

# The National Flu Immunisation Programme 2021/2022

Screening and Immunisation Coordinator: Emma Nebard
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NHS England and NHS Improvement



## Meet the SIT (Screening and Immunisation Team) Available Monday – Friday, 9am-5pm, email only england.sybsit@nhs.net N.B Section 7A only



## Sally Eapen-Simon- Screening and Immunisation Lead Kathy Wakefield- Senior Screening and Immunisation Manager Leanne Riley and Wendy Watson – Screening and Immunisation Managers Emma Nebard - Screening and Immunisation Coordinator (Barnsley) Sarah Gill- Screening and Immunisation Coordinator (Doncaster and Bassetlaw) Laura Brown - Screening and Immunisation Coordinator (Rotherham) Katie Markham and Elaine Holt - Screening and Immunisation Coordinators (Sheffield) Lizzie James and Amelia Thorpe – Assistant Screening and Immunisation Coordinators

# Today's Session:

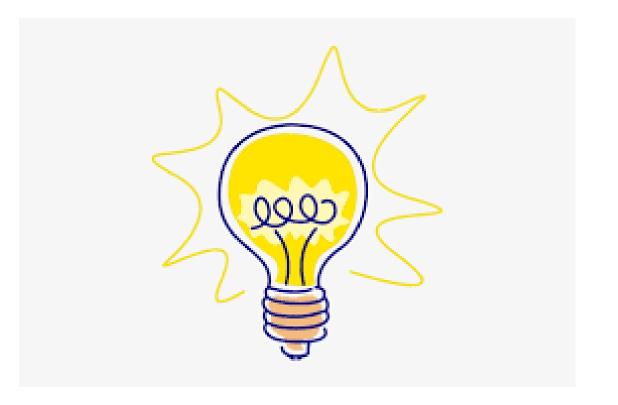
- What is Flu
- Symptoms and Complications of Flu
- Basics for Practices throughout Flu Season
- Key Role of Healthcare Practitioners
- When to Vaccinate
- Eligibility and Ambition of the Flu Programme
- Clinical Risk Cohorts
- Flu Vaccines and Components
- Barnsley Uptake

### What is Flu:

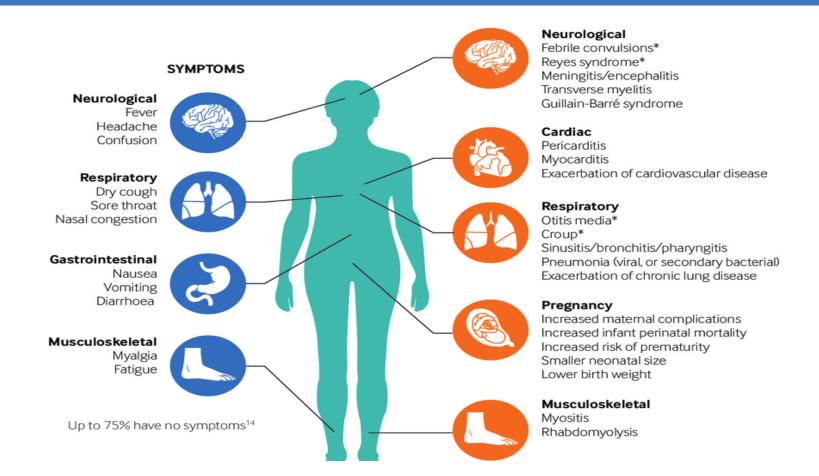
- Flu is an acute viral infection of the respiratory tract
- The incubation period is usually one to three days.
- There are 3 types of influenza virus which affect humans: types A, B and C. Types A and B are responsible for most disease.
- It is a highly infectious illness which spreads rapidly in closed communities
- Even people with mild or no symptoms can infect others.
- Most cases in the UK occur during an 8to-10-week period during the winter



## Flu Symptoms



## Symptoms and Complications of Flu:



## Basics for Practices Throughout Flu Season:

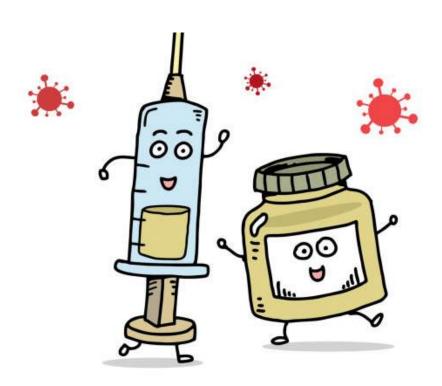


## Many practices will already have the basics well-covered:

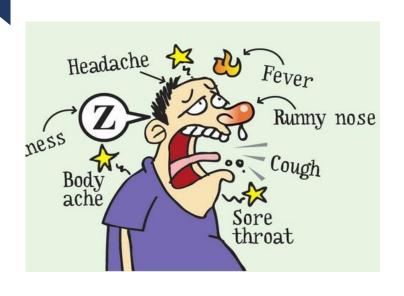
- A lead individual per practice
- A register of eligible patients
- Personalised invites
- Recalling non-responders
- Continued recall

## Key Role of Healthcare Practitioners:

- Provide evidence base
- Advise parents/carers
- Administer flu vaccines
- Report and manage adverse events



### When to Vaccinate:



- As soon as the vaccine is available
- Ideally before the end of December
- Clinical judgement applied on individual patients
- Annual revaccination



## Flu Vaccine Eligibility:

Eligible Group	Responsibility of
2 & 3 yrs on 31 <sup>st</sup> August 2021, so will be turning 4 yrs during the season.  DOB 1-9-17 to 31-8-19	GP Practice
School Yrs R to Yr 11 DOB 1-9-05 to 31-8-17	School provider GP (to only at risk, call and recall)
6 months to 18yrs in clinical risk groups (carers & close contacts of immunocompromised individuals)	GP School provider (if in eligible cohort as above)
18yrs to under 65 yrs in clinical risk groups	GP Pharmacy Hospitals (offering in/out patients where appropriate)
<u>Pregnant women</u> (include those who become pregnant during flu season & those who were pregnant in last season)	GP Pharmacy Maternity services (offering in & out patients)
Aged 50 years and over (including those turning 50 during the flu season - prior to 31.3.22)  DOB on or before 31.3.1972	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 Pharmacy Employer (Occupational health)

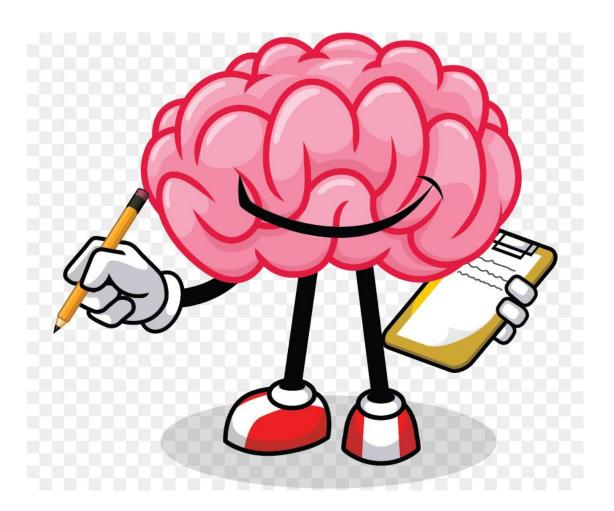
# Vaccine uptake ambitions 2021 to 2022

Eligible groups	Uptake ambition	
Routine programme for those at risk from influenza		
Aged 65 years and over	At least 85%	
Aged under 65 'at risk',	At least 75% in all clinical risk groups	
including pregnant women		
Aged 50 to 64 years	At least 75%	
Children's programme		
Preschool children aged 2	At least 70% with most practices aiming to	
and 3 years old	achieve higher.	
School-aged children	At least 70% to be attained across all eligible	
	school years.	
Reducing levels of inequality		
All ages	No group or community should have a	
	vaccine uptake that is more than 5% lower	
	than the national average. See paragraph 18	
	for more details	
Health and social care workers		
Frontline health care	100% offer with an 85% ambition	
workers		
Frontline social care	100% offer with an 85% ambition	
workers		

## Clinical Risk Groups:

- Increased risk of serious illness or death
- Only around half of those eligible are vaccinated
- Uptake ambition for this group is at least 75%
- Tailored strategies to increase uptake
- No real increase in LD cohorts

## Brain Teaser









#### Flu-related population mortality rates for those in risk groups An analysis by PHE of data from fatal flu cases The flu-related relative risk of death\* by clinical risk group in England during the 2010/11 flu season gives for those with: an indication of the increased risk of death from flu complications for those in clinical 48.2 chronic liver disease risk groups 47.3 immunosuppression 40.4 chronic neurological disease (excluding stroke or translent ischaemic attack) The flu-related relative risk of death\* in England 18.5 chronic renal disease among all those in a risk group aged 10.5 chronic heart disease 6 months to under 65 years was 11.3 7.4 chronic respiratory disease (compared to the baseline of those not in a risk group) 5.8 type-2 diabetes \* Mantel-Haenszel age-adjusted rate ratio (RR), deaths per 100,000 population

# Flu Vaccines and Their Components:

 Each year, the World Health Organisation (WHO) monitors the epidemiology of influenza across the world and makes recommendations to vaccine manufacturers regarding the strains of influenza to include in the vaccine

#### Two main types of vaccine available:

- Inactivated given by injection
- Live attenuated given by nasal application

## Flu Vaccines 2021/22







#### Flu vaccines 2021 to 2022 season =















#### Eligible groups

- aged 2 and 3 years on 31 August 2021 school aged children from Reception
- Year up to Year 11 • those aged 6 months to under 50 years
- in clinical risk groups
- pregnant women
- · those in long-stay residential care homes • carers
- · close contacts of immunocompromised individuals
- · frontline health and social care staff

See Green Book Influenza Chapter 19

ns/annual-flu-programme

#### Green Book Influenza Chapter 19

/www.gov.uk/government/publications/influenza-the-green-book-chapter-19

Vaccines for eligible children and young people (under 18 years of age) are available to order from ImmForm

(i) 16 to best that 18 years in chircle risk groups only in 16 the parent of an eligible child declines LAV because of its procine gelatine content (and they understand that it is the most effective vaccine for children), they can request an alternative insectable vaccine. GIVC is available to order from immform for these children.



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## Flu Vaccines for Children and Young People:

#### Which flu vaccine should children and young people have?



There are 3 types of flu vaccine available for children and young people in 2021 to 2022 – the nasal spray live attenuated influenza vaccine (LAIV), the injected inactivated egg grown influenza vaccine (QIVe) and the injected inactivated cell grown influenza vaccine (QIVc). This chart indicates which vaccine they should have.

#### What is the child or young person's age? -

#### under 6 months of age

Under 6 months of age they are too young to have the flu vaccine (this is why it is important that expectant mothers have a flu vaccination: pregnant women can have the flu vaccine at any stage of their pregnancy)

#### **6 months** to under 2 years

Are they in an at-risk group?

Yes

They should have the injected inactivated quadrivalent influenza vaccine QIVe (egg-grown). Children in this age group who have never had a flu vaccination will need 2 doses 4 weeks apart

No

They are not

eligible for the

flu vaccine

They should have the injected Quadrivalent influenza vaccine cell grown (QIVc)(ii)(iii). Children aged up to 9 years in an at-risk group who have never had a flu vaccination will need 2 doses 4 weeks apart

Yes

**2 years** to less than **16 years** of age<sup>(i)</sup>

Reception class to school year 11

Is the nasal spray vaccine contraindicated or otherwise unsuitable?

They should have the nasal spray vaccine

No

16 years to less than **18 years** of age

Are they in an at-risk group?

Yes

Is the nasal spray vaccine contraindicated or otherwise unsuitable?(iii)

They are not eligible for the flu vaccine

No

Yes

They should have the injected Quadrivalent influenza vaccine cell-grown (QIVc)

They should have the nasal spray vaccine

- (i) Aged 2 and 3 years on 31 August 2021 School aged children from Reception Year up to Year 11 (aged 4 to 15 years on 31 August 2021). Children outside these age ranges (for example, a child has been held back a year) may be vaccinated with their peers (II) This season QIV; cann onto QIVe) has been procured for this group (III) if the parent of an eligible child declines LAIV because of its porcine gelatine content (and they understand
- that it is the most effective vaccine for children), they can request an alternative injectable vaccine QIVc is available to order from ImmForm for these children

#### Resources

Annual flu programme www.gov.uk/government/collections/annual-flu-programme Green Book Influenza Chapter 19

www.gov.uk/government/publications/influenza-the-green-book-chapter-19

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## Key Messages:

- Most effective intervention in reducing harm from flu and winter pressure on health and social care
- Aim to increase uptake in clinical at-risk groups
- Promote vaccine in pregnancy
- Health and Social Care workers who are vaccinated reduce the risk of spread
- Reduce the need for antibiotics
- Vaccinated children should reduce impact on children and reduce community transmission
- By reducing transmission, it should avert severe cases and flu-related deaths
- Practitioners to ensure appropriate measures are in place to protect against Covid

## Current Uptake in Barnsley (Immform week 44):

COHORT:	AVERAGE UPTAKE:
65 and Over	73.3%
50 to under 65	35.4%
At Risk 6 months to under 65	36.1%
At Risk 16 years to under 50	24.7%
All Pregnant Women	28.2%
Carers aged 16 to under 50	21.8%
Children Aged 2 years	30.3%
Children Aged 3 years	32.7%

## Incident Reporting: Duty Desk england.sybsit@nhs.net

#### **Type of Incident:**

- Administration
- Duplicate vaccines given
- Incorrect vaccine administered
- Out of date vaccine administered
- Break in cold chain

#### Why Report:

- Identify WHAT happened and ensure explanation to patient/carer
- Identify WHY it happened
- LEARN and SHARE

# ANY QUESTIONS





### Resources and Useful Links:

- Vaccine Management ordering, storing and handling: <u>Vaccine Incident Guidance (publishing.service.gov.uk)</u>
- Information for Healthcare Practitioners: <u>The national influenza immunisation programme 2021 to 2022: August 2021 (publishing.service.gov.uk)</u>
- Resources to support with LD cohort: <u>Flu vaccinations: supporting people with learning disabilities GOV.UK (www.gov.uk)</u>
- National flu immunisation programme plan (The Flu Letter) National flu immunisation programme plan GOV.UK (www.gov.uk)
- General Practice Enhanced Service Specifications for the Seasonal Influenza Vaccination Programme 21/22 NHS England » NHS England Enhanced Services Influenza Specifications
- Winter Vaccination Public Facing Campaign: Winter Vaccinations Public Facing Campaign | Campaign Resource Centre (phe.gov.uk)
- Order leaflets and posters here Home Home Health Publications
- eLearning for Healthcare: <u>Flu Immunisation elearning for healthcare (e-lfh.org.uk)</u>
- Ovalbumin content in vaccines 2021/22:
- Influenza vaccine: ovalbumin content Influenza vaccine: ovalbumin content GOV.UK (www.gov.uk)
- Flu vaccine for children: best practice guide for GPs: <u>Flu vaccine for children: best practice guide for GPs GOV.UK (www.gov.uk)</u>