

Dear Colleagues

SCOTTISH CHILDHOOD AND SCHOOL FLU IMMUNISATION PROGRAMME 2021/22

1. We are writing to provide you with information about the childhood and school based seasonal flu immunisation programme 2021/22.
2. We would like to begin by thanking you for all the hard work you are doing as part of the NHS response to the global COVID-19 pandemic. We know that this has been an extremely challenging time for all staff across the health and social care sector.
3. Delivery of the flu immunisation programme will protect those at risk, and it is therefore essential that we build on the success from previous year's programmes to prevent ill health and minimise further impact on the NHS.
4. A recommendation to extend influenza vaccination to children and adolescents was made in 2012 by the JCVI, to provide both individual protection to the children themselves and reduce transmission across all age groups. Implementation of the programme began in 2013, with pre-school and primary school children offered vaccination.
5. The expanded influenza vaccination programme that we implemented last season, will continue in 2021/22 as part of our wider planning for the next winter, with

**From Chief Medical Officer
Chief Nursing Officer
Interim Chief Pharmaceutical
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Dr Gregor Smith
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Addresses

For action

Chief Executives, NHS Boards
Medical Directors, NHS Boards
Nurse Directors, NHS Boards
Primary Care Leads, NHS Boards
Directors of Nursing & Midwifery,
NHS Boards
Chief Officers of Integration
Authorities
Chief Executives, Local Authorities
Directors of Pharmacy
Directors of Public Health
General Practitioners
Practice Nurses
School Nurses
Immunisation Co-ordinators
CPHMs
Scottish Ambulance Service

For information

Chairs, NHS Boards
Infectious Disease Consultants
Consultant Physicians
Public Health Scotland
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Further Enquiries

Policy Issues

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the programme being further extended to include secondary school pupils.

6. Vaccinating children provides direct protection to children but also reduces transmission of influenza among household members and close contact. JCVI have recommended that expanding the flu vaccination to secondary school pupils would be cost effective and provide further resilience to the NHS during the winter months, particularly if COVID-19 is still circulating. During the coming winter, it remains a key intervention to reduce pressure on the NHS and will be reviewed going forwards on an on-going basis. This is a school based programme and only pupils attending school at the time of the vaccination programme are eligible (see below about home educated children).

Planning

7. We recognise that delivering the flu programme this year will be a greater challenge than ever before because of the impact of COVID-19 on our health and social care sector. We would expect us all to draw on learning from our experience of COVID-19 and be mindful on how best to deliver a vaccination programme that is prioritised towards protecting the most vulnerable.
8. We will continue to work with the Scottish Immunisation Programme Group to develop vaccination service delivery to ensure that children will have the opportunity to receive the flu vaccination in a timely manner while maintaining good Infection Prevention & Control practices and appropriate physical distancing. The provision of appropriate Personal Protective Equipment (PPE) to those involved in the delivery of the childhood flu vaccination programme will remain an important part of the programme planning. Please refer to the COVID-19 guidance available at: <https://www.hps.scot.nhs.uk/a-to-z-of-topics/covid-19/infection-prevention-and-control-ipc-guidance-in-healthcare-settings/#title-container>.

Eligibility

9. Health Boards should continue to arrange vaccination for any primary and secondary school-aged pupil (outlined below) resident in Scotland at the time of the immunisation programme who was not vaccinated during their local school immunisation session or who requires a second dose of inactivated vaccine to complete their first course of flu vaccine.

Those eligible for the childhood and school flu vaccination programme include:

- All children aged two-five* years (not yet at school) (*children must be aged two years or above on 1 September 2021); and
 - All primary school children (primary one to primary seven) at school.
 - All secondary school pupils (years one to six)
10. A number of Health Boards and Health and Social Care Partnerships (HSCPs) have either transferred, or are in the process of transferring across delivery of the flu vaccine to children in the two-five years age group from GP Practices. A small number of Health Boards and HSCPs have not yet made alternative delivery arrangements. Health Boards and HSCPs will be working closely with local practices to ensure that all eligible children are offered this vaccine timeously to protect them against this infection. GP practices will be responsible for vaccinating this age group where they agree to do so under the forthcoming Influenza and Pneumococcal DES for 2021/22.

Vaccine

11. Fluenz Tetra®, a live attenuated nasal influenza vaccine (LAIV), is the vaccine available for the majority of children and adolescents aged under 18 years this year. A very small number of pupils may be aged 18 years at the time they receive the vaccine and they should also be offered the LAIV off label and this will be included in the national PGD template. Please note that, as a live, attenuated vaccine, Fluenz Tetra® is contraindicated in a very small number of children and pupils. Children who have a contraindication to LAIV should be offered a suitable quadrivalent, inactivated flu vaccine, as appropriate for their age. Cell based quadrivalent influenza vaccine (Seqirus Vaccines) (QIVc), which is now licensed for all children aged two years and above, will be available to order for children in at risk groups who are contraindicated to receive LAIV. Children in clinical risk groups aged 6 months to less than 2 years should be offered egg based quadrivalent influenza vaccine (Sanofi Pasteur Vaccines) (QIVe).
12. Fluenz Tetra® has a shorter shelf life (18 weeks) than other flu vaccines. The expiry date on the nasal spray applicator should always be checked before use.
13. The delivery schedule for Fluenz Tetra® for 2021/22 has not yet been confirmed, as this is subject to manufacturing and ongoing regulatory processes. As Fluenz Tetra® has a shorter shelf life than other vaccines it will be delivered into the national stockpile in a number of consignments in order to ensure that there are in date supplies available throughout the period vaccine can be offered.

14. To support efficient delivery of the programme, it is anticipated that the delivery schedule will result in most of the vaccine becoming available to order in the initial weeks of the programme.
15. Arrangements should be made to ensure that pupils who missed out on vaccination during the school session are recalled and offered subsequent opportunities to attend. Precise arrangements for achieving this are for local determination. Children who are in eligible age groups and are home educated should also be offered vaccination through local arrangement.
16. Sufficient vaccine has been procured for flu season 2021/22 to ensure adequate vaccine supply is available, and will also allow for an increased uptake in light of COVID-19. NHS Boards and practices must ensure adequate vaccine supplies before organising vaccination clinics. Any issues or queries should be escalated to the Immunisation Co-ordinator within the NHS Board. If you require contact details for your NHS Board Immunisation Coordinator please email seasonalfluprogramme@gov.scot.
17. More information on the vaccines available for the 2021/22 seasonal flu immunisation programme, as well as additional information set out in Annex B.

Communication materials

18. An invitation letter and leaflet will be issued to parents/guardians of all eligible pre-school children aged two to five years inviting them for vaccination. A national media campaign (TV, radio, press, digital and social media) will be timed around parents receiving this communication. Research and insight activity will underpin the campaign in light of COVID-19, and potentially changing attitudes to vaccination.
19. Posters, leaflets and other materials to support the campaign will also be distributed to relevant settings such as nurseries and GP Practices. Some NHS Boards and HSCPs may undertake additional local communication activity as appropriate to complement national communication.
20. For school based programmes, consent packs will be distributed to local schools to be sent home in school bags. These packs will include a letter and leaflet for parents of primary and secondary school pupils as well as a consent form. The messaging within these is currently being revised and tested in light of COVID-19.

21. To support the programme in schools, Public Health Scotland will ensure all schools have supporting materials on the flu vaccine for staff, parents, children and pupils. These will all be available for schools to download from mid-August 2021.
22. Information for children aged two to five years, primary and secondary school flu leaflets will be available in other languages (including Polish, Mandarin and Arabic) and alternative formats (BSL, audio and Easy Read) at www.nhsinform.scot/childflu (under 'Further Information'). Public Health Scotland is happy to consider requests for other languages and formats. Please contact 0131 314 5300 or email p hs.otherformats@p hs.scot.
23. The public should be signposted to www.nhsinform.scot/childflu for up to date information on the programme.

Workforce education materials

24. Workforce education materials will be made available before the start of the programme at [Seasonal flu | Turas | Learn \(nhs.scot\)](#).

Resources

25. Health Boards are asked to ensure that immunisation teams, including vaccine holding centres, are properly resourced to develop and deliver the extended programme. Scottish Government, Workforce and Chief Nursing Officer Directorates will support Boards through the provision of workforce planning tools and resources to ensure that at all times suitably qualified and competent individuals, from a range of professional disciplines as necessary, are working in numbers appropriate for the health, wellbeing and safety of patients, enabling the provision of safe and high-quality health care and the wellbeing of staff.
26. Any additional costs related to adapting immunisation programmes to meet COVID-19 requirements (e.g. physical distancing, PPE) should be recorded in Health Boards' Local Mobilisation Plans, now called COVID-19 finance returns. This is in the form of a single row figure in the return. Please ensure that costs are not double counted for services already delivered.

ACTION

27. Health Boards, including their Primary Care teams, and GP practices are asked to note and plan appropriately to implement the arrangements outlined in this letter for the 2021/22 childhood and school seasonal flu immunisation programme. It is important that every effort is made this year to ensure high uptake as this winter, more than ever, the flu vaccine is going to be a key intervention to reduce viral transmission and pressure on the NHS and social care services.
28. We have procured additional vaccine to support higher vaccination uptake however, ongoing and effective management at a local level will also be

required. Health Boards and Primary Care teams should fully consider the needs of their eligible cohorts and plan appropriately and timeously in order to successfully deliver the programme.

29. We would ask that action is taken to ensure as many children and adolescents as possible are vaccinated early in the season, and before flu viruses begin to circulate. The benefits of flu vaccination should be communicated and vaccination made as easily accessible as possible.
30. We would also ask Health Boards to engage early with education colleagues, including school heads, to ensure that models of vaccine delivery are discussed and agreed particularly in light of physical distancing and the potential for a blended learning model to be in place.
31. We would like to take this opportunity to express our gratitude for your professionalism and continuing support in planning and delivering the flu immunisation programme and a heartfelt thank you for all your hard work in these most challenging of circumstances.

Yours sincerely,

Gregor Smith

Amanda Croft

Alison Strath

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Chief Medical Officer

Professor Amanda Croft
Chief Nursing Officer

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Officer**

FLU VACCINE: PRIORITISING UPTAKE AND ELIGIBILITY

Prioritising flu vaccine uptake

1. Flu vaccination is one of the key interventions we have to reduce pressure on the health and social care system this winter. Since March 2020 we have seen the impact of COVID-19 on the NHS and social care, and this winter we may be faced with co-circulation of viruses causing COVID-19 and flu. We understand that planning this year is even more challenging with the uncertainties of staff absences, and how long policies around physical distancing and alternative models of schooling that may be in place. However, it is more important than ever to make every effort to deliver flu vaccination.
2. Those most at risk from flu are also most vulnerable to concurrent infection with COVID-19. The people most at risk from flu are already eligible to receive the flu vaccine, and in order to protect them as effectively as we can, their vaccination should be prioritised.

Eligible Groups

3. In 2021/22 the seasonal flu vaccine should be offered, from the commencement of the programme, to all pre-school, primary and secondary school children and pupils.

Recommendation

4. The Joint Committee on Vaccination and Immunisation (JCVI) recommends the live attenuated influenza vaccine (LAIV) is offered to children and adolescents, as it is more effective in the programme than the inactivated injectable vaccines. This is because it is easier to administer and considered better at reducing the spread of influenza to others, who may be vulnerable to the complications of influenza.
5. Uptake of seasonal flu vaccination last year for children aged 2-5 years was 59.3% with a national target of 65%. For primary school children, the national target was 75% and the actual uptake was 75.3%.
6. While vaccination uptake for primary school children has risen, we will look to all NHS Boards to do everything they can to further increase uptake to all children in the existing and new cohorts. It is important that parents understand the seriousness of vaccinating their children as this will reduce the potential spread of the virus and pressure on the NHS.

Immunisation against Infectious Disease ('The Green Book')

7. Further guidance on the list of eligible groups can be found in the most recent influenza chapter (chapter 19) of the Green Book available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/931139/Green_book_chapter_19_influenza_V7_OCT_2020.pdf

8. Chapter 12 of the Green Book provides information on what groups can be considered as directly involved in delivering care and is available at:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/147882/Green-Book-Chapter-12.pdf
9. Any Green Book updates will be made to the linked pages above.

RECOMMENDED FLU VACCINES, VACCINE COMPOSITION AND ORDERING INFORMATION

Flu vaccines for 2021/22

1. The flu vaccines that have been centrally procured for the forthcoming flu season are in line with the recommendations of the Joint Committee on Vaccination and Immunisation (JCVI) and are set out in the table below.

Eligible Groups –	Vaccine – JCVI Recommended
At risk children aged 6 months - 2 years	Offered Egg based Quadrivalent Influenza Vaccine (split virion, inactivated Sanofi Pasteur Vaccines (QIVe),
Children aged 2 –18 years who cannot receive LAIV	Offered, Cell-based Quadrivalent Influenza Vaccine (surface antigen, inactivated), (now licensed from the age of 2 years) Seqirus Vaccine QIVc,.
Pre-school children aged 2-5 years	Offered live attenuated influenza vaccine (LAIV)
Primary school children	Offered live attenuated influenza vaccine (LAIV)
Secondary school pupils	Offered live attenuated influenza vaccine (LAIV)

2. Some flu vaccines are restricted for use in particular age groups. The Summary of Product Characteristics (SPC) for individual products and Patient Group Directions (PGD) should always be referred to when ordering vaccines for particular patients.

Vaccine composition for 2021/22

3. Each year the World Health Organization (WHO) recommends flu vaccine strains based on careful mapping of flu viruses as they circulate around the world.
4. This monitoring is continuous and allows experts to make predictions on which strains are most likely to cause flu outbreaks in the northern hemisphere in the coming winter. Getting vaccinated is the best protection available against an unpredictable virus that can cause severe illness.
5. For the 2021/22 flu season (northern hemisphere winter) it is recommended that cell or recombinant-based Vaccines contain the following strains:
 - an A/Wisconsin/588/2019 (H1N1)pdm09-like virus;
 - an A/Cambodia/e0826360/2020 (H3N2)-like virus;
 - a B/Washington/02/2019 (B/Victoria lineage)-like virus; and
 - a B/Phuket/3073/2013 (B/Yamagata lineage)-like virus.

6. For the 2021/22 flu season (northern hemisphere winter) it is recommended that egg based vaccines contain the following strains:
 - an A/Victoria/2570/2019 (H1N1)pdm09-like virus;
 - an A/Cambodia/e0826360/2020 (H3N2)-like virus;
 - a B/Washington/02/2019 (B/Victoria lineage)-like virus; and
 - a B/Phuket/3073/2013 (B/Yamagata lineage)-like virus.

For more information

7. Recommended composition of influenza virus vaccines for use in the 2021- 2022 northern hemisphere influenza season – full report’ (February 2021) available here: [202102_recommendation.pdf \(who.int\)](https://www.who.int/influenza/vaccines/virus/recommendations/202102_recommendation.pdf?ua=1)
8. Questions and Answers - Recommended composition of influenza virus vaccines for use in the Northern hemisphere 2021-2022 influenza season and development of candidate vaccine viruses for pandemic preparedness’ (February 2021) available here:
https://www.who.int/influenza/vaccines/virus/recommendations/202102_qanda_recommendation.pdf?ua=1
9. Candidate vaccine viruses and potency testing reagents for development and production of vaccines for use in the northern hemisphere 2021-22 influenza season (27 February 2021 15:29 CET) available here:
https://www.who.int/influenza/vaccines/virus/candidates_reagents/2021_22_north/en/

Egg-free vaccine

10. For individuals with egg allergy the advice in the most recent influenza chapter of the Green Book should be followed:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/796886/GreenBook_Chapter_19_Influenza_April_2019.pdf.
11. Any Green Book updates will be made to the linked pages above.
12. Egg-allergic young people and children over age two years with egg allergy can also be given the quadrivalent inactivated cell based (i.e. egg-free) vaccine, Seqirus Vaccines) (QIVc), which is licensed for use in this age group.

Vaccine ordering and delivery arrangements

13. Information on ordering and delivery arrangements for the flu vaccine will be provided within further correspondence.
14. Orders for the flu vaccine should be placed on the Seqirus online ordering system - Marketplace: (<https://ommarketplace.co.uk/Orders/Home>). Log-in details used in previous seasons remain valid and should continue to be used.

15. If you have any issues with log-in arrangements or if you have new staff who require access to the system please contact Seqirus Customer Services on 01628 641 500 for assistance.
16. Health Boards and participating GP practices should plan appropriately and place the minimum number of orders needed, taking into consideration available fridge capacity. NHS Boards are charged for each delivery made to practices.
17. Health Boards and participating GP practices must ensure adequate vaccine supplies before organising vaccination clinics.
18. When placing orders for the vaccines in Marketplace, practices should search for the type of vaccine required. For example, if vaccines are required for patients aged 2-5 years these can be found in Marketplace by entering the search term "LAIV" or on the 'Orders' screen.
19. Vaccines are available in packs of 10. On the ordering platform, please read the vaccine information carefully and order the number of packs required rather than the total volume of individual vaccines – for example, if the vaccine is available in packs of 10 and the practice wants to request a delivery of 500 vaccines, an order should be placed for 50 packs of 10.
20. Patient information leaflets for vaccines supplied in packs of 10 will be provided separately to the vaccines. These will be automatically added to orders by the manufacturer.

Further information and support

21. As with last year, a Procurement Officer within NHS National Procurement will act as a link between vaccination teams and GP practices, Seqirus and Sanofi to ensure any potential allocation or delivery issues can be minimised and swiftly resolved. Contact details for the Procurement Officer are as follows:
NSS.fluvaccineenquiries@nhs.net.
22. For queries linked to ordering and deliveries, please contact the Seqirus Customer Service Team (01628 641 500) and Sanofi Customer Services Team (0845 023 0441). If any delivery service issues cannot be resolved satisfactorily through dialogue, the issue should be escalated to NHS National Procurement (contact details as above) in the first instance and thereafter the Immunisation Co-ordinator within the NHS Board. If you require contact details for your NHS Board Immunisation Coordinator please email
immunisationprogrammes@gov.scot.