

Agenda Item 46.

TITLE	Influenza Vaccine Campaign 2017-18 Review
FOR CONSIDERATION BY	Health and Wellbeing Board on Thursday, 8 November 2018
WARD	None Specific;
DIRECTOR/ KEY OFFICER	Tessa Lindfield, Strategic Director of Public Health

Health and Wellbeing Strategy priority/priorities most progressed through the report	Priority 2 – Reducing Social Isolation Priority 3 – Narrowing the Health Inequalities Gap
Key outcomes achieved against the Strategy priority/priorities	Priority 2 – Reducing Social Isolation: - Creating resilient communities Priority 3 – Narrowing the Health Inequalities Gap: - Those most deprived will enjoy more years in good health - Greater access to health promoting resources

Reason for consideration by Health and Wellbeing Board	To update the Board on the 2017-18 Influenza Vaccine Campaign and to appraise them of plans for 2018-19.
What (if any) public engagement has been carried out?	Locally the Public Health team has worked closely with key partners to design and implement the campaign.
State the financial implications of the decision	Under £5k

RECOMMENDATION

The Board is asked to:

- 1) Agree and endorse the multi-agency approach
- 2) Seek assurance that respective organisations are taking steps to fulfil their responsibilities as set out in the national flu plan
- 3) Be flu champions, take every opportunity to promote the vaccine and debunk myths
- 4) Lead by example, take up the offer of a vaccine where eligible.

SUMMARY OF REPORT

This paper is to update the Health and Wellbeing Board on the performance of the influenza vaccine campaign in winter 2017-18 to summarise lessons learned and to inform the board of changes to the national flu programme for the coming 2018-19 flu season and how these are being implemented locally.

Background

Seasonal influenza (Flu) is a key factor in NHS winter pressures. The National Flu Plan aims to reduce the impact of flu in the population through a series of complementary measures. Flu vaccination is commissioned by NHS England for groups at increased risk of severe disease or death should they contract flu.

Key aims of the immunisation programme in 2017-18 were to;

- Actively offer flu vaccine to 100% of people in eligible groups.
- Immunise 60% of eligible children, with a minimum 40% uptake in each school
- Maintain and improve uptake in over 65s clinical risk groups with at least 75% uptake
among people 65 years and over, at least 55% among clinical risk groups and 75% among healthcare workers

2017-18 was a challenging flu season, contributing to winter pressures on health and care services. The PHE report, 'Surveillance of influenza and other respiratory viruses in the UK: Winter 2017 to 2018 released on 24 May 2018, indicated that; in the 2017 to 2018 season, moderate to high levels of influenza activity were observed in the UK with co-circulation of influenza B and influenza A(H3), which is different to 2016-17 where H3N2 predominated.

Indicators for GP consultation for flu-like illness in and out of hours and for NHS 111 calls were at higher levels than in 2016-17, patterns of activity were similar peaking in week 52 and peak admissions rates of influenza to hospital and intensive care were higher than seen in the previous 6 seasons.

Multi-agency approach

Flu vaccination is commissioned by NHS England for groups at increased risk of severe disease or death should they contract flu and vaccination is provided by a mix of providers including GP practice, community pharmacy, midwifery services and school immunisation teams.

The role of local authorities is to provide advocacy and leadership through the Director of Public Health and to promote uptake of flu vaccination among eligible residents and among staff providing care for people in residential and nursing care. Local authorities are also responsible for providing flu vaccine for frontline health and social care workers that are directly employed. Local authorities may also provide vaccine to staff members as part of business continuity arrangements.

CCGs are responsible for quality assurance and improvement which extends to primary medical care services delivered by GP practices including flu vaccination and antiviral medicines. The CCG also monitors staff vaccination uptake in Providers through the [CQUIN scheme](#).

A collaborative multi-agency approach to planning for and delivering the flu programme is taken in Berkshire, beginning with a flu workshop in June. Public Health Teams used output from the workshop to develop their local flu action plan, setting out the steps they will take to engage and communicate with local residents about flu, promote the flu vaccine to eligible groups and support partners to provide and manage the programme.

Actions taken in 2017-18 as part of this approach included but were not limited to;

- Development of local authority and CCG flu plans based on a shared approach across the in the West of Berkshire
- Participation in a twice-monthly Thames Valley Flu teleconference led by NHS England to share flu data, best practice and ability to raise concerns with representation locally
- Participation in monthly Berkshire West Flu Action Group with representation from CCGs, NHS providers and local authority public health to monitor progress against flu plans, review uptake of the flu vaccination, assess the impact of flu activity and share good practice or concerns which could then be escalated.
- The Public Health team supported the Berkshire Healthcare Foundation Trust schools immunisation team to engage with those schools where initial engagement was less effective
- Providers also signed up to the 'Health and Wellbeing of Staff' CQUIN which includes staff flu vaccination uptake
- In the West of Berkshire the CCG Quality Team / CCG flu lead supported low performing GP practices with practice visits and / or communications
- A flu communication pack was shared with all care homes
- Ensuring a consistent communication approach across the health and care economy by linking with the national flu campaign as well local alignment of communications between the local Public Health and the CCG communication teams.
- Use of targeted social media approaches to promote flu vaccination
- A collaborative approach to the management of flu outbreaks in closed settings such as care and nursing homes, Berkshire West CCGs commissioned a specific service to undertake risk-assessment and provide antiviral medication for treatment of flu and to prevent further spread to vulnerable residents
- Working with local groups including Children's Centres, Care Home Providers, WBC communications team, voluntary sector organisations and local forums to promote flu vaccine uptake

Analysis of Issues

1. GP Registered Patients

In 2017-18 uptake of vaccine among GP-registered patients in Berkshire was generally similar to or higher than in 2016-17.

- **Patients in clinical risk groups** – uptake was reduced by between 0.9% and 3.1% in this group, with the exception of RBWM and West Berkshire where uptake was similar to the previous season. Nationally uptake was very similar to the previous season.
- **Over 65s** – Increased uptake of flu vaccine was observed in all Local Authorities within Berkshire. Uptake in West Berkshire reached 77.6%, exceeding the national 75% uptake ambition
- **Pregnant Women** – In line with the national picture, uptake in this group was increased compared to 2016-17 with the exception of Slough where a reduction in uptake of 4.9% was observed. Bracknell Forest exceeded the national ambition of 55%, achieving 57% uptake.
- **Children aged 2 and 3** – Uptake in two year olds increased in Reading, West Berkshire, Wokingham and RBWM, but decreased slightly in Slough. A reduction

was also observed in Bracknell Forest compared to the previous season. The uptake ambition was not reached in any local authority in Berkshire or nationally (3.9% increase resulting in 42.9% uptake). Among three year olds modest increases in uptake were observed in Bracknell Forest, West Berkshire and Wokingham, with small decreases observed in Reading and RBWM. Slough experienced a larger decrease in uptake. All areas with the exception of Reading and Slough achieved a higher uptake than the national figure of 44.2%

- **Children in school years 0- 4** – this programme was again highly successful in Berkshire, the uptake ambition of 40% was exceeded in all local authorities reaching as high as 80% in at least one area.
- **Healthcare workers** – Uptake among NHS staff increased compared to the 2016-17 season in all local Trusts with the exception of Berkshire Healthcare Foundation Trust, where uptake was slightly recued on the previous season despite more vaccines being given. Uptake in local NHS Trusts ranged from 62.6%-72.1%

2. Learning from 2017-18 season

- Local Authority public health teams actively promoted flu vaccination to eligible groups using a range of channels and worked with commissioners and providers during the season to identify issues. Whilst uptake among school children was good, uptake in other risk groups remains below the desired level; this is in line with other areas of the country.
- There remains considerable variation in uptake between GP practices, There is scope to improve communication with practices throughout the flu season and to improve the way patients are invited for vaccination.
- Myths and misconceptions regarding vaccines remain an important barrier to uptake. Other barriers may include variation in access to GP flu clinics, lack of health literacy and inclusion of porcine¹ element in the children's vaccine making it inappropriate for some groups.
- Uptake among front line local authority social care workers remains difficult to measure; there is scope to improve data collection in this area.
- Despite introduction of an NHS funded flu vaccine offer for frontline social care staff in nursing and residential care, local intelligence suggest uptake in this group remained low.
- Locally, CCGs and their commissioned providers responded well to flu outbreaks in care homes and closed settings following development and implementation of flu outbreak plans. Close partnership working proved key to the success of this approach and closer working at the planning stage is warranted for future success.

3. Changes for the 2018-19 Flu Season

The higher burden of flu sub-type H3N2 among elderly people together with the lower effectiveness of vaccines against this sub-type indicated the need for an alternative

¹ Derived from pigs

approach.² The UK Joint Committee on Vaccination and Immunisation advised that use of a different formulation (adjuvanted trivalent inactivated vaccines or TIV) in those aged 65 years and older would be both more effective and cost-effective than the vaccines currently in use³.

In February 2018, NHS England wrote to GP Practice and Community Pharmacies advising that they should offer;

- adjuvanted trivalent vaccine (aTIV) for all 65s and over
- quadrivalent vaccine (QIV) for those age 18 to 64 at risk

Nasal vaccine will continue to be offered to healthy children aged 2 and above.

Nationally, groups eligible for vaccination are similar to previous years, with the addition of children in school year 5 to the school-aged programme. It has been confirmed that care home/nursing home/domiciliary care workers caring for vulnerable residents at risk from influenza are also eligible for a free flu vaccine again in 2018-19. In addition, this offer has also been extended to hospice workers. The eligible groups and where they can access their vaccine are shown below.

Target Group	GP	Pharmacy	Maternity	School	Workplace
Aged under 65 'at risk'	√	√			
Pregnant women	√	√	√		
Eligible children aged 2-3 years	√				
Eligible children in Reception to school year 5				√	
Aged 65 years and over	√	√			
Carers	√	√			
NHS Healthcare workers		√			√
Frontline care home/nursing home/domiciliary care workers and hospice workers	√	√			

4. Local flu plan for 2018-19

A successful flu planning workshop took place on 8th June at the Open Learning Centre, Bracknell. This was well attended by a range of stakeholders from across Berkshire and sought to bring together plans for provision and promotion of flu vaccine and preparing and responding to flu outbreaks. Following the workshop, the Shared Public Health Team developed a high level Berkshire Flu Plan which enabled the Wokingham Public Health team to create a local flu action plan for the 2018-19 season.

This year the Wokingham Public Health Team are:

²https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/641162/influenza_vaccine_effectiveness_in_primary_care_1617_final.pdf

³ <https://www.gov.uk/government/publications/flu-vaccination-supporting-data-for-adult-vaccines/summary-of-data-to-support-the-choice-of-influenza-vaccination-for-adults-in-primary-care>

- Actively promoting flu vaccination to eligible groups, particularly those with long term conditions, using a range of channels, working collaboratively with commissioners and providers before and during the season to identify issues.
- Using national materials and good multi-agency working to enable consistent flu messaging to the public.
- Robustly promoting the campaign to Care Home Providers.
- Continue to challenge myths and misconceptions regarding vaccines which continue to be a barrier to uptake.
- Offer Staff Flu Vaccination Clinics.

Partner Implications
Flu vaccination programmes are one of the most effective ways of protecting populations from flu and reduce pressures on the NHS, GP practices and the wider health and social care system. Additionally, Wokingham staff flu vaccination clinics support business continuity through the flu season.

Reasons for considering the report in Part 2

List of Background Papers
<ul style="list-style-type: none"> • National flu immunisation programme 2018 to 2019 letter (1 of 2) • Berkshire seasonal influenza vaccine campaign 2017-18 final report  <p>Berkshire Seasonal Influenza Vaccine Car</p> <ul style="list-style-type: none"> • Report and recommendations from Berkshire 2018 Flu Planning workshop  <p>Berkshire Flu Planning Workshop 2018</p>

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