

Flu 2013 - Q&As

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- Q1** When does the **seasonal** flu vaccination programme begin ?
A1 The programme officially begins on 1st October 2013 and runs to the end of the season (March 2014). Details are contained within the [CMO letter](#) of 20th July
- Q2** What about the risk groups; same as before ?
A2 Yes, the [same risk groups](#) but this year the programme has been extended to include all 2-3-year-olds (born between 02/09/2009 and 01/09/2011) and selected [primary school](#) children. This programme will extend to all children aged 2-17 years over the next few years
- Q3** Have parents of children in the 2-3-year-old cohort been informed ?
A3 A letter to parents will be sent out from 19th September onwards advising them to contact their practices
- Q4** Where are the details of the extended programme ?
A4 The details are set out in the [CMO letter](#) of 11th September
- Q5** How are the children to be invited for vaccination ?
A5 In mid-September, Child Health will send a list of eligible children to all GP practices and each practice will make its own arrangements (see Q3)
- Q6** Which vaccine is being used in the extended programme ?
A6 [Fluenz](#)® which is live and administered intra-nasally
- Q7** Will Fluenz® be supplied by the PDC ?
A7 Yes, but only for children in the 2-3-year-old group
- Q8** What about using Fluenz® for children in clinical risk groups ?
A8 Fluenz® is also the preferred vaccine for those aged 4-17 years with risk conditions but it should be ordered from community pharmacy and **NOT** from the PDC
- Q9** Are there contra-indications with Fluenz® ?
A9 Yes, it's NOT to be used in children with proven egg allergy (regardless of severity). Details of other contraindications are in the new [Green Book chapter](#)
- Q10** Which vaccines can be used if there if proven egg allergy ?
A10 If severe egg allergy with anaphylactic reaction – use egg-free vaccine such as Optaflu (but only licensed for age 18 and over) or refer to hospital clinic if no licensed egg free vaccine available.

If non-severe egg allergy - use a low ovalbumin content vaccine (less than 0.06 µg/dose) see [Appendix](#)
- Q11** What about the flu vaccines for the clinical risk groups aged 18 and over ?
A11 They are all listed in the PGD
- Q12** Is it correct that some 'at risk' children require two doses of Fluenz® ?
A12 Yes, those aged between 2 and 9 years who have **never** received flu vaccine before require two doses 4-6 weeks apart ([see algorithm](#))
- Q13** Will all flu vaccines be administered under one PGD ?
A13 No - there is a separate Fluenz® [PGD](#) and a seasonal flu vaccine [PGD](#)
- Q14** Can health care assistants administer the vaccine ?
A14 See A11 in the Shingles Q&A
- Q15** What about the vaccination programme for NHS staff ?
A15 This programme also starts on 1st October and further details are available on [Occupational Health](#) website
- Q16** Is peer immunisation still an option ?
A16 Yes. 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.
- Q17** How do GP staff get vaccinated against flu ?
A17 GP staff are not NHSGGC employees and therefore individual practices must make their own arrangements
- Q18** Are there patient leaflets about seasonal flu and child flu ?
A18 Yes, [seasonal flu](#) leaflet and [child flu](#) leaflets are available as downloads from the Immunisation Scotland website and can be ordered [on line](#) from the Public Health Directory Resource

Shingles 2013 - Q&As

[Click here](#) to view the Shingles slide show

- Q1** When does the new shingles vaccination programme begin ?
A1 The programme officially begins on 1st September 2013 but the vaccine can be given either with the seasonal flu vaccine or at any time between now and August 2014, depending on vaccine availability
- Q2** Why has the programme been introduced ?
A2 The epidemiology of shingles shows that individuals over 70 years of age are not only at an increased risk of developing the disease, but they also suffer a more severe form of the illness resulting in complications such as post herpetic neuralgia and an increase in hospital admissions
- Q3** Who is to be vaccinated this year ?
A3 All 70-year-olds (born between 02/09/42 and 01/09/43) and there's a catch-up for the 79-year-olds (born between 02/09/33 and 01/09/34)
- Q4** Why only this age group ?
A4 Studies undertaken on behalf of the JCVI show that the most cost-effective age for offering vaccination to prevent and/or reduce the disease burden is for those aged 70 to 79 years
- Q5** Are both programmes running concurrently ?
A5 Yes, both groups can be invited anytime from now until August 2014
- Q6** What about those aged 71 -78 years of age, when are they being vaccinated ?
A6 The Scottish Government will make a policy decision about them as soon as is possible depending on vaccine supplies etc.
- Q7** Where are details of the vaccination programme ?
A7 All the arrangements are laid out in the [CMO letter](#) of 13th August
- Q8** How are the patients to be contacted ?
A8 The SGHD has produced a [template letter](#) of invitation and the PHPU has provided a list of eligible patients. These have been sent to all GP practices and it is up to practices to make arrangements for vaccination.
- Q9** What vaccine is being used and where is it injected ?
A9 [Zostavax](#)[®] - a live vaccine injected subcutaneously into the upper arm
- Q10** Will it be administered under a PGD ?
A10 Yes - all immunising staff in primary care should sign the new [PGD](#)
- Q11** Can health care assistants administer the vaccine ?
A11 Yes, if all the following conditions are met :-
1. The vaccine is prescribed under a **PSD** by GP or a prescriber
2. The prescriber assesses the patient prior to vaccination
3. The prescriber ensures that the HCA has been trained to administer the vaccine
4. The prescriber retains clinical responsibility.
- Q12** What about patients with chronic inflammatory disorders who are on immunosuppressant drugs ?
A12 Zostavax[®] can be used for patients on low dose methotrexate (<0.4mg/kg/week), azathioprine (<0.3mg/kg/day) or 6-mercaptopurine (<0.1.5mg/kg/day)
- Q13** Are there any contraindications ?
A13 Hypersensitivity to any constituent of the vaccine (e.g., neomycin). If manifestation of allergy to neomycin is contact dermatitis, and it usually is, then this is not a contraindication. It is contraindicated in those with primary or acquired immunodeficiency. For details see [Green Book chapter](#)
- Q14** Are there any side effects ?
A14 10% of people might develop a headache, redness or tenderness at the injection site
- Q15** What if the patient has already had shingles ?
A15 Vaccination should still go ahead and, if a recent episode, once patient is fully recovered
- Q16** What about ordering and vaccine supplies ?
A16 Click here to see [ordering procedure](#). Limited supplies of this vaccine are available over the first few months so practices will be unable to order for their entire cohort; supplies will be allocated by PDC according to availability from the manufacturer. Less than 50% of delivery is expected by end of September
- Q17** Is there a patient [leaflet](#) and [poster](#) ?
A17 Yes, these have been [sent out](#) to GP practices but can be ordered [on line](#) at the new PHRD site