

EMBARGOED

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To:

**Heads of Public Health, Heads of
Primary Care and SILs**

**For dissemination to: General Practice
and Community Pharmacies**

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Dear Colleague

EMBARGOED: Vaccine ordering for 2018-19 influenza season

This letter asks GPs and Community Pharmacists to ensure their influenza vaccine orders for the 2018/19 season use the most effective vaccines for the population.

The clinical evidence available to GP practices and community pharmacists from the Joint Committee on Vaccination and Immunisation (JCVI) and published in the Green book in October (for quadrivalent vaccine) and December (for adjuvanted trivalent vaccine), ahead of orders being placed for 2018/19, is clear that for the 2018-19 winter season, GP practices and Community Pharmacy providers should offer:

- **The adjuvanted trivalent vaccine (aTIV) for all 65s and over.** Given aTIV was only licensed for use in the UK in August 2017, this was not an option for the 2017/18 season. However the JCVI advice is that this is now the best option for 2018/19 for 65+ age group
- **The quadrivalent vaccine (QIV) for 18 – under 65s at risk.** In light of an independent cost-effectiveness study into QIV undertaken by Public Health England and considered by JCVI, the Green Book was updated in October 2017 to provide the advice that QIV is the best option for 18-65 at-risk groups in the 2018/19 season. It is also used for the childhood programme.

While clinicians are professionally responsible for forming their own clinical judgements on whether a particular individual should receive the flu vaccine due to a variety of other factors, use of these more effective vaccines in the 2018/19 season is clearly in the best interests of patients, particularly given the association of flu with increased mortality.

GPs and community pharmacy contractors should review all orders (provisional and firm) for the 2018-19 season and ensure these are in line with the evidence-based clinical view i.e. **65 year olds and over to receive aTIV, and under 65s in at risk groups, including pregnant women, to receive QIV** for the 2018-19 flu season.

Suppliers have confirmed that there will be enough adjuvanted trivalent vaccine and quadrivalent influenza vaccine to meet demand. Orders will need to be placed by **29 March 2018**. If you encounter any difficulties from a manufacturer placing or amending an order, please advise your local NHS England team.

NHS England is able to confirm that there will be additional funding available in 2018/19, to support use of adjuvanted trivalent vaccine and quadrivalent influenza vaccine.

Attached to this letter is more detailed advice and frequently asked questions.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Stephen Powis'.

**Professor Stephen Powis
National Medical Director
NHS England**

A handwritten signature in black ink, appearing to read 'Arvind Madan'.

**Dr Arvind Madan
Director of Primary Care
NHS England**

A handwritten signature in purple ink, appearing to read 'Paul Cosford'.

**Professor P Cosford
Medical Director
Public Health England**

Influenza vaccine 2018-19

Advice and FAQs

1. What is the evidence of clinical and cost-effectiveness of seasonal flu vaccines?

The **adjuvanted trivalent inactivated flu vaccine (aTIV)**, (Fluad®: Seqirus) was licensed late in 2017 and is available for use in the 2018-19 season. JCVI concluded at its October 2017 meeting that adjuvanted trivalent flu vaccine is more effective and highly cost effective in those aged over 65 years and above compared with the non-adjuvanted or 'normal' influenza vaccines currently used in the UK for this age-group. JCVI agreed that aTIV would be considered the optimal clinical choice for all patients aged 65 years and over. The JCVI specifically considered that the use of the adjuvanted trivalent flu vaccine should be a priority for those aged 75 years and over, given that the non-adjuvanted inactivated vaccine has showed no significant effectiveness in this group over recent seasons.

JCVI have also reconsidered the use of **quadrivalent influenza vaccines (QIV)**, which offer protection against two strains of influenza B rather than one. As influenza B is relatively more common in children than older age groups, the main clinical advantage of these vaccines is in childhood. Because of this, those vaccines centrally purchased for the childhood programme in recent years have been quadrivalent preparations. Further modelling work by PHE suggests that, the health benefits to be gained by the use of quadrivalent vaccines compared to trivalent vaccines, **is more substantial in at risk adults under 65 years of age, including pregnant women**. On average use of quadrivalent over trivalent is likely to lead to reduced activity in terms of GP consultations and hospitalisations, and PHE's work suggests that the overall public health benefit would justify the additional cost of the vaccines compared to trivalent vaccines.

2. Where can I get more detail of the clinical evidence and data about the best vaccines to use?

Influenza chapter of the 'Green Book':

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/652682/Greenbook_chapter_19_flu.pdf

Supplemental data from PHE to support the Green book:

<https://www.gov.uk/government/publications/flu-vaccination-supporting-data-for-adult-vaccines>

3. Is there enough adjuvanted trivalent vaccine (aTIV) and quadrivalent influenza vaccine (QIV) for 2018/19?

Yes.

Seqirus is the only manufacturer of the adjuvanted trivalent influenza vaccine Fluad®. They have confirmed that there will be enough supply for England subject to orders being placed by 5pm Thursday 29th March.

Sanofi Pasteur is producing a quadrivalent influenza vaccine again in 2018/19 and has confirmed they are able to fulfil orders of any size, provided these are made by 5pm Thursday 29th March.

Mylan is also offering a quadrivalent influenza vaccine in 2018/19 and have indicated that they can also take additional orders during February 2018.

It is possible further supplies of quadrivalent from other manufacturers may be confirmed in the coming weeks.

4. I have noted that the only adjuvanted vaccine is trivalent (not quadrivalent). Does this matter?

At the present time there are no adjuvanted quadrivalent vaccines licensed in the UK. JCVI advice covers those vaccines available in the UK. **JCVI is clear that the best vaccine for the over 65s is the currently licensed adjuvanted vaccine, even though it is trivalent.**

Modelling work by PHE suggests that there are relatively small health benefits to be gained by the use of quadrivalent vaccines in the elderly, compared to trivalent vaccines. **The best vaccine for the over 65s is the currently licensed adjuvanted vaccine, even though it is trivalent.**

5. What advice is there on managing multiple vaccines for different patient cohorts safely in practices?

Practices will already be used to handling more than one influenza vaccine for example; live attenuated influenza vaccine for most children but inactivated vaccine for those with egg allergies or immune compromise. The usual procedures for the safe administration of vaccine should be followed. PHE will provide updated advice to address any outstanding issues.

6. I have already ordered my vaccines, do I have to switch?

The advice from JCVI and PHE and clinical evidence base show that use of adjuvanted trivalent vaccine (aTIV) for patients aged 65 and over, and quadrivalent influenza vaccine (QIV) for under 65 at-risk patients, including all pregnant women, is in the best interests of patients.

Clinicians are professionally responsible for forming their own clinical judgements, which take account of the most up to date and reliable scientific evidence, and must act in the interests of patients. This is a contractual and professional duty. Independent expert clinical advice is that adjuvanted trivalent inactivated flu vaccine or quadrivalent vaccines are the clinically preferred choices for the respective patient groups. Use of these vaccines is clearly in the best interests of patients, particularly given the association of flu with increased mortality.

We are asking GPs/community pharmacies to ensure that flu vaccine procurement for 2018/19 is aligned with the clinical evidence-base.. If, after review, orders need to be switched to alternative vaccines, we are asking that this is done promptly, meeting the deadlines for ordering.

If you encounter any difficulties with an individual manufacturer in changing your order to reflect the clinical evidence base, please advise your NHS England local team.

Where despite this advice, a practice/ pharmacy seeks reimbursement for vaccine other than adjuvanted tri-valent and/or QIV NHS England may make enquiries to understand how the evidence of clinical efficacy of aTIV and QIV was taken into account by that practice when deciding to order other vaccines, and how the clinical judgement to use those vaccines was reached. It will wish to be satisfied that such a decision was an exercise of reasonable care and skill as required by the GMS/PMS contracts.

7. What should I do if I want to switch my order?

Contact the supplier(s) you want to switch to. They have guaranteed to extend the order dates (see Q3) and maintain the same prices for that extended period, and will be happy to discuss with you the process of switching your order. You will also need to contact any supplier(s) you have placed a provisional order with; although responsibility sits with you as the purchaser; the provider you are switching to may be able to provide advice on this.

8. I have already ordered my vaccines, will the suppliers of aTIV and QIV be offering competitive prices when I am ordering in January or February?

There are a number of suppliers and Seqirus, Mylan and Sanofi Pasteur have informed us that existing prices and discount structures for their respective products will be held until the ordering windows close. (see Q3 above for precise details, which differ by company).

9. What happens if I miss the deadline for ordering?

Community Pharmacies and GP Practices should make every effort to adjust their orders in line with the evidence base, and within the timeframes specified above. Orders made after the deadlines specified above cannot be guaranteed; but GPs in the position of needing to place a late order should discuss this with the relevant manufacturer directly who will handle this on a case-by-case basis.

10. How are GP practices reimbursed for aTIV and QIV?

There is no change in the process. Practices claim reimbursement through the NHSBA for vaccines used to immunise eligible patients based on the NHS list prices.

11. How are community pharmacies reimbursed for aTIV and QIV

There is no change in the process.

12. What funding is available for holders of vaccine budget and how is this accessed?

NHS England is able to confirm that that there will be additional funding in 2018/9 available, to the body that holds the budget for flu vaccines, either CCG or local NHS England team.

13. What does this mean for CCGs

Where CCGs issue local advice on this topic it should be consistent with the national advice that the new adjuvanted trivalent vaccine for use in those aged 65 years and over, and QIV for at-risk adults under 65 years (including pregnant women) should be used.