

AMENDED LETTER



THIS VERSION REPLACES THE ORIGINAL LETTER SENT ON 28th MAY 2010

[Amendment 1](#)
[Amendment 2](#)

23rd June 2010

The influenza immunisation programme 2010/11

Dear Colleague,

This letter contains information about the annual seasonal influenza immunisation programme for winter 2010/11, including influenza immunisation for frontline health and social care staff, and the poultry worker immunisation programme.

Winter 2009/10

The 2009/10 seasonal influenza vaccination campaign was particularly challenging with the emergence of the H1N1 swine influenza virus and the ensuing global pandemic. The H1N1 swine influenza vaccination programme ensured that those most at risk were offered protection against the H1N1 swine influenza virus, which was the predominant strain circulating in 2009/10.

The need to set up and implement the H1N1 swine influenza vaccination programme alongside the annual seasonal influenza programme put the NHS under considerable pressure but the response from the service was admirable. The uptake of **seasonal influenza vaccine** in those aged 65 years and over reached 72.4%. This was only slightly lower than in recent years and the World Health Organization target of 75%. For those in clinical risk groups aged under 65 years, seasonal influenza vaccine uptake increased from 47.1% in 2008/09 to 51.6% in 2009/10. This continues the steady improvement in vaccination of this group over the last few years that should be built upon in coming seasons. Based on the progress achieved, it is reasonable to expect that coverage in the clinical risk groups should reach at least 60% by 2011/12.

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

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PL/CMO/2010/01, PL/CNO/2010/01,
PL/CPHO/2010/01

For action

- Chief Pharmacists/Pharmaceutical advisers of PCTs
- Chief Executives of Strategic Health Authorities
- Chief Executives of NHS Trusts
- Chief Executives of NHS Foundation Trusts
- PCT Directors of Public Health
- Immunisation and Flu Co-ordinators
- Medical Directors of NHS Trusts
- Chairs of Primary Care Trusts
- General Practitioners
- Directors of Nursing
- Lead Nurses at PCTs
- Practice Nurses
- 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
 - Consultants in Communicable Disease Control
 - Accident and Emergency Departments
 - All Pharmacists
 - Monitor - Independent Regulator of NHS Foundation Trusts
-

**Authorised by the Department of Health:
Gateway reference number: 14171**

The Influenza Immunisation Programme 2010/11

23rd June 2010

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London SE1 8UG

For enquiries regarding the flu communication campaign,
please contact flucampaign@dh.gsi.gov.uk

Further copies of resources including this letter can be
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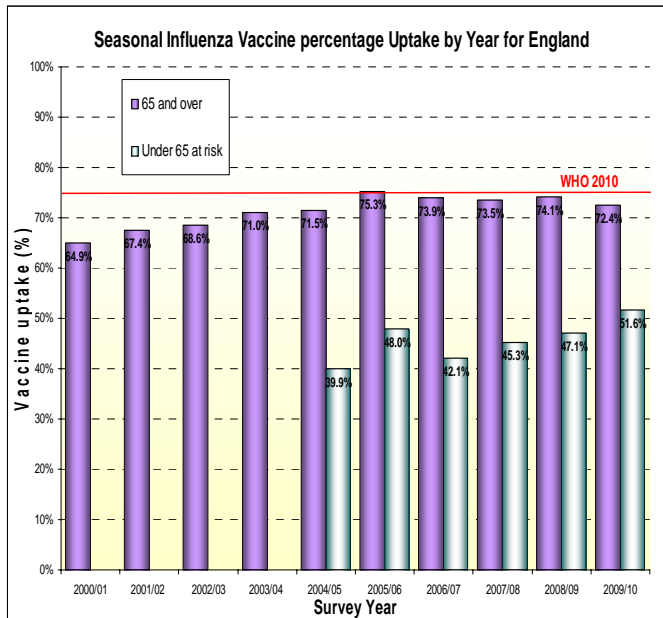
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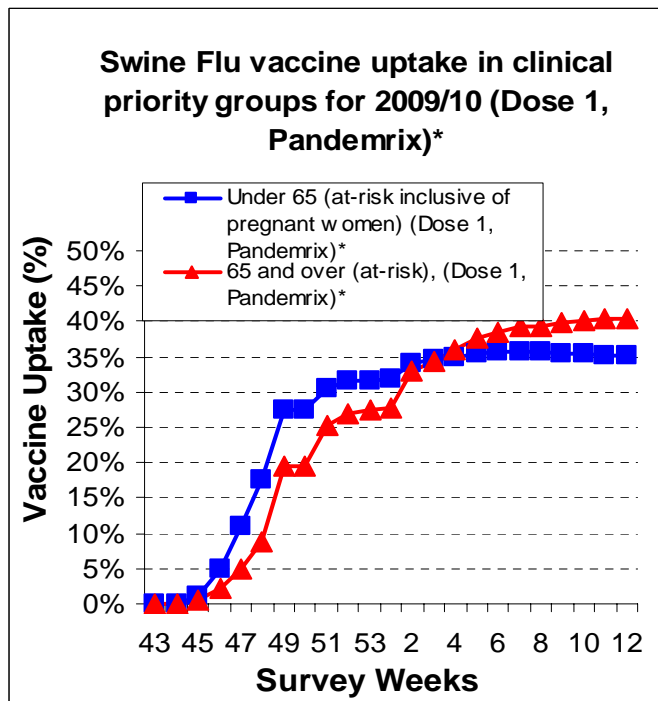
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This letter is also available at:

<http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Professionalletters/Chiefmedicalofficerletters/index.htm>



Provisional uptake for **H1N1 swine influenza vaccine** for those in clinical risk groups aged 65 and over was 40.4%, and was 35.1%¹ for those aged under 65 (data to the end of week 12 of calendar year). Of particular importance to note is the proportionally greater impact the pandemic H1N1 (2009) virus has had on children with chronic neurological conditions. We urge you now to ensure all measures are taken to protect this group in the upcoming influenza season.



¹ Weekly % uptake figures (*) obtained from a sentinel group of around 40% of GP practices providing automated data that are uploaded to the ImmForm website

Winter 2010/11

Evidence on the ongoing H1N1 swine influenza vaccination programme has been provided already² and this should be followed until the 2010/11 seasonal influenza vaccine becomes available in September.

The WHO has announced the influenza strains that should be included in the 2010/11 trivalent seasonal influenza vaccine and this includes the H1N1 swine influenza virus (see the WHO website for further information³). Surgeries and other NHS bodies will want to ensure they have placed their orders for supplies of seasonal influenza vaccine so that their supplies will be in place in good time for the start of the programme on 1st September 2010; the information in this letter will help in planning for the next seasonal influenza vaccination programme. JCVI has provided further advice on the use of influenza vaccines in some groups for 2010/11; this is summarised in [Table 1](#) of Annex 1.

The annexes attached to this letter contain the following information:

- [Annex 1](#): Information on the 2010/11 seasonal influenza immunisation campaign.
- [Annex 2](#): Information on the immunisation of health and social care staff
- [Annex 3](#): Information on the poultry workers' seasonal influenza immunisation programme
- [Annex 4](#): Clinical risk groups

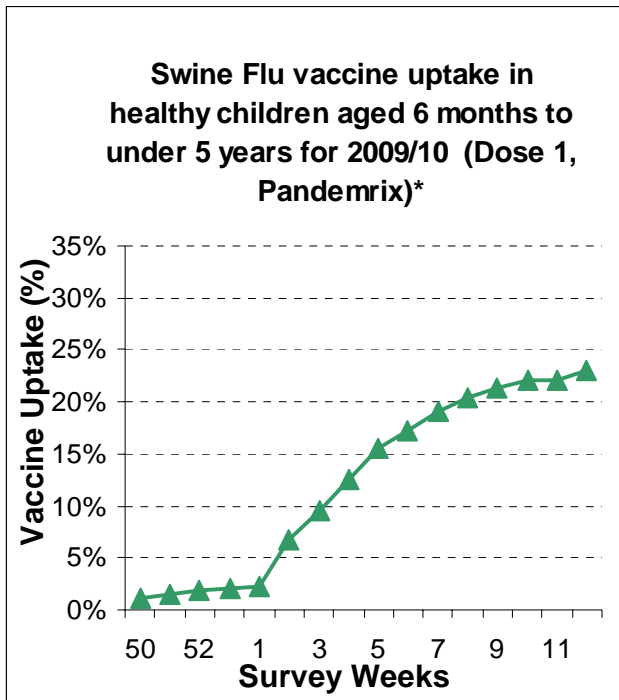
NHS Trusts remain responsible for achieving the target levels of seasonal influenza vaccination uptake in older people and clinical risk groups, in frontline health and social care workers, in poultry workers and, for the 2010/11 programme, in pregnant women also. A letter covering seasonal influenza vaccination of frontline social care workers will be going out to commissioners and providers of social care services shortly. Following the swine influenza pandemic, there may be greater public demand for the vaccine and

²

www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_112691

³

www.who.int/csr/disease/influenza/recommendations201011north/en/index.html



In healthy children aged 6 months to under 5 years provisional uptake is 23% (data to the end of week 12 of the calendar year).

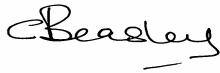
The levels of vaccine uptake were reached through the hard work and dedication of primary care teams and other colleagues in the NHS and we thank you for the vital roles that you played. It is noteworthy, however, that uptake in the other countries of the UK was higher than that achieved in England so there will be lessons that we can learn for future campaigns.

Although there has been progress in the uptake of seasonal influenza vaccine (and H1N1 swine influenza vaccine) in healthcare workers this year (seasonal influenza vaccine uptake increased from 16.5% last year to 26.4%; the swine influenza vaccine uptake was 40.4%), we need to see further improvement in increasing their immunisation rates. It is important that health professionals protect themselves, their family members and their patients by having the influenza vaccine. The implementation of the H1N1 swine influenza vaccination programme for health care workers has shown what can be achieved, and we are currently working with NHS colleagues to put in practice the lessons learnt from the H1N1 swine influenza vaccination programme. We will provide NHS Trusts with a report soon in order to help their planning for this and future seasonal influenza vaccination programmes.

media interest may be higher than in previous years. We fully expect the NHS to respond to the challenges presented and to build on the experiences gained from the swine influenza vaccination campaign in order to deliver a high quality service to protect the health of the people of England.



Prof. Dame Sally Davies
Interim Chief Medical Officer



Dame Christine Beasley
Chief Nursing Officer



Dr Keith Ridge
Chief Pharmaceutical Officer

Annex 1: Seasonal Influenza Immunisation Programme 2010/11

1. Target risk groups for seasonal influenza vaccine

The national policy for seasonal influenza vaccine remains the same except for the inclusion of pregnant women who are **not** in a clinical at risk group and have **not** previously received the H1N1 swine influenza vaccine. Therefore, the seasonal 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 [Annex 4](#));
- 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 for instance prisons, young offender institutions, or university halls of residence;
- iv) those who are in receipt of a carer's allowance, or those who are the main carer of an older 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.

As well as offering influenza vaccine to people in the clinical risk groups set out in [Annex 4](#), GPs should take into account the risk of influenza infection exacerbating any other 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 similar neurological conditions; or
- hereditary and degenerative diseases of the central nervous system.

Where individuals who are vaccinated do not fall within these target groups and are not covered by the Influenza and Pneumococcal Immunisation Directed Enhanced Service (DES)⁴ (see section 10), PCTs should consider the need for an appropriate Local Enhanced Service (LES) agreement.

Additional Advice from JCVI

JCVI has provided further advice regarding the use of influenza vaccines in some groups for 2010/11⁵ (see [Table 1](#) below).

Pregnant Women

Pregnant women have not routinely been offered seasonal influenza vaccine in the past unless they were in a clinical risk group. However, there is good evidence that **all** pregnant women are at increased risk from complications if they contract the H1N1 swine influenza virus. In light of this, pregnant women in clinical risk groups will continue to be offered the seasonal influenza vaccine as usual. But in addition, those pregnant women who are not in a clinical risk group and who have not already received a dose of H1N1 swine influenza vaccine will also be offered the trivalent seasonal influenza vaccine once it becomes available. In the meantime, all pregnant women should continue to be offered the monovalent H1N1 swine influenza vaccine.

⁴ http://www.dh.gov.uk/en/Publicationsandstatistics/Legislation/Directionsfromthesecretaryofstate/DH_113692

⁵ http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_112691

The new advice from JCVI for all groups is summarised in [Table 1](#) below; dosage information is given in [Tables 2](#) and [3](#).

Table 1: Influenza Vaccination for Different Groups for the 2010/11 Programme (from 1st September 2010)

Group	Monovalent H1N1 Swine Influenza Vaccine	Trivalent Seasonal Influenza Vaccine
People in the usual seasonal influenza clinical risk groups aged 5 years – 64 years	X	✓
All people aged 65 years and over	X	✓
Children in the usual seasonal influenza clinical risk groups aged between six months and below five years	✓* (if they have <u>not</u> previously received the Monovalent H1N1 Swine Influenza Vaccine)	✓ (to be administered at the same time as Monovalent H1N1 Swine Influenza Vaccine if this is being given)
All immunosuppressed people who <u>have</u> previously received the monovalent H1N1 swine vaccine	X	✓
All immunosuppressed children aged under 13 who have <u>not</u> received the monovalent H1N1 swine vaccine previously	✓^ (to be given at the same time as the first dose of Trivalent Seasonal Influenza Vaccine)	✓ (dose one to be given at the same time as Monovalent H1N1 Swine Influenza Vaccine) ✓ (second dose to be given 4 weeks after the first)
All immunosuppressed people aged 13 years plus who have <u>not</u> received the monovalent H1N1 swine influenza vaccine previously	✓^ (to be given 4 weeks before the Trivalent Seasonal Influenza Vaccine)	✓ (to be given 4 weeks after Monovalent H1N1 Swine Influenza Vaccine)
Pregnant women who are in a clinical risk group for seasonal influenza	X	✓
Pregnant women who are not in a clinical risk group for seasonal influenza	X	✓ (if they have <u>not</u> previously received the Monovalent H1N1 Swine Influenza Vaccine)
Frontline Health and Social Care Workers	X	✓
Poultry Workers	X	✓

*The monovalent H1N1swine influenza vaccine is still being offered to this group if they have not received it already as the response to the trivalent seasonal influenza vaccine is uncertain in this age group.

^ The monovalent H1N1swine influenza vaccine is still being offered to these groups if they have not received it already as the immune response to a single dose of trivalent seasonal influenza vaccine would be expected to be suboptimal in immunocompromised individuals that have not previously received the H1N1 swine influenza vaccine.

Table 1 is not exhaustive; please refer to the revised Green Book chapter on influenza, which will be available online by the end of July 2010⁶.

Table 2: Dosage for Monovalent H1N1 Swine Influenza Vaccine

Age	Pandemrix Dose	Celvapan Dose
Children from six months and up to 10 years of age	A single dose of 0.25ml	Two doses of 0.5ml given at least 3 weeks apart
Adults and children aged 10 years and over	A single dose of 0.5ml	Two doses of 0.5ml given at least 3 weeks apart

Table 3: Dosage for Trivalent Seasonal Influenza Vaccine

Age	Dose
Children aged 6-35 months	0.25ml or 0.5ml (depending on the manufacturer's SPC, repeated 4-6 weeks later if receiving influenza vaccine for the first time)
Children aged 3-12 years	0.5ml (repeated 4-6 weeks later if receiving influenza vaccine for the first time)
Adults and children aged 13 years and over	A single injection of 0.5ml

2. Vaccine supply

Seasonal influenza vaccines

The responsibility for ordering seasonal influenza vaccines for the target population lies with general practices. Surgeries need to make their own arrangements with suppliers to ensure they have sufficient vaccine for their patients' needs and to agree the delivery schedule with their supplier(s).

Any practices that have not yet placed vaccine orders should contact their supplier(s) as soon as possible. Once orders have been placed, suppliers will contact their customers to confirm their delivery schedule(s). The Department of Health will not hold a contingency stock of vaccine for this programme.

Table 4: The following manufacturers have indicated they will be supplying the UK market during 2010:

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

⁶ www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/GreenBook/fs/en

	Intanza	Intradermal, split virion	
Solvay Healthcare	Influvac	Surface antigen, inactivated, sub-unit	0800 358 7468
	Imuvac	Surface antigen, inactivated, sub-unit	

None of the influenza vaccines for the 2010/11 season contain thiomersal as an added preservative. However, Summary of Product Characteristics (SPC) for Fluvirin* states that it contains traces of thiomersal that are left over from the manufacturing process.

H1N1 swine influenza vaccines

Existing supplies of Pandemrix held by GPs should be used where indicated. Further supplies of Pandemrix and Celvapan will continue to be coordinated by PCTs.

3. Monitoring vaccine uptake

As in previous years, influenza vaccine uptake collections will be managed via the ImmForm website⁷. The Health Protection Agency (HPA) will coordinate the data collection via the ImmForm website on behalf of DH. The HPA aims to issue guidance on the data collection requirements by the end of June 2010. The email contact point for influenza vaccine uptake enquiries is influenza@hpa.org.uk.

Reducing the burden from data collections

Considerable efforts have been made to reduce the burden of data collection on GPs by increasing the number of automated returns extracted directly from GP IT systems. Around two thirds of GP practices currently benefit from using automated IT data returns for seasonal influenza vaccine uptake. GP practices that are not able to submit automated returns should discuss their needs with their GP IT supplier.

Although the increased use of automated IT data extraction and upload continues to reduce the burden of data collection on primary care staff, seasonal influenza vaccine uptake data was collected from 93% of general practices in England last winter, compared to 96.2% in the previous year. ROCR licensing stipulates that data collection is mandatory, so all GP Practices should submit their data.

Data Collections for 2010/11

Instead of carrying out monthly data collections from all GP practices in England as in previous years, only two data collections will take place for the 2010/11 seasonal influenza programme. Subject to ROCR approval the first data collection will be for vaccines administered by the end of October 2010 (data collected in November), with the second being for all vaccines administered by the end of January 2011 (data collected in February). These two collections will enable progress to be reviewed at PCT level during the programme, with time to take action if needed and for the uptake from the completed programme to be measured.

During the data collection period, GP practices, PCTs and SHAs are able, through the ImmForm website, to:

- see their uptake rates by risk groups (PCTs can view data for all practices in their area);
- compare themselves with other anonymous general practices/PCTs/SHAs;

⁷ www.immform.dh.gov.uk or www.immform.dh.nhs.uk

- validate the data on point of entry and correct any errors before data submission;
- view data in various formats: downloading data to Excel, or viewing data as geographical maps or as bar charts;
- make use of automated and semi-automated data upload methods (depending on the IT systems used at practices);
- access previous years' data to compare with the current programme.

These tools can be used to facilitate the local and regional management of the seasonal influenza programme.

Monitoring on a weekly basis

Weekly uptake data will continue to be collected from a group of sentinel GP practices that have fully automated extract and upload facilities provided by their IT suppliers. This was operated successfully for the previous two seasons and provides good quality data from around half of GP practices allowing national level monitoring of the programme.

An online weekly update on current influenza activity and vaccine uptake is available⁸.

5. Publicity and information materials

More information about what materials will be available and how to obtain them will be provided nearer the time.

More details of the influenza immunisation programme, including information on the use of antiviral drugs during the influenza season and answers to commonly asked questions and immunisation in general are available on line⁹.

6. Immunisation against infectious disease 2006 (the 'Green Book')

A revised chapter on influenza for 2010 will be available online by the end of July 2010¹⁰.

7. Consent

Health professionals should 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 for immunisation should be given a reasonable opportunity to discuss any concerns before being immunised.

For further information on consent, please see Chapter 2 of the 2006 edition of *Immunisation against infectious disease* (the 'Green Book')¹⁰.

8. Contractual arrangements, service reviews and funding

The arrangements, reviews and funding for the seasonal influenza vaccination programme (administration of the trivalent seasonal vaccine) remain the same as in previous years. Under the Primary Medical Services (Directed Enhanced Service) Directions 2010, each PCT must operate or establish an Influenza and Pneumococcal Immunisation Scheme. The PCT may enter into arrangements with primary medical services' contractors or any other local provider, for example community pharmacies, to provide an

⁸ www.dh.gov.uk/en/Publichealth/Healthprotection/Immunisation/Keyvaccineinformation/DH_104070

⁹ www.dh.gov.uk/en/Publichealth/Healthprotection/Immunisation/index.htm

¹⁰ www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/GreenBook/fs/en

influenza immunisation service. Immunisation Coordinators should note the requirements in the DES and use these to assess the service provided by those GPs supplying the service. For a full list of the requirements placed on GP practices, please refer to section 10 of the DES, which can be downloaded¹¹.

PCTs will recognise the need to assess the quality of their local influenza immunisation services, drive towards continuous improvement, be responsive to patient needs, provide value for money and extend the reach of their vaccination programme to those who need it most. Patients who fail to attend for vaccination should be followed up and their needs reviewed. PCTs may want to consider putting targets and other performance measures into any Local Enhanced Service (LES) agreements that they set up.

The budget to reimburse contractors is provided as part of the PCT's Unified Allowances.

Payments for the administration of the monovalent H1N1 Swine Influenza vaccine to the groups specified in [Table 1](#) will continue to be made in accordance with the existing DES for the Pandemic Influenza (H1N1) Vaccination Scheme (October 2009)¹².

¹¹ http://www.dh.gov.uk/en/Publicationsandstatistics/Legislation/Directionsfromthesecretaryofstate/DH_113692

¹² http://www.dh.gov.uk/en/Publicationsandstatistics/Legislation/Directionsfromthesecretaryofstate/DH_107716

Annex 2: Seasonal influenza immunisation programme for frontline health and social care staff

1. Rationale and target groups

Influenza outbreaks can arise in health and social care settings with both staff and their patients/clients being affected when influenza is circulating in the community. The level of vaccination of healthcare workers has been low (HPA, 2009¹³). Vaccination of healthcare workers against influenza significantly lowers rates of influenza-like illness, hospitalisation and mortality in the elderly in healthcare settings (Potter *et al*, 1997¹⁴; Carman *et al*, 2000¹⁵; Hayward *et al.*, 2006¹⁶; Lamaitre *et al.*, 2009¹⁷). Vaccination of staff in social care settings may provide similar benefits.

Influenza immunisation of health and social care staff may reduce the transmission of infection to vulnerable patients, some of whom may have impaired immunity that may not respond well to immunisation. The updated Code of Practice for Health and Adult Social Care on the prevention and control of infections¹⁸, and related guidance, reminds both NHS and social care bodies of their responsibilities. These are to ensure, so far as is reasonably practicable, that health and social care 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 infections. This includes ensuring that occupational health policies and procedures in relation to the prevention and management of communicable diseases in healthcare workers, including immunisation, are in place¹⁹.

The influenza immunisation given to healthcare staff directly involved in patient care and social care workers who are employed to provide personal care acts as an adjunct to good infection control procedures. As well as reducing the risk to the patient/client of infection, the reduction of influenza infection among staff, and reduced staff absenteeism, have also been documented. The importance of immunising healthcare workers was highlighted by the outbreak at the Royal Liverpool University Hospital where influenza spread rapidly through several wards infecting both patients and staff. The HPA confirmed that the infection was mainly spread by healthcare workers²⁰.

Trusts/employers will wish to ensure that health and social care staff directly involved in delivering care are encouraged to be immunised and that processes are in place to facilitate this.

¹³ <http://www.hpa.org.uk/hpr/archives/2009/news0509.htm>

¹⁴ Potter, J., Stott, D.J., Roberts, M.A., Elder, A.G., O'Donnell, B., Knight, P.V. and Carman W.F. The Influenza Vaccination of Health Care Workers in Long-Term-Care Hospitals reduces the Mortality of Elderly Patients. *Journal of Infectious Diseases* 1997;175:1-6

¹⁵ Carman, W.F., Elder, A.G., Wallace, L.A., McAulay, K., Walker, A., Murray, G.D., Stott, D.J. Effects of Influenza Vaccination of Healthcare Workers on Mortality of Elderly People in Long Term Care: a randomised control trial. *The Lancet* 2000; 355:93-97

¹⁶ Hayward, A.C., Harling, R., Wetten, S., Johnson, A.M., Munro, S., Smedley, J., Murad, S. and Watson, J.M. Effectiveness of an influenza vaccine programme for care home staff to prevent death, morbidity, and health service use among residents: cluster randomised controlled trial. *British Medical Journal* 2006; doi:10.1136/bmj.39010.581354.55 (published 1 December 2006)

¹⁷ Lemaitre, M., Meret, T., Rothan-Tondeur, M., Belmin, J., Lejonc, J., Luquel, L., Piette, F., Salom, M., Verny, M., Vetel, J., Veyssier, P. and Carrat, F. Effect of Influenza Vaccination of Nursing Home Staff on Mortality of Residents: a cluster randomised trial. *Journal of American Geriatric Society* 2009; 57:1580-1586

¹⁸ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093762

¹⁹ www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093762

²⁰ www.hpa.org.uk/hpr/archives/2009/news0509.htm

Examples of staff who may be directly involved in delivering care include:

- 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;
- social care staff working in care settings;
- pharmacists, both those working in the community and in clinical settings.

Students and trainees in these disciplines and volunteers who are working with patients should also be included. This is not an exhaustive list and decisions to provide immunisation should be based on local assessment of likely risk and exposure to influenza.

2. The responsibility for NHS Trusts and Social Care Providers

The responsibility for achieving high uptake in frontline health care workers lies with NHS Trusts.

The seasonal influenza uptake rate amongst healthcare workers increased to 26.4% in 2009/10 from 16.5% the previous year. While this increase is welcome, uptake of the vaccination is still very low and needs to improve considerably.

Uptake of the swine influenza vaccine was 40.4% which is more encouraging. It is important that lessons from the swine influenza vaccination programme are applied and are used to drive seasonal influenza vaccination uptake levels much higher in frontline healthcare workers. We are currently working on this issue and further communications to NHS Trusts will follow.

The responsibility for providing the vaccination of frontline social care workers lies with their employer. A letter covering seasonal influenza vaccination of frontline social care workers will be going out to commissioners and providers of social care services shortly.

3. Collection of vaccine uptake in healthcare workers

Last year, uptake data for seasonal and swine influenza vaccination of healthcare workers was collected from a variety of healthcare trusts including acute trusts, mental health trusts, ambulance and primary care trusts; this will be repeated again this year. Vaccine uptake for healthcare workers will be collected through the ImmForm website, with trusts entering data directly onto the site. The HPA will coordinate the national collection and publication of data. The email contact point for influenza vaccine uptake feedback and enquiries for healthcare workers for 2010/11 is HCWvac@hpa.org.uk.

There will be four monthly data collections for seasonal influenza which, subject to ROCR approval, will start in October 2010 (i.e. collected in November), and finish at the end of January 2011 (i.e. collected in February). Further details on this collection will be sent out to influenza coordinators or nominated persons by the end of June 2010. Monthly data by Trust and SHA will be published online²¹.

4. Information materials

More information about what materials will be available and how to obtain them will be provided nearer the time.

²¹ www.dh.gov.uk/en/Publichealth/Healthprotection/Immunisation/Keyvaccineinformation/DH_104070

5. Consent

Trusts should ensure that for each person offered the vaccine, appropriate information and advice about the influenza vaccine is given and that the person's consent is obtained. Individuals coming for immunisation should be given a reasonable opportunity to discuss any concerns before being immunised.

For further information on consent, please see chapter 2 of the 2006 edition of *Immunisation against infectious disease* (the 'Green Book')²².

6. Contractual arrangements

Employers are responsible for the immunisation of their staff and should put appropriate arrangements in place to ensure high uptake.

Health and social care staff should not routinely be referred to their GPs for immunisation unless they fall within one of the recommended clinical risk groups or a local agreement is in place for this service.

²² www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/GreenBook/fs/en

Annex 3: Seasonal influenza immunisation programme for poultry workers

1. Rationale and target groups

The Department of Health is offering free influenza immunisation to all those who work in close contact with poultry. This is a precautionary public health measure to reduce the risk of poultry workers contracting both avian and human influenza simultaneously. Immunisation with seasonal influenza vaccine would reduce the theoretical risk that a circulating human influenza virus could re-assort with an avian influenza virus, thereby producing a new influenza virus. Such a new influenza virus could have pandemic potential.

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

The HPA definition of a 'poultry worker' is unchanged from last year. The definition forms the basis of selection and includes:

- i) workers employed at or regularly visiting registered poultry units who:
 - a) routinely access enclosed poultry rearing or egg production areas;
 - b) perform initial sorting of poultry eggs if the sorting area is an integral part of the production unit;
 - c) catch or cull poultry within enclosed poultry rearing or egg production areas, or;
 - d) perform final clean down of poultry sheds following depopulation of a poultry house.
- ii) workers who collect and remove poultry manure or litter from within enclosed poultry rearing or egg production areas of registered poultry units.
- iii) workers in poultry processing units that:
 - a) catch and handle live birds;
 - b) kill and eviscerate birds;
 - c) cleanse and disinfect areas and equipment contaminated by poultry faeces.

The following workers are not considered to be at higher than normal risk of exposure to avian influenza viruses and do not need to be offered seasonal influenza vaccination:

- workers in poultry units that do not require statutory registration;
- workers in and around farms that have registered poultry units, but do not enter the enclosed poultry management areas or egg sorting facilities;
- workers delivering materials to poultry units;
- workers collecting or delivering eggs or poultry (live or dead) from poultry premises (unless also undertaking duties included in i(c) above);
- workers in poultry processing units handling poultry carcasses but not involved in killing or eviscerating poultry (unless also undertaking duties included in (iii) above).

2. Consent

PCTs should ensure that for each person offered the vaccine, appropriate information and advice about the influenza vaccine is given and that the person's consent is obtained. Individuals coming for immunisation should be given a reasonable opportunity to discuss any concerns before being immunised.

For further information on consent, please see chapter 2 of the 2006 edition of *Immunisation against infectious disease* (the 'Green Book')²³.

3. Vaccine uptake data collection

The HPA will continue to coordinate this data collection on behalf of the DH. This collection will be managed through the ImmForm website. Any issues regarding access to or use of the ImmForm website, or the poultry workers survey, should be addressed to influenza@hpa.org.uk

Subject to ROCR approval, we plan for PCTs to provide vaccine uptake data to DH for the purposes of local and national monitoring. Data collection needs to be consistent across PCTs and referred to a single source for reporting purposes.

Data will have to be entered manually into the form by PCTs. Access will be restricted to PCTs, SHAs and DH/HPA only, with no access at GP level.

This year there will be only one collection of uptake data for poultry workers at the end of the programme (so September 2010 to March 2011's data will all be collected in April 2011). This reduces the burden of the collection. Further details of this collection will be sent out to influenza coordinators or nominated persons by June 2010.

4. Vaccine supply and ordering

Vaccine for use in poultry workers is provided, free of charge, by the DH. Orders should be placed by local PCT influenza coordinators by emailing vaccine.supply@dh.gsi.gov.uk. Orders cannot be taken from individual GP practices. If these ordering arrangements change, we will contact you with the details.

Please note that this vaccine is reserved for use in the poultry worker programme only.

5. Information materials

DH will support PCTs through the provision of resources including an information leaflet. The following items can be downloaded²⁴ :

- a sample letter to poultry keepers
- a sample letter to poultry workers
- the information leaflet for poultry workers*
- a question and answer sheet
- a data collection consent form*

*available in several languages

Further copies of the leaflet can be ordered from:

Department of Health Publications

dh@prolog.uk.com

www.orderline.gov.uk

Telephone: 0300 123 1002

Or go to: www.orderline.dh.gov.uk/ecom_dh/public/home.jsf

²³ www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/GreenBook/fs/en

²⁴ www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_063041

7. Contractual arrangements

PCTs are asked to put in place a Locally Enhanced Service agreement (LES) for poultry workers for 2010/11 and may want to consider setting targets or performance management processes to encourage improvements to the programme. A LES provides PCTs with maximum flexibility to determine how best to implement the poultry worker programme locally and to choose the most suitable contracting route with providers.

Each PCT will receive a list of all registered poultry premises within its boundaries, including contact details, under the authority of the DH and Animal Health. If the PCT decides to contract out the service, the contractor will need to contact all registered local poultry premises and identify the numbers to be vaccinated, for ordering vaccine supplies.

8. Funding

PCTs will have their funding limits increased by amounts based on the number of poultry workers within their boundaries. The DH has estimated that the total cost of all PCTs making suitable arrangements will be £502k.

Annex 4: Clinical risk groups 2010/11

Influenza vaccine should be offered to people in the clinical risk groups set out below. Please note this list is not exhaustive and clinicians are urged to refer to the new Green Book Chapter on Influenza that will be available online by the end of July 2010²⁵. **Clinicians should also take into account the risk of influenza exacerbating any underlying disease that any patient may have, as well as the risk of serious illness from influenza itself.** Vaccination should be offered in such cases.

<i>At risk groups</i>	<i>Examples (decision based on clinical judgement)</i>
Chronic respiratory disease and asthma that requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission	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
Chronic heart disease	Congenital heart disease Hypertension with cardiac complications Chronic heart failure Individuals requiring regular medication and/or follow-up for ischaemic heart disease
Chronic renal disease	Chronic renal failure Nephrotic syndrome Renal transplantation
Chronic liver disease	Cirrhosis Biliary artesia Chronic hepatitis
Chronic neurological disease	Stroke Transient ischaemic attack (TIA) Clinicians should consider on an individual basis the clinical needs of their patients including individuals with multiple sclerosis and related or similar conditions; or hereditary and degenerative disease of the central nervous system.
Diabetes	Type 1 diabetes Type 2 diabetes requiring insulin or oral hypoglycaemic drugs Diet controlled diabetes

²⁵ www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/GreenBook/fs/en

<p>Immunosuppression</p>	<p>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 20mg or more per day (any age) or for children under 20kg a dose of 1mg or more per kg per day. some immunocompromised patients may have a suboptimal immunological response to the vaccine</p>
<p>Pregnant women</p>	<p>Pregnant women not in clinical risk groups for seasonal influenza and who have not already received the H1N1 swine influenza vaccine are included in the 2010/11 seasonal vaccination programme on the advice of JCVI. This is because pregnant women are at increased risk from the H1N1 swine influenza virus, which is expected to be the predominant circulating influenza strain in the 2010/11 influenza season</p>