



26 May 2016

Dear colleague,

The national flu immunisation programme 2016/17

1. This letter and its appendices provide you with the detailed information to implement a successful flu immunisation programme in 2016/17.
2. Last winter more people than ever received a vaccination against flu as part of the national flu immunisation programme. In addition, children in the first two years of primary school education were offered flu vaccination in all areas. These major achievements, which contribute significantly to reducing illness and deaths caused by the influenza virus, are a credit to all involved with the programme.
3. We want to build further this coming winter. The roll-out of immunisation to more primary school-aged children will continue, and we are aiming to increase vaccine uptake rates, particularly among those who are most vulnerable to the effects of flu.
4. The only change to eligibility for flu vaccination this year is the extra offer of live attenuated influenza vaccine (LAIV) to children of appropriate age for school year 3.
5. In 2016/17, the following individuals are advised to receive flu vaccination:
 - all children aged two to seven (but not eight years or older) on 31 August 2016
 - all primary school-aged children in former primary school pilot areas
 - 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

¹ This includes all children of appropriate age in school years 1, 2, and 3, even if their age falls outside the birth cohorts specified. This also includes all children in the relevant age cohort irrespective of whether they attend school.

6. Frontline health and social care workers should be provided flu vaccination by their employer. This includes general practice staff.

Extension of programme to children

7. Vaccinating children each year means that not only are they protected but there should be reduced transmission across all age groups, lessening levels of flu overall and reducing the burden of flu across the population. Results from the first two years of school-age pilot sites have been encouraging, with less flu detected in all age groups of the population in pilot areas compared to non-pilot areas.

(See [Appendix C](#)).

8. The children's programme for 2016/17 will be delivered as follows:
 - two, three and four year olds (but not five years or older on 31 August 2016) by GPs; and
 - children of appropriate age for school years one, two and three will have a service commissioned by NHS England, in schools in the majority of areas. All children of primary school years 1 to 6 in former pilot areas will continue to be offered vaccination in schools.

Vaccine uptake ambitions

Children

Age (years)	Uptake in 2014/15	Uptake in 2015/16	Uptake ambition for 2016/17
2	38.5%	35.4%	40-65% across all cohorts and settings
3	41.6%	37.7%	
4	32.9%	30.0%	
5 (School year 1)	N/A	54.4%	
6 (School year 2)	N/A	52.9%	
7 (School year 3)	N/A	N/A	

9. It is disappointing that vaccination rates dropped for 2-4 year olds in 2015/16, despite the hard work of teams. Reaching these pre-school cohorts continues to be extremely important, not only for their own protection and to prevent the spread of flu, but also to introduce flu vaccination as part of a routine healthcare for children every autumn. Uptake was considerably higher in the school based programmes for school age children, providing a firm foundation for future growth.

10. As with all parts of the flu programme there should be a 100% active invitation for immunisation (e.g. by phone or letter) to eligible children. Providers and

commissioners will be required, if asked, to demonstrate that such an offer has been made. A minimum uptake of 40% has been shown to be achievable in both primary care and school based programmes and some have achieved much higher rates. As a minimum, we would expect uptake levels between 40-65% to be attained by every provider. Uptake levels should be consistent across all localities and sectors of the population.

Clinical risk groups and pregnant women

Risk category	Age-adjusted relative risk of flu related death	Vaccine uptake 2014/15	Vaccine uptake 2015/16	Uptake ambition for 2016/17
Chronic liver disease	48.2	43.9%	42.5%	At least 55% in all of the groups, and maintaining higher rates where those have already been achieved.
Immunosuppression	47.3	55.4%	52.8%	
Chronic neurological disease	40.4	50.4%	49.0%	
Chronic renal disease	18.5	55.6%	53.5%	
Chronic heart disease	10.7	56.9%	48.6%	
Chronic respiratory disease	7.4	49.2%	47.4%	
Diabetes	5.8	68.1%	65.5%	
Pregnant women	1.9	44.1%	42.3%	
All at-risk	1.5	50.3%	45.1%	

11. These groups are all at particular risk of becoming very unwell from flu and flu-related illness. The table shows how the relative risk varies considerably between the different groups, and highlights the need to increase uptake in those at highest risk of flu-related death. But even in those with a lower relative risk they are still at least six times more likely than the general population to die as a result of flu emphasising the importance of vaccination in all these groups.

12. Most are patients with long-term conditions but pregnant women and their babies are also at an elevated risk from the complications of flu. All pregnant women should be offered the flu vaccination including those who become pregnant during the flu season. Flu is the most frequent single cause of death in pregnancy.

Aged 65 and over

13. The WHO target for flu vaccination uptake in the 65 years and over age group is 75%. Over the last ten years we have been close to this in England and we continue to aim for the WHO target. Whilst the principal focus of the national programme in England is the extension of the programme to children, it is essential to work hard to achieve the WHO ambition this year.

Healthcare workers

14. Healthcare worker vaccination is an essential part of the overall infection prevention and control arrangements in any health and social care setting. Frontline health and social care workers also have a duty of care to protect their patients and service users from infection. NHS England is incentivising the uptake of flu vaccinations for frontline clinical staff through the CQUIN scheme for 2016/17. Providers commissioned under the NHS Standard Contract will be eligible for CQUIN payments, e.g. acute, mental health, community and ambulance trusts. Providers will be rewarded based on the percentage of staff vaccinated. Only those providers that achieve 75% or above will be eligible for the full payment associated with this indicator. It is expected that primary care providers aim to achieve this ambition as well.

Uptake ambitions – summary table

Target group	Uptake ambition for 2016/17
Aged under 65 'at risk'	55%
Pregnant women	55%
Eligible children aged 2 years to school year 3 age	40-65%
Aged 65 years and over	75%
Healthcare workers	75%

*A Trust-level ambition to reach a minimum of 75% uptake and an improvement in every Trust

Further information and key documents

15. The enhanced service specification for flu includes payment for vaccines given up until 31 March 2017. Those eligible should be given flu vaccination as soon as vaccine is available so that people are protected when flu begins to circulate. Usually this would mean that most vaccination is completed before the end of December before flu circulation usually peaks. However, clinical judgement should be applied to assess the needs of individual patients and whether it is appropriate to continue to offer vaccination from January to March. This is most likely to apply if it is a late flu season or when newly at risk patients, such as pregnant women, present (who may have not been pregnant at the beginning of the vaccination period). This decision

should take into account the level of flu-like illness in the community, as the flu season is occasionally late, and that the immune response to vaccination takes about two weeks to develop fully.

16. In 2015/16 a national scheme was introduced to enable all community pharmacies to provide flu vaccination to eligible adult patients where they met key criteria. Delivery through the Community Pharmacy Contractual Framework will continue in 2016/17 and will therefore continue to be integrated into the overall programme delivery and communications.

17. Web links to other key documentation to support commissioning and clinical decision making for flu vaccination in 2016/17 are set out immediately after this letter. The appendices to this document provide further information.

Conclusion

18. We would like to thank everyone for their continued hard work. Morbidity and mortality attributed to flu is a key factor in NHS winter pressures and a major cause of harm to individuals especially vulnerable people. The annual flu immunisation programme helps to reduce GP consultations, unplanned hospital admissions and pressure on A&E and is therefore a critical element of the system-wide approach for delivering robust and resilient health and care services during winter.

19. This annual flu letter has the support of the Chief Medical Officer, the Chief Pharmaceutical Officer and the Chief Nursing Officer.

Yours sincerely,



Professor Sir Bruce Keogh
NHS England,
National Medical Director



Professor Paul Cosford
Public Health England,
Medical Director and
Director for Health
Protection



Dr Felicity Harvey
Department of Health,
Director General,
Public and International
Health Directorate

Links to other key documents

Document	Web link
National Flu plan	www.gov.uk/government/collections/annual-flu-programme
Green Book Influenza Chapter	www.gov.uk/government/publications/influenza-the-green-book-chapter-19
NHS England Public Health Functions Agreement 2016-17 (known as Section 7A agreement)	www.gov.uk/government/publications/public-health-commissioning-in-the-nhs-2016-to-2017
NHS England Public Health Functions Agreement 2016-17 Service Specifications No 13 and 13A	www.england.nhs.uk/commissioning/pub-hfn-fns/
NHS England enhanced service specification (For GP providers)	www.england.nhs.uk/commissioning/gp-contract/
Flu immunisation PGD templates	www.gov.uk/government/collections/immunisation-patient-group-direction-pgd
National Q&As / training slide sets/ e-learning programme	www.gov.uk/government/collections/annual-flu-programme www.e-uh.org.uk/programmes/flu-immunisation/
Vaccination and Immunisation guidance and audit requirements (NHS Employers, BMA, DH)	www.nhsemployers.org/your-workforce/primary-care-contracts/general-medical-services/vaccination-and-immunisation/2016-17-vaccination-and-immunisation
NHS England Commissioning for Quality and Innovation (CQUIN) Guidance for 2016/17	www.england.nhs.uk/nhs-standard-contract/cquin/cquin-16-17/
Vaccine Update	www.gov.uk/government/collections/vaccine-update
PHE Immunisation home page	www.gov.uk/government/collections/immunisation
PHE Flu Immunisation Programme home page	www.gov.uk/government/collections/annual-flu-programme

Distribution list

General practices
NHS England heads of public health
NHS England heads of primary care
Screening and immunisation leads
NHS England regional directors
NHS England directors of commissioning operations
Heads of nursing
Heads of midwifery
Chief clinical officer
Clinical commissioning groups accountable officers
PHE centre directors
Directors of public health
Local authority chief executives
Directors of adult services
Directors of children's services
Local medical committees
Local pharmaceutical committees
Community pharmacies
Chief pharmacists of NHS trusts
NHS foundation trusts chief executives
NHS trusts chief executives

For information:

Allied Health Professionals Federation
Community Practitioners and Health
Visitors Association
Nursing and Midwifery Council
Royal College of Midwives
Royal College of Nursing
Academy of Medical Royal Colleges
Royal College of Anaesthetists
Royal College of Physicians
Royal College of Surgeons
Royal College of Obstetricians and
Gynaecologists

Royal College of General Practitioners
College of Emergency Medicine
Faculty of Occupational Medicine
Royal College of Pathologists
Royal College of Ophthalmologists
British Medical Association
Royal Pharmaceutical Society
Association of Pharmacy Technicians UK
Pharmacy Voice
Pharmaceutical Services Negotiating
Committee

Any **enquiries** regarding this publication should be sent to: immunisation@phe.gov.uk

To **register** for the immunisation monthly newsletter Vaccine Update please go to:

<https://public.govdelivery.com/accounts/UKHPA/subscribers/new?preferences=true>

You can **download** this letter and the updated Flu Plan from:

www.gov.uk/government/collections/annual-flu-programme

List of appendices

Detailed planning information is set out in the following appendices:

Appendix A: Groups included in the national flu immunisation programme	9
Appendix B: GP practice checklist	11
Appendix C: National extension of flu programme to children	13
Appendix D: Health and social care workers	17
Appendix E: Pregnant women	19
Appendix F: Vaccine supply and ordering	21
Appendix G: Data collection	24
Appendix H: Contractual arrangements	27
Appendix I: Communications	30

Withdrawn March 2022

Appendix A: Groups included in the national flu immunisation programme

1. In 2016/17, flu vaccinations will be offered at NHS expense to the following groups:

- all those aged two, three, and four years (but not five years or older) on 31 August 2016 (ie date of birth on or after 1 September 2011 and on or before 31 August 2014) through general practice
- all children of appropriate age for school years 1, 2 and 3 age through locally commissioned arrangements¹
- all primary school-aged children in former primary school pilot areas
- people aged from six months to less than 65 years of age with a serious medical condition such as:
 - chronic (long-term) respiratory disease, such as severe asthma, chronic obstructive pulmonary disease (COPD) or bronchitis
 - chronic heart disease, such as heart failure
 - chronic kidney disease at stage three, four or five
 - chronic liver disease
 - chronic neurological disease, such as Parkinson's disease or motor neurone disease, or learning disability
 - diabetes
 - splenic dysfunction
 - a weakened immune system due to disease (such as HIV/AIDS) or treatment (such as cancer treatment)
- all pregnant women (including those women who become pregnant during the flu season)
- people aged 65 years or over (including those becoming age 65 years by 31 March 2017)
- 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
- people who are in receipt of a carer's allowance, or those who are the main carer of an older or disabled person whose welfare may be at risk if the carer falls ill
- consideration should also be given to the vaccination of 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

2. The list above is not exhaustive, and the healthcare 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. Flu vaccine should be offered in such cases even if the individual is not in the clinical risk groups specified above.

3. The Joint Committee on Vaccination and Immunisation (JCVI) has also advised that morbidly obese people (defined as BMI 40+) could also benefit from a flu vaccination. This has not been included as part of the GP contract in the 2016/17 DES. Many in this patient group will already be eligible due to complications of obesity that place them in another risk category. Practices will need to use clinical judgement to decide whether to vaccinate this group of patients, but vaccinations for morbidly obese patients with no other recognised risk factor will not attract a payment under the DES in 2016/17.
4. Commissioners and providers should refer to the GP enhanced service specification or the Community Pharmacy Contractual Framework Advanced Service specification for further clarity on those patients who are included within clinical specified risk groups.
5. It is also important that health and social care workers with direct patient/service user contact should be vaccinated as part of an employer's occupational health obligation.

Healthcare practitioners should refer to the Green Book influenza chapter for further detail about clinical risk groups advised to receive flu immunisation.

This is regularly updated, sometimes during the flu season, and can be found at:

www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book

¹Year 1 is defined as five rising to six-year olds (ie date of birth between 1 September 2010 and on or before 31 August 2011)

Year 2 is defined as six- rising to seven-year-olds (ie date of birth between 1 September 2009 and on or before 31 August 2010)

Year 3 is defined as seven- rising to eight-year-olds (ie date of birth between 1 September 2008 and on or before 31 August 2009)

Some children in years 2, and 3 might be outside of these date ranges (eg if a child has been accelerated or held back a year). It is acceptable to offer and deliver immunisations to these children with their class peers.

Appendix B: GP practice checklist

Good practice

1. The following good practice checklist is based upon the findings from a study examining the factors associated with higher vaccine uptake in general practice¹.
2. General practices are urged to implement these guidelines in order to help improve vaccine uptake.

Withdrawn March 2022

Named lead

1. Identify a named lead individual within the practice who is responsible for the flu vaccination programme and liaises regularly with all staff involved in the programme.

Registers and information

2. Hold a register that can identify all pregnant women and patients in the under 65 years at risk groups, those aged 65 years and over, and those aged two to four years.
3. Update the patient register throughout the flu season paying particular attention to the inclusion of women who become pregnant and patients who enter at risk groups during the flu season.
4. Submit accurate data on the number of its patients eligible to receive flu vaccine and the flu vaccinations given to its patients on ImmForm (www.immform.dh.gov.uk) ideally using the automated function, and submit data on uptake amongst healthcare workers in primary care using the ImmForm data collection tool.

Meeting any public health ambitions in respect of such immunisations

5. Order sufficient flu vaccine taking into account past and planned improved performance, expected demographic increase, and to ensure that everyone at risk is offered the flu vaccine. It is recommended that vaccine is ordered from more than one supplier and from PHE central supplies through the ImmForm website in respect of children.

Robust call and recall arrangements

6. It is a requirement of the enhanced service specification that patients recommended to receive the flu vaccine are invited to a flu vaccination clinic or to make an appointment (eg by letter, email, phone call, text).
7. Follow-up patients, especially those in at risk groups, who do not respond or fail to attend scheduled clinics or appointments.

Maximising uptake in the interests of at-risk patients

8. Start flu vaccination as soon as practicable after receipt of the vaccine. This will help ensure the maximum number of patients are vaccinated as early as possible and protected before flu starts to circulate. Aim to complete immunisation of all eligible patients before flu starts to circulate and ideally by end of December.
9. Collaborate with maternity services to offer and provide flu vaccination to pregnant women and to identify, offer and provide to newly pregnant women as the flu season progresses.
10. Offer flu vaccination in clinics and opportunistically.
11. The GP practice and/or CCG will collaborate with other providers such as community pharmacies and community or health and social care trusts to identify and offer flu vaccination to residents in care homes, nursing homes and house-bound patients, and to ensure that mechanisms are in place to update the patient record when flu vaccinations are given by other providers.

¹ Dexter L *et al.* (2012) Strategies to increase influenza vaccination rates: outcomes of a nationwide cross-sectional survey of UK general practice. bmjopen.bmj.com/content/2/3/e000851.full

Appendix C: National extension of flu programme to children

Background

1. Following advice from JCVI the routine annual flu vaccination programme is being extended to include children in England (with similar schemes being taken forward in Wales, Scotland and Northern Ireland). This extension is being phased in over a number of years.
2. Vaccinating children each year will provide a number of benefits:
 - providing direct protection thus preventing a large number of cases of flu infection in children
 - providing indirect protection by lowering flu transmission from children:
 - to other children
 - to adults
 - to those in the clinical risk groups of any age thus averting many cases of severe flu and flu-related deaths in older adults and people with clinical risk factors
 - reducing flu-related absence from work or school due to people being ill or having to remain home to care for someone else who is ill
3. Results from 2014/15 showed that vaccinating children of primary school age resulted in a significant reduction in incidence for a range of surveillance indicators including general practice consultations for ILI. This effect was evident in targeted and non-targeted age groups compared with populations where primary-school age children were not vaccinated. The size of the effect was less for more severe endpoints, in particular excess mortality.

Timetable for the roll out of the programme

4. In 2016/17 the programme will be extended to all children of appropriate age for school years 1, 2 and 3 (5-6, 6-7 and 7-8 year olds). All two-, three- and four-year-olds (but not five years or older) on 31 August 2016 will continue to be offered flu vaccination through GP surgeries.
5. For children of school age, NHS England local teams will commission services directly from local providers. In most cases, provision will be predominantly in primary school settings. As in 2015/16 primary school children in years 1 to 6 in former school pilot areas will continue to be offered the vaccine.

¹ Uptake and impact of vaccinating school age children against influenza during a season with circulation of drifted influenza A and B strains, England, 2014/15. RG Pebody et al. www.eurosurveillance.org/images/dynamic/EE/V20N39/art21256.pdf

6. The principle for the future extension of the programme beyond 2016/17 will be to extend upwards through the age cohorts. Plans are subject to the annual agreement between the Department of Health and NHS England regarding public health functions (Section 7A agreement).

Use of live attenuated influenza vaccine (LAIV)

7. The Green Book states that the LAIV, administered as a nasal spray, is the vaccine of choice for children because of higher efficacy in children compared with other flu vaccines. The vaccine is licensed for those aged from 24 months to less than 18 years of age. JCVI recommended LAIV as it has:
 - higher efficacy in children, particularly after only a single dose
 - the potential to provide protection against circulating strains that have drifted from those contained in the vaccine
 - higher acceptability with children, their parents and carers due to intranasal administration
 - it may offer important longer-term immunological advantages to children by replicating natural exposure/infection to induce better immune memory to influenza that may not arise from use of inactivated flu vaccines
8. LAIV should be offered to all eligible children when not medically contra-indicated. This includes children in at-risk groups.
9. Children who are not in clinical risk groups should only be offered the LAIV. A child who is unable to have LAIV, for reasons other than being medically contraindicated, will continue to derive benefit from the programme by virtue of the interruption of transmission among their peers. The impact of this policy continues to be monitored and kept under review in line with the requirements of the Equality Act.
10. LAIV is unsuitable for children with contraindications such as severe immunodeficiency, severe asthma or active wheeze. Following more evidence on the safety of LAIV in egg allergic children, JCVI amended its advice in 2015 that, except for those with severe anaphylaxis to egg which has previously required intensive care, children with an egg allergy can be safely vaccinated with LAIV in any setting (including primary care and schools); those with clinical risk factors that contraindicate LAIV should be offered an inactivated influenza vaccine with a very low ovalbumin content (less than 0.12 µg/ml).
11. Children with a history of severe anaphylaxis to egg which has previously required intensive care, should be referred to specialists for immunisation in hospital. LAIV is not otherwise contraindicated in children with egg allergy. Egg-allergic children with asthma can receive LAIV if their asthma is well-controlled.

12. For the full list of contraindications please see the Green Book. GPs should ensure that they have ordered sufficient supplies of suitable alternative inactivated injectable vaccines for at-risk children who cannot receive LAIV for medical reasons.

13. The type of vaccine to offer children under 18 is as follows:

Eligible cohort	Vaccine available: Children in clinical risk groups	Vaccine available: Children not in clinical risk groups
Six months to less than two years old	Offer suitable inactivated flu vaccine	Not applicable
Two, three and four years olds (but not five years or older) on 31 August 2016	Offer LAIV. If LAIV is medically contraindicated, then offer suitable inactivated flu vaccine	Offer LAIV (unless medically contraindicated)
Children of school years 1, 2 and 3	Offer LAIV. If LAIV is medically contraindicated, then offer suitable inactivated flu vaccine	Offer LAIV (unless medically contraindicated)
Children older than school year 3 but less than 18 years old	Offer LAIV. If LAIV is medically contraindicated, then offer suitable inactivated flu vaccine	Not applicable

14. The patient information leaflet provided with the LAIV states that children should be given two doses of this vaccine if they have not had flu vaccine before. However, JCVI considers that a second dose of the vaccine provides only modest additional protection. On this basis, JCVI has advised that most children should be offered **a single dose** of the LAIV. However, children in clinical risk groups aged two to less than nine years who have not received flu vaccine before should be offered two doses of the LAIV (given at least four weeks apart).

15. The LAIV contains a highly processed form of gelatine (derived from pigs). Some faith groups do not accept the use of porcine gelatine in medical products. Current policy is that **only** those who are in clinical risk groups and have clinical contra-indications to the LAIV are able to receive an inactivated injectable vaccine as an alternative. The implications of this for the programme will continue to be monitored.

Children in clinical risk groups

16. Every effort should be made to ensure all at-risk children are immunised and as early in the season as possible to reduce their risk of morbidity and mortality associated with influenza infection.

17. Children who are in clinical risk groups should be offered a suitable inactivated alternative vaccine if medically contraindicated to LAIV.
18. At-risk children may be offered immunisation at school, however if school visits are late in the season parents should be reminded that they can have their children immunised by their GP.
19. A limited number of sessions for children who missed out on vaccination during the first routine planned session should be considered towards the end of the season. Such arrangements would be subject to local commissioning agreement.
20. Where a child is vaccinated but not by their GP, it is important that the vaccination information is provided to the practice for the timely update of clinical records.

Healthcare practitioners should refer to the Green Book influenza chapter for full details on contraindications and precautions for flu vaccines. This chapter can be found at: www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book.

Withdrawn March 2022

Appendix D: Health and social care workers

Background

1. Flu immunisation should be offered by NHS organisations to all employees directly involved in delivering care. Frontline health and social care workers (ie staff involved in direct patient care) have a duty of care to protect their patients and service users from infection. In addition, immunisation against influenza should form part of healthcare organisations' policy for the prevention of transmission of influenza to protect patients, staff and visitors¹. This is not an NHS service, but an occupational health responsibility being provided to NHS staff by employers. Social care providers, nursing and residential homes, and independent providers such as GPs, dental and optometry practices, and community pharmacies, should also offer vaccination to staff.
2. Doctors are reminded of the General Medical Council's (GMC) guidance on Good Medical Practice (2013), which advises immunisation 'against common serious communicable diseases (unless otherwise contraindicated)' in order to protect both patients and colleagues (see paragraph 29 at www.gmc-uk.org/guidance/good_medical_practice/your_health.asp)
3. Nurses, midwives and health visitors are reminded the NMC Code requires registrants to 'take all reasonable personal precautions necessary to avoid any potential health risks to colleagues, people receiving care and the public'.²
4. Pharmacists are reminded by the General Pharmaceutical Council to consider getting vaccinated and to encourage their staff to get vaccinated as well.
5. [Chapter 12](#) of the Green Book provides information on which groups of staff can be considered as involved in direct patient care.
6. While vaccination of NHS staff remains voluntary, we would encourage all employers to offer the vaccine in an accessible way, and all staff to consider seriously the benefits to themselves and their family contacts, their patients, and the NHS and as a result accept the offer of the vaccine.

¹www.gov.uk/government/uploads/system/uploads/attachment_data/file/449049/Code_of_practice_280715_acc.pdf

²www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf

New Commissioning for Quality and Innovation (CQUIN) Guidance for 2016/17

7. NHS England has published CQUIN guidance for 2016/17. This includes a new indicator to improve the uptake of flu vaccinations for frontline staff in NHS trust providers. This provides a financial incentive for providers to achieve 75% vaccine uptake among their frontline clinical staff. Providers will receive half of the available CQUIN payment if they achieve vaccine uptake between 65.0% - 74.99%, and the full CQUIN payment if they achieve vaccine uptake of 75% or above. This scheme will apply to all providers commissioned under the NHS Standard Contract – including acute, mental health, community and ambulance trusts. The qualifying measurement of vaccine uptake will be taken on 31 December 2016.
8. Full details can be viewed on the NHS England website at: www.england.nhs.uk/nhs-standard-contract/cquin/cquin-16-17/

Communications

9. NHS Employers runs the 'flu fighter' campaign and provides free resources to support flu vaccination among healthcare workers. Information on its campaign, and the clinical evidence behind the programme, can be found at: www.nhsemployers.org/flu. The website also provides guidance on misconceptions about flu and the vaccine.

Vaccination in non-NHS organisations

10. Responsibility for provision of occupational flu immunisation rests with employers. Immunisation should be provided through occupational health services or other arrangements with private healthcare providers. It is vital that health and social care staff not only protect themselves against flu, but recognise the importance of infection prevention and control and protecting patients in their care.
11. It is recommended that NHS independent contractors (GPs, dentists, community pharmacists and optometrists) offer vaccination to their employed staff, and responsibility for this lies with employers as above. Staff should not be asked to go to their GP for their immunisation unless they fall within one of the recommended at-risk groups, or GPs have been contracted specifically to provide this service.
12. Teams involved in the vaccination of staff are reminded that occupational health services are recommended to keep records of staff who have been immunised. The information on vaccination should also be sent to GP practices, with the patient's permission, to update their patient records. It is important that accurate and up-to-date information on vaccine uptake in staff is available.

Appendix E: Pregnant women

Rationale and target groups

1. All pregnant women are recommended to receive the inactivated flu vaccine irrespective of their stage of pregnancy.
2. There is good evidence that pregnant women are at increased risk from complications if they contract flu.^{1, 2} In addition, there is evidence that having flu during pregnancy may be associated with premature birth and smaller birth size and weight, and that flu vaccination may reduce the likelihood of prematurity and smaller infant size at birth associated with an influenza infection during pregnancy.⁵ Furthermore, a number of studies show that flu vaccination during pregnancy provides protection against flu in infants in the first few months of life.^{6, 7, 8, 9, 10}
3. 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 fetal outcomes associated with inactivated influenza vaccine.¹¹

When to offer the vaccine to pregnant women

4. The ideal time for flu vaccination is before flu starts circulating. However, even after flu is in circulation vaccine should continue to be offered to those at risk and newly pregnant women. Clinicians should apply clinical judgement to assess the needs of an individual patient, taking into account the level of flu-like illness in their community and the fact that the immune response following flu vaccination takes about two weeks to develop fully.

Data review and data recording

5. Uptake of vaccine by pregnant women, along with other groups, will be monitored. GPs will need to check their patient database throughout the duration of the flu vaccination programme in order to identify women who become pregnant during the season. GPs should also review their records of pregnant women before the start of the immunisation programme to ensure that women who are no longer pregnant are not called for vaccination (unless they are in other clinical risk groups) and so that they can measure the uptake of flu vaccine by pregnant women accurately.

Maternity services

6. Midwives need to be able to explain the benefits of flu vaccination to pregnant women and either refer them back to their GP practice or community pharmacy for the

vaccine or offer the vaccine in the midwifery service itself. A number of different models exist including running flu vaccination clinics alongside the midwifery service. NHS England teams will explore ways of commissioning midwifery services to provide flu vaccination or linking midwifery services with GP practices or community pharmacies where relevant. If arrangements are put in place where midwives or pharmacists administer the flu vaccine, it is important that the patient's GP practice is informed in a timely manner (within 48 hours) so their records can be updated accordingly, and included in vaccine uptake data collections.

- ¹ Neuzil KM, Reed GW, Mitchel EF *et al.* (1998) Impact of influenza on acute cardiopulmonary hospitalizations in pregnant women. *Am J Epidemiol.* **148**:1094-102
- ² Pebody R *et al.* (2010) Pandemic influenza A (H1N1) 2009 and mortality in the United Kingdom: risk factors for death, April 2009 to March 2010. *Eurosurveillance* **15**(20): 19571.
- ³ Pierce M, Kurinczuk JJ, Spark P *et al.* (2011) Perinatal outcomes after maternal 2009/H1N1 infection: national cohort study. *BMJ.* **342**:d3214.
- ⁴ McNeil SA, Dodds LA, Fell DB *et al.* (2011) Effect of respiratory hospitalization during pregnancy on infant outcomes. *Am J Obstet Gynecol.* **204**: (6 Suppl 1) S54-7.
- ⁵ Omer SB, Goodman D, Steinhoff MC *et al.* (2011) Maternal influenza immunization and reduced likelihood of prematurity and small for gestational age births: a retrospective cohort study. *PLoS Med.* **8**: (5) e1000441.
- ⁶ Benowitz I, Esposito DB, Gracey KD *et al.* (2010) Influenza vaccine given to pregnant women reduces hospitalization due to influenza in their infants. *Clin Infect Dis.* **51**: 1555-61.
- ⁷ Eick AA, Uyeki TM, Klimov A *et al.* (2010) Maternal influenza vaccination and effect on influenza virus infection in young infants. *Arch Pediatr Adolesc Med.* **165**: 94-4.
- ⁸ Zaman K, Roy E, Arifeen SE *et al.* (2008) Effectiveness of maternal influenza immunisation in mothers and infants. *N Engl J Med.* **359**: 1555-64.
- ⁹ Poehling KA, Szilagyi PG, Staat MA *et al.* (2011) Impact of maternal immunization on influenza hospitalizations in infants. *Am J Obstet Gynecol.* **204**: (6 Suppl 1) S141-8.
- ¹⁰ Dabrera G, Zhao H, Andrews N *et al.* (2014) Effectiveness of seasonal influenza vaccination during pregnancy in preventing influenza infection in infants, England, 2013/14. *Eurosurveillance.* Nov 13; **19**. www.eurosurveillance.org/ViewArticle.aspx?ArticleId=20959
- ¹¹ Tamma PD, Ault KA, del Rio C *et al.* (2009) Safety of influenza vaccination during pregnancy. *Am. J. Obstet. Gynecol.* **201**(6): 547-52.

Withdrawn March 2022

Appendix F: Vaccine supply and ordering

Vaccine composition for 2016/17

1. Flu viruses change continuously and the WHO monitors the epidemiology of flu viruses throughout the world. Twice a year it makes recommendations about the strains to be included in vaccines for the forthcoming winter. For the 2016/17 flu season (northern hemisphere winter) it is recommended that trivalent vaccines contain the following strains:

- an A/California/7/2009 (H1N1)pdm09-like virus;
- an A/Hong Kong/4801/2014 (H3N2)-like virus;
- a B/Brisbane/60/2008-like virus.

It is recommended that quadrivalent vaccines containing two influenza B viruses contain the above three viruses and a B/Phuket/3073/2013-like virus.

2. For further information see:

www.who.int/influenza/vaccines/virus/recommendations/2016_17_north/en/

Vaccine suppliers

3. All flu vaccines for children are purchased centrally by PHE. This includes vaccine for the national offer to all children aged two to four years and children of the appropriate age for school years 1, 2 and 3, and for children in risk groups aged six months to less than 18 years.
4. For children in risk groups under 18 years of age where LAIV is contraindicated, suitable inactivated influenza vaccines are procured centrally and should be offered LAIV and inactivated injectable vaccines can be ordered through the ImmForm website: www.immform.dh.gov.uk.
5. For all other eligible populations apart from children providers remain responsible for ordering vaccines directly from manufacturers. It is recommended that orders are placed with more than one manufacturer in case of supplier delays or difficulties in the manufacture or delivery of the vaccine.
6. The vaccines that will be available for the 2016/17 flu immunisation programme are set out in the table below.

Supplier	Name of product	Vaccine type	Age indications	Contact details
AstraZeneca UK Ltd	Fluenz Tetra ▼	Live attenuated, nasal	From 24 months to less than 18 years of age	0845 139 0000
GSK	Fluarix™ Tetra ▼	Split virion inactivated virus	From three years	0800 221 441
MASTA	Imuvac®	Surface antigen, inactivated virus	From six months	0113 238 7552
	Inactivated Influenza Vaccine (Split Virion) BP	Split virion, inactivated virus	From six months	
Mylan (BGP Products)	Influvac®	Surface antigen, inactivated virus	From six months	0800 358 7468
	Imuvac®	Surface antigen, inactivated virus	From six months	
	Influenza vaccine, surface antigen, inactivated	Surface antigen, inactivated virus	From six months	
Pfizer Vaccines	CSL Inactivated Influenza Vaccine	Split virion, inactivated virus	From five years	0800 089 4033
	Enzira®	Split virion Inactivated virus	From five years	
Sanofi Pasteur MSD	Inactivated Influenza Vaccine (Split Virion) BP	Split virion, inactivated virus	From six months	0800 085 5511
	Intanza®15 µg	Split virion, inactivated virus	60 years of age and over	
Seqirus Vaccines Ltd, formerly Novartis Vaccines	Agrippal®	Surface antigen, inactivated virus	From six months	08457 451 500

7. Some flu vaccines are restricted for use in particular age groups. The Summary of Product Characteristics (SPC) for individual products **should always** be referred to when ordering vaccines for particular patients.
8. More detailed information on the characteristics of the available vaccines, including ovalbumin (egg) content will be published on the PHE Immunisation web pages.
9. Flu vaccines generally start to be distributed from late September each year. However, vaccine manufacture involves complex biological processes, and there is always the possibility that initial batches of vaccine may be subject to delay, or that fewer doses than planned may be available. Immunisers should therefore be flexible when scheduling early season vaccination sessions, and be prepared to reschedule if necessary.

Withdrawn March 2022

Appendix G: Data collection

Introduction

1. As in previous years, flu vaccine uptake data collections will be managed using the ImmForm website (www.immform.dh.gov.uk). PHE co-ordinates the data collection and will issue details of the collection requirements by the end of July 2016 and guidance on the data collection process by early September 2016. This guidance will be available at: www.gov.uk/government/collections/vaccine-uptake which is where flu vaccine uptake data is also published.
2. The email contact for flu queries concerning data collection content or process should be directed to influenza@phe.gov.uk. Queries concerning ImmForm login details and passwords should be directed to helpdesk@immform.org.uk.

Reducing the burden from data collections

3. Considerable efforts have been made to reduce the burden on GPs of data collections by increasing the number of automated returns that are extracted directly from GP IT systems. Over 90% of GP practices benefited from using automated IT data returns for flu vaccine uptake for the final 2015/16 survey. GP practices that are not able to submit automated returns should discuss their arrangements with their GP IT supplier. If automated returns fail for the monthly data GPs will be required to submit data manually on to ImmForm to meet contractual obligations.

Data collections for 2016/17

4. Monthly data collections will take place over four months during the 2016/17 flu immunisation programme. Subject to the Burden Advice and Assessment (BAAS) approval, the first data collection will be for vaccines administered by the end of October 2016 (data collected in November 2016), with the subsequent collections monthly thereafter, and with the final data collection for all vaccines administered by the end of January 2017 (final data collected in February 2017). Uptake data for healthcare workers will collect information on immunisations given up to the end of February 2017 (final data collected in March 2017).
5. Data will be collected and published monthly at national level and by local NHS England team level. Additionally, data at local authority level will be collected once at the end of the campaign.

6. During the data collection period, those working in the NHS with relevant access rights are able, through the ImmForm website, to:
 - see their uptake by eligible groups
 - compare themselves with other anonymous general practices or areas
 - validate the data on point of entry and correct any errors before data submission
 - view data and export data into Excel, for further analysis
 - make use of automated data upload methods (depending on the IT systems used at practices)
 - access previous years' data to compare with the current performance.
7. These tools can be used to facilitate the local and regional management of the flu vaccination programme.

Monitoring on a weekly basis

8. Weekly uptake data will be collected from a group of GP practices that have fully automated extract and upload facilities provided by their IT suppliers. These data will be published in the PHE weekly flu report that is published on its website throughout the flu season at: www.gov.uk/government/publications/weekly-national-flu-reports. During the data collection period, those working in the NHS with relevant access rights are able, through the ImmForm website to view this data as per the monthly collections.

Vaccine uptake data collection of healthcare workers

9. Approval for a mandatory collection will be sought from the BAAS. Further details about this will be published at: www.gov.uk/government/collections/vaccine-uptake.
10. PHE will be responsible for monthly collections of flu vaccine uptake data over five months during the 2016/17 flu season. Guidance will be provided to trusts and through NHS England to all those involved in the collection and reporting of these data. Data will be published on the PHE website.
11. NHS England teams can use their own methods of collecting information from GP practices so as to best meet the needs of their area. The recommended method of collecting healthcare worker data from GPs is through the ImmForm data entry tool. It is important to note that this data entry tool is not a route for GP practices to submit data directly to PHE and thus bypass NHS England teams – it is the responsibility of the NHS England teams to submit the data collected via the data entry tool; this application is not monitored by PHE and no data are extracted from it by PHE. This data entry tool is one of many different options for NHS England teams to collect staff

flu vaccination data from GP practices and other organisations that carry out work on behalf of the NHS.

Vaccine uptake data collection of children of school years 1, 2 and 3

12. PHE will be responsible for monthly collections of flu vaccine uptake for children of school years 1, 2 and 3 over four months during the 2016/17 flu season. Collection will be undertaken through the ImmForm data entry tool. NHS England teams will agree responsibility for completion of this monthly data entry to ImmForm with their providers.

Withdrawn March 2022

Appendix H: Contractual arrangements

General practice

1. The enhanced service specification for seasonal influenza and pneumococcal immunisation outlines the additional services that GP practices must provide for these vaccines for those contracted to provide this service. The programme has been agreed between NHS Employers (on behalf of NHS England) and the General Practitioners Committee (GPC) of the British Medical Association (BMA).
2. The patients eligible for flu vaccination under the enhanced service are those patients aged 65 and over on 31 March 2017, pregnant women, those patients aged six months to 64 years (excluding patients aged two, three and four as of 31 August 2016) defined as at-risk in the Green Book.
3. Children of appropriate age for school years 1, 2 and 3 in clinical risk groups may be offered LAIV alongside their peers as part of local provision delivered in most cases through schools. If a child in an at-risk group does not receive flu vaccination through this route, then they should be offered it in general practice. For instance, a child may miss out because of being absent from school on the day the vaccination was offered or because the child is contraindicated to LAIV and the local service provider does not offer inactivated flu vaccines.
4. There is a separate enhanced service specification for the childhood seasonal influenza vaccination programme covering the vaccination of children aged two, three and four years as of 31 August 2016.
5. General practices are reminded that the enhanced service requires that a proactive call and recall system is developed to contact all at-risk patients through such mechanisms as letter, e-mail, phone call, text or otherwise. Revised template letters for practices to use will be available at www.gov.uk/government/collections/annual-flu-programme nearer the time.
6. NHS England will monitor the enhanced services that GP practices provide for flu vaccination to ensure that services comply with the specifications. NHS England teams will need assurance that providers have robust implementation plans in place to meet or exceed the vaccine uptake aspirations for 2016/17 and that they have the ability to identify eligible 'at-risk' patients and two-, three- and four-year-olds.

Community pharmacy

7. Since 2015/16 all community pharmacists may provide flu vaccination through the Community Pharmacy Contractual Framework, if they satisfy the requirements of the Advanced Service, to eligible adult patients (that is those aged 18 and over). As this

service is commissioned by NHS England as an advanced service, contractors have the choice as to whether they provide it. The service can be provided by a community pharmacist in any community pharmacy in England that satisfies the requirements of the advanced service within the community pharmacy contractual framework including having a consultation room, can procure the vaccine and meet the data recording requirements, and has appropriately trained staff. There is no limit on the number of vaccinations community pharmacies can claim for as long as they are given to eligible patients.

8. Vaccination for children will not be offered through the Community Pharmacy Contractual Framework Advanced Service.
9. Community Pharmacy contractors will be required to offer the service in accordance with the service specification for 2016/17 which will be published on www.PSNC.org.uk. This service specification will include details such as:
 - payment and reimbursement details
 - details of eligible patients
 - accreditation requirements
 - data recording requirements
 - claiming for payments
 - post payment verification arrangements
10. Data on flu vaccinations administered outside general practice must be passed back to the patients' GP surgery for timely entry (ie by close of business on the working day following the immunisation) on the electronic patient record and submission to ImmForm for the national data survey. This is important for clinical reasons (such as any adverse events) and also to ensure that these vaccinations are included in the vaccine uptake figures.

Locally commissioned services

11. NHS England will commission the extension of the programme to children of appropriate age for school years 1, 2 and 3. Delivery models will vary by area. The majority of the vaccinations will be delivered in schools although NHS England will have options to commission services from a range of local healthcare providers, including GPs or community pharmacies.

Supply and administration of vaccines

12. A range of mechanisms can be used for the supply and administration of vaccines, including patient group directions (PGDs), patient specific directions (PSDs) or prescribing individual prescriptions. Where PGDs are developed, they must comply with the legal requirements specified in the Human Medicines Regulations 2012, and

should reflect NICE good practice guidance on PGDs:

<http://publications.nice.org.uk/patient-group-directions-mpg2>.

13. PHE PGD templates, and a PGD to support the Community Pharmacy Contractual Framework Advanced Service, will be available to support the national flu immunisation programme 2016/17. These will be available prior to commencement of the programme from: www.gov.uk/government/collections/immunisation-patient-group-direction-pgd

The enhanced service specifications for GP practices on seasonal flu and the childhood flu vaccination programmes can be found at:
www.england.nhs.uk/commissioning/gp-contract/

Withdrawn March 2022

Appendix I: Communications

1. An integrated communications strategy will be produced for the national flu immunisation programme 2016/17. The strategy will be led by PHE and will provide communications colleagues in partner organisations with information and resources to assist the delivery of the programme. Partners include the Department of Health, NHS England, NHS Employers, the Department for Education, and the Local Government Association – for the health and social care audience.

Publicity and information materials

2. Ahead of the flu season, NHS-branded patient information leaflets for different eligible groups will be reviewed including:
 - The flu vaccination: who should have it and why
 - Pregnancy: How to help protect you and your baby
 - Protecting your child against flu
 - Helping stop you getting flu: information for people with learning disability.
3. The following template letters will also be available to GP practices:
 - to invite at-risk patients and those aged 65 and over for flu vaccination
 - to invite two-, three- and four-year-olds
 - an easy read invitation letter template for people with learning difficulties will also be available.
4. The following materials for the delivery of flu vaccination through schools will be available:
 - a briefing pack for schools
 - a national consent form
 - template letters to invite children in years 1, 2 and 3 for flu vaccination
 - the 'Protecting your child against flu' leaflet.
5. NHS Employers' *Flu Fighters* campaign materials to support flu vaccination of healthcare workers are available to order from their website at:
www.nhsemployers.org/campaigns/flu-fighter
6. National training slide sets for healthcare professionals will be updated, including:
 - the National flu programme training slide set for healthcare professionals
 - the Childhood flu programme training slide set for healthcare professionals
 - Influenza vaccine and porcine gelatine: Q&A for health professionals

National marketing campaign

7. The 2015/16 marketing campaign ('Stay well this winter') is being evaluated and the lessons learned will inform any campaign plans for 2016/17. Further information will be issued in due course.

All materials will be made available on the GOV.UK website at: www.gov.uk/government/collections/annual-flu-programme. Materials used in previous years can also be found here.

Free copies of the leaflets will be available to order through the Health and Social Care Publications Orderline: www.orderline.dh.gov.uk/ecom_dh/public/home.jsf

Withdrawn March 2022