Influenza Vaccination Briefing for GP Practices 2019/2020 - No 1 (12.08.19)


This coming winter the only change to the eligibility criteria is the planned extension of the programme to school year 6 children. This means that all primary school aged children will now be offered the vaccine for the first time in England.

Vaccination programme
In 2019/20 the following are eligible for flu vaccination:
- all children aged two to ten (but not eleven years or older) on 31 August 2019
- those aged six months to under 65 years in clinical risk groups
- pregnant women
- those aged 65 years and over
- those in long-stay residential care homes
- carers
- health and social care staff employed by a registered residential care/nursing home or registered domiciliary care provider
- health and care staff employed by a voluntary managed hospice provider
- close contacts of immunocompromised individuals
- locum GPs

In 2019/20, NHS England will continue to support vaccination of social care and hospice workers. The eligible groups will remain the same as in 2018/19 and vaccination will be available through community pharmacy or their registered general practice. This scheme is intended to complement, not replace, any established occupational health schemes that employers have in place to offer flu vaccination to their workforce.

Vaccine uptake ambitions in 2019/20 Eligible groups

<table>
<thead>
<tr>
<th>Eligible groups</th>
<th>Uptake ambition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Routine programme for those at risk from flu</strong></td>
<td></td>
</tr>
<tr>
<td>Aged 65 years and over</td>
<td>75%, reflecting the World Health Organization (WHO) target for this group.</td>
</tr>
<tr>
<td>Aged under 65 ‘at risk’, including pregnant women</td>
<td>At least 55% in all clinical risk groups, and maintaining higher rates where those have already been achieved. Ultimately the aim is to achieve at least a 75% uptake in these groups given their increased risk of morbidity and mortality from flu.</td>
</tr>
<tr>
<td><strong>Children’s programme</strong></td>
<td></td>
</tr>
<tr>
<td>Preschool children aged 2 and 3 years old</td>
<td>At least 50% with most practices aiming to achieve higher.</td>
</tr>
<tr>
<td>Primary school aged children</td>
<td>An average of at least 65% to be attained by every provider across all primary school years.</td>
</tr>
</tbody>
</table>
GPs and school-based providers must actively invite 100% of eligible individuals (e.g. by letter, email, phone call, text) and ensure uptake is as high as possible. These providers and commissioners will be required, if asked, to demonstrate that such an offer has been made. The benefits of flu vaccination among all eligible groups should be communicated and vaccination made as easily accessible as possible.

Summary table of which flu vaccines to offer children and adults

<table>
<thead>
<tr>
<th>Eligible group</th>
<th>Type of flu vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>At risk children aged from 6 months to less than 2 years</strong></td>
<td>Offer standard egg-grown quadrivalent influenza vaccine (QIVe)*</td>
</tr>
<tr>
<td>QIVe is offered to these children as the live attenuated influenza vaccine (LAIV) is not licenced for children under 2 years of age.</td>
<td></td>
</tr>
<tr>
<td><strong>At risk children aged 2 to under 18 years</strong></td>
<td>Offer live attenuated influenza vaccine (LAIV)</td>
</tr>
<tr>
<td>If child is contraindicated to LAIV (or it is otherwise unsuitable) offer standard egg-grown quadrivalent vaccine (QIVe)*</td>
<td></td>
</tr>
<tr>
<td><strong>Universal children’s programme:</strong> Those aged 2 and 3 years on 31 August 2019</td>
<td>Offer live attenuated influenza vaccine (LAIV)</td>
</tr>
<tr>
<td>If child is in at risk group and is contraindicated to LAIV (or it is otherwise unsuitable) offer standard egg-grown quadrivalent vaccine (QIVe)*</td>
<td></td>
</tr>
<tr>
<td><strong>At risk adults (aged 18 to 64), including pregnant women</strong></td>
<td>Offer EITHER standard egg-grown quadrivalent influenza vaccine (QIVe) OR cell-grown quadrivalent influenza vaccine (QIVc)</td>
</tr>
<tr>
<td>These two vaccines are considered equally suitable for use in adults under 65 years of age.</td>
<td></td>
</tr>
<tr>
<td><strong>Those aged 65 years and over</strong></td>
<td>Offer EITHER adjuvanted trivalent influenza vaccine (aTIV)*** OR cell-grown quadrivalent influenza vaccine (QIVc)</td>
</tr>
<tr>
<td>These vaccines are considered equally suitable for use in adults aged 65 and over.</td>
<td></td>
</tr>
</tbody>
</table>


It is anticipated that further guidance will be available shortly on optimal methods of identifying eligible patients from EMIS. This will be shared in a subsequent bulletin.

Media and Communications
The national flu pack posters and leaflets are expected to be delivered to GP practices in October. Please ensure your GP practice address is up to date on the NHS directory to ensure you receive your pack. Manufacturers’ promotional material is expected to be delivered with the vaccines. The Influenza campaign video will be available for use on GP practice TV screens in September. This will be updated/refreshed once the National campaign has been released.

If any GP practice has a willing patient to act as a case study for the communications team to use in their promotion of immunisation uptake please contact them on occg.media_team@nhs.net. They would be particularly interested in children receiving the nasal vaccine or any at risk group patient.

Immunisation training and education
Access to National Immunisation training and e-learning, leaflets, posters and templates of letters to send to patients, videos and slideshows can be downloaded from: https://www.gov.uk/government/collections/annual-flu-programme

Local training events are available from NHS England and can be booked using this form:
Additional recommendations to improve uptake by patient group

Housebound patients

This season the District Nurse (DN) teams will be vaccinating only housebound patients on their case load under the OHFT service specification, therefore consideration must be given to the vaccination of housebound patients who are **not** on the DN caseload. The Directed Enhanced Service (DES) Specification for Seasonal influenza and pneumococcal polysaccharide vaccination programme 2019/20 states that *‘where the patient has indicated they wish to receive the vaccination but is physically unable to attend the practice (for example is housebound) the practice must make all reasonable effort to ensure the patient is vaccinated.’* The change is perceived to be a particular issue for practices with rural populations due to the travel time required. Data on numbers of such patients is not available but one practice with around 15,000 patients recently identified 18 patients who might need to be visited in their own homes for flu vaccination.

In order to ensure all reasonable effort is made to vaccinate this group, the table below has been created from suggestions made by GP practices with high numbers of housebound patients in rural areas. Discussions are on-going with the DN teams to arrange for a list of patients on their caseload to be sent to GP practices during the season.

<table>
<thead>
<tr>
<th>Action</th>
<th>By Whom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create list of housebound patient in practice from EMIS</td>
<td>Practice manager/Flu Lead</td>
</tr>
<tr>
<td>Send list of patients on DN Case load to GP practice</td>
<td>DN team</td>
</tr>
<tr>
<td>Delete patient names that DN will vaccinate</td>
<td>Practice manager/Flu Lead</td>
</tr>
<tr>
<td>Delete patients that do not fit housebound criteria, as below</td>
<td>GP</td>
</tr>
<tr>
<td>Review list/call patients to request family or friends bring patient to routine flu clinic</td>
<td>Practice manager/Flu Lead</td>
</tr>
<tr>
<td>Arrange vaccination at routine house visits by GP</td>
<td>Practice manager/Flu Lead/GP</td>
</tr>
<tr>
<td>Any remaining patients discuss with other practices in PCN and arrange telephone consent &amp; home visit.</td>
<td>Practice manager/Flu Lead/GP</td>
</tr>
</tbody>
</table>

**Housebound criteria**

OCCG and Oxford Health Foundation Trust have agreed to define housebound patients as:

- Patients that require assistance from two or more people to get in and out of a vehicle or who need nursing support during the journey.
- Patients with a medical condition or exceptional social circumstances where it would be detrimental to the patient’s condition or recovery to travel by any means.
- The patient’s status should be assessed in relation to the point that the specific service needs to be delivered, and may be subject to change over the short or long term.

**Vaccination of Care Home residents**

The majority of Care homes are part of the GP Proactive Support to Care Homes service, which emphasises the need for GPs to ensure that all eligible patients are offered a flu jab.
Previously District Nurses have on occasions vaccinated housebound residents in Residential Care Homes on their caseload, however this unclear responsibility has led to some residents not being vaccinated. GP Practices are responsible for offering vaccination to all residents in their care residing in both Nursing and Residential Homes.

**Vaccination of at Risk Groups**

NHS England have shared a suite of letter templates sent to all at-risk patients in another region successfully with specific details regarding their condition to encourage vaccine uptake in neurological (brain) condition, liver problems, weakened immune system, pregnancy and other medical problems. Templates to be shared with flu leads shortly in case you wish to use the text in your letters inviting patients to routine clinics.

When weighing patients in surgery, if eligible BMI (greater than 40) arrange vaccination. Email local slimming world groups to encourage vaccination uptake.

When patient group consultations meet for diabetes, COPD etc, arrange for all to be offered vaccination at one of the sessions.

**Vaccination of Children**

According to news reports, there are three different strains of influenza in circulation in Australia currently, one which hits children hard. A review of the best performing GP practices in Oxfordshire of 2-3 year vaccine uptake in 2018/19 was carried out and the following practices are recommended for improved uptake in general and for children.

- Utilising the MJog system on EMIS; [https://www.emishealth.com/products/partner-products/mjog/](https://www.emishealth.com/products/partner-products/mjog/)
  By text/SMS messaging parents to invite them to bring their children to routine flu clinics, has provided better results than writing. Re-run searches every 2 weeks and send further reminder messages to parents, particularly just before school half term holidays. Follow up with a telephone call.
- Ensure mobile numbers are up to date, sometimes child’s record not updated when parents change number
- Routine flu clinics held outside working hours, on Saturdays and after school run to capture whole family including siblings
- Increase opportunistic vaccination by empowering all doctors and nurses to vaccinate on site, at all given opportunities, at routine childhood immunisation, on appointments (as long as the child is not too unwell), include siblings of patients if attending clinic
- Always have necessary paperwork in clinic rooms to make the process as simple as possible, arrange for one staff member to be available to come in to vaccinate if the clinician is unable to
- Display promotional material throughout the practice environment, on the website, in the local newspaper and village bulletin paper, if available use a display screen (TV) to run a video on the importance of flu from the onset of the flu season
- Activate a “concept” that EMIS provides which ensures that an alert will appear in the pop-up box for anyone who is due for a vaccination. The “concept” is called “Patients at risk who have not yet had Influenza Vac” and encourage all medical staff and receptionist staff to encourage parents to get their child immunised when an alert is seen.
- Encourage local nurseries to remind parents to get their children vaccinated
- Train Reception staff to encourage vaccination at every opportunity
Educate all clinicians in the practice that immunisation of children against flu reduces attendance at the practice for all ages during an outbreak as well as reducing hospital admissions.

**Vaccination of patients with Learning Difficulties/needle phobias**

When someone with learning disabilities who is anxious about needles requires a blood test or an injection there should always be consideration of less invasive alternatives. This would include the use of the nasal spray flu vaccine. Further details available at:


LD leaflet:


**Gelatine in vaccines and religious concerns:**


**Monitoring**

Please ensure vaccination information including vaccinations given by other healthcare givers is updated to Immform as per DES. Pinnacle Health will send out e-mails to GP practices and they will need to respond to that e-mail to show that their e-mail address is correct to receive updates from Pharmacies of vaccinations given to their patients. OCCG will be monitoring the vaccine uptake by patient group and by GP Practice from Immform and will publish this within GP Bulletin updates, together with any topical issues. Those GP practices that are requiring support to improve NHS England’s recommended uptake shall be contacted to discuss ways to improve in order to achieve targets.

1. Directed Enhanced Service Specification Seasonal influenza and pneumococcal polysaccharide vaccination programme 2019/20

For further queries contact Hilary Munube, Infection Prevention & Control Lead, Oxfordshire CCG, on h.munube@nhs.net