



Public Health
England

Seasonal Influenza Vaccination Annual Report 2018/19: South West

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NHS England (South West) Operations and Delivery
Head of Public Health Commissioning
South West PHE Centre Director
South West PHE Healthcare Public Health
South West PHE Health Protection Units
South West PHE Centre Communications
NHS England (South West) Communications
Directors of Public Health
Local Authority Public Health
CCG Medicines Management
Local Medical Committees
Local Pharmacy Committee

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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
CCG	Clinical Commissioning Group
CHIS	Child Health Information Services
CMO	Chief Medical Officer
DCIOSS	Devon, Cornwall & Isles of Scilly and Somerset
DES	Direct Enhanced Service
DPH	Director of Public Health
FHCW	Frontline Health Care Workers
HPT	Health Protection Team
JCVI	Joint Committee on Vaccination and Immunisation
LA	Local Authority
LAIV	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
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:

- Flu plan: winter 2018 to 2019 and the national flu immunisation programme 2018 to 2019: supporting letter accessed at:
<https://www.gov.uk/government/collections/annual-flu-programme#2018-to-2019-flu-season>
- Service specifications for delivery of seasonal influenza immunisation programme and the seasonal influenza programme for children accessed at:
<https://www.england.nhs.uk/gp/gp/v/investment/gp-contract/>

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 2018/19 the flu strains circulating were predominantly influenza A (H1N1)pdm09 and influenza A (H3N2). The flu vaccine changes every year in line with WHO recommendations which aim to achieve best match with potentially circulating strains. In 2018/19, the quadrivalent vaccine provided a good match with the circulating strains. 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 2018/19 influenza season including immunisation uptake data, lessons learnt and recommendations for the 2019/20 season.

3 National Objectives 2018/19

Annual Flu Letter 2018/19:

3.1 National Seasonal Influenza Letter 2018/19

The 2018/19 Seasonal Influenza letter can be found in full here:

<https://www.gov.uk/government/collections/annual-flu-programme#2018-to-2019-flu-season>

3.2 Groups included in the Seasonal Influenza Immunisation programme 2018/19

- 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:

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:

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

Targets and priorities

The Annual Flu letter suggested the following as key priorities / targets for the 2018/19 season:

1. For those aged 65 years and over, 75% uptake reflecting the World Health Organization (WHO) target for this group.
2. Aged under 65 'at risk', including pregnant women, at least 55% in all clinical risk groups, and maintaining higher rates where those have already been achieved. Ultimately the aim is to achieve at least a 75% uptake in these groups given their increased risk of morbidity and mortality from flu.
3. Preschool children aged 2 and 3 years old, at least 48% uptake with most practices aiming to achieve higher.
4. School aged children (in reception class & years 1 to 5), an average of at least 65% uptake to be attained by every provider across all years.

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5. Providers should actively invite 100% of eligible individuals (e.g. by letter, email, phone call, text) and ensure uptake is as high as possible.

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 2018/19 programme the age range was extended to include school year 5, so that all children in reception year and school years 1-5 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 (LAI), 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. JCVI 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.

Choice of flu vaccines for adults for 18/19 season

The adjuvanted trivalent inactivated flu vaccine (aTIV), (Fluad®: Seqirus) was licensed late in 2017 and was available for the first time 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.

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Standard egg based quadrivalent vaccines (QIV) for the 2018/19 flu season (northern hemisphere winter) contained the following:

- A/Michigan/45/2015 (H1N1) pdm09-like virus
- A/Singapore/INF16H 16-0019/2016 (H3N2)-like virus
- B/Colorado/06/2017-like virus (B/Victoria/2/87 lineage)
- B/Phuket/3073/2013- like virus (B/Yamagata/16/88 lineage)

Trivalent vaccine did not contain the B/Phuket/3073/2013 virus.

Flu vaccine effectiveness

The full influenza vaccine effectiveness data for 2018/19 can be found here:

<https://www.gov.uk/government/statistics/annual-flu-reports>

There is evidence of overall significant influenza vaccine effectiveness in 2018/19, most notably against influenza A(H1N1)pdm09, but as seen in 2017 to 2018, there was reduced effectiveness against A(H3N2). The aTIV vaccine provided significant protection for those over 65 years.

Table 1: Adjusted influenza vaccine effectiveness (VE) by age group and influenza type in 2018/19, UK

Group	A(H3N2) adjusted VE(%) (95% CI)	A(H1N1)pdm09 adjusted VE (%) (95% CI)	All adjusted VE (%) (95% CI)
2-17 year olds (LAIV only)	27.1 (-130.5, 77)	49.9 (-14.3, 78.0)	46.6 (-4.4, 74.7)
18-64 year olds (any vaccine)	49.6 (0.5, 74.4)	40.3 (13.6, 58.8)	44.2 (21.3, 60.5)
65+ year olds (any vaccine)	24.2 (-123.6, 74.3)	67.1 (5.1, 88.6)	49.9 (-13.7, 77.9)
65+ year olds (aTIV)	NA	NA	62 (3.4, 85.0)
All ages	35.1 (-3.7, 59.3)	45.7 (26.0, 60.1)	44.3 (26.6, 57.7)

CI: confidence interval; VE: vaccine effectiveness; NA: not applicable

* Adjusted for age-group, sex, month, risk-group, pilot area and surveillance scheme.

Source: Surveillance of influenza and other respiratory viruses in the UK winter 2018 to 2019. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/805563/Surveillance_of_influenza_and_other_respiratory_viruses_in_the_UK_2018_t..pdf

4 Local South West objectives for 2018-19

- 4.1 To provide strategic oversight through flu steering groups for the planning and implementation of the 2018/19 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 uptake ambitions
 - 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 to year 5 (aged 4-10 yrs.) and to offer the vaccination to 2 and 3 yr. olds in GP practice.
- 4.5 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 South West strategic flu group. In 2018-19 the collective flu group met twice with two sub-groups covering the North and South of the South West holding monthly teleconferences. The geography covered by each flu steering group was as follows:

- Bath and North East Somerset, Gloucestershire, Swindon, Wiltshire, Bristol, North Somerset & South Gloucestershire.
- Somerset, Devon, Cornwall & Isles of Scilly, Dorset.

Meetings were held monthly with initial planning meetings in June and July before operational meetings from September to April.

The steering groups followed the same standing agenda format. The minutes of meetings were shared across the Screening and Immunisation Team (SIT). At the end of the flu season a debrief and lessons learnt flu conference was organised (see section 8).

6 Season 2018/19: Key results across England

6.1 England average influenza vaccination uptake data

Cumulative data of adult vaccinations administered between 1 September 2018 and 28 February 2019 was collected from 96.7% (6,680/6,910) of GP practices across England. Data on childhood flu vaccinations was received from 96.2% (6,645/6,909) of GP practices. Uptake of the flu vaccination was 72.0% in those aged 65 years and over, 48.0% in those aged six months to under 65 years in a clinical at-risk group (excluding pregnant women without other risk factors), 45.2% in pregnant women, and 43.8% and 45.9% in all children aged two and three years old respectively. Further detail on the range of uptake rates across England in 2018/19 is provided in the table below.

Table 1: Flu vaccination uptake rates in England 2018/19 by eligible cohort

Eligible group	Overall uptake (%)	Range in uptake by area team (%)
65 years or older	72.0	65.4 – 75.1
Under 65 years at clinical risk	48.0	44.4 – 51.6
Pregnant women (all)	45.2	39.1 – 50.4
2 years old (all)	43.8	31.8– 56.7
3 years old (all)	45.9	33.0 – 57.0

<https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-gp-patients-monthly-data-2018-to-2019>

7 Seasonal Influenza Vaccination uptake in the South West

Uptake rates by eligible cohort across the South West (BGSW, BNSSG and DCIOSS) during 2018/19 compared with 2017/18 is detailed below¹. 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 2018/19 exceeded the target of 75% in BNSSG but was below the target in the rest of the South West. (see Chart 1 below). There was significant variation in individual GP practice uptake rates across the South West with a range of 46.8% - 90.1% uptake achieved by practices across the patch.

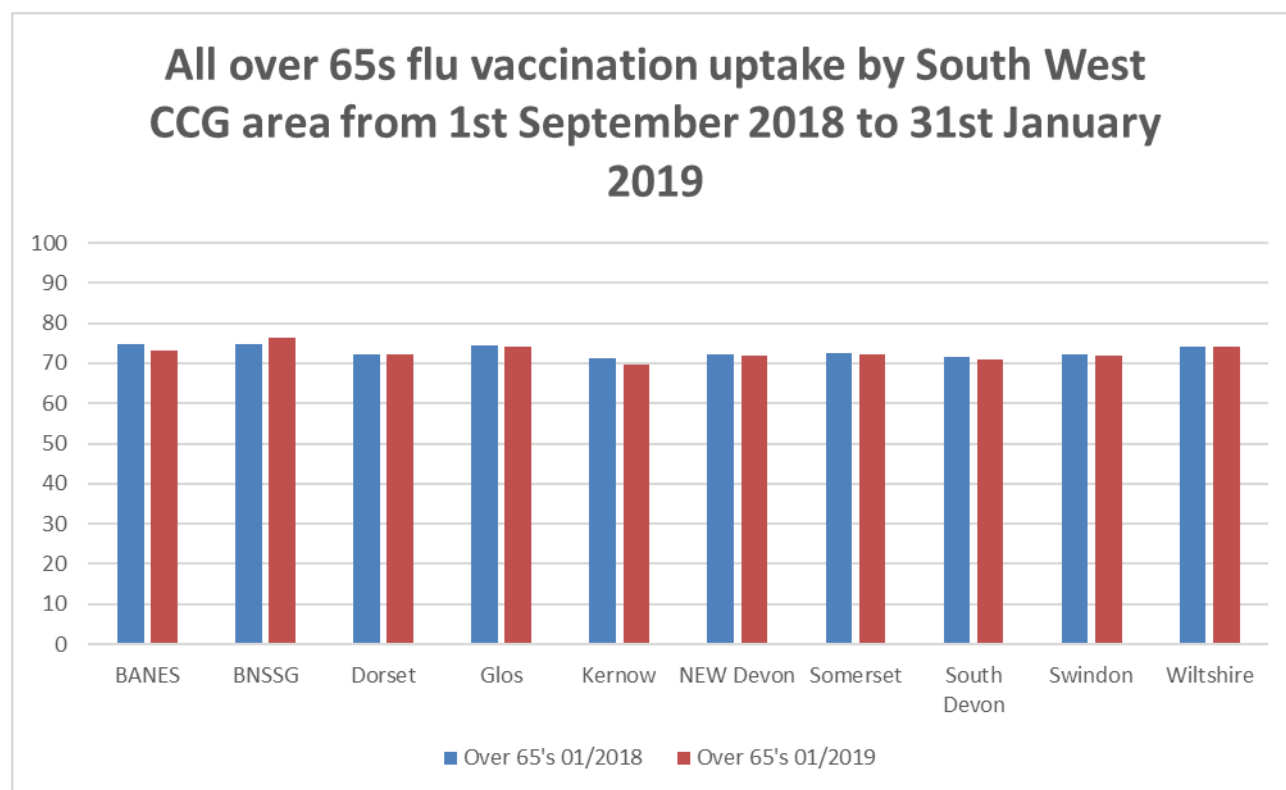
The uptake is slightly lower than last season, this is likely to be due to the addition of the new aTIV vaccine and different delivery schedule to previous years, along with some practices not ordering enough of the correct vaccine for their over 65 population. However, given the issues faced this season, the uptake was very similar to last year by the end of the season.

The national Flu Plan acknowledges the tremendous achievement especially given that the numbers in this group are growing due to an ageing population and the considerable increase in the absolute number of vaccinations given in comparison to the previous year. For example, 916,361 vaccinations were given across the South West in the 2018/19 season in comparison to 902,674 in the 2017/18 season, an increase of 13,687. Given the increased risk for older people, this population remains an important target group for 2019/20.

¹ All data, except that for carers, is publicly available via the gov.uk website, 'Vaccine uptake guidance and the latest coverage data'.

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Chart 1: Vaccination uptake amongst over 65s by CCG area (data downloaded from Immform, May 2019)

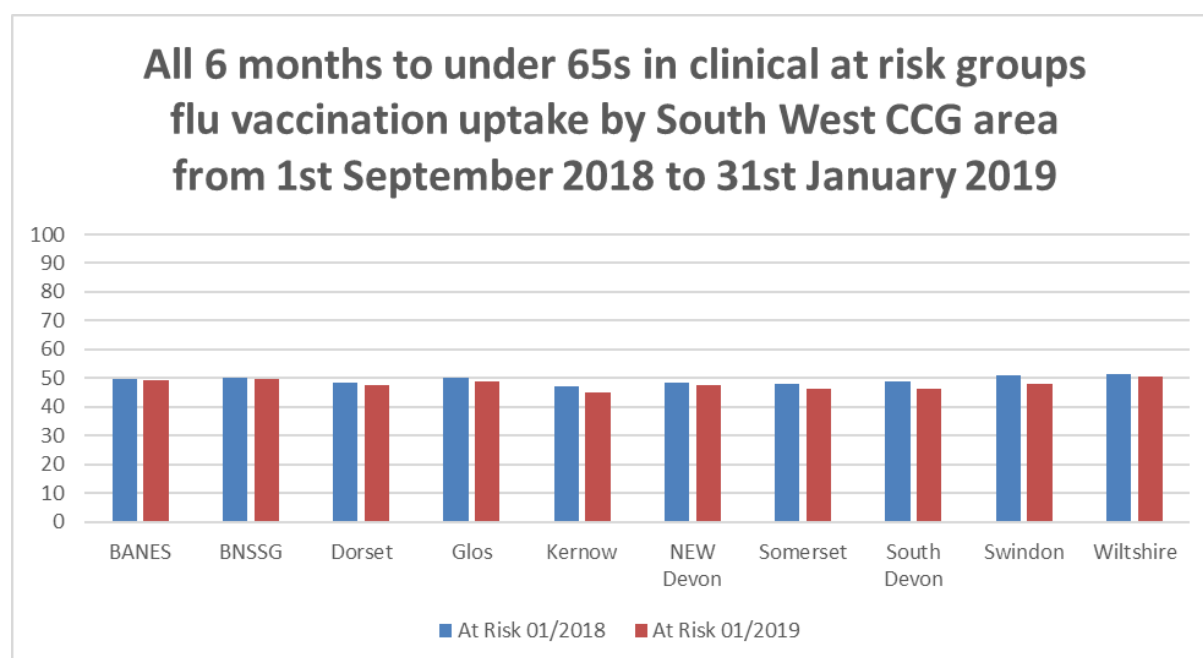


CCG	Over 65s (%) (to end of January 2018)	Over 65s (%) (to end of January 2019)
BANES	74.7	73.2
BNSSG	74.7	76.4
Dorset	72.2	72.2
Glos	74.4	74.1
Kernow	71.1	69.6
NEW Devon	72.3	71.8
Somerset	72.4	72.3
South Devon	71.5	71
Swindon	72.2	71.9
Wiltshire	74.1	74.2
England	72.6	72.0

Clinical risk groups aged six months to 65 years

On average, around 48% of patients in clinical ‘at risk’ groups across the South West were vaccinated in 2018/19, reflecting a decrease in uptake for all of CCG localities (see Chart 2 below) and mirrored in the England data. 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 24.8%-78.8%. 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.

Chart 2: Vaccination uptake amongst under 65s in at risk categories by CCG area (data downloaded from Immform, May 2019)



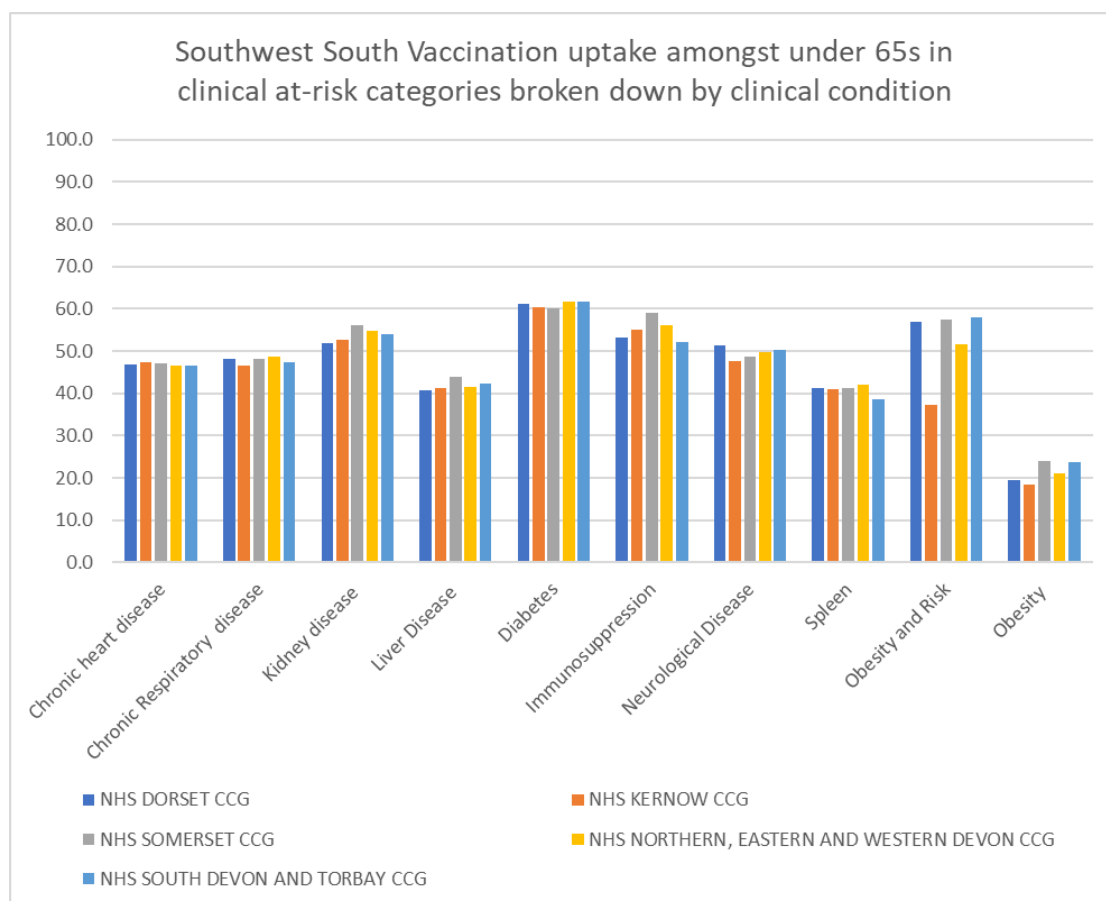
CCG	At Risk (%) (end of January 2018)	At Risk (%) (end of January 2019)
BANES	49.8	49.1
BNSSG	50.3	49.7
Dorset	48.4	47.6
Glos	50.1	48.8
Kernow	47	44.9
NEW Devon	48.6	47.5
Somerset	48.1	46.3
South Devon	48.8	46.1
Swindon	51.1	48
Wiltshire	51.5	50.5
England	48.7	48.0

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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 is because these individuals have 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: Southwest South Vaccination uptake amongst under 65s in clinical at-risk categories broken down by clinical condition (data downloaded from Immform, May 2019)

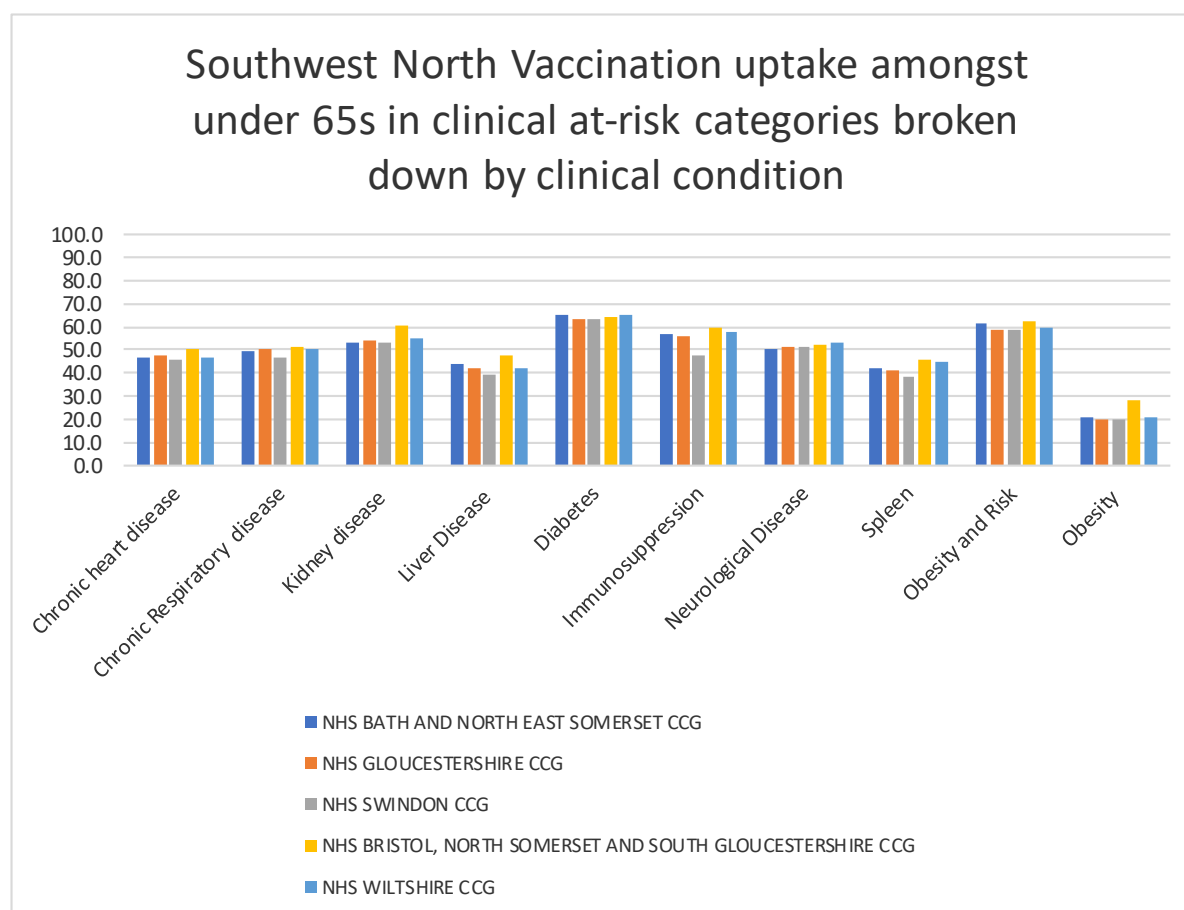


Dorset	46.8	48.2	52.0	40.6	61.2	53.1	51.4	41.3	57.0	19.4
Kernow	47.3	46.5	52.8	41.2	60.3	55.0	47.7	41.1	37.4	18.4
Somerset	47.2	48.2	56.0	43.8	60.2	59.1	48.8	41.3	57.4	23.9

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NEW Devon	46.6	48.8	54.8	41.5	61.8	56.1	49.7	42.1	51.7	21.0
South Devon	46.6	47.4	53.9	42.3	61.6	52.2	50.2	38.7	58.1	23.7

Chart 4: South West North Vaccination uptake amongst under 65s in clinical at-risk categories broken down by clinical condition (data downloaded from Immform, May 2019)



B&NES	46.4	49.7	53.3	43.6	64.9	56.6	50.8	41.8	61.6	20.6
Gloucestershire	48.1	50.8	54.0	42.2	63.8	56.4	51.1	41.6	58.6	20.1
Swindon	46.2	47.2	53.2	38.9	63.7	47.9	51.0	38.5	59.0	19.8

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BNSSG CCG	50.8	51.8	60.5	47.5	64.4	59.9	52.5	45.9	62.1	27.9
Wiltshire	47.1	50.8	55.3	41.9	64.9	58.1	53.6	44.5	59.7	21.2

Pharmacies

In 2018/19 pharmacists across the South West were commissioned to provide flu vaccination for over 65s, under 65s in at-risk groups, pregnant women and informal carers. Pharmacies were again offered the opportunity to deliver flu vaccinations to social care workers as per the enhanced service. Between September 2018 and March 2019 32,939 vaccinations were delivered through 206 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 South West 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)

Patients resident in BNSSG or DCIOSS CCG areas:								
Pharmacy	Bristol	North Somerset	South Glos	Somerset	NEW Devon	S Devon & Torbay	Cornwall and IoS	Total
Avon	11,688	4,288	4,938	64	16	25	7	21,026
Somerset	19	77	14	13,013	61	4	8	13,196
Devon	24	10	5	46	21,101	8,624	158	29,968
Cornwall	6	2	1	15	141	13	10,476	10,654
Total	11,737	4,377	4,958	13,138	21,319	8,666	10,649	
						Total	74,844	

7.2 Pregnant women

Vaccination of pregnant women is offered through 3 mechanisms which includes: GP practice delivery, pharmacy delivery and Acute Trust maternity delivery. Most maternity providers across the South West offered flu vaccination in 2018/19. Table 3 below indicates when the Trusts across the South West started delivering the flu vaccination:

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Table 3: Trust delivery of flu vaccination to pregnant women through maternity services in 2018/19

Trust	Start date of flu vaccination delivery	Comments
Royal United Hospital Bath	Sept 2016	Delivering in ANC and DAU at RUH and community hospitals.
Gloucestershire Royal Hospitals	Sept 2016	Delivering in ANC and DAU and Cheltenham and Stroud Hospitals
Great Western Hospital Swindon	Sept 2017	Delivering in ANC setting
Salisbury Hospital	Sept 2016	Delivering in ANC setting
UHBT	Sept 2018	
NBT	Sept 2018	
Yeovil District Hospital	Sept 2017	Delivering in ANC setting
Royal Devon and Exeter	Sept 2017	Delivering in ANC setting
Musgrove Park Hospital	October 2016	Delivering in ANC setting
North Devon Healthcare Trust	Sept 2017	
Torbay and South Devon University Hospitals Plymouth	Sept 2017	Delivering in ANC setting
Poole Hospital	Sept 2017	Delivering in ANC setting
Royal Bournemouth		Not delivering
Dorchester County		Not delivering
Royal Cornwall Hospital (Treliske)	Sept 2017	Community based model of delivery by midwives in GP surgeries and other community locations.
Plymouth Hospitals	Sept 2017	Delivering in ANC setting

In 2018/19 most NHS Trusts across the South West were delivering the flu vaccination to pregnant women through maternity services. This is being offered in the acute setting as most pregnant women have most of their care carried out by midwives in the acute setting and attend for 12- and 20-week scans, giving a number of opportunities to have the flu vaccination.

The vaccine uptake rate among pregnant women decreased in 2018/19 across all CCGs, except for Devon and Swindon. However, there are some reporting issues and caveats to the data for pregnant women uptake, as not all vaccines given in the maternity setting are recorded on the GP IT system, so the reported figures may not be a true reflection of the total number of vaccines given to pregnant women. This is a national issue and is being investigated with the aim of finding an easier way (IT solution) to report to GP practice the vaccines given in maternity settings. 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

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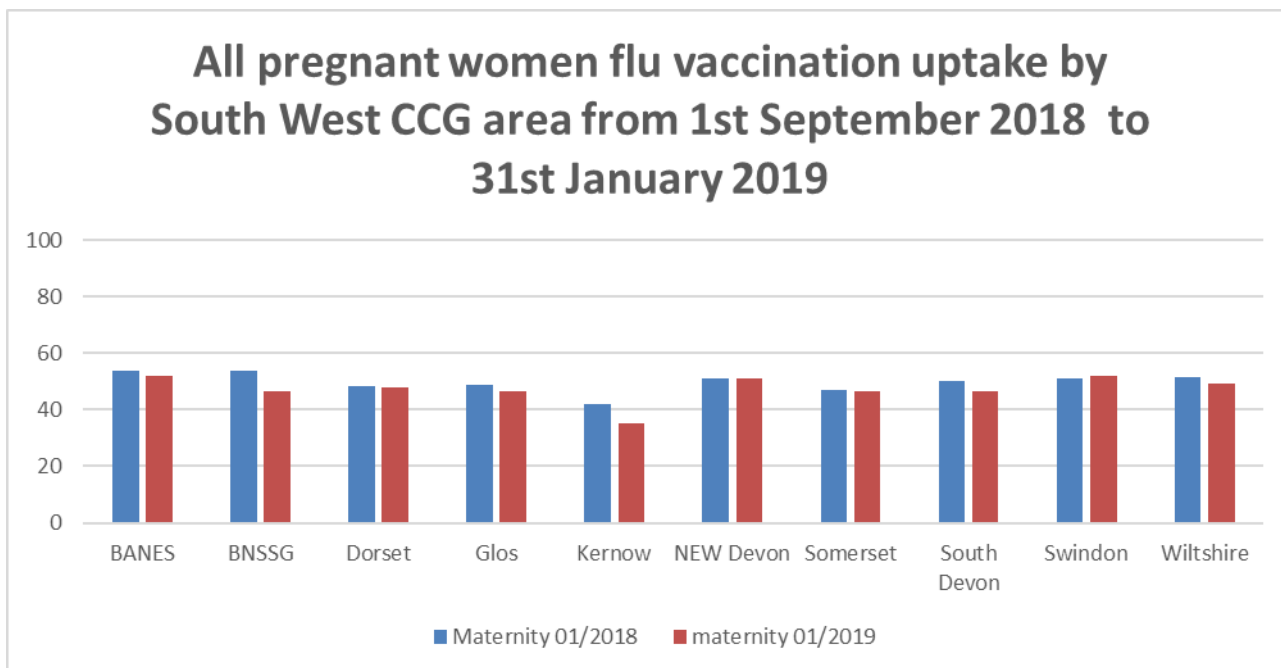
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challenge. Maternity providers have a system of notifying GPs, but the patient records are not always updated and the episode not coded or incorrectly coded and therefore not picked up from the GP IT systems for national reporting.

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.

To increase collaboration and share learning, a 'Vaccines in Pregnancy' workshop for NHS Trusts (maternity services), CCGs and other key stakeholders was run in May 2019 as a review of 2018/19 and in preparation for planning for the next season. This was a chance to share learning and to try to solve some of the issues experienced in delivering this programme in maternity. All providers will continue to offer flu vaccine next season and hope to increase their uptake.

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



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CCG	Maternity (%) (to end of January 2018)	Maternity (%) (to end of January 2019)
BANES	53.9	52.1
BNSSG	53.6	46.7
Dorset	48.2	47.9
Glos	48.6	46.3
Kernow	41.8	35.3
NEW Devon	51.1	51.1
Somerset	47.1	46.4
South Devon	50	46.3
Swindon	51.2	52.0
Wiltshire	51.5	49.1
England	44.8	45.2

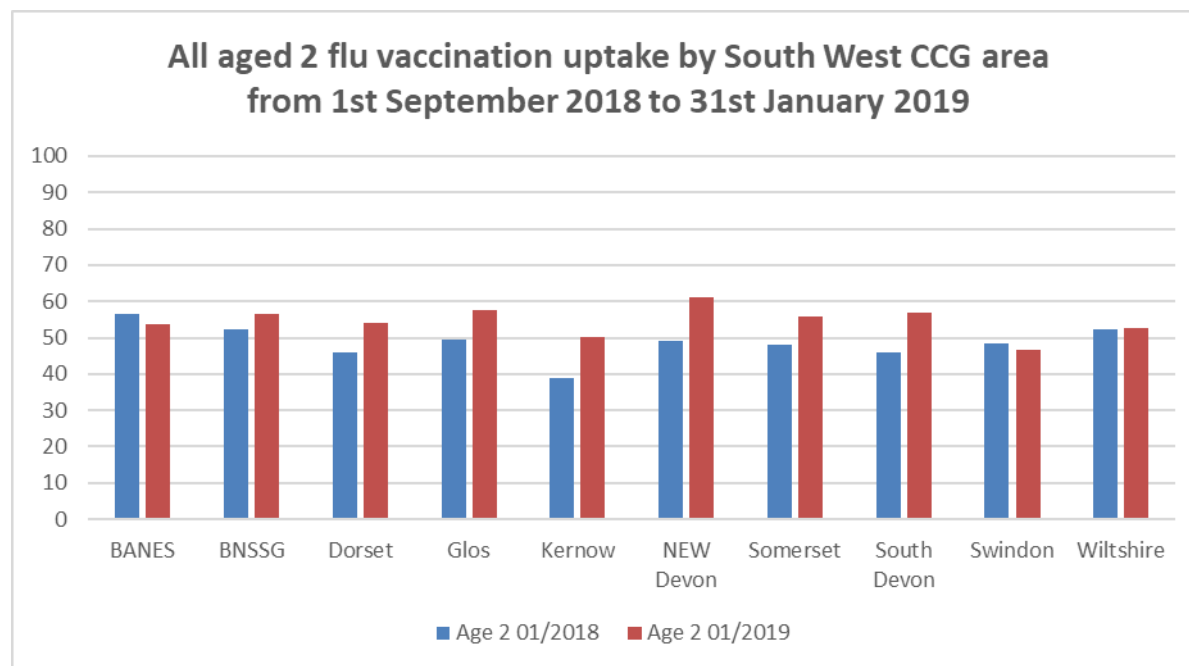
The South West Providers will continue to receive advice and support on delivering flu in the acute setting and monthly telecons will be arranged with providers throughout the season, to share best practice and discuss issues and barriers to uptake.

7.3 Children aged two and three years

Vaccination uptake rates improved among two and three year olds in 2018/19 across the South West where uptake rates were some of the highest in England (see Chart 5 for two year olds and Chart 6 for three-year olds). Apart from BANES, Swindon and Wiltshire, all CCGs in the South West piloted a letter from CHIS to all parents of eligible two and three year old children. This letter outlined the importance of the flu vaccination and encouraged parents to arrange an appointment with their GP. This seemed to support a significant increase in uptake in the CCGs that were involved in the pilot, whilst BANES, Swindon and Wiltshire that did not participate, all saw a slight drop in uptake in the 2018/19 season in comparison with the previous season.

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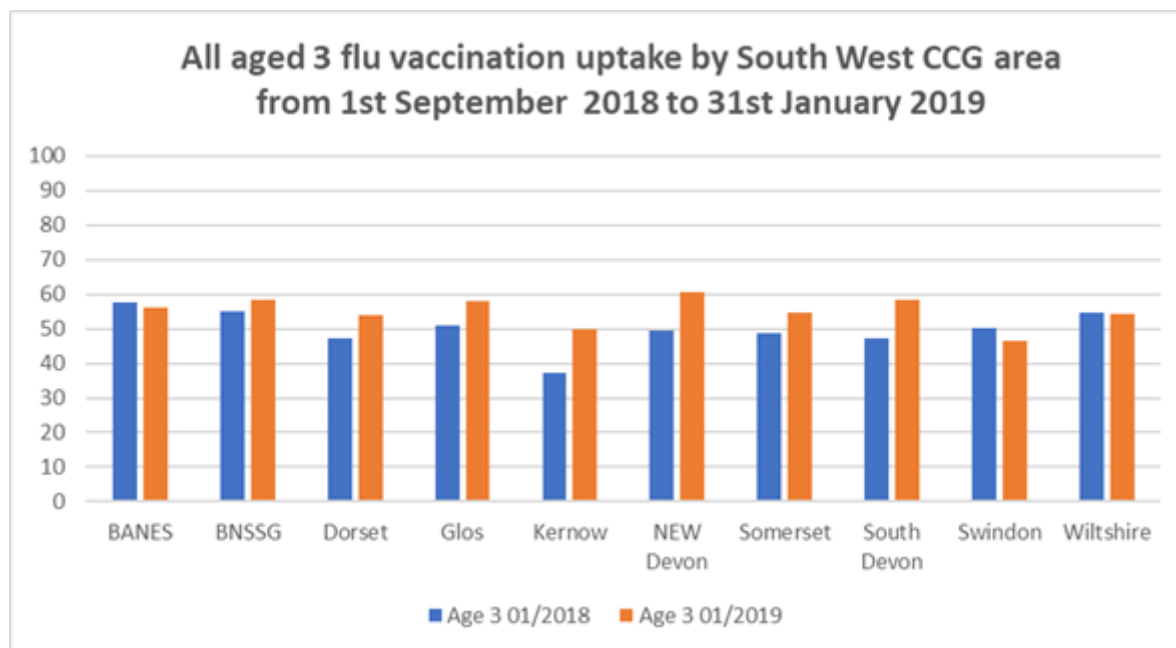
Chart 5: Vaccination uptake amongst children aged 2 years (all, including those in and not in at-risk groups) by CCG area (data downloaded from Immform, February 2019)



CCG	Age 2 (%) to end of January 2018	Age 2 (%) to end of January 2019
BANES	56.6	53.8
BNSSG	52.4	56.4
Dorset	45.9	54.0
Glos	49.4	57.7
Kernow	39	50.1
NEW Devon	49.2	61.0
Somerset	48.2	55.7
South Devon	45.8	57.0
Swindon	48.3	46.7
Wiltshire	52.4	52.8

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Chart 6: Vaccination uptake amongst children aged 3 (all, including those in and not in at-risk groups) by CCG area (data downloaded from Immform, February 2018)



CCG	Age 3 (%) (to end of January 2018)	Age 3 (%) to end of January 2019)
BANES	57.6	56.3
BNSSG	54.9	58.4
Dorset	47.4	53.8
Glos	51	58.0
Kernow	37.4	49.9
NEW Devon	49.4	60.6
Somerset	48.9	54.7
South Devon	47.3	58.4
Swindon	50.4	46.4
Wiltshire	54.8	54.3
England	44.2	45.9

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The intranasal Fluenz Tetra® vaccine being used this season was the same as in the 2017/18 season. The delays in supply of Adjuvanted Trivalent Inactivated Vaccine (aTIV) for over 65 population seemed to delay some GP's implementation of flu vaccination clinics for two and three year olds as well, when compared to the 2017/18 season. However, uptake figures quickly recovered from this delay and the majority of CCGs in the South West finished with significantly higher uptake than in the previous season. Anecdotal evidence suggests that GPs made greater use of text message reminders and telephone calls to rearrange cancelled/DNA appointments during this season than last season which may have helped to achieve higher uptake rates. As in the 2017/18 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 2018/19.

Following the positive results from the pilot of the CHIS letter to parents of eligible two and three year old children in 2018/19, this will be implemented across all CCGs in the South West for the 2019/20 season and monitored again to review its effectiveness.

7.4 Primary school age-children: reception year to school year 5 (4-10 years)

The extension of the children's programme to vaccinate children in reception and years 1 to 5 was commissioned locally by the NHS England area teams. As in the two and three year old flu vaccination programme the intranasal Fluenz Tetra® vaccine being used this season was the same as in the 2017/18 season. All areas across the South West delivered through specialist immunisation teams or school nurse teams. In some areas there were new providers or existing providers commencing new contracts.

The uptake varied from region to region, with some areas seeing an increase in uptake and some a decrease. On average there was a general increase in vaccination uptake amongst primary school aged children in comparison to 2017/18 with some areas reaching over 70% uptake.

Some providers introduced an e-consent system as an alternative to paper consents. This helped to improve governance and tracking of consent but did provide some early challenges during the season (non-returned forms) which may have contributed to slightly lower uptake in those areas compared with last year.

7.5 Housebound Patients

The *Flu Plan* is clear in stating that GP Practices must make all reasonable effort to ensure that 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 the vaccination is given by another provider.

As in previous years, practice has varied across the South West with some GP practices undertaking home visits (or visits to care/nursing settings) and some areas are working with other healthcare providers (e.g. Community Nursing Teams) to provide the vaccinations to individual housebound patients.

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Pharmacies have also been able to deliver vaccinations 'off site' in a patient's home or long-stay care/residential setting. Pharmacies undertaking this service were required to complete a notification document for the local NHS England team prior to providing off-site vaccination. Where pharmacies were vaccinating patients in a care home, they were first required to notify each patient's GP practice that they had been asked to undertake the vaccinations before then notifying the local NHS England team.

7.6 Secure Settings

Improving flu vaccination uptake within secure settings was a priority workstream during the 2018/19 season. The aim was to increase uptake, improve staff understanding of the importance of flu vaccination and to encourage good practice.

A regular telecon was set up with governors and healthcare providers from the secure settings across the South West. The telecon acted as a forum for discussion of uptake data of the eligible prison population and staff vaccination. It also provided opportunity for colleagues to raise any particular issues around uptake, to share documents and communications resources as well as ensuring practical measures to enable vaccination were in place (e.g. PGDs, OH contacts, outbreak strategies and other national guidance).

The Screening & Immunisation team offered flu 'myth-busting' sessions to secure settings staff in all establishments across the patch: this training was received by seven of the settings. The 'myth-busting' gave an overview of the significance of flu, the benefits of vaccination and the role that prison staff have in encouraging uptake and reducing the transmission of flu in the prison establishment. The sessions aimed to counter the barriers to vaccination and provide accurate information about the flu virus and immunisation. The Screening & Immunisation Team received positive feedback from those settings who received the sessions. It is intended that in 2019/20 the training will be offered to settings who did not take up the offer in 2018/19.

7.7 Frontline Healthcare Workers (FHCW) and Social Care Workers

Frontline Healthcare Workers

In 2018/19 there was continued marked improvement in uptake across the South West among Frontline Healthcare Workers in acute trusts, community health providers and general practice, with most organisations seeing an increase in staff uptake compared to last year. Across the whole South West, eleven providers either met or exceeded the 75% uptake ambition, compared with five last year, and for the first time six providers achieved more than an impressive 80%. For many providers, rates are, however, still below the national target of 75%.

It is encouraging to note the significant increase in frontline healthcare worker vaccine uptake for several Trusts and providers across the South West between the 2017/18 and 2018/19 seasons. This reflects a significant amount of input from the providers and stakeholders to improve uptake of vaccination amongst staff cohorts in an increasingly challenging environment.

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Table 3: Chart of vaccination uptake amongst Frontline Healthcare Workers in the SouthWest (1st September 2018 to 28th February 2019 - source ImmForm)

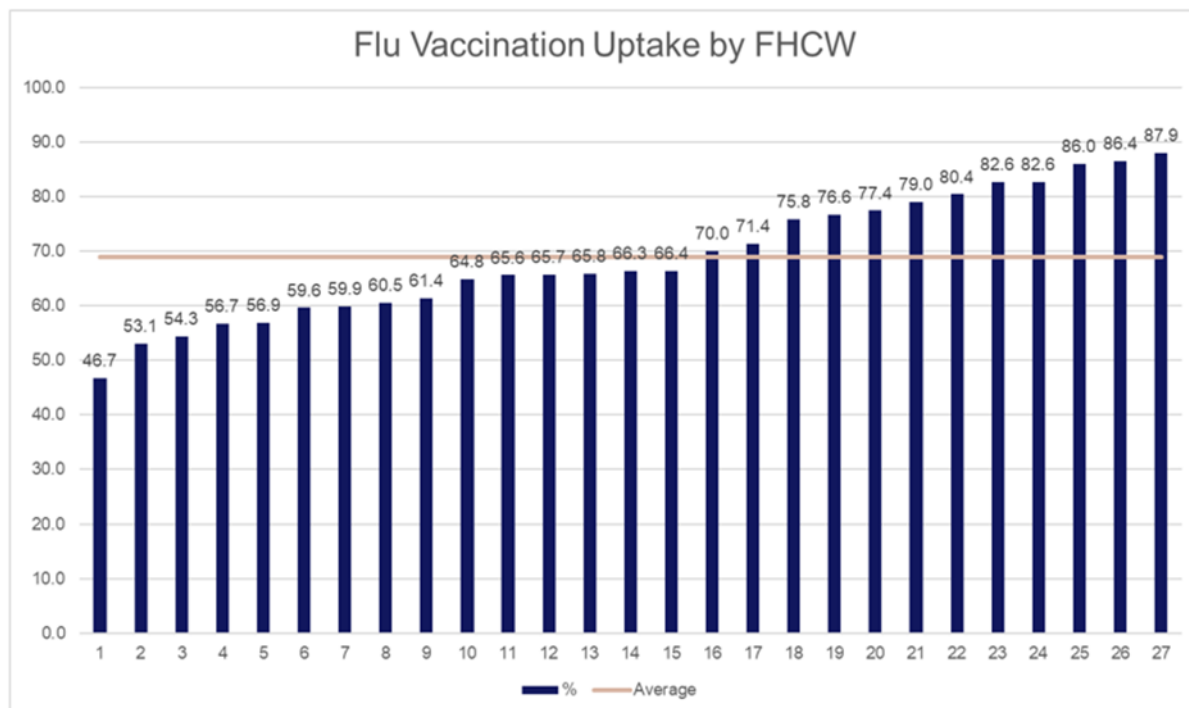


Table 4: Vaccination uptake amongst Frontline Healthcare Workers by provider in SouthWest (1st September 2018 to 28th February 2019 - source ImmForm)

Provider / Employer	2018/19 uptake (%)	2017/18 uptake (%)
2Gether NHS Foundation Trust	77.4 ↑	76.6
Avon & Wiltshire Mental Health Partnership NHS Trust	54.3 ↓	60.1
Gloucestershire Hospitals NHS Foundation Trust	79.0 ↑	75.7
Great Western Hospitals NHS Foundation Trust	86.4 ↑	76.9
North Bristol NHS Trust	87.9 ↑	72.6
Royal United Hospital Bath NHS Trust	70.0 ↓	71.6
Salisbury NHS Foundation Trust	65.7 ↑	49.0
The Gloucestershire Care Services NHS Trust	75.8 ↑	72.0
University Hospitals Bristol NHS Foundation Trust	82.6 ↑	72.6
Weston Area Health NHS Trust	80.4 ↑	62.0
NHS England South West (North) HCWs	65.8 ↑	64.3
Cornwall Partnership NHS Foundation Trust	53.1 ↑	45.2
Devon Partnership NHS Trust	64.8 ↓	65.1
Dorset County Hospital NHS Foundation Trust	82.6 ↑	70.1
Dorset Healthcare University NHS Foundation Trust	61.4 ↑	58.8
Northern Devon Healthcare NHS Trust	65.6 ↑	62.8
Plymouth Hospitals NHS Trust	59.9 ↓	68.0

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Poole Hospital NHS Foundation Trust	86.0 ↑	76.1
Royal Cornwall Hospitals NHS Trust	56.7 ↑	53.3
Royal Devon And Exeter NHS Foundation Trust	76.6 ↑	75.0
Somerset Partnership NHS Foundation Trust	46.7 ↑	46.2
South Western Ambulance Service NHS Trust	56.9 ↑	56.7
Taunton And Somerset NHS Foundation Trust	66.3 ↑	66.1
Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust	66.4 ↓	70.1
Torbay And South Devon NHS Foundation Trust	60.5 ↓	63.4
Yeovil District Hospital NHS Foundation Trust	71.4 ↑	66.0
NHS England South West (South) HCWs	59.6 ↓	65.4

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 2018/19 season, the PHE Screening & Immunisation Team covering the SouthWest including Dorset facilitated monthly teleconferences 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 Employers Flu Fighters who were able to provide specific guidance for Trusts/providers and share learning from other areas in the UK. The teleconferences were well represented and provided valuable peer support throughout the region.

As in previous years we continued to promote the use of the NHS Employers national staff-facing campaign to encourage healthcare workers to get vaccinated. The campaign provided support to teams running their local staff flu vaccination campaigns, ensuring consistency of messaging, sharing of best practice and harnessing clinical and professional leadership at both national and local levels.

Four providers from the SouthWest were shortlisted as nominees for the 2019 NHS Employers Flu Fighter Annual Awards held in Manchester, which recognises exceptional high performing teams and provides an opportunity to reward the hard work of teams around England.

The 2018/19 South West Flu Review Event in March gave the opportunity for those involved in the FHCW programme to network and plan for 2019/20 and to review learning from this season.

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

Social care providers and independent primary care providers also offered vaccination to staff. In 2017 NHS England provided additional funding to support the delivery of flu immunisation for

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social care workers who offer direct patient/client care. This continued in 2018/19 and was extended to include health and care staff in the voluntary managed hospice sector that offered direct patient/client care. Staff could access local schemes already in place, provided by their employers or by going to their GP or pharmacy with valid ID, copy of a payslip or letter from their employer as evidence of a health and/or social care worker.

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. Hospices were made aware of the offer through Local Authority. Eligible staff were advised to call ahead to book appointments for vaccination with their chosen setting.

The SW Team updated the toolkit for care homes with the aim of providing information for a successful staff programme and 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: <https://www.england.nhs.uk/south/info-professional/public-health/infection-winter/care-guidance/>

During the 18/19 season, the Screening and Immunisation Team supported localities with the delivery of presentations and information to care home networks and events.

8. Planning for 2019/2020

The flu letter for the 2019/20 national flu programme was released on the 22nd March 2019 outlining the extension of the school programme to include year 6.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/788903/Annual_national_flu_programme_2019_to_2020_.pdf

Therefore, in 2019/20 the following are eligible for flu vaccination:

- all children aged two to ten (but not eleven years or older) on 31 August 2019
- those aged six months to under 65 years in clinical risk groups
- pregnant women
- those aged 65 years and over
- those in long-stay residential care homes
- carers
- close contacts of immunocompromised individuals

Frontline healthcare workers remain eligible through occupational health services and social care and hospice workers through pharmacy or GP practices.

Choice of vaccines for 2019/2020 season

Based on advice from the JCVI the following vaccines will be used in 2019/2020 flu season in the UK.

Children aged 6 months to under 2 years who are in clinical at-risk groups

- Quadrivalent inactivated vaccine (QIV)

Children aged two years to 17 years

- Live attenuated quadrivalent influenza vaccine (LAIV)

For adults aged 18 to 64 years in clinical at-risk groups (including pregnant women) or other eligible groups

- Standard egg-grown quadrivalent vaccines (QIVe)
- Cell-grown quadrivalent vaccine (QIVc)

Adults over 65 years

- Adjuvanted trivalent vaccine (aTIV)
- Cell-grown quadrivalent vaccine (QIVc)

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Target uptake ambitions

The uptake ambitions for 2019/20 have been highlighted and include an increase in the ambition target in preschool children to 50%.

- For those aged 65 years and over, 75% uptake reflecting the World Health Organization (WHO) target for this group.
- Aged under 65 'at risk', including pregnant women, at least 55% in all clinical risk groups, and maintaining higher rates where those have already been achieved. Ultimately the aim is to achieve at least a 75% uptake in these groups given their increased risk of morbidity and mortality from flu.
- Preschool children aged 2 and 3 years old, at least 50% uptake with most practices aiming to achieve higher.
- School aged children (in reception class & years 1 to 6), an average of at least 65% uptake to be attained by every provider across all years.

8.1 South West 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.

The South West Flu Conference took place on the 27th March 2019 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.

Key themes:

The following key themes and priority actions were captured at the conference and feedback will be incorporated into planning for 2019/20. This will include developing specific working groups to support these. The objectives for 2019/20 will be addressed in full in the document 'Seasonal NHS Influenza Immunisation Programme: planning across the South West 2019/20'.

General

- Continuing to utilise the strong relationships with CCGs & Las
- Continue the work leading to the increased uptake in children
- A focussed workplan for uptake in clinical at-risk groups
- Consider developing the role of acute and community providers

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- Improving flows of Maternity data so uptake data reflective of activity
- Consideration of arrangements for housebound patients
- Implementation of vaccines in prisons pilot project

Communications

- Communications targeting at-risk groups and patients likely not to have been vaccinated before
- Communications to highlight the impact of Flu
- More use of social media and digital marketing
- School aged comms (including in different languages)

Pharmacy settings

- Using the system to recognise patient conditions and eligibility
- Ensuring providers deliver to all eligible groups
- Could invites from practices include the pharmacy as one of the options
- Options for vaccinating off-site
- Utilising practice pharmacists
- MECC training to include vaccination
- Joint working with Primary Care Networks

FLHCW

- Joint work with other organisations (reciprocal agreements)
- Incentives to encourage attendance (stationery, coffee, UNICEF etc)
- Targeting bank staff
- A central stock and ordering system for all staff
- Using advocates in senior team as much as possible
- Using case studies of staff who have had flu in previous years

School imms

- Educating/informing headteachers and schools
- Countering anti-vax messages
- Sharing information with LAs
- 'Cluster Clinics' – bringing surgeries together
- Data access for imms history
- Sharing provider contact details

Appendix: Increasing vaccine uptake – GP Practice checklist

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.