

NORTH LANARKSHIRE COUNCIL

REPORT

TO: Social Work Committee	Subject: Influenza Immunisation Programme 2000/2001
FROM: Jim Dickie Director of Social Work	
DATE OF COMMITTEE: 3rd October, 2000.	
REPORT AUTHOR: Jim Nisbet, Principal Officer, Community Care	
REF: JD/JN/HS	

1. PURPOSE AND CONTENT OF REPORT

- 1.1 This report is for information. It informs Committee of advice from the Health Department of the Scottish Executive regarding suggested arrangements for influenza immunisation of key health and social care staff.

2. BACKGROUND

- 2.1 Outbreaks of influenza are common, particularly at winter time and can cause significant health difficulties for large numbers of people in our communities. At such times the need for social and health care services to respond is often compromised by the impact of influenza on front line staff themselves.
- 2.2 The Health Department of the Scottish Executive are advising all health and local authority social care providers to consider protecting front line staff by making available immunisation in the form of vaccination to all staff who work with clients/patients who are aged over 65 years. This is considered to be the high risk group. The aim is to avoid disruption to services through avoidable staff illness.

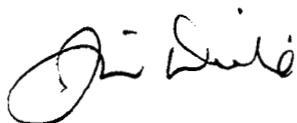
3. THE NORTH LANARKSHIRE PROPOSAL

- 3.1 There are three main settings where social care staff work directly with people aged 65 and over. Home care staff work in people's own homes. Day care centres for older people provide meals, care programmes and social/recreational facilities and residential homes provide 24 hour care for very vulnerable older people.
- 3.2 It is proposed to offer immunisation by vaccination to all staff working with people aged 65 and over in the aforementioned settings. Arrangements are in hand to identify those staff and to inform them of the facility for immunisation. The programme will be voluntary and any staff at risk from immunisation will be excluded from the programme.

3.3 It is for local authorities to fund the immunisation of their staff. Funding from this programme can at this time be drawn from existing budgets.

4. RECOMMENDATIONS

4.1 Committee is asked to note the contents of this report.



**JIM DICKIE,
DIRECTOR OF SOCIAL WORK
21 SEPTEMBER, 2000.**

(For further information contact Jim Nisbet, Principal Officer, Community Care - Telephone 01698 332031)



SCOTTISH EXECUTIVE

Health Department

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06 SEP 2000

DIRECTOR OF
SOCIAL WORK

NHS
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4th September 2000

Dear Colleague

INFLUENZA IMMUNISATION PROGRAMME 2000-2001

ARRANGEMENTS FOR HEALTH AND SOCIAL CARE STAFF AND FOR PUBLIC INFORMATION CAMPAIGN

A number of communications from the Department (including the Chief Medical Officer's letters of 24 May and 23 August) have outlined various aspects of this year's influenza immunisation programme. This letter confirms the policy in relation to the immunising of staff and the arrangements being made for a publicity campaign aimed at the general population.

The changes to this year's programme include the extension of the at-risk groups to cover those aged 65 and over and the immunisation of health and social care staff involved in the care and support of patients or clients. Revised arrangements for 2000-2001 also include a nationally agreed package to resource GPs to immunise all at-risk groups. To encourage high levels of immunisation, a target of 60% for those aged 65 and over has been set for Health Boards and Primary Care Trusts.

Arrangements for Staff

The aim is to avoid disruption to services through avoidable staff illness. A Sub-Group of the Advisory Group on Infection was set up to advise on policy on vaccination of health and social care workers in Scotland. The Sub-Group recommended an inclusive policy and this recommendation has been accepted. For this year, NHS employers should therefore include influenza immunisation of staff in their winter planning arrangements and offer immunisation to all staff involved in the delivery of care and support to patients. A template which may serve as a basis for informing staff is attached.

Addresses

For action

Chief Executives of Health Boards
Chief Executives of Trusts
Chief Executives of Local Authorities

For information

Directors of Occupational Health
CPHMs/Immunisation Co-ordinators
Trust Chief Pharmacists
Directors of Human Resources
Directors of Public Health
Director of SCIEH
Scottish General Practitioners
Committee
Scottish Pharmaceutical General
Committee
Director, Common Services Agency
General Manager, Practitioner
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Directors of Social Work
Medical Directors of NHS Trusts
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In addition, private and voluntary sector health care employers as well as social care employers should consider offering immunisation to staff involved in the delivery of care and support to patients and clients. It would be helpful if social care employers could ensure, where immunisation is offered to their staff, that arrangements are in place to evaluate uptake of vaccination, making clear that evaluation of uptake is the objective of any such exercise and not the monitoring of individual staff attendance.

Responsibility for occupational influenza immunisation rests with the employer, and staff immunisation programmes should be arranged through occupational health services or resourced alternatively via local arrangements. It is for individual organisations to determine their own programmes and fund the immunisation of their staff. Supplies of the vaccine for administration to staff will be obtainable from NHS Trust Chief Pharmacists, who will be in a position to draw down vaccine supplies according to need from a centrally held reserve, available from the end of October. Staff should not be asked to approach their GP for their immunisation, unless they fall within one of the at risk groups.

Public Information Campaign

A national publicity campaign will be launched on 18 September. This will include 3 TV advertisements, running sequentially through autumn and into the winter period. The first advertisement – which will be screened in September – will concentrate on the criteria for flu immunisation; the second, which will be shown around October/November, will focus on the steps which people can take to prepare for winter, eg making sure they have supplies of cold and flu remedies and a reminder about flu immunisation; and the third, to be shown when an upsurge in flu reports emerges, will advise people what to do if they think they might have flu. In addition to the TV campaign, posters and leaflets will be sent to General Practitioners and Pharmacies in the course of September and prior to the start of media advertising.

We would be grateful if Chief Executives of Health Boards and local authorities could ensure that this HDL is copied to all health and social care employers in their area.

Yours sincerely



GERRY MARR
Director of Planning and
Performance Management



THEA TEALE
Head of Community Care
Division

TEMPLATE ON FLU VACCINATION FOR HEALTH CARE WORKERS

Vaccination against influenza is recommended for the following at risk groups:

- those who have
 - *a chronic heart or chest complaint, including asthma;*
 - *chronic kidney disease;*
 - *diabetes;*
 - *lowered immunity due to disease or treatment such as steroid medication or cancer treatment;*
 - *any other serious medical condition – check with your doctor if you are unsure.*

If you are in these at risk groups and wish the vaccination, you should contact your GP.

In addition, it has been decided to offer flu vaccination to all NHS health care workers involved in the care and support of patients.

If you are outside the at risk groups, in this category of health care worker and are interested in flu vaccination for this winter contact

[insert local arrangements]

who can provide details of local arrangements.

Vaccination is not generally advised if you are pregnant or if you have a serious allergy to hens' eggs. If in doubt, seek medical advice.