Flu Vaccination Programme in Scotland 2018-19
Information for registered practitioners
1. Flu programme 2018/19 in Scotland

The recent CMO letter provides 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 (https://www.sehd.scot.nhs.uk/cmo/CMO(2018)07.pdf)

This document aims to support registered healthcare practitioners by providing some key information relating to flu vaccine delivery, and in particular to answer possible questions that patients may ask in relation to adjuvanted trivalent flu vaccine (aTIV).

A range of materials have also been produced for registered healthcare practitioners and 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)

Please note that these educational resources do not replace the clinical judgement of practitioners and vaccinators should always refer to the PHE Green Book Chapter prior to the administration of vaccines.

2. Types of flu vaccine and delivery settings for the 2018/19 flu programme

This year, four different types of flu vaccine will be offered to adults, children and the at-risk groups as part of the influenza vaccination programme. The recommended vaccine for individuals will depend on the advice provided by Joint Committee for Vaccination and Immunisation (JCVI) (Reference?) relating to the evidence of effectiveness of vaccines for different age groups and available vaccine supplies. This will benefit patients by ensuring that they have the most suitable vaccine that gives them the best protection against flu.

The four vaccines, and settings they are offered in, are as follows:

In general practice:

- **Adjuvanted trivalent flu vaccine (aTIV)** – will be offered to all adults aged 75 years or more.
- **Trivalent inactivated vaccine (TIV)** – will continue be offered to all adults aged 65-74 years.
- **Quadrivalent inactivated vaccine (QIV)** – will be offered to children aged from 6 months to 2 years, and in adults from 18 years to less than 65 years of age who are at increased risk from flu because of a long-term health condition.
- **Live attenuated influenza vaccine (LAIV)** – will be offered to adolescents under 18 years who are at increased risk from flu because of a long-term health condition.
In general practice and via school based programmes:

- **Live attenuated influenza vaccine (LAIV)** – will continue to be offered to all pre-school children age 2 years or more (through their GP surgery) and primary school aged children age 4-11 years (through schools). If LAIV is clinically contraindicated QIV is used in this age group.

### 3. Flu vaccination for patients 75 years and over

The following question and answers are intended to support vaccinators and consist of some key clinical information but also questions that patients may ask about the adjuvanted trivalent flu vaccine (aTIV) and the flu vaccination programme for the 2018/19 flu season.

**Before you get your order of aTIV a 76 year old patient asks you for an appointment to have their flu vaccination. What should you do?**

The adjuvanted flu vaccine is the recommended flu vaccine for people in this age group. This is because aTIV is likely to give better protection against flu. It would therefore be best to wait until supplies of aTIV become available which we know will offer your patient the best protection.

**Is having aTIV in November too late to offer protection?**

Flu usually starts from December onwards, it can be earlier, but if your patient is vaccinated in November they should benefit from its protective effect. It is better to wait for the vaccine that is most effective for their age group.

**A 78 year old patient asks if it would be better to have quadrivalent influenza vaccine (QIV) now because you have it in stock, rather than coming back for aTIV in November. What should you do?**

The adjuvanted flu vaccine is the recommended flu vaccine for all people aged 75 years and over. This is because the aTIV is likely to give better protection against flu. It would therefore be best to wait until supplies of aTIV become available which we know will offer you the best protection.

**Is aTIV available elsewhere if your practice has run out?**

General practices are having supplies of aTIV flu vaccine phased between September and November. Practices should make patients aware of when they expect their next delivery of aTIV. It is important to stress to them that they should return for vaccination as having vaccine in October or November will not be too late to benefit from its protective effect.

**If adjuvanted flu vaccine is stronger, does it have more side effects?**

There may be some mild reactions to any flu vaccine, but serious side effects are very rare.
Adjuvanted flu vaccine is slightly more likely to give a local reaction around the injection site; however, the adjuvanted vaccine provides additional benefits to people aged 75 years and over as it gives better protection against flu.

**Is aTIV suitable for a patient with an egg allergy?**


Patients who have suffered a severe anaphylaxis to egg (e.g. required intensive care) should be referred to specialists for immunisation in hospital. Other adult patients can be immunised in the community using an inactivated influenza vaccine with ovalbumin content less than 0.12 micrograms/ml (equivalent to 0.06 micrograms for a 0.5 ml dose). The ovalbumin content of aTIV and other 2018/19 flu vaccines will be published here: [https://www.gov.uk/government/publications/influenza-vaccine-ovalbumin-content](https://www.gov.uk/government/publications/influenza-vaccine-ovalbumin-content).

**The adjuvant in aTIV vaccine is MF59. What is this?**

MF59 is an adjuvant which helps to strengthen and lengthen the immune response to the vaccine. The main ingredient in MF59 is squalene oil, a naturally-occurring oil found in humans, plants and animals. The squalene oil in MF59 comes from fish oil and is highly purified before it is used. aTIV contains less than 10mg of squalene (1mg is one thousandth of a gram). MF59 also contains very small amounts of these ingredients (around 1mg or less):

- polysorbate 80, sorbitan trioleate and sodium citrate. These are all emulsifiers which stop the squalene oil separating out from the water in the vaccine. Polysorbate 80 and sodium citrate are commonly used in food and drink. Sorbitan trioleate is a compound made from oleic acid (a natural fatty acid) and sorbitol, also found naturally in fruits and other foods.
- citric acid, used extensively in foods and drinks.

**What vaccine should be used in patients taking anticoagulants or with a bleeding disorder?**

4. Flu vaccination for patients aged 65-74 years
If the JCVI has recommended aTIV for all those age 65 or more why am I being offered TIV instead?

This year the national NHS flu vaccination programme will be offered to people of all ages with underlying health conditions, plus those who are pregnant or are aged 65 or over as flu can lead to serious complications which may need hospital treatment.

Over the next two years in Scotland we will be phasing in a new vaccine for everyone aged 65 and over. In line with expert advice, this will be offered from this winter to those aged 75 and above and from next winter (2019-20) to all those aged 65 and above.

This vaccine is currently produced by only one company, who were unable to give a guarantee on supplying the new vaccine for all over-65s in time for this year.

All those aged 65 to 74 will continue to be offered the current flu vaccine which will help protect them from flu.

4. Flu vaccination for patients under the age of 65 years of age

A patient aged under 65 years in a clinical risk group has heard about the new aTIV vaccine and asks why they can’t receive it.

The aTIV is only licensed for use in people aged 65 years and over.

A patient aged under 65 years old and not eligible for vaccination as part of the national flu programme is going to pay to have a vaccination privately and asks which vaccine would be best for them?

Private providers would be expected to follow the recommendations in ‘Immunisation against Infectious Disease’ (The Green Book) used for the NHS programme. This makes clear that there is some benefit in using the quadrivalent influenza vaccine and this is what they should be offered. Questions about vaccines for Health Care Workers

5. Flu vaccination programme for health and social care workers

NHS providers should offer the quadrivalent inactivated vaccine (QIV) to healthcare workers of any age.

6. Individuals who have inadvertently been given a flu vaccine that is not the one recommended for their age group
If an individual has inadvertently received a flu vaccine different to the one recommended for their age group, they should be informed of the error and the potential implications of this error. Although TIV, QIV and aTIV should provide some protection against flu in all age groups, those individuals more than 75 years of age may not respond as well to the QIV as they would to the aTIV, and individuals aged under 65 years will not benefit from the opportunity to make protection against an additional flu strain if they have been given aTIV or TIV.

If the individual wishes to receive the vaccine that they should have been given, this can be offered following a discussion of the benefits and risks. The clear benefit is the additional protection that may be offered by the correct vaccine but they should be alerted to the potential increased risk of a local or systemic reaction. Although there is no data available on the safety and effectiveness of administering a second flu vaccine shortly after the first in adults, this advice is based on general principles of vaccination, experience of flu revaccination following cold chain and administration incidents and information about the high dose flu vaccine used in the United States (which contains four times the amount of antigen that is in a single dose of QIV or aTIV).

If a decision is made to offer the vaccine the individual should have received, it is recommended that this is done as soon as possible after the first dose was given and ideally within a week. This will enable protection to be made as soon as possible. It can still be given if more than a week has elapsed however.

This advice also applies to those who have been given aTIV.
FURTHER INFORMATION

Immunisation against Infectious disease (the Green Book) Chapter 19, Influenza (Public Health England, last updated 1 December 2017)

Annual Flu Letter 2018-19 Please be advised the CMO letters for seasonal and childhood flu can now be accessed via the following links:

Supplemental data from PHE to support the Green Book: (Public Health England, 29 January 2018)

NICE guidelines on maximizing uptake of seasonal influenza vaccine in health care workers - https://www.nice.org.uk/guidance/ng103


Flu Vaccination Programme Delivery Guidance
2018-19 for Scotland

This resource may be made available, in full or summary form, in alternative formats and community languages. Please contact us on 0131 656 3200 or email altformats@nes.scot.nhs.uk to discuss how we can best meet your requirements.

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