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Seasonal flu – 2012/13 Special Edition Newsletter

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Maximising flu vaccine uptake in GP practices

Last month, a 'Sharing Good Practice' questionnaire was sent out to 44 of the ***best performing practices**** in GG&C (*defined as achieving > 70% uptake in at risk groups aged 6 mths - 64 years and > 75% uptake in the over 65s. The aim was to identify common elements or standout factors in the practices achieving highest uptake of vaccination. The responses of the 19 practices that returned questionnaires have now been collated. The main themes to emerge are summarised below and these may be helpful during preparation for this year's vaccination programme. It is likely that some or all of these strategies are already being applied by many practices.

Opportunity

Opportunistic vaccination (at other appointments or during home visits) was identified as the preferred method of vaccine delivery by many practices. One practice timed appointments for annual review of chronic conditions e.g. asthma and COPD to coincide with the flu vaccination period to allow administration of flu and pneumococcal vaccines

Publicity

These range from targeted approaches, i.e. mailed postcards or information leaflets inviting patients to attend, to more general advertising on prescriptions, the practice website and notice-boards within the practice or local pharmacies

Staff duties - training admin staff to vaccinate

Some practices trained reception staff to administer vaccinations under a PSD. This allowed a further means for opportunistic vaccination in *pre-identified* patients

Patient's electronic record

The use of an alert placed on the patient's electronic record was one way of quickly identifying eligible patients who had not responded to the first invitation. Similarly, reception staff at some practices entered reminders into the appointment slot for the GP or nurse if a patient was noted to require vaccination

Texting

Text messaging using MJog was used to remind patients prior to appointments and to contact those who had defaulted, alongside re-lettering and telephone contact See MPS MDU guidance on texting patients

Good clinic flow

Maintaining good 'flow' through the clinic was highlighted as important in improving the patient experience. This was achieved by:-

- maximising the number of reception and clinical staff available
- not running clinics at the same time as other practices within the site to ease parking and overcrowding in waiting room
- using two rooms per clinician to allow movement between rooms as patients dress
- running separate paediatric clinics as these appointments tend to take longer
- using an 'admin partner' (if patient consented) to record vaccine information and so allow the clinician to focus on the patient
- operating a 'knock on the door' policy where staff are encouraged to refer eligible patients for vaccination as they see them, e.g. from the antenatal clinic

Overall, a flexible approach to vaccine delivery and mutual support by the administrative and clinical members of the practice team were highlighted as the key factors in maximising uptake.

Flu vaccine and egg allergy

Incidence of severe egg allergy is relatively rare but the management of patients with a history of egg allergy who present for flu vaccination should be considered carefully. An egg-free vaccine (Optaflu) is available this season and GPs are reminded that: -

- a GP10A is used for this, as for other egg-free flu vaccines, but supply from wholesalers to community pharmacies may be limited this season (in exceptional cases PDC may supply)
- a separate needle is required for administration of Optaflu
- it's only licensed for adults

NB
Flu and pertussis vaccines can be given at the same time in women ≥28 weeks pregnant

Delays in flu vaccine supplies

Some delays in vaccine supplies have been advised this season. GPs are asked to liaise closely with their community pharmacies and ensure that they hold adequate supplies of flu vaccine before planning clinics.

Janssen-Cilag Ltd (Crucell)
Viroflu and Inflexal V are expected to start by the beginning of October.

Sanofi Pasteur MSD
Inactivated influenza vaccine (Split Virion) BP and Intanza supplies were expected by the end of September. Initial deliveries from Sanofi will be reduced to 50% with remaining supply two weeks later.

Novartis
Fluvirin is delayed one week until week ending 5th October.
Agrippal is delayed until week ending 19th October.
Additional Fluvirin has been secured to cover Agrippal delay but sufficient Agrippal will be delivered to all customers to cover the 6 mths - 4 yrs age group.

NHSGGC flu website

The NHSGGC Flu website contains information for hospital staff, primary care teams and patients. NHSGGC-employed staff who would like to participate in peer immunisation can obtain information on how to organise clinics and can complete the relevant screening and vaccine-order forms on line. The Flu PGD has been updated for 2012/13

Pregnant women and flu vaccination

Between April 2009 and January 2010, 12 pregnant women died with confirmed flu infection in the UK. Pregnant women had a 7-fold risk of mortality compared to non-pregnant women in the same age group. In addition, the risk of mortality in babies born to infected mothers compared to babies born to non infected mothers was 5-fold. In view of the recent experience of severe flu infection in pregnant women, the World Health Organisation asked its Strategic Advisory Group of Experts (SAGE) to review all the available data. At its meeting held in April this year it concluded that pregnant women should be the ***most important risk group*** for seasonal flu vaccination.

Last year (2011/12 flu season), approximately 40% of pregnant women without any other risk factors, and approximately 60% of pregnant women with at least one other risk factors were vaccinated in NHSGGC. Therefore, every effort should be made to identify and vaccinate ***all pregnant women at any stage of their pregnancy***.

STOP PRESS: TEMPORARY PERTUSSIS VACCINATION PROGRAMME FOR PREGNANT WOMEN

The CMO letter of 28th September outlines the temporary pertussis vaccination programme for pregnant women. This has been introduced in the light of the current national outbreak of pertussis which is the largest seen in the UK for over a decade. It has resulted in 9 deaths in infants under 3 months of age in England although there have been no reported deaths in Scotland. Vaccinating pregnant women protects their babies against pertussis until the first routine immunisation.

Important points for primary care staff:

- The official start date in Scotland is 15th October, however, vaccination should be given before that date if the opportunity presents itself
- The target group is pregnant women between 28 and 38 weeks gestation
- Repevax ® should be prescribed under a PSD (patient specific direction) until the national PGD is approved
- Repevax ® is available from the PDC ***Note: GPs must specify it is for pregnant women when placing an order***
- Repevax® can be given at the same time as flu vaccination in the target group but flu vaccination shouldn't be postponed if patient presents before 28 weeks gestation
- A woman who has received a pertussis, diphtheria, tetanus and/or polio vaccination in the previous few months should be offered Repevax® (ensure an interval of at least one month since previous immunisation)
- Repevax® is not contraindicated in pregnancy and does not affect breastfeeding
- GPs can claim a fee for this vaccination (as detailed in CMO letter)
- The programme will be reviewed at the end of the 6-month period

Flu vaccination of risk groups in residential care

Primary care staff should note that the NHSGGC flu website contains the new NHSGGC Guidance on Influenza and Pneumococcal Vaccination in Adult Care Services . This guidance provides advice to GP practices on influenza and pneumococcal vaccination of people living in residential care settings.

Tamiflu® oral suspension – change of concentration

Please note change to concentration of Tamiflu® oral suspension from 12mg/ml to 6mg/ml - see MHRA for details

If you would like to comment on any aspect of this newsletter please contact Marie Laurie on 0141 201 4933 or at marie.laurie@ggc.scot.nhs.uk

Flu vaccines 2012/2013 season

Supplier	Name of product	Vaccine Type	Age Indication	Ovalbumin content per 0.5ml dose	Latex Formaldehyde	Amino-glycosides
Abbott Healthcare (formerly Solvay Healthcare)	Influvac	Surface antigen, inactivated, sub-unit	From 6 months	No more than 0.1 µg	Latex free Risk of formaldehyde residue	Gentamicin
	Imuvac	Surface antigen, inactivated, sub-unit	From 6 months	No more than 0.1 µg	Latex free Risk of formaldehyde residue	Gentamicin
Jannsen-Cilag	Viroflu	Surface antigen, inactivated, virosome	From 5 years	No more than 0.01 µg	Latex free Formaldehyde free	Polymixin B Neomycin
	Inflexal V	Surface antigen, inactivated, virosome	From 5 years	No more than 0.01 µg	Latex free Formaldehyde free	Polymixin B Neomycin
GlaxoSmith Kline	Fluarix	Split virion, inactivated	From 6 months	No more than 0.05 µg	Latex free Risk of formaldehyde residue	Gentamicin
MASTA	Imuvac	Surface antigen, inactivated, sub-unit	From 6 months	No more than 0.1 µg	Latex free Risk of formaldehyde residue	Gentamicin
	Inactivated Influenza Vaccine (Split Virion) BP	Split virion Inactivated virus	From 6 months	No more than 0.05 µg	Latex free Formaldehyde free	Neomycin Less or equal to 20pcg/dose
Novartis Vaccines	Agrippal	Surface antigen, inactivated	From 6 months	No more than 0.2 µg	***Not*** latex free Risk of formaldehyde residue	Kanamycin Neomycin
	Fluvirin*	Surface antigen inactivated	From 4 years	No more than 1 µg	***Not*** latex free Risk of formaldehyde residue	Polymixin B
	Optaflu	Surface antigen, inactivated, prepared in cell cultures	From 18 years	Ovalbumin free	Latex free Information on formaldehyde not available at time of printing	Information not available at time of printing
Pfizer Vaccines	Enzira	Split virion, inactivated	From 9 years	No more than 1 µg	Latex free Formaldehyde free	Polymixin Neomycin
	CSL Inactivated influenza Vaccine	Split virion Inactivated	From 9 years	No more than 1 µg	Latex free Formaldehyde free	Polymixin Neomycin
Sanofi Pasteur MSD	Inactivated influenza vaccine (Split Virion) BP	Split virion inactivated ,	From 6 months	No more than 0.05 µg	Latex free Risk of formaldehyde residue	Neomycin Less or equal to 20pcg/dose
	Intanza 9µg	Intradermal, split virion, inactivated,	From 18 years to 59 years	No more than 0.024 µg (0.1ml dose	Latex free Risk of formaldehyde residue	Neomycin Less or equal to 20pcg/dose
	Intanza 15µg	Intradermal, split virion, inactivated,	From 60 years	No more than 0.024µg (0.1ml dose	Latex free Risk of formaldehyde residue	Neomycin Less or equal to 20pcg/dose

None of the influenza vaccines for the 2012/13 season contains thiomersal as an added preservative.
*This vaccine states in its Summary of Product Characteristics (SPC) that it contains traces of thiomersal that are left over from the manufacturing process.
Aminoglycoside content values not available for all vaccines, all those stated would be present as trace compounds as they are used in the early stages of vaccine production. N.b. cross sensitivity to aminoglycosides is common, assume potential reaction for all, if allergic response to one has been demonstrated.
Ovalbumin, latex and aminoglycoside content for vaccines are correct as at 17/8/12, however, these may be subject to change in manufacturing practice at any time.
Guidance on the management of egg allergy is available
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_128828.pdf