 6](#) covers the childhood programme.

2. The key points of note for the seasonal flu programme are as follows:

- This year all adults **aged 75 years or more** will be offered an **Adjuvanted trivalent inactivated flu vaccine (aTIV)**
- All adults aged 65-74 years will continue to be offered a trivalent inactivated vaccine (TIV).
- Additionally, those **aged 18-64 years with at-risk conditions**, including pregnant women will be offered **quadrivalent inactivated flu vaccine (QIV)**.
- Health care workers will also be offered quadrivalent inactive flu vaccine (QIV)
- There are no changes to the clinical at-risk groups.
- Uptake targets for both the 65 years and over group, and the under 65's "at-risk" population will remain at 75%, in line with World Health Organisation (WHO) targets.
- Pregnant women, at any stage of pregnancy, remain eligible for, and are recommended to have, flu vaccination.
- For ease of reference, a flow chart outlining the requirements for each of these groups, along with additional education resources, can be found on the NHS Education Scotland website :  
[www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/public-health/health-protection/seasonal-flu.aspx](http://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/public-health/health-protection/seasonal-flu.aspx)

From the Chief Medical Officer  
Chief Nursing Officer  
Chief Pharmaceutical Officer  
Dr Catherine Calderwood  
Professor Fiona McQueen  
Dr Rose Marie Parr

9 August 2018

SGHD/CMO(2018) 7

### For action

Chief Executives, NHS Boards  
Medical Directors, NHS Boards  
Nurse Directors, NHS Boards  
Primary Care Leads, NHS Boards  
Directors of Nursing & Midwifery, NHS Boards  
Chief Officers of Integration Authorities  
Directors of Pharmacy  
Directors of Public Health  
General Practitioners  
Practice Nurses  
Immunisation Co-ordinators  
CPHMs  
Scottish Prison Service  
Scottish Ambulance Service  
Occupational Health Leads

### For information

Chairs, NHS Boards  
Infectious Disease Consultants  
Consultant Physicians  
Health Protection Scotland  
Chief Executive, NHS Health Scotland  
NHS 24

### Further Enquiries

#### Policy Issues

Sarah Dillon  
3EN, St Andrew's House  
[sarah.dillon@gov.scot](mailto:sarah.dillon@gov.scot)

#### Medical Issues

Dr Syed Ahmed  
St Andrew's House  
[syed.ahmed@gov.scot](mailto:syed.ahmed@gov.scot)

#### Pharmaceutical and Vaccine Supply

William Malcolm  
Health Protection Scotland  
[W.malcolm@nhs.net](mailto:W.malcolm@nhs.net)

3. This will be the third year of the centralised arrangements for ordering, and taking delivery of, the seasonal flu vaccine. Supplies of the vaccine have been procured centrally, and OM Movianto will take orders from each GP practice and then distribute the following vaccines directly to practices:

- QIV for those aged 18-64 years with at-risk conditions, including pregnant women and the small number of children for whom live attenuated intranasal influenza vaccine (LAIV) is unsuitable;
- TIV for those aged 65-74 years; and
- aTIV for those aged 75 years or above

4. Across the UK the supplies of aTIV will be delivered in three major consignments in September, October and November. This means that practices will receive their supply of aTIV across three (3) deliveries and this should be taken into account when planning vaccination clinics. Practices are asked to order aTIV for patients aged 75 and over as follows:

- 1<sup>st</sup> order - 40% of total aTIV requirement
- 2<sup>nd</sup> order – 20% of total aTIV requirement
- 3<sup>rd</sup> order – 40% of total aTIV requirement

5. aTIV will be supplied in pre-filled syringes with separate needles. The needles will be provided in packs of 100 and should be ordered at the same time as the vaccine. **Practices must ensure adequate vaccine supplies are guaranteed before organising vaccination clinics.**

6. Further details about centralised procurement arrangements available at **Annex A**.

### **Green Book Chapter 19**

7. Further information is available in the guidance published in Immunisation against Infectious Disease (the Green Book).

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/456568/29043\\_94\\_Green\\_Book\\_Chapter\\_19\\_v10\\_0.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/456568/29043_94_Green_Book_Chapter_19_v10_0.pdf)

### **Other Information**

8. **Annexes B and C** provide more detail around this year's vaccination programme, including the eligible groups for 2018 - 19, the vaccine components (as announced by WHO) and other general information.

### **Action**

9. NHS Boards, particularly primary care teams, are asked to note the arrangements outlined in this letter for the seasonal flu vaccination programme.

10. We would ask that action is taken to ensure as many people as possible are vaccinated early in the season, and before flu viruses begin to circulate.

11. The Chief Medical Officers strongly encourage all NHS staff are vaccinated against seasonal flu, particularly front-line staff and those working in areas where patients might be at greater risk (for example, paediatric, oncology, maternity, care of elderly, haematology, ICUs). **The target is to vaccinate 60% of front line staff and all efforts should be made to make the vaccine available at times and places that are convenient for staff.** Senior clinicians and NHS Managers should ensure staff fully understand the role flu vaccination plays in preventing transmission of the flu virus. Nationally produced resources to support the promotion of the flu vaccine for HCWs are available at:  
[www.healthscotland.scot/publications/healthcare-workers-flu-vaccine-promotional-resources](http://www.healthscotland.scot/publications/healthcare-workers-flu-vaccine-promotional-resources)

12. Thank you for your continuing support in delivering this important vaccination programme.

*Catherine Calderwood*  
**Chief Medical Officer**

*Fiona McQueen*  
**Chief Nursing Officer**

*Rose Marie Parr*  
**Chief Pharmaceutical Officer**

## SEASONAL INFLUENZA VACCINATION PROGRAMME: 2018 - 19

### Vaccine Supply – national procurement arrangements

1. As the transition to centralised procurement of the vaccine has been successful the same arrangements should be followed for the 2018-19 season. The centralised arrangements apply to the supply of influenza vaccines to GP practices for the following patients:

- a. QIV for those aged 18-64 years with at-risk conditions, including pregnant women, the small number of children for whom live attenuated intranasal influenza vaccine (LAIV) is unsuitable, and health care workers;
- b. TIV for those aged 65-74 years; and
- c. aTIV for those aged 75 years or above

There is no change to the arrangement for obtaining LAIV vaccine for children via NHS board vaccine holding centres.

### Delivery Arrangements

2. Orders for the vaccine should be placed on the OM Movianto online ordering system - Marketplace: (<https://ommarketplace.co.uk/Orders/Home>). Log-in details used in previous seasons remain valid and should continue to be used. If you have any issues with log-in arrangements or if you have new staff who require access to the system please contact OM Movianto Customer Services on **01234 248 623** for assistance.

3. GP practices should plan to place the minimum number of orders needed taking into consideration the timelines for availability of aTIV and available fridge capacity. NHS Boards are charged for each delivery made to practices.

4. aTIV for patients aged 75 and over will be made available across the UK in three consignments in September, October and November. This means that practices will receive three (3) deliveries of aTIV in line with the UK delivery schedule. Practices are asked to split their orders for aTIV as follows:

- 1<sup>st</sup> order – 40% of total aTIV requirement (for delivery in September)
- 2<sup>nd</sup> order – 20% of total aTIV requirement (for delivery in October)
- 3<sup>rd</sup> order - 40% of total aTIV requirement (for delivery in November)

Adequate vaccine supplies should be ensured before organising vaccination clinics.

5. When placing orders for the vaccines in Marketplace, practices should search for the type of vaccine required. For example if vaccines are required for patients aged 18 to 64 these can be found in Marketplace by entering the search term “QIV” on the ‘Orders’ screen. If vaccines are required for patients aged 65 to 74 these can be found by searching for “TIV”. Similarly, the vaccines for patients aged 75 and over can be found by searching for “aTIV”.

6. Vaccines are available in either packs of 10 or single dose packs. On the ordering platform, please read the vaccine information carefully and order the number of packs required rather than the total volume of individual vaccines – for example, if the vaccine is available in packs of 10 and the practice wants to request a delivery of 500 vaccines, an order should be placed for 50 packs of 10. If the vaccine is only available in single dose packs then a practice requiring e.g. 30 vaccines should order 30 single dose packs.

7. The adjuvanted trivalent vaccine (aTIV) for patients aged 75 and older will be supplied in pre-filled syringes with separate needles. The needles will be provided in packs of 100. GP

practices will need to order needles at the same time the adjuvanted vaccines are ordered. Needles can be found on the online ordering system by searching for “needles” on the ‘Orders’ screen in Marketplace. Please only order the minimum number of packs required. For example, a practice that orders 15 packs of 10 aTIV (150 doses) will need to order 2 packs of needles (200 needles).

8. Patient Information Leaflets for vaccines supplied in packs of 10 will be provided separately to the vaccines. These will be added to orders by OM Movianto.

9. NHS Boards have the option of holding a small volume of vaccines locally at Vaccine Holding Centres, for their contingency purposes e.g. in the event of fridge failure or delay in next scheduled delivery date from the distributor. This is a matter for NHS Boards to consider (and manage) locally, should they wish to do so.

#### **Egg-free vaccine**

10. There is no egg-free flu vaccine again this year as the vaccine has been discontinued by the vaccine manufacturer. A low-egg content flu vaccine is available – Sanofi Inactivated Quadrivalent Influenza Vaccine. This vaccine can be ordered by calling the OM Movianto Customer Services Team on 01234 248 623.

#### **Further information and Support**

11. For queries linked to ordering and deliveries, please contact the OM Movianto Customer Services Team (**01234 248 623**). If any delivery service issues cannot be resolved satisfactorily through dialogue with OM Movianto, the issue should be escalated to the NHS Board.

**SEASONAL INFLUENZA VACCINATION PROGRAMME: 2018-19**

1. The seasonal flu vaccine should be offered to the eligible groups set out in the table below:

<b>Eligible groups</b>	<b>Further detail</b>
<b>Pre-school children aged 2-5 years; and All primary school children in P1-7</b>	A separate CMO letter has further details (see SGHD/CMO(2018 -19) 6).
<b>All patients aged 65 years and over</b>	“Sixty-five and over” is defined as those aged 65 years and over on 31 March 2019. “Seventy-five and over” is defined as those aged 75 years and over on 31 March 2019.
<b>Chronic respiratory disease aged six months or older</b>	Asthma that requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission. 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.
<b>Chronic heart disease aged six months or older</b>	Congenital heart disease, hypertension with cardiac complications, chronic heart failure, individuals requiring regular medication and/or follow-up for ischaemic heart disease.
<b>Chronic kidney disease aged six months or older</b>	Chronic kidney disease at stage 3, 4 or 5, chronic kidney failure, nephritic syndrome, kidney transplantation.
<b>Chronic liver disease aged six months or older</b>	Cirrhosis, biliary atresia, chronic hepatitis from any cause such as Hepatitis B and C infections and other non-infective causes
<b>Chronic neurological disease aged six months or older</b>	Stroke, transient ischaemic attack (TIA). Conditions in which respiratory function may be compromised, due to neurological disease (e.g. polio syndrome sufferers). Clinicians should offer immunisation, based on individual assessment, to clinically vulnerable individuals including those with cerebral palsy, learning disabilities, multiple sclerosis and related or similar conditions; or hereditary and degenerative disease of the nervous system or muscles; or severe neurological or severe learning disability.
<b>Diabetes aged six months or older</b>	Type 1 diabetes, type 2 diabetes requiring insulin or oral hypoglycaemic drugs, diet controlled diabetes.
<b>Immunosuppression aged six months or older</b>	Immunosuppression due to disease or treatment. Patients undergoing chemotherapy leading to immunosuppression, bone marrow transplant. HIV infection at all stages, multiple myeloma or genetic disorders affecting the immune system eg IRAK-4, NEMO, complement deficiency. Individuals treated with or likely to be treated with systemic steroids for more than a month at a dose equivalent to prednisolone at 20mg or more per day (any age) or for children under 20kg a dose of 1mg or

	more per kg per day. It is difficult to define at what level of immuno suppression a patient could be considered to be at a greater risk of the serious consequences of flu and should be offered flu vaccination. This decision is best made on an individual basis and left to the patient's clinician. Some immunocompromised patients may have a suboptimal immunological response to the vaccine. Consideration should also be given to the vaccination of household contacts of immunocompromised individuals, i.e. individuals who expect to share living accommodation on most days over the winter and therefore for whom continuing close contact is unavoidable. This may include carers (see below).
<b>Asplenia or dysfunction of the spleen</b>	This also includes conditions such as homozygous sickle cell disease and coeliac syndrome that may lead to splenic dysfunction.

<b>Pregnant women</b>	Pregnant women at any stage of pregnancy (first, second or third trimesters).
<b>People in long-stay residential care or homes</b>	Vaccination is recommended for people in long-stay residential care homes or other long-stay care facilities where rapid spread is likely to follow the introduction of infection, and cause high morbidity and mortality. This does not include, for instance, prisons, young offender institutions, university halls of residence etc.
<b>Unpaid Carers and young carers</b>	Someone who, without payment, provides help and support to a partner, child, relative, friend or neighbour, who could not manage without their help. This could be due to age, physical or mental illness, addiction or disability. A young carer is a child or young person under the age of 18 carrying out significant caring tasks and assuming a level of responsibility for another person, which would normally be taken by an adult.
<b>Health and social care staff</b>	Health and social care workers who are in direct contact with patients/service users should be vaccinated by their employers as part of an occupational health programme.
<b>Morbid obesity (class III obesity)*</b>	Adults with a Body Mass Index $\geq 40$ kg/m <sup>2</sup>

\* Many of this patient group will already be eligible due to complications of obesity that place them in another risk category.

2. The list above is not exhaustive, and the medical practitioner should apply clinical judgement to take into account the risk of flu exacerbating any underlying disease that a patient may have, as well as the risk of serious illness from flu itself. Seasonal flu vaccine can be offered in such cases even if the individual is not in the clinical risk groups specified above.

3. Further guidance on the list of eligible groups and guidance on administering the seasonal flu vaccine, can be found in the updated influenza chapter of the Green Book: Immunisation against infectious disease, available at the following link: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/427809/Green\\_Book\\_Chapter\\_19\\_v9\\_0\\_May\\_2015\\_.PDF](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/427809/Green_Book_Chapter_19_v9_0_May_2015_.PDF)

## VACCINES

1. The vaccines that will be centrally procured for the 2018 - 19 flu immunisation programme are set out in the table below. Some flu vaccines are restricted for use in particular age groups. The Summary of Product Characteristics (SPC) for individual products **should always** be referred to when ordering vaccines for particular patients.

<b>Supplier</b>	<b>Name of Product</b>	<b>Vaccine Type</b>	<b>Recommended age group</b>
<b>AstraZeneca UK Ltd</b>	Fluenz Tetra	Live attenuated, nasal (quadrivalent)	From 24 months to less than 18 years of age
<b>Mylan (BGP Products)</b>	Inactivated Influenza Vaccine Mylan Tetra	Surface antigen inactivated virus Quadrivalent inactivated vaccine	18 to 64 years
	Influvac®	Surface antigen inactivated virus Trivalent inactivated vaccine	65 to 74 years
<b>Pfizer Vaccines</b>	Influenza vaccine (split virion, inactivated), pre-filled syringe	Split virion, inactivated virus Trivalent inactivated vaccine	65 to 74 years
<b>Sanofi-Pasteur Vaccines</b>	Quadrivalent Influenza Vaccine (split virion, inactivated)	Split virion, inactivated virus Quadrivalent inactivated vaccine	From 18 to 64 years But also recommended in children from six months in whom LAIV is unsuitable
<b>Seqirus Vaccines Ltd</b>	Fluad®	Adjuvanted trivalent inactivated vaccine	aged 75 years and above



### **Uptake Rates in 2017 - 18**

1. Provisional data for 20-17 - 18 suggests uptake rates of:
  - 73.7% in people aged 65 years and over, (compared with 72.8% in 2016 -17 and 74.5% in 2015-16);
  - 44.8% in under 65's at-risk, (compared with 44.9% in 2016 - 17 and 48.0% in 2015-16);
  - 61.8% in pregnant women (with other risk factors), compared with 58.0% in 2016 - 17 and 61.5% in 2015-16; and
  - 48.1% in pregnant women (without other risk factors), compared with 49.3% in 2017 – 18 and 49.9% in 2015-16
2. For further information regarding the HPS vaccine uptake monitoring programme, please contact [nss.hpsflu@nhs.net](mailto:nss.hpsflu@nhs.net).

### **Call and Recall of Under 65 years “at-risk”**

3. GP practices are reminded that they are required to adopt robust call and recall systems to contact all “at-risk” patients. Template letters will be available nearer the time if GP practices wish to make use of them. These will be available to download from Health Scotland’s website at [www.healthscotland.com/flu](http://www.healthscotland.com/flu).

### **Aged 65 and over**

4. As in previous years the Scottish Government will arrange for a national call-up letter to be sent to all those who will be aged 65 years and over by 31 March 2019. These letters will be delivered w/c 27 September 2018.

### **Pneumococcal Immunisation**

5. Health professionals are reminded that they should check the vaccination status of those eligible for pneumococcal immunisation when such people receive the influenza vaccine. A new leaflet is available and can be accessed here [www.nhsinform.scot/pneumococcalforadults](http://www.nhsinform.scot/pneumococcalforadults) from 1 September 2018. GP practices will be provided with supplies of the leaflet along with the flu resources from week commencing 24 September 2018

### **Contractual Arrangements**

6. Please refer to the Influenza and Pneumococcal DES (PCA(M)(2018)06) for information on payments associated with the seasonal flu and pneumococcal vaccines. This is available at: [https://www.sehd.scot.nhs.uk/pca/PCA2018\(M\)06.pdf](https://www.sehd.scot.nhs.uk/pca/PCA2018(M)06.pdf)

### **Pregnant Women**

7. Maternity services should inform the relevant GP practice when they become aware of a pregnancy in one of their patients. This will enable GP practices to flag their records to enable them to deliver the flu vaccine where appropriate.

### **Vaccination of Health and Social Care Staff**

8. **Vaccination against flu should be considered an integral component of standard infection control procedures.** As in previous years, free seasonal influenza immunisation should be offered by NHS organisations to all employees directly involved in delivering care.

This is not an NHS service, but an occupational health responsibility being provided to NHS staff by employers.

9. Social care providers and independent primary care providers such as care homes, GP, dental and optometry practices, and community pharmacists, should also arrange vaccination of their staff.

10. **Uptake of seasonal flu vaccination by health care workers continues to be below the CMO target - in 2017/18 in Scotland this was 45.7% in territorial boards compared with a target of 60%.** While vaccination of NHS staff remains voluntary, we would encourage all NHS Boards to offer the vaccine in an accessible way, and all staff to seriously consider the benefits to themselves and their family contacts, their patients and the NHS in helping to reduce the potential for the spread of flu as a result of accepting the offer of the vaccine.

11. Helpful guidance and tools/ways to raise awareness/support the offer of the flu vaccine to Healthcare Workers has been produced and can be found online at [www.healthscotland.scot/publications/healthcare-workers-flu-vaccine-promotional-resources](http://www.healthscotland.scot/publications/healthcare-workers-flu-vaccine-promotional-resources)  
The information will be available to view online and use from September 2018.

12. Chapter 12 of the Green Book provides information on what groups can be considered as directly involved in delivering care. See [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/147882/Green-Book-Chapter-12.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/147882/Green-Book-Chapter-12.pdf)

#### **Communications and workforce education**

13. A range of communication and workforce materials are available, including:

- A national media campaign (TV, radio, press, digital, social media),
- PR activities (national and local) relevant to the target audiences
- Information leaflets and posters [www.nhsinform.scot/flu](http://www.nhsinform.scot/flu)
- Digital media tools and resources
- Educational Resources for health professionals at:  
<http://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/public-health/health-protection/seasonal-flu.aspx>

14. Information leaflets and posters will again be made available to GP practices to support the programme and help inform/raise awareness of the vaccine with the public. The distribution of public facing materials to GP practices, will start the week commencing 24 September 2018.

15. The Seasonal Flu information leaflets are available also in a range of other languages to download from [www.nhsinform.scot/flu](http://www.nhsinform.scot/flu) NHS Health Scotland is happy to consider requests for other languages and formats. Please contact 0131 314 5300 or email [nhs.healthscotland-alternativeformats@nhs.net](mailto:nhs.healthscotland-alternativeformats@nhs.net)

#### **Vaccine Composition for 2018 - 19**

16. Each year the WHO recommends flu vaccine strains based on careful mapping of flu viruses as they move around the world. This monitoring is continuous and allows experts to make predictions on which strains are most likely to cause influenza outbreaks in the northern hemisphere in the coming winter. During the last 10 years, the flu vaccine has generally been a good match for the circulating strains of flu, even though it is not possible to predict exactly which strains will circulate each year. **Being immunised is the best protection available against an unpredictable virus that can cause severe illness.**

17. For the 2018 -19 flu season (northern hemisphere winter) it is recommended that quadrivalent vaccines contain the following strains-:

- an A/Michigan/45/2015 (H1N1)pdm09-like virus;
- an A/Singapore/INFIMH-16-0019/2016 (H3N2)-like virus;
- a B/Colorado/06/2017-like virus (B/Victoria/2/87 lineage); and
- a B/Phuket/3073/2013-like virus (B/Yamagata/16/88 lineage).

18. It is recommended that the influenza B virus component of trivalent vaccines for use in the 2018-2019 northern hemisphere influenza season be a B/Colorado/06/2017-like virus of the B/Victoria/2/87-lineage. For further information and the full report please see: [http://www.who.int/influenza/vaccines/virus/recommendations/2018\\_19\\_north/en/](http://www.who.int/influenza/vaccines/virus/recommendations/2018_19_north/en/)