

To:

General practices

CCGs

Community pharmacies

NHS England, British Medical Association
and Pharmaceutical Services Negotiating
Committee

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Dear Colleagues

Flu vaccinations for 2018 and planning flu clinics

We are writing to remind you of the clinical recommendations around the most effective flu vaccine for patients for the 2018/19 flu vaccination programme. It is our intention to provide guidance and support to help you and your teams implement these requirements.

Following advice from Public Health England (PHE) issued last year, NHS England wrote to general practices and community pharmacies on 5 February 2018 to ensure the use of adjuvanted trivalent flu vaccine (aTIV) for those aged 65 years and over in the coming flu season (<https://www.england.nhs.uk/wp-content/uploads/2018/02/vaccine-ordering-18-19-influenza-season-gp-pharm.pdf>). This decision was made on the basis of strong clinical evidence that this is the most effective vaccine for this group of vulnerable patients¹.

The only licensed aTIV in the UK is manufactured by Seqirus (Fluad[®]). Adjuvanted trivalent flu vaccine was licenced in the UK in August 2017, but Fluad[®] is not a new vaccine, as it has been licenced and available in Italy since 1997. The manufacturing process of this vaccine and the trivalent vaccine that is one component of aTIV is well established. NHS England and the Department of Health and Social Care have been communicating closely with Seqirus to ensure adequate doses of the vaccine are available to meet the needs of the UK population, and to achieve equitable supply for the flu vaccination programme.

To manage aTIV vaccine supply across the UK, Seqirus have planned deliveries to UK customers in three phases between September and November this year; this is equally relevant to GPs and community pharmacies. To help ensure that there is equal access for patients and that all vaccination providers are treated fairly, the split deliveries in 2018/19 will apply to all customers across all UK countries. Given the impact that flu can have on vulnerable individuals, it is important that aTIV is used in the flu vaccination

programme as soon as possible. GPs and community pharmacies will all receive 40% of their aTIV order in September, 20% in October and 40% in November.

With appropriate planning all patients should be able to be offered protection before the flu season starts. The flu season often starts around December, though we know it can start earlier in some years. Previous patterns of immunisation suggest that not all of the 65 years and over group of patients are immunised early; data from the weekly ImmForm surveys shows that in 2017/18, 60% were immunised by the end of October, rising to ~70% by the end of November and 72.6% at the end of January.

Enclosed is some guidance and FAQs which have been developed by NHS England and PHE with the support of the British Medical Association (BMA) and the Pharmaceutical Services Negotiating Committee (PSNC). This will help you in planning delivery of your flu vaccination programme, prioritising which patients to vaccinate first on clinical grounds and addressing questions from your patients.

In addition, we will be working to ensure local and national communications are in place to promote consistency and co-operation between all vaccination providers. Messages given in the national flu communications plan will reinforce this so that patients and healthcare professionals get consistent messages.

We are aware that there are a small proportion of general practices that have not ordered aTIV for their population aged 65 years and over as recommended in the letter of 5 February. Further guidance will be issued to these practices in the coming weeks.

Having a more effective vaccine available for some of the most vulnerable groups in our population is a positive development for 2018/19. Patients will be better protected from flu and there should be additional benefits for health and social care services with reductions in GP consultations and hospitalisations and fewer outbreaks in care settings.

Yours sincerely



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ⁱ There is increasing evidence of the poor performance of non-adjuvanted, standard influenza vaccines in older people.

PHE have conducted an age stratified vaccine effectiveness analysis of pooled primary care data since 2010/11 (awaiting publication). This showed significant effectiveness in the 65-74 age group for all influenza, for A(H1N1)pdm09, and for influenza B but no evidence of significant protection against A(H3N2).

Above the age of 75 years, pooled estimates were unable to demonstrate any significant effectiveness across all seasons against influenza. This is important because the A(H3N2) influenza sub-type is

associated with significant impact in older people typically resulting in excess mortality and causing outbreaks in often highly vaccinated residents in care homes.

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