



*From the Chief Medical Officer  
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To: SHA and PCT Immunisation and Flu Co-ordinators

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SHA Pharmacy & Prescribing Leads  
SHA Medical Directors  
Medical Directors of Acute Trusts  
Chief Pharmacists of Acute Trusts  
Pharmaceutical Advisers of PCTs  
Trust Chief Executives  
SHA Chief Executives  
Directors of Public Health  
Regional Directors of Public Health

14 March 2011

Dear Colleague

**Preparation and Assurance for 2011/12 Seasonal Influenza Immunisation Programme**

I would like to start by thanking you for your hard work in managing pressures on the NHS this winter. Seasonal flu had a big impact on primary and acute care services and, together with the severe weather, placed the NHS under pressure. However, the NHS responded to the challenge superbly and I would like to thank you and your colleagues for all that you achieved.

I will be writing the usual annual seasonal flu CMO letter to you all later in the spring with full details of next winter's flu immunisation programme, but wanted to draw your attention now to some planning issues which need early consideration.

## **Groups Eligible for Seasonal Flu Vaccine**

Based on existing advice from the Joint Committee on Vaccination and Immunisation (JCVI) on the groups at increased risk from flu, the groups eligible to receive seasonal flu vaccine for winter 2011/12 are the same as for last winter, i.e.

- People aged 65 years and over;
- All those aged 6 months or over in a clinical risk group
- All pregnant women
- People living in long-stay residential care homes or other long-stay care facilities where there is a risk of high morbidity and mortality.
- Those who are in receipt of a carer's allowance, or those who are the main carer, or the carer of an elderly or disabled person whose welfare may be at risk if the carer falls ill.
- Frontline health and social care workers.

(see Annex A for a full list of all those to be offered vaccination in 2011/12)

Planning for flu immunisation next winter should be based around these groups. Any changes to these groups, together with information on vaccine supply, will be communicated as soon as possible.

## **Vaccine Uptake Planning**

Provisional data on vaccination uptake rates show that estimated uptake in those aged 65 years and over is 72.8% (2009/10, 72.4%), and in the clinical risk groups under 65 years of age is 50.3% (2009/10, 51.6%); and in pregnant women is 37.7% as of 27 February 2011.

As a country, despite our relatively high uptake by international comparisons, we have nonetheless fallen short of the World Health Organization (WHO) aim of achieving 75% seasonal flu vaccine uptake in people aged 65 years and over. We know that this figure is achievable as it was attained in 2005/06.

In addition to the WHO target for the older population, the EU has adopted a Council Recommendation to achieve a vaccination uptake of at least 75% in people under age 65 with clinical conditions which put them more at risk from the effects of flu, and pregnant women. Vaccination uptake for the under 65 clinical risk groups remains at around 50%, and in pregnant women is currently 37.7%. Clearly, increasing vaccination uptake in people in clinical risk groups, and pregnant women, will have significant benefits, and we should be aspiring to vaccine uptake levels similar to those achieved for people aged 65 years and over.

I would therefore be grateful if you plan locally to:

- reach or exceed 75% uptake for people aged 65 years and over as recommended by the WHO; and
- reach or exceed 75% uptake for people under age 65 with clinical conditions which put them more at risk from the effects of flu, and

pregnant women, as recommended by the EU. A reasonable trajectory for increases in uptake in clinical risk groups and pregnant women might be 60% in 2011/12, and 70% in 2012/13, so that an uptake of 75% can be reached or exceeded in 2013/14.

### **Vaccine Ordering**

As in previous years, the responsibility for ordering vaccines for the target population lies with general practices. Surgeries need to make their own arrangements with suppliers to ensure they have sufficient vaccine for their needs (taking account of the vaccine uptake planning assumptions above); and to agree the delivery schedule with their supplier(s).

It is important that GPs place their orders with manufacturers as soon as possible if they have not done so already.

In addition to vaccine for older people, those in the clinical risk groups and pregnant women, GPs should ensure they have sufficient supplies to meet their needs for carers and for the vaccination of their own frontline healthcare workers.

GPs should consider any restrictions on the use of certain seasonal flu vaccines in certain age groups, particularly young children, by consulting the summary of product characteristics of seasonal flu vaccines.

### **Primary Medical Services (Directed Enhanced Services) England Directions 2010 (the DES Directions)**

There are a number of obligations under the Seasonal Flu DES that are important to local planning and delivery of the seasonal flu vaccination programme, in particular:

- PCTs should have an agreement in place for each financial year with their GPs or other providers contracted to deliver the flu immunisation programme. These agreements should set out a plan for delivering the programme effectively. This plan should include a register of all patients in at risk groups.
- The agreements with GPs and other providers should include a requirement that they develop a proactive and preventative approach to offering these influenza immunisations by adopting **robust call and reminder systems to contact at risk patients with the aim of maximising uptake and meeting any public health targets in respect of influenza immunisation.**
- PCTs should be assured that a robust call and reminder system is in place and will be utilised during the influenza season to identify and call in all the patients that are identified through the register provided by the GPs.

In addition to those patients who can attend a surgery or clinic to receive a vaccination, PCTs will want to assure themselves that appropriate plans are in

place to offer vaccination to those who require home visits; those who are in long-term care; and those who are not registered with a GP practice.

The 2010 DES covers most, but not all, of the eligible groups that should receive seasonal flu vaccine. Most PCTs will have LES agreements in place to cover the additional eligible groups. PCTs may wish to review their local arrangements to ensure they cover all the additional eligible groups (including all pregnant women) and that they carry similar requirements to the DES (as set out above). This will ensure that PCTs can be assured, and provide assurance to SHAs, that GPs have identified all those registered patients who fall into the relevant eligible categories for 2011/12.

All pregnant women will continue to be eligible for the influenza vaccine in 2011/12. GPs will not be able to identify all pregnant women on a register at this stage, therefore PCTs will want to ensure the involvement of maternity services so that GPs and midwives are working together to identify existing pregnant women and any newly pregnant women throughout the flu season so that no eligible patients are missed out.

### **Frontline Health and Social Care Workers**

The latest data (31 January) show that uptake among frontline health care workers is 34.2%, up from 24.7% at the same time last year. However, there is still significant room for improvement.

Responsibility for offering flu vaccination to frontline health and social care workers rests with their employers. Employers should ensure adequate vaccine orders and that appropriate plans and measures are in place. Vaccination of health care workers, not only offers protection to them and their families, but also reduces the transmission of infection to vulnerable patients.

These workers (except those working in GP practices) should not generally seek vaccination through GPs, as they will not have been included in GPs' calculations of the number of doses of vaccines needed to meet their needs.

### **Assurance**

SHAs should assure themselves that robust seasonal flu immunisation preparations are in place including that:

- sufficient vaccine has been ordered by GPs to meet their needs for this coming season;
- robust plans are in place locally to identify all eligible patients and achieve high vaccination uptake levels:
  - reach or exceed 75% uptake for people aged 65 years and over as recommended by the WHO; and
  - reach or exceed 75% uptake for people under age 65 with clinical conditions which put them more at risk from the effects of flu, and pregnant women, as recommended by the EU. A

reasonable trajectory for increases in uptake in clinical risk groups and pregnant women might be 60% in 2011/12, and 70% in 2012/13, so that an uptake of 75% can be reached or exceeded in 2013/14.

- every employer has ambitious flu immunisation programmes for frontline health and social care workers to significantly improve upon their current uptake.

SHA Flu Leads should email [IC-MB@dh.gsi.gov.uk](mailto:IC-MB@dh.gsi.gov.uk) stating that they have assured themselves on the above points by 13 May.

I continue to be grateful to you for your efforts to protect those vulnerable to flu, and I hope that lessons learnt from previous winters will result in improvements in the seasonal flu vaccination programme this winter.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Sally C Davies', with a stylized flourish at the end.

**PROFESSOR DAME SALLY C DAVIES  
CHIEF MEDICAL OFFICER**

**GROUPS THAT SHOULD BE VACCINATED IN 2011/12**

| <b>Group to be vaccinated</b>   |   |
|---|---|
| All aged 65 years and over  |   |
| Chronic respiratory disease and asthma that requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission |   |
| Chronic heart disease   |   |
| Chronic renal disease   |   |
| Chronic liver disease   |   |
| Chronic neurological disease  |   |
| Diabetes  |   |
| Immunosuppression   |   |
| Pregnant women  |   |
| Those living in long-stay residential care homes or other long-stay care facilities.  |   |
| Those who are in receipt of a carer's allowance, or those who are the main carer of an older or disabled person whose welfare may be at risk if the carer falls ill.        |   |
| Frontline Health and Social Care Workers (HCWs)   | Employers must arrange for HCW vaccination. HCWs should not generally be vaccinated by GPs. |