



Dear Colleagues

ADULT FLU IMMUNISATION PROGRAMME 2021/22

1. We are writing to provide you with information about the adult 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 health and social care 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. Given the impact of Covid-19 on the most vulnerable in society, it is imperative that we continue to do all that we can to reduce the impact of seasonal flu and Covid-19 on those most at risk. It is therefore essential that we build on the success from last year's seasonal flu programme to prevent ill health in the population and minimise further impact on the NHS and social care services.

Planning

4. 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 with Covid-19 and be mindful on how best to deliver a vaccination programme that is prioritised towards protecting the most vulnerable.
5. We will continue to work with the Scottish Immunisation Programme Group to develop vaccination service delivery to ensure that all who will benefit most from the flu vaccine will have the opportunity to receive it 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 flu vaccination programme will remain an important part of the programme planning. Please refer to the Covid-19 guidance available at: [HPS Website - Infection prevention and control \(IPC\) guidance in healthcare settings.](#)

**From Chief Medical Officer
Chief Nursing Officer
Chief Pharmaceutical Officer**
Dr Gregor Smith
Professor Amanda Croft
Professor Alison Strath

26 March 2021

SGHD/CMO(2021)7

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
Immunisation Co-ordinators
CPHMs
Scottish Prison Service
Scottish Ambulance Service
Occupational Health Leads

For information

Chairs, NHS Boards
Infectious Disease Consultants
Consultant Physicians
Public Health Scotland
Chief Executive, Public Health Scotland
NHS 24

Further Enquiries

Policy Issues
Vaccination Policy Team
seasonalfuprogramme@gov.scot

Medical Issues
Dr Syed Ahmed
St Andrew's House
syed.ahmed@gov.scot

Pharmaceutical and Vaccine Supply Issues
William Malcolm
Public Health Scotland
nss.fluvaccineenquiries@nhs.scot

Key Objectives

6. The flu programme is a strategic and Ministerial priority. The key objectives of the 2021/22 adult flu programme are summarised below:
 - To protect those most at risk from flu in the coming season and to ensure that the impact of potential co-circulation of flu and Covid-19 is kept to an absolute minimum.
 - To plan to deliver the programme building on lessons learnt from previous years and our experience of Covid-19, recognising that arrangements may need to be adapted with vital resources correctly positioned to deliver the programme at scale.
 - To further increase flu vaccine uptake across all eligible groups with particular focus on those who are aged 65 years and over; those aged 18-64 years in clinical risk groups, as well as pregnant women (at all stages of pregnancy). Full details of eligibility for flu immunisation this season is set out in Annex A.
 - To extend the national programme again to offer vaccination to social care staff who deliver direct personal care, unpaid and young carers, Independent Contractors (GP, dental and optometry practices, community pharmacists, laboratory staff (working on Covid-19 testing) including support staff, teachers pupil facing support staff, prison population and prison officers who deliver direct detention services, secondary school pupils and all those aged 50-64 years old. Some of those aged 50-64 are otherwise eligible due to underlying health conditions or their employment.
 - To encourage greater uptake amongst frontline health and social care workers, including Independent Contractors (GP, dental and optometry practices, community pharmacists, laboratory staff (working on Covid-19 testing) including support staff, who are delivering patient front facing services. An innovative timely approach is required and is critical to safeguard staff, whilst also protecting those in their care.
7. The Scottish Government has procured additional vaccine to cover increased uptake amongst existing cohorts, in light of Covid-19, as well as to provide vaccine supply to introduce additional eligible groups to the programme.
8. Throughout the programme life cycle, uptake rates and vaccine supply will be reviewed to ensure that those at greatest clinical risk receive their vaccination.
9. A separate letter will be issued for the childhood flu immunisation programme and will be circulated in due course.
10. More information on the flu vaccines for the forthcoming season, as well as vaccine composition is provided in Annex B.

Extension of the programme

11. Scottish Ministers have indicated that they wish to extend the eligibility of the flu immunisation programme to:
 - Independent Contractors (GP, dental and optometry practices, community pharmacists, laboratory staff (working on Covid-19 testing) including support staff,
 - Teachers, pupil facing support staff,
 - Prison population and Prison officers who deliver direct front facing detention services,

- Secondary school pupils and,
 - all those aged 50-64 years old.
12. Some of the groups may be eligible due to being part of one or more other cohorts e.g. those aged 50-64 years may be otherwise eligible due to underlying health conditions or their employment.
13. The rationale for expanding to:
- Independent Contractors, teachers, prison population, prison officers who deliver direct detention services is to maintain the resilience of services during the Scottish Government's response to the global Covid 19 pandemic and to reduce the risk of infection and transmission of the virus.
 - Secondary school pupils is that it will both provide direct protection, lowering the impact of influenza on children and indirect protection, lowering influenza transmission from children to other children, adults and those in the clinical risk groups of any age.
 - All 50-64 year olds, beyond those who are already eligible through underlying health conditions or their employment, is that it will help to protect an age group who are more vulnerable to both Covid-19 and seasonal flu viruses than those in younger age groups; and will lower the risk to this age group, of suffering concurrent infection with both viruses. The vaccination of those aged 50-64 years who would not be otherwise eligible should commence from the start of the programme.
14. The Covid-19 pandemic has had an effect on every aspect of public health, including vaccine supply at a global level. With that in mind, the Joint Committee on Vaccination Immunisations' view was sought for the coming season and this informed our decision to expand eligibility for this season. The pandemic has shown us that situations can change rapidly, and we will adapt our approach to any changes that occur throughout flu season, continuing to prioritise those most at risk from seasonal flu, and seeking to protect the NHS and social care as far as possible.
15. To allow us to be responsive to the changing context, we will review the availability of vaccine after uptake levels become clear within existing and expanded cohorts. The Scottish Government will remain in regular dialogue with delivery partners through the Scottish Immunisation Programme Group and will update on any significant developments.

Health and Social Care Workers

16. Timely immunisation of all health and social care workers in direct contact with patients/clients remains a critical component in our efforts to protect the most vulnerable in our society.
17. High rates of staff vaccination will help to protect individual staff members, but also reduce the risks of transmission of flu viruses within health and social care settings, contributing to the protection of individuals who may have a suboptimal response to their own immunisations. Furthermore, it will help to protect and maintain the workforce and minimise disruption to vital services that provide patient/client care, by aiming to reduce staff sickness absence.
18. Senior clinicians, NHS Managers, Directors of Public Health, Local Authorities and Integration Authorities should ensure this work aligns with the prioritisation already being given to our

Covid-19 response to the care sector as a means to prevent transmission of the flu virus in an already vulnerable group.

Communication materials

19. The national media campaign (TV, radio, press, digital and social media) will be developed and further details will be circulated in due course.
20. The Scottish Government will work with Public Health Scotland colleagues to develop a toolkit to encourage the promotion of the flu vaccine that will support NHS and Social Care colleagues.
21. Public Health Scotland will produce and make available a range of national accessible information materials to support informed consent for all eligible cohorts.
22. The public should be signposted to [Flu vaccination - Immunisations in Scotland | NHS inform](#) for up to date information on the programme.

Workforce Education

23. NHS Education for Scotland and Public Health Scotland will work closely with stakeholders to develop and thereafter make available a range of workforce education resources/opportunities. These will be available on the NHS Education for Scotland TURAS Learn website <https://learn.nes.nhs.scot/14743/immunisation/seasonal-flu>.

Resources

24. NHS Boards are asked to ensure that immunisation teams are properly resourced to develop and deliver the extended programme, and we are working with the Scottish Immunisation Programme Group to ensure this work is supported.
25. Any additional costs related to adapting immunisation programmes to meet Covid-19 requirements (e.g. physical distancing, PPE) should be recorded in NHS Boards' Local Mobilisation Plans, now called Covid-19 finance returns. This is in the form of a single row figure in the return.
26. Additional costs should also be submitted to the Scottish Government policy team directly with a breakdown of spend. The policy team will shortly issue a template to be submitted. Please ensure that costs are not double counted for services already delivered. NHS Boards are asked to ensure that immunisation teams are appraised of this information.

Action

27. NHS Boards and those GP practices which may participate and are operationalising the programme, are asked to note and implement the arrangements outlined in this letter for the 2021/22 adult seasonal flu immunisation programme. It is important that every effort is made this year to maximise uptake as this winter, more than ever, the flu vaccine is going to be a key intervention to reduce pressure on the NHS and social care services and protect the most vulnerable in our population.
28. We have procured additional vaccine to support higher uptake, however, ongoing and effective management at a local level is essential to the success of the programme. NHS

Boards and social care services 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 people 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. Integration Authority Chief Officers and Local Authorities are asked to work closely to communicate and promote the flu vaccination programme to social care workers providing direct personal care, and to ensure that they are fully supported to access the service. A separate letter will be issued to social care membership organisations to communicate the need to support higher uptake in this discipline to social care providers.
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

Dr Gregor Smith
Chief Medical Officer

Professor Amanda Croft
Chief Nursing Officer

Professor Alison Strath
Chief Pharmaceutical 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 coming winter we may be faced with co-circulation of viruses causing Covid-19 and flu. As flu prevalence last flu season was extremely low, we understand that planning for this year is more challenging with the uncertainties of prevalence, 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.
3. We should also prioritise the vaccination of eligible health, social care workers and Independent Contractors, to protect them and minimise the likelihood of them spreading Covid-19 and flu to those they care for.
4. All those eligible should be offered the flu vaccination as soon as possible so that individuals are protected when flu begins to circulate. This is the case for all high-risk cohorts.
5. For those aged 50-64, not otherwise eligible through underlying health conditions or employment, this will mean starting to vaccinate from the beginning of the programme to provide Health Boards with the maximum flexibility to deliver the programme efficiently and before the end of the calendar year.
6. To provide NHS Boards and GP Practices participating in the programme the maximum flexibility to deliver the programme efficiently before the end of the calendar year, all cohorts may be called from the start of the programme, if possible: beginning in late September/early October.

Pregnant Women

7. Most NHS Boards and Health and Social Care Partnerships (HSCPs) will be delivering flu vaccine to pregnant women through their local maternity services this season and should keep local GP practices informed about their plans, including how to refer women to the services as appropriate or whether they will need GP practices to vaccinate this cohort directly.

Existing Eligible Groups (those eligible in previous flu seasons)

8. In 2021/22, the seasonal flu vaccine should be offered, from the commencement of the programme, to the existing cohorts set out in the table below:

Eligible Groups	Additional Information
Pre-school children aged 2-5 years; All primary school children in P 1-7.	The childhood flu CMO letter for the 21/22 programme will contain further details, and will be issued shortly

All patients aged 65 years and over.	“Sixty-five and over” is defined as those aged 65 years and over by 31 March 2022.
Chronic respiratory disease aged six months or older.	Asthma that requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission. Chronic obstructive pulmonary disease (COPD) including chronic bronchitis and emphysema; bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD). Children who have previously been admitted to hospital for lower respiratory tract disease.
Chronic heart disease aged six months or older.	Congenital heart disease, hypertension with cardiac complications, chronic heart failure, individuals requiring regular medication and/or follow-up for ischaemic heart disease.
Chronic kidney disease aged six months or older.	Chronic kidney disease at stage 3, 4 or 5, chronic kidney failure, nephritic syndrome, kidney transplantation.
Chronic liver disease aged six months or older.	Cirrhosis, biliary atresia, chronic hepatitis from any cause such as Hepatitis B and C infections and other non-infective causes
Chronic neurological disease aged six months or older.	Stroke, transient ischaemic attack (TIA). Conditions in which respiratory function may be compromised, due to neurological disease (e.g. polio syndrome sufferers). Clinicians should offer immunisation, based on individual assessment, to clinically vulnerable individuals including those with cerebral palsy, learning disabilities, multiple sclerosis and related or similar conditions; or hereditary and degenerative disease of the nervous system or muscles; or severe neurological or severe learning disability.
Diabetes aged six months or older.	Type 1 diabetes, type 2 diabetes requiring insulin or oral hypoglycaemic drugs, diet controlled diabetes.
Immunosuppression aged six months or older.	Immunosuppression due to disease or treatment, including patients undergoing chemotherapy leading to immunosuppression, bone marrow transplant. HIV infection at all stages, multiple myeloma or genetic disorders affecting the immune system (e.g. IRAK-4, NEMO, complement disorder). Individuals treated with or likely to be treated with systemic steroids for more than a month at a dose equivalent to prednisolone at 20mg or more per day (any age) or for children under 20kg a dose of 1mg or more per kg per day. It is difficult to define at what level of immunosuppression a patient could be considered to be at a greater risk of the serious consequences of flu and should be offered flu vaccination. This decision is best made on an individual basis and left to the patient’s clinician.

	Some immunocompromised patients may have a suboptimal immunological response to the vaccine. Consideration should also be given to the vaccination of household contacts of immunocompromised individuals, i.e. individuals who expect to share living accommodation on most days over the winter and therefore for whom continuing close contact is unavoidable. This may include carers (see below).
Asplenia or dysfunction of the spleen.	This also includes conditions such as homozygous sickle cell disease and coeliac syndrome that may lead to splenic dysfunction.
Pregnant women.	Pregnant women at any stage of pregnancy (first, second or third trimesters).
People in long-stay residential care or homes.	Vaccination is recommended for people in long-stay residential care homes or other long-stay care facilities where rapid spread is likely to follow the introduction of infection, and cause high morbidity and mortality. This does not include, for instance, university halls of residence etc.
Unpaid Carers and young carers.	Someone who, without payment, provides help and support to a partner, child, relative, friend or neighbour, who could not manage without their help. This could be due to age, physical or mental illness, addiction or disability. A young carer is a child or young person under the age of 18 carrying out significant caring tasks and assuming a level of responsibility for another person, which would normally be taken by an adult. Vaccination can also be given on an individual basis at the GP's discretion following a risk assessment after discussion with the carer.
Health care workers.	Health care workers who are in direct contact with patients/service users should be vaccinated.
Morbid obesity (class III obesity)*.	Adult with a Body Mass Index $\geq 40 \text{ kg/m}^2$

9. The list above is not exhaustive, and clinicians should apply clinical judgement to take into account the risk of flu exacerbating any underlying disease that a patient may have or compromise their care due to illness of their carer, as well as the risk of serious illness from flu itself. Seasonal flu vaccine can be offered in such cases even if the individual is not in the clinical risk groups specified above.

Call and recall of patients aged 65 and over

10. As in previous years the Scottish Government will arrange for a national call-up letter to be sent to all those who will be aged 65 years and over by 31 March 2022. Further details will be issued in due course.

Call and recall of patients under 65 years “at-risk”

11. National call-up letters for those aged under 65 at-risk will be reviewed and further information will be provided in due course.

New Eligible Groups 20/21

12. In 2021/22, the seasonal flu vaccine should be offered to the new cohorts set out in the table below:

Eligible Groups	Additional Information
NHS Independent Contractors.	This is defined as GP, dental, optometry practices, community pharmacists, laboratory staff (working on Covid-19 testing) and support staff.
All secondary school children.	The childhood flu CMO letter for the 21/22 programme has further details.
Nursery, Primary and Secondary school Teachers and support staff.	This is defined as GP, dental and optometry practices, community pharmacists, laboratory staff (working on Covid-19 testing) and pupil facing support staff.
Prison population.	Prison population in the detention estate.
Prison Officers.	Prison officers/staff front facing inmates in the detention estate.

13. Health, social care workers, Independent Contractors, those aged 50-64 years (by the 31 March 2022), Nursery, Primary, Secondary school teachers and support staff should be vaccinated from the commencement of the flu vaccination programme.

Call and recall of patients aged 50-64

14. As with last year, the Scottish Government is currently considering the possibility of sending a national call-up letter to patients aged 50-64. Further information on this will be provided in due course.

Health and Social Care Workers

15. Immunisation against flu should be considered an integral component of infection prevention and control. As in previous years, free seasonal flu vaccination should be offered by NHS organisations to all employees directly involved in delivering care. This is not an NHS service, but an occupational health responsibility being provided to NHS staff by the NHS as their employers.
16. Uptake of seasonal flu vaccination by health and social care workers continues to be below the CMO target - in 2020/21 the combined uptake was 41.3% in Territorial Boards, compared with a minimum target of 60%.
17. While vaccination of NHS staff remains voluntary, we will look to all NHS Boards to do everything they can to increase uptake, which should include offering the vaccine in an accessible way, helping all staff understand the seriousness of being vaccinated for themselves, protecting their family contacts, their patients and the NHS in helping to reduce the potential for the spread of flu.
18. Independent Contractors such as GPs, dental and optometry practices, community pharmacists, laboratory staff (working on Covid-19 testing) as well as support staff, should also arrange vaccination of their staff.

Social Care Workers

19. The current Covid-19 situation has highlighted the need to ensure that front line staff across both health and social care settings do not inadvertently transmit infection and should therefore be encouraged and able to access free flu vaccination on a national basis. Scottish Ministers have therefore indicated that the policy on flu vaccination for the coming and future seasons should continue to include social care staff delivering direct personal care to patients/clients. This is in order to protect frontline social care staff and those they care for from flu, and to help limit sickness absence amongst the workforce.
20. For clarity, social care staff delivering direct personal care in the following settings should be covered by this programme:
 - residential care for adults;
 - residential care and secure care for children;
 - and community care for persons at home (including housing support and Personal Assistants).
21. This is targeted at those delivering direct personal care in these settings no matter whether they are employed by Local Authorities, private or the third sector.
22. The prevalence of Seasonal Flu has been very low this year, however, it is difficult to predict the level of circulation for the coming season. With the possibility of both seasonal flu and Covid-19 circulating next winter, to alleviate NHS pressure, support key services, and reduce the risk of infection and transmission, the following groups have also been included in this year's programme:
 - Independent Contractors,
 - Nursery, Primary and Secondary school Teachers and support staff;
 - Prison population and Prison Officers.

This will be reviewed in the coming year to establish if these additional groups will be included in coming years.

Immunisation against Infectious Disease ('The Green Book')

23. Further guidance on the list of eligible groups clinically at risk of seasonal flu 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/796886/GreenBook_Chapter_19_Influenza_April_2019.pdf.
24. 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.
25. 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

- 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
Individuals aged 65 years and over	aQIV - Adjuvanted Quadrivalent Influenza Vaccine (Seqirus).
Individuals aged 18-64 years with “at-risk” conditions	QIVc - Cell-based Quadrivalent Influenza Vaccine (Seqirus).
Health, Social Care Workers and NHS Independent Contractors	QIVc - Cell-based Quadrivalent Influenza Vaccine (Seqirus).
Unpaid/Young carers	QIVc - Cell-based Quadrivalent Influenza Vaccine (Seqirus).
Individuals aged 50-64 not otherwise eligible through a qualifying health condition or employment.	QIVc - Cell-based Quadrivalent Influenza Vaccine (Seqirus).
Nursery, Primary and Secondary school Teachers and support staff.	QIVc - Cell-based Quadrivalent Influenza Vaccine (Seqirus).
Prison population and Prison Officers.	QIVc - Cell-based Quadrivalent Influenza Vaccine (Seqirus).

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

Vaccine composition for 2021/22

- Each year the World Health Organization (WHO) recommends flu vaccine strains based on careful mapping of flu viruses as they circulate around the world.
- 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.
- 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](https://www.who.int/influenza/vaccines/virus/recommendations/202102_recommendation.pdf) (who.int).
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://www.gov.uk/government/publications/influenza-the-green-book-chapter-19>.
11. Any Green Book updates will be made to the linked pages above.
12. Egg-allergic adults and children over age two years with egg allergy can also be given QIVc - Cell-based Quadrivalent Influenza Vaccine (Seqirus) (i.e. egg-free) vaccine, which is recommended and 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. Details of the supply arrangements for community pharmacies supporting this year’s immunisation programme will be shared directly via relevant NHS Boards.
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. NHS Boards and GP practices participating in the programme 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 participating in the programme.
17. NHS Boards and GP practices participating in the programme 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 18 to 64 these can be found in Marketplace by entering the search term “QIVc” or on the ‘Orders’ screen. If vaccines are required for patients aged 65 or over, these can be found by searching for “aQIV”.
19. To make it simpler for front line staff in the coming season, all NHS Boards will be allocated the same type of vaccine for each cohort e.g. QIVc for most cohorts. Only aQIV should be ordered for individuals aged 65 years and over. Only QIVc should be used for 50-64 year olds, not otherwise eligible due to underlying health condition or employment. Those who are egg-allergic should be offered the QIVc vaccine as detailed above.
20. 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.
21. 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.
22. A small volume of QIVe (Sanofi) has been procured for children aged 6 months to under 2 years. GPs should request this vaccine from their local Vaccine Holding Centre.

Further information and support

23. As with last year, a Procurement Officer within NHS National Procurement will act as a link between participating 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.
24. 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.