



# Seasonal Flu Vaccination Programme Scotland (2018/19)

## Key messages for practitioners

*August 2018*

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## Seasonal Flu Vaccination Programme 2018/19

### Key messages

- flu immunisation is one of the most effective interventions we can provide to reduce harm from flu and pressures on health and social care services during the winter
- it is important to increase flu vaccine uptake in clinical risk groups because of increased risk of death and serious illness if people in these groups catch flu
- for a number of years, only around half of patients aged six months to under 65 years in clinical risk groups have been vaccinated
- influenza during pregnancy may be associated with perinatal mortality, prematurity, smaller neonatal size, lower birth weight and increased risk of complications for mother
- vaccination of health and social care workers protects them and reduces risk of spreading flu to their patients, service users, colleagues and family members
- by preventing flu infection through vaccination, secondary bacterial infections such as pneumonia are prevented. This reduces the need for antibiotics and helps prevent antibiotic resistance

Slide courtesy of PHE

Morbidity and mortality attributed to flu is a key factor in NHS winter pressures and a major cause of harm to individuals especially vulnerable people. The annual flu immunisation programme helps to reduce GP consultations, unplanned hospital admissions and pressure on A&E and is therefore a critical element of the system-wide approach for delivering robust and resilient health and care services during the winter.

## Seasonal Flu Vaccination Programme 2018/19

### Key messages

- This year different flu vaccines will be offered to the adult and the at-risk groups
- The recommended vaccine for individuals will depend on the evidence provided by Joint Committee for Vaccination and Immunisation (JCVI) relating to the effectiveness of vaccines for different age groups and available vaccine supplies

Please note that separate resources are available on the NHS Education for Scotland website relating to the childhood programme

## Seasonal Flu Vaccination Programme 2018/19

### Why different vaccines?

- JCVI considers:
  - Adjuvanted trivalent inactivated vaccine to be more effective and cost-effective than the non adjuvanted vaccines currently in use in the elderly
  - Quadrivalent inactivated vaccine to be more effective and cost-effective in at risk adults under 65 years of age, including pregnant women
- <https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19>

#### **Summary of data to support the choice of influenza vaccination for adults in primary care** (January 2018)

<https://www.gov.uk/government/publications/flu-vaccination-supporting-data-for-adult-vaccines/summary-of-data-to-support-the-choice-of-influenza-vaccination-for-adults-in-primary-care>

#### **QIV in at risk adults under 65 years of age:**

Several studies in other settings indicate that QIV is likely to be cost effective compared with the trivalent vaccine (Meier et al 2015., Thommes et al 2015). Modelling by PHE has been conducted to understand the benefit of QIV in adults in the presence of the UK childhood programme. The model suggests that, once the programme in children of primary school age is fully established, there is still some benefit from using QIV in at risk adults under 65 years of age, including pregnant women. The model confirms, however, that there are relatively small additional health benefits to be gained by the use of QIV in older people. (Thorrington et al., 2017)

#### **aTIV in elderly:**

- Mathematical modelling by PHE indicates that, even under quite conservative estimates of effectiveness, the adjuvanted vaccine would be highly cost-effective in both the 65-74 and 75 years and over age groups with large reductions in GP consultations and hospitalisations.

- Given the low influenza vaccine effectiveness seen in the over 65 year olds in seasons dominated by A(H3N2), the JCVI agreed that use of aTIV in those aged 65 years and over would be both more effective and cost-effective than the non-adjuvanted vaccines currently in use (JCVI, October 2017).

- **The priority for adjuvanted vaccine should be for those aged 75 years and above as this age group appear to derive little benefit from the standard vaccine** (JCVI, October 2017). The vaccine would, however, also be effective and cost-effective in 65-74 year olds.

- Given the evidence above about the potential benefits of QIV, trivalent adjuvanted vaccine is a more appropriate choice than standard quadrivalent vaccine for older people.

#### References:

- Meier G, Gregg M, Poulsen Nautrup B. Cost-effectiveness analysis of quadrivalent influenza vaccination in at-risk adults and the elderly: an updated analysis in the U.K. *J Med Econ.* 2015;18(9):746-61.

- Thommes EW, Ismaila A, Chit A, Meier G, Bauch CT. Cost-effectiveness evaluation of quadrivalent influenza vaccines for seasonal influenza prevention: a dynamic modeling study of Canada and the United Kingdom. *BMC Infect Dis.* 2015 Oct 27;15:465

- Thorrington D, van Leeuwin E, Ramsay M et al. *BMC Medicine* (2017) 15:166 . DOI 10.1186/s12916-017-0932-3

- Joint Committee on Vaccination and Immunisation Minutes of the October 2017 meeting. Available at : <https://www.gov.uk/government/groups/joint-committee-on-vaccination-and-immunisation#minutes>

### Seasonal Flu Vaccination Programme 2018/19 Vaccine recommendations - Key changes for Scotland

**Quadrivalent inactivated vaccine - QIV**

- children from 2yrs and up to 18yrs contra-indicated for live vaccine
- children age 6mth-2yrs in clinical risk groups
- pregnant women
- at risk adults <65yrs
- health care workers

**Trivalent inactivated vaccine - TIV**

- all adults aged 65-74yrs

**Adjuvanted trivalent inactivated vaccine – aTIV**

- all adults aged over 75yrs

**There is no change to the recommendation of Quadrivalent live attenuated vaccine - LAIV – for children (2-5 year olds not yet in school, all primary school aged children and those in clinical risk groups in secondary school)**

Note: In Scotland, the reason for the phased approach of the aTIV is due to limited vaccine supply.

## Seasonal Flu Vaccination Programme 2018/19

### Key messages

- There are no changes to the clinical at-risk groups
- Uptake targets for both the 65 years and over group, and the under 65's "at-risk" population will remain 75%, in line with World Health Organisation (WHO) targets.
- Pregnant women, at any stage of pregnancy, remain eligible for, and are recommended to have, flu vaccination

Note the adjuvanted trivalent inactive vaccine which is being phased in this year will be offered to those aged 75yrs and over. In Scotland, the reason for the phased approach of the aTIV is due to limited vaccine supply.

## Seasonal Flu Vaccination Programme 2018/19

### Key messages

#### Healthcare workers

- The Chief Officers strongly encourage that **all** NHS staff are vaccinated against seasonal flu, particularly front-line staff and those working in areas where patients might be a greater risk.
- Health care workers will be offered one dose of quadrivalent inactivated vaccine

Patients at greater risk include paediatric, oncology, maternity, care of the elderly, haematology, ICU's.

The target is to vaccinate 60% of front line staff and all efforts should be made to make the vaccine available at times and places that are convenient for staff. Senior clinicians and NHS managers should ensure staff fully understand the role flu vaccination plays in preventing transmission of the flu virus.

As in previous years, free seasonal influenza immunisation should be offered by NHS organisations to all employees directly involved in delivering care.

Vaccination against flu should be considered an integral component of standard infection control procedures.