

SCIMP Guidance for Seasonal Influenza Vaccination Programme

Version 1.1 October 2017

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the information is accurate, new developments associated with this programme may occur and the information may be superseded by information sent to GP practices directly by NHS Boards or CMO.

Last updated 3 Oct 2017

References

Detailed information about influenza immunisation can be found in Chapter 19 of the Green Book (Immunisation against Infectious Disease): **This is worth having available for ease of reference in the immunisation clinic**

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/456568/290439_4_Green_Book_Chapter_19_v10_0.pdf

The programme for adult immunisation is covered in the CMO letter:

[http://www.sehd.scot.nhs.uk/cmo/CMO\(2017\)11.pdf](http://www.sehd.scot.nhs.uk/cmo/CMO(2017)11.pdf)

The programme for immunisation of children is contained in the CMO letter:

[http://www.sehd.scot.nhs.uk/cmo/CMO\(2017\)12.pdf](http://www.sehd.scot.nhs.uk/cmo/CMO(2017)12.pdf)

The Influenza and Pneumococcal DES is available at

[http://www.sehd.scot.nhs.uk/pca/PCA2017\(M\)02.pdf](http://www.sehd.scot.nhs.uk/pca/PCA2017(M)02.pdf)

1. Types of Vaccine – listed at Annex 2

Injectable vaccines available this year contain inactivated strains of 3 or 4 influenza strains. The ordering system is as last year – all orders are through a single company, OM Movianto – see <http://www.psd.scot.nhs.uk/flu-vaccine-distribution.html>

The intranasal vaccine for children is a live attenuated vaccine also containing four strains – this has been shown to offer a higher level of protection for children than inactivated influenza vaccines. The ordering system for these is the same as last year by local arrangements through Health Boards.

Note that this vaccine has a short shelf life so you should aim to have completed its use by Christmas.

Some vaccines contain low levels of ovalbumin and can be used for those with egg allergy. See the Green Book for advice on this. A table showing the ovalbumin content of this year's vaccines is here:

<https://www.gov.uk/government/publications/influenza-vaccine-ovalbumin-content>

2. Groups requiring vaccination

There has been no change to the groups to be offered vaccination this year.

Children in primary school should be offered vaccination at school – they will get one appointment and if they miss that GPs will 'mop-up'. In remote areas (eg islands) GPs will give the vaccination.

Practices will offer vaccination to everyone else eligible.

The following groups should receive the seasonal flu vaccine:-

- (i) All those aged 65 years and over by 31 March 2018 (born on or before 31 March 1953).
- (ii) people aged from 6 months to less than 65 years of age with a serious medical condition (see below & Annex 1).
- (iii) pregnant women (including those who become pregnant during the flu season)
- (iv) children aged two, three, four or five years on 1 Sep 2017.

- (v) children of primary school age (P1-P7)
- (vi) people living in long-stay residential care homes
- (vii) unpaid and young carers
- (viii) the morbidly obese (BMI ≥ 40 kgm⁻²)
- (ix) others (clinical judgement applies)
- (x) household contacts of immunocompromised individuals may also merit immunisation

NB: health and social care staff with direct patient contact should be offered immunisation through their employers

3. Publicity & Recall

As in previous years the Scottish Government will arrange for a call-up letter to be sent to all those who will be aged 65 years and over on 31 March 2018. These letters will be delivered in the fortnight commencing 25 September 2017.

A national media campaign (radio, press, digital, social media) will run from 1 October 2017 until 31 March 2018. Information leaflets and posters will be made available via Health Boards. Leaflets about child immunisation, in various languages, are available here:

<http://www.immunisationscotland.org.uk/vaccines-and-diseases/seasonalflu/childflu.aspx>

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.

4. Identifying priority groups

- a. **Clinical Risk Groups**. These include patients aged 6 months and above with the following conditions:-

- Chronic Respiratory disease
- 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 ≥ 40)

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

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 has been reviewed and some changes made for the 2017-18 season. The full list of PRIMIS codes is available from the [SCIMP website here](#). This is the list used for reporting. System suppliers have been asked to integrate these codes into their searches and audits.

b. Variation throughout the Flu Season

It is likely that searches will identify different patients as the flu season progresses. These differences may occur because:-

- 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.
- New diagnosis of one of the chronic disease areas will add patients to the results.
- Patients newly registering or de-registering with the Practice will be added or removed.

Practices should therefore perform their in-house searches on several occasions during the vaccination period and not rely solely on initial lists.

- c. Variation between searches. In recent years small discrepancies have been noted between the numbers identified by practice searches, national searches for reporting and national searches for payment.

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 recreate these searches exactly and thus achieve the same results. Discrepancies should be minor but if practices have concerns over the outputs produced by practice system reports then normal local IT support processes via the Health Board should be used to raise a query.

5. Coding - Clinical

For ease of printing the codes recommended below are collated in Annex 3.

Normal clinical coding should allow practice systems to pick up patients from most of the at risk groups without difficulty. However, identifying patients who are pregnant or immunosuppressed from the multitude of codes that may be used poses particular problems. **If practices wish to rationalise their coding to ensure accurate identification and reporting then we recommend that they use Read v2 codes from the list at Annex 3.**

a. Immunosuppression

The concept of immune suppression is technically difficult to represent.

- For many patients, especially those undergoing chemotherapy or significant radiotherapy, the indication for flu vaccination may be temporary and clinical assessment may be required.
- The concept of "immune suppression by a daily dose of 20mg Prednisolone" cannot be meaningfully represented by the current system suppliers.
- Although a drug list has been defined for immunosuppression, some may be obsolete or not given in Primary Care and so not be detected by system searches.

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

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 GPs, nurses and phlebotomists.

Once identified, practices should code these patients' records so that they will be identifiable for surveillance and payment purposes. Two potential Read codes are available:

2J30. Patient immunocompromised.

2J31. Patient immunosuppressed

b. Pregnancy

National searches for pregnancy will initially look for a 'pregnant' code recorded between 1 Jan 17 and 31 Aug 17, then remove those that have a more recent 'delivery code' to identify those still pregnant on 31 Aug 17. The search then looks for those with a 'pregnant' code between 1 Sep 2017 and 31 Jan 2018 to identify those who have become pregnant during the vaccination season.

This only works if pregnancy and delivery are meticulously coded. However, 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. Electronic searches may not be the most efficient method to identify pregnant women.

Some pregnant women may only be known to Board maternity services and some only to their registered GP practice. 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.
- Practices which routinely use SCI Gateway, or Read code their referrals to ante-natal services, could identify women by searching for these over the last 9 months and excluding those who are no longer pregnant.

These processes 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.

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

Once a list is generated we recommended that Practices code all pregnant patients using the code:

62... Patient pregnant, dating this at the first date 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, in order 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 will help their on-going review of recall lists. Suggested outcome codes that will be detected by the national searches are at Annex 3.

c. Morbid Obesity in children

The BMI codes **22K1. to 22KE.** have been removed from the specification this year in favour of the BMI centile codes **22K9%**, which provide a truer assessment of obesity in children. The only code selected to indicate morbid obesity in children is now...

22K9J Child Body Mass Index greater than 99.6th centile

6. Coding – Invitations

Practices will use a variety of methods to invite patients for seasonal influenza vaccination. Research has shown that invitation by way of a letter from the practice can improve uptake. Where practices choose to send invitation letters they may wish to record that these have been sent. The suggested codes for seasonal flu immunisation letters are:-

90X6. Influenza vaccination invitation letter sent
90X9. Influenza vaccination invitation first letter sent
90XA. Influenza vaccination invitation second letter sent
90XB. Influenza vaccination invitation third letter sent

Note that there is no requirement for practices to record the sending of invitation letters and this would be purely for practices' own administrative purposes.

7. Coding – 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. Consent for children and vulnerable adults should be recorded using the code:

68NV. Influenza vacc consent given

A variety of influenza vaccination codes exist but, for the administration of the seasonal vaccine, we suggest that practices use 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**

Note that these codes should also be used for patients vaccinated by community nursing staff. Use of these codes will make it easier to identify patients for payment purposes.

In all cases the vaccine name, batch number, expiry date and the site of the injection should be recorded 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.

8. Coding - Vaccinations given elsewhere

If the vaccination has been given by a third party, an alternative code should be used. **Practices cannot claim payments for these vaccinations.**

- 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**

NB: 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.

9. Coding - Exceptions

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**

10. Coding - Adverse reactions

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.

Clinical Risk Groups 2017 - 18

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/456568/290439_4_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 2018 (i.e. born on or before 31 March 1953).
Pre-school children age 2 – 5years + all Primary School children in P1-7	Aged 2 or above on 1 Sep 2017. Age 2-5 done in practices. P1-P7 done at school.
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 6 months 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 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. 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 6 months or older)	Adults with a Body Mass Index ≥ 40 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	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.

Influenza Vaccines 2017-1

Vaccines are given intramuscularly unless stated

Supplier	Name of product	Vaccine type	Age indications
Astra Zeneca	Fluenz Tetra®▼	Live attenuated, quad nasal	Children and adolescents from 24 months to under 18 years
GlaxoSmithKline	Fluarix® Tetra ▼	Inactivated quad	From 3 years
Masta	Imuvac®	Inactivated	From 6 months
	Inactivated Influenza Vaccine (Split Virion) BP®	Inactivated	From 6 months
Seqirus Vaccines	Agrippal®	Inactivated	From 6 months
Mylan	Influvac®	Inactivated	From 6 months
	Imuvac®	Inactivated	From 6 months
	Influenza vaccine, surface antigen, inactivated	Inactivated	From 6 months
Pfizer Vaccines	Influenza vaccine (split virion, inactivated), pre-filled syringe	Inactivated	From 5 years*
	Enzira®	Inactivated	From 5 years*
Sanofi Pasteur MSD	Quadrivalent Influenza Vaccine (split virion, inactivated)	Inactivated quad	From 3 years
	Inactivated Influenza Vaccine (Split Virion) BP®	Inactivated	From 6 months
	Intanza® 15 µg	Inactivated, intradermal	From 60 years

* greater risk of febrile fits – see Green Book

Seasonal Influenza Vaccination - Suggested Read Codes

Pregnancy

Patient pregnant 62...

'No Longer Pregnant'

Missed abortion	L02
Ectopic pregnancy	L03
Spontaneous abortion	L04
Normal delivery in a completely normal case	L20
Spontaneous breech delivery	Ly1
7F150	
Spontaneous vertex delivery	Ly0
Normal delivery	7F19
Breech extraction delivery	7F14
Forceps delivery	L395
Forceps cephalic delivery	7F16
Vacuum extractor delivery	L396.
Vacuum delivery	7F17.
Delivery by elective caesarean section	L3983
Elective caesarean section	7F12.
Delivery by emergency caesarean section	L3984
Emergency caesarean section	7F133
Intrauterine death	L264
Termination of pregnancy	7E086

Immunosuppression

Patient Immunosuppressed	2J30
Patient Immunocompromised	2J31

Obesity in Children

Child Body Mass Index Centiles	22K92 – 22K9J
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Vaccination given

Seasonal influenza vaccination	65ED
First intranasal seasonal influenza vaccination	65ED1
Second intranasal seasonal influenza vaccination	65ED3

Vaccination not given because...

Seasonal influenza vaccination contraindicated	8I2F0
Seasonal influenza vaccination declined	9OX51
No consent for seasonal influenza vaccination	68NE0
First intranasal seasonal influenza vaccination declined	9OX54
Second intranasal seasonal influenza vaccination declined	9OX56

Vaccination Consent

Influenza vacc consent given 68NV

Vaccination given elsewhere

Seasonal influenza vaccination given by other healthcare provider 65E20
Seasonal influenza vaccination given by pharmacist 65ED0
Seasonal influenza vaccination given while hospital inpatient 65ED2
First intranasal seasonal influenza vaccination given by other healthcare provider 65E21
Second intranasal seasonal influenza vaccination given by other healthcare provider 65E22
First intramuscular seasonal influenza vaccination given by other healthcare provider 65E24
Second intramuscular seasonal influenza vaccination given by other healthcare provider 65E23

Allergy / Adverse reaction Codes

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

Vaccination letter sent

Influenza vaccination invitation letter sent 90X6
Influenza vaccination invitation first letter sent 90X9
Influenza vaccination invitation second letter sent 90XA
Influenza vaccination invitation third letter sent 90XB