

# Letters

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## Audit of influenza vaccination in primary care

National guidelines advocate the seasonal vaccination of at-risk groups against circulating influenza viruses.<sup>1</sup> However, on 22 November 2005, the Secretary of State for Health reported a shortage of influenza vaccine. The Secretary suggested that this was due, in part, to vaccination of the worried-well concerned about bird 'flu, but no evidence was offered to support this argument. Given the considerable morbidity and mortality associated with influenza, we believed it essential to audit the allocation of vaccine. Our aim was to determine whether the proportion of those vaccinated, who were not at risk, had significantly increased in 2005 compared to 2004.

We audited a population of 51 253 from seven general practices concerned with undergraduate education in the Bradford Metropolitan Area. Patient databases were queried to identify those who had received the vaccine between 1 August–21 November 2005. These records were further queried to determine the proportion that met the at-risk criteria.<sup>1</sup> The search was then repeated for the same period in 2004, using guidelines in force at that time.<sup>2</sup>

In 2005, 7962 vaccines were administered by the seven general practices (15.7% of all patients). This was unchanged from 2004, when 8176 vaccines (15.9%) were administered. The number of vaccines given to those not at risk was 608 of 8176 (7.4%, standard error [SE] = +/-1.85) in 2004 and 479 of 7963 (6.0%, SE = +/-1.81) in 2005, that is, a non-significant decrease of 1.4% from 2004 to 2005.

These observations are not necessarily generalisable to the rest of England and Wales. Nonetheless, locally, the data indicate that the shortage was not due to increased vaccination of the worried-well in 2005. Preliminary surveillance for England estimates that vaccine uptake in the over 65s was >74% in 2005–2006, compared to 72% in 2004–2005.<sup>3</sup> This suggests that increased uptake of vaccine in the at-risk groups put pressure on vaccine stocks in 2005. When there is insufficient vaccine to protect vulnerable patients, is it satisfactory that 6.0% of vaccine is given to those not at risk? While opinions may vary on the acceptability of this figure, there exists room for improvement. In view of this, the authors have two recommendations to avoid future shortages: first, vaccine should not be administered to those not at risk until all the at-risk patients have been immunised. Second, there should be sufficient capacity such that all at-risk patients can be immunised irrespective of fluctuations in uptake by other groups.

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### Competing interests

The authors have stated that there are none

### REFERENCES

1. Donaldson L, Smith J, Beasley C. *The influenza immunisation programme*. London: Department of Health, 2005.

2. NHS Confederation and BMA. Specification for a directed enhanced service. Influenza immunisation for those in the 65 and over and other at-risk groups. In: *New GMS Contract. Investing in General Practice. Supporting Documentation*. London: NHS and BMA, 2003. 1–2.
3. Department of Health. NHS immunisation information: Flu vaccine uptake figures, 2006. <http://www.immunisation.nhs.uk/article.php?id=448> (accessed 15 May 2006).

## Lay support for breastfeeding

The paper by Muirhead and colleagues<sup>1</sup> is one of three lay support intervention studies in Britain to report no significant effect on breastfeeding duration.<sup>2,3</sup>

However, it would be premature to conclude that lay support interventions are ineffective. The studies suggest several reasons for lack of effectiveness: low uptake for a variety of reasons; strong cultural barriers to breastfeeding that could not be overcome by lay support; and a lack of commitment to lay support by local health professionals. Evaluation of 35 UK peer support schemes have identified the need for sensitive negotiation of the boundaries and relationships between health professionals and lay supporters, to aid cross referral and avoid 'dumping' on volunteers.<sup>4,5</sup>

All three studies evaluate a model where training, varying in amount, content and style, enables lay supporters to develop some breastfeeding 'expertise', over and above their defining characteristic of having breastfed a baby. Although central to the intervention, the authors do not discuss the effect of different training, and there is a need to evaluate theoretical models underpinning peer support training. An action research model of health professionals working together with untrained breastfeeding