



Dear Colleague

PROGRAMME UPDATE ON THE INFLUENZA A (H1N1) VACCINATION PROGRAMME 2009-2010

Introduction

1. Firstly, we would like to express our continued thanks for the efforts and commitment given to delivery of the vaccination programme. This update provides you with further information on the progress and future of the programme.

2. Uptake for the programme continues to increase on a weekly basis with an overall estimated uptake rate among the phase one clinical at risk groups of 54.1%, as at week ending 14 February 2010. This reflects a tremendous and sustained effort from all concerned.

3. Ministers have now considered further advice from the Joint Committee on Vaccination and Immunisation (JCVI) and this letter sets out the decisions which have been taken in relation to the future of the vaccination programme.

JCVI advice

4. You may be aware that the JCVI met on 8 January and 3 February to consider the latest epidemiology relating to the virus and to provide advice to the four UK Health Ministers on the future of the vaccination programme.

5. The latest JCVI advice [available at: http://www.dh.gov.uk/ab/JCVI/DH_094744] concludes that during the spring and summer there is benefit in continuing to offer vaccination to all patients in the Phase 1 clinical risk groups who have not yet received vaccination (in particular newly pregnant women and those who have been newly diagnosed with a condition which places them in a clinical risk group) and to frontline health and social care workers. Ministers have endorsed this advice. The individuals comprising these groups are detailed in a previous CMO letter [[SGHD/CMO\(2009\)12](#)].

From the Chief Medical Officer
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Chief Nursing Officer
Ros Moore

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SGHD/CMO(2010)6

For action

Chief Executives, NHS Boards
Boards (for distribution to GP Practices)
General Practitioners
Practice Nurses
District Nurses
Health Visitors
Directors of Pharmacy
Immunisation Co-ordinators
CPHMs
H1N1 Vaccination Programme Strategic and Operational Leads
Directors of Public Health
Medical Directors
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For information

Specialists in
Pharmaceutical Public Health
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Health Protection Scotland
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6. Individuals in these groups are at particular risk from infection or, in the case of front line health and social care workers, may expose at risk patients to infection. Vaccination of these individuals will offer protection against the continuing low levels of virus circulating in our communities over the spring and summer period. H1N1 could re-appear as a dominant strain during the next seasonal flu season and vaccination will provide early protection in these individuals who are at increased risk from infection.

7. JCVI have also advised that the current vaccination of healthy children aged between 6 months and below 5 years should be completed but not continued into the spring and summer, and that there is no scientific justification to extend the vaccination programme further to any additional groups other than those already prioritised in the initial priority groups.

Ongoing vaccination for Phase One priority groups

8. We would therefore like you to continue offering vaccination over the spring and summer to the Phase 1 priority groups: all people aged over 6 months and in the clinical risk groups; those who are household contacts of immunocompromised people; pregnant women; and frontline health and social care workers. For antenatal services, it is recommended that this should now form part of the routine business when pregnant women present for booking or follow-up care.

9. All those in the phase one priority groups should be offered the vaccine when the opportunity arises over the spring and summer and until next winter's seasonal flu vaccine becomes available. For some practices, that might include continuing with current plans, but for the majority we would expect the vaccine to be offered opportunistically when the patient is present at the practice for other reasons. The latter will mean that there will be some wastage of vaccine however this should not be a barrier to vaccination of eligible patients.

10. With specific regard to pregnant women, current arrangements for administering the vaccine should continue over the spring and summer given the higher risk to which this group is exposed. Vaccination is the most effective means of protecting pregnant women against the virus and will provide protection against continuing low levels of virus circulating in our communities over the spring and summer period.

Healthy children aged between 6 months and below 5 years of age

11. While vaccination of healthy children should not continue over the spring and summer, we would encourage you to vaccinate as many of this group as possible before the end point of this programme on 31 March 2010. As previously agreed and for the avoidance of doubt, the cut off date for vaccinating children who become aged 6 months was 31 January. Therefore the offer of vaccination only requires to be made to children who become 6 months old up to 31 January. Any children who reach 6 months after this point do not require to be offered vaccination.

Funding arrangements

12. Vaccination of phase one priority groups by GP practices is covered by the DES and associated Directions which issued on 29 October 2009 [[http://www.sehd.scot.nhs.uk/pca/PCA2009\(M\)13.pdf](http://www.sehd.scot.nhs.uk/pca/PCA2009(M)13.pdf)]. With regard to vaccinations going forward over the spring and summer, the DES and Directions are not time limited and payment for vaccinations will continue to be made as before. However the easements, including a recognition of the increased workload during the peak of the vaccination programme, will cease on 31 March 2010, on the basis that this extension to the programme will not involve the level of workload experienced to date.

13. NHS Boards continuing to vaccinate frontline staff via NHS Board clinics and pregnant women in maternity services will continue to be reimbursed based upon uptake between 1 April and 30 September.

Vaccine supply

14. There is an adequate supply of vaccine in Vaccine Holding Centres to enable vaccination to continue over the spring and summer period. NHS Boards will advise practices of ordering procedures in due course.

Communications

15. The current communications campaign to encourage those in both Phase 1 and Phase 2 priority groups to come forward for vaccination will come to an end on 20 February. Following this, there will be no further active national advertising campaign. However all communication materials produced for the programme, including posters and leaflets, will still be available for use locally on the NHS Communications Gateway Site including information on how to order further copies of the leaflets.

Vaccination for people travelling to the Southern Hemisphere

16. JCVI has suggested that the monovalent pandemic 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. We are currently considering how this advice might best be implemented, and will provide you with an update on arrangements shortly.

Conclusion

17. Thank you once again for your ongoing commitment to the delivery of the vaccination programme, which has directly contributed to protecting the health of the people of Scotland. The continuation of the H1N1 vaccination programme over the spring and summer period will take us up to the start of the usual seasonal flu programme. We shall issue a further letter on plans for the 2010/11 seasonal flu programme in the coming weeks.

Yours sincerely

Harry Burns

Ros Moore

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Chief Medical Officer

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Chief Nursing Officer