

NHS public health functions agreement 2016-17

Service specification no.13A

Seasonal influenza immunisation programme
for children (2016-17 programme)

Prepared by Public Health England

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Document Status

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Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities

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This is a service specification to accompany the 'NHS public health functions agreement 2016-17 (the '2016-17 agreement') published in December 2015.

This service specification is to be applied by NHS England in accordance with the 2016-17 agreement. This service specification is not intended to replicate, duplicate or supersede any other legislative provisions that may apply.

Where a specification refers to any other published document or standard, it refers to the document or standard as it existed at the date when the 2016-17 agreement was made between the Secretary of State and NHS England Board, unless otherwise specified. Any changes in other published documents or standards may have effect for the purposes of the 2016-17 agreement in accordance with the procedures described in Chapter 3 of the 2016-17 agreement

Service specifications should be downloaded in order to ensure that commissioners and providers refer to the latest document that is in effect.

The 2016-17 agreement is available at www.gov.uk (search for 'commissioning public health').

All current service specifications are available at www.england.nhs.uk (search for 'commissioning public health').

This service specification is not intended to replicate, duplicate or supersede any other legislative provisions that may apply. It must always be read in conjunction with the core service specification and the online version of the Green Book:

<https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>

1. Purpose of the seasonal influenza immunisation programme for children

1.1. This document relates to the influenza vaccination programme for children aged 2 to under 17 years. Those to be offered immunisation in 2016/17 are:

GP Cohorts/Reception Class - All those 2, 3 and 4 year olds (but not 5 or older) on the 31 August 2016 (i.e date of birth on or between 1st September 2011 and on or before 31 August 2014);

School Years 1 to 3:

Year 1 - 5 rising to 6 year olds (i.e date of birth on or between 1st September 2010 and on or before 31st August 2011);

Year 2 - 6 rising to 7 years olds (i.e date of birth on or between 1st September 2009 and on or before 31st August 2010);

Year 3 - 7 rising to 8 year olds (i.e. date of birth on or between 1st September 2008 and on or before 31st August 2009).

1.2. This includes:

- children aged 2-4 years in clinical risk groups who are already covered by the existing programme. Vaccination of these children should take place in primary care settings;
- all primary school aged children in those areas that participated in the pilots for primary school aged children.

Please Note:

- Any children in clinical risk groups not included in the age ranges stated above are covered in Service specification No.13 Seasonal influenza immunisation programme (2016-17 programme).
- Children eligible for entry to the Reception Year of school on 1st September 2016 (i.e. 4 year olds; born on or between 1st September 2011 and 31st August 2012) could receive their immunisation from either primary care or a school based provider dependent on local commissioning arrangements.
- Some children may be in School Years 1, 2 and 3 but outside of the date of birth ranges for those years (eg. if a child has been accelerated or held back a year). It is acceptable to offer and deliver immunisations to these children with their classroom peers.

- The vaccine will provide protection against the strains of seasonal influenza that the World Health Organization (WHO) specifies as the most likely to cause disease each year. The child flu vaccine (Fluenz) used in 2014/15 provided very good protection against circulating strains of influenza B. For those aged under 18 years:
 - effectiveness of the vaccine against influenza A was 35%
 - effectiveness of the vaccine against influenza B was 100%
- 1.3. The 2016/17 vaccination programme extends the annual routine immunisation programme against influenza to more age groups of children who are not in the 'at risk' categories for a flu immunisation. The purpose of the service specification is to enable NHS England to commission influenza immunisation services of sufficient quantity and quality to significantly lower the number of infections and outbreaks caused by flu viruses. Coverage should be equitable across England as well as within upper tier local government areas and within the context of populations with protected characteristics as defined by the Equality Act 2010.
- 1.4. This specification provides a brief overview of the vaccine, including the disease it protects against, the context, evidence base, and wider health outcomes. It must be read in conjunction with the Core service specification National immunisation programme, the online version of the Green Book, in particular the influenza chapter which is updated ahead of the influenza immunisation campaign each year based on advice from the Joint Committee on Vaccination and Immunisation (JCVI), the annual flu letter and any guidance or information issued by the Department of Health (DH), PHE or NHS England. This service specification should also be read in conjunction with service specification 13, the seasonal flu immunisation programme.
- 1.5. This specification will also promote a consistent and equitable approach to the provision of the commissioning and delivery of influenza immunisation for children across England.
- 1.6. It is important to note that this programme will change and evolve in the light of emerging best practice and scientific evidence. Guidance is issued annually through the Flu Plan and related 'annual flu letter'. NHS England and providers will be required to reflect these changes accordingly in a timely way as directed by the national schedule.
- 1.7. This service specification is not designed to replicate, duplicate or supersede any relevant legislative provisions that may apply e.g. the Health and Social Care Act 2012. The specification will be reviewed and amended in line with any new recommendations or guidance, and in line with reviews of the Section 7A agreement.

2. Population needs

Background

Influenza

- 2.1. Influenza is an acute viral infection of the respiratory tract. There are three types of influenza virus: A, B and C. Influenza A and influenza B are responsible for most clinical illness.
- 2.2. The disease is characterised by the sudden onset of fever, chills, headache, myalgia and extreme fatigue. Other common symptoms include a dry cough, sore throat and stuffy nose.
- 2.3. The risk of serious illness from influenza is higher amongst children under six months of age, older people and those with underlying health conditions such as respiratory disease, cardiac disease or immunosuppression, and pregnant women.

Influenza vaccine key details

- the genetic make-up of the flu virus is unstable and new strains often emerge therefore vaccination is required annually.
- influenza vaccines provide protection against the virus strains A and B with the strains in the vaccine specified in recommendations made annually by the World Health Organization.
- all authorised influenza vaccines need to meet immunogenicity, safety and quality criteria set by the European Medicines Agency (EMA), with the assessment of efficacy based on meeting or exceeding indicated requirements in serological assessments of immunogenicity.
- the vaccine recommended by JCVI for the children covered by this service specification is a live attenuated intranasal influenza vaccine (LAIV). This vaccine has a good safety record profile in children aged two years and older and an established history of use in the United States.

- 2.4. Influenza vaccine is routinely used to protect those most at risk of serious illness or death should they develop influenza. The JCVI has recommended the programme should also be extended to all children aged between 2 years and less than 17 years to lower the impact of influenza on children and lower influenza transmission to other children, adults and those in clinical risk groups at any age.

2.5. This service specification relates to the extension of the influenza vaccination programme to children aged from 2 years to less than 17 years of age.

NB. Any children in clinical risk groups not included in the age ranges stated above are covered in Service Specification No.13 Seasonal influenza immunisation programme (2016-17 programme).

3. Scope

Aims

- 3.1. The aim of the routine influenza immunisation programme is to protect those who are most at risk of serious illness or death should they develop influenza. This extension of the programme to children from 2 and less than 17 years is to lower the impact of influenza on children and lower influenza transmission to other children, adults and those in clinical risk groups at any age.

Objectives

- 3.2. The aim will be achieved by delivering an evidence-based, targeted immunisation programme that:
- identifies the eligible population and ensures effective timely delivery with optimal coverage based on the target population;
 - is safe, effective, of a high quality and is independently monitored;
 - is delivered and supported by suitably trained, competent healthcare professionals who participate in recognised ongoing training and development in line with national standards;
 - delivers, manages and stores vaccine in accordance with national guidance;
 - is supported by regular and accurate data collection using the appropriate returns.

Direct health outcomes

- 3.3. In the context of health outcomes, the influenza vaccination programme aims to:
- protect the health of specified groups, individuals and the wider population;

- protect those who are most at risk of serious infection or death should they develop influenza;
- reduce the transmission of infection, and thereby contribute to the protection of vulnerable individuals who may have suboptimal response to their own immunisation;
- achieve appropriate coverage across all groups identified;
- minimise adverse physical/psychological/clinical aspects of immunisation (e.g. anxiety, adverse reactions).

Baseline vaccine coverage

- 3.4. Local services must aim for 100% of relevant individuals to be offered immunisation in accordance with the Green Book and other official DH/PHE/NHS England guidance.
- 3.5. In proceeding with the phased implementation of the extension of seasonal influenza vaccination to all children aged 2 to less than 17, NHS England in 2016/17 will seek to achieve a sufficient national level of performance in relation to each key deliverable.
- 3.6. The key long-term aim for this programme is the eventual successful and sustainable delivery to all children aged 2 to less than 17 on an annual basis.

4. Service description / care pathway

Local service delivery

The delivery of immunisation services at the local level is based on evolving best practice. This section of the document specifies the high-level operational elements of the seasonal influenza immunisation programme for children, based on this best practice. NHS England must use this to inform local commissioning, contracts and service delivery. There is also scope to enable NHS England and providers to enhance and build on specifications to incorporate national or local service aspirations that may include increasing local innovation in service delivery. However, it is essential, in order to promote a nationally aligned, high-quality programme focusing on improved outcomes, and that all the core elements that are set out in the core service specification are included in contracts and specifications. All providers must ensure they are familiar with the contra-indications of Live Attenuated Influenza Vaccine (LAIV) as detailed in the Green Book.

Vaccine schedule

Those to be offered immunisation in 2016-17 are:

GP Cohorts/Reception Class - All those 2, 3 and 4 year olds (but not 5 or older) on the 31 August 2016 (i.e date of birth on or between 1st September 2011 and on or before 31 August 2014);

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Year 2 - 6 rising to 7 years olds (i.e date of birth on or between 1st September 2009 and on or before 31st August 2010);

Year 3 - 7 rising to 8 year olds (i.e. date of birth on or between 1st September 2008 and on or before 31st August 2009).

- The guidance in the Influenza chapter of the Green Book should be followed:

<https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19>

- In order to provide early protection, providers must aim to complete the vaccination as early as possible after the flu vaccine becomes available and before flu viruses start to circulate, which is often before Christmas in UK.
- Scheduling of vaccinations should take account of the short shelf life of LAIV.

- Sufficient immunisation appointments must be available so that children can receive vaccinations on time. Vaccinating children as soon as the vaccine is available will provide them with protection should the flu season prove to be early.

Vaccine ordering

As in previous years, PHE will centrally procure flu vaccine for all children to be offered immunisation in the 2016/17 flu season, including those aged from six months to less than 18 years in clinical risk groups. The centrally procured vaccines will include alternative inactivated vaccines for those children who are not recommended to be immunised with LAIV.

Centrally procured vaccines should be ordered via the ImmForm website (www.ImmForm.dh.gov.uk) as per the usual mechanisms for the routine childhood immunisation programme, details of which are given in the core specification. Full details on the ordering process will be set out in the Annual Flu Letter which is due to be published in spring 2016.

Apart from this central procurement of vaccines for children less than 18 years of age, it remains the responsibility of general practices to order sufficient flu vaccine for older eligible patients direct from the manufacturers.