

*From the Chief Medical Officer*  
Dr Michael McBride



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

[www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk)

HSS(MD)28/2008

AN ROINN

**Sláinte, Seirbhísí Sóisialta  
agus Sábháilteachta Poiblí**

MÄNNYSTRIE O

**Poustie, Resydènter Heisin  
an Fowk Siccar**

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To: All General Practitioners and Locums (*for onward distribution to practice staff including Practice Nurses*)  
Chief Executives HSC Trusts  
Medical Directors (*to forward to Consultants, Occupational Health Physicians*)  
Nursing Directors HSC Trusts – (*to forward to Community Nurses*)  
Chief Executives HSS Boards  
Directors of Public Health HSS Boards  
Consultants in Communicable Disease Control  
Directors of Nursing HSS Boards  
Directors of Primary Care  
GP Medical Advisors  
Directors of Pharmaceutical Services - Boards/Trusts/CSA  
All Community Pharmacists  
Regional Epidemiologists, CDSC (NI)

Your Ref:

Our Ref: HSS(MD)28/2008

Date: 29 July 2008

Dear Colleague

## **SEASONAL INFLUENZA IMMUNISATION PROGRAMME FOR 2008/2009**

1. We are writing to thank you for your dedication and hard work in delivering the Seasonal Influenza Vaccination Programme in 2007/2008 and to give you information about the arrangements for this year's influenza vaccination programme.

### **Target Groups for seasonal flu vaccine**

2. As in previous years, the policy is that the flu vaccine should be offered to the following groups:
  - (i) All those aged 65 years and over;
  - (ii) All those aged 6 months or over in a clinical risk group (see paragraph 3 and Annex1);

- (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 include prisons, young offender institutions, university halls of residence etc);
- (iv) Those who are in receipt of a carer's 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.

Annual influenza immunisation for these groups is provided as part of a Directed Enhanced Service (DES).

As detailed in the Green Book – *Immunisation against Infectious Disease 2006* (Chapter 19, page 193), pregnant women in the clinical risk groups listed should be vaccinated before the influenza season, regardless of the stage of pregnancy.

### **Clinical Risk Groups**

3. There are no changes to the clinical risk groups in this year's programme. The clinical at risk groups are set out in Annex 1.

GPs should take into account the risk of influenza infection exacerbating any underlying disease that a patient may have, as well as the risk of serious illness from influenza itself. GPs should consider on an individual basis the clinical needs of their patients including individuals with:

- multiple sclerosis and related conditions, or
- hereditary and degenerative diseases of the central nervous system.

Where these target groups are not covered by the DES, Boards should consider the need for an appropriate local enhanced service.

### **Poultry Workers 2008/09**

4. Those who work in close contact with poultry will be offered immunisation through a separate programme. This is the third year that we have run such a programme and this policy is in line with the rest of the UK. The Joint Committee on Vaccination and Immunisation (JCVI) has endorsed this advice.

Offering poultry workers the seasonal flu vaccination is a precautionary public health measure to reduce the risk of poultry workers contracting both avian and human influenza simultaneously. This would reduce the theoretical risk for circulating human influenza virus to re-assort with avian influenza virus, thereby producing a new influenza virus which could have pandemic potential.

Seasonal influenza vaccine protects against seasonal human influenza but does not protect against avian influenza.

Boards are asked to consider putting in place a LES for poultry workers, which is in line with national policy. Boards will reimburse those who provide this service.

More information on this programme can be found in “**Seasonal Influenza Immunisation Programme For Poultry Workers 2008/2009**” HSS(MD) /2008, available at [www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk) and also on the DHSSPS Extranet which can be accessed directly at <http://extranet.dhsspsni.gov.uk> or by going through the HPSS Web at <http://www.n-i.nhs.uk> and clicking on DHSSPS.

In the event that a poultry worker attends the practice for flu immunisation the practice should contact the local Health and Social Services Board which will be able to advise accordingly.

### **Funding and Contractual arrangements**

5. Under the arrangement associated with the GMS contract financial envelope, Boards have already been allocated funding for the immunisation with flu vaccine of those over 65s and for those under 65s at risk. Additional money has been allocated in 2007-08 to the HSS Board’s baseline to cover:
  - payments to GPs for immunisation of carers and those with chronic liver disease;
  - Payment of a data collection fee to general practices;
  - Trust support for the delivery of the Influenza programme;
  - Support for pharmacies in promoting the influenza immunisation campaign;
  - Funding for a seasonal flu immunisation programme for poultry workers.

### **Immunisation of patients who do not fall into a DES or LES category**

6. Where a person not in the high risk group requests an influenza vaccination, the decision to immunise is based on the GP’s clinical judgement. Influenza vaccine for such immunisations should not be obtained using the central supply ordering system. Currently there are no anticipated shortfalls with influenza immunisation supply and therefore GPs should have no difficulty in obtaining vaccine using health service prescriptions for individual patients. Practices are reminded that contractually it is not possible to charge for the prescription or the administration of the vaccine to a patient who is registered with the practice. Any contractor offering a private flu vaccination service for their own registered patients is immediately in breach of their contract.

### **Influenza Immunisation of Health Care Workers**

7. We would wish to remind HSC employers of the need to offer and recommend influenza immunisation to employees directly involved in patient/client care.

This will require proactive workplace planning and awareness raising in order to improve the historically low uptake rates of immunisation achieved. **Trusts/employers should determine their own programmes and fund the immunisation of their staff.**

Trusts/employers should ensure, so far as is reasonably practicable, that healthcare workers are free of and are protected from exposure to communicable infections during the course of their work, and that all staff are suitably educated in the prevention and control of HCAs. They should ensure that occupational health policies and procedures in relation to the prevention and management of communicable infections in healthcare workers, including immunisation, are in place. The influenza immunisation given to staff directly involved in patient/client care acts as an adjunct to good infection prevention and control procedures. It may reduce the transmission of infection to vulnerable patients/clients some of whom may have impaired immunity and not produce a good response to their own immunisation.

Examples of staff directly involved in patient/client care are:

- Clinicians, midwives and nurses, paramedics and ambulance drivers
- Occupational therapists, physiotherapists and radiographers
- Primary care providers such as GPs, practice nurses, district nurses and health visitors
- Staff in nursing and care homes that look after older people.

Students and trainees in these disciplines and volunteers who are working with patients should also be included.

### **Action for Trusts**

- Trusts should begin planning now for an influenza immunisation programme targeted at relevant staff.
- By **30<sup>th</sup> April 2009** Trust Chief Executives should supply the Department with a report on the success on the campaign, including information on immunisation uptake rates among staff.

### **Consent**

8. Health professionals must ensure that for each person who attends an immunisation session, appropriate information and advice about the influenza vaccine is given and that the person's consent is obtained. Individuals coming forward for immunisation should be given a reasonable opportunity to discuss any concerns before being immunised.

### **Vaccine Update Targets**

9. The DHSSPS targets for 2008/2009 have been maintained at 70% for patients aged 65 years and over and 60% for patients in the clinical at risk groups, who are under 65 years (Annex 1). The uptake in 2007-08 for the 65s and over was 75.7% and the under 65 'at risk' groups 68.3%

## Monitoring Uptake

10. As in previous years, CDSC(NI) 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 Boards have money within their baseline to support the collection of this data from GP practices. The funding allows for £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 CDSC(NI) 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

11. If a doctor, nurse, or pharmacist suspects that any adverse reaction to one of the influenza vaccines has occurred, it should be reported to the Commission in Human Medicines (CHM) using the Yellow Card reporting scheme [www.yellowcard.gov.uk](http://www.yellowcard.gov.uk)

## Publicity and Information Materials

12. Information materials including leaflets and posters will be available to support health professionals running local flu campaigns. These should start to arrive in practices by the end of August in good time for practices to plan their local immunisation programmes. It is anticipated that the regional publicity programme will be launched in October 2008.

## GENERAL PRACTITIONER ARRANGEMENTS FOR ORDERING & DELIVERY OF VACCINE

13. Influenza vaccine for the 2008/2009 Influenza Immunisation Programme has been centrally purchased by the Department from three influenza vaccine manufacturers, namely Solvay Healthcare, Wyeth and Novartis Vaccines.

These vaccine supplies are only to be used for the immunisation of the recommended patient groups as defined in this letter.

## Timeline

14. Currently there are no expected vaccine supply issues. It is anticipated that vaccine supplies will arrive into Northern Ireland during the week commencing 15 September 2008. This should permit GPs and Trusts to schedule clinics from 1 October 2008. Initial orders for your first delivery of influenza vaccine 2008/2009 can be placed with **Movianto Ireland from w/c 18 August 2008**. Additional orders can be placed from week commencing 6 October 2008 and thereafter orders should be placed weekly to meet on-going requirements

## Orders

15. Although there are three different manufacturing companies involved, GPs and hospital pharmacies are requested to order generically (i.e. inactivated influenza vaccine) as there will be no preference for any particular brand. All the supplies of influenza vaccine are 0.5ml pre-filled syringe presentations and are thiomersal-free. GPs and hospital pharmacies must only order sufficient to meet their weekly needs and only the quantity that they have sufficient refrigerated capacity to store. (Note - Storage Conditions: 2-8 C refrigerated storage/ Protect from light/ Do not freeze).

As the majority of the stock will be in packs of 10 pre-filled syringes, GPs and hospital pharmacies are requested, as far as possible, to order in multiples of 10. Requests for smaller quantities of vaccine will be facilitated nearer the end of the campaign. To ensure equitable provision throughout Northern Ireland, it is important that orders are made in line with anticipated need and that wastage is kept to an absolute minimum.

## How to Order

16. Orders for influenza vaccine must be placed **only** with **Movianto Ireland** - formerly Castlereagh Pharmaceuticals - (contact details below) either by telephone, fax or by e-mail. Opening hours: 9:00am to 5:00pm (Monday to Friday).

Where possible, it is preferred that all orders from GP practices are **faxed or e-mailed**, using the attached form (Annex 2) to:

**Movianto Ireland**

*6a Prince Regent Road*

*Belfast BT5 6QR*

**Tel: 028 9079 5799**

**Fax: 028 9079 6303**

**E-mail: [orders.nireland@movianto.com](mailto:orders.nireland@movianto.com)**

## Initial Orders

17. Initial orders for your first delivery of influenza vaccine 2008/2009 can be placed with **Movianto Ireland** (formerly Castlereagh Pharmaceuticals) **from w/c 18 August 2008**. Initial orders must only be a small quantity of influenza vaccine to start your immunisation clinics.

Please note that all GP practices are requested to ensure that all stocks of last years supplies of Influenza Vaccine 2007/2008 (expiry date June 2008) must be removed and destroyed (according to disposal policy) **prior** to placing your initial order.

## **Additional Orders**

18. Additional orders can be placed from week commencing 6 October 2008 and orders should be placed weekly to meet on-going requirements. Please note that there is no limit on the number of orders that can be placed on an on-going basis and GPs and hospital pharmacies are requested to only hold sufficient stock to meet weekly needs. **As Movianto Ireland will deliver all orders within 24 hours of receipt there is no need to stockpile vaccine.**

Please note that the normal delivery time schedule is within 24 hours of receipt of your order. Practices are requested to manage their orders to meet this delivery schedule. However **in exceptional circumstances** should any more urgent delivery be required please contact Customer Services (Tel: 028 9079 5799).

## **Delivery**

19. Movianto Ireland will deliver orders **within 24 hours of receipt**. All orders must be signed for on receipt of delivery and all vaccines must be refrigerated immediately. Any problems with the order must be notified to the driver upon delivery or as soon as possible by telephone to Customer Services (Tel: 028 9079 5799). Please note there will be no uplift of vaccines once delivered and receipted, except in the event of a batch recall.

## **Contingency Supply**

20. A contingency supply of influenza vaccine will be available should particular difficulties in supply arise. This supply may be accessed by contacting the Regional Pharmaceutical Procurement Service (Tel: 028 55 2386). It should be noted that this contingency supply is limited and should be accessed only in exceptional circumstances.

## **Audit**

21. At the end of this season's influenza programme, to inform the arrangements for next year, the Department will carry out an audit of the vaccines issued and used.

## **Influenza Vaccine Composition for 2008/2009**

22. Flu vaccine strains are recommended by the World Health Organisation (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.

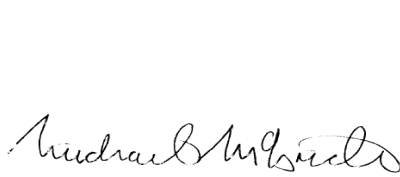
The WHO recommends that vaccines to be used in the 2008/2009 season (northern hemisphere winter) contain the following:

- an A/Brisbane/59/2007 (H1N1)-like virus;
- an A/Brisbane/10/2007 (H3N2)-like virus;
- a B/Florida/4/2006-like virus.

For more information please visit:

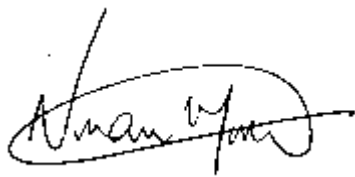
[http://www.who.int/csr/disease/influenza/recommendations2008\\_9north/en/index.html](http://www.who.int/csr/disease/influenza/recommendations2008_9north/en/index.html)

Yours sincerely



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**Dr M McBride**  
Chief Medical Officer



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**Dr N Morrow**  
Chief Pharmaceutical Officer



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**Mr M Bradley**  
Chief Nursing Officer





## Clinical Risk Groups 2008/09

Clinical risk category	Examples (decision based on clinical judgement)
<b><i>Chronic respiratory disease and asthma that requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission</i></b>	<ul style="list-style-type: none"> <li>• Chronic obstructive pulmonary disease (COPD) including chronic bronchitis and emphysema; bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD)</li> <li>• Children who have previously been admitted to hospital for lower respiratory tract disease</li> </ul>
<b><i>Chronic heart disease</i></b>	<ul style="list-style-type: none"> <li>• Congenital heart disease</li> <li>• Hypertension with cardiac complications</li> <li>• Chronic heart failure</li> <li>• Individuals requiring regular medication and/or follow-up for ischaemic heart disease</li> </ul>
<b><i>Chronic renal disease</i></b>	<ul style="list-style-type: none"> <li>• Chronic renal failure</li> <li>• Nephrotic syndrome</li> <li>• Renal transplantation.</li> </ul>
<b><i>Chronic liver disease</i></b>	<ul style="list-style-type: none"> <li>• Cirrhosis</li> <li>• Biliary Atresia</li> <li>• Chronic hepatitis</li> </ul>
<b><i>Chronic neurological disease*</i></b>	<ul style="list-style-type: none"> <li>• Cerebrovascular disease, principally stroke and transient ischaemic attacks (TIAs)</li> <li>• Multiple sclerosis and related conditions</li> <li>• Hereditary and degenerative disease of the central nervous system</li> </ul>
<b><i>Diabetes Mellitus</i></b>	<ul style="list-style-type: none"> <li>• Type 1 diabetes</li> <li>• Type 2 diabetes requiring insulin or oral hypoglycaemic drugs</li> <li>• Diet controlled diabetes</li> </ul>
<b><i>Immunosuppression</i></b>	<ul style="list-style-type: none"> <li>• Immunosuppression due to disease or treatment</li> <li>• Patients undergoing chemotherapy leading to immunosuppression</li> <li>• Asplenia or splenic dysfunction</li> <li>• HIV infection</li> <li>• Individuals treated with or likely to be treated with 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 20 Kgs a dose of 1mg or more per kg per day.</li> </ul> <p><i>Some immunocompromised patients may have a suboptimal immunological response to the vaccine</i></p>

# Movianto Ireland

## Influenza Vaccine - ORDER FORM

Date of Order:

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Practice Code:

---

Practice Name:

---

Address:

---



---

Postcode:

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Phone No:

---

Fax No:

---

Opening Times:

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Contact Name:

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Product Name	PACK SIZE		Confirm quantity in NUMBER OF DOSES
Inactivated Influenza Vaccine	10 Pre-filled syringes (i.e. 10 DOSES)		

6A Prince Regent Road, Castlereagh, Belfast BT5 6QR

**Tel: 028 9079 5799 Fax: 028 9079 6303 email:**

**[orders.nireland@movianto.com](mailto:orders.nireland@movianto.com)**

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