NHS Greater Glasgow and Clyde

Sep/Oct 2014

Volume 13, SE Flu

PHPU Newsletter

Public Health Protection Unit **e-mail: phpu@ggc.scot.nhs.uk**
Telephone 0141 201 4917 **Fax 0141 201 4950**

Maximising flu vaccine uptake in GP practices

Flu vaccine uptake in those 65 years and older has remained consistently high over the past few seasons and above the 75% target. This target has, however, been difficult to achieve in 'at risk' patients aged 6 mnths - 64 years, especially those with chronic liver disease and in pregnant women. Recent evidence suggests a few key factors are associated with higher vaccine uptake; these include having a lead staff member who plans the flu campaign and producing a written report. The PHPU has produced a self-audit checklist of criteria to assist practices in their effort to maximise vaccine uptake. If your practice would like to participate in a pilot of this approach please e mail Edward.McArdle@ggc.scot.nhs.uk

Flu vaccine and egg allergy

Incidence of severe egg allergy is relatively rare but the management of patients with a history of egg allergy should be considered carefully. Fluenz® should not be given to children ***with any degree of egg allergy***. If there is a history of non-severe egg allergy a low ovalbumin content vaccine (less than 0.06 µg/dose) can be used (see appendix). Fluarix Tetra®, a quadrivalent vaccine, is the preferred vaccine for children with egg allergy aged 3 years and over.

Children with either confirmed anaphylaxis to egg OR with egg allergy and severe uncontrolled asthma should be referred to hospital. As per the Green Book, children and young people (under the age of 18 years) who have either confirmed anaphylaxis to egg or egg allergy with severe uncontrolled asthma (BTS SIGN step 4 or above) should be referred to specialists for immunisation in hospital Referrals should be made through Sky Gateway.

Please note that, if available, Optaflu®, the ovalbumin-free influenza vaccine, can be used in primary care for patients aged 18 years and older ***regardless of the severity of the allergy.***

Eligible children for extended seasonal flu programme

Arrangements for the extended seasonal flu programme are set out in the CMO letter (link) SGHD/CMO (2014)13.. Eligibility for the national advertising will ensure that parents are aware of the extended seasonal flu programme, however, parents will not receive a central letter. A letter from PHPU with a list of eligible children will be sent to all GP practices. Practices will, however, have to make their own arrangements for call and recall. A template call/recall letter and other resources are available on the NHS Health Scotland website

Administration of Fluenz® and other live vaccines

Staff should note the recent updated JCVI guidance which recommends that the administration of live attenuated influenza vaccine (e.g. Fluenz®) and other live vaccines can be at ***any time*** before or after each other.

Flu vaccine flow chart for eligible children and adults

Please refer to the NHSGGC Flu Vaccine Algorithm 2014 for guidance on the recommended vaccine for the specific patient groups

Flu vaccine supplies

Please note that all flu vaccines, intranasal and injectable, for vaccination of children and young people up to age 18 years ***will be purchased centrally and supplied to GP practices from the PDC***. Only vaccines prescribed for adults 18 yrs and over should be ordered from the community pharmacy.

Fluenz® PGD

The Fluenz® PGD was updated in August 2014 and is available to read for reference on the link.

Other useful links

Immunisation Scotland Child Flu Porcine material and flu vaccines info for HCPs

Appendix 1. Seasonal Influenza Vaccine PGD 2014-2015

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
GlaxoSmith Kline	Fluarix Tetra®▼	Split virion, inactivated	From 3 years	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 Risk of formaldehyde residue	Neomycin
	Enzira®	Split virion, inactivated	From 9* years	No more than 1 µg	Latex free Formaldehyde free	Neomycin Polymixin
Novartis Vaccines	Agrippal®**	Surface antigen, inactivated	From 6 months	No more than 0.2 µg	Latex free Risk of formaldehyde residue	Kanamycin neomycin
	Optaflu®	Surface antigen, inactivated, prepared in cell cultures	From 18 years	Ovalbumin free	Latex Free Formaldehyde free	Aminoglycoside free
Pfizer Vaccines	Enzira®	Split virion, inactivated	From 9* years	No more than 1 µg	Latex free Formaldehyde free	Neomycin Polymixin
	CSL Inactivated influenza Vaccine	Split virion Inactivated	From 9* years	No more than 1 µg	Latex free Formaldehyde free	Neomycin Polymixin
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
	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
	Intanza® 15µg	Intradermal, split virion, inactivated	From 60 years	No more than 0.024 µg (0.1ml dose)	Latex free Risk of formaldehyde residue	Neomycin

None of the influenza vaccines for the 2014/15 season contain thiomersal as an added preservative.
*Age indications and exclusions for use of Enzira® and CSL Inactivated Influenza Vaccine®, are based on Green book recommendations rather than licensed indication.
** The manufacturer states "Although no natural rubber latex is detected in the syringe tip cap, the safe use of this vaccine in latex-sensitive individuals has not been established".
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 August 2014, however, these may be subject to change in manufacturing practice at any time.
Guidance on the management of egg allergy is available http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2222.2010.03557.x/full