Public Health England

Protecting and improving the nation's health

The national flu immunisation programme 2018/19

Flu vaccine eligibility: 2018/19 flu season

Eligible Group	Responsibility of
2 & 3 yrs on 31st August 2018, so will be turning 4 yrs during the season. **DOB 1-9-14 to 31-8-16**	**GP Practice**
School yrs R,1,2,3,4 &5	**School provider** **GP (to only at risk)**
6 months to 18yrs in clinical risk groups	**GP** **School provider (if eligible as above)**
18yrs to under 65 yrs in clinical risk groups	**GP** **Pharmacy**
Pregnant women (include those who become pregnant during flu season & those who were pregnant in last season)	**GP** **Pharmacy** **Maternity services**
Aged 65 years and over (including those turning 65 during the flu season - prior to 31.3.19) **DOB on or before 31.3.1954**	**GP** **Pharmacy**
Those living in long-stay residential care homes or other long-stay care facilities	**GP** **Pharmacy (if invited by care home)**
Frontline health and social care workers	**GP - opportunistic** **Pharmacy** **Employer (Occupational health)**

Morbidly obese patients

- JCVI has previously advised that morbidly obese patients (BMI of 40 or above) could benefit from flu vaccination
- those with morbid obesity (BMI>40) were found to be at higher risk of hospitalisation and death following pandemic influenza infection
- many in this patient group already eligible due to complications of obesity that place them in another risk category

Clinical risk groups who should receive flu vaccine (1)

Clinical risk category	Examples (this list is not exhaustive and decisions should be based on clinical judgement)
Chronic respiratory disease	Asthma that requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission. Chronic obstructive pulmonary disease (COPD) including chronic bronchitis and emphysema; bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD). Children who have previously been admitted to hospital for lower respiratory tract disease. see precautions section on live attenuated influenza vaccine
Chronic heart disease	Congenital heart disease, hypertension with cardiac complications, chronic heart failure, individuals requiring regular medication and/or follow-up for ischaemic heart disease.
Chronic kidney disease	Chronic kidney disease at stage 3, 4 or 5, chronic kidney failure, nephrotic syndrome, kidney transplantation.
Chronic liver disease	Cirrhosis, biliary atresia, chronic hepatitis
Chronic neurological disease (included in the DES directions for Wales)	Stroke, transient ischaemic attack (TIA). Conditions in which respiratory function may be compromised due to neurological disease (eg polio syndrome sufferers). Clinicians should offer immunisation, based on individual assessment, to clinically vulnerable individuals including those with cerebral palsy, learning difficulties, multiple sclerosis and related or similar conditions; or hereditary and degenerative disease of the nervous system or muscles; or severe neurological disability
Diabetes	Type 1 diabetes, type 2 diabetes requiring insulin or oral hypoglycaemic drugs, diet controlled diabetes.

Clinical risk groups who should receive flu vaccine (2)

Clinical risk category	Examples (this list is not exhaustive and decisions should be based on clinical judgement)
Immunosuppression (see contraindications and precautions section on live attenuated influenza vaccine)	Immunosuppression due to disease or treatment, including patients undergoing chemotherapy leading to immunosuppression, bone marrow transplant, HIV infection at all stages, multiple myeloma or genetic disorders affecting the immune system (eg IRAK-4, NEMO, complement disorders) Individuals treated with or likely to be treated with systemic steroids for more than a month at a dose equivalent to prednisolone at 20mg or more per day (any age), or for children under 20kg, a dose of 1mg or more per kg per day. It is difficult to define at what level of immunosuppression a patient could be considered to be at a greater risk of the serious consequences of influenza and should be offered influenza vaccination. This decision is best made on an individual basis and left to the patient's clinician. Some immunocompromised patients may have a suboptimal immunological response to the vaccine.
Asplenia or dysfunction of the spleen	This also includes conditions such as homozygous sickle cell disease and coeliac syndrome that may lead to splenic dysfunction.
Pregnant women	Pregnant women at any stage of pregnancy (first, second or third trimesters).

Flu immunisation should also be offered to:

- **those 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 prisons, young offender institutions, university halls of residence etc.)
- **those who are in receipt of a carer's allowance, or those who are the main carer** of an elderly or disabled person whose welfare may be at risk if the carer falls ill
- **household contacts of immunocompromised individuals**, specifically those who expect to share living accommodation on most days over the winter and therefore for whom continuing close contact is unavoidable
- **health and social care staff in direct contact with patients/service users** should be vaccinated as part of an employer's occupational health obligation or as part of the eligible health care worker and social care worker vaccination programme

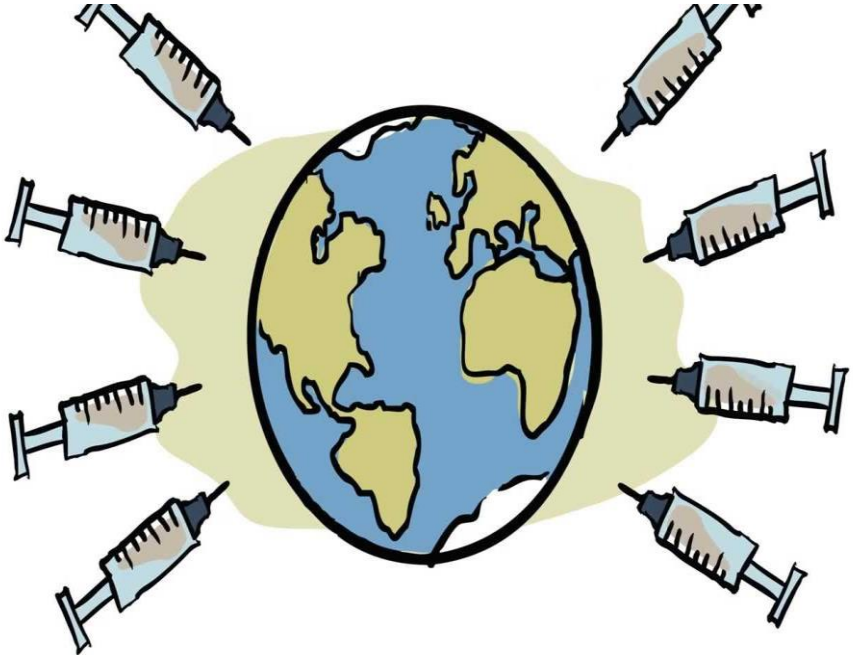
Barnsley Uptake

Cohort	Total % Uptake 16/17	Total Uptake 17/18	Number required vaccination to meet target of 55% in 17/18	Aspirational Targets 18/19
Aged 65 years and over	71%	72.6%	1134	75%
Aged under 65 at risk	50.9%	51.6%	1532	55%
Pregnant women	46.2%	50.2%	123	55%
All Aged 2 Years	43.5%	49.8%	Met target	48-65%
All aged 3 Years	46.2%	52.5%	Met target	48-65%

Barnsley Uptake

Disease	Total % Uptake 17/18	Number required vaccination to meet target of 55%
Chronic Heart	55.6%	Met target
Chronic Respiratory	54.9%	16
Chronic Kidney	56.1%	Met target
Chronic Liver	43.2%	110
Diabetes	65.3%	Met target
Immunosuppression	53.5%	29
Chronic Neurological	55.6%	Met target
Morbid Obesity **with** clinical condition	59.7%	Met target
Morbid Obesity with **no** clinical condition	32.1	1312
Asplenia or dysfunction of the spleen	48.1%	65

Which flu vaccine should be used?



Flu vaccine recommendations

NHS England has recommended that:

- **the adjuvanted trivalent vaccine (aTIV) be made available for all those aged 65 years and over (including health care workers in this age group)**
  - JCVI considers aTIV to be more effective and cost-effective than the non adjuvanted vaccines currently in use in the elderly (including quadrivalent vaccine (QIV)
- **the quadrivalent vaccine (QIV) be offered to adults aged 18 to under 65 year olds in clinical risk groups (including pregnant women and all health care workers in this age group)**
  - This reflects current JCVI advice on the basis of cost-effectiveness data produced by PHE

Adjuvanted influenza vaccine (aTIV)

- during 2018/19, an adjuvanted trivalent influenza vaccine (aTIV) is recommended for use in those aged 65 years and over, and particularly for those aged 75 years and over
- this recommendation was made following a PHE analysis which showed that the non-adjuvanted inactivated vaccine showed no significant effectiveness in this age group over recent seasons
- a sub optimal response to influenza vaccine in those aged 65 years and over is due to their aging immune system
- adjuvants are added to vaccines to enhance the immune response
- using an adjuvanted vaccine should improve protection against flu in elderly people
- aTIV (Fluad®) was licenced in the UK in 2017 but has been used for 20

Flu vaccines

- a number of different manufacturers produce flu vaccines. Those available for 2018/19 are available on GOV.UK Vaccine update Flu special edition https://www.gov.uk/government/publications/vaccine-update-issue-284-august-2018-flu-special-edition

The full list of influenza vaccines that will be available for the 2018/19 season is:

Supplier	Product details	Vaccine type	Age indications	Contact details
AstraZeneca UK Ltd	Fluenz Tetra	Live attenuated, nasal (quadrivalent)	From 24 months to less than 18 years of age	0845 139 0000
GSK	Fluarix Tetra	Split virion inactivated virus (quadrivalent)	From 6 months	0800 221 441
MASTA	Quadrivalent Influenza Vaccine (split virion, inactivated)	Split virion, inactivated virus		0113 238 7552
Mylan (BGP Products)	Quadrivalent Influenza vaccine Tetra MYL Quadrivalent Influvac sub-unit Tetra	Influenza virus surface antigen (inactivated)	From 18 years	0800 358 7468
Sanofi Pasteur vaccines	Quadrivalent Influenza Vaccine (split virion, inactivated)	Split virion, inactivated virus	From 6 months	0800 854 430
Seqirus UK Ltd	Fluad®	Surface antigen, inactivated, Adjuvanted with MF59C.1	65 years of age and over	08457 451 500

SEVEN ELEMENTS TO RUNNING A SUCCESSFUL FLU CAMPAIGN

NHS

COMMUNICATION

- Tailor your strategy to your organisation
- Mix up your communications channels – Twitter, intranet, email
- Keep staff updated throughout your campaign

BALANCED FLU TEAM

- Include staff from all parts of your organisation
- Get a good skills mix – think communications to clinical
- A diverse team will strengthen your campaign

SUPPORT – ALL HANDS ON DECK

- Have a champion to provide leadership at a senior level
- Seek involvement from the board to the ward
- Get buy-in from management to lead by example

MYTHBUSTING

- Include mythbusting in your communications
- Use clinical evidence for support
- Challenge misconceptions

PEER VACCINATION

- Use peer vaccinators
- Train clinical directors to vaccinate staff
- Utilise staff on adapted working / light duties

ACCESSIBILITY

- Set up a mobile flu vaccination clinic
- Reimburse your staff if they buy their jab externally
- Hold drop-in clinics at staff events

REWARDS

- Use incentives in your campaign
- Incentives don't need to cost a lot – be creative
- A small treat can have a big impact

flu fighter®

Public Health England

A leading workforce campaign delivered by NHS Employers

Contact details

Tracey Turner
Screening & Immunisation Co-ordinator
NHS England North (Yorkshire and Humber)
Tel: 01138253475
Mobile: 07554222699
Email: tracey.turner5@nhs.net


PharmOutcomes® Delivering Evidence
Home
Help
Gallery
About
Contact Us
Log In
Username
Go
Lost your password but know your user name and your registered email address? Click here to reset it...
2018 Flu Template Now Available
• View the Video Guide
• View the Enrolment Guide
• View the Service Guide