Seasonal Influenza Vaccination
Annual Report 2017/18: South West

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Abbreviations

ATIV  Adjuvanted Trivalent Influenza Vaccine
BANES  Bath and North East Somerset
BCH  Bristol Community Health
BGSW  Bath, Gloucester, Swindon and Wiltshire
BNSSG  Bristol, North Somerset and South Gloucestershire
CGG  Clinical Commissioning Group
CMO  Chief Medical Officer
DCIOSS  Devon, Cornwall & Isles of Scilly and Somerset
DES  Direct Enhanced Service
DHP  Director of Public Health
FHCW  Frontline Health & Social Care Workers
HPT  Health Protection Team
JCVI  Joint Committee on Vaccination and Immunisation
LA  Local Authority
LAIIV  Live Attenuated Influenza Vaccine
LMC  Local Medical Committee
LPC  Local Pharmacy Committee
NBT  North Bristol NHS Foundation Trust
NHS  National Health Service
NHSE  NHS England
NSCP  North Somerset Community Partnership
PCSA  Primary Care Support Agency
PCT  Primary Care Trust
PGD  Patient Group Directions
PHE  Public Health England
SCN  Strategic Clinical Network
SIC  Screening and Immunisation Coordinator
SIL  Screening and Immunisation Lead
SIM  Screening and Immunisation Manager
SIT  Screening and Immunisation Team
SomPar  Somerset Partnership
T&S  Taunton and Somerset NHS Foundation Trust
UHB  University Hospitals Bristol NHS Foundation Trust
WAHT  Weston Area NHS Health Trust
YDH  Yeovil District Hospital NHS Foundation Trust

Related Documents:


1 Background

1.1 Influenza is an acute viral infection of the respiratory tract characterised by a fever, chills, headache, muscle and joint pain, and fatigue. For otherwise healthy individuals, flu is an unpleasant but usually self-limiting disease. However, flu is easily transmitted and even people with mild or no symptoms can still infect others. The risk of serious illness or complications from flu is greater in children under six months of age, older people, pregnant women and those with underlying health conditions and can therefore have a significant impact at population level.

1.2 Flu is a key factor in NHS winter pressures impacting on those who become ill, the NHS services that provide direct care, and on the wider health and social care system that supports people in at-risk groups.

1.3 In 2017/18 the flu strains circulating were predominantly influenza A (H3N2) and influenza B - Yamagata lineage. The flu vaccine changes every year in line with WHO recommendations which aim to achieve best match with potentially circulating strains. In 2017/18, the quadrivalent vaccine provided a good match with the circulating strains however the trivalent vaccine did not include the prevalent B Yamagata lineage and, although there was some evidence of cross protection from the other B strains included in the vaccine, efficacy in some eligible groups and in particular the elderly, was sub-optimal. Throughout the last decade there has generally been a good match between the strains of flu in the vaccine and those that subsequently circulated. Flu vaccination remains the best way to protect people from flu.

1.4 The impact of flu on the population varies from year to year and is influenced by changes in the virus that, in turn, influence the proportion of the population that may be susceptible to infection and the severity of the illness. Flu does, however, occur every winter in the UK.

1.5 The Flu Plan aims to reduce the impact of flu in the population by bringing together key partners to develop and implement a series of complementary measures to prevent flu and to respond to outbreaks of infection promptly and to prevent further spread where these do occur. These measures help to reduce the burden of illness in the community and unplanned hospital admissions, and therefore reduce pressure on the health service generally and A&E in particular. The plan is therefore a critical element of the system-wide approach for delivering robust and resilient health and care services throughout the year. The Seasonal Influenza Immunisation programme is a key part of the plan.

2 Aim of the report

2.1 To provide a comprehensive overview of the 2017/18 influenza season including immunisation uptake data, lessons learnt and recommendations for the 2018/19 season.
3 National Objectives 2017/18

Annual Flu Letter 2017/18: Key messages

3.1 National Seasonal Influenza Letter 2017/18


3.2 Groups included in the Seasonal Influenza Immunisation programme 2017/18

- People aged 65 years of over (including those becoming age 65 years by 31 March 2018)
- People aged from six months to less than 65 years of age with a serious medical condition such as:
  - Chronic (long-term) respiratory disease, such as severe asthma, chronic obstructive pulmonary disease (COPD) or bronchitis
  - Chronic heart disease, such as heart failure
  - Chronic kidney disease at stage three, four or five
  - Chronic liver disease
  - Chronic neurological disease such as Parkinson’s disease or motor neurone disease, or learning disability
  - Diabetes
  - Splenic dysfunction
  - A weakened immune system due to disease (such as HIV/AIDS) or treatment (such as cancer treatment)
  - Morbidly obese (defined as BMI of 40 or above)

NB This list above is not exhaustive, and the healthcare practitioner should apply clinical judgement to take into account the risk of flu exacerbating any underlying disease that a patient may have, as the risk of serious illness from flu itself. Flu vaccine should be offered in such cases even if the individual is not in the clinical risk groups specified above

- All pregnant women (including those women who become pregnant during the flu season)
- All those aged two and three years (but not four years or older) on 31 August 2017 (i.e. date of birth on or after 1 September 2015 and on or before 31 August 2017) through general practice
- All children in reception class and school years 1, 2, 3 and 4 (aged 4-5 to 8-9 years old)
- People 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
• Informal carers i.e. people 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
• Consideration should also be given to the vaccination of household contacts of immunocompromised individuals, specifically individuals who expect to share living accommodation on most days over the winter and, therefore, for whom continuing close contact is unavoidable
• Health and social care workers with direct patient / service user contact should be vaccinated as part of an employer’s occupational health obligation

More information:

Healthcare practitioners should refer to the Green Book influenza chapter for further detail about clinical risk groups included in the national flu immunisation programme. This is regularly updated, sometimes during the flu season, and can be found at:


Targets and priorities

The Annual Flu letter suggested the following as key priorities / targets for the 2017/18 season:

1. Actively offering flu vaccination to 100% of those in eligible groups
2. Vaccinating at least 75% of those aged 65 years and over
3. Vaccinating at least 75% of health and social care workers with direct patient contact
4. Improving uptake for those in clinical risk groups, at least 55%, particularly those who are at the highest risk of mortality from flu but have the lowest rates of vaccine uptake, such as those with:
   • Long-term liver disease
   • Long-term neurological disease, including people with learning disabilities
5. Vaccinating 40-65% of 2 and 3 year olds with most practices aiming to achieve higher
6. For school aged children in reception to year 4, vaccinating 40-65% by all school providers

3.3 The children’s flu programme

All 2 and 3 year olds continued to be offered flu vaccination through their GP practices. In the 2017/18 programme the age range was extended to include school year 4, so that all children in reception year and school years 1-4 will be offered the flu vaccination. At risk children who were eligible via the school based programme because of their age were offered immunisation at school. However these children were also eligible to receive vaccination in general practice.
3.4 Use of live attenuated influenza vaccine Fluenz Tetra®

The JCVI recommended use of a live attenuated vaccine (LAIV), Fluenz Tetra®, administered as a nasal spray, as the vaccine choice for children. The vaccine is licensed for those aged from 24 months to less than 18 years of age. JVCI have recommended LAIV as it has:

- good efficacy in children, particularly after a single dose
- the potential to provide protection against circulating strains that have drifted from those contained in the vaccine
- higher acceptability with children, their parents and carers due to intranasal administration
- it may offer important longer-term immunological advantages to children by replicating natural exposure/infection to induce better immune memory to influenza that may not arise from use of inactivated flu vaccines

Given that this vaccine gives better protection, Fluenz Tetra® should be offered to all children eligible for vaccination (including those in clinical risk groups) except those with contraindications who should be offered a suitable inactivated flu vaccine alternative. The full list of contraindications is in the Green Book, where the amended advice on egg allergy was also published.

In the 2016/17 season, vaccine effectiveness was 57% for A (H3N2) for 2-17 year olds receiving quadrivalent live attenuated influenza vaccine (LAIV) and 78.6% for influenza B. The findings support the on-going roll-out of the paediatric vaccine programme for the 17/18 season.

Choice of flu vaccines for adults for 17/18 season

There were two vaccines available to use for adults, a trivalent and quadrivalent vaccine. For the 2017/18 flu season (northern hemisphere winter) the trivalent vaccines contained the following:

- an A/Michigan/45/2015 (H1N1)pdm09-like virus;
- an A/Hong Kong/4801/2014 (H3N2)-like virus; and
- a B/Brisbane/60/2008-like virus.

The quadrivalent vaccines contained two influenza B viruses contain the above three viruses and a B/Phuket/3073/2013-like virus.

In December 2017 and January 2018, NHS England and PHE released guidance regarding vaccination choices for the 2018/19 season. This information is highlighted below.

Choice of vaccines for 18/19 season

The adjuvanted trivalent inactivated flu vaccine (aTIV), (Fluad®: Seqirus) was licensed late in 2017 and is available for use in the 2018/19 season. JCVI concluded at its October
2017 meeting that adjuvanted trivalent flu vaccine is more effective and highly cost effective in those aged over 65 years and above compared with the non-adjuvanted or ‘normal’ influenza vaccines currently used in the UK for this age-group. JCVI agreed that aTIV would be considered the optimal clinical choice for all patients aged 65 years and over. The JCVI specifically considered that the use of the adjuvanted trivalent flu vaccine should be a priority for those aged 75 years and over, given that the non-adjuvanted inactivated vaccine has showed no significant effectiveness in this group over recent seasons.

JCVI have also reconsidered the use of quadrivalent influenza vaccines (QIV), which offer protection against two strains of influenza B rather than one. As influenza B is relatively more common in children than older age groups, the main clinical advantage of these vaccines is in childhood. Because of this, those vaccines centrally supplied for the childhood programme in recent years have been quadrivalent preparations. Further modelling work by PHE suggests that, the health benefits to be gained by the use of quadrivalent vaccines compared to trivalent vaccines, is more substantial in at risk adults under 65 years of age, including pregnant women. On average use of quadrivalent over trivalent is likely to lead to reduced activity in terms of GP consultations and hospitalisations, and PHE’s work suggests that the overall public health benefit would justify the additional cost of the vaccines compared to trivalent vaccines.

NHS England therefore advised that 65 year olds and over receive aTIV, and under 65s in at risk groups, including pregnant women, receive QIV for the 2018-19 flu season. QIV should also be offered to healthcare workers aged under 65 years. Those healthcare workers aged 65 years and over should be offered aTIV.

Flu vaccine effectiveness


The summary of the findings are as follows:

The provisional end-of-season adjusted VE estimates showed an adjusted all age VE of 15.0% (95% CI: -6.3, 32.0) against influenza-laboratory-confirmed primary-care consultations for influenza. Effectiveness was 12.2% (95% CI: -16.8, 34.0) in 18-64 year olds and 10.1% (95% CI: -54.8, 47.8) in ≥65 year olds. VE was 90.3% (95% CI: 16.4, 98.9) against A(H1N1)pdm09 for 2-17 year olds receiving quadrivalent live attenuated influenza vaccine and 60.8% (95% CI: 8.2, 83.3) against influenza B. There was no significant effectiveness against influenza A(H3N2). These findings support the on-going roll-out of the paediatric vaccine programme, but also highlight the importance of effective interventions to protect the adult age-groups. Next year, the vaccine composition is being updated; a new adjuvanted vaccine will be available for older adults and a quadrivalent flu vaccine for younger adults, which protects against both the main B strains and the two main flu A subtypes.

4 Local South West objectives for 2017-18

4.1 To provide strategic oversight through flu steering groups for the planning and implementation of the 2017/18 seasonal flu vaccination programme across the South West area.
4.2 To gain assurance that:
- providers are delivering the programme as per the service specification
- providers are signed up to and working according to contractual agreements
- 100% of eligible patients are identified and invited
- providers have an appropriate and adequate supply of vaccine
- vaccination records are maintained in accordance with the national and local requirements

4.3 To support the commissioning and delivery of the programme through:

a) General Practitioners and, where appropriate, alternative providers to maximise uptake and meet the national ambition of vaccinating at least 75% of people aged 65 and over, 40-65% of children and increased uptake in patients with at-risk conditions at least 55%, especially chronic liver and neurological disease.

b) Employer occupational health services to maximise uptake and meet the national ambition of vaccinating at least 75% of frontline health and social care workers (FHCW)

4.4 To implement the extension of the primary school age-children’s programme to include children in reception and school years 1, 2, 3 and 4 (aged 4-8 yrs.) and to offer the vaccination to 2 and 3 yr. olds in GP practice.

4.5 To monitor flu vaccination uptake in patient groups and FHCWs throughout the flu season.

4.6 To build close working relationships with directors of public health and communicate effectively and in a timely manner with relevant partners and the general public to promote uptake of flu vaccination.

5 Strategic flu groups and monitoring during the season

The local objectives were delivered through the strategic flu groups. In 2017-18 there were three flu steering groups running across the South West. The geography covered by each flu steering group was as follows:

- BaNES, Gloucestershire, Swindon and Wiltshire (BGSW)
- Bristol, North Somerset & South Gloucestershire (BNSSG)
- Somerset, Devon, Cornwall & Isles of Scilly (Somerset and DCIoS)

The steering groups followed the same standing agenda format. The minutes of meetings were shared across the Screening and Immunisation Team (SIT). An action plan was completed for each flu steering group and continually updated throughout the year (see Appendices A and B). The responsibility for updating the action plan sat with the SIMs / SICs and both plans were readily accessible across the team.
6  Season 2017/18: Key results across England

6.1  England average influenza vaccination uptake data

Cumulative data of adult vaccinations administered between 1 September 2017 and 31 January 2018 was collected from 97.3% (7,260/7,458) of GP practices across England. Data on childhood flu vaccinations was received from 99.3% (7,213/7,458) of GP practices. Uptake of the flu vaccination was 72.6% in those aged 65 years and over, 48.9% in those aged six months to under 65 years in a clinical at-risk group (excluding pregnant women without other risk factors), 47.2% in pregnant women, and 42.8% and 44.2% in all children aged two and three years old respectively. Further detail on the range of uptake rates across England in 2017/18 are provided in the table below.

Table 1: Flu vaccination uptake rates in England 2017/18 by eligible cohort

<table>
<thead>
<tr>
<th>Eligible group</th>
<th>Overall uptake (%)</th>
<th>Range in uptake by area team (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>65 years or older</td>
<td>72.6</td>
<td>66.9 – 75.5</td>
</tr>
<tr>
<td>Under 65 years at clinical risk</td>
<td>48.9</td>
<td>45.4 – 52.4</td>
</tr>
<tr>
<td>Pregnant women (all)</td>
<td>47.2</td>
<td>41.1 – 52.1</td>
</tr>
<tr>
<td>2 years old (all)</td>
<td>42.8</td>
<td>33.2 – 50.5</td>
</tr>
<tr>
<td>3 years old (all)</td>
<td>44.2</td>
<td>33.3 – 50.4</td>
</tr>
</tbody>
</table>

Table 1: Flu vaccination uptake rates in England 2017/18 by eligible cohort


7  Seasonal Influenza Vaccination uptake in the South West

Uptake rates by eligible cohort across the South West (BGSW, BNSSG and DCIOSS) during 2017/18 compared with 2016/17 are detailed below. The data shows significant variation in uptake between GP practices within a CCG.

7.1 Over 65s

The vaccine uptake rates in this cohort in 2017/18 exceeded the target of 75% in North Somerset and South Gloucestershire but were below the target and England average in BaNES, Gloucestershire, Swindon, Wiltshire, Bristol, Somerset, Devon, Cornwall and the Isles of Scilly (see Chart 1 below). There was significant variation in individual GP practice uptake rates across the South West with a range of 40% - 91.9% uptake achieved by practices across the patch.

It is important to recognise that all areas across the patch saw an increase in uptake on 2016/17 figures for the over 65 years cohort. The national Flu Plan acknowledges the tremendous achievement especially given that the numbers in this group are growing due to an ageing population and that an increase in uptake percentage is indicative of a considerable increase in the absolute number of

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1 All data, except that for carers, is publicly available via the gov.uk website, ‘Vaccine uptake guidance and the latest coverage data’.
vaccinations given in comparison to the previous year. For example, an additional 54,289 vaccinations were given in the 2017/18 season in comparison to the 2016/17 season. Given the increased risk for older people they remain an important target group for 2018/19.

Chart 1: Vaccination uptake amongst over 65s by CCG area (data downloaded from Immform, February 2018)

Clinical risk groups aged six months to 65 years

On average, only around 50% of patients in clinical ‘at risk’ groups across the South West were vaccinated in 2017/18, however, this does reflect an increase in uptake for the majority of CCG localities (see Chart 2 below). The national uptake ambition for this eligible group was ‘at least 55%’; the target was not achieved by any of the CCG areas, however individual GP practices within localities were able to meet or exceed the target. The range of uptake figures from individual GP practices varied from 28.2%-73.9%. It is important to note that GP practices and other providers have vaccinated larger absolute numbers in comparison to last year’s figures, even though the rate has fallen as the total
number of patients with at-risk clinical conditions eligible for vaccination has increased. Across the South West, an additional 36,314 vaccines were given by 31st January 2018 compared to the same time in 2017.

Chart 2: Vaccination uptake amongst under 65s in at risk categories by CCG area (data downloaded from Immform, February 2018)

The Flu Plan acknowledged that increasing uptake in this cohort is challenging and identifies improvement of vaccine uptake in those with chronic liver disease and neurological disease, including those with learning disabilities, as priorities. This was because these individuals are at the highest risk of mortality from flu but have the lowest rate of vaccine uptake. For a breakdown of uptake rates amongst this cohort by clinical condition across the South West see Chart 3 below.
Chart 3: Vaccination uptake amongst under 65s in clinical at risk categories broken down by clinical condition (data downloaded from Immform, May 2018)
In 2017/18 pharmacists across BGSW, BNSSG and DCIOSS were commissioned to provide flu vaccination for over 65s, under 65s in at-risk groups and informal carers. Pharmacies in all areas were commissioned to deliver flu vaccinations to pregnant women. From November, pharmacies were offered the opportunity to opt-in to deliver flu vaccinations to social care workers as per the enhanced service. Between September 2017 and March 2018 over 33,829 vaccinations were delivered through 227 pharmacies in BGSW. In BNSSG and DCIOSS a total of 76,766 vaccines were delivered through 585 pharmacies, of which 74,844 were delivered to patients resident in the BNSSG and DCIOSS localities. The largest proportion of patients vaccinated in pharmacy was those aged over 65, the second highest category was ‘chronic respiratory disease’ and the third most common category was ‘diabetes’.
The breakdown of vaccinations given by pharmacies to BNSSG and DCIOSS patients is illustrated below in Table 2 (data from Pharmoutcomes):

Table 2: Pharmacies in the South West (BNSSG and DCIOSS) giving flu vaccines to patients registered in BNSSG and DCIOSS CCG areas (data from Pharmoutcomes)

<table>
<thead>
<tr>
<th>Pharmacy</th>
<th>Bristol</th>
<th>North Somerset</th>
<th>South Glos</th>
<th>Somerset</th>
<th>NEW Devon</th>
<th>S Devon &amp; Torbay</th>
<th>Cornwall and IoS</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avon</td>
<td>11,688</td>
<td>4,288</td>
<td>4,938</td>
<td>64</td>
<td>16</td>
<td>25</td>
<td>7</td>
<td>21,026</td>
</tr>
<tr>
<td>Somerset</td>
<td>19</td>
<td>77</td>
<td>14</td>
<td>13,013</td>
<td>61</td>
<td>4</td>
<td>8</td>
<td>13,196</td>
</tr>
<tr>
<td>Devon</td>
<td>24</td>
<td>10</td>
<td>5</td>
<td>46</td>
<td>21,101</td>
<td>8,624</td>
<td>158</td>
<td>29,968</td>
</tr>
<tr>
<td>Cornwall</td>
<td>6</td>
<td>2</td>
<td>1</td>
<td>15</td>
<td>141</td>
<td>13</td>
<td>10,476</td>
<td>10,654</td>
</tr>
<tr>
<td>Total</td>
<td>11,737</td>
<td>4,377</td>
<td>4,958</td>
<td>13,138</td>
<td>21,319</td>
<td>8,666</td>
<td>10,649</td>
<td>74,844</td>
</tr>
</tbody>
</table>

7.2 Pregnant women

Vaccination of pregnant women is offered through 3 mechanisms which includes: GP practice delivery, pharmacy delivery and maternity delivery. Not all maternity providers across the South West offered flu vaccination in 2017/18. Table 3 below indicates when the Trusts across the South West started delivering the flu vaccination:
Table 3: Trust delivery of flu vaccination to pregnant women through maternity services in 2017/18

<table>
<thead>
<tr>
<th>Trust</th>
<th>Start date of flu vaccination delivery</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Royal United Hospital Bath</td>
<td>Sept 2016</td>
<td>Delivering in ANC and DAU at RUH and community hospitals. Uptake increased in second year of delivery.</td>
</tr>
<tr>
<td>Gloucestershire Royal Hospitals</td>
<td>Sept 2016</td>
<td>Delivering in ANC and DAU and Cheltenham Hospital-</td>
</tr>
<tr>
<td>Great Western Hospital Swindon</td>
<td>Sept 2017</td>
<td>Delivering in ANC setting</td>
</tr>
<tr>
<td>Salisbury Hospital</td>
<td>Sept 2016</td>
<td>Delivering in ANC setting. Some issues with staff allocated to deliver the immunisations (training) and low uptake in both years.</td>
</tr>
<tr>
<td>UHBT</td>
<td>Not participating</td>
<td>Plan to start Sept 2018</td>
</tr>
<tr>
<td>NBT</td>
<td>Not participating</td>
<td>Plan to start Sept 2018</td>
</tr>
<tr>
<td>Yeovil District Hospital</td>
<td>Sept 2017</td>
<td>Delivering in ANC setting</td>
</tr>
<tr>
<td>Royal Devon and Exeter</td>
<td>Sept 2017</td>
<td>Delivering in ANC setting</td>
</tr>
<tr>
<td>Musgrove Park Hospital</td>
<td>October 2016</td>
<td>Delivering in ANC setting</td>
</tr>
<tr>
<td>North Devon Healthcare Trust</td>
<td>Sept 2017</td>
<td></td>
</tr>
<tr>
<td>Torbay and South Devon Hospitals Plymouth</td>
<td>Sept 2017</td>
<td>Delivering in ANC setting</td>
</tr>
<tr>
<td>Dorset</td>
<td>Not delivering</td>
<td></td>
</tr>
<tr>
<td>Royal Cornwall Hospital (Treliske)</td>
<td>Sept 2017</td>
<td>Community based model of delivery by midwives in GP surgeries and other community locations.</td>
</tr>
<tr>
<td>Plymouth Hospitals</td>
<td>Sept 2017</td>
<td>Delivering in ANC setting</td>
</tr>
</tbody>
</table>

In 2017/18 more NHS Trusts across the South West began delivering the flu vaccination to pregnant women through maternity services. This has increased the choice for pregnant women of where they wish to receive their seasonal flu vaccination. To increase collaboration and share learning, a ‘Vaccines in Pregnancy’ workshop for NHS Trusts (maternity services), CCGs and other key stakeholders will be planned for the summer.

The vaccine uptake rate among pregnant women improved in 2017/18 across all CCGs. In BGSW the increase was between 3 and 7% from 2016/17 (see Chart 4 below). Across BNSSG and DCIOS the difference ranged from an increase of 6.2% to a decrease of 0.3% Commissioning the flu vaccine to be delivered in acute hospitals has improved the uptake however recording the vaccine on the GP IT system, has proved a challenge. Maternity
providers have a system of notifying GPs but the patient records are not always updated and the episode not coded and therefore not picked up from the GP IT systems. There are numerous challenges associated with vaccinating pregnant women including midwife attitudes and behaviours towards vaccination, fear of vaccine associated complications and difficulties surrounding the ever-changing denominator population, as women become pregnant and finish their pregnancy throughout the flu season.

Chart 4: Vaccination uptake amongst pregnant women by CCG area (data downloaded from Immform, February 2018)

Flu vaccination for pregnant women was offered via a number of routes including in general practice, through midwifery services, or through pharmacies. The Flu Plan encourages maternity services “to provide the vaccine as part of routine care for all pregnant women and where they are unable to offer this service, midwives should be trained and be sufficiently confident to discuss the benefits of having the flu vaccination and to sign-post the woman back to their GP or community pharmacy”. Commissioning maternity providers in the acute setting has increased uptake but improvements need to be made in capturing these vaccinations given on GP IT systems.
Denominators for pregnant women are tricky to manage for GP practices and may be inaccurate, as they may include women that become eligible and then ineligible for vaccination (i.e. individuals who were pregnant on or after 1\textsuperscript{st} September who were then no longer pregnant due to termination, miscarriage or birth) before they could be vaccinated. Thus there is the likelihood that the denominator will change, as more women become pregnant over time, but those that are no longer pregnant are not removed. In line with recommendations in the Flu Plan, GPs are encouraged to review their patient database before and throughout the flu season, in order to correctly identify pregnant women eligible for flu vaccination and measure the uptake accurately.

In 2017 an evaluation of the flu vaccination programme for pregnant women in BNSSSG and BGSW highlighted the following key factors as associated with higher uptake:

- Strong midwifery engagement with midwives acting as key advocates
- Providing midwives with clear information, direction and guidance accompanied by appropriate and effective training
- Senior midwifery leads support
- Good communication between general practice and midwives supported by Screening and Immunisation teams
- Providing regular and timely feedback on uptake rates to midwives and GPs
- Where antenatal clinics are held on GP premises, ensuring that a woman is able to receive her vaccine at the same time i.e. make every contact count
- The role of pharmacies in promoting uptake

These findings were taken forward in a number of service improvement projects in 2017/18 such as training sessions at community midwife education days prior to the flu season, holding workshops in collaboration with the South West Providers to give advice and support on delivering flu in the acute setting and monthly telecons with providers throughout the season, to share best practice and discuss issues.

7.3 Children aged two and three years

Vaccination uptake rates improved among two and three year olds in 2017/18 across the South West where uptake rates were some of the highest in England (see Chart 5 for 2 year olds and Chart 6 for 3 year olds). The delivery of four year olds (reception children) was moved to the school providers, as evidence suggested improved uptake in this age group, alongside the school delivered programme.
Chart 5: Vaccination uptake amongst children aged 2 years (all, including those in and not in at risk groups) by CCG area (data downloaded from Immform, February 2018)

All aged 2 flu vaccination uptake by South West CCG area from 1st September 2017 to 31st January 2018

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>BANES</td>
<td>56.6</td>
<td>52.3</td>
<td>56.6</td>
<td>52.3</td>
<td>48.2</td>
<td>46.9</td>
</tr>
<tr>
<td>Glos</td>
<td>49.4</td>
<td>47.6</td>
<td>56.2</td>
<td>52.2</td>
<td>49.2</td>
<td>46.1</td>
</tr>
<tr>
<td>Swindon</td>
<td>48.3</td>
<td>39.3</td>
<td>56.5</td>
<td>53.9</td>
<td>45.8</td>
<td>40.2</td>
</tr>
<tr>
<td>Wiltshire</td>
<td>52.4</td>
<td>52.7</td>
<td></td>
<td></td>
<td>39.0</td>
<td>35.8</td>
</tr>
<tr>
<td>England average</td>
<td>42.8</td>
<td>38.9</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Anecdotal evidence suggests that general practice felt better informed and more prepared this year for the children’s flu vaccination programme and that this may have helped to achieve higher uptake rates. A GP toolkit was circulated, containing details of the programme, the ordering, supply and use of the intranasal Fluenz Tetra® vaccine and examples of best practice from across the region. Flu information sheets directed at early years providers, registered childminders and health visitors were updated and distributed again this season. Flu vaccination reminders were incorporated into the routine child health call / recall letters sent out across the South West with the support of child health systems across the area in 2017/18.

More generic work to improve the uptake of childhood immunisations in the area is underway and will involve working closer with early years centres. Options for how these links can be used to improve uptake of the children’s flu vaccination are currently being explored.
7.4 Primary school age-children: reception year to school year 4 (4-8 yrs)

The extension of the children’s programme to vaccinate children in reception and years 1 and 4 was commissioned locally by the NHS England area teams. All areas across the South West delivered through school nursing teams, specialist immunisation teams, or pharmacy providers (BOOTS). The uptake increased on last year with some areas reaching 70% uptake.

7.5 Housebound Patients

The *Flu Plan* is clear in stating that GP Practices must make all reasonable effort, to ensure housebound patients are vaccinated. The GP Practice and CCG should collaborate with other providers such as community pharmacies or health and social care trusts to identify and offer flu vaccinations to residents in care and/or nursing homes and ensure mechanisms are in place to update the patient record, when given by another provider.

7.6 Secure Settings

During the 2017/18 season, flu vaccination within secure settings was identified as a priority workstream. For 2018/19, PHE and NHSE will work with secure settings across the South West to improve uptake of vaccination amongst prisoner patients and staff, increase staff understanding of the importance of vaccination and work to encourage good practice around flu vaccination.

7.7 Frontline Healthcare Workers (FHCW) and Social Care Workers

**Frontline Healthcare Workers**

In 2017/18 there was marked improvement in uptake across the South West among FHCWs in acute trusts, community health providers and general practice, with the majority of organisations seeing an increase in staff uptake. Across the whole South West, five providers either met or exceeded the 75% uptake ambition. For many providers, rates are, however, still below the national target of 75% and the Flu Plan states “*there remains scope for improvement*”.

It is important to note the marked increase in frontline healthcare worker vaccine uptake for several Trusts and providers across the South West between the 16/17 and 17/18 seasons. Whilst in several cases the uptake figures did not reach the uptake ambition of 75%, some providers saw an increase of almost 30% on their total uptake figures. For example, Virgin Care saw an increase from 38.5% uptake in 16/17 to 68.4% in 17/18, Gloucestershire Hospitals NHS Foundation Trust had an increase in uptake from 57.8% in 16/17 to 75.7% in 17/18, and Great Western Hospitals NHS Foundation Trust saw an increase from 59.6% to 76.9% between the two seasons (see Tables 4-6). This reflects significant input from the providers and stakeholders to improve uptake of vaccination amongst these staff cohorts.
Table 3: Payment points for the 2017/18 frontline healthcare worker CQUIN (information from www.nhsemployers.org)

In 2017/18 a CQUIN was available to providers with the following payment points:

<table>
<thead>
<tr>
<th>Uptake Range</th>
<th>Payment Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>50% uptake or lower</td>
<td>No payment</td>
</tr>
<tr>
<td>50-60% uptake</td>
<td>25% payment</td>
</tr>
<tr>
<td>60-65% uptake</td>
<td>50% payment</td>
</tr>
<tr>
<td>65-70% uptake</td>
<td>75% payment</td>
</tr>
<tr>
<td>70% uptake or higher</td>
<td>100% payment</td>
</tr>
</tbody>
</table>

In the South West, nine providers achieved the full CQUIN as they vaccinated ≥70% of their eligible healthcare workers.

The staff flu vaccination uptake rates for 2017/18 for NHS health care providers across the South West area are detailed below:

Table 4: Vaccination uptake amongst frontline healthcare workers in BGSW (1st September to 28th February 2018) (data downloaded from Immform, March 2018)

<table>
<thead>
<tr>
<th>Provider / Employer</th>
<th>2017/18 uptake (%)</th>
<th>2016/17 uptake (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Gloucestershire Care Services NHS Trust</td>
<td>72.0</td>
<td>56.2</td>
</tr>
<tr>
<td>Royal United Hospitals Bath NHS Trust</td>
<td>71.6</td>
<td>68.0</td>
</tr>
<tr>
<td>Great Western Hospitals NHS Foundation Trust</td>
<td>76.9</td>
<td>59.6</td>
</tr>
<tr>
<td>Salisbury NHS Foundation Trust</td>
<td>49.0</td>
<td>59.1</td>
</tr>
<tr>
<td>Gloucestershire Hospitals NHS Foundation Trust</td>
<td>75.7</td>
<td>57.8</td>
</tr>
<tr>
<td>2Gether NHS Foundation Trust</td>
<td>76.6</td>
<td>77.2</td>
</tr>
<tr>
<td>Avon and Wiltshire Mental Health Partnership NHS Trust</td>
<td>60.1</td>
<td>66.5</td>
</tr>
<tr>
<td>Sirona</td>
<td>57.9</td>
<td>46.7</td>
</tr>
</tbody>
</table>

Table 5: Vaccination uptake amongst frontline healthcare workers in BNSSG (1st September to 28th February 2018) (data downloaded from Immform, March 2018)

<table>
<thead>
<tr>
<th>Provider / Employer</th>
<th>2017/18 uptake (%)</th>
<th>2016/17 uptake (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bristol Community Health (BCH)</td>
<td>69.2</td>
<td>62.5</td>
</tr>
<tr>
<td>North Somerset Community Partnership CIC (NSCP)</td>
<td>78.5</td>
<td>75.5</td>
</tr>
<tr>
<td>North Bristol NHS Trust (NBT)</td>
<td>72.6</td>
<td>65.5</td>
</tr>
<tr>
<td>University Hospital Bristol NHS Foundation Trust (UHB)</td>
<td>72.6</td>
<td>77.8</td>
</tr>
<tr>
<td>Weston Area Health NHS Trust (WAHT)</td>
<td>62.0</td>
<td>53.2</td>
</tr>
</tbody>
</table>

2 Data is from Immform’s February data collection and includes vaccinations given between 1st September 2017 and 28th February 2018.
Table 6: Vaccination uptake amongst frontline healthcare workers in DCIOSS (1st September to 28th February 2018) (data downloaded from Immform, March 2018)

<table>
<thead>
<tr>
<th>Provider / Employer</th>
<th>2017/18 uptake (%)</th>
<th>2016/17 uptake (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Somerset Partnership NHS Foundation Trust (SomPar)</td>
<td>46.2</td>
<td>43.9</td>
</tr>
<tr>
<td>Taunton and Somerset NHS Foundation Trust (T&amp;S)</td>
<td>66.1</td>
<td>62.4</td>
</tr>
<tr>
<td>Yeovil District Hospital NHS Foundation Trust (YDH)</td>
<td>66.0</td>
<td>60.5</td>
</tr>
<tr>
<td>Cornwall Partnership NHS Foundation Trust</td>
<td>45.2</td>
<td>37.6</td>
</tr>
<tr>
<td>Devon Partnership NHS Trust</td>
<td>65.1</td>
<td>63.6</td>
</tr>
<tr>
<td>Northern Devon Healthcare NHS Trust</td>
<td>62.8</td>
<td>61.0</td>
</tr>
<tr>
<td>Plymouth Hospitals NHS Trust</td>
<td>68.0</td>
<td>58.3</td>
</tr>
<tr>
<td>Royal Cornwall Hospitals NHS Trust</td>
<td>53.3</td>
<td>57.0</td>
</tr>
<tr>
<td>Royal Devon and Exeter NHS Foundation Trust</td>
<td>75.0</td>
<td>72.5</td>
</tr>
<tr>
<td>South Western Ambulance Service NHS Trust</td>
<td>56.7</td>
<td>-</td>
</tr>
<tr>
<td>Torbay and South Devon NHS Foundation Trust</td>
<td>63.4</td>
<td>67.2</td>
</tr>
<tr>
<td>Sirona</td>
<td>57.9</td>
<td>-</td>
</tr>
<tr>
<td>Plymouth Community Healthcare CIC</td>
<td>53.7</td>
<td>46.7</td>
</tr>
<tr>
<td>Virgin Care, Devon</td>
<td>68.4</td>
<td>38.5</td>
</tr>
</tbody>
</table>

The Flu Plan emphasised the importance of health and social care workers being vaccinated against flu not only to protect themselves, but to protect patients, other staff and family members and to reduce the level of sickness absenteeism that can jeopardise healthcare services particularly during the winter. As in previous years, flu immunisation was offered by organisations to all their employees directly involved in delivering care. This was an occupational health responsibility being provided by employers.

During the 2017/18 season, the Screening & Immunisation Team covering BNSSG and DCIOS facilitated a regular teleconference for providers to discuss frontline healthcare worker vaccination and consider best practice, find solutions and share ideas to improve uptake.

These PHE-chaired telecons provided support for CCGs and providers and included regular representation from NHS Flu Fighters who were able to provide specific guidance for Trusts/providers and share learning from other areas in the UK. Good practice tools and innovative ideas such as NHS-Trust developed smartphone games were shared with providers as interactive mechanisms for engaging staff.

At the 2017/18 South West Flu Review Event in March, a specific conference for those involved in the frontline healthcare worker flu vaccination programme was run by NHS Flu Fighters and followed from the opening presentations. This gave opportunity for those involved in the programme to plan for 2018/19 and to review learning from this season.

As in previous years we continue to promote the use of the NHS Employers national staff-facing campaign to encourage healthcare workers to get vaccinated. The campaign provides support to teams running their local staff flu vaccination campaigns, ensures
consistency of messaging, shares best practice and harnesses clinical and professional leadership at both national and local levels. Further details can be found at:

Social care workers (Care homes, residential homes, domiciliary care staff and other settings)

Social care providers and independent primary care providers also offer vaccination to staff. To support this delivery, NHS England announced extra funding for flu vaccination in 2017-18 for frontline social care staff. Staff could access local schemes already in place by their employers or by going to their GP or pharmacy with ID as a health and/or social care worker.

This extension of the seasonal influenza vaccination was delivered by community pharmacies that were registered to deliver the seasonal flu advanced service and the GP practices that signed up to a new Enhanced Service that was developed for the scheme. The extended service was available to:

Health and social care staff, employed by a registered residential care/nursing home or registered domiciliary care provider, who were directly involved in the care of vulnerable patients/clients who were at increased risk from exposure to influenza, meaning those patients/clients in a clinical risk group or aged 65 years and over.

As this was introduced late in the season there was some confusion from GPs and social care providers and staff but around 5,000 vaccinations were given nationally through this scheme.

The NHSE team provided local authorities with a list of pharmacies and practices where eligible social care staff could receive the vaccination. Local authorities distributed these lists to their care homes, residential homes and other providers and settings. Due to the late availability of this scheme, eligible staff were advised to call ahead to book appointments for vaccination with their chosen setting.

Prior to the vaccination offer for social care workers being introduced, the SIT in BNSSG and DCIOSS worked with LAs, the Health Protection Team (HPT) and other partners to develop a toolkit for care homes with the aim of improving uptake amongst this staff group. The document included myth-busting, ideas for improving uptake, information about barriers and useful resources to promote vaccination and highlight the danger of flu. Similarly, the HPT produced a checklist for infection control and outbreak guidance. Both toolkits and associated documents can be found here:

During the 17/18 season, the Screening and Immunisation Team supported localities with the delivery of presentations and information to care home networks and events.

Post season flu vaccination uptake in domiciliary and care home staff across the south west - Key Survey findings

It was felt that it would be useful to have additional information regarding both influenza, the vaccination and accessing the vaccination. Creating an information pack was suggested. To include specific information about the vaccine, timeframe of the flu season,
any risk of side effects, and safety of the vaccine. It is probable that most managers did not have enough knowledge about flu to be able to confidently inform their staff about the benefits of vaccination, or respond to any challenges from employees, this potential skill gap should be explored and addressed. It was felt that there was not enough understanding of the scheme, including how and where to access vaccinations.

8. South West Flu Conference

8.1 SW Flu Conference

Each year, the SIT organises a strategic flu conference, this is to review the most recent season, to consider the final uptake data, note what was successful and areas for improvement for the next year, as well as any new changes and development that need to be planned into the operation. The event is attended by key strategic partners from across the health and care system. In previous years, BNSSG & DCIOSS and BGSW have organised separate conferences, 2018’s event was the first to bring together partners from across the whole South West to review the year together. Although during the flu season Dorset had not yet joined the South West patch, key contacts from Dorset were invited to attend the conference to begin planning for 2018/19.

The SW Flu Conference took place on 21 March 2018 and was attended by key stakeholders including PHE and NHS England teams across the South West, CCG, Local Authority, Front line HCWs, LMC, LPC, Maternity Services, School Immunisation Providers and Primary Care. A total of 112 delegates attended the event. The feedback was very positive and the group sessions were well received.

Chart 7 and the ‘key themes’ section below provides the full evaluation from the flu review conference, showing the discussion and comments from delegates. This will be used for planning the 18/19 conference.

Appendix G contains the suggested actions grid, which was derived from feedback from each group session.
Chart 7: Feedback from delegates at the South West flu conference for the morning presentations

Delegates were asked to review the morning sessions and score them from 1-5. 
1 = not useful - 5 = very useful.

Key themes:

What did you enjoy most about the day?

Numerous delegates mentioned that they enjoyed the overview of the national / general picture, considerations for 2018/19 campaign, and the opportunities for networking. People also mentioned the range of topics covered. Particularly singled out were Richard Pebody’s presentation, Understanding the outbreak data, Maternity services and the L&D presentation.

What could have been improved?

IT/ Technology:

It was acknowledged that there were some technical / IT issues on the day, particularly during the national overview presentation given by Richard Pebody. It is preferable to have speakers attend the event in person but it is recognised that this is not always feasible.
Quality of screen and visibility:

Some delegates were unable to view the detail of the slides, either due to the size of the slides and/or their view was obstructed by other people. The slides were circulated post-event so delegates could access data and detail.

Time for questions and discussions:

There were requests for both longer workshops and for more time to be given for questions post presentations.

Care home Workshop:

General feedback was that perhaps the care home session could have been run as a parallel workshop or survey as it was not relevant to many of the delegates.

Data session not relevant to all:

Again some attendees felt that this presentation could have been run as a parallel session and was not relevant to all attendees

Is there anyone else from your organisation who should have been invited?

Feedback from this question was that top level support was required. Specifically we had requests for Senior Executives, Directors of Nursing and Commissioners to attend.

Do you have any other comments?

Some examples of feedback from the event:

“We need to learn to work collaboratively. Patient needs should be put first and in each area plan to achieve all our targets together. It’s not about blaming each other it’s about getting the most people vaccinated and looking after our areas of patients. Communication is key. Concerns about one flu vaccine provider – plan B if problems with manufacture or supply.”

“Yes we would like to see some more data about the contribution made by community pharmacy i.e. what proportion of vaccines where administered by pharmacists or other providers.”

8.3 Planning for 2018/19

Feedback from the 2017/18 conference will be incorporated into planning for 2018/19 and key elements from the discussion tables are already being put into action to develop initiatives for 2018/19. This will include developing specific working groups to support vaccinations in pregnancy and secure settings/offender health. The objectives for 2018/19 will be addressed in full in the document ‘Seasonal NHS Influenza Immunisation Programme: planning across the South West 2018/19’.
APPENDIX ITEMS

- Appendix A – 2017/18 Seasonal flu action plan for BGSW
- Appendix B – 2017/18 Seasonal flu action plan for BNSSG & DCIOSS
- Appendices C – GP Practice Checklist and best practice guidance (BGSW)
- Appendices D – GP Practice Checklist and best practice guidance (BNSSG & DCIOSS)
- Appendix E - FAQs (combined)
- Appendix F – Potential actions for improvement for 2018/19
Appendix B: 2017/18 SEASONAL FLU VACCINATION ACTION PLAN FOR BNSSG & DCIOSS
Appendix C: Increasing vaccine uptake – GP Practice checklist (BGSW)

The checklist below is based upon the findings from a study examining the factors associated with higher vaccine uptake in general practice. The checklist highlights what works effectively and should be regarded as good practice. GP practices are encouraged to look at their own practice and review their systems in the light of the checklist below:

General

1. The GP practice has a named individual within the practice who is responsible for the flu vaccination programme.

Registers and information

2. The GP practice has a register that can identify all pregnant women and patients in the under 65 years at risk groups, those aged 65 years and over and those aged two to four years.

3. The GP practice will update the patient registers throughout the flu season paying particular attention to the inclusion of women who become pregnant during the flu season.

4. The GP practice will submit accurate data on the number of its patients eligible to receive flu vaccine and the flu vaccinations given to its patients on ImmForm (www.immform.dh.gov.uk), ideally using the automated function, and on uptake amongst healthcare workers in primary care using the ImmForm data collection tool.

Meeting any public health targets in respect of such immunisations

5. The GP practice will/has ordered sufficient flu vaccine taking into account past and planned performance, expected demographic increase, and to ensure that everyone at risk is offered the flu vaccine. It is recommended that vaccine is ordered from more than one supplier and from PHE central supplies through the ImmForm website in respect of children.

Robust call and recall arrangements

6. Patients recommended to receive the flu vaccine will be directly contacted (for example through letter, e-mail, phone call, text or otherwise although such strategies are for GP practices to determine) inviting them to a flu vaccination clinic or to make an appointment.

7. The GP practice will follow-up with patients who do not respond or fail to attend scheduled clinics or appointments.
Maximising uptake in the interests of at-risk patients

8. Flu vaccination will start as soon as practicable after receipt of the vaccine in the practice so that the maximum number of patients are vaccinated as early as possible to ensure they are protected before flu starts to circulate.

9. The GP practice will collaborate with midwives to offer and provide flu vaccination to pregnant women and to identify, offer and provide to newly pregnant women as the flu season progresses.

10. The GP practice will offer flu vaccination in clinics and opportunistically.

11. The GP practice and/ or CCG will collaborate with other providers such as community or health and social care trusts to identify and offer flu vaccination to residents in care homes, nursing homes and house-bound patients.
Appendix D: Increasing vaccine uptake – GP Practice checklist (BNSSG and DCIOSS)


The extracts below provide a highlight of some of the key points:

Appendix E: Care Home Toolkit (BNSSG and DCIOS)

Visit: https://www.england.nhs.uk/south/info-professional/public-health/infection-winter/care-guidance/ to review the document in full
## Warfarin and influenza interaction

If a patient is well managed on warfarin – can I check they can receive flu vaccine under the PGD?

- Should this be given IM?
- What does “therapeutically controlled warfarin management” mean?
  - Is this, on warfarin?
  - Within a specific INR target range? What range re. their target should that be?
  - Under a specific INR measurement?

Current warfarin therapy is not a contraindication for flu vaccination, although concomitant therapy with anticoagulants should be noted at the time of vaccination and the patient counselled to report any severe bleeding or prolonged minor bleeding.

It is worth noting that the national PGDs do not exclude patients that are prescribed warfarin. The PGDs state: *For individuals with a bleeding disorder, vaccines normally given by an intramuscular route should be given by deep subcutaneous injection to reduce the risk of bleeding (see “The Green Book” Chapter 4).* Please note, in this context, bleeding disorder does not mean patients on aspirin or therapeutically controlled warfarin management. *Subcutaneous administration is covered by this PGD in the case of bleeding disorders where the pharmacist is trained and competent in administration via the subcutaneous route.*

Well controlled warfarin (or other VKA) therapy is generally defined as having a TTR (time in therapeutic range) greater than 65%. Most labs report TTRs with INR results, and practices that use point of care INR testing have software that calculates TTR. It is worth noting that community pharmacists would likely only have access to the patient held record of INR results.

If a patient did not have a recent INR, if it was unusually high or low, or if the TTR were less than 65%, this would affect the risk: benefit balance but in general would still not cause flu vaccination to be contraindicated, however it may cause the clinician to offer vaccination by deep subcutaneous injection, rather than intramuscularly.

The attached Medicines Q&A document may be of use or interest.
<p>| <strong>Australia Vaccination</strong>&lt;br&gt;A lady registered with our practice had a flu vaccination a month ago in Australia. Does she need another flu vaccine in the UK as strain may be different here? | Please see the attached from the WHO re the composition of the flu vaccination for this year for both the Northern and Southern hemispheres vaccinations. As you can see the composition is the same across both hemispheres. Therefore she doesn’t need to be revaccinated for this season over here. |
| <strong>School aged vaccination – home educated</strong>&lt;br&gt;(Bristol area only)&lt;br&gt;Where a child has missed their flu vac either because they weren’t at school on the day of vaccination or they are home schooled. | (Bristol area only)&lt;br&gt;Parents will have received a letter at the beginning of the flu season saying where they can access the vaccination if not at school/home-schooled. Can’t get through GP. Will need to go to one of the ‘hub’ Boots pharmacies for vaccination. See list: |
| <strong>Using up centrally-procured fluarix tetra stock</strong>&lt;br&gt;Practice has used all flu stock, has centrally-procured fluarix tetra remaining, can this be used for other patients? | Practice can use the stock rather than waste it, however, they cannot submit a claim for the vaccine. |
| <strong>Latex Allergy</strong> | We’ve come to the same conclusion you have, the majority of the vaccines seem to be latex free. The attached document has 2017/18 information about latex in vaccine packaging, so the practice should make sure to check that the vaccine they use is marked as latex-free on the list. If they have any further queries, they might find it useful to call the manufacturer of the vaccines to check again. Although, like you, we can’t see anything in the SPCs for the vaccines recommended by PHE that would suggest that they are unsuitable for those with latex allergies. |
| <strong>Can GPs give missed school flu vaccinations?</strong>&lt;br&gt;Can we deliver a flu vaccine to a school age child that has missed the vaccination | GPs are only commissioned to deliver to 2 and 3 yr. olds and to children in at risk categories. School aged children should be signposted to their school flu provider |</p>
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>at school or requests to have it with the GP?</td>
<td>(phone or email) to organise an appointment at a catch-up clinic. This includes home schooled children too.</td>
</tr>
<tr>
<td>Egg allergy&lt;br&gt;Is it safe to give children the flu vaccine to people with an egg allergy?</td>
<td>JCVI has advised (JCVI, 2015) that, except for those with severe anaphylaxis to egg which has previously required intensive care, children with an egg allergy can be safely vaccinated with Fluenz Tetra® in any setting (including primary care and schools); those with clinical risk factors that contraindicate Fluenz Tetra® should be offered an inactivated influenza vaccine with a very low ovalbumin content (less than 0.12 µg/ml). Children with a history of severe anaphylaxis to egg which has previously required intensive care, should be referred to specialists for immunisation in hospital. LAIV is not otherwise contraindicated in children with egg allergy. Egg-allergic children with asthma can receive LAIV if their asthma is well-controlled (refer to chapter 19 of the green book). Children in a clinical risk group and aged under nine years who have not been previously vaccinated against influenza will require a second dose whether given LAIV or inactivated vaccine.</td>
</tr>
<tr>
<td>Do we need to revaccinate people who had the trivalent with the quadrivalent?</td>
<td>Vaccinated individuals will have already received reasonable protection from TIV. This season the UK has seen both A (H3N2) influenza virus and some A (H1N1) pdm09 virus circulating, both of which are well matched to this season’s trivalent influenza vaccine (TIV) and quadrivalent influenza vaccine (QIV). In addition, there has been influenza B virus circulation, mainly of viruses belonging to the B/Yamagata lineage, with some B/Victoria lineage viruses. A B/Yamagata lineage virus (B/Phuket/3073/2013-like virus) and a B/Victoria lineage virus (B/Brisbane/60/2008-like virus) is contained in this season’s QIV, but not in the TIV, which contains the B/Victoria lineage vaccine virus. It is not known at this stage what cross protection TIV will provide against the circulating B/Yamagata viruses, however, previous studies from earlier seasons have shown that there often remains influenza B</td>
</tr>
</tbody>
</table>
lineage cross protection.

The priority should be to immunise eligible individuals who have not yet been vaccinated this season, potentially prioritising QIV to higher risk groups who remain unvaccinated, though immunisation should not be delayed if TIV is the only vaccine available. Such groups might include at-risk patients <65 years of age e.g. immunosuppressed and health care workers who are looking after vulnerable patients.

PHE does not support routine revaccination of those already vaccinated with TIV to receive QIV again as besides the uncertain additional benefit, there will be a further interval of two weeks for this to take effect.

<p>| HCW eligibility Confusion about delivery and the spec | Number of queries from GPs in regards to the new enhanced service spec for HCWs- some thought they had to visit nursing/care homes to vaccinate the staff. Explained that HCWs could attend the GP practice for a flu vaccination, so long as they had ID/proof of role as a care worker and the vaccine could be administered and claimed for. |
| Flu vaccine for pregnant women Does the vaccine contain mercury? | No influenza vaccines for the 17/18 season contain thimerosal (mercury containing organic compound as an added preservative) and they are safe for pregnant women. |
| Porcine gelatine – Fluenz Can a child have an alternative if they do not want to have LAIV? | LAIV does contain porcine gelatine. Only those children who are in clinical risk groups and have clinical contraindications to LAIV can receive an alternative inactivated injectable vaccine. There is no alternative for to LAIV for healthy children. |
| Ordering the adjuvanted trivalent vaccine for the over 65s | This is the recommended vaccine for the over 65’s but priority should be given to those over 75 yrs. Orders can be placed with Seqirus and the plan is for the vaccine to be delivered in a staged way- 40% of order delivered in September with the remainder of the order delivered in Oct or early Nov. The advice to practices is to order enough stock to vaccine their over 65 |</p>
<table>
<thead>
<tr>
<th>What happens if we run out of adjuvanted trivalent vaccine?</th>
<th>Seqirus have told us that they may allow top-ups mid-season if practices wish to order more, however there is <strong>NO guarantee</strong> that there will be vaccine available. They’re expecting demand to be high, so it seems it may be unlikely. If it is available, practices will be able to order more supplies. The advice is to order enough to cover your over 65 practice population.</th>
</tr>
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</table>

population. The stock is sale or return for up to 20%. So they can return up to 20% of their order (unopened vaccines in packs of 10), if they notify Seqirus in writing by 28\textsuperscript{th} Feb 2019 and return the vaccines by 22\textsuperscript{nd} March 2019.
### Appendix G: Suggested actions for improvement: Collated from stakeholder responses 2017/18 South West Flu Conference

<table>
<thead>
<tr>
<th>Risk Group</th>
<th>Suggested actions for improvement</th>
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<tbody>
<tr>
<td><strong>Over 65’s</strong></td>
<td>Improve uptake across Somerset</td>
</tr>
<tr>
<td></td>
<td>a) Ongoing work with Somerset CCG, LA and LMC to support poor performing practices.</td>
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<tr>
<td></td>
<td>b) Link with locality imms group</td>
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<td></td>
<td>c) Targeted comms e.g. 60+Roadshows</td>
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<td></td>
<td>d) Gather anecdotal evidence from across the area on approaches to communicating / inviting this group and share across practices</td>
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<tr>
<td></td>
<td>e) Focus on residents in care homes - evidence about communal settings</td>
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<tr>
<td><strong>Under 65s at risk</strong></td>
<td>Pharmacy Pilot</td>
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<td></td>
<td>a) Request for pharmacy service in the DCIoS area very strongly made - Present data to PCCF with view to embedding the service as recurring contract from 2015/16</td>
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<td></td>
<td>b) Cross reference pharmacy data with practice data to highlight areas where the pharmacy service could do more targeted work</td>
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<td></td>
<td>c) Explore providing absolute figures to establish local cohort size for pharmacies</td>
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<td></td>
<td>Devon project – outcome showed little impact on uptake</td>
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<td></td>
<td>d) Share good practice identified.</td>
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<td></td>
<td>e) Work with lower uptake practices to be taken forward in the locality immunisation groups.</td>
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<tr>
<td></td>
<td>f) Improve links with acute trust regarding certain high risk groups e.g. Cystic Fibrosis, Chronic liver disease</td>
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<td></td>
<td>g) Consider bid for winter pressures money to deliver vaccine to some high risk groups in the acute trust setting</td>
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<td></td>
<td>h) Clear communication with GPs regarding which patients with LDs should be invitedSeek clarification of eligibility following release of national flu plan and include in GP toolkit</td>
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<tr>
<td><strong>Pregnant</strong></td>
<td>Midwife engagement</td>
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<tr>
<td></td>
<td>a) Midwife training sessions (as in 2014/15)</td>
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<td></td>
<td>Communication pathways between primary care and midwifery</td>
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<td></td>
<td>b) Survey planned to establish communication pathways and redesign locally</td>
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<td></td>
<td>Alternative delivery models</td>
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<td></td>
<td>c) Commissioning options for delivery to be explored</td>
</tr>
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<td></td>
<td>Alternative delivery models</td>
</tr>
<tr>
<td></td>
<td>d) Commissioning options for delivery to be explored</td>
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<tr>
<td><strong>Housebound</strong></td>
<td>Disagreement over caseload that patients registered with DNs / CMs / CNOPs</td>
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<tr>
<td></td>
<td>a) Commissioning options for consistent approach to be explored based on split fee payment</td>
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<tr>
<td><strong>Children</strong></td>
<td>Pockets of low uptake remain</td>
</tr>
<tr>
<td></td>
<td>a) Link with locality imms groups</td>
</tr>
</tbody>
</table>
|   | Lack of awareness in schools regarding Year 1 & 2 school based flu programme for 2015/16  
|   | a) To be fed back into children's taskforce group  
|   | Early vaccine supply issues  
|   | b) To be fed back to national team  
| 6  | FHCW and social care staff  
|   | Practice staff uptake still below 75% target –  
|   | a) Repeat process for 2014/15  
|   | Acute trust and community organisation uptake still markedly below 75% target  
|   | b) Contact flu leads for evaluation of 2014/15 programme and breakdown uptake figures  
|   | c) Focused acute trust and community organisation flu meeting  
|   | d) Flu plan template to be used again  
|   | e) Sirona data to be collected on Immform  
|   | f) Focused acute trust and community organisation flu meeting  
|   | g) Flu plan template to be used again  
|   | h) Sirona data to be collected on Immform  
|   | Social care staff  
|   | i) Social care staff working group  
|   | j) Comms package including suggested approaches  
| 7  | Communications  
|   | PHE communications produced late  
|   | a) Feedback to PHE communications team  
|   | Little mention of pharmacy services in communications  
|   | b) Feedback to PHE communications team  
|   | c) Tailored information and posters to be developed including pharmacy  
|   | Media messages about poor vaccine effectiveness  
|   | d) To be built into 2015/16 messages early  
|   | Limited resources (posters etc.)  
|   | e) Better resources to be produced for use by different organisations. One does not fit all.  
| 8  | GP Engagement  
|   | Limited engagement with individual practices with poor performance  
|   | a) Targeted practice approach to be adopted in 2015/16 i.e. coordinators to identify 10 poorest performing practices and work with them  
|   | b) One GP pack / toolkit containing all information (as last year)