

*From the Office of Sir David Nicholson KCB
CBE
Chief Executive of the NHS in England*



To: SHA Chief Executives
Chief Executives of Primary Care Trusts
Chief Executives of NHS Trusts
Chief Executives of NHS Foundation Trusts
cc: Flu Leads
Winter Leads
SHA Medical Directors
SHA Pharmacy Leads
Medical Directors of NHS Trusts
Chief Pharmacists of NHS Trusts
Directors of Infection and Prevention Control
Director of Operations
HR Directors
NHS Employers

*Richmond House
79 Whitehall
London
SW1A 2NS
david.nicholson@dh.gsi.gov.uk*

21 September 2011

Gateway ref: 16518

Dear Colleagues

SEASONAL FLU IMMUNISATION PROGRAMME 2011/12

I am writing to urge your active support, and that of your leadership teams, for the seasonal flu vaccination programme this winter. In particular, I want your help to increase uptake among frontline healthcare workers and among individuals who are most at risk of serious illness or death should they develop flu.

The Chief Medical Officer wrote to the NHS on 25 May detailing the seasonal flu vaccination programme and reinforcing the need to do better – for those at risk from flu and for the NHS.

As there will be no DH national advertising campaign for seasonal flu vaccination this winter, it is as crucial as ever for employer organisations to offer and promote the seasonal flu vaccine to their frontline healthcare workers and to eligible patients.

However, to support you, the Social Partnership Forum has been asked to take forward a national campaign to support NHS organisations to increase

their vaccination uptake. NHS Employers are responsible for the day to day delivery of this campaign and they have already been in touch with Flu Leads in NHS organisations and will be providing a series of free campaign materials during the first week of September before the start of the seasonal flu vaccination programme in October. Full details can be found on the NHS Employers website www.nhsemployers.org/flu

Vaccination of healthcare workers against seasonal flu

As you know, influenza outbreaks can arise in health care settings with both staff and their patients being affected when influenza is circulating in the community. Vaccination of frontline healthcare workers against influenza significantly lowers rates of influenza-like illness, hospitalisation and mortality in the elderly in healthcare settings^{1 2 3 4}. It is important that frontline health professionals recognise their duty of care towards their patients and protect themselves against flu by being vaccinated. As well as protecting themselves, it reduces the risk of them passing the virus to vulnerable patients, to staff, and to family members.

Last winter only 34.7% of frontline healthcare workers were vaccinated against seasonal flu. We need to do better than this. Higher uptake will mean that more staff are protected and that we give better protection to patients.

Clinical risk groups

As well as vaccinating themselves against seasonal flu, health care workers should be mindful that they have considerable influence with regard to patient choices. It would be extremely helpful if they were to familiarise themselves with the facts of the seasonal flu vaccination programme and promote it to their eligible patients, responding to any concerns patients may have. It sets a very powerful example if they are able to say to patients that they take the threat of seasonal flu seriously and have been vaccinated in order to protect themselves and their patients.

Only 50.4% of patients aged under 65 in clinical risk groups were vaccinated against seasonal flu last winter. People in these groups are eligible for the seasonal flu vaccine because of the increased risk that seasonal flu poses to them over healthy individuals – for example, an individual with chronic liver disease was 48 times more likely to die from seasonal flu last winter than a

¹ 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

² 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

³ 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)

⁴ 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

healthy individual. The table at annex B sets out the relative risk of death from flu last winter in individuals in the various clinical risk groups compared to those not in a clinical risk group⁵. A list of the groups eligible for the seasonal flu vaccination for 2011/12 is attached at annex C.

Data on uptake of the seasonal flu vaccine in health care workers and patients in at-risk groups last winter, disaggregated to SHA and PCT level, are available on the DH website, at this link:

http://www.dh.gov.uk/en/Publichealth/Immunisation/Keyvaccineinformation/DH_104070#_3

I urge you to check your area's uptake rates and take action to improve them as necessary.

I would be grateful for your active support of the seasonal flu vaccination campaign this winter, and for the support of your staff. Together we can deliver a more effective vaccination programme that ensures more vulnerable people are protected against flu this winter.

Yours sincerely

A handwritten signature in black ink, appearing to read 'D Nicholson', written over a thin vertical red line.

Sir David Nicholson KCB CBE
NHS Chief Executive

⁵ Individuals can have more than one risk factor.

Annex A

The updated *Code of practice on the prevention and control of infections and related guidance* (available at

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_122604)

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 infections that can be caught at work. All staff should be suitably educated in the prevention and control of infections. The Code 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 place.

Decisions on offering immunisation should be made on the basis of a local risk assessment as described in *Immunisation against infectious disease* (available at:

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_063632.pdf).

Employers should make vaccines available free of charge to employees if a risk assessment indicates that they are needed.

As in previous years, responsibility for funding the seasonal flu vaccine and its administration to staff (other than those that are in a clinical risk group) lies with employers.

The flu immunisation given to healthcare staff directly involved in patient care acts as an adjunct to good infection prevention and control procedures. As well as reducing the risk to the patient/client of infection, the reduction of flu infection among staff, and reduced staff absenteeism, have also been documented.

Annex B

Table: Numbers, rates and relative risks with 95% lower and upper confidence intervals for seasonal flu clinical risk factors amongst confirmed influenza related fatalities aged 6 months to 64 years, England, 2010/2011. Provisional and preliminary data from the HPA up to 4 May 2011.

	Number of fatal flu cases (%)	Mortality rate per 100,000 population	Age-adjusted relative risk*	Lower RR 95% CI	Upper RR 95% CI
In a risk group	213 (59.8)	4.0	11.3	9.1	14.0
Not in any risk group	143 (40.2)	0.4	Baseline	Baseline	Baseline
Chronic renal disease	19 (5.3)	4.8	18.5	11.5	29.7
Chronic heart disease	32 (9.0)	3.7	10.7	7.3	15.7
Chronic respiratory disease	59 (16.6)	2.4	7.4	5.5	10.0
Chronic liver disease	32 (9.0)	15.8	48.2	32.8	70.6
Diabetes	26 (7.3)	2.2	5.8	3.8	8.9
Immunosuppression	71 (19.9)	20.0	47.3	35.5	63.1
Chronic neurological disease (Exc. Stroke/TIA)	42 (11.8)	14.7	40.4	28.7	56.8
Total**	378	0.8			

* Mantel-Haenszel age-adjusted rate ratio (RR), with corresponding exact 95% CI were calculated for each risk group using the two available age groups (from six months up to 15 years and from 16 to 64 years)

** Including 22 cases with no information on risk factors.

Annex C

Groups eligible for the seasonal flu vaccine for 2011/12

The list of eligible patients who should be offered the seasonal flu vaccine has not changed since the 2010/11 season. The seasonal flu vaccine should be offered to the eligible groups set out in the table below, which continues overleaf. However, this list 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.

Eligible groups	Further detail
All patients aged 65 years and over	
Chronic respiratory disease 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.
Chronic heart disease 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.
Chronic kidney disease aged six months or older	Chronic kidney disease at stage 3, 4 or 5, chronic kidney failure, nephrotic syndrome, kidney transplantation.
Chronic liver disease aged six months or older	Cirrhosis, biliary artesia, chronic hepatitis
Chronic neurological disease aged six months or older	Stroke, transient ischaemic attack (TIA). Conditions in which respiratory function may be compromised (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.
Diabetes aged six months or older	Type 1 diabetes, type 2 diabetes requiring insulin or oral hypoglycaemic drugs, diet controlled diabetes.

<p>Immunosuppression 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.</p> <p>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>Pregnant women</p>	<p>Pregnant women at any stage of pregnancy (first, second or third trimesters).</p>
<p>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.</p>	<p>Vaccination is recommended.</p>
<p>Carers</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>