# West Midlands GP Practice Flu Vaccination Toolkit

West Midlands Vaccinations Public Health Commissioning Team - NHS England (Midlands)

July 2024



# Aim of this toolkit

The purpose of this toolkit is to support GP Practices improve flu vaccine uptake in 2024/25 flu season

https://www.gov.uk/government/publications/national-fluimmunisation-programme-plan-2024-to-2025



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# **Background - Influenza**

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The purpose of the seasonal flu vaccination programme is to protect those most at risk of developing influenza associated morbidity and mortality.

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Influenza is a highly infectious, acute viral respiratory tract infection which has a usual incubation period of 1 to 3 days. Patients can experience sudden onset of symptoms such as dry cough, headache, fever and extreme fatigue. For otherwise healthy individuals, it is an unpleasant but usually self-limiting disease with recovery occurring within 2 to 7 days.

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More serious illness may occur in children under 5 years, pregnant women, those aged over 65 years and those with underlying health conditions. These groups are at higher risk of developing severe complications such as bronchitis, secondary bacterial pneumonia, or otitis media in children.

Seasonal flu vaccination is a critically important public health intervention that reduces morbidity, mortality, hospitalisation and pressure on primary care associated with flu at a time when the NHS and social care will be managing winter pressures.

# Changes to the 2024/2025 Flu Programme

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### **Commencement dates**

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### From 1 September 2024

• pregnant women

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• all children aged 2 or 3 years on 31 August 2024

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- primary and secondary school aged children (from Reception to Year 11) with priority given to primary schools
- all children in clinical risk groups aged from 6 months to less than 18 years

### From 3<sup>rd</sup> October 2024

- those aged 65 years and over
- those aged 18 years to under 65 years in clinical risk groups (as defined by the Green Book, Influenza Chapter 19)
- those in long-stay residential care homes
- carers in receipt of carer's allowance, or those who are the main carer of an elderly or disabled person
- close contacts of immunocompromised individuals
- frontline workers in a social care setting without an employer led occupational health scheme

### **Vaccines**

- QIVr no longer available <u>Amendment to 2024/25 flu letter</u>
- QIV-HD (High-dose quadrivalent influenza vaccine) introduced for those aged 60 years and over
- LAIV change from quadravalent to trivalent vaccine. The brand name for the trivalent vaccine is Fluenz® (the 'Tetra' has been dropped).

# **JCVI** Rationale for changes to the Flu Programme

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### Moving start of Adult programme to 3<sup>rd</sup> October;

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• Evidence shows that flu vaccine effectiveness in adults wanes overtime

Top Tips

 Vaccinating most adults during October and November will provide optimal protection during the highest risk period – typically December or January

\*GPs should use clinical judgement to bring forward vaccination in exceptional circumstances as outlined in the Green Book (awaiting update)

\* UKHSA are developing a flyer that will explain the change of the start date to patients

### 1<sup>st</sup> September start date for Pregnant women;

• To provide protection for as many newborn babies as possible - particularly important for women who are in the later stages of pregnancy in September

#### 1<sup>st</sup> September start date Children's programme;

- Flu circulation in children usually precedes that in adults
- Protection from the vaccine lasts longer in children
- Provides early protection for children and reduces transmission to the wider population

### **Change to LAIV trivalent Vaccine**

- B/Yamagata lineage antigen no longer required no naturally occurring B/Yamagata lineage virus detections since March 2020
- Potential theoretical risk of the return of circulating B/Yamagata strains
- Plan to use trivalent formulation within inactivated vaccines in future flu seasons when they become available

### Changes to 2024/25 programme Adult Vaccines 2024/25

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| Eligible Age Group   | Vaccine   |
|--|---|
| Aged 18 to 59 years in eligible groups   | 1 <sup>st</sup> choice:<br>QIVc (Cell-based quadrivalent influenza vaccine)   |
|  | 2 <sup>nd</sup> choice:<br>QIVe (Egg-grown quadrivalent influenza vaccine) can also be considered only<br>when every attempt to use QIVc has been exhausted.            |
| Aged 60 to 64 years in eligible groups   | 1 <sup>st</sup> choice:<br>QIVc (Cell-based quadrivalent influenza vaccine)<br>or<br>QIV-HD (High-dose quadrivalent influenza vaccine)                                  |
|  | 2 <sup>nd</sup> choice:<br>QIVe (Egg-grown quadrivalent influenza vaccine) can also be considered only<br>when every attempt to use QIVc and QIV-HD has been exhausted  |
| Aged 65 years and over<br>*aQIV may be offered 'off-label' to those who<br>become 65 years of age before 31 March 2025 | 1 <sup>st</sup> choice:<br>aQIV (Adjuvanted quadrivalent influenza vaccine)<br>or<br>QIV-HD (High-dose quadrivalent influenza vaccine)                                  |
|  | 2 <sup>nd</sup> choice:<br>QIVc (Cell-based quadrivalent influenza vaccine) can also be considered only<br>when every attempt to use aQIV or QIV-HD has been exhausted. |

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| Eligible Age group  | Vaccine   |
|---|---|
| Children aged from 6 months to less than 2 years in a clinical risk group                       | <ul> <li>1<sup>st</sup> choice – QIVc (Cell based quadrivalent influenza vaccine)</li> <li>2<sup>nd</sup> choice - QIVe (Egg-grown quadrivalent influenza vaccine)</li> <li>can be considered if QIVc is not available. This is not supplied</li> <li>by ImmForm</li> </ul>   |
| Children aged 2 to less than 18 years in<br>eligible groups (including clinical risk<br>groups) | <ul> <li>1<sup>st</sup> choice – LAIV (Live attenuated influenza vaccine) Fluenz<br/>Trivalent<br/>or<br/>QIVc – (Cell-based quadrivalent influenza vaccine)<br/>where LAIV is contraindicated or otherwise unsuitable i.e. due to<br/>porcine gelatine content</li> <li>2<sup>nd</sup> choice - QIVe (Egg-grown quadrivalent influenza vaccine)<br/>if QIVc is not available. This is not supplied by ImmForm</li> </ul> |

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### Identifying eligible patients

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Have a flu vaccination lead who is responsible for the flu programme – <u>Vaccination Lead</u>

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 Check 2023/2024 practice level uptake for different cohorts and set a higher goal for 2024/25. These will be emailed to practices or you can check directly on ImmForm or you can run GP searches.

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Identify what went well and where improvements could be made

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 Ensure at least 2 members of staff have ImmForm accounts set up <u>https://portal.immform.phe.gov.uk/Logon.aspx</u>

Top Tips

- Hold an up-to-date and regularly reviewed register of eligible patients and doses administered -Check phone numbers, addresses, include newly diagnosed patients, update pregnancy status before and during the season. Update patients records when you are notified of doses given elsewhere (eg: maternity, community pharmacy, SAIS).
- Review your plans for tackling inequalities in vaccine uptake for all underserved groups
- Ensure that staff phoning patients have a script but can also answer questions or know where to direct people to for further information

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### Vaccine ordering

 Ensure you have ordered sufficient vaccines of the right types (slides 7 & 8) to achieve your increased practice level ambitions

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• Ensure you are aware of ImmForm caps for ordering children's vaccines and the process for exceptional requests for larger orders eg: if running large children's clinics

### Invitation and managing DNA's

Ensure all eligible patients receive a personalised invitation – at least one written communication (to include letters/SMS text messages) – 100% offer is mandatory in specification

National letter templates available <u>here</u>

Children's Vaccines

Top Tips

- Offer a range of appointments including weekends and evenings.
- Offer alongside other appointments such as Health Checks and Health Visitor clinics
- Offer opportunistic vaccination eg: using pop-ups/flags on patient records

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- Consider phoning eligible patients and offering one-to-one clinician conversations for those who fail to respond initially.
- Continue to recall unless you have an active decline
- Have plans in place for the vaccination of care home and housebound patients

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### Training

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 The <u>National minimum standards and core curriculum for immunisation training for Registered Healthcare</u> <u>Practitioners</u> and the <u>National Minimum Standards and Core Curriculum for Immunisation Training of</u> <u>Healthcare Support Workers</u> describe the minimum training, assessment and supervision that should be provided to those with a role in advising on or delivering immunisations.

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The UKHSA recommended training requirements by workforce group can be found <u>here</u>

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- Theoretical e-learning specific for flu can be found <u>here</u>
- The UKHSA National flu vaccination programme slide set for 2024/25 will be found <u>here</u> when it becomes available
- The suggested content to be covered in annual flu training can be found here
- The UKHSA flu vaccinator competency assessment tool can be found <u>here</u>
- The RCN Immunisation knowledge and skills competence assessment tool can be found <u>here</u>

# Accurate recording of flu vaccinations

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### Don't let your hard work go unmeasured!

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- Identify and correctly code your eligible practice population this will be the denominator on ImmForm
- Code all flu vaccinations administered by the practice and other Healthcare providers this will inform the practice uptake on ImmForm
- All SNOMED codes associated with the flu vaccination programme can be found here <u>UKHSA Flu SCT</u> <u>code clusters v5.2 230811</u> (you will need to use your ImmForm login details to access this information)

### What is **SNOMED**

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SNOMED CT is a clinical vocabulary readable by computers, giving clinical IT systems a single shared language, which makes exchanging information between systems easier, safer and more accurate. All NHS healthcare providers in England must now use SNOMED CT for capturing clinical terms within electronic patient record systems.

More information on SNOMED CT can be found at SNOMED CT - SNOMED CT - NHS Digital

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Register an account on ImmForm - How to register: ImmForm helpsheet - GOV.UK (www.gov.uk)

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Contact the ImmForm Helpdesk on 0207 183 8580 or email Helpdesk@immform.org.uk

### **Registered ImmForm users can:**

Order NHS childhood vaccines online using the ImmForm vaccine supply system

And/or

· View or provide vaccine uptake data

### How to make a manual data submission

In the event of automatic extraction failing, you are required to make a manual submission for the mandatory part of the survey.

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Information on the seasonal influenza survey and guidance on making a 'manual submission' can be found on ImmForm. The guidance will be updated for 2024/25.

Seasonal influenza vaccine uptake data collection: GP registered patients 'all practices' survey (England) (phe.gov.uk)

Please note: once the deadline for manual submission has passed each month you will have to wait until the following month's data upload to input your figures.

#### Clinical queries & PGD's <u>Changes to</u> 2024/25 <u>Adult</u> Vaccines Children's Recording **National** Local IMMFORM Top Tips FAQ's Background Vaccines vaccinations Resources Resources programm

# **Clinical Queries & PGD's**

### **West Midlands- Immunisation Clinical Advice Service**

For further information and support with clinical immunisation queries and/or incidents please contact the West Midlands Vaccinations Public Health Commissioning Team - NHS England (Midlands)

England.wmid-imms@nhs.net

The flu PGD's can be found on our local webpage:

https://www.england.nhs.uk/mids-east/info-professionals/west-midlands-screening-

and-immunisation-team-sit/

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### Q. If an adult is vaccinated before the 3<sup>rd</sup> October, will we get paid?

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<u>General Practice Enhanced Service Specification Seasonal influenza vaccination programme</u> 2024/25 (england.nhs.uk)

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9.3. Subject to paragraph 9.1 and 9.7, the Practice must administer the vaccinations to Patients in the priority order announced and authorised by the Commissioner (NHS England). Practices must not commence vaccinations prior to the announcement and authorisation by the Commissioner (NHS England).

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- 9.7. Practices will not be eligible for payment for the administration of influenza vaccinations outside the announced and authorised cohorts unless they are able to evidence exceptional clinical circumstances requiring influenza vaccination to be administered at the request of the Commissioner.
  - (b) the Patient in respect of whom payment is being claimed was within an announced and authorised cohort at the time the vaccine was administered, unless exceptional circumstances apply as set out at paragraph 9.7 and the vaccination was administered after the announced and authorised date for the vaccinations to take place;

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Q. We have administered a flu vaccine that is not recommended for a specific age group will we get reimbursed?

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11.2.1. The Patient who received the vaccination(s) was a Patient at the time the vaccine was administered, and all of the following apply:

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 (a) the Practice has only used the specified vaccines recommended in this ES and/or Commissioner guidance;

### Q. What are the exceptions for an adult to be vaccinated before 3<sup>rd</sup> October?

National flu immunisation programme 2024 to 2025 letter - GOV.UK (www.gov.uk)

Following clinical assessment, there may be a small number of other adults for whom it would be better not to delay flu vaccination until October. For example, for those who are due to commence immunosuppressive treatment (such as chemotherapy) before October, having flu vaccine before they start treatment would allow them to make a better response to their vaccination. GPs should use clinical judgement to bring forward vaccination in exceptional circumstances, as outlined in the Green Book, and offer vaccination as soon as vaccine comes available in line with contractual arrangements.

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### **Q. Why has LAIV changed from a quadrivalent to a trivalent vaccine?**

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There have been no naturally occurring B/Yamagata lineage virus detections since March 2020. WHO have recommended that the B/Yamagata lineage antigen should be removed from influenza vaccines as it is no longer warranted.

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It is thought that the manufacture and use of inactivated and live attenuated vaccines containing B/Yamagata lineage viruses may pose a theoretical risk of reintroduction of B/Yamagata lineage virus into the population. This risk can be mitigated by the removal of B/Yamagata lineage viruses from the vaccines.

Trivalent inactivated vaccines will be introduced in future flu seasons when they become available.

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### Q. Can the Flu vaccine be co administered with RSV?

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Coadministration of Abrysvo (RSV) with adjuvanted flu vaccine was associated with lower immune responses to both RSV and flu. It is recommended that the older adult RSV vaccine is not routinely scheduled at the same appointment or on the same day as the flu or COVID-19 vaccines. No specific interval is required between administering the vaccines.

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If an individual is unlikely to return for a second appointment, or immediate protection is necessary, RSV vaccine can be administered at the same time as influenza and/or COVID-19 vaccination.

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| Resource  | Link  |  |
|---|---|--|
| Flu Letter 2024/25  | National flu immunisation programme 2024 to 2025 letter - GOV.UK<br>(www.gov.uk)  |  |
| Amendment (13 <sup>th</sup> June)                         | Statement of amendment to the annual flu letter for 2024 to 2025 – 12<br>June 2024 - GOV.UK (www.gov.uk)  |  |
| Green Book Immunisations – Influenza<br>Chapter 19        | Influenza: the green book, chapter 19 - GOV.UK (www.gov.uk)   |  |
| Available vaccines for 2024/25 season + ovalbumin content | All influenza vaccines marketed in the UK for the 2024 to 2025 season<br>(publishing.service.gov.uk)  |  |
| Promotional Materials                                     | Home - Health Publications  |  |
| Training resources  | When available - Annual flu programme - GOV.UK (www.gov.uk)   |  |
| Increasing uptake 2-3 year olds                           | Increasing influenza immunisation uptake among pre-school children -<br>Best practice guidance for general practice (publishing.service.gov.uk) |  |
| Childrens aged 2-3 years Flu letter template              | 3 years Flu letter template Flu vaccination: letter template for children aged 2 and 3 years -<br>GOV.UK (www.gov.uk)                           |  |
| At Risk and carers Flu letter template                    | Flu vaccination: letter template for at risk patients and carers - GOV.UK<br>(www.gov.uk)   |  |

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| Resource  | Link   |
|---|--|
| PGD's   | NHS England — Midlands » Patient Group Directions (PGDs)                     |
| West Midlands Immunisation<br>Clinical Advice Service<br>(WMICAS) | England.wmid-imms@nhs.net  |
| At-risk patient leaflets  | NHS England — Midlands » West Midlands Screening and Immunisation Team (SIT) |
| GP Practice Flu vaccination<br>Toolkit                            | NHS England — Midlands » West Midlands Screening and Immunisation Team (SIT) |

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#### Clinical queries 8 PGD's Recording vaccination Background Adult Vaccine Top Tips **IMMFORM** FAQ's National Resources Local Resources hildren's Vaccii Local Resources **School Aged Immunisation Team Contact Details**

Please refer any healthy school aged children to the appropriate SAIS Team if they have missed vaccination in school, including children that are home schooled

anges to 2024

| Sandwell              | Tel. 0121 5921110<br>E: <u>sandwell@v-uk.co.uk</u>         | North Warwickshire                  | Tel. 024 7632 1550<br>E: <u>NORTHIMMS@covwarkpt.nhs.uk</u>       |
|-----------------------|--|-------------------------------------|--|
| Walsall               | Tel. 01922 902035<br>E: <u>walsall@v-uk.co.uk</u>          | Coventry                            | Tel. 024 7696 1422<br>E: <u>Bewise.Immunise@covwarkpt.nhs.uk</u> |
| Dudley                | Tel: 01384 431712<br>E: <u>Dudley@v-uk.co.uk</u>           | Birmingham                          | Tel: 0121 466 3460<br>E: <u>BCHNT.Birminghamimms@nhs.net</u>     |
| Wolverhampton         | Tel. 01902 200077<br>E: <u>Wolverhampton@v-uk.co.uk</u>    | Solihull                            | Tel: 0121 466 3460<br>E: <u>BCHNT.Solihullimms@nhs.net</u>       |
| Herefordshire         | Tel: 01432 663085<br>E: <u>Herefordshire@v-uk.co.uk</u>    | Staffordshire and<br>Stoke-on-Trent | Tel: 0300 124 0366<br>E: <u>School.immunisations@mpft.nhs.uk</u> |
| Worcestershire        | Tel: 01527 390030<br>E: <u>worcestershire@v-uk.co.uk</u>   | Shropshire, Telford,<br>and Wrekin  | Tel: 01743 730028<br>E: <u>shropcom.immunisationteam@nhs.net</u> |
| South<br>Warwickshire | Tel. 01926 353 899<br>E. <u>SOUTHIMMS@covwarkpt.nhs.uk</u> |                                     |  |