3 July 2014

Dear Colleagues

SEASONAL FLU VACCINATION PROGRAMME 2014-15

I would like to take this opportunity to thank all those in the NHS and in social care for their continued hard work on the flu immunisation programme.

Despite low levels of flu circulating over the winter, I am pleased that flu vaccination uptake in those aged 65 years and over and those under 65 years in risk groups, continues a gradual upward trend that began in 2008-09, reflecting ongoing work to protect more vulnerable individuals each winter. Uptake by NHS staff has again showed a steady increase and uptake in pregnant women also significantly increased. However, we are still not achieving the uptake targets which would help to reduce the serious effects of flu on vulnerable people and relieve the pressures on NHS services.

This letter sets out key information for the 2014-15 flu immunisation programme, including plans to extend the children’s programme to include children aged four years.

For ease of use, detailed information is set out in the attached annexes as follows:

Annex A Groups recommended to receive flu vaccine.
Annex B Health and social care workers.
Annex C Pregnant women.
Annex D Data collection.
Annex E Vaccine strains and available vaccines.
Annex F Direct Enhanced Services.
Annex G Extended flu programme for children – including service specifications.

From the Chief Medical Officer

Welsh Government
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Cardiff CF10 3NQ

CMO (2014) 15

SEASONAL FLU VACCINATION PROGRAMME 2014-15

E-mail distribution to:
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Care Home Managers

For further information:
Public Health Division
Welsh Assembly Government
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Groups Recommended to Receive Flu Vaccine

A full list of groups recommended to receive flu vaccine is provided at Annex A.

This year, the programme will expand to include all children who are 4 years old (but less than 5 years of age) on 31 August 2014. Children aged 2 and 3 years and those of school year 7 age will again be included in the programme. Further details of the children’s programme are provided in Annex G.

The list at Annex A is not exhaustive and medical practitioners should apply clinical judgment to take into account an individual’s risk from flu.

Programme Delivery

As for last year, Public Health Wales will undertake a systems leadership role for the flu programme in 2014-15. I believe this, along with the Flu Summits introduced during last season, have improved co-ordination and service delivery across stakeholders. I would urge stakeholders to ensure representatives attend these regular meetings organised by Public Health Wales.

Programme Delivery Targets

The seasonal flu vaccination programme forms part of the Tier 1 measures for the NHS and is one of the key accountability requirements for each health board.

The NHS delivery framework and future plans can be viewed at:


In line with the aim of the Minister for Health and Social Services to improve accountability, delivery of the flu programme will be the responsibility of health boards, assisted by Public Health Wales. The Welsh Government will monitor delivery of the programme.

The Tier 1 targets for seasonal flu vaccination are as follows:

75% uptake for:

- Those aged 65 years and older;
- Aged six months to under 65 years in clinical risk groups;
- Pregnant women.

50% uptake for:

- Health care workers with direct patient care.

As routine flu vaccination of children is still new, specific targets will not be set until the programme is more established. Local services should offer the vaccine to 100% of eligible children and uptake should be as high as possible.
**2013-2014 Vaccine Uptake**

Flu vaccine uptake figures for the 2013-2014 season as collated by Public Health Wales (as at 25 June 2014) are:

- 68.3% for those aged 65 years or older;
- 51.1% for those aged under 65 years in clinical risk groups;
- 70.5% for pregnant women;
- 41.7% for healthcare staff with direct patient contact;
- 37.7% for healthy children aged 2 and 3 years;
- 53.8% for children aged 2 and 3 years in at risk groups;
- 68.7% for children in School Year 7.

The percentage uptake in those aged 65 and over and those under 65 years at risk has improved in recent years, increasing this year by 0.6% and 1.4% respectively. Uptake in pregnant women has increased by 9% based on a survey in maternity units and staff uptake has again increased this year by 5.9%.

**Seasonal Flu Plans**

The Welsh Government will be publishing an updated version of its Flu Plan shortly. The Plan describes the processes in place and the actions required to deliver seasonal flu vaccination in Wales as effectively and efficiently as possible within current constraints. It will continue to be updated annually to reflect changing circumstances and lessons learned. It is not intended to provide prescriptive guidance but will assist health professionals and others to plan for the flu season. Local needs and changing circumstances will still require flexible and innovative responses. Health board flu plans should be reviewed and updated to ensure measures are in place to address local needs. It will not be necessary to submit revised plans to the Welsh Government for the 2014-15 season.

**Community Pharmacies**

In 2013-14, Health Boards were expected to enter into arrangements with at least 25% of their community pharmacies to provide vaccination during their normal opening hours from the start of the season. Health Boards are expected to make similar arrangements in 2014-15.

The Welsh Government expects that GPs will continue to be the main provider of flu vaccinations and that health boards consider how community pharmacies can be utilised to promote uptake amongst harder to reach groups. Pharmacies will be expected to focus the provision of flu vaccination towards individuals less than 65 years of age who are in at risk groups, although they will have discretion to immunise individuals aged 65 years or over if they consider they are unlikely to visit their GP for vaccination.

Further information regarding pharmacy involvement in this year’s programme will be provided by the end of August.
Health and Social Care Workers

I would like to re-emphasise the importance of flu vaccination for health and social care workers with direct patient or client contact. In hospitals and residential care settings, respiratory infections, including influenza, are easily spread, putting both staff and their patients at risk. Health and social care workers have a duty of care to protect their patients from infection.

There is always pressure on the NHS and social care services during the winter. Vaccinating staff against flu is an important infection control measure as part of the annual winter planning process to ensure the NHS and social care are as resilient as possible.

In 2013-14, vaccine uptake in health board employed health care workers increased to 41.7% from 35.5% in 2012/13 representing over 24,000 staff with direct patient contact in the NHS who received a flu vaccination during the season. In the NHS as a whole, over 34,000 staff received a flu vaccination. This significant improvement demonstrates that the additional emphasis and effort directed towards staff vaccination is continuing to have an impact. It is important that we continue to build on this progress in the coming season.

Health care employers, including primary care contractors, must actively promote the positive benefits of vaccination to front line workers by giving staff balanced and factually correct information. Health boards need to demonstrate strong clinical leadership in helping staff understand that if they refuse to be vaccinated, they put themselves, their families and the people they care for at unnecessary risk.

Social care employers should take similar action for their staff with direct client contact.

As with previous years, vaccination of health and social care workers is through occupational health schemes. Employers should ensure that adequate vaccine orders and appropriate plans and measures are in place. Staff should not be directed to GP practices for vaccination unless under specific local agreements e.g. to vaccinate community staff.

Further information is given in Annex B.

Pregnant Women

Pregnant women are particularly vulnerable to severe complications of flu and there is also evidence that flu during pregnancy may be associated with premature birth and smaller birth size and weight. All pregnant women are recommended to receive the flu vaccine irrespective of their stage of pregnancy.

Flu vaccine for pregnant women may be offered in general practice or through midwifery services. Recent experience suggests that the best uptake in pregnant women is found where maternity services both encourage and provide it. Maternity services are encouraged to provide flu vaccine as part of routine care for all pregnant women.

It is important that when a pregnant woman is vaccinated, but not by her general practice, the information is provided to the GP so her clinical record can be updated in a timely manner.
Further information is contained in Annex C.

**Carers**

Flu vaccination is recommended for those who are a carer of an elderly or disabled person whose welfare may be at risk if the carer falls ill. This group are not always easily identified and uptake may be underestimated. Every effort to identify them and offer flu vaccination is encouraged. Practices should remind at risk patients that if they have someone who cares for them, this person is also eligible for the flu vaccine.

**Vaccine Supply and Ordering**

My letter dated 17 January 2014 (CMO 2014/3) provided early guidance on ordering flu vaccine for the 2014-15 season. A copy can be found at:

http://wales.gov.uk/topics/health/cmo/publications/cmo/2014/plan/?lang=en

Health boards are required to take all steps to maximise uptake in their areas. It is therefore imperative that they liaise with GP practices, and community pharmacies where relevant, to ensure that arrangements are in place to secure sufficient vaccines to achieve the target levels.

General Practices are responsible for ordering 'Inactivated Influenza Vaccine' (IIV) vaccines from the manufacturers for patients (all eligible people including carers) and their own staff. GPs should ensure that sufficient numbers of vaccines are ordered to take account that extra vaccine will be needed for higher levels of coverage and anticipating a demographic rise in the population age 65 years and over of around 2% per year.

This year, Fluenz Tetra®, a quadrivalent live attenuated intranasal vaccine for children will supplied centrally in place of Fluenz®. Further information on the children's programme is in Annex G.

**Vaccine for Children (2-17 years) in at risk groups**

The ‘Green Book’ states that the live attenuated influenza vaccine (LAIV), administered as nasal spray, is the preferred vaccine for children aged 2-17 years in risk groups who are not contraindicated for Fluenz Tetra®. This is because of better efficacy in children compared with other seasonal flu vaccines. Fluenz Tetra® for this cohort should be ordered from centrally available supplies, procured by Welsh Government, using the same systems as when ordering vaccine for healthy children included in the programme.

Fluenz Tetra® is unsuitable for children under two years of age and for those with contraindications such as severe immunodeficiency, egg allergy, severe asthma or active wheeze. See Annex G for a full list of contraindications. GPs should ensure that they have ordered sufficient supplies of suitable alternative vaccines for children who cannot be given Fluenz Tetra®.
Flu Vaccine Contingency Reserve

The Welsh Government will again be holding a small reserve stock of injectable flu vaccine to mitigate against potential shortages. Access to the reserve stock will be co-ordinated through Health Board Immunisation Co-ordinators.

Antivirals

Antiviral treatment of influenza is indicated when Influenza A or B are circulating and there is a substantial likelihood that people presenting with an influenza-like illness are infected with influenza virus. This may be based on disease surveillance data or laboratory confirmation of circulating virus available from Public Health Wales at: http://www.publichealthwales.org/flu-activity/.

The Welsh Government will continue to notify prescribers when surveillance indicates the start and end of virus circulation in the community.

Patient Group Directions

The usual method for the supply and administration of vaccines is via a Patient Specific Direction (PSD). The authorisation for this is usually the responsibility of the GP or an independent nurse prescriber. Where a PSD exists, there is no need for a Patient Group Direction (PGD).

In school situations or where a PSD is not available, a PGD may be used. A PGD is a written instruction that allows for the supply and/or administration of medicines to groups of patients who present for treatment where it offers an advantage to patient care without compromising safety. Template PGDs are available for amendment by health boards to authorise appropriate health professionals to administer the vaccine where a PSD is not available. More information is from the Public Health Wales Vaccine Preventable Disease Programme NHS Wales intranet site available at:

http://howis.wales.nhs.uk/immunisation

Publicity and Information Materials

Leaflets, posters and other publicity materials will be made available on the Welsh Government’s web site via the link below. There will be a separate leaflet for the children’s vaccination programme.

http://wales.gov.uk/topics/health/protection/immunisation/leaf/flu/?lang=en

Materials will also be published in due course on the NHS Direct web site at:

http://www.nhsdirect.wales.nhs.uk/

Further information for healthcare professionals is available from the Public Health Wales Vaccine Preventable Disease Programme NHS Wales intranet site at:

http://howis.wales.nhs.uk/immunisation
Surveillance and reporting

Public Health Wales provides year round weekly updates of influenza activity in Wales along with a UK and world summary. From October to April, the weekly report also contains an update of progress in the influenza immunisation campaigns for the public and NHS staff. The report is available at:

http://www.publichealthwales.org/flu-activity/

From October 2014, for the duration of the flu season, Public Health Wales will again be providing individual weekly immunisation uptake reports for all general practices in Wales which use Audit+. These reports are available through the Public Health Wales Influenza Vaccination Online Reporting (IVOR) scheme.

http://howis.wales.nhs/ivor

Porcine Gelatine

Fluenz Tetra® contains a wide range of ingredients, including porcine gelatine (as do many other pharmaceutical products). There is currently no alternative vaccine of equivalent efficacy that does not contain porcine gelatine.

For children in the cohorts who receive Fluenz Tetra® routinely, only those who are in clinical risk groups or have clinical contraindications should receive an inactivated injectable vaccine as an alternative to Fluenz Tetra®.

The Green Book

The Green Book, “Immunisation Against infectious Diseases” provides guidance to healthcare workers on the flu vaccine. Public Health England will be publishing an updated chapter on influenza on its web site shortly.


I am grateful for your continuing co-operation in helping protect vulnerable people against the annual challenges of seasonal flu and I am confident that together we can deliver an effective vaccination programme in 2014-15.

Yours sincerely,

Dr Ruth Hussey
Chief Medical Officer
Groups Recommended to Receive Flu Vaccine

The seasonal flu vaccine should be offered to the groups set out in the table below.

<table>
<thead>
<tr>
<th>Eligible groups</th>
<th>Further detail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children</td>
<td>All children aged 2, 3 and 4 years (but not 5 years or older) on 31 August 2014.</td>
</tr>
<tr>
<td></td>
<td>All children of School Year 7 age.</td>
</tr>
<tr>
<td>All patients aged 65 years and over</td>
<td>Sixty five and over is defined as those 65 and over on 31 March 2015 (i.e. born on or before 31 March 1950).</td>
</tr>
<tr>
<td>Chronic respiratory disease</td>
<td>Asthma that requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission.</td>
</tr>
<tr>
<td>aged six months or older</td>
<td>Chronic obstructive pulmonary disease (COPD) including chronic bronchitis and emphysema; bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD).</td>
</tr>
<tr>
<td></td>
<td>Children who have previously been admitted to hospital for lower respiratory tract disease.</td>
</tr>
<tr>
<td>Chronic heart disease</td>
<td>Congenital heart disease, hypertension with cardiac complications, chronic heart failure, individuals requiring regular medication and/or follow-up for ischaemic heart disease.</td>
</tr>
<tr>
<td>aged six months or older</td>
<td></td>
</tr>
<tr>
<td>Chronic kidney disease</td>
<td>Chronic kidney disease at stage 3, 4 or 5, chronic kidney failure, nephrotic syndrome, kidney transplantation.</td>
</tr>
<tr>
<td>aged six months or older</td>
<td></td>
</tr>
<tr>
<td>Chronic liver disease</td>
<td>Cirrhosis, biliary atresia, chronic hepatitis</td>
</tr>
</tbody>
</table>
| **Chronic neurological disease** aged six months or older | Stroke, transient ischaemic attack (TIA). Conditions in which respiratory function may be compromised (e.g. polio syndrome sufferers).

Clinicians should offer immunisation, based on individual assessment, to clinically vulnerable individuals including those with cerebral palsy, learning difficulties, multiple sclerosis and related or similar conditions; or hereditary and degenerative disease of the nervous system or muscles; or severe neurological disability. |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diabetes</strong> aged six months or older</td>
<td>Type 1 diabetes, type 2 diabetes requiring insulin or oral hypoglycaemic drugs and diet controlled diabetes.</td>
</tr>
</tbody>
</table>
| **Immunosuppression** aged six months or older | Immunosuppression due to disease or treatment, including patients undergoing chemotherapy leading to immunosuppression, bone marrow transplant, HIV infection at all stages, multiple myeloma or genetic disorders affecting the immune system (e.g. IRAK-4, NEMO, compliment deficiency)

Individuals treated with or likely to be treated with systemic steroids for more than a month at a dose equivalent to prednisolone at 20mg or more per day (any age) or for children under 20kg a dose of 1mg or more per kg per day.

It is difficult to define at what level of immunosuppression a patient could be considered to be at a greater risk of the serious consequences of flu and should be offered flu vaccination. This decision is best made on an individual basis and left to the patient's clinician.

Some immunocompromised patients may have a suboptimal immunological response to the vaccine.

Consideration should also be given to the vaccination of household contacts of immunocompromised individuals, i.e. individuals who expect to share living accommodation on most days over the winter and therefore for whom continuing close contact is unavoidable. This may include carers (see below). |
<p>| <strong>Pregnant women</strong> | All pregnant women at any stage of pregnancy (first, second or third trimesters). |</p>
<table>
<thead>
<tr>
<th>People living in long-stay residential care homes or other long-stay care facilities.</th>
<th>Vaccination is recommended for 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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carers</td>
<td>Those who are in receipt of a carer’s allowance, or those who are the carer of an elderly or disabled person whose welfare may be at risk if the carer falls ill. (Please note – this category refers to individual carers entitled to a free flu vaccine on the NHS, not professional health and social care workers who should be vaccinated by their employer as part of an occupational health programme).</td>
</tr>
<tr>
<td>Members of voluntary organisations providing planned emergency first aid.</td>
<td>Members of recognised voluntary organisations who provide planned emergency first aid at organised public events. (It does not include individuals who happen to be qualified to provide first aid). These should be identified by a letter from their parent organisation naming the person and confirming their membership of, and role in, the organisation.</td>
</tr>
<tr>
<td>Community First Responders</td>
<td>Those who are active members of a Welsh Ambulance Service Trust community first responder scheme providing first aid directly to the public. These should be identified by a letter from their parent organisation naming the person and confirming their membership of, and role in, the organisation.</td>
</tr>
<tr>
<td>Health and social care staff</td>
<td>Health and social care workers who are in direct contact with patients or clients should be vaccinated by their employer as part of an occupational health programme.</td>
</tr>
<tr>
<td>Locum GPs</td>
<td>Locum GPs may be vaccinated at the practice where they are registered.</td>
</tr>
</tbody>
</table>

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

Clinicians are encouraged to consider the needs of patients waiting for transplants. The current recommendations for seasonal flu vaccine cover a wide range of chronic diseases and therefore most transplant-list patients should be eligible for immunisation. Medical practitioners should apply clinical judgement to take into account the risk of flu exacerbating any underlying condition a patient may have.

Further guidance on the list of eligible groups and guidance on administering the seasonal flu vaccine, can be found in the influenza chapter of the Green Book: “Immunisation against Infectious Disease”.

**Front Line Health and Social Care Workers**

Employers are responsible for ensuring that arrangements are in place for the vaccination of their health and social care workers with direct patient contact. Flu outbreaks can arise in health and social care settings with both staff and their patients/clients being affected. It is important that health and social care workers protect themselves by having the flu vaccine, and, in doing so, they also reduce the risk of spreading flu to their colleagues and family members. Uptake of the seasonal flu vaccine in front line healthcare workers has reached 41.7%. There has been a significant improvement in recent years but we need to do more.

Vaccination of health and social care workers against flu significantly lowers rates of flu-like illness, hospitalisation and mortality in the elderly in healthcare settings. Vaccination of staff in social care settings may provide similar benefits. Flu immunisation of front line health and social care staff may reduce the transmission of infection to vulnerable patients, some of whom may have impaired immunity that may not respond well to immunisation.

Healthcare workers are at increased occupational risk of influenza infection and vaccination reduces that risk. In healthy adults, the efficacy of vaccination in reducing the risk of confirmed influenza infection is 53-66%. Vaccination prevents one case of influenza like illness in recipients every 40 vaccinations given and reduces the proportion developing symptoms of influenza from 15.6% in unvaccinated persons to 9.9% in vaccinated individuals.¹

Vaccination of front line workers also helps reduce the level of sickness absences which will contribute to keeping the NHS and care services running. This is particularly important when responding to winter pressures.

NHS staff can access a 10 minute online e-learning module on influenza and flu vaccination at: [www.wales.nhs.uk/immslearning](http://www.wales.nhs.uk/immslearning)

NHS and social care bodies are responsible for ensuring, so far as is reasonably practicable, that health and social care workers are free of and are protected from, exposure to infections that can be caught at work and that all staff are suitably educated in the prevention and control of infections. This includes ensuring that occupational health policies and procedures in relation to the prevention and management of communicable diseases in healthcare workers, including immunisation, are in place.

Examples of staff who may be directly involved in delivering care include:

- doctors, midwives and nurses, paramedics and ambulance drivers;
- porters, occupational therapists, physiotherapists and radiographers;
- primary care providers such as GPs, practice nurses, district nurses, health care support workers and health visitors;
- social care staff working in care settings;
- pharmacists, both those working in the community and in other clinical settings.

Students and trainees in health and social care disciplines who are working with patients should also be vaccinated by their parent academic institution, but may also be vaccinated by the health boards in which they are placed. Members of voluntary organisations operating within health or social care settings should also be offered vaccination if they have direct patient contact.

This is not an exhaustive list and decisions to provide immunisation should be based on local assessment of likely risk and exposure to flu.

**Vaccination uptake data collection of healthcare workers**

All health board Occupational Health departments should report flu vaccination uptake levels using agreed methods to Public Health Wales on a monthly basis. General Practices are also expected to provide data on vaccine uptake among practice staff to their health board Immunisation Co-ordinator on request.
Pregnant Women

Rationale and target groups

There is good evidence that pregnant women are at increased risk from complications if they contract flu. In addition, there is evidence that flu during pregnancy may be associated with premature birth, smaller birth size and weight and that flu vaccination may reduce the likelihood of prematurity and smaller infant size at birth associated with influenza infection during pregnancy. Furthermore, a number of studies show that flu vaccination during pregnancy provides passive immunity against flu infection to infants in the first few months of life.

A review of studies on the safety of flu vaccine in pregnancy concluded that inactivated flu vaccine can be safely and effectively administered during any trimester of pregnancy and that no study to date has demonstrated an increased risk of either maternal complications or adverse foetal outcomes associated with inactivated influenza vaccine.

All pregnant women are recommended to receive the flu vaccine irrespective of their stage of pregnancy.

When to stop offering the vaccine to pregnant women

Seasonal flu vaccination may be offered throughout the flu season. Clinicians should apply clinical judgement to assess the needs of an individual patient, taking into account the level of flu in their community and the fact that the immune response following flu vaccination takes about two weeks to develop fully. Up to date information on the levels of flu circulating are provided by Public Health Wales on a weekly basis. See:

www.publichealthwales.org/flu-activity

Data review and data recording

Every woman who is identified as pregnant during the immunisation season should be offered flu vaccination. GPs will need to work in their locality groups to agree procedures with their local midwives for identifying women who are not pregnant at the start of the immunisation programme but become pregnant during the winter.

Health boards should encourage midwives to raise awareness of the benefits of seasonal flu vaccine among pregnant women. The linking of midwifery services with GP practices will further support uptake. There is evidence to show that when midwives administer the flu vaccine to pregnant women, there is a positive effect on uptake rates. If arrangements are put in place where midwives administer the flu vaccine, it is important that the patient’s GP practice is informed so their records can be updated accordingly.
Annex D

Data collection - monitoring and reporting vaccination uptake

General Practices and Health Boards

As in previous years, Public Health Wales will monitor and report on uptake influenza immunisation for general practices and health boards. Data will be collected automatically throughout the season via the Audit+ software (the practice based component of the Data Quality System). GPC Wales has agreed that anonymised aggregate extraction from practice systems will form an integral part of influenza vaccination uptake monitoring.

It is essential that vaccinations are recorded in a timely manner in the GP practice clinical information system using appropriate Read codes in order for it to be included in the data collection. To ensure accurate monitoring of uptake, it is important GPs are informed when their patients are immunised by other health care providers and that this is recorded in patients’ records in general practice using appropriate Read codes. Guidance on appropriate read codes for data recording purposes will be provided by Public Health Wales on the Vaccine Preventable Disease Programme intranet site at:


Manual data submissions will be required from the very small number of GP practices that have chosen not to use the Audit+ software. Guidance on read codes and searches for manual data submissions can be found via the web address below. Health board Immunisation Co-ordinators will need to ensure that these practices submit data manually at the end of the season using the form provided by Public Health Wales. Queries on manual submission of data can be directed to:

simon.cottrell@wales.nhs.uk or richard.lewis6@wales.nhs.uk.

Influenza vaccinations given to pregnant women will be monitored on a weekly basis using data collected through Audit+; however, due to the challenges faced in automatically identifying this group using read codes, Public Health Wales will also liaise with Health Board Midwifery services to carry out a survey of immunisation coverage in women giving birth during a five day period in January.

Influenza immunisation uptake figures will be published each week by Public Health Wales at health board and local authority level throughout the season at:

http://www.publichealthwales.org/flu-activity/

At the end of the campaign, Public Health Wales will collate data from all components of the 2014-15 influenza immunisation programme and publish them in an end of season report, available from:

http://howis.wales.nhs.uk/sites3/page.cfm?orgid=474&pid=21303 (NHS only)
Individual immunisation uptake reports will be provided to general practices in Wales through the Public Health Wales Influenza Vaccination Online Reporting (IVOR) scheme:

http://howis.wales.nhs.uk/ivor

Information on use and interpretation of influenza immunisation uptake data and data collection for health boards can be found at:


Community Pharmacists

Community pharmacies will be required to collect vaccination data and submit a report to the appropriate GP in a timely manner.

Social Care Workers

The Welsh Government will be working with local authorities and social care organisations to improve the uptake of vaccine by social care staff.

Monitoring safety

The safety of all vaccines is monitored by the Medicines and Healthcare Products Regulatory Agency (MHRA). If a healthcare worker or member of the public suspects that an adverse reaction to flu vaccine has occurred, it should be reported using the Yellow Card reporting scheme:

www.yellowcard.gov.uk
**Vaccine Virus Strains and Available Vaccines**

Flu viruses change continuously and the World Health Organization (WHO) monitors the epidemiology of flu viruses throughout the world. Each year it makes recommendations about the strains to be included in vaccines for the forthcoming winter. The WHO has announced the flu strains that should be included in the 2014/15 trivalent seasonal influenza vaccine. These are:

- an A/California/7/2009 (H1N1)pdm09-like virus;
- an A/Texas/50/2012 (H3N2)-like virus;
- a B/Massachusetts/2/2012-like virus.

It is recommended that quadrivalent vaccines containing two influenza B viruses contain the above three viruses and a B/Brisbane/60/2008-like virus.

**Vaccines Available for the 2014-15 Flu Immunisation Programme**

The vaccines available for the 2014-15 season are shown in the Seasonal Flu chapter of the Green Book. This includes particular characteristics of vaccines such as age indications and ovalbumin (egg) content. A revised chapter will be issued ahead of the flu season.

The Green Book:

Annex F

Contractual Arrangements, Service Reviews and Funding (excluding the Flu Programme for Children)

The arrangements, reviews and funding for the flu immunisation programme remain the same as in previous years.

Primary Medical Services (Directed Enhanced Services) (Wales) Directions 2007 (the DES Directions)²

There are a number of DES obligations under the DES Directions that are important to local planning and delivery of the vaccination programme, in particular:

- Health boards should have an agreement in place for each financial year with their GPs or other providers contracted to deliver the flu immunisation programme. These agreements should set out a plan for delivering the programme effectively. This plan should include a register of all patients in at risk groups.

- The agreements with GPs and other providers should include a requirement that they develop a proactive and preventative approach to offering these influenza immunisations by adopting **robust call and reminder systems to contact at risk patients with the aim of maximising uptake and meeting any public health targets in respect of influenza immunisation**.

- Health boards should be assured that a robust call and reminder system is in place and will be utilised during the influenza season to identify and call in all the patients that are identified through the register provided by the GPs.

- The DES covers most, but not all, of the eligible groups that should receive flu vaccine. Health boards should have LES agreements in place to cover the additional eligible groups. Health Boards may wish to review their local arrangements to ensure all eligible groups are covered and that they carry similar requirements to the DES. This will ensure that GPs identify all those registered patients who fall into the relevant eligible categories for 2014-15.

- Health boards, working with their locality teams, will want to assure themselves that appropriate plans are in place to offer vaccination to all at risk groups including pregnant women, those who require home visits, are in long-term care or are not registered with a GP practice.

- GPs will not be able to identify all pregnant women on a register at this stage. Health boards will want to ensure the involvement of maternity services so that practices and midwives work together to identify existing pregnant women and any newly pregnant women throughout the flu season so that no eligible patients are missed out.

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² As amended by the Primary Medical Services (Directed Enhanced Services) (Wales) (Amendment) Directions 2012 for Influenza and Pneumococcal Immunisation Scheme Plans
Flu Programme for Children

The Joint Committee on Vaccination and Immunisation (JCVI) has recommended that the routine annual flu immunisation programme be extended to all children aged two to school year 11 ages. The extended programme is expected to appreciably lower the public health impact of flu by directly averting a large number of cases of disease in children, and, through lowering flu transmission in the community, indirectly preventing flu in unvaccinated younger children, people in clinical risk groups, and older adults. This is expected to substantially reduce flu-related illness, GP consultations, hospital admissions and deaths. JCVI found that extending the flu immunisation programme in this way is likely to be highly cost effective.

The JCVI statement is at:


It is anticipated that extending the flu immunisation programme to all children will also raise awareness of the benefits of flu immunisation amongst parents and children. We anticipate that as flu immunisation for children becomes accepted as routine, this will have a positive impact on uptake rates for others who are eligible for flu immunisation, particularly those in clinical groups for whom the risk of serious complications is highest, and for whom coverage is presently poor.

The children’s flu immunisation programme 2014-15

In 2014-15, the programme in Wales will be extended to offer flu vaccine to:

- All children aged two, three and four years old (including those in at risk groups).

  GPs should offer immunisation to all registered patients aged two, three or four years (but not five years or older) on 31 August 2014 (i.e. dates of birth from 1 September 2009 to 31 August 2012 inclusive).

  The vaccine should be offered a pro-active call basis if not considered at risk; children considered at risk should be offered on a pro-active call and recall basis.

- All those (including in a clinical at risk group) of school year 7 age

  School health teams should offer vaccination to all children in school year 7. For practical reasons, all children in this school year should be offered vaccination irrespective of their date of birth.

  Where consent for the vaccination has been received but the child is unable to attend the arranged school vaccination session, a letter will be provided by the school nurse service advising that a flu vaccination appointment may be made with their GP. Where no consent has been received, the option to have the vaccine at the GP will not be offered.
Health boards should make appropriate arrangements to offer the vaccine to eligible children who are not in main stream schools.

Plans for extending the programme in future years will be published in due course.

Uptake

As routine flu vaccination of children is still new, specific targets will not be set until the programme is more established. Local services should offer the vaccine to 100% of eligible children.

Use of Fluenz Tetra® vaccine for children

JCVI has advised that a live attenuated influenza vaccine (LAIV) be used as the vaccine of choice for children. There is currently only one LAIV on the market, Fluenz Tetra®. This year, Fluenz Tetra®, quadrivalent live attenuated intranasal vaccine, will be supplied in place of Fluenz®.

JCVI recommended Fluenz Tetra® as it has:

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

Fluenz Tetra® is authorised for children aged from two to under 18 years.

The patient information leaflet provided with Fluenz Tetra® suggests children should be given two doses of this vaccine if they have not had flu vaccine before. However, JCVI considers that the public health benefit would be greater if the quantity of Fluenz Tetra® that is available is offered as a single dose to more children. This is because a second dose of the vaccine provides only modest additional protection. Therefore, it would be better if more children received the benefit of the protection provided by at least one dose of the vaccine.

On this basis, JCVI has advised that most children should be offered a single dose of Fluenz Tetra®. However, children in clinical risk groups aged two to less than nine years and who have not received flu vaccine before, should be offered two doses of Fluenz Tetra® (given at least four weeks apart).

Contraindications and precautions

Fluenz Tetra® should not be given to children less than two years of age.
Fluenz Tetra® should not be given to children or adolescents who are clinically severely immunodeficient due to conditions or immunosuppressive therapy such as: acute and chronic leukaemias; lymphoma; HIV infection not on highly active antiretroviral therapy (HAART); cellular immune deficiencies; and high dose corticosteroids. It is not contraindicated for use in children or adolescents with HIV infection receiving stable antiretroviral therapy; or who are receiving topical/inhaled corticosteroids or low-dose systemic corticosteroids or those receiving corticosteroids as replacement therapy, e.g. for adrenal insufficiency.

It is contraindicated in children and adolescents receiving salicylate therapy because of the association of Reye’s syndrome with salicylates and wild-type influenza infection.

Fluenz Tetra® should not be given to children with egg allergy. There are no data on the use Fluenz® in children with egg allergy.

Fluenz Tetra® is not recommended for children with active wheezing at the time of vaccination or severe asthma because of limited safety data in these groups. See Green Book for details.

There is a potential for transmission of live attenuated influenza virus in Fluenz Tetra® to very severely immunocompromised contacts (e.g. bone marrow transplant patients requiring isolation) for one to two weeks following vaccination. Where close contact with very severely immunocompromised patients (for example household members) is likely or unavoidable, appropriate alternative inactivated influenza vaccines should be considered.

The advice on contraindications and precautions sections in the Green Book influenza chapter should be referred to:


For the small proportion of children for whom Fluenz Tetra® is contraindicated a suitable inactivated injectable flu vaccine should be offered. If these children are aged six months to less than nine years and have not received flu vaccine before, two doses of the injected inactivated vaccine should be offered (given at least four weeks apart).

**Use of Nasal Flu Vaccine**

Fluenz Tetra® is administered by the intranasal route and is supplied in an applicator that allows a divided dose to be administered in both nostrils. The device allows intranasal vaccination to be performed without the need for additional training. Neither divided dose needs to be repeated if the patient sneezes or blows their nose following administration. This live attenuated influenza vaccine can be given at the same time as other vaccines including live vaccines.

Please be aware that, before use, the vaccine may be taken out of the refrigerator, without being replaced, for a maximum period of 12 hours at a temperature not above 25°C. If the vaccine has not been used after this 12-hour period, it should be disposed of.

Fluenz Tetra® has a shorter shelf life (18 weeks) than other influenza vaccines and some of this will have passed by the time the vaccine has been supplied to you. The
expiry date on the nasal spray applicator should always be checked before use. Vaccine has been ordered to cover the period over which historically the flu vaccine has been used, extending from September to mid-December. It is expected that all the Fluenz Tetra® will expire in early February 2015, though this will depend on actual vaccine production dates. In the light of this it will be important to ensure that efforts are made to vaccinate children before the Christmas holidays.

**Vaccine ordering**

Fluenz Tetra® has been procured centrally to cover anticipated demand and coverage of the two, three and four year old cohorts, including children in at risk groups and for children of school year 7 age.

It will be available to order in the same way as other vaccines for the current national childhood vaccine programmes.

**Data collections for 2014-15**

Public Health Wales will collect weekly in-season figures for flu immunisations given in school settings through an online data collection form. Final end of season figures will be calculated using data provided by the National Community Child Health Database, which is comprised of records from each Health Board Local Child Health administration database in Wales.

Vaccine uptake data for children immunised in General Practice will be collected through the Audit+ software.

Immunisers should endeavour to ensure that Health Board Child Health Offices are notified of all immunisations given to children. Health boards should also ensure that sufficient information on children immunised in school settings is provided to General Practice to allow accurate updating of General Practice records, using appropriate Read codes.

Advice on which Read codes to use for data entry in General Practice and guidance on the on-line data collection for children immunised in school settings will be available from: [http://howis.wales.nhs.uk/immunisation](http://howis.wales.nhs.uk/immunisation).

**Funding and service arrangements**

Agreement has been reached with the General Practitioners Committee (Wales) to provide this programme from 1 August 2014 for the 2, 3 and 4 year olds, and for school age 7 children who miss a school vaccination appointment. The programme will be delivered via a National Enhanced Service and a Service Specification. Copies of the National Enhanced Service agreements are attached below. GMS contractors can claim an item of service fee of £7.71 for administering each vaccine.

Health boards will be reimbursed at the same rate for vaccinations delivered through the schools programme. A top-up funding allocation for the programme will be made to health board block allocations.