

# NHSGGC NEWSLETTER

## H1N1 Q&As

Public Health Protection Unit (PHPU) 0141 201 4917 [www.nhsggc.org.uk/phpu](http://www.nhsggc.org.uk/phpu)

**SPECIAL EDITION**

**October 2009**

This is a special edition of the PHPU newsletter which answers frequently-asked questions about the upcoming H1N1 (swine flu) vaccination programme.

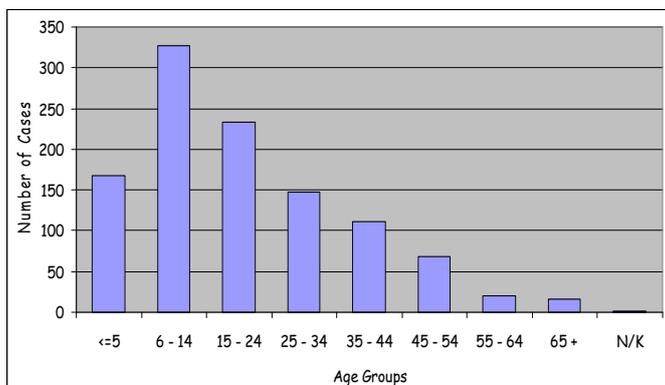
### What is the number of swine flu cases at present?

The number of cases of swine flu has been increasing over recent weeks. In the week beginning 28<sup>th</sup> September, the consultation rate for flu and flu-like illness breached the normal winter seasonal baseline threshold. The proportion of samples testing positive for H1N1 in Scotland has also been increasing and was over 30% at the end of September.

### Who's catching it and who's affected most severely?

Most cases are occurring in working-age adults and children (see graph below). The majority of hospitalisations have also been in these age groups.

Initial confirmed cases of H1N1 by age group in NHS GGC



### The NHSGGC vaccination programme

#### When will the NHSGGC vaccination programme start?

It is anticipated that the programme will start by the 3<sup>rd</sup> week of October or soon after.

#### Who is eligible for H1N1 vaccination?

The following groups will be vaccinated first:

- Individuals aged over 6 months who are in the current seasonal flu vaccine clinical at-risk groups
- All pregnant women
- Household contacts of immuno-compromised people
- Health and social care workers who have direct clinical contact with patients or provide personal care (thus preventing swine flu in staff and reducing the risk of spread to vulnerable patients/service users)

### Have the vaccines been licensed and are they safe?

The vaccines being used in the UK are produced by two different companies - GSK and Baxter and have been recommended for licensing by the European Medicines Agency. The GSK vaccine has since been licensed for use in the UK and the licence for the Baxter vaccine is expected shortly. Both vaccines are made using the well-established manufacturing processes for the seasonal flu vaccines made each year. The H1N1 vaccines will undergo the same rigorous procedures that are in place for seasonal flu vaccines. Data from early clinical trials confirm, as expected, that the side effects from H1N1 vaccines are similar to those of the seasonal flu vaccine.

### What are the contraindications of the H1N1 vaccine?

There are very few people who would not be able to receive the H1N1 vaccine. Further details on contraindications will be available in a new Green Book chapter to be published shortly.

### What dose of the vaccination is needed?

Initial plans for the H1N1 vaccination programme were based on a 2-dose schedule. However, clinical trials have found that 1 dose may be sufficient for adults and older children. Further details on dosing will be available shortly, once the Joint Committee on Vaccination and Immunisation (JCVI) considers all the trial data.

### What about the seasonal flu vaccine?

Swine flu is not included in this year's seasonal flu vaccine as the pandemic started after the seasonal flu vaccine had gone into production. Therefore the seasonal flu vaccination programme needs to proceed as usual, as far as this is possible considering the extra work required for H1N1 vaccination. It is recommended that GPs begin their seasonal flu programmes as soon as possible and do not wait for the H1N1 programme to start.

### How will NHSGGC's vaccination programme be delivered?

The PHPU has been working with colleagues from CH(C)Ps, primary care, pharmacy, transport, procurement, IT and maternity services to plan how the vaccination programme will operate. It is anticipated that people in the priority groups will receive the vaccine at their GP surgery, with the exception of health and social care workers who will receive the vaccine through occupational health departments and CH(C)Ps. Plans are also being made to make vaccine available to hospital pharmacies so that in-patients and at-risk patients in secondary care can be vaccinated.

### **How will GPs know who to vaccinate?**

A process is being developed for GPs to identify patients on their list who are in the clinical at-risk groups. This is different from software used to identify patients for seasonal flu vaccination as the H1N1 programme does not include over 65s who are not in a clinical at-risk group because of an underlying medical condition.

### **How will GPs record the vaccination?**

The software being developed will also include a mechanism for recording the vaccination.

### **How will occupational health and the CH(C)Ps know which staff to vaccinate?**

In acute and in-patient settings the occupational health department is working to identify staff who are eligible for the vaccine. Each CH(C)P is also identifying eligible staff in its area; these include primary care staff, dentists and dental staff, and staff in the voluntary and social care sector.

### **What if a staff member is pregnant and/or is in one of the clinical at-risk groups?**

Pregnant staff will be asked to attend their GP for vaccination. Staff who are in one of the clinical at-risk groups can choose to attend either the CH(C)P clinic or their GP surgery.

### **How will a GP know if a patient has received the vaccine elsewhere?**

The Board is working on data management systems which will allow information on those vaccinated in occupational health settings to be recorded on a central database and made accessible to GPs.

## **The Practicalities**

### **How many doses are in each box of vaccine?**

Both vaccines come in 10-dose vials. A box of GSK vaccine contains 50 vials, i.e. 500 doses. A box of Baxter vaccine contains 20 vials, i.e. 200 doses.

### **How is the vaccine administered?**

The GSK vaccine needs to be mixed with an adjuvant before it can be administered. The Baxter vaccine does not need to be mixed. A specific needle and syringe has been procured nationwide for giving the vaccine. This is a fixed unit - i.e. the needle cannot be separated from the syringe - and is therefore used for both drawing the vaccine from the vial and for administration. Plans for administering the vaccine in local settings, e.g. GP surgeries, will need to take account of the 10-dose vials so as to minimise wastage. The multi-dose vials are better suited to mass vaccination clinics rather than smaller sessions or opportunistic vaccination.

### **What about housebound patients as both products are in multi-dose vials?**

The GSK vaccine can be used for up to 24 hours and the Baxter product for up to 3 hours after first opening. Once opened, the vial can be stored at room temperature for these periods. However, if there is considerable time between patient vaccinations, it is good practice to refrigerate the opened vial as this minimises the risk of bacterial contamination.

### **How do staff get supplies of vaccine?**

The vaccine can be ordered from the vaccine-holding centres. Further information will be sent giving details of the ordering process. The vaccine will be delivered at a maximum frequency of once weekly. It is anticipated that GP practices will receive one box of vaccine at the start of the programme and advised only to order further boxes if needed.

### **What sundries are needed?**

The GSK vaccine needs a needle and syringe to mix the antigen with the adjuvant and then the fixed needle/syringe to give the vaccine. The Baxter vaccine only needs the fixed needle/syringe. Usual other sundries for vaccination, such as sharps boxes, cotton wool, hand gel, are also required.

### **How do staff get supplies of sundries?**

Sundries can be ordered from central stores and will be delivered at a maximum frequency of once weekly. Further information about these arrangements will be sent to staff as soon as they are finalised.

### **How much space will the vaccine and sundries take up?**

The vaccines need to be kept in cold storage. The GSK vaccine box has been compared to the size of a small shoe box (26cm x 11.3cm x 9.77cm) and the Baxter vaccine box to the size of a box of chocolates (20.6cm x 16.6cm x 5.5cm)!

### **When will the Patient Group Direction be available?**

The PGD will be available shortly and in time for the vaccination programme to start.

### **Is there any further training material available?**

Yes.

There is training material available on the NES website at [www.nes.scot.nhs.uk/hai/pandemic\\_flu/](http://www.nes.scot.nhs.uk/hai/pandemic_flu/).

The PHPU has also arranged training seminars for those involved in the vaccination programme. These will run from the 15<sup>th</sup> until 23<sup>rd</sup> October. For further details please contact the PHPU on 0141 201 4917, or see NHSGGC Staffnet [www.staffnet.ggc.scot.nhs.uk](http://www.staffnet.ggc.scot.nhs.uk)

General information about H1N1 is available on the Health Protection Scotland website at:-

[www.hps.scot.nhs.uk/resp/swineinfluenza.aspx](http://www.hps.scot.nhs.uk/resp/swineinfluenza.aspx)

*Please note that all staff who will be involved in administering vaccines should have received up-to-date anaphylaxis training.*

### **What publicity will be available to the general public?**

There will be a UK-wide communication campaign to raise public awareness of the vaccination programme. Public information leaflets will also be available.

**If you would like to comment on any aspect of this Special Edition newsletter please contact Marie Laurie on 201 4933 or at [marie.laurie@ggc.scot.nhs.uk](mailto:marie.laurie@ggc.scot.nhs.uk)**