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Welsh Government

GUIDANCE, DOCUMENT

The national influenza immunisation programme 2024 to 2025 (WHC/2024/028)

Letter to health professionals about the national influenza
immunisation programme 2024 to 2025.

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Details

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- chief executives, health boards / trusts
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- immunisation coordinators, health boards
- vaccination operational leads, health boards / trusts
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- nurse executive directors, health boards / trusts
- directors of therapies and health sciences, health boards / trusts
- chief pharmacists, health boards/trusts
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- directors of maternity services, health boards
- directors of workforce and organisational development, health boards / trusts

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- Executive Director of Public Health, Public Health Wales
- Nurse Director, Public Health Wales
- Head of Vaccine Preventable Disease Programme, Public Health Wales
- Director of Planning, Vaccination Programme Wales
- general practitioners
- community pharmacists
- Digital Health and Care Wales.

Required by:

N/A.

For information to:

- Welsh NHS Partnership Forum
- General Practitioner Council, Wales
- Royal College of GPs
- Royal College of Nursing
- Royal College of Midwives
- Royal College of Paediatrics and Child Health
- British Dental Association
- Royal Pharmaceutical Society
- Community Pharmacy Wales
- Care Inspectorate Wales
- Chief Executive, Welsh Local Government Association for onward issue to:
 - directors of Social Services, local authorities
 - directors of Public Protection, local authorities
 - directors of education, local authorities
 - Social Care Wales
 - Health Education and Improvement Wales

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Enclosures:

None.

The national influenza immunisation programme 2024 to 2025

Dear Colleagues

This Welsh health circular is being published to provide detailed guidance for the influenza (flu) vaccination programme for the coming autumn and winter (National Influenza Immunisation Programme 2024 to 2025).

[WHC/2023/047](#) sets out the eligible cohorts, reimbursable vaccines and changes to the adult flu programme start date. It was first issued on 19

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December 2023 with a revised version issued on 12 June 2024.

The national influenza immunisation programme 2024 to 2025 will once again form part of a single Winter Respiratory Vaccination Programme (WRVP) alongside the COVID-19 autumn vaccination programme. A WRVP Welsh health circular will be issued once the Joint Committee on Vaccination and Immunisation (JCVI)'s final advice on the 2024 to 2025 COVID-19 programme is published.

The detailed guidance on the flu vaccination programme is as follows:

Programme ambitions: maximising uptake and ensuring equity

The targets for this coming year will be set out in the forthcoming winter respiratory vaccination programme Welsh health circular for 2024 to 2025. However, our aim is that uptake rates will be improved for all eligible groups in 2024 to 2025, especially during the main flu vaccination window, which will be between October and December (see [WHC/2023/47](#) for more information on programme start dates).

For children whose parents or guardians refuse the Live Attenuated Influenza Vaccine (LAIV) vaccine due to the porcine gelatine content health boards are expected to ensure a suitable gelatine free pathway is in place. This must be communicated to all providers and parents.

Furthermore, those living in our most deprived communities, people from ethnic minority backgrounds and all other hard to reach communities, such as those with disabilities and people who are experiencing homelessness, must be given fair and equitable opportunity to fully benefit from flu vaccination. Where inequities exist, there is an expectation that there will be an incremental improvement in uptake each season as part of a planned approach to removing

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barriers to vaccination.

Flu vaccine ordering and recommendations

Advice and guidance on ordering flu vaccines for the 2024 to 2025 season has been issued in [WHC/2023/047](#).

Vaccine orders should be reviewed to ensure that sufficient supplies of appropriate vaccines have been ordered to meet the needs of eligible groups. Models for vaccine provision across primary care clusters or consortia should be considered in planning.

Eligible cohorts for 2024 to 2025

The eligible cohorts for 2024 to 2025 set out in [WHC/2023/047](#) are:

- children aged two and three years on 31 August 2024
- school aged children from reception to year 11 (inclusive)
- people aged 6 months to 64 years in a clinical risk group
- people aged 65 years and older (age on 31 March 2025)
- all adult residents in Welsh prisons
- pregnant women
- carers of a person whose health or welfare may be at risk if the carer falls ill
- frontline health and care workers
- people experiencing homelessness
- household contacts of the immunocompromised
- poultry workers

Further detail on these cohorts can be found at annex 1 to this circular.

Specific guidance in relation to the children's programme and health and social

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care workers can be found at annex 2.

Service specifications

The Primary Medical Services (Influenza and Pneumococcal Immunisation Scheme) (Directed Supplementary Service) (Wales) Directions will set out the requirements for the 2024 to 2025 influenza and pneumococcal immunisation programme.

There are a number of obligations under the Directed Supplementary Service (DSS) directions important to local planning and delivery of the flu vaccination programme. In particular, GPs should develop a proactive approach to offering flu vaccinations by adopting robust call and reminder systems to contact all eligible patients for example, through direct contact by phone call, email, text or otherwise (determined at a practice level). Practices must follow-up eligible patients and remind or recall those who do not receive their flu vaccination. This requirement does not apply to those covered under the school nursing service programme.

A separate [National Supplementary Service \(NSS\) specification for the childhood seasonal influenza vaccination programme, which includes the vaccination of children aged two and three years on 31 August 2024, can be found here.](#)

Community pharmacies

Community pharmacies providing the nationally directed Clinical Community Pharmacy Service (CCPS) are able to provide seasonal flu vaccination.

A key aim of the 2024 to 2025 influenza programme is to achieve higher flu vaccine uptake levels for each eligible cohort to reverse the recent downward

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trend. Community pharmacies providing CCPS should proactively offer influenza vaccination to any patient they identify as being eligible to receive it should the patient present in the pharmacy for any reason.

For individuals in a clinical risk group, collaborative working between GP practices and community pharmacies is encouraged and is particularly important in helping to maximise uptake in eligible groups and to help protect more individuals.

Individuals vaccinated against influenza in community pharmacies should be notified to general practice and recorded in GP databases using appropriate Read or Systematized Nomenclature of Medicine Clinical Terms (SNOMED) codes.

Staff with regular client contact working in adult residential care homes, nursing care homes and children's hospices and staff providing domiciliary care will continue to be eligible for free flu vaccination through the seasonal flu vaccination component of CCPS. In relation to those staff:

- care home managers should be encouraged and supported to promote flu vaccine uptake amongst their staff
- community pharmacies that supply medicines to care homes may wish to make arrangements with those homes to offer flu vaccination to staff on the premises; alternatively, staff may be directed to visit any pharmacy providing the CCPS
- in some areas, there may be no local community pharmacy offering the CCPS; in these circumstances, or where there may be other barriers to uptake, health boards should agree an alternative method of delivery; this information should be shared proactively with managers to ensure staff know where to access their vaccines

Patient Group Directions (PGDs)

PGD links and supporting content will be available prior to the commencement of the season, and should be reviewed, ratified, and authorised locally by the health board or trust for local use. It is currently intended for national protocols to be available before the start of the season to support mixed workforce and flexible delivery models. Please see the relevant pages of the [Welsh Medicines Advice Service website](#) for more information.

Communications

Public Health Wales will lead the national flu immunisation programme communications and marketing campaign. Information will be available at:

- [brechlyn fflw a phigiad atgyfnerthu'r hydref COVID-19 - lechyd Cyhoeddus Cymru \(gig.cymru\)](#)
- [flu vaccine and COVID-19 Autumn Vaccine - Public Health Wales \(nhs.wales\)](#)

Surveillance and reporting

Public Health Wales (PHW) leads the surveillance and monitoring of influenza and the influenza immunisation programme in Wales. Providing data is available, it will issue weekly surveillance reports to support delivery of the programme. These will include reports on coverage at practice, cluster, local authority and health board levels. PHW will work closely with Digital Health and Care Wales to access data from GPs and from other appropriate national data systems, scoping potential for centrally reconciling uptake data where appropriate. Health boards and NHS trusts will be required to provide Public Health Wales Vaccine Preventable Disease Programme (VPDP) Surveillance

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Team with data to allow monitoring of coverage in NHS staff on a monthly basis using standard data template. Data to enable surveillance of uptake of LAIV in school-aged children will be requested by PHW from health boards monthly. PHW will work with other UK nations on surveillance of influenza vaccine effectiveness and will scope development of surveillance of influenza vaccine equity If robust and complete data on vaccine delivery is available.

Detailed surveillance reports from national to GP practice level are published for NHS stakeholders on [Surveillance \(sharepoint.com\)](#).

Weekly surveillance summaries at national and health board level will be available for public access in [Public Health Wales's Weekly Influenza and Acute Respiratory Infection Report](#).

The 2023 to 2024 annual epidemiological summary of influenza activity and influenza immunisation uptake will be published shortly by Public Health Wales at [Surveillance \(sharepoint.com\)](#) or [Guidance, reports and planning \(sharepoint.com\)](#).

A [weekly surveillance summary of influenza and other acute respiratory infection activity is published throughout the year on Public Health Wales's website](#).

The green book

The green book, “Immunisation against infectious disease”, provides guidance to healthcare practitioners on all aspects of immunisation. It is regularly updated and [the specific influenza chapter can be found here on gov.uk](#).

I know that you recognise influenza vaccination as an important public health intervention and I wish to thank you for your continuing support for this seasonal campaign.

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

Annex 1

Eligible groups included in the 2024 to 2025 flu immunisation programme

The following provides an updated summary of the groups eligible for flu vaccination in 2023 to 2024.

Children

1. Children aged two and three years on 31 August 2024, that is date of birth on or after 1 September 2020 and on or before 31 August 2022. Vaccination will generally be offered through GP practice. Children of this age must be individually invited by their GP practice.
2. All children in primary school reception class and school years 1 to 6 (inclusive).
3. All children and young people in secondary school years 7 to 11 (inclusive).

For practical reasons, all children attending school in the eligible school years should be offered vaccination irrespective of their actual date of birth.

4. Children and young people in the school age ranges above who are home-schooled should be offered vaccination through their GP practice.
5. Children between 6 months and two years of age should be offered vaccination in line with the clinical risk eligibility guidance outlined below, and if eligible require a proactive call and recall system.

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People aged six months to 64 years in clinical risk groups

6. People aged 6 months to 64 years in clinical risk groups including:
 - chronic respiratory disease such as asthma requiring regular inhaled steroids, or Chronic Obstructive Pulmonary Disease (COPD)
 - chronic heart disease
 - chronic kidney disease at stage 3, 4 or 5
 - chronic liver disease
 - chronic neurological disease such as Parkinson's disease, motor neurone disease
 - learning disability
 - severe mental illness
 - diabetes
 - epilepsy
 - immunosuppression due to disease such as HIV/AIDS or treatment such as cancer treatment (and household contacts of at risk individuals)
 - asplenia or dysfunction of the spleen
 - morbidly obese (class III obesity), which is defined as those with a Body Mass Index (BMI) of 40 or above, aged 16 or over

Household contacts

7. Household contacts of immunocompromised individuals, specifically individuals who expect to share living accommodation on most days over the winter and, therefore, for whom continuing close contact is unavoidable.

People aged 65 years and over

8. All those reaching the age of 65 by 31 March 2025 (that is born before 1

April 1960).

Pregnant women

9. All pregnant women at any stage of pregnancy (first, second or third trimesters) are eligible for the flu vaccine. Health boards should ensure through midwifery services and engagement with primary care providers that pregnant women are made aware of their eligibility and encouraged to take up the offer. Every effort should be made to make the flu vaccine as easily accessible as possible. Vaccination should be recorded in the appropriate clinical system and should also be recorded within the handheld maternity record.

People living in care homes or other long-stay care facilities

10. Vaccination is recommended for people living in care homes or other long-stay care facilities where rapid spread is likely to follow introduction of infection and cause high morbidity and mortality.
 - a. This includes adult residential care homes, nursing care homes and children's hospices.
 - b. This does not include young offender institutions, university halls of residence or boarding schools (except those in eligible school years, or eligible due to another factor).
 - c. Opportunities for co-administration with the COVID-19 vaccine should be explored where individuals are eligible for both the COVID-19 and flu vaccines.

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Individuals experiencing homelessness

11. Included are those sleeping rough, people in emergency accommodation and people recently homeless in supported accommodation.

Prisoners

12. All adults resident in Welsh prisons.

Carers

13. Those who are the unpaid carer, including young carers, of a person whose health or welfare may be at risk if the carer falls ill, including those who receive a carer's allowance. The carer need not reside with, or be related to, the person being cared for.

Third sector carers

14. Individuals who work on a voluntary basis (are not paid for their time and effort) providing care on a frequent basis to one or more elderly, disabled or otherwise vulnerable person whose welfare would be at risk if the individual became ill.

These individuals should be identified by a letter from their organisation, confirming their name and role in the organisation.

Members of voluntary organisations providing planned emergency first aid.

15. Individuals who work on a voluntary basis (are not paid for their time and

effort) in organisations which provide planned emergency first aid at organised public events.

These individuals should be identified by a letter from their organisation, confirming their name, and role in the organisation.

This category does not include individuals who are qualified to provide first aid in other circumstances.

Community first responders

16. Active members of a Welsh Ambulance Service Trust (WAST) Community First Responder scheme providing first aid directly to the public.

These individuals should be identified by a letter from their organisation, confirming their name, and role in the organisation.

Healthcare workers

17. Healthcare workers who are in direct contact with patients or clients should have their flu vaccine via their employer. This should be actively encouraged and provided or facilitated as part of their occupational health care.

Social care staff

18. Individuals employed in adult residential care homes, nursing care homes and children's hospices, or providing domiciliary care, who are in regular direct contact with residents/service users, are eligible to receive a flu vaccine. This may be via the community pharmacy NHS seasonal influenza vaccination service or through an alternative model if agreed locally. Uptake

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of flu vaccination should be actively encouraged and supported or facilitated by their employer.

19. Social care staff, apart from those referred to above, should be encouraged, supported and offered or facilitated vaccination by their employer.

Locum GPs

20. Locum GPs may be vaccinated at the practice where they are registered as a patient.

Poultry Workers

21. In relation to premises at which avian influenza is suspected or confirmed, persons resident in Wales aged 18 years or over responsible for:

- catching or culling birds
- cleaning enclosed areas
- collecting carcasses

22. Persons resident in Wales aged 18 years and over employed at or regularly visiting registered poultry units where 50 or more birds are kept, who have direct exposure to faeces/litter through:

- a) routinely accessing enclosed poultry rearing or egg production areas
- b) collecting and removing poultry manure or litter from within enclosed poultry rearing or egg production areas or undertaking the final clean down of poultry sheds following their depopulation
- c) the initial sorting of poultry eggs, if the sorting area is an integral part of the production unit
- d) catching or culling poultry within enclosed poultry rearing or egg production areas.

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23. Persons resident in Wales aged 18 years or over employed in poultry processing units that:

- a) catch and handle live birds
- b) kill and eviscerate birds
- c) cleanse and disinfect areas and equipment contaminated by poultry faeces

Others

- 21. The list above is not exhaustive, and practitioners should apply clinical judgement to consider on a case-by-case basis the risk of flu exacerbating any underlying disease that a patient may have, as well as the risk of serious illness from flu itself. Flu vaccine should be offered in such cases even if the individual is not in one of the groups specified above.
- 22. Individuals recommended to receive flu vaccine who are long-term hospital in-patients during the flu season should be vaccinated in hospital. Health boards and trusts are expected to make suitable arrangements to identify and vaccinate these individuals, and to notify their GP practice in a timely way.
- 23. Clinicians are encouraged to consider the needs of individuals waiting for a transplant. The current recommendations for flu vaccine cover a wide range of chronic diseases and therefore most transplant-list patients are likely to be in a recognised clinical risk group and eligible for immunisation. Practitioners should apply clinical judgement to take into account the risk of flu exacerbating any underlying condition a patient may have.

Annex 2

Children's programme

Improving vaccine uptake in children is important for individual protection, and because of the indirect protection this offers to the rest of the population. Children are 'super spreaders' of flu and the nasal spray vaccine in this age group has been highly effective. Increasing uptake in eligible children would have a significant impact on reducing transmission of flu across all groups in the community. Ensuring children receive a flu vaccine may also reduce the risk of secondary infection in the event of an outbreak of another winter infection.

In pre-school children, flu vaccine uptake has been declining. The uptake for this cohort also continues to lag behind the uptake seen in school aged children. When the vaccine becomes available, two and three-year-olds (age on 31 August 2024) should be actively called and offered vaccination as soon as possible, to help protect them and to reduce flu transmission in the community to other vulnerable groups.

Evidence shows that services taking the vaccine as close as possible to the eligible cohort is an effective way of maximising uptake and minimising inequity. In some areas of Wales, local agreements are in place to take the vaccine to children aged three years, such as to nursery settings, via the school nursing and health visiting service. These methods have proved effective in securing uptake and is one of the best practice delivery models that should be explored by health boards.

The school programme covers all children from reception class to year 11. All children attending school in the eligible school years should be offered flu vaccination irrespective of their actual date of birth.

An inactivated vaccine may be offered to children whose parents or guardians

refuse the LAIV vaccine due to the porcine gelatine content. Health boards should ensure that a suitable gelatine free pathway is in place and communicated to all providers and parents. Where appropriate, this could include vaccination in schools.

At-risk children who are eligible for flu vaccination via the school-based programme because of their age will be offered immunisation at school. However, these children are also eligible to receive vaccination in GP practices if the school session is late in the season, parents prefer it, or they miss the session at school.

Health boards should ensure that a suitable pathway is in place for children who do not attend a school setting. This pathway should be communicated to all providers and parents. This could be done by a domiciliary visit, a direction to the GP or by other appropriate means.

Health and social care workers

It is important that all health and social care workers (including students) with direct patient or client contact have timely flu vaccination to protect themselves and to reduce the risks of transmission of flu viruses to their patients or clients. High rates of staff vaccination help to protect the individual member of staff and, the people in their care and help maintain the workforce and services during the winter. It is vital that flu vaccination is accessible for staff, so that it is as easy as possible for them to get vaccinated during or around their shifts. It is also essential that organisations, and managers within organisations, actively promote and encourage take up of flu vaccination. Every effort should be made to ensure there is a significant improvement in flu vaccine uptake amongst health and social care workers this winter.

It is crucial that the NHS workforce, in particular, recognises the importance of vaccination, and its role in both encouraging and role-modelling take up amongst

the wider eligible population. As described in the [national immunisation framework](#), awareness raising training on vaccination is key to this.

As in previous years, flu immunisation should be offered by NHS organisations to all employees involved in direct patient care. An active vaccination offer should be made to 100% of eligible staff.

Independent primary care providers, including GP practices, dental practices, optometry practices and community pharmacies are included in the NHS seasonal influenza vaccination programme. The inclusion of primary care providers is intended to complement, not replace, any established occupational health schemes that employers have in place to offer influenza vaccination to their workforce.

Staff with regular client contact working in adult residential care homes, nursing care homes and children's hospices and staff providing domiciliary care, will continue to be eligible for free flu vaccination through the seasonal flu vaccination component of the nationally directed Clinical Community Pharmacy Service (CCPS). There may be areas, however, where a more flexible approach and mixed delivery model is more appropriate. In these instances, health boards should agree alternative delivery models and ensure awareness locally. They are required to take account of shift patterns and other barriers to vaccination which exist for this group when developing delivery plans.

Employers providing health and social care in other settings remain responsible for encouraging and facilitating or offering flu vaccination to employees with regular client contact.

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