

From the Chief Medical Officer
Dr Michael McBride



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)9/2010

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Care Board/ HSCTrusts/NIAS
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Director of Social Care and Children, HSCB
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GP Medical Advisers, Health & Social Care Board
All General Practitioners and GP Locums (*for onward distribution
to practice staff*)
All Community Pharmacists
Medical Directors, HSC Trusts (*for onward distribution to all
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Nursing Directors, HSC Trusts (*for onward distribution to all
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Heads of Occupational Health at QUB and UU
Prof L Johnston, Head of Nursing & Midwifery, QUB
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Dear Colleague

UPDATE ON THE SWINE INFLUENZA (H1N1) VACCINATION PROGRAMME

INTRODUCTION

1. We would like to thank you for your continued efforts and commitment to the delivery of the swine flu H1N1 vaccination programme. This letter provides an update on progress of the programme and future arrangements.

2. We are pleased to report that vaccination uptake across Northern Ireland is high, especially among the 'at risk' groups. The latest uptake figures collated by the Public Health Agency show an uptake rate among the under 65s 'at risk' groups of over 81% while for over 65s 'at risk' the figure is over 69%. There has also been a good response among health and social care workers, with Trust frontline health and social care workers showing an uptake of around 48%. This is encouraging and demonstrates the responsible attitude which many Health and Social Care workers have taken to their own vaccination in order to protect their patients. As of 6 February over 326,000 people had been vaccinated in Northern Ireland.
3. In recent weeks, Northern Ireland has seen a reduction in illness attributable to swine flu H1N1 infection. This is in line with the rest of the UK and much of Northern Europe. Although swine flu is now circulating much less widely in the community it should be remembered that the virus itself has not changed. This means that people are less likely to come in contact with the virus, however for those who do become infected, the virus poses just as much risk as it has done all along. Vaccination offers the best protection for those at risk of complications from swine flu.
4. We have continued to seek advice from the Joint Committee for Vaccination and Immunisation (JCVI) on the vaccination programme and we are now able to set out the expected parameters for its continued delivery across the health service. The latest JCVI advice is available at: http://www.dh.gov.uk/ab/JCVI/DH_094744

People in the clinical risk groups, pregnant women, household contacts of immunocompromised individuals, and frontline health and social care workers

5. The JCVI has advised that any unvaccinated people over the age of six months in clinical risk groups (which include those people aged 65 and over and in a clinical risk group but not healthy people aged 65 and over) pregnant women, household contacts of immunocompromised individuals and front line health and social care workers should continue to be encouraged to receive the swine flu H1N1 vaccine during the coming spring and summer. This is because these people are at particular risk if they become infected with the virus or, in the case of front line health and social care workers, may expose at risk patients to infection. Vaccination of these groups will provide protection against the possible early re-emergence of swine flu H1N1 this year.
6. Swine Flu H1N1 results in predominantly mild illness for most people, but clinical at-risk groups, pregnant women and young children are at increased risk. I have continued to stress the importance of vaccination to prevent complications, hospital admissions and death in potential future outbreaks of the disease. Vaccination offers the best protection for those at risk of complications from influenza. Those who have already been immunised with the adjuvanted monovalent swine flu H1N1 vaccine are likely to remain protected next winter and possibly longer. The vaccine may also provide protection should a "drift" in the genetic make-up of the virus occur and the disease become more severe.
7. In practice this means that eligible patients should be offered the vaccine when the opportunity arises over the spring and summer and until next winters seasonal 'flu vaccine becomes available. Unvaccinated patients include those who have newly

come into one of the at risk groups (e.g. after developing an illness or becoming pregnant) and those eligible people who have previously declined the offer of vaccination and now wish to change their minds. As vaccination uptake rates in Northern Ireland are high, we expect the numbers requesting vaccination to be relatively small. For the majority of practices, we would therefore expect that the vaccine would be offered when the patient is present at the practice for other reasons, i.e. without formal call/recall. This will result in some wastage of vaccine, however this should not be a barrier to vaccination of any eligible patient. The majority of pregnant women have received swine flu vaccine through Trust based clinics. Arrangements for ongoing vaccination of pregnant women are being finalised and will be communicated shortly.

Healthy children aged between six months and under five years of age

8. JCVI has advised that the vaccination of healthy children aged over six months and below five years should be completed by the end of March. As previously set out in HSS (MD) 56/2009, this age group is defined as: all children born between 1 January 2005 and 7 June 2009, who are 6 months old from 7 December 2009 and are less than 5 years (4 years, 364 days) as of 31 December 2009. It will also include children born after 7 June 2009 who are aged 6 months after 7 December 2009 until further notice.

This letter clarifies that the programme will include any child who becomes 6 months up to 31 March 2010 i.e. those born up to and including 30 September 2009. GP Practices/Trusts will therefore wish to make whatever plans they consider necessary to complete this programme. **We would strongly urge that every effort is made to increase the uptake rate for this group before 31 March.**

Extending the vaccination programme more widely

9. Based on JCVI advice there is no scientific justification for extending the swine flu vaccination programme to any additional groups such as carers, poultry workers or the wider general public.

Funding Arrangements

10. The DES covering the vaccination of these groups was not time-limited, and payment for vaccinations will continue to be made as before. However, the easements included as recognition of the increased workload during the peak of the vaccination programme will cease on 31 March 2010. Financial allocations made in 2009/10 were based on projected uptake across priority groups. These funds were ring fenced and any reduced requirement emerging from a lower uptake must be returned to the Department. Any additional financial requirement envisaged for the 2010/11 year should be bid for in the normal manner.

Vaccination for people travelling this summer to the Southern Hemisphere

11. JCVI has suggested that the monovalent swine flu H1N1 vaccine could be offered as a travel vaccine for the benefit of those people travelling to Southern Hemisphere countries during the Southern Hemisphere seasonal influenza season. Details of the arrangements for providing this vaccine will follow shortly.

Communications

12. There will be no further active national advertising campaign in relation to swine flu, however, all communication materials produced for the vaccination programme including posters and leaflets will be available for use locally on the Departmental and Public Health Agency's websites at www.dhsspsni.gov.uk or www.publichealth.hscni.net or www.nidirect.gov.uk

Data Collection

13. Until the end of March data will still be collected on a weekly basis. From this point onwards data will automatically be collected through the Apollo system for GP practices. GPs are asked to ensure all data is inputted in to their systems promptly. A final collection of data for the healthy under 5 children will be lifted on 17 April.

Following the collection of data for the healthy under 5 children in early April, data will be collected on uptake in clinical risk groups on a monthly basis from GP systems.

Trusts should continue to make returns on any vaccines they give on a weekly basis until the 17 April. Returns recording vaccinations given after this date up to the end of September 2010 should be submitted by the end of each month.

Seasonal influenza vaccination programme: winter 2010/11

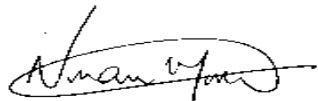
14. Emerging data from around the world suggest that swine flu H1N1 is likely to be the predominant influenza strain circulating next winter, and it is possible that it could re-emerge earlier than the usual influenza season. H3N2 and B influenza viruses may also play an important role in the next influenza season.
15. International experts are meeting in Geneva currently to advise the World Health Organisation on the composition of next winter's seasonal influenza vaccine. We will write to you in due course about this, and the plans for next winter's seasonal influenza vaccination programme.
16. This will also include advice on the vaccination of frontline health and social care workers with seasonal influenza vaccine. We have seen a significant improvement in the vaccination rates in these groups since the pandemic H1N1 (2009) influenza vaccination programme was launched and I am keen to see this carried through into next year and beyond.

CONCLUSION

17. In conclusion, the current formal vaccination programme will end on 31 March, however the vaccine will still be available for those aged 6 months and over in the at risk groups, pregnant women and frontline health and social care workers who have not yet received vaccine. Vaccine will also be available to travellers to the Southern Hemisphere, with final details for accessing this to be provided.
18. Once again thank you for all the work you have done so far in combating this

disease. In Northern Ireland we can be rightly proud of the high uptake rates that have been achieved so far. As we move into the final stages of the formal programme and beyond, we ask you to ensure that as many people as possible in the clinical at risk groups, pregnant women and front line health and social care workers, take up the offer of vaccination. If we can protect as many vulnerable people as possible before the next flu season starts then we believe lives can be saved.

Yours sincerely



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Chief Medical Officer

Dr N Morrow
Chief Pharmaceutical Officer

Mr M Bradley
Chief Nursing Officer

cc Dr A McCormick
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Mr A Elliott, Director of Health Development, DHSSPS
Ms C Jendoubi, Director of Primary Care, DHSSPS
Mr J Farrell, Head of Primary Care Medical Services, DHSSPS
Mr M Coleman, Health Protection Team, DHSSPS
Dr E Rooney, Chief Executive, Public Health Agency
Dr B Dunn, Chair, GPS, BMA
Prescribing Advisers, HSC Trusts
Regional Drug and Poisons Information Service
Regional Medicines Information Service
Regional Medicines Information Service
Dr Jill Mairs, Regional Procurement Pharmacist
Dr Desie Bannon, SEHSCT (NI Prison Service)
Universities Student Health Services
Occupation Health Departments Boards/Trusts
NICS Occupational Health
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● 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.
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