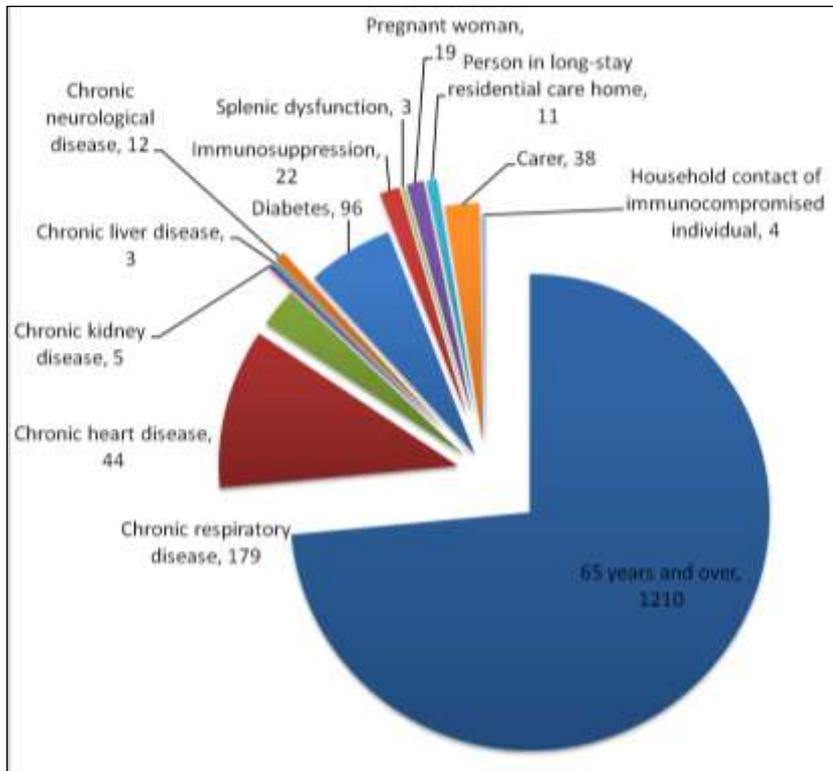


Devon LPC Community Pharmacy Flu Season Newsletter

On your marks, get set, pharmacies are go with flu!

You have all been very busy these past few weeks working to get the flu vaccination season off to a great start. As of the 15th September 2016 community pharmacies in Devon have done 1,646

flu vaccinations - well done!



The chart (left) shows the number of people vaccinated by Devon pharmacies in each of the influenza 'at risk groups'. It is great to see pharmacies making a positive difference by administering vaccines to people who will benefit once the winter flu season arrives.

However, please do remember that the aim of the **influenza vaccination programme is to protect people who are most at risk from serious illness and**

death from influenza virus, and to reduce transmission of the infection across the population.

Patient Influenza Disease Risk

The **flu infection can be very serious for those people with a number of long term health conditions**, e.g. asthma, heart disease or diabetes. The table on the right shows the Influenza-related population mortality rates and relative risk of death among those aged six months to under 65 years by clinical risk group.

This risk data underlines the need to focus vaccinations on these groups especially when the number of **un-vaccinated patients in the 6m-65years and 65years and over clinical at risk group 6,647,964!!**

	Mortality rate per 100,000 population	Age-adjusted relative risk
In a risk group	4.0	11.3
Not in any risk group	0.4	Baseline
Chronic renal disease	4.8	18.5
Chronic heart disease	3.7	10.7
Chronic respiratory disease	2.4	7.4
Chronic liver disease	15.8	48.2
Diabetes	2.2	5.8
Immuno-suppression	20.0	47.3
Chronic neurological disease (excluding stroke/transient ischaemic attack)	14.7	40.4

The effectiveness of the flu vaccine in diabetes

A recent study published showed how effective the flu vaccine was in patients with diabetes. The flu vaccination was associated with significantly lower hospital admission rates for stroke (IRR 0.70, 95% confidence interval [CI] 0.53–0.91), heart failure (IRR 0.78, 95% CI 0.65–0.92) and pneumonia or influenza (IRR 0.85, 95% CI 0.74–0.99), as well as all-cause death (IRR 0.76, 95% CI 0.65–0.83)¹.

Best Practice For Pharmacy Flu Vaccination Service – Please ‘Play Fair’!

1. Please ensure we “play fair” with other providers practices of the flu vaccine service (namely GP practice), for example as best practice we suggest you meet with your local GP and identify how best to operate your service. As an absolute minimum please do not degrade another service provider, for example by saying the “GP practice is too busy!” (real occurrence). We also would expect GP practices to be fair to pharmacy too.
2. **All NHS influenza vaccinations in Devon must be logged into the PharmOutcomes system. PPA claims will also need to be made to receive remittance for the service provision, these should be done monthly.**
3. Make sure the GP is contacted by the end of the next working day, if not before. We have received emails from GPs who have said they were not contacted.
TIP: Give your local GP practices the PharmOutcomes contact email and ask your local practices to submit their contact details, this will allow PharmOutcomes to automatically send the vaccination intervention details to the GP.
4. NHS England requires patients to be asked to complete the surveys in 2016/17 flu season and there is an NHS England IT platform available to contractors to support collation and submission of the data (<https://flu2016-docs.nhsdatacollection.org/>). A guidance document on how to use to complete the process is available on the IT platform.

If you or your pharmacy team have any issues or concerns, please contact me Mark Stone mark@devonlpc.org

Frequently Asked Question: Anticoagulants

The community pharmacy, flu PGD states that the flu vaccine should be given by deep subcutaneous injection in individuals with a bleeding disorder, to minimise the risk of bleeding. Does “bleeding disorder” include patients who are taking anticoagulants or antiplatelet drugs?

NHS England has advised us that the term “bleeding disorder” is intended to mean conditions such as ‘haemophilia or thrombocytopenia’, and is not meant to include patients taking, for example, aspirin or warfarin. Pharmacists need to carry out a risk assessment on individual patients and be satisfied that the route of administration is appropriate. (Thanks to NPA Chief Pharmacist Leyla Hannbeck for this answer).

¹ Eszter P. et al. Effectiveness of the influenza vaccine in preventing admission to hospital and death in people with type 2 diabetes. CMAJ 2016. DOI:10.1503/cmaj.151059