

30 March 2007



THE INFLUENZA IMMUNISATION PROGRAMME 2007/2008

Dear Colleague,

We are writing to thank you for your hard work and commitment to the seasonal influenza vaccination programme, and to provide information about the 2007/2008 programme.

The 2006/07 Seasonal Flu Programme

Last year, manufacturers encountered delays in the production of seasonal flu vaccine, which resulted in vaccine being delivered later than was expected. Despite these difficulties, the same amount of vaccine had been distributed by the beginning of December 2006 than at the same time in 2005 and eventually over 900,000 more doses of vaccine were distributed than in 2005/06.

Uptake of flu vaccine in those aged 65 and over reached 74% and those in at risk groups 42% in England.

This achievement could only have been reached with the hard work and dedication of the entire primary care team. Thank you for the vital role that you played.

Flu uptake data was managed through the Health Protection Informatics website. The percentage of the returns received through the automated process increased from 7% in 2005/06 to 57% in 2006/07.

From the Chief Medical Officer, the Chief Nursing Officer and the Chief Pharmaceutical Officer

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PL/CMO/2007/3, PL/CNO/2007/1,
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For action

- PCT Directors of Public Health
 - Immunisation Co-ordinators
 - Consultants in Communicable Disease Control
 - Medical Directors of NHS Trusts
 - Chairs of Primary Care Trusts
 - General Practitioners
 - Directors of Nursing
 - Lead Nurses at PCTs
 - Practice Nurses
 - Chief Pharmacists/Pharmaceutical advisers of PCTs
 - Chief Executives of Strategic Health Authorities
 - Chief Executives of NHS Trusts
- for circulation to all Occupational Health Departments and
Directors of Infection and prevention Control

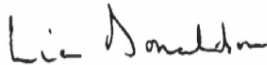
For information

- Regional Directors of Public Health
- Chairs Infection Control Committees
- Accident and Emergency Departments
- All Pharmacists
- NHS Foundation Trusts
- Independent Regulators of NHS Foundations

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Annex 1 shows uptake of flu vaccine in those aged 65 and over since 2000/01 and in at risk groups since 2004/05.

Thank you again for your continued work on this important immunisation programme.



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Chief Medical Officer



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Dr Keith Ridge
Chief Pharmaceutical Officer

The Influenza Immunisation programme 2007/08

Date: 30th March 2007

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Further copies of resources including this letter can be ordered via:

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PO Box 777, London SE1 6XH

To doctors and practice nurses: for correction or changes of address, practice or name, please contact:

The Medical Mailing Company
PO Box 60, Loughborough
Leicestershire LE11 0WP
Tel: Freephone 0800 626387

For changes to pharmacists contact details please write to:

Registration Dept.
RPSGB
1 Lambeth High Street
London SE1 7JN

This letter is also available at:

<http://www.dh.gov.uk/AboutUs/Ministersanddepartmentleaders/ChiefMedicalOfficer/CMOPublications/CMOLetters/fs/en>

Influenza immunisation programme 2007/2008

1. Vaccine Supply

Many of you are already planning for the 07/08 flu programme. Professor David Salisbury, Director of Immunisation, wrote on 15 January 2007 to inform you that there would be no reductions in at risk groups for the forthcoming year. This letter now confirms changes to the national policy and details of the risk groups for 2007/08 are in Annex 2.

Those of you who have not yet placed your vaccine order or who want to add to your order, should contact your chosen supplier(s) as soon as possible. Once orders have been received, suppliers will contact their respective customers to confirm their delivery schedule(s).

2. Target groups for seasonal flu vaccine

As in previous years, the national policy is that 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;
- (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.

Annex 2 gives examples of clinical risk groups.

As well as offering flu vaccine to people in the clinical risk groups set out in annex 2, GPs should take into account the risk of influenza infection exacerbating any underlying disease that the 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

3. Vaccine suppliers

As in previous years, the responsibility for ordering vaccines for the target population lies with GPs/surgeries. Surgeries need to make their own arrangements with suppliers to ensure they have sufficient vaccine for their needs; and to agree the delivery schedule with their supplier(s).

It should not be assumed that DH will have contingency stock of vaccine this year.

The following manufacturers have indicated they will be supplying the UK market during the coming season:

Supplier	Name of product	Vaccine Type	Contact details
Sanofi Pasteur MSD	Inactivated influenza Vaccine	Split virion	0800 085 5511
	Viroflu	Virosomal	
Novartis Vaccines (formerly Chiron Vaccines)	Agrippal	Surface antigen	08457 451 500
	Begrivac	Split virion	
GlaxoSmithKline	Fluarix*	Split Influenza virus, inactivated	0800 783 0470
MASTA	Imuvac	Surface antigen, inactivated, sub-unit	0113 238 7500 (option 1)
Solvay Healthcare	Influvac	Surface antigen, inactivated, sub-unit	0800 358 7468
	Imuvac	Surface antigen, inactivated, sub-unit	
Wyeth Vaccines	Enzira	Split virion Inactivated	0800 089 4033
	Generic Influenza Vaccine	Split virion Inactivated	

*Contains thiomersal. The Committee on Safety of Medicines (CSM)'s statement on the safety of vaccines containing thiomersal can be found on the following website:

http://www.mhra.gov.uk/home/idcplg?IdcService=SS_GET_PAGE&useSecondary=true&ssDocName=CON026254

4. Monitoring safety

The Medicines and Healthcare Products Regulatory Agency (MHRA) monitors the safety of all medicines, including vaccines.

If a doctor, nurse, pharmacist or patient suspects that an adverse reaction to a flu vaccine has occurred, it should be reported to the Commission on Human Medicines (CHM) using the Yellow Card spontaneous reporting scheme: www.yellowcard.gov.uk

5. Monitoring vaccine uptake

As in previous years, we anticipate the Health Protection Agency (HPA) will take the lead in monitoring vaccine uptake on behalf of DH. It is expected that the HPA will issue guidance on the data collection requirements by the end of July.

Monthly data collection will start in October, and finish at the end of January 2008. While most vaccinations are usually completed by the end of November, the data collection period has been extended to the end of January to provide some allowance for unforeseen circumstances.

As for the last two years, flu uptake data will be managed through the Health Protection Informatics (HPI) website which will include automated data extraction options for GPs, as well as manual on-line return options for GPs and PCTs, relevant survey information and guidance together with useful website links. The percentage of the returns received through the automated process increased from 7% in 2005/06 to 57% in 2006/07.

The e-mail contact point for monitoring uptake enquiries is influenza@hpa.org.uk.

6. Publicity and information materials

It is anticipated that the national publicity programme will be launched in October 2007.

Information materials including leaflets and posters will be available to support health professionals running local flu immunisation campaigns within primary care trusts and strategic health authorities. An order form for flu immunisation information materials will be supplied during the summer to strategic health authorities and primary care trusts. Health professionals will also be able to order further campaign materials from DH Publications by email – dh@prolog.uk.com or by phone on 0870 1555 455. The resources will also be available to view and download on our immunisation information website: www.immunisation.nhs.uk.

Further information on the programme, use of antiviral drugs during the influenza season, and answers to commonly asked questions are available on the DH Website at: www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/Flu/fs/en

7. Immunisation against Infectious Disease (the 'Green Book')

A revised version of the book *Immunisation against Infectious Disease* (the 'Green Book') was published and distributed in December 2006. It includes a revised chapter on influenza immunisation. The book is available online at:

www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/GreenBook/fs/en

8. Funding and contractual arrangements

The budget needed to reimburse and pay GPs for the Directed Enhanced Service (DES) is already part of the Primary Care Trust Unified Allocations. £18m from DH central budgets has been allocated to Strategic Health Authorities and has been transferred to the NHS.

Under the DES, each Primary Care Trust must enter into arrangements with primary medical services contractors to provide immunisation to patients. PCTs wishing to contract community pharmacists to administer the flu vaccine to risk groups should consider offering contractors a Local Enhanced Service.

There will be no in-year amendment to the DES for 2007/08. Provision for payment for all diabetics and for patients with stroke and TIA is already made under QOF. In order to provide the vaccine to individuals with chronic liver disease, cerebrovascular disease (principally stroke and TIA), Multiple Sclerosis and related conditions, hereditary and degenerative disease of the Central Nervous System and carers; Primary Care Trusts should consider offering contractors a Local Enhanced Service to cover these groups.

GPs will be reimbursed for the vaccine used at the list price agreed by the PPD*.

Personal administration fees are available for flu immunisation given as part of the programme. For more information, see Annex 3.

Existing arrangements for offering incentive payments under QOF for the proportion of patients with TIA, stroke, diabetes and CHD will continue for 2007/08.

*The arrangements for the annual influenza programme apply to at-risk patients in line with national Directions, who are immunised by 31 March in the relevant financial year. GMS and PMS contractors are expected to provide the service at the nationally agreed benchmark item of service prices of £7.51 for 2007/2008.

9. Influenza immunisation for health and social care staff

NHS organisations should encourage employees directly involved in patient care to have influenza immunisation. Social care organisations should consider similar action, especially for staff in nursing and care homes that look after older people.

Influenza immunisation is highly effective in preventing influenza in working- age adults. Influenza immunisation of staff may reduce the transmission of influenza to vulnerable patients, some of whom may have impaired immunity and thus reduced protection from any influenza vaccine they have received themselves.

The benefits of vaccination on patient outcomes¹, reduction of influenza infection among staff and staff absenteeism² have been documented.

Responsibility for occupational influenza immunisation rests with employers and it should be provided through occupational health services. Trusts/employers should determine their own programmes and encourage and fund the immunisation of their staff.

- Vaccine for staff should not be used at the expense of vaccine for the risk groups.
- Staff should not be asked to go to their GP for their immunisation unless they fall within one of the recommended high-risk groups, or GPs have been contracted specifically by their PCT to provide this service.

Occupational health services are recommended to keep records of staff who have been immunised. Vaccine uptake on staff vaccinations will be collected by the Health Protection Agency.

10. Influenza vaccine composition for 2007/08

The World Health Organization (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 of which strains are most likely to cause influenza outbreaks in the northern hemisphere in the coming winter.

The strains of influenza virus recommended by WHO to be used in the 2007/2008 season (northern hemisphere winter) are:

- an A/Solomon Islands/3/2006(H1N1)-like virus
- an A/Wisconsin/67/2005 (H3N2)-like virus
- a B/Malaysia/2506/2004-like virus

11. Poultry Workers

The Department of Health will be considering a voluntary vaccination programme for those who work in close contact with poultry, to protect them from seasonal flu. We will write to SHAs and PCTs in due course with further information.

¹ Hayward AC, Harling R, Wetten S, Johnson AM, Munro S, Smedley J, Murad S, Watson JM. Effectiveness of an influenza vaccine programme for care home staff to prevent death, morbidity, and health service use among residents: cluster randomised controlled trial. *BMJ*. 2006;**333**:1241.

Carman WF, Elder AG, Wallace LA, McAulay K, Walker A, Murray GD, Stott DJ. Effects of influenza vaccination of health-care workers on mortality of elderly people in long-term care: a randomised controlled trial. *Lancet*. 2000;**355**:93-7.

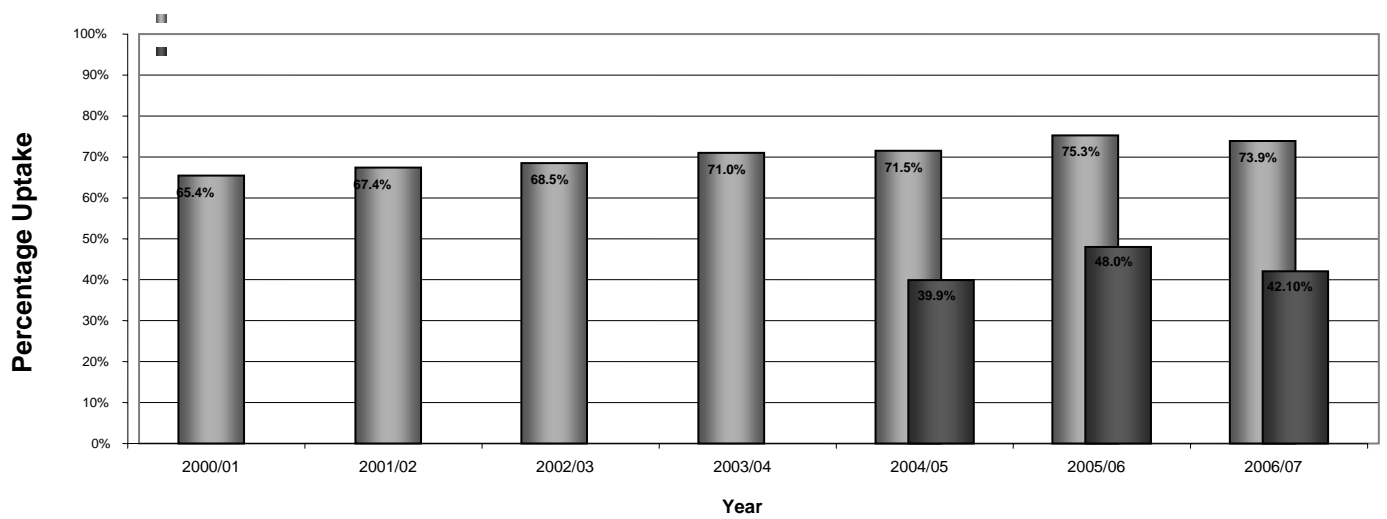
Potter J, Stott DJ, Roberts MA, Elder AG, O'Donnell B, Knight PV, Carman WF. Influenza vaccination of health care workers in long-term-care hospitals reduces the mortality of elderly patients. *J Infect Dis*. 1997;**175**:1-6.

² Saxen H, Virtanen M. Randomized, placebo-controlled double blind study on the efficacy of influenza immunization on absenteeism of health care workers. *Pediatr Infect Dis J*. 1999;**18**:779-83.

Wilde JA, McMillan JA, Serwint J, Butta J, O'Riordan MA, Steinhoff MC. Effectiveness of influenza vaccine in health care professionals: a randomized trial. *JAMA*. 1999;**281**:908-13.

Vaccine uptake since 2000/01

- Vaccine Uptake in the 65s and over in England
- Vaccine Uptake in the under 65s at risk in England



Clinical Risk Groups 2007/08

Clinical risk category	<i>Examples (decision based on clinical judgement)</i>
<p><i>Chronic respiratory disease</i></p> <p><i>and</i></p> <p><i>asthma that requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission</i></p>	<ul style="list-style-type: none"> • 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
<p><i>Chronic heart disease</i></p>	<ul style="list-style-type: none"> • Congenital heart disease • Hypertension with cardiac complications • Chronic heart failure • Individuals requiring regular medication and/or follow-up for ischaemic heart disease
<p><i>Chronic renal disease</i></p>	<ul style="list-style-type: none"> • Chronic renal failure • Nephrotic syndrome • Renal transplantation.
<p><i>Chronic liver disease</i></p>	<ul style="list-style-type: none"> • Cirrhosis • Biliary Artesia • Chronic hepatitis
<p><i>Chronic neurological disease</i></p>	<ul style="list-style-type: none"> • Stroke • Transient ischaemic attack (TIA)
<p><i>Diabetes</i></p>	<ul style="list-style-type: none"> • Type 1 Diabetes • Type 2 diabetes requiring insulin or oral hypoglycaemic drugs • Diet controlled diabetes
<p><i>Immunosuppression</i></p>	<ul style="list-style-type: none"> • Immunosuppression due to disease or treatment • Patients undergoing chemotherapy leading to immunosuppression • Asplenia or splenic dysfunction • HIV infection • 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. • some immunocompromised patients may have a suboptimal immunological response to the vaccine

Contractual arrangements

1. PCTs must enter into arrangements with a primary medical services contractor to provide seasonal influenza immunisation to at-risk patients in line with national directions.
2. Annual influenza immunisation is provided as part of a Directed Enhanced Service (DES). As part of these arrangements, the provider is required to compile a register of at-risk patients eligible for vaccination. The contractor is entitled to an item of service fee under the DES and a Personal Administration fee under the Statement of Financial Entitlements (SFE 17.4). However, if the contractor wrote an NHS prescription for the influenza vaccination for dispensing by a pharmacy, instead of supplying the vaccine itself, the only fee payable would be that due under the DES. Nothing would be due under the SFE (SFE 17.7).
4. 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. There is no DES payment for this use if the vaccine, but if the contractor **supplies and administers** the vaccine a payment would be due under the SFE (17.4).
5. Providing a flu vaccination as a "private treatment" by a contractor in relation to one of their registered patients would be a breach of contract. Any contractor offering a private flu vaccination service for their own registered patients is immediately in breach of their contract whether or not the private charge relates to the prescription or the administration of the vaccine or both.
6. Under the current system, contractors can cross-refer patients so that practice A provides private flu vaccinations for patients of practice B and vice-versa. However, if there were any financial adjustments between the practices this could be seen as a breach of contract. In these circumstances, there is no DES payment and no SFE payment.

(The arrangements for the annual influenza programme apply to at-risk patients in line with national directions, who are immunised by 31 March in the relevant financial year. GMS and PMS contractors are expected to provide the service at the nationally agreed benchmark item of service prices of £7.51 for 2007/2008.)