Welsh Government
Seasonal Flu Plan
2014-2015

Health Resilience Branch
Public Health Division
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INTRODUCTION

Aim

1. The aim of the plan is to protect individuals from flu and minimise the health impact of seasonal flu on the population of Wales. The plan this year has been updated following two Flu Summits and a special Ministerial Meeting, as well as separate stakeholder events.

The delivery of seasonal flu vaccination will continue to form part of the updated Tier 1 measures for the NHS and will be one of the key accountability requirements for each NHS Board.

Method

2. The intention is to achieve the aim by:

   - Vaccinating those people identified as being in the ‘at risk’ groups.
   - Vaccinating those who provide direct health and social care.
   - Raising public awareness of the risks posed by flu and identifying measures to minimise that risk such as respiratory and hand hygiene.
   - Co-ordinating action at a national level and supporting work across all Health Boards (HBs) in Wales.
   - Achieving or exceeding the Welsh Government (WG) Tier 1 targets for seasonal flu immunisation.
   - Offering seasonal flu immunisation to all 2, 3 and 4 year olds and school year 7.
   - Making special efforts to secure the appropriate vaccination of pregnant women.

Once again, Public Health Wales NHS Trust will be asked to take on the leadership role for the seasonal flu campaign, supporting health boards in their responsibility for delivering a successful programme.

Context

3. This plan describes the processes in place and the actions required to deliver seasonal flu vaccination in Wales as effectively and efficiently as possible. It will be updated as required to reflect changing circumstances and lessons learned. It should not be considered a prescriptive instruction; local needs and changing circumstances will require flexible and innovative responses.
4. The plan is to be read in conjunction with “Immunisation against Infectious Disease” (known as ‘the Green Book’) and Chief Medical Officer, Wales’ (CMO) seasonal flu letters.

5. For planning purposes the flu season is considered to be from 1st October to 31st March, although flu can still be circulating much later into the spring.

Seasonal Flu

6. Although different flu strains affect people differently, in general most healthy people will recover from seasonal flu in two to seven days and up to half of cases will be infected with minimal or no symptoms. However, those who are aged 65 years or over or in an ‘at risk’ group are much more likely to suffer from severe illness, possibly leading to death.

7. Flu can spread very rapidly and is passed from person to person by droplets created when an infected person coughs or sneezes. It can also be passed by contact with hands and surfaces on which the virus is deposited.

8. After infection the virus normally has an incubation period of one to three days. Symptoms include sudden onset of fever, chills, headache, muscle and joint pain, fatigue and may include cough, sore throat, nasal congestion and diarrhoea. The illness may be complicated by bronchitis or pneumonia and, in children, otitis media (ear infection). In rare cases, complications can include meningitis and /or encephalitis (inflammation of the brain). The risk is greater amongst children under five years of age, especially under six months, pregnant women, older people and those with underlying health conditions.

Prevention and treatment

9. The purpose of the vaccination programme is to provide immunity to those most at risk of the effects of flu and those who are, due to the nature of their work, most likely to be exposed to cases of flu, infect vulnerable people and whose absence from work would have a serious effect on the National Health Service’s ability to operate.

10. Antiviral medicines prevent the flu virus from replicating inside the body. They can reduce the length and severity of the symptoms and the likelihood of complications.

11. Flu can progress to a more severe illness requiring secondary care involving intravenous antibiotics for secondary infection, possibly ventilation in critical care and in extreme cases Extra-Corporeal Membrane Oxygenation (ECMO).
Global Surveillance

12. New strains of the flu virus often emerge. Minor changes (‘drifts’) occur from year to year and major changes (‘shifts’) occur periodically, the latter resulting in a new subtype of the virus which may cause widespread epidemics or even a pandemic if populations have little immunity to that strain. The World Health Organisation collates virological surveillance data provided by public health bodies in each country to monitor these changes and advises on the most appropriate strains to include in the seasonal flu vaccine. It also assesses their potential to cause a pandemic. Public Health Wales provides virological surveillance information to the World Health Organisation through the European Centre for Disease Prevention and Control (ECDC).

Impact

13. The impact on the population depends on the pathogenicity and transmissibility of the virus and on the number of people in the population who have pre-existing immunity; these factors can vary as new influenza viruses arise. The proportion of the population who have immunity depends on how many have previously been exposed to the circulating strain (or a similar strain) or have been vaccinated against the circulating strain that season and how well the vaccine matches the circulating virus.

14. The impact on the NHS of large numbers of patients requiring treatment, as well as the front line staff becoming ill, is considerable. This coincides with other winter pressures such as other illnesses, increased slips and falls and bad weather. When combined these may threaten its ability to maintain an effective service.

Recent History

15. Infection and vaccination rates in recent years are at Annex A.

Funding

16. All actions by WG described in this plan are dependent on the appropriate level of funding, either from HB core funding or the WG Immunisation budget.

VACCINE SUPPLY AND ORDERING

17. Vaccine production for the northern hemisphere commences in February when the WHO determines the strains to be incorporated. Vaccines for those over 65 years of age or under 65 and in an at risk group are ordered by GPs and HBs directly from the vaccine producers. Vaccines for the extended programme for healthy children between 2 and 16 years (and at-risk children who are not contraindicated Fluenz Tetra) may be ordered in the same way as for
the routine childhood programmes from the centrally procured supply. Community pharmacists should continue to obtain supplies from their wholesaler.

18. It is recommended that GPs and HBs order vaccines from more than one supplier and that they have adequate supplies for the forthcoming season to allow them to achieve uptake targets. To achieve targets some GPs and HBs will need to ensure they have made an allowance for greater uptake than in previous years and demographic changes. They are also asked to ensure they order the most appropriate type of vaccine such as Fluenz Tetra® for children in clinical risk groups and enough egg-free or low ovalbumin content vaccine for those patients who may require it. GPs may obtain egg-free vaccine from health board pharmacies.

Reserve Stocks of Vaccine

19. The Welsh Government will again hold a reserve stock of 20,000 doses of vaccine. The aim is to purchase vaccine which has the fewest limitations on its use to maximise its ability to remedy a shortage. The reserve stock is considered as a necessary insurance against unusually high demand or problems with a particular brand. There are no hard and fast rules about release of the stock, but it is intended to be used to address emergency situations – it is not intended to be used as a safety net for topping up short-term problems in the delivery system where alternative supplies are available on the open market.

ELIGIBLE POPULATION

20. The eligible population, as recommended by JCVI, may vary from year to year but such variation is usually marginal. The CMO may make amendments to the recommended groups. Information for the forthcoming season is at Annex B.

VACCINATION

The Vaccine

21. Manufacturers begin vaccine production once the WHO issues recommendations in February as to which strains to include. As manufacture of flu vaccine is complex and constrained by the length of time available between the WHO recommendations and the opportunity to vaccinate before the flu season, manufacturers may not be able to respond to unexpected demands for vaccine at short notice, or to allow for changes/mutations to the strains that may be identified later in the year.
22. Vaccine strains recommended for the forthcoming flu season 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 contain the above three viruses and an additional B/Brisbane/60/2008-like virus.

Target Groups

23. Vaccination of the general public in target groups is undertaken principally by GPs. Last season saw community pharmacies offering the vaccine to HB-determined target groups. A total of 7,852 of those who received the vaccine did so in a pharmacy. A consistent approach involving pharmacies will continue to operate across Wales to support vaccination uptake.

General Public

24. Those not in a target group may choose to be vaccinated at their own expense, normally by a high street pharmacy or as arranged by their employers.

Health and Social Care Workers

25. Health and Social Care Workers (HSCW) are vaccinated under arrangements made by their employers; this may be through occupational health teams or by separate arrangement with GPs.

General Practitioner Actions

26. GPs are responsible for ordering sufficient vaccine to maximise uptake for all at-risk groups to achieve national targets. GPs should provide a proactive approach by adopting robust call and reminder systems for their patients in at-risk groups to receive immunisation in a timely manner. Practices must ensure that vaccines are correctly stored, administered and recorded.

27. GPs should ensure that they and their staff with direct patient contact are vaccinated

Health Board Actions

28. HBs will co-ordinate services to ensure that the needs of cohorts, such as pregnant women and those in residential care, are met. Practices and locality/neighbourhood groups should receive regular feedback on their uptake rates provided to Immunisation Coordinators by Public Health Wales so they can monitor and adjust their actions.
29. Midwives will promote immunisation to pregnant women as a routine part of their role, both promoting the service and allaying fears of vaccination from client groups. It should be possible for pregnant women to be vaccinated when they visit an antenatal health care facility, rather than having to make separate arrangements.

30. Particular attention is to be paid to the vaccination of front line health and social care workers (HSCWs) to reduce the risks of infection to patients and to the business continuity of the service due to staff illness or absence. Staff, particularly those in at-risk groups, should ideally be provided with a template letter to return to their GP to ensure their flu immunisation is recorded.

31. HBs are responsible to the Chief Executive, NHS Wales for the service provided in their area; the liaison role should be filled by the Director of Public Health.

32. HBs are to plan to free up critical care beds if the need arises. The decision to implement the plan is a local matter dependent on conditions at the time.

33. HB performance will be monitored and subject to WG Integrated Delivery Board performance management procedures if required.

34. HBs should facilitate the development of co-ordinated local initiatives to improve uptake in eligible groups, maximising the contribution of GPs and community pharmacies (see also Annex F – Responsibilities for the Seasonal Flu Programme).
Local Authority Actions

35. Local Authorities (LAs) will work with their own staff and establishments who are contracted to provide personal care services to promote vaccination of those being cared for and the front line staff responsible for that care. It is expected that Directors of Social Care will make every effort to ensure that care staff are actively advised and encouraged to be vaccinated.

Funding For Vaccination

36. General practitioners are funded for vaccinating at risk groups by HBs from the annual allocation. This is topped up, in the case of carers and children, by WG after the season has ended using data received from PHW. HBs, LAs and employers of private sector HSCWs are responsible for the vaccination of their own staff. Vaccination of students in medical or allied professions, in close contact with patients is the responsibility of their parent colleges.

37. Funding will be made available to each HB for local activities to improve vaccination amongst the general public. Funding will also be made available to HBs, Velindre NHS Trust and the Welsh Ambulance Service Trust to support staff vaccination. Information on how the funding may be accessed will be communicated separately.

ANTIVIRAL MEDICINES

38. Antiviral treatment of influenza is indicated when Influenza A or B is circulating and there is a substantial likelihood that people presenting with an influenza-like illness are infected with influenza virus. This is based on surveillance data available from Public Health Wales.

39. The WG holds a stockpile of antiviral medicines as a measure against pandemic flu. This may be distributed, as a last resort, in an emergency situation such as a major shortage of antivirals in the normal wholesale distribution network.
COMMUNICATION PLANS

40. Public Health Wales will lead on the development of a communications and support plan for the seasonal flu campaign. The plan to promote seasonal flu vaccination will be developed in partnership with HBs and Welsh Government. Analysis of the previous season’s promotion and media campaign and uptake rates will inform the plan which will consider affordability, cost effectiveness and the requirement to reach particular groups. The plan will include leaflets and posters but the mix of activities in relation to radio, public transport, TV and web based activity, including social media, will be subject to review. Activities to support practice based interventions will be part of the flu vaccine promotion plan.

41. The CMO will take part in promotional events and lead press conferences as required to support the campaign and respond to individual events or press enquiries. The number of press conferences will depend on the level of media interest due to rates of illness or death and any inaccurate reporting which may require correction.

42. The effectiveness of promotional activities and the communication strategy will be monitored and assessed to inform the following year’s plan.

CO-ORDINATION

43. The Minister for Health and Social Services will meet senior representatives of stakeholder organisations early in the season. These will include:

- Association of Directors for Social Services Cymru
- British Dental Association (Wales)
- British Medical Association (Wales)
- Community Pharmacy Wales
- Royal College of GPs
- Royal College of Nursing (Wales)
- Royal College of Midwives
- Royal College of Obstetricians and Gynaecologists
- Royal College of Paediatrics and Child Health
- Royal Pharmaceutical Society

- President
- Director
- Chair GPC Wales
- Chief Executive
- Chair of Welsh Council
- Director
- Director
- Chair
- Officer for Wales
- Director
44. The Minister will be briefed before the flu season commences and will meet lead WG and PHW officials as required to review the measures in place.

45. Measures to reduce the transmission of seasonal flu in health care settings will be addressed as part of the Health Care Associated Infections programme.

46. WG will maintain effective communication with Directors of Public Health, PHW, local authorities, HB CEOs and Immunisation Co-ordinators and other agencies as required through formal documentation, the Wales Immunisation Group (WIG), dedicated meetings and normal day to day means as appropriate. This will ensure that all stakeholders are kept informed of issues and progress.

47. The campaign to promote seasonal flu immunisations will be led by PHW. This role effectively places the responsibility for co-ordinating and overseeing the conduct of the campaign management with PHW, although the HBs will retain ultimate responsibility for delivery in their areas of the Tier 1 targets. PHW will be responsible for monitoring progress and for supporting HBs in their activities. In respect of governance both the HBs and PHW are responsible to Welsh Government through the accountabilities frameworks (see Annex E).
SURVEILLANCE

48. Public Health Wales carries out year-round surveillance for influenza and other respiratory pathogens. Data from a variety of providers are collected, analysed, interpreted and reporting on a weekly basis. The Public Health Wales weekly influenza surveillance bulletin summarises the current situation in Wales and provides comparative information also for other UK countries and Europe; and an update on the global situation. The weekly report is available from: www.publichealthwales.org/flu-activity.

The main markers for influenza activity included in the PHW weekly report are:

- The proportion of the population consulting with their GP due to Influenza-Like Illness (ILI). PHW uses data collected directly from sentinel General Practices each week to calculate and report the ILI consultation rate, per population of 100,000. This is the main indicator for influenza activity in the community.

- Sentinel GP virological confirmations. A number of respiratory pathogens can cause symptoms similar to influenza. Public Health Wales carries out Virological surveillance, swab samples collected by the Public Health Wales GP Sentinel Surveillance Scheme from patients in the community with ILI. This surveillance provides information needed to conclude which respiratory pathogens are causing illness and also, which particular type of influenza is circulation.

- Hospital and non-sentinel GP virological confirmations. The total numbers of respiratory test screens carried out on patients in hospital (or non sentinel GPs); and the respiratory pathogens identified, are monitored each week by PHW.

- Numbers of individuals contacting NHS Direct or Out of Hours Services and the proportion reporting influenza-like symptoms. Data collected from these sources are useful in confirming interpretations drawn from sentinel GP surveillance. These sources also provide vital surveillance information during periods of reduced GP opening hours (e.g. the Christmas Holidays or other Bank Holidays).

- Weekly updates of uptake in people who are aged 65 years and older or aged 6 months to 64 years at clinical risk, who have been vaccinated. The data for vaccinations delivered in primary care is collected through Audit+. This will include separate measures of uptake for 2, 3 and 4 year old children. This data will be updated on a weekly basis and available on the Public Health Wales website.
- Weekly updates on progress in the vaccination campaign for children in School Year 7 School based vaccination sessions, using data provided by health boards throughout the season. End of season coverage figures will be calculated using data from the National Community Child Health Database. This data will be updated during the season and available on the Public Health Wales website.

- Uptake of influenza immunisation in health board health care staff, calculated using data provided by health board occupation health departments. This data will be updated on a monthly basis and available on the Public Health Wales website.

- Uptake of influenza immunisation in Primary Care staff. This information will be collected once only, at the end of the season, using a survey method.

**CONTINGENCY PLANS**

49. HB, LA and GP plans must be in place to deal with unusual circumstances which may occur. The most likely are unusually high levels of flu and/or a shortage of vaccines due to an increased demand, problems in production or disrupted delivery. Outline WG responses are at Annex C.

**SCHEDULE**

50. The schedule of events is at Annex D.
INFLUENZA ACTIVITY IN WALES

Source: Public Health Wales

Figure: Clinical consultation rate per 100,000 practice population in Welsh sentinel practices

Consultation rate per 100,000

Week
NATIONAL TRENDS IN SEASONAL FLU VACCINATION UPTAKE IN WALES.
Source: Public Health Wales

**Figure:** All Wales trends in seasonal influenza immunisation uptake in patients aged 65y and over and patients aged under 65y at risk: 2008/09 – 2013/14

<table>
<thead>
<tr>
<th>Year</th>
<th>Patients aged 65y and over</th>
<th>Patients aged under 65y at risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008-9</td>
<td>59.5%</td>
<td>40.8%</td>
</tr>
<tr>
<td>2009-10</td>
<td>63.5%</td>
<td>49.1%</td>
</tr>
<tr>
<td>2010-11</td>
<td>65.7%</td>
<td>48.5%</td>
</tr>
<tr>
<td>2011-12</td>
<td>67.7%</td>
<td>50.0%</td>
</tr>
<tr>
<td>2012-13</td>
<td>67.7%</td>
<td>49.7%</td>
</tr>
<tr>
<td>2013-14</td>
<td>68.3%</td>
<td>51.1%</td>
</tr>
<tr>
<td></td>
<td>Over 65</td>
<td>Under 65 at risk</td>
</tr>
<tr>
<td>------------------</td>
<td>---------</td>
<td>------------------</td>
</tr>
<tr>
<td>England</td>
<td>73.2%</td>
<td>52.3%</td>
</tr>
<tr>
<td>Scotland</td>
<td>76.9%</td>
<td>57.7%</td>
</tr>
<tr>
<td>Northern Ireland</td>
<td>75.4%</td>
<td>76.4%</td>
</tr>
<tr>
<td>Wales</td>
<td>68.3%</td>
<td>51.1%</td>
</tr>
</tbody>
</table>

*A five day point of delivery survey of women giving birth in Wales between 20/01/2014 and 24/01/2014 showed an uptake of 70.5%*
## COMPARISON OF UPTAKE OF INFLUENZA IMMUNISATION IN WALES FROM 2012/13 TO 2013/14

<table>
<thead>
<tr>
<th>Health Board</th>
<th>Uptake in Patients ages 65 years and older</th>
<th>Uptake in Patients younger than 65 years at risk</th>
<th>Practices Submitting Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abertawe Bro Morgannwg HB</td>
<td>65.4%</td>
<td>65.6%</td>
<td>45.2%</td>
</tr>
<tr>
<td>Aneurin Bevan HB</td>
<td>68.1%</td>
<td>70.4%</td>
<td>50.2%</td>
</tr>
<tr>
<td>Betsi Cadwaladr HB</td>
<td>70.0%</td>
<td>70.7%</td>
<td>52.1%</td>
</tr>
<tr>
<td>Cardiff and Vale HB</td>
<td>69.3%</td>
<td>69.7%</td>
<td>51.5%</td>
</tr>
<tr>
<td>Cwm Taf HB</td>
<td>65.9%</td>
<td>66.3%</td>
<td>51.0%</td>
</tr>
<tr>
<td>Hywel Dda HB</td>
<td>65.4%</td>
<td>65.5%</td>
<td>48.0%</td>
</tr>
<tr>
<td>Powys Teaching HB</td>
<td>67.7%</td>
<td>67.0%</td>
<td>49.3%</td>
</tr>
<tr>
<td>Wales Total</td>
<td>67.7%</td>
<td>68.3%</td>
<td>49.7%</td>
</tr>
</tbody>
</table>
HISTORICAL UPTAKE RATES IN AT RISK GROUPS

<table>
<thead>
<tr>
<th>Year</th>
<th>Over 65’s</th>
<th>Under 65’s at risk</th>
<th>Health Care Workers</th>
<th>Pregnant Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004 - 05</td>
<td>62.8%</td>
<td>25.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2005 - 06</td>
<td>68.2%</td>
<td>27.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2006 - 07</td>
<td>63.6%</td>
<td>42.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2007 - 08</td>
<td>59.5%</td>
<td>40.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2009 - 10</td>
<td>63.5%</td>
<td>49.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2010 - 11</td>
<td>65.7%</td>
<td>48.5%</td>
<td>18.5%</td>
<td></td>
</tr>
<tr>
<td>2011 - 12</td>
<td>67.7%</td>
<td>50.0%</td>
<td>30.8%</td>
<td>31.7%</td>
</tr>
<tr>
<td>2012 - 13</td>
<td>67.7%</td>
<td>49.7%</td>
<td>35.5%</td>
<td>43.6%</td>
</tr>
<tr>
<td>2013 - 14</td>
<td>68.3%</td>
<td>51.1%</td>
<td>40.6%</td>
<td>43.7%</td>
</tr>
</tbody>
</table>
**FLU VACCINATION UPTAKE IN HEALTH BOARD OCCUPATIONAL HEALTH DEPARTMENTS**

<table>
<thead>
<tr>
<th>Health Board</th>
<th>2011/12</th>
<th>2012/13</th>
<th>2013/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abertawe Bro Morgannwg HB</td>
<td>23.8%</td>
<td>35.9%</td>
<td>41.1%</td>
</tr>
<tr>
<td>Aneurin Bevan HB</td>
<td>31.6%</td>
<td>37.6%</td>
<td>39.4%</td>
</tr>
<tr>
<td>Betsi Cadwaladr HB</td>
<td>37.6%</td>
<td>35.9%</td>
<td>41.0%</td>
</tr>
<tr>
<td>Cardiff and Vale HB</td>
<td>29.7%</td>
<td>36.5%</td>
<td>41.0%</td>
</tr>
<tr>
<td>Cwm Taf HB</td>
<td>35.5%</td>
<td>35.9%</td>
<td>41.1%</td>
</tr>
<tr>
<td>Hywel Dda HB</td>
<td>30.0%</td>
<td>29.8%</td>
<td>41.2%</td>
</tr>
<tr>
<td>Powys Teaching HB</td>
<td>22.7%</td>
<td>36.8%</td>
<td>42.4%</td>
</tr>
<tr>
<td>Wales Total</td>
<td>30.8%</td>
<td>35.5%</td>
<td>40.6%</td>
</tr>
</tbody>
</table>
## ELIGIBLE GROUPS

<table>
<thead>
<tr>
<th>Eligible groups</th>
<th>Further detail</th>
</tr>
</thead>
</table>
| **Children**                                        | • Aged 2 years on 31 August 2014.  
• Aged 3 years on 31 August 2014.  
• Aged 4 years on 31 August 2014. (i.e. date of birth on or after 1 September 2009 and on or before 31 August 2012).  
All children in School Year 7                                                                 |
| **All patients aged 65 years and over**             | Sixty five and over is defined as those 65 and over on 31 March 2015 (i.e. born on or before 31 March 1950).                                                                                                |
| **Chronic respiratory disease** aged six months or older | Asthma that requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission.  
Chronic obstructive pulmonary disease (COPD) including chronic bronchitis and emphysema; bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD).  
Children who have previously been admitted to hospital for lower respiratory tract disease. |
<p>| <strong>Chronic heart disease</strong> aged six months or older   | Congenital heart disease, hypertension with cardiac complications, chronic heart failure, individuals requiring regular medication and/or follow-up for ischaemic heart disease. |
| <strong>Chronic kidney disease</strong> aged six months or older  | Chronic kidney disease at stage 3, 4 or 5, chronic kidney failure, nephrotic syndrome, kidney transplantation.                                                                                               |
| <strong>Chronic liver disease</strong> aged six months or older   | Cirrhosis, biliary atresia, chronic hepatitis.                                                                                                                                                                 |</p>
<table>
<thead>
<tr>
<th><strong>Chronic neurological disease</strong> aged six months or older</th>
<th>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.</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, diet controlled diabetes.</td>
</tr>
<tr>
<td><strong>Immunosuppression</strong> aged six months or older</td>
<td>Immunosuppression due to disease or treatment. Patients undergoing chemotherapy leading to immunosuppression. Asplenia or splenic dysfunction, HIV infection at all stages. 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 less than 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).</td>
</tr>
<tr>
<td><strong>Asplenia or dysfunction of the spleen</strong></td>
<td>This also includes conditions such as homozygous sickle cell disease and coeliac syndrome that may lead to splenic dysfunction.</td>
</tr>
<tr>
<td><strong>Pregnant women</strong></td>
<td>Pregnant women at any stage of pregnancy (first, second or third trimesters).</td>
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<td><strong>People living in long-stay residential care homes or other long-stay care facilities.</strong></td>
<td>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.</td>
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</table>
| **Carers** | 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.) |
| **Members of voluntary organisations providing planned emergency first aid.** | 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. |
| **Community First Responders** | 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. |
| **Health and social care staff** | 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 scheme. |
Locum GPs may be vaccinated at the practice where they are registered.

The list above is not exhaustive, and the medical practitioner 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. Trivalent seasonal flu vaccine should be offered in such cases even if the individual is not in the clinical risk groups specified above.

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”.

WELSH GOVERNMENT CONTINGENCY PLANS

Higher than expected infection rate

- Target most vulnerable groups, promoting flu immunisation.
- Increase communications activity – highlighting risks and vulnerable groups. Run an enhanced respiratory and hand hygiene campaign as required.
- Liaise with primary care to further support vaccination in anticipation of positive public response and a possible ‘second wave’ of infection late in the season.
- Reinforce efforts to vaccinate HSCW with direct patient contact.
- Prescribe antiviral medicines in line with the National Institute for Health and Clinical Excellence (NICE) guidance and following expert advice.

High demand for vaccination

- Liaise with primary care to further support vaccination work.

Insufficient vaccine

- Alert primary care.
- Target most vulnerable groups.
- Seek increased supplies of vaccine from DH, from within UK or Europe if levels are lower elsewhere.
- Increase communications activity – acknowledge the problem and reassure the public. Run respiratory and hand hygiene campaign as required.
- Release of WG reserve stock.

Insufficient vaccine - Illness of delivery staff or industrial action

- Liaise with Public Health England (contract is through them) to provide alternative supplier(s).
- Examine use of resources in Wales, government or commercial.
Insufficient vaccine - Bad weather

- Examine alternatives to road transport if weather permits.
- Examine use of resources in Wales, government or commercial.

Insufficient supplies of antiviral medicines

- Seek increased supplies.
- Consider release of Welsh Government reserve stock.
### SCHEDULE OF EVENTS

PHW conduct year-round surveillance for influenza, summarised in the PHW weekly flu report.

<table>
<thead>
<tr>
<th>Month</th>
<th>Events</th>
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</table>
| **February** | - WHO announces the virus strains selected for the season’s vaccine.  
- JCVI meeting.  
- WG determines size of stockpile and places order.  
- GPs order vaccine (if not already done so) |
| **April** | - ‘The Green Book’ is updated around this time of year (not necessarily April though) following JCVI advice.  
- Determine the groups to be targeted in Wales.  
- WG and HBs should be well advanced in planning for communication campaign. |
| **June** | - Check with Public Health England that there are no vaccine supply problems. Warn the service if required and reconsider priorities for vaccination.  
- HBs to agree final plans for utilisation of community pharmacies  
- Seek Minister’s approval for plans  
- CMO letter to the service:  
  - Risk groups.  
  - Other groups to be vaccinated.  
  - Vaccine ordering.  
  - Targets.  
- PHW publish end of season flu immunisation report for the previous season |
| **July** | Posts and leaflets available to order. |
| **August** | PHW finalise plans for flu immunisation uptake surveillance for next season (in collaboration with NWIS PCIT). |
| **September** | - Commence media campaign.  
- Minister meets lead health professionals. Schedule further meetings if required.  
- Minister meets senior stakeholders.  
- GPs call in patients for vaccination.  
- HBs raise awareness amongst staff and commence |
<table>
<thead>
<tr>
<th>Month</th>
<th>Activities</th>
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<tbody>
<tr>
<td>D-vaccination</td>
<td>- Anticipated arrival of vaccine supplies.</td>
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<td>October</td>
<td>- Possible start of season.</td>
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<td>- JCVI meeting.</td>
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<td>- WG and PHW commence monitoring:</td>
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<td>- At risk groups – weekly via Audit+.</td>
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<td>- Children - via Audit+ and CHS.</td>
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<td>- Social care workers – end of season.</td>
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<td></td>
<td>- Start publishing uptake rates on PHW web site.</td>
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<tr>
<td>November - February</td>
<td>- Monitor uptake.</td>
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<td>- Deal with media.</td>
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<td>- Respond to poor uptake / incidents.</td>
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DELIVERY AND MONITORING

Delivery

- Delivery of the seasonal flu vaccination programme is the responsibility of each individual Health Board.

- The seasonal flu vaccination programme will form part of the updated Tier 1 measures for the NHS and will be one of the key accountability requirements for each health board.

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

  75% uptake for:
  - Over 65s
  - Under 65s in at risk groups
  - Pregnant women

  50% uptake for:
  - Health care workers

- It is anticipated that 75% of eligible children will be vaccinated.

Monitoring

- Public Health Wales will assume system leadership for delivery of the seasonal flu programme.

- Public Health Wales will advise and support HBs in the delivery of the seasonal flu programme. Public Health Wales will receive, collate and analyse national and local statistics in relation to immunisation.

- WG will monitor the delivery of the seasonal flu programme on a weekly basis.

- There is a range of measures now available through the accountability framework to ensure effective delivery of the flu vaccination programme.
RESPONSIBILITIES FOR THE SEASONAL FLU PROGRAMME

- The accountability framework for the NHS will continue to be used in Wales. Public Health Wales has again been asked by the Chief Medical Officer to take a systems leadership role across the seasonal flu campaign.

- In broad terms the new accountability framework places the responsibility on the Welsh Government to produce clear expectations of the NHS and for the NHS to develop means of delivering these expectations. It is not a WG responsibility to tell the NHS how to deliver the expectations. The partners within the system need to have a clear understanding of their own roles and the roles of others. In outline these can be described as follows -

- The NHS in Wales is responsible for delivering the seasonal flu programme. GPs, midwives, other healthcare professionals, immunisation co-ordinators, system leaders and managers play a vital role in delivery. HBs will again develop robust plans locally to identify all eligible patients, to ensure that sufficient vaccine has been ordered by practices to meet their needs, and to ensure that vaccination uptake levels meet Tier 1 targets. Public Health Wales will provide support, and advice to HBs and their partners to ensure targets are met.

- Each of the partners within the system has its own responsibilities for which it is accountable. In outline these are:

**Welsh Government** is responsible for:

- Developing policy on the response to the flu season.

- Holding NHS Wales organisations to account through their respective accountability framework agreements.

- Managing the strategic reserve.

- Managing the financial support to HBs, Velindre NHS Trust and WAST for staff vaccination and local publicity.

- Distribution of antiviral medicines, as a last resort, in an emergency situation such as a major shortage of antivirals in the normal wholesale distribution network.
Health Boards in Wales are responsible for:

- Commissioning the flu vaccination programme.
- Ensuring that the NHS locally is prepared for the forthcoming flu season.
- Ensuring that local population needs are understood and addressed by providers of flu vaccination services.
- Encouraging and facilitating flu vaccination of their own staff.
- Overview of vaccine supply.

Public Health Wales is responsible for:

- Providing a systems leadership role.
- Advising on the planning and implementation of the national approach.
- Developing and delivering a national flu vaccine promotion and communications campaign.
- Support Welsh Government with advice in flu planning, delivery and clinical issues.
- Developing and maintaining a robust, NHS Wales intranet site specific to flu and flu vaccination to support NHS Wales.
- Monitoring and reporting of key indicators related to flu, including flu activity and vaccine uptake.
- Advising and supporting HBs on the implementation of an effective flu vaccination programme.
- Developing and sharing resources for general practice to support them deliver the flu immunisation programme to the public.
- Developing and sharing written guidance for HBs and immunisers.
- Developing and sharing templates for HBs to adopt/adapt, including training materials and Patient Group Direction (PGD) templates.
- Developing and sharing training materials and training opportunities.
- Developing and sharing resources for the school nursing service.
- Identification, development (as appropriate) and sharing resources for general practice and occupational health departments to help deliver flu immunisation to health care workers.
- Communicate information around changes to policy and current issues around the campaign to HBs.

- Supporting Directors of Public Health in their role as local leaders of health and ensuring that they have all relevant expert input, surveillance and population data needed to carry out this role effectively.

- Providing appropriate challenge to local arrangements and advocacy with key stakeholders to ensure access to flu vaccination and to improve its uptake by eligible populations.

- Providing leadership, together with local resilience partners, to respond appropriately to local incidents and outbreaks of flu infection.

**GP practices and other providers** are responsible for:

- Ordering a suitable quantity and types of vaccine for their eligible patients, taking into account year on year increases or new groups identified for vaccination and the ambition for uptake.

- Ensuring that the practice flu vaccination campaign is actively planned and the vaccine promoted to patients.

- Ensuring that all those eligible for the free flu vaccine are invited to receive their vaccine.

- Encouraging and facilitating flu vaccination of their own staff with direct patient contact.

- Ensuring data is recorded in an appropriate, reliable and timely way and provided to Public Health Wales.