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To: Medical Directors of Acute Trusts
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A&E Directors
Intensive Care Unit Directors
Critical Care Directors
Immunisation and Flu Co-ordinators
General Practitioners

Copy: Regional Directors of Public Health

Community Pharmacists

SHA Pharmacy & Prescribing Leads

SHA Medical Directors

6 January 2011

Dear Colleague

Seasonal influenza vaccine uptake and vaccine supply

I would like to thank you for your work in managing pressures on the NHS this winter, particularly those caused by seasonal flu. I wanted to provide an update on seasonal flu vaccination policy and vaccine supply.

As you know, vaccination policy is based firmly on the science, and we receive independent expert advice from the Joint Committee on Vaccination and Immunisation (JCVI). In light of the increasing incidence of flu, particularly in young children, I recently asked JCVI for urgent advice on vaccination.

Following a detailed analysis of the available evidence, the JCVI strongly reiterated its previous advice that the priority remained to vaccinate individuals in risk groups, particularly those aged under 65 years. It advised that vaccination should not be extended to healthy children under 5 years of age. The Committee noted that the greatest gain will be achieved in increasing vaccine uptake in the clinical risk groups, particularly those aged less than 65 years. The full JCVI statement is at: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@ab/documents/digitalasset/dh_123209.pdf

Therefore, it remains important that colleagues ensure that patients in flu risk groups, including all pregnant women, are offered the seasonal influenza vaccine as quickly as possible. This is also true of frontline healthcare workers, to protect them and their patients.



I would like to emphasise that patients who are not in an at-risk group are not eligible for the flu vaccine on the NHS. The greatest gain is from protecting those at risk from flu.

Vaccine Supply

Over 14 million of doses of seasonal flu vaccine have been distributed in the UK this season. There has been a late surge of eligible individuals coming forward for vaccination. Through the SHAs, we are continuing to encourage PCTs to work closely with General Practitioners to resolve any seasonal flu vaccine supply issues locally. In order to help manage demand locally, if you have concerns about meeting demand for vaccine from eligible individuals, particularly those aged under 65 years in the clinical risk groups, you are encouraged to work with PCT colleagues to utilise any excess stock that can be located within the PCT. We have asked SHAs and PCTs to work with practices to identify any local surpluses that could be redistributed and ensure the stock gets to where it is needed.

We know that some manufacturers are trying to import additional supplies of seasonal flu vaccine, and we will keep the NHS informed of progress.

Pandemrix

If efforts to source seasonal flu vaccine locally have not been successful, then the H1N1 monovalent vaccine (Pandemrix, manufactured by GlaxoSmithKline) can be offered to those eligible for seasonal flu vaccine.

This vaccine is licensed for use. Details on how to reconstitute the vaccine can be found in the Influenza chapter of the Green Book – *Immunisation against infectious disease*.

Vaccination should be carried out in line with the Influenza Green Book chapter, available online at:

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_123206.pdf

Pandemrix should be considered a seasonal flu vaccine for the purposes of administration. GPs should therefore be paid using arrangements set up under the seasonal flu and pneumococcal DES, <u>not</u> the Pandemic Influenza (H1N1) DES. However, GPs should not be reimbursed or paid a PA fee as the vaccine is centrally procured and provided free of charge.

GPs are asked to use locally held stocks of Pandemrix first. PCTs can place orders for further supplies of H1N1 for their GPs via the ImmForm website (www.immform.gov.uk); the vaccine ordered by PCTs will be delivered directly to GPs, similar to the arrangements in place last winter. PCTs will know where local GP demand is greatest so may wish to prioritise their ordering.

GPs who are currently registered to order vaccine via the Immform website (www.immform.dh.gov.uk) will be able to order Pandemrix themselves from 10th January 2011.



We will continue to keep health professionals and the public updated with a wide range of data relating to the flu outbreak and the NHS response is published each week in Winterwatch at http://winterwatch.dh.gov.uk/.

I continue to be grateful to you for your efforts to protect those vulnerable to flu.

Yours sincerely

PROFESSOR DAME SALLY C DAVIES CHIEF MEDICAL OFFICER (INTERIM)

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