SCIMP Guidance for Seasonal Influenza Vaccination Programme

Version 1.0 October 2013

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Similar to the last 3 years, for 2013-14 the seasonal flu programme provides a multivalent seasonal flu vaccine. There is no provision of a separate monovalent H1N1 vaccine. This year sees the phased introduction of routine immunisations for children with the availability of an intranasal vaccine.

This SCIMP document reflects the most up to date information available at the date below. Whilst every effort has been made to ensure the information is accurate, new developments associated with this programme may occur and may be superseded by information sent to GP practices directly by NHS Boards or CMO.

Last updated 2.10.13

1.Types of Vaccine

Most vaccines available this year are trivalent inactivated types containing two subtypes of influenza A and one of B virus. There is one quadrivalent vaccine available for the first time this year (Fluarix, from GSK), which contains an additional influenza B strain.

In addition there is a trivalent live attenuated vaccine administered intranasally, indicated for children age 24 months to <18years of age, that is shown to offer a higher level of protection for children than inactivated vaccines.

Specific information for Influenza vaccination can be obtained from chapter 19 in the book: Immunisation against Infectious Disease 'The Green Book'. This chapter gives detailed information on target groups, administration, dosages and managing patients with egg allergies. Information can be downloaded from the following link:- https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19

Information reiterating this advice and specific to Scotland was also sent to practices in the CMO letters of 20/7/13 and 11.09.12. See:-
http://www.sehd.scot.nhs.uk/cmo/CMO(2013)13.pdf
http://www.sehd.scot.nhs.uk/cmo/CMO(2013)17.pdf

2.Groups requiring vaccination

For 2013-14 the main change to the target groups is the addition of routine vaccination for 2 and 3 year old children as part of the phased introduction of vaccination for all children. In addition there may be local pilot projects to immunise other school age children, which may vary by Health board area. There are some minor changes to the codesets for the at-risk groups, including the addition of codes for organ transplants. Details of the at risk groups is given in Annex 1.

The following groups should receive the seasonal flu vaccine:-

(i) All those aged 65 years and over (born on or before 31 March 1949).

(ii) Children age 2 and 3yrs old. (date of birth on or after 2 September 2009 and on or before 1 September 2011).

(iii) All those aged over 6 months in a clinical at-risk group (see annex 1)

(iv) All pregnant women at any stage of pregnancy.

(v) Those living in long-stay residential care homes or other long-stay care facilities (this does not include prisons, young offender institutions, university halls of residence etc);

(vi) Unpaid carers and young carers. The Scottish definition of a carer is: *Someone who, without payment, provides help and support to a partner, child, relative, friend or neighbour, who could not manage without their help. This could be due to age, physical or mental illness, addiction or disability. A young carer is a child or young person under the age of 18 carrying out significant caring tasks and assuming a level of responsibility for another person, which would normally be taken by an adult.*

Note – Poultry workers are no longer eligible for seasonal influenza vaccination.

The groups are not mutually exclusive - some patients may appear in more than one group - e.g. pregnant women with additional clinical risk factors.

Front line health and social care workers whose work involves direct patient contact will also be offered vaccination.

Employers are responsible for organising vaccination arrangements for all eligible health and social care workers. NHS employed staff are the responsibility of the NHS Board, but staff directly employed by independent contractors are the responsibility of that contractor.

3. Identifying priority groups

A national marketing and awareness raising campaign will advertise the seasonal Influenza Vaccination Programme. Children in the age 2 and 3 year target group will receive personal letters sent from SGHD informing them of the new arrangements and inviting them for immunisation. Materials will be made available for Health Boards with patient and staff information leaflets and posters. Practices should use their usual methods and local arrangements for advertising, targeting and promoting the Vaccination Programme. In particular they are asked to use their own call / recall systems for invitation letters to the target groups.

Fluenz® has a shorter shelf life (18 weeks) than other influenza vaccines and some of this will have passed by the time the vaccine has been supplied to practices. Vaccine has been ordered to cover the period over which historically the flu vaccine has been used, extending from September to mid-December. All the Fluenz® will have expired by 16th January 2014. In the light of this it will be important to ensure that efforts are made to vaccinate children before the Christmas holidays.

3.1 Clinical Risk Groups

These cover patients aged 6 months and above with the following conditions:-

- Chronic Respiratory disease, including asthma
- Chronic Heart Disease,
- Chronic Kidney Disease

- Chronic Liver Disease
- Chronic Neurological Disease
- Diabetes
- Immunosuppression
- Asplenia or dysfunction of the spleen
- Pregnant women

For a more detailed description of the conditions included in the above risk areas see Annex 1.

> 'The Green Book' also states:- 'the medical practitioner should apply clinical judgement to take into account the risk of influenza exacerbating any underlying disease that a patient may have, as well as the risk of serious illness from influenza itself. Trivalent influenza vaccine should be offered in such cases even if the individual is not in the clinical risk groups specified above. 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.'.

A list of Read codes to define patients with each of these conditions has been finalised by the Primary Care Information Service (PRIMIS+) for the Department of Health. This list is reviewed yearly and for the 2013-14 season there are some minor changes to the codes for the disease areas. Notably codes for organ transplants (heart, lung, liver, kidney) have been included. The list is available from the SCIMP website. Software systems have been asked to integrate these codes into their searches and audits.

NOTE – it is possible that there may be discrepancies in patients who are picked up by the PRIMIS+ searches as requiring influenza vaccination at the start of the vaccination period compared with PRIMIS searches performed later in the programme. This may also depend on the other audits provided by your system. These differences may occur because:-

1. For asthma and immunosuppressed patients, searches depend on medication prescribed within a set time period of the search date. Patients may therefore be removed or added to the results later in the vaccination period.
2. New diagnosis of one of the chronic disease areas will add patients to the results.
3. Patients newly registering or de-registering with the Practice will be added or removed.

It is advisable that Practices perform their in-house audits at several periods during the vaccination period and don't solely rely on initial lists.

In recent years there have been some concerns that uptake rates collected for those under the age of 65 in at-risk groups and reported by HPS may not have reflected uptake rates as determined locally by GP Practices. There are a number of reasons why uptake rates may differ in this way. In particular the national extracts are written

by system suppliers to the rules defined by PRIMIS and are complex searches which take into account a combination of factors (age, prescribed medication, patient registration, recorded codes) against specified dates/points in time. It would be very difficult for an individual GP practice to re-create these searches and to achieve the same results. If staff need to query the outputs produced by practice system reports then normal local IT support processes via your health board should be used to raise a query.

Immunosuppressed patients. – These are detected either by having a prescription for medication that may cause immunosuppression, or by Read codes, as detailed in the PRIMIS+ list (see link from SCIMP website).

For many patients, especially those undergoing chemotherapy or significant radiotherapy, the indication for flu vaccination may be temporary and their medication may not be prescribed in Primary care. In addition concepts such as "immune suppression by a daily dose of 20mg prednisolone" cannot be meaningfully detected by the current system suppliers.

This group in particular therefore may not be accurately represented by IT system searches and will need clinical assessment to identify patients separately.

Identification could be:-

- By notification from secondary care specialists
- If patients are coded as receiving chemotherapy, then searching for this within the last 6 months will generate a list to be reviewed.
- By discussion with GP's, practice and district nursing staff and phlebotomists.

In addition it would be sensible for Practices to add the following code to these patients record so that they will be identifiable both for HPS surveillance and by the Practice for payment purposes. As for 2012-13, the most appropriate PRIMIS+ code to use is:-

2J30. Patient immunocompromised.

However there is also a new Read code introduced into the PRIMIS list that may be considered :-

2J31. Patient immunosuppressed

3.2 Pregnant Women

Information and clinical guidance on vaccination in pregnancy and during breast feeding is available within the Influenza chapter in the "Green Book" (Immunisation against infectious diseases) through the following link:-

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/239268/Green_Book_Chapter_19_v5_2_final.pdf

Practices will need to identify women who are currently pregnant to offer them vaccination.

Primis+ have defined codes and searches that may be used by the IT systems to help identify pregnant patients. These will initially look for a 'pregnant' code recorded between 1.1.13 and 31.8.13, removing those that have a most recent 'delivery code' to identify those still pregnant on 31.8.13. The search then looks for those with a code between 1.9.13 to 31.1.14 for those who become pregnant during the vaccination season.

However, depending on how pregnancy is coded by the practice and the local arrangements for pregnancy care, electronic searches may not be the most efficient method to identify pregnant women.

Pregnant patients who are also in one of the clinical risk groups will be picked up through the routine searches. Other pregnant women may only be known to Board maternity services and some only known to their registered GP practice and liaison between the services will be required to ensure complete identification of pregnant women as they come forward for antenatal care.

- Frequent liaison between Practice and local maternity services may be the simplest method for keeping a list of those known to be pregnant.

- If Practices routinely use SCI Gateway or Read code their referrals to Ante-natal services, a list could be generated by searching for these over the last 9 months and excluding those who are no longer pregnant.

Pregnancy recording using Read codes is highly variable between Practices and the usefulness of these searches to each Practice will depend on their use of appropriate Read coding.

For all of the methods above, the process will need to be repeated frequently to exclude those who have been vaccinated and include anyone who is newly pregnant or newly registered with the Practice.

It is important that Practices manually review recall lists to exclude patients who are no longer pregnant before inviting them for vaccination. This is especially important to avoid inviting women who have miscarried, suffered a stillbirth or premature delivery, to avoid unnecessary distress.

Once a list is generated it is recommended that Practices code all pregnant patients using code:-

62... Patient pregnant

and, where possible, dating this as the first time the patient was known to be pregnant. **This should be done for all patients at the time they are identified and**

irrespective of whether they receive vaccination or not. To enable call and recall of these patients, reporting of vaccine uptake and identification for payment purposes.

In addition it would be good practice for Practices to code pregnancy outcomes which may help the Practice in their on-going review of recall lists. The Primis+ list gives outcome codes that will be detected by the software system searches.

Given that this is a particularly vulnerable cohort to be vaccinated it is important to have a record of all those pregnant women who have been offered vaccination but declined it. The relevant Read code is:

9OX51 Seasonal influenza vaccination declined

Code 9OX51 is a read code newly released in 2012 that is also acceptable for QOF indicators if appropriate. The previously used code 9OX5. is no longer recognised for QOF.

(see also below **Section 5** on **Exception Coding**)

Practices are also encouraged to re-invite pregnant women who may have initially declined vaccination, or not responded to invitations, in order to allow them to re-consider.

3.3 Non-registered Practice staff

Where Practices vaccinate their own staff, the registered GP should be informed of the vaccination for entry into the staff member's clinical record.

4. Recording of patient invitations

It is recognised that Practices will use a variety of methods to invite the appropriate patients for Seasonal Influenza vaccination. Research has shown that invitation by way of a letter from the practice can have a measurable impact on uptake. Where Practices choose to send invitation letters they may wish to record that a first / second letter has been sent. The suggested codes for seasonal flu immunisation letters are:-

9OX6. Influenza vaccination invitation letter sent
9OX9. Influenza vaccination invitation first letter sent
9OXA. Influenza vaccination invitation second letter sent
9OXB. Influenza vaccination invitation third letter sent

Please note that there is no requirement for Practices to record the sending of invitation letters and this would be purely for the Practices own administration purposes.

5. Coding of vaccinations given

Practices should follow normal procedures to assess and consent patients for vaccination prior to administration. Practices are not required to obtain written consent for adults but may choose to obtain it, and to record consent in the electronic record, for children and vulnerable adults using code below:-

68NV. Influenza vacc consent given

For the administration of the seasonal trivalent vaccine, it is suggested that practices record this into the patient's record using ne of the following codes:-

65ED. Seasonal influenza vaccination
65ED1 Admin. of first intranasal seasonal influenza vaccination
65ED3 Admin. of second intranasal seasonal influenza vaccination

Codes 65ED1 and 65ED3 are new codes in the October 2013 Read code release so may not immediately be available in read Code browsers. If not, alternative codes that can be used are:-

65EE0 Administration of first intranasal influenza vaccination
65EE1 Administration of second intranasal influenza vaccination

Note that 65ED. is a different code from those recommended in 2011-12 (was 65E...or ZV048). Code 65ED. was released in 2012 and is also acceptable for QOF indicators if appropriate. Codes 65E.. and ZV048 are no longer recognised for QOF although will be detected for flu vaccination surveillance as they are included in the PRIMIS list.

For housebound patients vaccinated by community nursing staff, Practices should also record using codes as above. Use of the above codes will also make it easier for you to identify patients for payment purposes.

As there is no longer any indications for administration of the H1N1 monovalent Influenza vaccination, Practices are advised not to use the 'old' Read pandemic codes which were advised for the 2009-10 and 2010-11 vaccination programmes.

For all influenza vaccinations, it is important to record batch number and expiry date + the site of the injection according to how your system supplier recommends this. This information may be needed in the event of adverse reactions to the vaccination. Some systems may enable a global 'batch entry', where all your supplies have the same batch number.

5.1 Vaccinations given elsewhere

If the vaccination has been given by a third party, an alternative code should be used. This should specifically be used for frontline health and social care workers

who have been vaccinated out with their registered practice, if you are made aware of this.

65E20 Seasonal influenza vaccination given by other healthcare provider
65ED0 Seasonal influenza vaccination given by pharmacist

Note that 65E20. is a different code from those recommended in 2011-12 (was 65E2..). Code 65E20 was released in 2012 and is also acceptable for QOF indicators if appropriate. The previously used code 65E2. is no longer recognised for QOF although will be detected for flu vaccination surveillance as it is included in the PRIMIS list..

Other new codes that may be used are listed below. However these are currently not detected for QOF (v26)

65ED2 Seasonal influenza vaccination given while hospital inpatient
65E21 First Intranasal seasonal influenza vaccination given by other healthcare provider
65E22 Second Intranasal seasonal influenza vaccination given by other healthcare provider

Note - This coding should only be used for patients who do not attract a payment for the Practice.

As there is no longer any indications for administration of the H1N1 monovalent Influenza vaccination, Practices are advised not to use the 'old' Read pandemic codes which were advised for the 2009-10 and 2010-11 vaccination programmes.

6. Exception Coding

There are specific 'exception' codes for seasonal and pandemic flu vaccinations. These are:-

8I2F0 Seasonal influenza vaccination contraindicated
9OX51 Seasonal influenza vaccination declined
68NE. No consent - influenza imm
9OX52 First intranasal influenza vaccination declined
9OX53 Second intranasal influenza vaccination declined

Note that codes 8I2F0 and 9OX51 are different codes from those recommended in 2011-12 (was 8I2F. and 9OX5.). Codes 8I2F. and 9OX5. are no longer recognised for QOF although will be detected for flu vaccination surveillance as they are included in the PRIMIS list.

For advice on patients with allergies to eggs or previous reported allergies to seasonal influenza vaccination please refer to Chapter 19 of the Green book available to download from:–

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_079917

Patients who have previously declined Seasonal Flu Vaccination or H1N1 vaccination should still be offered the trivalent Influenza vaccination for this year.

6.1 Adverse reaction to Influenza vaccination

It is recommended that allergy to any Influenza vaccine (including specific H1N1 vaccines given previously) is coded using one of the following:-

ZV14F [V]Personal history of influenza vaccine allergy
14LJ. H/O: influenza vaccine allergy
U60K4 [X]Influenza vaccine causing adverse effects in therapeutic use

You should follow your systems usual processes for the recording of allergies and linking to prescriptions.

7. Data extraction of vaccination uptake

Data extraction software to report on uptake of vaccination for the 2013-14 programme remains the same as for the 2012-13 season. This will continue to send anonymised data on uptake by age group and clinical risk group to Health Protection Scotland (HPS). No patient identifiable data will be extracted and the information is sent automatically via e-links on a weekly basis. This will enable HPS to monitor the programme and provide useful information when evaluated in combination with flu prevalence figures. Further information or changes to this programme will be communicated from the CMO.

For the 2 and 3yr old cohort, practices will receive a list of eligible pre-school children from SIRS. They will be required to return a list of children vaccinated back to SIRS either by marking their list or creating a new one containing CHI numbers and addresses.

At the end of the calendar year 2013, **GP practices are requested to send to Practitioner Services Division (PSD) a single figure for the total number of children who are in eligible groups within their practice area as part of their immunisation payment claim (Item of Service). This information should be submitted by 31 March 2014.** These groups will be 2 and 3 year old children (combined) not in any clinical at risk group and separately 2 and 3 year old children (combined) in clinical at risk groups.

Annex 1

Clinical Risk Groups 2013/14

Further guidance on the list of eligible groups and guidance on administering the seasonal flu vaccine, can be found in the updated influenza chapter of the Green Book: Immunisation against infectious disease, available at the following link: https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19

ELIGIBLE GROUPS	FURTHER DETAIL
All patients aged 65 years and over	
Children age 2 and 3	
Chronic respiratory disease aged six months or older ***see precautions section on live attenuated influenza vaccine***	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 atresia, chronic hepatitis
Chronic neurological disease aged six months or older	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 or severe learning disability.
Diabetes aged six months or older	Type 1 diabetes, type 2 diabetes requiring insulin or oral hypoglycaemic drugs, diet controlled diabetes.
Immunosuppression aged six months or older ***(see contraindications and precautions section on live attenuated influenza vaccine)***	Immunosuppression due to disease or treatment, including patients undergoing chemotherapy leading to immunosuppression, bone marrow transplant, HIV infection at all stages, multiple myeloma or genetic disorders affecting the immune system (e.g. IRAK-4, NEMO, compliment deficiency) 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 influenza and should be offered influenza

	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.
Asplenia or dysfunction of the spleen	This also includes conditions such as homozygous sickle cell disease and coeliac syndrome that may lead to splenic dysfunction.
Pregnant women ***see precautions section on live attenuated influenza vaccine***	Pregnant women at any stage of pregnancy (first, second or third trimesters).

Note: _ Poultry workers are no longer included as an at-risk group requiring seasonal Influenza vaccination.

The seasonal flu vaccine should be offered to the eligible groups set out in the table above. 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. Trivalent seasonal flu vaccine should be offered in such cases even if the individual is not in the clinical risk groups specified above.

Consideration should be given to the vaccination, with inactivated vaccine, 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.

In addition other groups should be considered

- health and social care staff directly involved in the care of their patients or clients
- 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 prisons, young offender institutions, university halls of residence etc.)
- those who are in receipt of a carer's allowance, or those who are the main carer of an elderly or disabled person whose welfare may be at risk if the carer falls ill.
- others involved directly in delivering health and social care such that they and vulnerable patients/clients are at increased risk of exposure to influenza

Annex 2

Contra-indications and Precautions for intranasal Flu vaccination

- Fluenz® should not be given to children less than 2 years of age or in individuals aged 18 years and above.
- Fluenz® should not be given to those who have had a confirmed anaphylactic reaction to a previous dose of flu vaccine or any component of the vaccine. www.scotland.gov.uk
- Fluenz® should not be given to children or adolescents who are clinically severely immunodeficient due to conditions or immunosuppressive therapy such as: acute and chronic leukaemias; lymphoma; HIV infection not on highly active antiretroviral therapy (HAART); cellular immune deficiencies; and high dose corticosteroids. It is not contraindicated for use in children or adolescents with HIV infection receiving stable antiretroviral therapy; or who are receiving topical/inhaled corticosteroids or low-dose systemic corticosteroids or those receiving corticosteroids as replacement therapy, e.g. for adrenal insufficiency. It is contraindicated in children and adolescents younger than 18 years of age receiving salicylate therapy because of the association of Reye's syndrome with salicylates and wild-type influenza infection. Further information on dosage, administration, concomitant administration with other vaccines, contraindications, consent and reporting of adverse reactions is set out in the relevant chapter of the Green Book: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/239268/Green_Book_Chapter_19_v5_2_final.pdf
- Fluenz® should not be given to children with egg allergy. There are no data on the use Fluenz® in children with egg allergy.
- Fluenz® is not recommended for children with active wheezing at the time of vaccination or severe asthma (BTS SIGN step 4 or above) because of limited safety data in these groups.
- There is a potential for transmission of live attenuated influenza virus in Fluenz® to very severely immunocompromised contacts (e.g. bone marrow transplant patients requiring isolation) for one to 2 weeks following vaccination. Where close contact with very severely immunocompromised patients (for example household members) is likely or unavoidable, appropriate alternative inactivated influenza vaccines should be considered. The advice in contraindications and precautions sections in the Green Book influenza chapter should be referred to: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/239268/Green_Book_Chapter_19_v5_2_final.pdf
- For the small proportion of children for whom Fluenz® is contraindicated, a suitable inactivated injected flu vaccine should be considered if these children are aged 6 months to less than 9 years and have not received flu vaccine before, 2 doses of the injected inactivated vaccine should be offered (given at least 4 weeks apart).

Annex 3

Flowchart to determine type of vaccine and dose.

Chart reproduced from Green Book 20

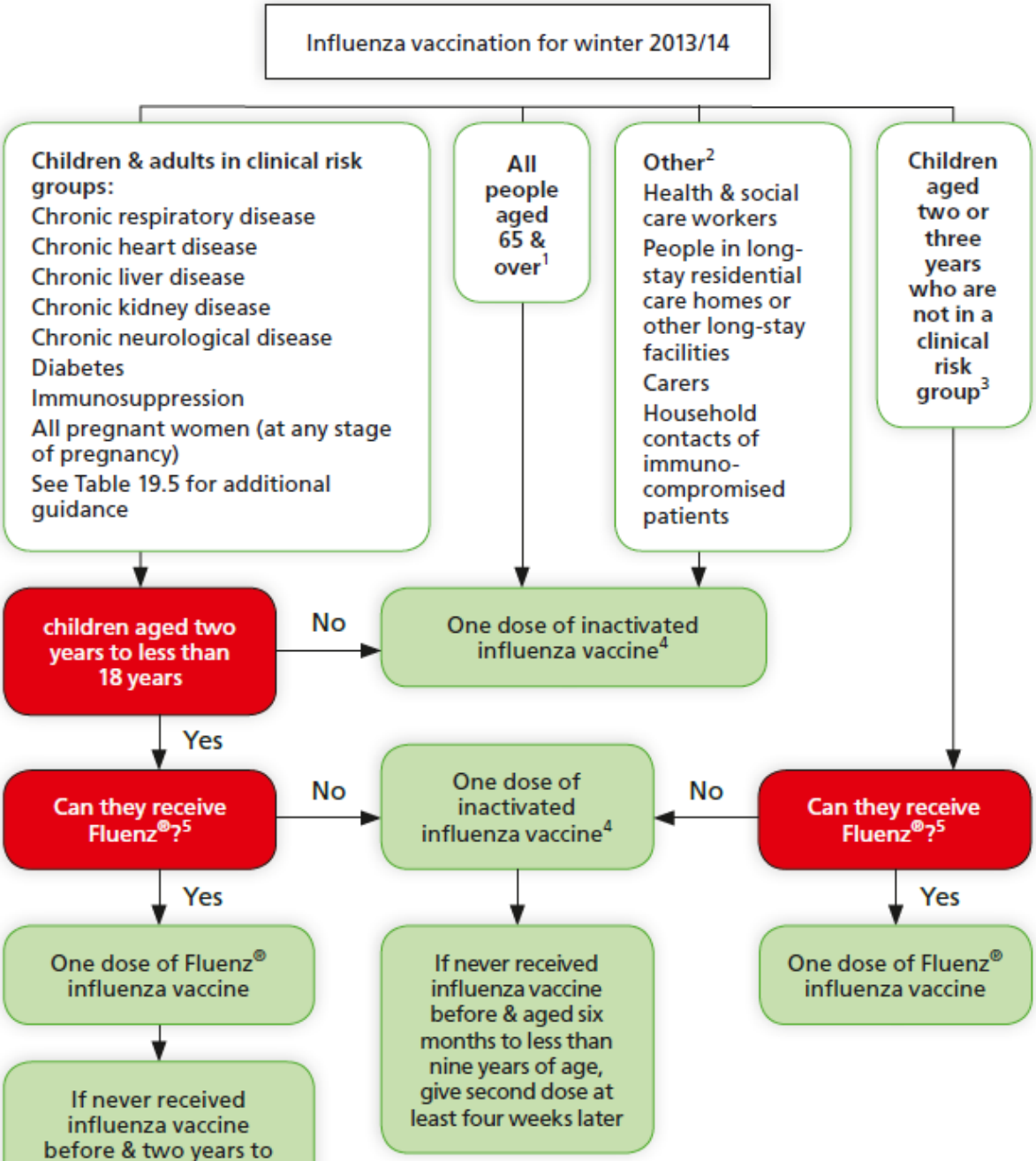

Figure 19.2: Chart summarising the advice on influenza vaccination for the 2013/14 influenza vaccination programme. This chart should be read in conjunction with the contraindications and precautions sections and also Table 19.6 that gives details about the age indications for influenza vaccines.

1 all those aged 65 years or older including all those aged 65 years on or before 1 March 2014

2 follow additional guidance from UK health departments

3 all children aged two or three years (but not four years or older) on or before 1 Sept 2013

4 if quadrivalent inactivated vaccine available, consider for **children age three years and older only.**

If quadrivalent unavailable, offer suitable trivalent inactivated influenza vaccine. See table 19.6 which lists the vaccines that can be used in young children - **some are not suitable for young children.**

5 cannot receive if: under age of two years; 18 years and older; have severe asthma (BTS SIGN step 4 or above); active wheezing at time of vaccination; egg allergy; certain immunodeficiencies; or pregnant - see contraindications and precautions for full list.