

## **Swan Surgery – Information for Patients about the Seasonal Flu Campaign in 2011**

**Dr Cairns and Partners strongly recommend that all of our patients in the identified clinical risk groups should have the seasonal flu vaccination this year.**

1. The Swan surgery will have a stock of influenza vaccines to immunise the Department of Health specified clinical risk groups. We run special “flu” clinics alongside vaccinating resident of nursing homes and the housebound. If you are not in one of the “at risk” groups (see below) we can arrange for vaccination of yourself or your employees on a private basis. If you require this service we recommend you let us know as soon as possible and we will order vaccines for you subject of course to availability from the supplier

2. The Swan surgery will follow the national policy for seasonal influenza vaccine. This remains the same as last year which for the first time included pregnant women, at any stage of pregnancy, who are **not** in another clinical at risk group

Patients eligible for the seasonal influenza “flu” vaccine will be:

i) all those aged 65 years and over;

ii) all those aged 6 months or over in a clinical risk group (see paragraph 3);

iii) those living in long-stay residential care homes or other long-stay care facilities where rapid spread is likely to follow introduction of infection and cause high morbidity and mortality. This does not include for instance prisons, young offender institutions, or university halls of residence;

iv) those who are in receipt of a carer’s allowance, or those who are the main carer of an older or disabled person whose welfare may be at risk if the carer falls ill. This should be given on an individual basis at the GP’s discretion.

As well as offering influenza vaccine to people in the clinical risk groups (set out in the paragraph 3), your GP will take into account the risk of influenza infection exacerbating any other underlying disease that a patient may have, as well as the risk of serious illness from influenza itself. Your GP will consider on an individual basis the clinical needs of their patients including individuals with:

- multiple sclerosis and similar neurological conditions; or
- hereditary and degenerative diseases of the central nervous system.

3. Clinical Risk Groups are: Lung Disease, Asthma, Heart Disease, Kidney Disease, Liver Disease, Neurological conditions, those who have had a Stroke, Diabetes, Immunosuppression (by disease or through treatment) and Pregnancy.

4. If you have any doubt if you are in one the ‘at risk’ groups please ask at reception.

5. Swan Surgery will be using the Viroflu seasonal flu vaccine (manufactured by Crucell)

6. The vaccines are inactivated, do not contain live organisms and **cannot** cause the diseases against which they protect. That means you **cannot** catch the flu from the vaccination.

7. The influenza vaccination may contain tiny traces of thiomersal that are left over from the manufacturing process. There is no evidence of risk from thiomersal-containing vaccines, including for children, pregnant women and their offspring. In 2003, the Committee on Safety of Medicines concluded that the balance of benefits and risks of thiomersal-containing vaccines remains overwhelmingly positive (CSM, 2003). In 2004, the European Agency for the Evaluation of Medicinal Products also concluded that studies show no association between vaccination with thiomersal-containing vaccines and specific neurodevelopmental disorders (EMEA, 2004). A more recent study has also shown no association between neuropsychological functioning at the age of seven to ten years and exposure to mercury during the prenatal period, the neonatal period and the first seven months of life (Thompson *et al.*, 2007).

8. A recent study in the UK found that there is no association between Guillain-Barré syndrome (GBS) and seasonal flu vaccines although there is a strong association between GBS and influenza-like illness. The increased risk of GBS after influenza-like illness, if specific to infection with influenza virus, together with the absence of a causal association with influenza vaccine suggests that influenza vaccine should protect against GBS (Stowe *et al.*, 2009). GBS has been reported very rarely after immunisation with influenza vaccine, one case per million people vaccinated in one US study (Laskey *et al.*, 1998). However, this has not been found in other studies and a causal relationship has not been established (Hurwitz *et al.*, 1981; Kaplan *et al.*, 1982; Roscelli *et al.*, 1991).

9. Last winter some patients expressed concerns regarding the inclusion of H1N1 'swine flu' in the trivalent vaccine. In the event, H1N1 was the prevalent virus that caused more than 450 deaths in England and there were no vaccines produced without this strain in them. The World Health Organisation (WHO) has announced, that H1N1v is likely to still be one of the flu strains that will circulate during the 2011/12 flu season and therefore the trivalent seasonal flu vaccine for the coming flu season will protect against this strain and two others that are considered most likely to circulate (an A/California/7/2009 (H1N1)-like virus, an A/Perth/16/2009 (H3N2)-like virus and a B/Brisbane/60/2008-like virus).

*If you would like to read more, the following validated resources on the Department of Health website may be helpful to you:*

- a. [Seasonal Flu Vaccination – Who should have it and why.](#)
- b. [Patient Leaflet in PDF format.](#)
- c. [Green Book – Chapter 19 – Influenza July 2011](#)

