

From the Chief Medical Officer
Dr Michael McBride
HSS(MD) 07/2014



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

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Your Ref:
Our Ref: HSS(MD) 07/2014
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For Action:

Chief Executives, Public Health Agency/Health and Social
Care Board/HSC Trusts/NIAS
GP Medical Advisers, Health and Social Care Board
All General Practitioners and GP Locums (*for onward
distribution to practice staff*)

PLEASE SEE ATTACHED FULL CIRCULATION LIST

Dear Colleague

PHASE 2 OF THE CHILDREN'S SEASONAL FLU VACCINATION PROGRAMME - AUTUMN 2014

ACTION REQUIRED

Chief Executives must ensure that this information is drawn to the attention of all staff involved in the childhood vaccination programme, particularly school health teams and Paediatric Consultants.

The HSCB must ensure that this information is cascaded to all General Practitioners.

Introduction

1. The purpose of this letter is to provide information about the 2nd phase of the children's seasonal influenza vaccination programme for winter 2014/15. A further HSS letter giving full details of the types of vaccines available and ordering procedures etc will issue as normal in late July.

Seasonal Flu vaccination programme – 2014/15

2. The vaccination programme will officially begin on 1 October 2014 and run until the 31 March 2015. **The list of clinical risk groups has not changed**, however **in addition** to the clinical risk groups the following groups of children will also be offered vaccination:
 - **All pre-school children** aged **two years** or more on the **1 September 2014 (D.O.B. range 02/07/2010 – 01/09/12)** should be offered vaccination **by their GP**; and

- **All children (including those in a clinical risk group) attending primary school (P1 to P7 inclusive) from the 1 September 2014 will be offered vaccination by the school health team.**
3. The live attenuated influenza vaccine (LAIV), Fluenz® will again be available and should be the vaccine of choice for children in at risk groups aged two to less than 18 years as well as for children in this new programme **(except those with contraindications such as immunodeficiency or with severe asthma, active wheezing or egg allergy).**

Important points to note

- JCVI have revised their advice regarding the vaccination of children under 9 years of age. JCVI have now concluded that a single dose of LAIV (Fluenz®) should be offered to children irrespective of whether influenza vaccine had been received before or not. However, influenza-vaccine naïve children who are aged six months to less than nine years in clinical risk groups, or who are offered inactivated influenza vaccine as LAIV (Fluenz®) is unsuitable for them, may have greater benefit from the direct protection provided by a second dose of vaccine.
- School Health will offer vaccination to **all pupils** in primary school, **including** those in a clinical risk group.
- School Health will offer LAIV(Fluenz®) and where appropriate inactivated flu vaccine to all children in primary school.
- There will be **no mop-up** of children in primary school if they missed vaccination. If a child is absent from school the parent or guardian will be advised by the school health team to contact their GP to enquire about vaccination. **This is especially important for clinical risk children** in primary school
- GPs **will still** be responsible for **inviting** all other children in a clinical risk group for vaccination who are **NOT** in primary school as normal.
- **GPs** will be responsible for vaccinating any children who **were not** vaccinated in primary school **or** who require **a second dose** of the flu vaccine. Parents will be advised of the need for this and the onus will be on them to contact the GP surgery. GPs are asked to facilitate vaccination when contact is made, however GPs do not need to identify and send for these children.
- Only children who are two years old or more on the 1 September 2014 should be invited for vaccination. However if a child turns two years of age during the vaccination period ie from September to December 2014 and their parents request that they receive the vaccine, GPs should vaccinate the child once they are two years of age, in line with the vaccine licence. GPs can claim the normal IOS fee for these patients.

- Only GP employed staff should be used to vaccinate children as part of the children's flu programme.
4. From the **autumn of 2015** it is intended to extend the children's flu vaccination programme to **children in secondary school** as well but further details will be issued in due course. All school aged children will be offered vaccination by school health teams.

Child Health records

5. GPs should note that in order to ensure accurate records of all vaccinations are recorded GPs should inform the Child Health Service of **all** seasonal flu vaccinations of children. In order to help achieve this the CHS will provide all GP Practices with a list of their pre-school patients aged two years old or more. They will also provide pre-printed forms for each child. These forms should be completed with details of the vaccine, as children are vaccinated and returned to Child Health on a regular basis. Children of primary school age who for whatever reason are not vaccinated in school but are vaccinated in primary care should have a CHS7 form completed and returned to Child Health.

Weekly returns to the Public Health Agency (PHA)

6. In line with last year and in order to continue to monitor implementation of the children's flu vaccination programme it is essential that PHA are informed of progress to ensure additional efforts to encourage uptake are undertaken in a timely manner, if required. Therefore the PHA will e-mail each GP Practice weekly requesting a count of the total number of **pre-school children aged two years or more ONLY** vaccinated that week.

Primary Care fridge capacity

7. GPs should ensure that as they will be offering vaccination to all pre-school children aged two years or more, in addition to the normal clinical risk groups, that they will have the fridge capacity to store the additional vaccines required. They should also take account of other changes that will increase the number of vaccines i.e. the routine and two catch-up cohorts for the shingles vaccine.

It should be noted however that the normal distribution of flu vaccine will be in place which ensures very frequent deliveries of vaccine with guaranteed next day delivery, there is therefore no need to stockpile large quantities of flu vaccine and this is actively discouraged.

Funding arrangements

8. GPs will receive an item of service fee of £7.67 plus a data collection of £1.75 per vaccination.
9. Trusts will receive funding to cover the additional costs of the school health teams and pharmacy units.

Conclusion

10. We fully appreciate that adding these additional groups of children will significantly increase the seasonal flu vaccination programme. However this is in line with the JCVI recommendation and is an important stepping stone to fully implementing the JCVI recommendation that all 2 to 16 year olds (inclusive) should be offered the seasonal flu vaccine. We are informing you of these important changes at this stage and well in advance of the normal flu letter in order to enable you to start planning for the increased workload.
11. The flu vaccination programme in 2014/15 will allow us to assess the capacity of the current system to ensure it will be able to handle the full implementation of the JCVI recommendation from the autumn of 2015 onwards. We would therefore ask for the full cooperation of all HSC organisations and GPs to ensure the flu vaccination programme continues to be very successful and to build on past experiences in order to continue to deliver a high quality service to protect the health of the people of Northern Ireland.

Yours sincerely



Dr Michael McBride
Chief Medical Officer



Mrs Charlotte McArdle
Chief Nursing Officer



Dr Mark Timoney
Chief Pharmaceutical Officer

CIRCULATION LIST

Executive Medical Director/Director of Public Health Agency (*for onward distribution to all relevant health protection staff*)

Assistant Director Public Health (Health Protection), Public Health Agency

Director of Nursing, Public Health Agency

Assistant Director of Pharmacy and Medicines Management, Health & Social Care Board

Directors of Pharmacy HSC Trusts

Director of Social Care and Children, HSCB

Family Practitioner Service Leads, Health & Social Care Board (*for cascade to GP Out of Hours services*)

All Community Pharmacies

Medical Directors, HSC Trusts (*for onward distribution to all Consultant Paediatricians, School Health leads and other relevant staff*)

Directors of Nursing, HSC Trusts (*for onward distribution to all School Nurses, Community Nurses, and Midwives*)

Directors of Children's Services, HSC Trusts

Professor Linda Johnston, Head of School of Nursing & Midwifery, QUB

Dr Owen Barr, Head of School of Nursing, University of Ulster

Glynis Henry, CEC

RQIA (*for onward transmission to all independent providers including independent*

hospitals)

Regional Medicines Information Service, Belfast HSC Trust
Regional Pharmaceutical Procurement Service, Northern HSC Trust
Regional Medicines and Poisons Information Service NI

This letter is available on the DHSSPS website at
www.dhsspsni.gov.uk/index/phealth/professional/cmo_communications.htm