9th August 2004

UPDATE ON THE INFLUENZA AND PNEUMOCOCCAL IMMUNISATION PROGRAMMES

Dear Colleague

This letter describes this year's influenza immunisation campaign and updates you on changes to the recommendations for pneumococcal immunisation. In summary:

- Influenza immunisation policy remains unchanged.
- The uptake target remains 70% for people aged 65 and over.
- As last year, a national publicity campaign will be launched in early October.
- A pneumococcal immunisation programme for older people was launched last year starting with people aged 80 years and over. From 1 April this year, the programme was extended to include all people aged 75 years and over.
- Pneumococcal vaccine also continues to be recommended for certain risk groups under 65 years of age. On the recommendation of the Joint Committee on Vaccination and Immunisation (JCVI) pneumococcal conjugate vaccine should now be recommended for at risk children under five years of age. The clinical risk groups recommended for pneumococcal immunisation have been revised.
- PCTs will again receive financial support for the running of the influenza and pneumococcal programmes. This will be paid to PCTs by 31 August 2004.

Department of Health

From the Chief Medical Officer, the Chief Nursing Officer and the Chief Pharmaceutical Officer

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PL/CMO/2004/4, PL/CNO/2004/3, PL/CPHO/2004/4

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- All Pharmacists
- NHS Foundation Trusts
- Independent Regulators of NHS Foundation Trusts

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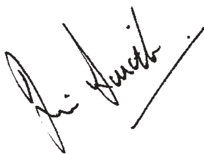
- Details of these immunisation programmes are attached in Annex A: influenza, and Annex B: pneumococcal.

Thank you for your continued work on these important immunisation programmes.

Sir Liam Donaldson
Chief Medical Officer

Sarah Mullally
Chief Nursing Officer



Dr Jim Smith
Chief Pharmaceutical Officer

Update on the influenza and pneumococcal immunisation programmes

PL/CMO/2004/4, PL/CNO/2004/3, PL/CPHO/2004/4

Date: 9th August, 2004

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This letter is also available at:
http://www.dh.gov.uk/AboutUs/HeadsOfProfession/ChiefMedicalOfficer/CMOLetters/fs/enCMOLetters/fs/en

Annex A
Influenza immunisation programme 2004/2005

1. The target groups

As in previous years, those targeted for immunisation are:

- All those aged 65 and over.
- All those aged over 6 months in a clinical risk group.
- Those living in long-stay residential care homes (this does not include prisons, young offender institutions, university halls of residence etc).

More detailed information on the national policy is at paragraph 4 below.

The uptake target

The uptake target among people aged 65 years and over will remain at 70% nationally.

Monitoring uptake

The Department of Health is working with the Health Protection Agency to develop a web-based reporting system for managing the data collection for the influenza programme this coming winter. This work also supports the mandate that all transfers of data in the NHS be sent electronically via web-based reporting systems by 2005.

The benefits of an electronic database are:

- A streamlined and easier collection process, which will help improve data accuracy.
- Automated reports of aggregated data at PCT and SHA level.
- A consistent approach which will make the reporting scheme's data more complete at the national level.

As in previous years, the Health Protection Agency (HPA) will take the lead in monitoring uptake on behalf of DH. The contact people are Dr Carol Joseph or Suzanne Elgohari, on 0208 200 6868, or e-mail: carol.joseph@hpa.org.uk or suzanne.elgohari@hpa.org.uk.

DH will maintain direct contact with PCT Flu Co-ordinators. The contact is Jeff Porter on 0207 972 1656, or by e-mail at: Jeff.Porter@doh.gsi.gov.uk.

2. Publicity and information materials

A national publicity programme will be launched in early October to allow time for practices to have their flu programme and early deliveries of vaccine in place.

Posters, leaflets and other materials for strategic health authorities and primary care trusts to adapt to their local programmes will be supplied in advance. You may wish to

take account of these dates in your planning; from early October patients should begin to be aware of the campaign.

An order form containing full ordering details and complete list of all Flu resources will be mailed out in August. Future additional supplies of the resources can be ordered from DH publications by email – doh@prolog.uk.com or by telephone on 08701555455 (please quote the 5-digit smartcode printed on the back of the materials). The resources will also be available on our immunisation information website: www.immunisation.nhs.uk

Further information on the programme and answers to commonly asked questions are available on the DH Influenza Website: www.dh.gov.uk/flu which will be kept up to date throughout the campaign.

3. Funding

Primary care trusts

PCTs will again receive financial support for the flu immunisation programme this year, via resource limit adjustments, to a total of £5m. The allocation of this money will be based pro rata to a PCT's population of 65 years and over. It will be paid to PCTs by 31 August 2004. Money to cover vaccine costs will be issued to PCTs at the end of the campaign.

GP remuneration

The influenza immunisation programme is commissioned by primary care trusts as a Directed Enhanced Service (DES). National directions require contractors of this service to develop a proactive and preventative approach to offering immunisation with the aims of maximising uptake in the interests of at-risk patients, and towards meeting any public health targets set.

Payment arrangements under the scheme will apply to at-risk patients who are immunised by 31 March in the relevant financial year. For payment purposes the immunisation programme will operate from 1 August to 31 March in the relevant financial year.

Contractors will need to have developed satisfactory registers of the at-risk population to be immunised, many of which will be in place as a result of participating in the Quality and Outcomes Framework.

The level and methodology for payments under this scheme are for local determination given the range of providers who may be commissioned. PCTs will, however, recognise that GMS and PMS contractors will be expected to provide the service at the nationally agreed benchmark prices in the published DESs. The benchmark item-of-service payment in England for 2004/05 is £7.28.

Personal administration fees are available for all flu immunisations given as part of the programme.

4. National policy

National policy for 2004/05 is that influenza immunisation should be offered to:

(i) All those aged 65 years and over;

(ii) All those aged over 6 months in the following clinical risk groups:

Clinical risk category	Examples (decision based on clinical judgement)
Chronic respiratory disease, including asthma	This includes chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema, bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis, asthma requiring continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission, children who have previously been admitted to hospital for lower respiratory tract disease.
Chronic heart disease	This includes those requiring regular medication and/or follow-up for ischaemic heart disease, congenital heart disease, hypertensive heart disease (excluding uncomplicated controlled hypertension) and chronic heart failure.
Chronic renal disease	Including nephrotic syndrome, chronic renal failure, renal transplantation.
Diabetes	Diabetes mellitus requiring insulin or oral hypoglycaemic drugs.
Immunosuppression	Immunosuppression due to disease or treatment, including asplenia or splenic dysfunction, and also including those on or likely to be on systemic steroids for more than a month at a dose equivalent to prednisolone at 20mgs or more per day (any age) or for children under 20 kgs a dose of 1mg or more per kg per day. HIV infection at all stages. However, some immunocompromised patients may have a suboptimal immunological response to the vaccine

(iii) 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).

5. Influenza immunisation for health and social care staff

- As in previous years, NHS employers should offer influenza immunisation to employees directly involved in patient care.
- Social care employers should consider similar action.

Influenza immunisation is highly effective in preventing influenza in working-age adults. In addition, influenza immunisation of staff may reduce the transmission of influenza to vulnerable patients, some of whom may have impaired immunity and thus reduced protection from any influenza vaccine they have received themselves.

Responsibility for occupational influenza immunisation rests with the employer and it should be provided through an occupational health service. It is up to individual trusts/ employers to determine their own programme and fund the immunisation of their staff.

- Occupational health services should place orders for the vaccine they need as early as possible.
- Vaccine for staff should not be obtained at the expense of vaccine for the risk groups.
- Staff should not be asked to go to their GP for their immunisation unless they fall within one of the recommended high-risk groups, or GPs have been contracted specifically to provide this service.

Employers are recommended to keep records of staff immunised and monitor the effectiveness of their programme.

Campaign materials including leaflets, posters and a video specifically targeting HCWs are being produced and we are contacting occupational health departments with examples of good practice such as immunising HCWs in the workplace, to help improve uptake.

6. Influenza vaccine composition for 2004/05

Flu vaccine strains are recommended by the World Health Organization (WHO) following careful mapping of flu viruses as they move around the world. This monitoring is continuous and allows experts to make predictions of which strains are most likely to cause influenza outbreaks in the northern hemisphere in the coming winter.

The strains of influenza virus recommended by WHO to be included in the components for the 2004/05 vaccine are:

- an A/New Caledonia/20/99(H1N1)-like virus
- an A/Fujian/411/2002(H3N2)-like virus†
- an B/Shanghai/361/2002-like virus‡

† The currently used vaccine virus is A/Wyoming/3/2003. A/Kumamoto/102/2002 is also available as a vaccine virus.

‡ Candidate vaccine viruses include B/Shanghai/361/2002 and B/Jilin/20/2003 which is a B/Shanghai/361/2002-like virus.

7. Vaccine suppliers

The following manufacturers have indicated they will be supplying the UK market during the coming season:

Manufacturer	Name of product	Vaccine type	Contact details
Aventis Pasteur MSD	Inactivated influenza vaccine	Split virion	0800 085 5511
	Inflexal V	Virosome adjuvated surface antigen	
Chiron Vaccines Evans	Fluvirin*	Surface antigen	08457 451 500
	Generic brand*	Surface antigen	
GlaxoSmithKline	Fluarix*	Split virus	0808 100 9997
MASTA	MASTAFLU	Surface antigen	0113 238 7500
Solvay Healthcare	Influvac	Surface antigen	0800 358 7468
Wyeth Vaccines	Begrivac	Split virus	0800 083 6222
	Agrippal	Surface antigen	

*Contains thiomersal. The Committee on Safety of Medicines (CSM)'s statement on the safety of vaccines containing thiomersal can be found on the following website:

http://medicines.mhra.gov.uk/ourwork/monitorsafequalmed/safetymessages/thiomersalstatement%5F210203.pdf

8. Immunisation against infectious disease (the 'Green Book')

A revised influenza chapter for the book Immunisation against infectious disease (the 'Green Book') with details of the current recommendations is available at:

http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/GreenBook/fs/en

9. Describing influenza activity

The JCVI Respiratory Panel has recommended that the current thresholds used to describe influenza activity in England are no longer appropriate given the levels of activity observed over recent years and the secular decline in GP consultation rates for influenza-like illness and that they should be lowered.

Following careful assessment it has been agreed that the following lower threshold levels will be used from 2004/05:

GP consultation rate	Activity level
0-30 per 100,000 per week	Baseline activity
30-200 per 100,000 per week	Normal seasonal activity
>200 per 100,000 per week	Epidemic activity

Influenza will be described as circulating in the community when new GP consultations for influenza-like illness exceed 30 per 100,000 population per week and virological surveillance confirms that influenza viruses are circulating.

Annex B
The pneumococcal immunisation programme

This note reminds health professionals of the details of the current pneumococcal immunisation programme for older people and announces new recommendations for at-risk groups recommended to receive pneumococcal vaccine that affects all ages.

Launch of the second phase of the pneumococcal immunisation programme, for those aged 75 years and over.

1. Background

In August 2003, a CMO/CNO/CPO letter outlined a new pneumococcal immunisation programme for older people to be phased in over 3 years. In March this year we wrote to primary care trusts and published an update in the GP Bulletin to remind health professionals that from 1st April 2004 previously unimmunised people aged 75 years and over should be offered pneumococcal polysaccharide vaccine.

This vaccine can be offered throughout the year. The target population is all those aged 75 years and over who have not previously been immunised, including those who were eligible for the vaccine last year but did not receive it. Please note re-immunisation with pneumococcal vaccine is not currently recommended for most people.

From next year (April 2005), all those 65 years and over will be offered pneumococcal immunisation. A CMO letter to announce this phase of the programme will be issued nearer the time.

2. Information materials

A new patient leaflet, Aged 75 or over? Make sure you get your pneumo jab has been produced along with an accompanying factsheet Pneumococcal vaccine for older people and an A3 poster.

Copies of the resources can be ordered from: DH publications by email: dh@prolog.uk.com or by telephone: 08701 555 455 (please quote the 5-digit smartcode printed on the back of the materials). The resources are also available on the website: www.immunisation.nhs.uk

3. Vaccine supply

The vaccine used in this programme is the 23-valent pneumococcal polysaccharide vaccine (Pneumovax, II), which is supplied by Aventis Pasteur MSD Ltd. (Tel: 0800 085 5511 Fax 0800 085 8958).

The vaccine should be ordered directly from the manufacturer, in the same way as influenza vaccine.

4. Funding

GP remuneration

The pneumococcal immunisation programme for older people is a Directed Enhanced Service (DES), which PCTs must commission. Further information about the pneumococcal DES can be found on the following site:

www.dh.gov.uk/PublicationsAndStatistics/Legislation/DirectionsFromSecretaryState/DirectionsFromSecretaryStateArticle/fs/en?CONTENT_ID=4085371&chk=YPEGBt

Personal administration fees remain available for all risk patients.

Funding for PCTs

The Department is providing a total of £11 million to PCTs to cover vaccine costs. An additional £1 million will be paid to PCTs to assist in the running of the programme and the collection of pneumococcal vaccine uptake data. The allocation of this money to PCTs via resource limit adjustments will be made pro rata to their 75-79 years age group. It will be paid to PCTs by 31 August 2004.

5. Collection of vaccine uptake data

Data on pneumococcal vaccine uptake in older people are being collected to evaluate the effectiveness of the programme and for planning purposes. As the vaccine is available throughout the year this information is being collected on an annual basis. Forms were e-mailed to flu/pneumo immunisation coordinators at PCTs in April 2004 requesting vaccine uptake data for the first year of the programme (all those 80 years and over immunised between 20 August 2003 and 31 March 2004). The deadline for submitting this data is 31 August 2004.

If your PCT has not received details of this vaccine uptake collection please contact: pneumococcus@hpa.org.uk.

A vaccine uptake target is not being applied to individual PCTs. However, we do expect each PCT to make every effort to maximise uptake among the target groups.

Changes to the age at which pneumococcal conjugate vaccine is recommended and risk groups recommended to receive pneumococcal vaccination

1. At risk children under 5 years of age

The Joint Committee on Vaccination and Immunisation (JCVI) has recommended that pneumococcal conjugate vaccine should now be recommended for at-risk children under five years of age according to the following schedule:

- Infants who start pneumococcal immunisation at less than six months of age should be given three doses of pneumococcal conjugate vaccine from 2 months of age with an interval of one month between doses. A fourth dose should be given after the first birthday.
- Infants who start immunisation aged seven to eleven months of age should be given two doses of pneumococcal conjugate vaccine with an interval of one month between doses. A third dose should be given after the first birthday, and at least one month after the second dose.
- Children who commence immunisation aged 12 to 60 months should have two doses of pneumococcal conjugate vaccine with an interval of two months between doses.

All children in the above groups also need to be given the 23-valent polysaccharide vaccine at the appropriate age to cover the wider range of serotypes. A single dose of 23-valent polysaccharide vaccine should be given after their second birthday and at least two months after the final dose of conjugate vaccine.

At-risk children under 5 years of age who have already received 23-valent pneumococcal vaccine should receive two doses of conjugate vaccine as above, at least two months after the polysaccharide vaccine.

Pneumococcal conjugate vaccine is not currently recommended for those commencing immunisation at age 5 years and over.

2. Changes to the clinical risk groups recommended for pneumococcal immunisation

In addition to the above advice, the risk groups recommended to receive pneumococcal vaccine have been revised by JCVI to include new risk groups and to clarify existing risk groups. The new advice is summarised in Table A.

Individuals with CSF shunts are identified as a new risk group.

Children under 5 years of age who have previously had invasive pneumococcal disease such as pneumococcal meningitis or bacteraemia are now recommended to receive pneumococcal vaccine. This is being recommended as these children may have an unrecognised condition such as congenital asplenia that may make them more susceptible to pneumococcal infection.

3. Vaccine supply

23-valent pneumococcal polysaccharide vaccine (Pneumovax, II) is supplied by Aventis Pasteur MSD (Tel: 0800 085 5511 Fax 0800 085 8958).

7-valent pneumococcal conjugate vaccine (PrevenarTM) is supplied by Wyeth Vaccines. Medical Information 01628 415330 (Distribution through Farillon Tel:01708 330200, Fax 01708 376554).

4. Immunisation against infectious disease (the 'Green Book')

A revised pneumococcal chapter for the book Immunisation against Infectious Disease (the 'Green Book') with details of these changes is available at:

http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/GreenBook/fs/en

Table A

Pneumococcal vaccine is recommended for:

- All those aged 65 years and over.
- All those aged over 2 months in the following clinical risk groups:

Children aged 2 months to under 5 years of age should receive 7-valent pneumococcal conjugate vaccine (according to the schedule in paragraph 1), followed by a single dose of 23-valent pneumococcal polysaccharide vaccine after the age of 2 years. Children over 5 years of age and adults should receive a single dose of polysaccharide vaccine.

Clinical risk category	Examples (decision based on clinical judgement)
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.
Chronic respiratory disease, including asthma	This includes chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema, bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis, asthma requiring continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission. Children who have previously been admitted to hospital for lower respiratory tract disease.
Chronic heart disease	This includes those requiring regular medication and/or follow-up for ischaemic heart disease, congenital heart disease, hypertensive heart disease (excluding uncomplicated controlled hypertension) and chronic heart failure.
Chronic renal disease	Including nephrotic syndrome, chronic renal failure, renal transplantation.
Chronic liver disease	Including cirrhosis
Diabetes	Diabetes mellitus requiring insulin or oral hypoglycaemic drugs.
Immunosuppression	Immunosuppression due to disease or treatment, including asplenia or splenic dysfunction, and also including those on or likely to be on systemic steroids for more than a month at a dose equivalent to prednisolone at 20mgs or more per day (any age) or for children under 20 kgs a dose of 1mg or more per kg per day. HIV infection at all stages However, some immunocompromised patients may have a suboptimal immunological response to the vaccine.
Individuals with cochlear implants	
Individuals with CSF shunts*	Including other conditions where leakage of CSF can occur
Children under 5 years of age who have previously had invasive pneumococcal disease*	e.g. children who have previously had pneumococcal meningitis or pneumococcal bacteraemia.

* New risk group category

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