

To:
Chief Pharmacists/Pharmaceutical
advisers of PCTs
Chief Executives of Strategic Health
Authorities
Chief Executives of NHS Trusts
Chief Executives of NHS Foundation
Trusts
Chief Pharmacists of NHS Trusts
PCT Directors of Public Health
SHA Flu Leads
SHA Winter Leads
PCT Immunisation and Flu Co-ordinators
Medical Directors of NHS Trusts
Chairs of Primary Care Trusts
General Practitioners
Directors of Nursing
Lead Nurses at PCTs
Practice Nurses
For circulation to all Occupational Health
Departments and Directors of Infection
and Prevention Control

cc:
Regional Directors of Public Health
Chairs Infection Control Committees
Consultants in Communicable
Disease Control
Accident and Emergency
Departments
All Pharmacists
Monitor – Independent Regulator of
NHS Foundation Trusts
RCGP
BMA

25 November 2011

Gateway reference no: 16950

Dear Colleague,

Uptake of the influenza vaccine

I am writing to you on behalf of the Chief Medical Officer, Chief Pharmaceutical Officer and Chief Nursing Officer to seek your further help in achieving high flu vaccination coverage, particularly in:

- people aged under 65 in the clinical risk groups¹;
- all pregnant women; and
- frontline healthcare workers.

Although good progress has been made among healthcare workers compared to last year, current data show that vaccine uptake levels in the clinical risk groups are only similar to or slightly higher than at the same time last year (the latest data can be found at <http://immunisation.dh.gov.uk/>). We may not reach the aspiration of 60% uptake in the clinical risk groups, and I am also concerned that we will not achieve adequate uptake amongst pregnant women.

¹

http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Professionalletters/Chiefmedicalofficerletters/DH_116507

We do not know how serious flu will be this winter. However, we do know that improving flu vaccine uptake will ensure that more people that are vulnerable will be protected.

It is important that Trusts work with their GPs and other providers in order to encourage more people in risk groups to come forward for vaccination. This could be done through actively inviting such patients through phone calls or personal letters, advertising locally; or working with local media in order to communicate the importance of flu vaccination. Pharmacists dispensing prescriptions for people over 65, in the at-risk groups and for pregnant women should take the opportunity to encourage them to get vaccinated.

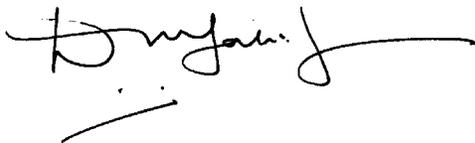
Communication needs to be clear and comprehensible to all those in risk groups. GPs and other health professionals are encouraged to seek opportunities to offer the vaccine during other visits and appointments as well as through organised vaccination clinics. Continuing this work through December and into January will help to ensure that more people are protected. A best practice guide to the seasonal flu vaccination programme is attached at annex A.

GPs are reminded not to return unused flu vaccines to manufacturers yet in case there is a late surge in demand, as occurred last year.

Good progress has been made on increasing uptake of the flu vaccine in frontline healthcare workers compared to last year's levels, but there is still more to be done. Protecting healthcare workers benefits the individual and reduces the risk of transmitting the virus to vulnerable patients. Trusts are asked to continue their work to increase seasonal flu vaccination rates in healthcare professionals.

I remain grateful to you for your efforts to protect the health of the people of England this year.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'D M Salisbury', with a long horizontal flourish extending to the right.

Professor D M SALISBURY CB
FRCP FRCPCH FFPH
Director of Immunisation

Annex A – Best Practice Guide

The following arrangements may enable GPs to increase the uptake of seasonal flu vaccine among their patients in clinical risk groups:

- Ensure all practice staff are fully informed of the arrangements for the campaign as set out in the annual CMO letter sent in the spring.
- Identify a named influenza champion in each practice to co-ordinate the programme, link with the PCT influenza co-ordinator and respond to patient queries.
- Share best practice with the PCT so that it can be disseminated to practices with lower uptake.
- Be able to identify the patients who fall into a clinical risk group.
- Have robust call and reminder systems in place.
- Have sufficient vaccine stock and appointment slots available to ensure all those eligible have the opportunity to receive the vaccine.
- Chase up patients who don't respond to invitations to attend for vaccination, ideally by phone (some practices also now have texting systems in place and this could also be used).
- Consider a domiciliary visit to the home of patients who do not respond to letters or phone calls or who are unable to get to the practice.
- Ensure that patients have up to date, accurate information available, e.g. attach a copy of the 'is your child at risk' leaflet to repeat prescriptions for at-risk children or attach other relevant leaflets to repeat prescriptions for other groups, for example, pregnant women; some practices also have a stamp that they use on repeat prescriptions reminding patients to have their seasonal flu vaccine.
- Respond to any objections the patient may have to receiving the vaccine and point out the increased risk that seasonal flu poses to them and the benefits of having the vaccine.
- Make sure that systems are in place to ensure the GP practice receives and records details of anyone who receives the vaccine outside the practice (individuals in risk groups, pregnant women and others may get the vaccine from their employer, at-risk children/adults/pregnant women may be offered it in hospital/special school, community paediatrician clinic, secure children's units etc)
- Consider increasing access arrangements at the surgery, e.g. evening and Saturday morning clinics for seasonal flu vaccine in addition to routine clinics and appointment availability for the vaccine outside of these clinics.
- Put an alert on the computer records of those eligible to receive the vaccine and provide it opportunistically to those presenting at the surgery for other reasons when appropriate to do so.
- Regularly review those on the flu vaccine list who have not yet received the vaccine.