

**Gateway reference number: 17488**  
PL/CMO/2012/1,PL/DN/2012/1,PL/CPHO/2012/1

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

### For action

- General Practitioners
- Chief Executives of Strategic Health Authorities
- Chief Executives of Primary Care Trusts
- Chief Executives of NHS Trusts
- PCT Directors of Public Health
- SHA Flu Leads
- SHA Winter Leads
- PCT Immunisation and Flu Co-ordinators
- Medical Directors of NHS Trusts
- Directors of Maternity Services
- Directors of Nursing
- Chief Pharmacists/Pharmaceutical Advisers of PCTs
- Chief Pharmacists of NHS Trusts
- Lead Nurses at PCTs

### For information

- Regional Directors of Public Health
- Royal College of Physicians
- Royal College of General Practitioners
- Royal Pharmaceutical Society

- Pharmacy Voice
- Pharmaceutical Services Negotiating Committee
- Faculty of Pharmaceutical Medicine
- Royal College of Paediatrics and Child Health
- Faculty of Public Health
- Royal College of Obstetrics and Gynaecology
- Royal College of Nursing
- Royal College of Midwives
- British Medical Association
- Community Practitioners and Health Visitors Association
- Chairs Infection Control Committees
- Consultants in Communicable Disease Control
- Accident and Emergency Departments
- All Pharmacists
- Nurses
- Midwives
- Obstetricians
- GP Practice Nurses
- Health Visitors
- Chief Executives of NHS Foundation Trusts
- Monitor - Independent Regulator of NHS Foundation Trusts
- Occupational Health Departments
- Directors of Infection and Prevention Control
- Nursing and Midwifery Council
- NHS Employers

3 May 2012

Dear colleague

## **THE FLU IMMUNISATION PROGRAMME 2012/13**

We would like to take this opportunity to thank those in the NHS and social care for their hard work on the flu immunisation programme last winter. The purpose of this letter is to provide you with key information about the flu immunisation programme for winter 2012/13.

Although the last flu season saw some of the lowest rates of flu on record, flu remains highly unpredictable. We must therefore guard against complacency, and strive to achieve even higher vaccine uptake rates.

For ease of use, the information is set out in the attached annexes as follows:

- Annex A      Groups recommended to receive flu vaccine
- Annex B      GP practice checklist
- Annex C      Pregnant women
- Annex D      Health and social care workers
- Annex E      Improving uptake and data collections
- Annex F      Vaccine virus strains and available vaccines
- Annex G      Vaccine supply and strategic reserve
- Annex H      Contractual arrangements, service reviews and funding

## **Vaccine uptake aspirations 2012/13**

Last year, the NHS was asked to plan to reach uptake of 60% for people aged under 65 years in clinical risk groups, as a first step to reaching uptake of 75% by 2013/14. This is important because people in these groups are at increased risk from the effects of flu. Some colleagues have already achieved this level of uptake and should be congratulated. However, it is disappointing that overall vaccine uptake for this group did not reach 60% last season.

In view of the need to protect vulnerable groups, we have decided to maintain last year's planning assumptions, and we are asking local areas to plan in 2012/13 to:

- reach or exceed 75% uptake for people aged 65 years and over; and
- reach or exceed 70% uptake for people under 65 years in clinical risk groups, including pregnant women, as the second year of a three year trajectory to achieve uptake of 75% in these groups.

We recognise that the second challenge above may be difficult, and will require fresh thinking and new approaches to deliver these levels. However, with your commitment and support we believe it is right to strive for this level of protection for these particularly vulnerable groups. There is no guarantee that next winter's flu season will be as mild as the last.

### Programme assurance

Assurance of the planning and delivery of the flu immunisation programme is vital to its success. SHA clusters should assure themselves that:

- each PCT cluster assesses the performance of their providers against their flu vaccination plans for 2011/12 in order to help planning for 2012/13.
- robust flu vaccination plans are in place in each PCT cluster to meet the vaccine uptake levels set out above. To support this process, a checklist is attached at Annex B of the steps that GP practices can reasonably be expected to take to improve uptake of flu vaccine among their eligible patients.
- arrangements remain in place during the NHS reorganisation for assurance and monitoring of local flu immunisation plans.

SHAs should ensure each PCT cluster has sent the checklist (Annex B) to GP practices in their area by 25 May. GP practices should be asked to confirm to PCT clusters they are taking the steps set out in the checklist by 15 June. SHA clusters should provide a short report to DH (email: [ic-mb@dh.gsi.gov.uk](mailto:ic-mb@dh.gsi.gov.uk)) on the three aspects of assurance outlined above by 29 June.

### Vaccine ordering

We can confirm that it remains the responsibility of GPs to order flu vaccine for their eligible patients in 2012/13. The groups of people recommended to be vaccinated against flu are set out in Annex A. As part of the assurance process, SHA cluster leads need to be assured adequate amounts of vaccine have been ordered, noting that extra vaccine will be needed for higher levels of coverage, and anticipating that the target population will be greater.

## **Best practice checklist for GP practices**

The Department of Health has commissioned research on flu vaccination practices in primary care. Some of the key early findings have been incorporated into the GP practice checklist (Annex B).

## **Pregnant women**

Every effort should be made for flu vaccine to be prescribed for pregnant women by medical practitioners or other prescribers in the first instance. When there are not opportunities for pregnant women to be vaccinated by GPs because they may not have a scheduled antenatal visit, Patient Group Directions (PGDs<sup>1</sup>) may be developed to enable them to be vaccinated by midwives at antenatal clinics. Only certain named regulated healthcare professionals can supply or administer medicines under a PGD. PGDs should be agreed at a local level and signed off by a senior doctor and a pharmacist, who have been involved in the development of the PGD. Further information on the immunisation of pregnant women is in Annex C.

## **Health and social care workers**

We would like to re-emphasise the importance of vaccinating healthcare workers with direct patient contact and social care workers against flu. Healthcare workers must protect their patients and this is an important way to prevent patient infections. There is always pressure on NHS and social care services during the winter. Vaccinating staff against flu is an important infection control measure as part of the annual winter planning process, to ensure the NHS and social care are as resilient as possible.

In 2011/12 vaccine uptake increased to 45% – up from 35% the previous year. This is good progress, but uptake is still too low and we look forward to seeing a continued increase in uptake in 2012/13. NHS Employers will again be running a national campaign to encourage increased uptake rates of the flu vaccine among healthcare staff.

## **Publicity and information materials**

An updated patient leaflet will be available from the Department of Health website before the start of the flu immunisation programme.

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<sup>1</sup> Guidance on the development, implementation and review of Patient Group Directions in the NHS can be found at <http://www.mhra.gov.uk/>

## The Green Book

The Green Book, *Immunisation against Infectious Disease*, provides guidance for healthcare workers on administering the flu vaccine. We aim to publish an updated influenza chapter of the Green Book on the DH website shortly. This will include detailed information about the way that the available flu vaccines should be administered. Given that some flu vaccines are restricted for use in particular age groups, the Summary of Product Characteristics (SPC) for individual products should always be referred to when ordering and administering vaccines.

## The Seasonal Flu Plan

An updated plan for 2012/13 is being published on the Department of Health website today. We encourage you to read it and make use of the helpful advice it contains.

Yours sincerely,



**PROFESSOR DAME SALLY C DAVIES  
CHIEF MEDICAL OFFICER**



**VIV BENNETT  
DIRECTOR OF Nursing**



**DR KEITH RIDGE  
CHIEF PHARMACEUTICAL OFFICER**

For further information, please contact:

<http://www.info.doh.gov.uk/contactus.nsf/memo?openform>

Immunisation Branch  
Department of Health  
Wellington House  
133-155 Waterloo Road  
London SE1 8UG  
Email: [ic-mb@dh.gsi.gov.uk](mailto:ic-mb@dh.gsi.gov.uk)

**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

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This letter is also available at:

<http://immunisation.dh.gov.uk/>

# Annex A - Groups recommended to receive flu vaccine

The list of eligible patients who should be offered the flu vaccine has not changed since last season. Flu vaccine should be offered to the eligible groups set out in the table below, which continues overleaf.

Eligible groups	Further detail
<b>All patients aged 65 years and over</b>	"Sixty-five and over" is defined as those 65 and over on 31 March 2013 (i.e. born on or before 31 March 1948).
<b>Chronic respiratory disease</b> aged six months or older	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.
<b>Chronic heart disease</b> aged six months or older	Congenital heart disease, hypertension with cardiac complications, chronic heart failure, individuals requiring regular medication and/or follow-up for ischaemic heart disease.
<b>Chronic kidney disease</b> aged six months or older	Chronic kidney disease at stage 3, 4 or 5, chronic kidney failure, nephrotic syndrome, kidney transplantation.
<b>Chronic liver disease</b> aged six months or older	Cirrhosis, biliary artesia, chronic hepatitis



<p><b>Chronic neurological disease</b> aged six months or older</p>	<p>Stroke, transient ischaemic attack (TIA). Conditions in which respiratory function may be compromised, due to neurological disease (e.g. polio syndrome sufferers). Clinicians should consider on an individual basis the clinical needs of patients including individuals with cerebral palsy, multiple sclerosis and related or similar conditions; or hereditary and degenerative disease of the nervous system or muscles; or severe neurological disability.</p>
<p><b>Diabetes</b> aged six months or older</p>	<p>Type 1 diabetes, type 2 diabetes requiring insulin or oral hypoglycaemic drugs, diet controlled diabetes.</p>
<p><b>Immunosuppression</b> aged six months or older</p>	<p>Immunosuppression due to disease or treatment. Patients undergoing chemotherapy leading to immunosuppression. Asplenia or splenic dysfunction, HIV infection at all stages. 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. It is difficult to define at what level of immunosuppression a patient could be considered to be at a greater risk of the serious consequences of flu and should be offered flu vaccination. This decision is best made on an individual basis and left to the patient's clinician. Some immunocompromised patients may have a suboptimal immunological response to the vaccine.</p> <p>Consideration should also be given to the vaccination of household contacts of immunocompromised individuals, i.e. individuals who expect to share living accommodation on most days over the winter and therefore for whom continuing close contact is unavoidable. This may include carers (see below).</p>
<p><b>Pregnant women</b></p>	<p>Pregnant women at any stage of pregnancy (first, second or third trimesters).</p>

<p><b>People 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.</b></p>	<p>Vaccination is recommended.</p>
<p><b>Carers</b></p>	<p>Those who are in receipt of a carer's allowance, or those who are the main carer, or the carer of an elderly or disabled person whose welfare may be at risk if the carer falls ill.</p> <p>(Please note – this category refers to individual carers entitled to a free flu vaccine on the NHS, not professional health and social care workers who should be vaccinated by their employer as part of an occupational health programme.)</p>

The list above is not exhaustive, and the medical practitioner should apply clinical judgement to take into account the risk of flu exacerbating any underlying disease that a patient may have, as well as the risk of serious illness from flu itself. Flu vaccine should be offered in such cases even if the individual is not in the clinical risk groups specified above.

# Annex B – GP practice checklist

## General

1. The GP practice has a named individual who is responsible for the flu vaccination programme.

## Registers and information

2. The GP practice has a register that can identify all patients in the under 65 years at risk groups, those aged 65 years and over, and pregnant women.<sup>2</sup>
3. The GP practice will update the patient registers throughout the flu season paying particular attention to the inclusion of women who become pregnant during the flu season.
4. The GP practice will submit accurate data on the number of its patients eligible to receive flu vaccine and the flu vaccinations given to its patients on ImmForm ([www.immform.dh.gov.uk](http://www.immform.dh.gov.uk)).

## Meeting any public health targets in respect of such immunisations

5. The GP practice will/has ordered sufficient flu vaccine to achieve the 2012/13 uptake levels, taking into account past and planned performance.

## Robust call and recall arrangements

6. Patients recommended to receive the flu vaccine will be sent a letter, inviting them to a flu vaccination clinic or to make an appointment.
7. The GP practice will write to or telephone patients who do not respond to the letter or fail to attend scheduled clinics or appointments.

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<sup>2</sup> Immunisation of carers and pregnant women are not covered by the national DES and will be subject to local agreement

## Maximising uptake in the interests of at-risk patients

8. The flu vaccination campaign will start as soon as practicable after receipt of the vaccine so that the maximum number of patients are vaccinated as early as possible (i.e. by the end of October), to ensure they are protected before flu starts to circulate.
  
9. The GP practice will collaborate with local community midwives to offer and provide flu vaccination to pregnant women and to identify, offer and provide to newly pregnant women as the flu season progresses.
  
10. The GP practice will offer flu vaccination in clinics and opportunistically.

# Annex C – Pregnant women

## Rationale and target groups

There is good evidence that pregnant women are at increased risk from complications if they contract flu.<sup>3,4</sup> In addition, there is evidence that flu during pregnancy may be associated with premature birth and smaller birth size and weight<sup>5,6</sup> and that flu vaccination may reduce the likelihood of prematurity and smaller infant size at birth associated with influenza infection during pregnancy.<sup>7</sup> Furthermore, a number of studies show that flu vaccination during pregnancy provides passive immunity against flu to infants in the first few months of life.<sup>8,9,10,11</sup>

A review of studies on the safety of flu vaccine in pregnancy concluded that inactivated flu vaccine can be safely and effectively administered during any trimester of pregnancy and that no study to date has demonstrated an increased risk of either maternal complications or adverse fetal outcomes associated with inactivated influenza vaccine.<sup>12</sup>

**All pregnant women** are recommended to receive the flu vaccine irrespective of their stage of pregnancy.

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<sup>3</sup> Neuzil KM, Reed GW, Mitchel EF *et al.* (1998) Impact of influenza on acute cardiopulmonary hospitalizations in pregnant women. *Am J Epidemiol.* **148**: 1094-102.

<sup>4</sup> Pebody R *et al.* (2010) Pandemic influenza A (H1N1) 2009 and mortality in the United Kingdom: risk factors for death, April 2009 to March 2010. *Eurosurveillance* **15**(20): 19571.

<sup>5</sup> Pierce M, Kurinczuk JJ, Spark P *et al.* (2011) Perinatal outcomes after maternal 2009/H1N1 infection: national cohort study. *BMJ.* **342**: d3214.

<sup>6</sup> McNeil SA, Dodds LA, Fell DB *et al.* (2011) Effect of respiratory hospitalization during pregnancy on infant outcomes. *Am J Obstet Gynecol.* **204**: (6 Suppl 1) S54-7.

<sup>7</sup> Omer SB, Goodman D, Steinhoff MC *et al.* (2011) Maternal influenza immunization and reduced likelihood of prematurity and small for gestational age births: a retrospective cohort study. *PLoS Med.* **8**: (5) e1000441.

<sup>8</sup> Benowitz I, Esposito DB, Gracey KD *et al.* (2010) Influenza vaccine given to pregnant women reduces hospitalization due to influenza in their infants. *Clin Infect Dis.* **51**: 1355-61.

<sup>9</sup> Eick AA, Uyeki TM, Klimov A, *et al.* (2010) Maternal influenza vaccination and effect on influenza virus infection in young infants. *Arch Pediatr Adolesc Med.* **165**: 104-11.

<sup>10</sup> Zaman K, Roy E, Arifeen SE *et al.* (2008) Effectiveness of maternal influenza immunisation in mothers and infants. *N Engl J Med.* **359**: 1555-64.

<sup>11</sup> Poehling KA, Szilagyi PG, Staat MA *et al.* (2011) Impact of maternal immunization on influenza hospitalizations in infants. *Am J Obstet Gynecol.* **204**: (6 Suppl 1) S141-8.

<sup>12</sup> Tamma PD, Ault KA, del Rio C, Steinhoff MC *et al.* (2009) Safety of influenza vaccination during pregnancy. *Am. J. Obstet. Gynecol.* **201**(6): 547-52.

## When to stop offering the vaccine to pregnant women

Flu vaccination is usually carried out between October and January and it would be unusual to carry on vaccinating after that date. However, clinicians should apply clinical judgement to assess the needs of an individual patient, taking into account the level of flu-like illness in their community and the fact that the immune response following flu vaccination takes about two weeks to develop fully.

## Data review and data recording

Uptake of vaccine by pregnant women, along with other groups, will be monitored. GPs will need to check their patient database throughout the flu season in order to identify women who are not pregnant at the start of the immunisation programme but become pregnant during the winter. GPs should also review their records of pregnant women before the start of the immunisation programme to ensure that women who are no longer pregnant are not called for vaccination (unless they are in other clinical risk groups) and so that they can measure the uptake of flu vaccine by pregnant women accurately.

PCTs should explore ways of linking midwifery services with GP practices so midwives can raise awareness of the flu vaccine among pregnant women and could administer the flu vaccine at ante-natal visits through Patient Group Directions. If arrangements are put in place where midwives administer the flu vaccine, it is important that the patient's GP practice is informed so their records can be updated accordingly, and included in vaccine uptake data collections.

# Annex D – Health and social care workers

Employers are responsible for ensuring that arrangements are in place for the vaccination of their healthcare workers with direct patient contact and social care workers. Flu outbreaks can arise in health and social care settings with both staff and their patients/clients being affected when flu is circulating in the community. It is important that health and social care professionals protect themselves by having the flu vaccine, and, in doing so, they reduce the risk of spreading flu to their patients, clients, colleagues and family members. Uptake of the flu vaccine in healthcare workers with direct patient contact was 45% in 2011/12. Although this represents a significant increase in uptake over the last few seasons, there is still room for further improvement.

Vaccination of healthcare workers against flu significantly lowers rates of flu-like illness, hospitalisation and mortality in the elderly in healthcare settings.<sup>13,14,15,16</sup> Vaccination of staff in social care settings may provide similar benefits. Flu immunisation of healthcare workers with direct patient contact 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.

Vaccination of health and social care workers also helps reduce the level of sickness absences and will contribute to keeping the NHS and care services running. This is particularly important in the face of winter pressures.

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<sup>13</sup> Potter J, Stott DJ, Roberts MA, Elder AG, O'Donnell B, Knight PV and Carman WF (1997) The influenza vaccination of health care workers in long-term-care hospitals reduces the mortality of elderly patients. *Journal of Infectious Diseases* **175**: 1-6.

<sup>14</sup> Carman WF, Elder AG, Wallace LA, McAulay K, Walker A, Murray GD and Stott DJ. (2000) Effects of influenza vaccination of healthcare workers on mortality of elderly people in long term care: a randomised control trial. *The Lancet* **355**: 93-7.

<sup>15</sup> Hayward AC, Harling R, Wetten S, Johnson AM, Munro S, Smedley J, Murad S and Watson JM (2006) 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* doi:10.1136/bmj.39010.581354.55 (published 1 December 2006).

<sup>16</sup> 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 (2009) Effect of influenza vaccination of nursing home staff on mortality of residents: a cluster randomised trial. *Journal of American Geriatric Society* **57**: 1580-6.

## Vaccine uptake data collection of healthcare workers

All commissioning PCTs should report uptake of flu vaccine of their staff, including staff in GP practices, via ImmForm ([www.immform.dh.gov.uk](http://www.immform.dh.gov.uk)).

Approval for a mandatory collection will be sought from the Review of Central Returns (ROCR). Guidance about specific immunisation programmes and uptake data collections are published at:

[www.dh.gov.uk/en/Publichealth/Immunisation/DH\\_119387](http://www.dh.gov.uk/en/Publichealth/Immunisation/DH_119387)

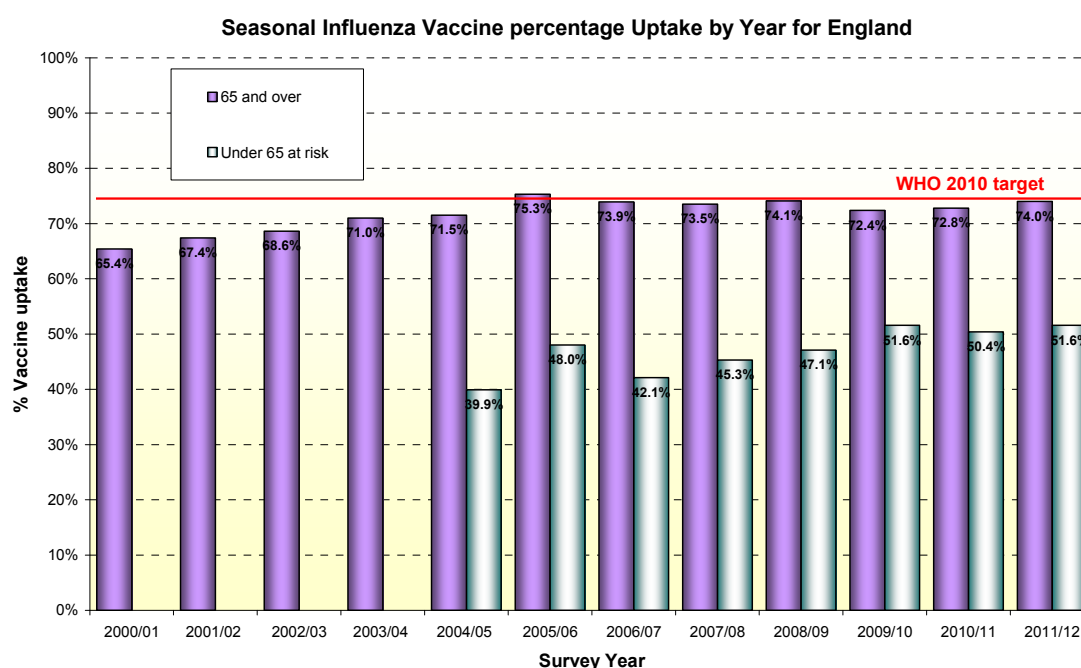
Monthly data collections will take place over four months during the 2012/13 flu immunisation programme and provisional data published at national, SHA and PCT-levels each month on the DH website.

PCTs should use their own tried and tested methods of collecting information from GP practices. There is also a GP data entry tool available on the ImmForm website. It is important to note that this GP data entry tool is not a route for GP practices to submit data directly to the DH and thus bypass PCTs; this application is not monitored by the DH and no data are extracted from it by the DH. This data entry tool is one of many different options for PCT clusters to collect staff flu vaccination data from GP practices.



# Annex E – Improving vaccine uptake and data collection

In winter 2011/12 the estimated uptake of the flu vaccine among those aged 65 years and over was 74.0% - just short of the WHO target of 75%. Uptake among people aged under 65 with clinical conditions which put them more at risk from the effects of flu was 51.6%. Uptake among pregnant women was 27.4%.



**Figure 1: Seasonal influenza vaccine percentage uptake by year for England.**

As in previous years, flu vaccine uptake data collections will be managed using the ImmForm website ([www.immform.dh.gov.uk](http://www.immform.dh.gov.uk)). The Health Protection Agency (HPA) will coordinate the data collection on behalf of DH. The HPA will issue details of the collection requirements by the end of July 2012 and guidance on the data collection process by early September 2012. The email contact for flu queries concerning data collection content or process should be directed to [influenza@hpa.org.uk](mailto:influenza@hpa.org.uk)

Queries concerning ImmForm login details and passwords should be directed to [immform@dh.gsi.gov.uk](mailto:immform@dh.gsi.gov.uk)

## Reducing the burden from data collections

Considerable efforts have been made to reduce the burden on GPs of data collection by increasing the number of automated returns that are extracted directly from GP IT systems. Over 79% of GP practices benefited from using automated IT data returns for flu vaccine uptake for the final 2011/12 survey. GP practices that are not able to submit automated returns should discuss their arrangements with their GP IT supplier.

## Data collections for 2012/13

Monthly data collections will take place over four months during the 2012/13 flu immunisation programme. Subject to ROCR approval, the first data collection will be for vaccines administered by the end of October 2012 (data collected in November), with the subsequent collections monthly thereafter, with the final data collection for all vaccines administered by the end of January 2013 (data collected in February). These collections will enable performance 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 (including PCT clusters and SHA clusters) 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;
- validate the data on point of entry and correct any errors before data submission;
- view data and export data into Excel, for further analysis;
- make use of automated data upload methods (depending on the IT systems used at practices);
- view 2012/13 data by PCT cluster and SHA cluster (this is in addition to SHA, PCT and GP views);
- access previous years' data to compare with the current performance.

These tools can be used to facilitate the local and regional management of the flu vaccination programme.

Provisional data will be published at national, SHA and PCT-levels each month on the DH website.

### Monitoring on a weekly basis

Weekly uptake data will be collected from a group of GP practices that have fully automated extract and upload facilities provided by their IT suppliers. This scheme was implemented successfully for the previous three vaccination seasons and provides high quality data from over two-thirds of GP practices allowing national level monitoring of the vaccination programme. These data will be published in the HPA weekly flu report that is issued on their website throughout the flu season.

# Annex F – Vaccine virus strains and available vaccines

Flu viruses change continuously and the World Health Organization (WHO) monitors the epidemiology of flu viruses throughout the world. Each year it makes recommendations about the strains to be included in vaccines for the forthcoming winter.<sup>17</sup> The WHO has announced the flu strains that should be included in the 2012/13 trivalent seasonal influenza vaccine. These are:

- an A/California/7/2009 (H1N1)pdm09-like virus;
- an A/Victoria/361/2011 (H3N2)-like virus; and
- a B/Wisconsin/1/2010-like virus.

The latter two elements are different strains from those contained in the 2011/12 trivalent vaccine.

The following table sets out the vaccines that will be available for the 2012/13 flu immunisation programme.

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<sup>17</sup> [http://www.who.int/csr/disease/influenza/recommendations\\_2011\\_12north/en/index.html](http://www.who.int/csr/disease/influenza/recommendations_2011_12north/en/index.html)

## Vaccines available for the 2012/13 flu immunisation programme

<i>Supplier</i>	<i>Name of product</i>	<i>Age indications</i>	<i>Contact details</i>
<b>Abbott Healthcare</b>	Influvac®	From 6 months	0800 358 7468
	Imuvac®	From 6 months	
<b>AstraZeneca UK Ltd</b>	FLUENZ ▼	From 24 months to less than 18 years of age	0845 139 0000
<b>Crucell UK</b>	Viroflu®	From 6 months	0844 800 3907
	Inflexal®V	From 6 months	
<b>GlaxoSmithKline</b>	Fluarix®	From 6 months	0800 221 441
<b>MASTA</b>	Imuvac®	From 6 months	0113 238 7500 (option 1)
	Inactivated Influenza Vaccine (Split Virion) BP	From 6 months	
<b>Novartis Vaccines</b>	Agrippal®	From 6 months	08457 451 500
	Fluvirin®*	From 4 years	
	Optaflu®	From 18 years	
<b>Pfizer Vaccines</b>	CSL Inactivated Influenza Vaccine	From 5 years	T: 0800 089 4033
	Enzira®	From 5 years	
<b>Sanofi Pasteur MSD</b>	Inactivated Influenza Vaccine (Split Virion) BP	From 6 months	0800 085 5511
	Intanza® 9 µg	From 18 years - 59 years	
	Intanza®15 µg	From 60 years	

Some flu vaccines are restricted for use in particular age groups. The Summary of Product Characteristics (SPC) for individual products **should always** be referred to when ordering vaccines for particular patients.

More detailed information on the characteristics of the available vaccines, including age indications and ovalbumin (egg) content can be found in the Seasonal Flu chapter of the Green Book. We aim to publish an updated influenza chapter on the DH website shortly.

# Annex G – Vaccine supply and the central strategic reserve

GPs remain responsible for ordering vaccine for their eligible populations, and final orders should now have been placed with manufacturers. GP practices should be planning to contact those patients in late September/early October as soon as their stocks of vaccine are in place.

## Central strategic reserve

The DH will again retain a small central strategic reserve of trivalent flu vaccine to mitigate the impact of any shortages should they occur.

It is anticipated that in a normal flu season the strategic reserve will not be accessed by primary care and that this small reserve will be considered as an insurance against shortages in a more severe flu season when there has been exceptional demand for the vaccine.

This stock will only be issued if the DH determines that it is necessary to bridge a gap for which there have not been sufficient local supplies.

A guidance document outlines the circumstances under which the reserve will be made available to the NHS by placing orders through ImmForm.

[www.dh.gov.uk/health/2011/10/accessing-the-flu-vaccine-strategic-reserve-in-england/](http://www.dh.gov.uk/health/2011/10/accessing-the-flu-vaccine-strategic-reserve-in-england/)

# Annex H – Contractual arrangements, service reviews and funding

The arrangements, reviews and funding for the flu immunisation programme (administration of the trivalent seasonal vaccine) remain the same as in previous years.

Under the Primary Medical Services (Directed Enhanced Service) Directions, (the 'DES') each PCT must operate or establish an influenza and pneumococcal immunisation scheme. The DES covers securing flu immunisation services for the majority of the at risk groups. However, past additions (eg carers and pregnant women) sit outside the DES, giving the PCT additional flexibility in how they secure immunisation services for these groups. The PCT may enter into arrangements with primary medical services' contractors or any other local provider, for example community pharmacies, to provide a flu immunisation service for all risk groups. During the period of transition, as new commissioning arrangements are formed, commissioners may wish to consider the continuation of local innovative services where there is clear evidence of beneficial outcomes. PCTs entering into any separate arrangements for securing the immunisation of carers and pregnant women will want to ensure these contain requirements similar to the DES.

PCT immunisation coordinators should note the requirements in the DES and use these to assess the services provided. For a full list of the national requirements to be placed on GP practices and other providers appointed to supply flu immunisation services, please refer to the DES directions, the latest version of which can be downloaded.<sup>18</sup>

PCTs will recognise the need to assess the quality of their local flu immunisation services, drive towards continuous improvement including progress to reaching uptake levels recommended by the WHO and the CMO, be responsive to patient needs, provide value for money and extend the reach of their immunisation programme to those who need it most. Patients who fail to attend for vaccination should be followed up and their needs reviewed. PCTs

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<sup>18</sup> <http://www.dh.gov.uk/en/Healthcare/Primarycare/PMC/Enhanced/index.htm>

may want to consider putting targets and other performance measures into any Local Enhanced Service (LES) agreements that they set up.

In addition to those patients who can attend a surgery or clinic to receive a vaccination, PCTs will want to assure themselves that appropriate plans are in place to offer vaccination to those who require home visits; those who are in long-term care; and those who are not registered with a GP practice.

The DES covers most, but not all, of the eligible groups that should receive flu vaccine. Most PCTs will have LES agreements in place to cover the additional eligible groups. PCTs may wish to review their local arrangements to ensure they cover all the additional eligible groups (including all pregnant women) and that they carry similar requirements to the DES (as set out above). This will ensure that PCTs can be assured, and provide assurance to SHAs, that GPs have identified all those registered patients who fall into the relevant eligible categories for 2012/13.

Some PCTs have had a low response rate from GP practices for data returns on vaccine uptake among their eligible patients. If PCTs have set up their local contracts under the DES according to the DES directions, the legal documents should have been drawn up in such a way as to incorporate the following direction:

‘a requirement that the contractor supply its Primary Care Trust with such information as it may reasonably request for the purposes of monitoring the contractor’s performance of its obligations under the plan’.<sup>19</sup>

PCTs will wish to check with their legal teams to ensure that the contracts for the flu immunisation programme are drafted in such a way as to ensure that GPs and other providers are obliged to provide the relevant data returns.

PCTs are reminded when commissioning services for vaccinations given in settings other than a GP practice (eg community pharmacies, antenatal clinics etc), it is important that the details of the vaccinations are provided to the patients’ registered practice and are recorded on their electronic clinical record in a timely manner. This is important for clinical reasons (eg if there are any

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<sup>19</sup> <http://www.dh.gov.uk/en/Healthcare/Primarycare/PMC/Enhanced/index.htm>



adverse events) and also means that these vaccinations will be included in the vaccine uptake data collections.

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

It is important that Patient Group Directions (PGDs) relating to flu immunisation are developed for all the available vaccines to be administered, including those where the dose is delivered intra-nasally. Guidance on the development, implementation and review of Patient Group Directions in the NHS can be found at [www.mhra.gov.uk/](http://www.mhra.gov.uk/)

Some PCT clusters will have commissioned pharmacies to deliver the flu vaccination programme. It is important that PCT clusters ensure that robust arrangements are made for vaccination records to be collected and passed back to patients' GPs for timely entry on the electronic patient record and submission to ImmForm for the national data survey.