



Llywodraeth Cymru  
Welsh Government

POLICY AND STRATEGY, DOCUMENT

# Change to the influenza vaccination programme 2024 to 2025 (WHC/2024/046)

Letter to health professionals about influenza vaccination programme 'mop-up' 2024 to 2025.

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# Details

## Status:

Action.

## Category:

Public health.

## Title:

Influenza (flu) vaccination programme deployment 'mop up' 2024- 2025.

## Date of expiry / review:

Not applicable.

## For action by:

- Chief executives, health boards/trusts.
- Immunisation leads, health boards/trusts.
- Immunisation coordinators, health boards.
- Flu leads, trusts.
- Medical directors, health boards/trusts.
- Directors of primary care, health boards/trusts.
- Nurse executive directors, health boards/trusts.
- Executive directors therapies and health science.

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- Chief pharmacists, health boards/trusts.
- Directors of public health, health boards/trusts.
- Executive Director of Public Health, Public Health Wales.
- Head Vaccine Preventable Disease Programme, Public Health Wales.
- Director of Vaccination Delivery, NHS Wales Executive.
- General Practitioner Council, Wales.
- General practitioners.
- Vaccination programme Wales, NHS Wales Executive.
- Community Pharmacy Wales.
- Community pharmacists.

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Deputy Chief Medical Officer for Wales.

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# Influenza (flu) vaccination programme deployment 'mop up' 2024 to 2025

Dear Colleagues

Flu vaccination is one of the most effective public health interventions to protect people against infection and reduce pressure on health and social care services over the busy winter period.

Despite the best efforts of primary care contractors working within a shortened vaccination window, I am concerned that uptake in the Winter Respiratory Vaccination Programme (WRVP) is well below where we would like to see it. This is of significant concern as we approach the time of year when we expect to see widespread circulation of flu.

To help ensure everyone who is eligible for a flu vaccination can receive one, health boards should now support Primary Care services with targeted flu 'mop up'. The intention is to maximise uptake in all adult groups, particularly those in a clinical risk group. I hope that additional health board support, alongside ongoing planned General Practitioner (GP) and community pharmacy flu vaccination, will help boost uptake whilst relieving pressure on primary care services during this challenging period.

I know that health boards, working in collaboration with General Medical Services (GMS) and community pharmacy primary care teams, are already working on plans for how the flu vaccination 'mop-up' exercise will operate, alongside the delivery of COVID-19 vaccination. These plans, once finalised, should be shared with vaccination programme Wales. Health boards will also need to communicate a clear message to their local populations as to how, when, and where individuals are able to access flu, alongside COVID-19 vaccination in their area. Public Health Wales has national marketing plans and materials in place to support local communications and engagement activity.

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In particular, I would like health boards to engage directly with the 25% of GP practices which currently have the lowest flu vaccine uptake in their areas, to support them in every way possible to offer vaccination to their eligible patient cohorts.

## Supply

As no additional supply of adult flu vaccine has been procured by the Welsh Government this year, health boards should make the necessary arrangements to use surplus stock held in primary care 1 and in their own organization, to support this mop-up exercise. Supply for the children's flu vaccination programme, Live Attenuated Influenza Vaccine (LAIV), should be ordered in the normal way via Immform.

## Vaccination data flow between health boards and GPs

Although it is something that we hope to enable in the near future, I am aware the timely write-back of vaccinations recorded in the Welsh Immunisation System (WIS) to GP systems will not be possible for this mop-up exercise. Instead, a weekly summary of administered vaccinations will be provided by health boards to the registered GPs of vaccinated individuals, for the purposes of updating the patient record using an appropriate code. I recognise this will require administrative work within practices. That work is, of course, very similar to that already required when recording flu vaccinations given in community pharmacy. There will, however, be a clinical record of the vaccination having been administered in WIS and Children and Young Persons Integrated System (CYPRIS). Health boards and general practice are asked to work in partnership to manage this additional administration, which for individual practices is not expected to be significant.

Due to multiple data systems in use to record influenza vaccinations, every effort

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should be made to check an individual's previous vaccination history prior to vaccine administration. This will reduce the risk of an individual being double vaccinated.

I would like to thank you for your continued support in delivering the winter respiratory vaccination programme, which helps protect our citizens from potentially serious vaccine preventable diseases.

Yours sincerely,  
Dr Keith Reid.  
Deputy Chief Medical Officer - Public Health.

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