Dear Colleague

SCOTTISH CHILDHOOD FLU VACCINATION PROGRAMME 2019/20

1. This letter is to advise you about the arrangements for this year’s childhood flu vaccination programme. Those eligible for the childhood flu vaccination programme include:
   - All children aged two-five* years (not yet at school) through GP practices (*children must be aged two years or above on 1 September 2019); and
   - All primary school aged children (primary one to primary seven) at school.

2. GP practices will continue to offer vaccination to any primary school-aged child resident in Scotland at the time of the immunisation programme who was not vaccinated during their local school immunisation session or who requires a second dose of inactivated vaccine to complete their first course of flu vaccine.

3. A number of NHS Boards and Health and Social Care Partnerships (HSCPs) are piloting delivery of the flu vaccine this year to a small proportion of children in the two-five (not yet at school) age group. NHS Boards and HSCPs will be in touch with those practices affected. GP practices retain responsibility for vaccinating this age group unless specifically agreed with the local HSCP.

Vaccine

4. Fluenz Tetra®, a live attenuated nasal influenza vaccine (LAIV), is the vaccine available for the majority of children again this year. Please note that, as a live, attenuated vaccine, Fluenz Tetra® is contraindicated in some patients. Children who have a contraindication to LAIV should be offered a suitable quadrivalent, inactivated flu vaccine, as appropriate.

5. Fluenz Tetra® has a shorter shelf life (18 weeks) than other flu vaccines. The expiry date on the nasal spray applicator should always be checked before use. Vaccine has been ordered to cover the period over which historically the flu vaccine has been used.
6. In order to ensure sufficient supplies are ‘in-date’, delivery of this vaccine is phased across the season again this year. NHS Boards and Practices must ensure adequate vaccine supplies before organising vaccination clinics. Any issues or queries should be escalated to the Immunisation Co-ordinator within the NHS Board. If you require contact details for your NHS Board Immunisation Coordinator please email immunisationprogrammes@gov.scot

7. Annex A provides additional information on the vaccine. Annex B provides information on vaccination arrangements. Annex C provides information on the communications supporting the childhood flu programme this year.

Action

8. NHS Boards, including their primary care teams, and GP practices are asked to note and plan appropriately to implement the arrangements outlined in this letter.

9. It is important that every effort is made this year to ensure high uptake. The programme is anticipated to have sufficient vaccine procured to support this, however, ongoing and effective management at a local level is also required. NHS Boards and Primary care teams should fully consider the needs of their eligible cohorts and plan appropriately and timeously in order to successfully deliver the programme. System wide resource should be aligned to help ensure good uptake rates. We would ask that action is taken to ensure as many people as possible are vaccinated early in the season, and before flu viruses begin to circulate. The benefits of flu vaccination amongst all eligible groups should be communicated and vaccination made as easily accessible as possible.

10. We are grateful for the continuing support and co-operation of all staff in working together to implement this significant public health programme.

Yours sincerely,

Catherine Calderwood  Fiona McQueen  Rose Marie Parr

Chief Medical Officer  Chief Nursing Officer  Chief Pharmaceutical Officer
### VACCINES

11. The flu vaccines recommended by the Joint Committee on Vaccination and Immunisation (JCVI) are set out in the table below.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Type</th>
<th>Age Indication</th>
<th>Cohort</th>
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<tbody>
<tr>
<td>Fluenz Tetra®, AstraZeneca UK Ltd</td>
<td>Quadrivalent live attenuated</td>
<td>From 2 years to less than 18</td>
<td>• All children aged 2-5 (not yet at school)</td>
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<td></td>
<td></td>
<td>years of age</td>
<td>• All primary school aged children in primary 1 to primary 7</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• All children from 2 years to less than 18 years old in clinical risk groups</td>
</tr>
<tr>
<td>Quadrivalent Influenza Vaccine</td>
<td>Quadrivalent inactivated</td>
<td>From 6 months of age</td>
<td>• Children in the above cohorts aged from 2 years who are contraindicated for Fluenz Tetra®</td>
</tr>
<tr>
<td>(split virion, inactivated) Sanofi Pasteur</td>
<td>(egg based)</td>
<td></td>
<td>• Children aged 6 months to less than 2 years in a clinical risk group</td>
</tr>
<tr>
<td>Quadrivalent Influenza Vaccine</td>
<td>Quadrivalent inactivated</td>
<td>From 3 years of age</td>
<td>• Children in the above cohorts aged from 3 years who are contraindicated for Fluenz Tetra®</td>
</tr>
<tr>
<td>(surface antigen, inactivated) TetraMYL®</td>
<td>(egg based)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mylan Vaccines</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quadrivalent Influenza Vaccine</td>
<td>Quadrivalent inactivated</td>
<td>From 9 years of age</td>
<td>• Children in the above cohorts aged from 9 years who are contraindicated for Fluenz Tetra®</td>
</tr>
<tr>
<td>(surface antigen, inactivated)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flucelvax Tetra®, Seqirus Vaccines</td>
<td></td>
<td></td>
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</tbody>
</table>

**Immunisation against Infectious Disease (“The Green Book”)**

12. Chapter 19 of the Green Book contains detailed advice on the flu vaccine and associated contraindications and colleagues should ensure they are familiar with, and refer to, this before vaccinating patients. It is available at: https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19.

**Alternative vaccines for children in whom Fluenz Tetra® is unsuitable**

13. For the small proportion of children for whom Fluenz Tetra® is contraindicated, a suitable QIV should be considered.
14. Practitioners must be familiar with, and refer to, the marketing authorisation holder’s Summary of Product Characteristics (SPC) for the particular brand when administering vaccines.

15. LAIV should be ordered from vaccine holding centres as in previous years. QIV can be ordered from OM Movianto who distribute flu vaccines to practices for the adult flu vaccination programme.

**Egg allergy**

16. JCVI has advised (JCVI, 2015) that children with an egg allergy – including those with previous anaphylaxis to egg – can be safely vaccinated with LAIV in any setting (including primary care and schools). The only exception is for children who have required admission to intensive care for a previous severe anaphylaxis to egg, for whom no data are available; such children are best given LAIV in the hospital setting. LAIV remains the preferred vaccine for this group and the intranasal route is less likely to cause systemic reactions. See chapter 19 of the Green Book for further information: [https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19](https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19).

17. Children with egg allergy but who also have another condition which contraindicates LAIV should be offered a suitable quadrivalent inactivated influenza vaccine with a very low ovalbumin content (less than 0.12 micrograms/ml).

18. Children in a clinical risk group and aged under nine years who have not been previously vaccinated against influenza will require a second dose (of either LAIV or inactivated vaccine as appropriate).

19. Children over age nine years with egg allergy can also be given the quadrivalent inactivated egg free vaccine, Flucelvax® TETRA, which is licensed for use in this age group.

**Asthma**

20. JCVI have advised (2019) that, on the basis of recent data, children with asthma on inhaled corticosteroids may safely be given LAIV, irrespective of the dose prescribed.

21. LAIV is not recommended for children and adolescents currently experiencing an acute exacerbation of symptoms including those who have had increased wheezing and/or needed additional bronchodilator treatment in the previous 72 hours. Such children should be offered a suitable quadrivalent inactivated influenza vaccine to avoid a delay in protection.

22. There are limited safety data in children who require regular oral steroids for maintenance of asthma control, or have previously required intensive care for asthma exacerbation – such children should only be given LAIV on the advice of their specialist.
23. As these children may be at higher risk from influenza infection, those who cannot receive LAIV should receive a suitable quadrivalent inactivated influenza vaccine.

**Uptake rates in 2018/9**

24. It is important that every effort is made this year to ensure uptake is as high as possible.

25. The uptake rates for 2018/19 season compared to 2017/18 season are set out in the table below:

<table>
<thead>
<tr>
<th></th>
<th>2018/19</th>
<th>2017/18</th>
<th>Uptake Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-5 year olds (not yet at school) – vaccinated at GP practice</td>
<td>55.8%</td>
<td>56.9%</td>
<td>65%</td>
</tr>
<tr>
<td>School children (Primary 1 – Primary 7) – vaccinated at school</td>
<td>72.9%</td>
<td>73.0%</td>
<td>75%</td>
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</tbody>
</table>

26. Targets for this coming year's programme (2019/20) will remain the same:

- **65%** uptake for the 2-5 year olds (not yet at school) being offered immunisation primarily at GP practice. To support uptake among this group a centralised letter will be sent to all parents/carers of children in this category to invite them to take up the offer of immunisation for their child.

- **75%** uptake for the primary school aged children. A primary school pack will be sent home with each pupil, which includes information on the programme and a consent form for parents to give their consent to immunisation.

**Contractual arrangements**

27. For information on payments associated with the childhood flu vaccination programme please see the forthcoming circular from Primary Care Division, Scottish Government.

**General Information**

28. General information on the topics listed below can be found in previous communications on this vaccination programme (see [http://www.sehd.scot.nhs.uk/cmo/CMO(2014)13.pdf](http://www.sehd.scot.nhs.uk/cmo/CMO(2014)13.pdf)) These include:

- Storage
- Vaccine Stock Management
- Reporting of Adverse Events
- Monitoring Vaccine Uptake: Data Extraction
- Patient Group Directions (PGD’s are available on the Health Protection Scotland website at: [https://www.hps.scot.nhs.uk/a-to-z-of-topics/influenza/#guidelines](https://www.hps.scot.nhs.uk/a-to-z-of-topics/influenza/#guidelines))
VACCINE ARRANGEMENTS

Children to be vaccinated by GP Practices

29. Children aged under two years of age with “at-risk” conditions - GP practices continue to be responsible for vaccinating “at-risk” children aged six months to less than two years. GP practices should continue to make their usual arrangements for vaccinating those children, including call and recall.

30. All children aged two to five years including “at-risk” children in this age group who are not yet at school - GP practices will receive a list of eligible pre-school children from SIRS. GP practices can either mark the SIRS list or return a list of children vaccinated which includes their CHI numbers and addresses to SIRS. A central invitation letter will be issued to parents/carers of all pre-school children aged two to five years this year inviting them to contact their GP Practice. A number of NHS Boards and Health and Social Care Partnerships (HSCP) are piloting delivery of the flu vaccine this year to a small proportion of children. NHS Boards and HSCPs will be in touch with those GP practices. Affected GP practices continue to be responsible for vaccinating eligible children unless specifically advised by the NHS Board and HSCP.

31. Secondary school aged children and those who have left school up to age 18 years - GPs continue to be responsible for vaccinating all “at-risk” children as flu vaccine is not routinely offered at secondary schools. GPs should continue to make their usual arrangements for those children, including call and recall.

32. A small number of children receiving one dose of inactivated vaccine in primary school will require a second dose (if they have not previously had a flu vaccine) and this should be provided by GPs. These children will be identified by the school health team and advised to contact their GPs. GPs are not required to identify them pro-actively.

Children to be vaccinated by NHS Boards

All children in Primary School

33. NHS Boards are responsible for flu vaccination arrangements of all primary school aged children this coming winter. Scottish Government policy is that all primary school children (including “at-risk” children) should be offered vaccination in school whether they require the nasal vaccine or an injectable vaccine. However, it is recognised that not all NHS Boards may wish to vaccinate children in schools who require an injectable flu vaccine. Some NHS Boards may need GP support with vaccinating “at-risk” children early in the flu season to avoid “at-risk” children waiting.

National mop up arrangements (in GP Practices)

34. NHS Boards are only required to offer one vaccination slot per primary school per year. This means that children who are not vaccinated on the particular day may make an appointment with their GP to receive the vaccination (as set out in the DES). Such appointments should only be made after the school vaccination session has passed. GPs will also be able to offer vaccination to children who do not attend school for whatever reason (home-schooled, travelling community).
COMMUNICATIONS MATERIALS AND EDUCATIONAL RESOURCES

Communication materials
35. A central invitation letter and leaflet will be issued to parents/guardians of all eligible pre-school children aged two to five years week commencing 7 October 2019. A national media campaign (TV, radio, press, digital and social media) will be timed around parents receiving this communication, which will invite them to contact their GP practice. Posters, leaflets and other support materials will also be distributed to all GP practices week commencing 24 September 2019. The public should be signposted to www.nhsinform.scot/childflu for up to date information on the programme. A number of NHS Boards and HSCPs are doing pilots affecting a small proportion of children in this age group and they may undertake additional local communication as appropriate to complement national communication.

36. For NHS Boards (schools programme) consent packs will be distributed to local schools to be sent home in school bags. These packs will include a letter and leaflet for parents of primary school children as well as a consent form.

37. To support the programme in schools, NHS Health Scotland have produced a support pack that will include briefing sheets for education staff, posters, consent form guidance and an online video, You and Flu, that can be shown to children in advance of flu vaccination sessions. Posters and a cover letter will be delivered to all primary schools for the attention of the Head Teacher in accordance with the schedule agreed with child health departments within each NHS Board. The rest of the education pack materials will be available to download from Health Scotland's website at www.healthscotland.scot/flueducationpack.

38. The two to five and primary flu leaflets are available in other languages (including Polish, Mandarin and Arabic) and alternative formats (BSL, audio and Easy Read) at www.nhsinform.scot/childflu (under ‘Further Information’). NHS Health Scotland is happy to consider requests for other languages and formats. Please contact 0131 314 5300 or email nhs.healthscotland-alternativeformats@nhs.net.

Workforce educational resources for registered healthcare practitioners