

SCIMP Guidance for Seasonal Influenza Vaccination Programme

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Similar to the last 3 years, for 2015-16 the seasonal flu programme provides a multivalent seasonal flu vaccine. There is no provision of a separate monovalent H1N1 vaccine. For the routine immunisation of children, this year's programme is the same as last year with the exception that anyone who missed vaccination at school can receive it at their GP practice.

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been made to ensure the information is accurate, new developments associated with this programme may occur and may be superseded by information sent to GP practices directly by NHS Boards or CMO.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 26.8.15

1.Types of Vaccine

Vaccines available this year are either a trivalent inactivated type containing two subtypes of influenza A and one of B virus or a quadrivalent inactivated type which contains an additional influenza B strain.

There is also an intranasal vaccine for children which is a quadrivalent live attenuated vaccine, indicated for children age 24 months to <18years of age. This vaccine has been shown to offer a higher level of protection for children than inactivated influenza 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, cautions and contraindications, and managing patients with egg allergies. Information can be downloaded from the following link:-

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/456568/2904394_Green_Book_Chapter_19_v10_0.pdf

Note that a patch to the green book has been published (28.8.15) making ammendments to the previous publication:-

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/456569/Green_Book_Chapter_19_Patch_v10_0.pdf

Information reiterating this advice and specific to Scotland was also sent to practices in the CMO letters:-

10.7.15 [http://www.sehd.scot.nhs.uk/cmo/CMO\(2015\)12.pdf](http://www.sehd.scot.nhs.uk/cmo/CMO(2015)12.pdf)

10.7.15 (Children) [http://www.sehd.scot.nhs.uk/cmo/CMO\(2015\)13.pdf](http://www.sehd.scot.nhs.uk/cmo/CMO(2015)13.pdf)

2.Groups requiring vaccination

For 2015-16 the main change to the target groups is the addition of morbid obesity (BMI=>40) to the 'at risk' groups. Two to five year olds (born 2/9/09 to 1/09/13) who are not yet attending school are to be vaccinated by GP services. Health Boards will be arranging vaccination of all primary school children. There are some changes that may affect GP practices for the childhood vaccinations in that primary school children who miss their session for immunisation at their school can now be immunised by their practice. There are some other minor changes to the codesets for the at-risk groups, mainly for the codes to detect women who are pregnant. 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 1951).

- (ii) Children age 2 to 5yrs old and not yet in school. (date of birth on or after 2 September 2009 and on or before 1 September 2013).
- (iii) Primary School children P1 – 7 (done through School, not GP, this includes those 4 and 5 year olds already in school). If they miss their school session then can present to GP for vaccination.
- (iv) All those aged over 6 months in a clinical at-risk group (see annex 1). Children aged six months to under nine years who are in clinical risk groups and have not received influenza vaccine previously should be offered a second dose of vaccine
- (v) All pregnant women at any stage of pregnancy.
- (vi) 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);
- (vii) 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.
- (viii) 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.

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.

3. Identifying priority groups

A national media campaign (radio, press, digital, social media) will run from 1 October 2015 until 31 March 2016.

Materials will be made available for Health Boards with patient and staff information leaflets and posters. www.immunisationscotland.org.uk

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

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
- Morbid Obesity (BMI \geq 40)

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

'The Green Book' also states:- 'The list above is not exhaustive, and the medical practitioner should apply clinical judgment 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. Influenza vaccine should be offered in such cases even if the individual is not in the clinical risk groups specified above. Vaccination should also be offered to 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 2015-16 season there are some changes to the codes for the disease areas. The full list of

PRIMIS codes 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 years and 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 previous years, the most appropriate PRIMIS+ code to use is:-

2J30. Patient immunocompromised.

However there is also an alternative Read code introduced into the PRIMIS list in 2013 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/456568/2904394_Green_Book_Chapter_19_v10_0.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 1.1.15 and 31.8.15, removing those that have a most recent 'delivery code' to identify those still pregnant on 31.8.15. The search then looks for those with a code between 1.9.15 to 31.1.15 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 for 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:

90X51 Seasonal influenza vaccination declined

(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 one 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 were new codes made available from October 2013. There are other codes that can be utilised (see Primis Code list on SCIMP website).

For housebound patients vaccinated by community nursing staff, Practices should also record these 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. The Green book also advised recording of vaccine name and product name. This information should be available from your supplier. 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 outwith 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

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

65E24 First intramuscular seasonal influenza vaccination given by other healthcare provider

65E23 Second intramuscular 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 flu vaccinations. These are:-

8I2F0 Seasonal influenza vaccination contraindicated

9OX51	Seasonal influenza vaccination declined
68NE0	No consent for seasonal influenza vaccination
9OX54	First intranasal seasonal influenza vaccination declined
9OX56	Second intranasal seasonal influenza vaccination declined

Note that codes 9OX52 (First intranasal influenza vaccination declined) and 9OX53 (Second intranasal influenza vaccination declined) that were recommended for use last year, are no longer acceptable for QOF. They have been replaced by 9OX54 and 9OX56.

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

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/456568/2904394_Green_Book_Chapter_19_v10_0.pdf

Patients who have previously declined Seasonal Flu Vaccination or H1N1 vaccination should still be offered the 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 or an adverse reaction and linking to prescriptions.

7. Data extraction of vaccination uptake

Data extraction software to report on uptake of vaccination for the 2015-16 programme remains the same as for the 2014-15 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 to 5yr 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.

Practices will be asked by PSD to submit denominator figures for:-

- 1) <65 years at risk (which should include those 2-5yrs who have a “clinical” at risk status)
- 2) Children in 2-5yrs age range not in a clinical at risk group

Annex 1

Clinical Risk Groups 2015/16

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/uploads/system/uploads/attachment_data/file/456568/2904394_Green_Book_Chapter_19_v10_0.pdf

ELIGIBLE GROUPS	FURTHER DETAIL / EXAMPLES (not exhaustive and decisions should be based on clinical judgement)
All patients aged 65 years and over	Sixty-five and over” is defined as those aged 65 years and over on 31 March 2016 (i.e. born on or before 31 March 1951).
Pre-school children age 2 – 5years + all Primary School children in P1-7	
Chronic respiratory disease (age 6months 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 (age 6months 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 (age 6months or older)	Chronic kidney disease at stage 3, 4 or 5, chronic kidney failure, nephritic syndrome, kidney transplantation.
Chronic liver disease (age 6months or older)	Cirrhosis, biliary atresia, chronic hepatitis, chronic hepatitis from any cause such as Hepatitis B and C infections and other non-infective causes
Chronic neurological disease (age 6months 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 offer immunisation, based on individual assessment, to clinically vulnerable individuals including those with cerebral palsy, learning disabilities, 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 (age 6months or older)	Type 1 diabetes, type 2 diabetes requiring insulin or oral hypoglycaemic drugs, diet controlled diabetes.
Immunosuppression (age 6months or older) <i>(see contraindications and precautions section in Green Book on live attenuated influenza vaccine)</i>	Immunosuppression due to disease or treatment. Patients undergoing chemotherapy leading to immunosuppression, bone marrow transplant. HIV infection at all stages, multiple myeloma or genetic disorders affecting the immune system eg IRAK-4, NEMO, complement 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 immuno suppression 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. 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).
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 <i>see precautions section in Green Book on live attenuated influenza vaccine</i>	Pregnant women at any stage of pregnancy (first, second or third trimesters).
Morbid obesity (class III obesity)* (age 6months or older)	Adults with a Body Mass Index $\geq 40 \text{ kg/m}^2$ * Many of this patient group will already be eligible due to complications of obesity that place them in another risk category
People in long-stay residential care Or homes	Vaccination is recommended for people in long-stay residential care homes or other long-stay care facilities where rapid spread is likely to follow the introduction of infection, and cause high morbidity and mortality. This does not include, for instance, prisons, young offender institutions, university halls of residence etc.
Unpaid Carers and young carers	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.
Health and social care staff	Health and social care workers who are in direct contact with patients/service users should be vaccinated by their employers as part of an occupational health programme.

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. The list above is not exhaustive, and 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. Influenza vaccine should be offered in such cases even if the individual is not in the clinical risk groups specified above.

ANNEX 2.

Supplier	Name of product	Vaccine type	Age indications
Astra Zeneca	Fluenz Tetra®▼	Live attenuated, nasal	Children and adolescents from 24 months to under 18 years?
GlaxoSmithKline	Fluarix® Tetra▼	Inactivated	From 3 years
MASTA	Agrippal®	Inactivated	From 6 months
	Influvac®	Inactivated	From 6 months
	Imuvac®	Inactivated	From 6 months
	Inactivated Influenza Vaccine (Split Virion) BP®	Inactivated	From 6 months
Novartis Vaccines	Agrippal®	Inactivated	From 6 months
	Optaflu®	Inactivated	From 18 years
Mylan (formerly Abbott Healthcare)	Influvac®	Inactivated	From 6 months
	Imuvac®	Inactivated	From 6 months
Pfizer Vaccines	Bio CSL generic Influenza Vaccine®	Inactivated	From 9 years*
	Enzira®	Inactivated	From 9 years*
Sanofi Pasteur MSD	Inactivated Influenza Vaccine (Split Virion) BP®	Inactivated	From 6 months
	Intanza® 9 µg	Inactivated	From 18 years - 59 years
	Intanza® 15 µg	Inactivated	From 60 years

* as outlined in Green Book influenza chapter rather than licensed indications.