

***The national flu immunisation
programme 2020 to 2021 – An
Update***

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Aim of this presentation + Content

- **Am:** To provide an update on the National Flu Immunisation Programme 2020 to 2021
- **Content:**
 - Scientific Advice on which flu immunisation to offer
 - Advantage of using the cell culture influenza vaccine
 - Groups included in National Flu Immunisation Programme (updated flu letter 4-Aug-20)
 - Additional expanded Cohort for flu immunisation
 - Expansion of work force to deliver flu immunisation as part of COVID 19 response (DHSC-gov.uk)
Further instructions/SPECS to be developed in due course
 - Vaccine supply and coverage
 - Update on the availability of vaccines for the 2020/21 children's flu programme supplied by PHE
 - Challenges posed by COVID-19 (RCGP: Logistic Guide for General Practice)
 - Procedure and guidance on delivering flu immunisation
 - Delivering the programme during the pandemic (Infection prevention and control when administering vaccines)
 - Planning and leadership
 - Take home message
 - Useful Resources

Scientific Advice on which flu immunisation to offer

- In Sept-19 the Joint Committee on Vaccination and Immunisation (JCVI) published its scientific advice and recommendations on the use of influenza vaccines in the UK for the 2020/21 season
- **For vaccination of those aged 65 years and over**
 - Adjuvanted trivalent inactivated influenza vaccine (aTIV)
 - High-dose trivalent vaccine (TIV-HD)
 - Quadrivalent influenza cell-culture vaccine (QIVc) is also suitable for use in this age group if aTIV or TIV-HD is not available.
 - However QIVc is considered preferable to standard egg-culture influenza vaccines (TIVe/QIVe).
 - The high-dose trivalent vaccine (TIV-HD) still has a significantly higher list price for 2020/2. This vaccine will not be commissioned by NHS E&I and will not be reimbursed by NHS E&I in 2020/21.
- **For vaccination of those aged 9 to less than 65 years of age in a clinical at-risk group (including pregnant women)**
 - Evidence from recent influenza seasons indicate a clear additional benefit in the use of **quadrivalent influenza vaccines (QIVe and QIVc)** in those under 65 years of age in a clinical at-risk group, compared with trivalent influenza vaccines.
 - GPs and Pharmacists should consider the use of QIVc vaccine in the first instance for at-risk adults aged less than 65 years (including pregnant women). QIVe vaccine should also be considered as an alternative to QIVc

Summary Table of Which Influenza Vaccine to offer 20/21

Eligible Group	Type of Flu vaccine	Name of Product	Supplier
<p>At risk children aged from 6 months to <2 years</p>	<ul style="list-style-type: none"> ▪ Offer QIVe ▪ LAIV and QIVc (egg free) are not licenced for children under 2 years of age. 	<ul style="list-style-type: none"> • Fluarix Tetra • Quadrivalent Influenza vaccine • Quadrivalent Influenza vaccine 	<ul style="list-style-type: none"> • GSK • Sanofi Pasteur Vaccines • Masta
<p>At risk children aged 2 to under 18 years</p>	<ul style="list-style-type: none"> ▪ Offer LAIV (nasal spray) ▪ If LAIV is contraindicated, offer: ▪ QIVe to children less than 9 years of age. ▪ QIVc should ideally be offered to children aged 9 years and over who access the vaccine through general practice. ▪ Where QIVc vaccine is unavailable, QIVe should be offered ▪ It is acceptable to offer only QIVe to the small number of children contraindicated to receive LAIV aged 9 years and over who are vaccinated in a primary school setting. 	<ul style="list-style-type: none"> • Fluenz Tetra • Fluarix Tetra / • Quadrivalent Influenza vaccine • Flucelvax® Tetra 	<ul style="list-style-type: none"> • AstraZeneca UK Ltd • GSK/Masta/Sanofi Pasteur Vaccines • Seqirus UK Ltd
<ul style="list-style-type: none"> • Aged 2 and 3 years on 31-Aug-20 General Practice) • All primary school children aged 4-10 on 31-Aug-20 (School setting) 	<ul style="list-style-type: none"> ▪ Offer LAIV (nasal spray) ▪ If child is in a clinical risk group and is contraindicated to LAIV (or it is otherwise unsuitable) offer inactivated influenza vaccine (QIVe). 	<ul style="list-style-type: none"> • Fluenz Tetra • Fluarix Tetra • Quadrivalent Influenza vaccine • Quadrivalent Influenza vaccine • Quadrivalent Influvac sub-unit Tetra 	<ul style="list-style-type: none"> • AstraZeneca UK Ltd • GSK • Masta • Sonafi Pasteur • Mylan (form 3 years onwards)

Summary Table of Which Influenza Vaccine to offer 20/21

Eligible Group	Type of Flu vaccine	Name of Product	Supplier
At risk adults (aged 18-64), including pregnant women	Offer: <ul style="list-style-type: none">• QIVc (egg free)• QIVe (egg grown vaccine as an alternative to QIVc)	<ul style="list-style-type: none">• Flucelvax Tetra• Fluarix Tetra/Quadrivalent Influenza vaccine including the influvac	<ul style="list-style-type: none">• Seqirus UK Ltd• GSK/Masta/Sanofi Pasteur /Mylan
Aged 65 years and over	Offer: <ul style="list-style-type: none">▪ aTIV should be offered for it is considered to be more effective than standard dose non-adjuvanted trivalent and egg-based quadrivalent influenza vaccines▪ QIVc is suitable for use in this age group if aTIV is not available▪ It is recommended that those who become 65 before 31 March 2021 are offered aTIV 'off-label'	<ul style="list-style-type: none">• Adjuvanted Trivalent Influenza Vaccine• Flucelvax Tetra	<ul style="list-style-type: none">• Seqirus UK Ltd• Seqirus UK Ltd

Advantage of using the cell culture influenza vaccine

- A potential advantage to using cell-culture influenza vaccines compared with egg culture influenza vaccines
- **Egg culture influenza vaccine:** Possible impact of “egg-adaption” can cause differences between the viruses in the vaccine and the ones that are circulating and hence interfere with the effectiveness of influenza vaccines, particularly against A(H3N2) strains
- **Cell grown vaccine:** Reduces egg adapted changes and may result in containing viruses which are more like the wild type circulating virus
- Evidence on additional benefit of QIVc over the QIVe is reasonably consistent, but available for only very few seasons
- However the above impact will likely be limited to seasons in which the influenza season is dominated by well-matched H3N2 (A) strains

Product	Suitable for use in clinical at risk / eligible adults under 65 years	Suitable for use in adults 65 years and over	Licensure status	Recommended and reimbursed by NHS England	NHS Cost per dose *See link for further detail on vaccines, cost and supplier
Standard egg-grown quadrivalent vaccines (QIVe)	YES	NO	Licensed from 6 months	YES (only reimbursed for adults under 65 and at-risk children aged 9 years and over where LAIV is unsuitable and QIVc is unavailable)	Products available at £8.00 and £9.94
Adjuvanted trivalent vaccine (aTIV)	NO	YES	Licensed (for those aged 65 years and over)	YES	£9.79
Cell-grown quadrivalent vaccine (QIVc)	YES	YES	Licensed (aged 9 years and over)	YES Noting for those over 65 only if aTIV not available; and for 9-17 year olds only if LAIV is unsuitable	£9.94
High-dose trivalent vaccine (TIVHD)	NO	YES	Licensed (for those aged 65 years and over)	NO This vaccine is not eligible for reimbursement	£20.00

Groups included in National Flu Immunisation Programme (updated flu letter 4-Aug-20)

In 2020/21, flu vaccinations will be offered under the NHS flu vaccination programme to the following groups: Updated flu letter 4-Aug-20:

- all children aged two to eleven (but not twelve years or older) on 31-Aug-20
- people aged 65 years or over (including those becoming age 65 years by 31-Mar-21)
- those aged from six months to less than 65 years of age, in a clinical risk group, such as those with:
 - 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,
 - learning disability
 - diabetes
 - splenic dysfunction or asplenia
 - a weakened immune system due to disease (such as HIV/AIDS) or treatment (such as cancer treatment)

- morbidly obese (defined as BMI of 40 and above)
- all pregnant women
- 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, university halls of residence, or boarding schools (except where
 - ❑ children are of primary school age or secondary school Year 7
 - ❑ those who are in receipt of a carer's allowance, or who are the main carer of an older or disabled person whose welfare may be at risk if the carer falls ill
 - ❑ health and social care staff, employed by a registered residential care/nursing home/voluntary managed hospice provider
 - ❑ registered domiciliary care provider, who are directly involved in the care of vulnerable patients/clients who are at increased risk from exposure to influenza

Additional expanded Cohort for flu immunisation

- Household contacts of those on the NHS Shielded Patient List, or of immunocompromised individuals, specifically individuals who expect to share living accommodation with a shielded patient on most days over the winter and therefore for whom continuing close contact is unavoidable
- individuals between 50-64 years, following prioritisation of other eligible groups and subject to vaccine supply
- children of school Year 7 age in secondary schools (those aged 11 on 31-Aug-20).
- Health and social care workers employed through Direct Payments (personal budgets) and/or Personal Health Budgets, such as Personal Assistants, to deliver domiciliary care to patients and service users: Vaccination will be available through community pharmacy or their registered general practice.
- All frontline health and social care workers, should be vaccinated this season. This should be provided by their employer, in order to meet their responsibility to protect their staff and patients and ensure the overall safe running of services.
- The list above is not exhaustive, and 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.
- The influenza chapter in '**Immunisation against infectious disease**' (the "Green Book") can be referred to for further detail about clinical risk groups advised to receive flu immunisation and for full details on advice concerning contraindications and precautions for the flu vaccines. This can be found at:
www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book

People with Substance Misuse Issue

- **Alcohol addiction**
 - **Opiate addiction**
 - **Crack addiction**
 - **Anyone on the National Drug Treatment Monitoring Service**
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- **CEG are setting up EMIS to add the eligible code for those on NDTMS. However it is important to stay alert for those who are not on this database but may be vulnerable and need immunization**
 - **Offering the flu vaccination to those on NDTMS will be in the P-RESET KPIs going forward and uptake KPIs are planned for future years**
 - **If a patient is identified, who is eligible but doesn't have a code which includes them in the system, then 'Needs Influenza immunization' (SNOMED 185903001/Read code 9OX4) should be used; this will ensure that the GPES extract will include the person in the eligible cohort**

Expansion of work force to deliver flu immunisation as part of COVID 19 response (DHSC-gov.uk)
Further instructions/SPECS to be developed in due course

- To reflect the need to achieve maximum coverage this year, all Hospital Trusts (national service specifications) will be asked to offer vaccinations to:
 - pregnant women attending maternity appointments
 - those clinically at risk eligible patients attending in- and out-patient appointments
 - The Community Pharmacy Seasonal Influenza Advanced Service Framework will be amended to enable community pharmacies to vaccinate both residential care/nursing home residents and staff in the **home setting** in a single visit to increase uptake rates and offer further protection to this vulnerable group of patients
- In addition, this season an inactivated vaccine may be offered to those children whose parents refuse the live attenuated influenza vaccine (LAIV) due to the porcine gelatine content, in order to prevent localised outbreaks this year
- It is essential to increase flu vaccination levels for those who are living in the most deprived areas and from BAME communities who are more at risk if they are to get COVID-19 and flu. It will therefore require high quality, dedicated and culturally competent engagement with local communities, employers and faith groups
- Providers are expected to ensure they have robust plans in place for tackling health inequalities for all underserved groups to ensure equality of access

Vaccine supply and coverage

- This year, the aim is to achieve a flu vaccination coverage of a minimum 75% uptake across all eligible groups. A national supply of stock has been procured to ensure demand does not outstrip supply
- Frontline health and social care workers should achieve a flu vaccination coverage of 100%
- As usual, providers will have ordered flu vaccine directly from manufacturers
- Two of the vaccines for use in the children's programme have been procured by Public Health England (PHE) as additional stock. These are the live attenuated influenza vaccine (LAIV) administered as a nasal spray for use in children aged 2 to less than 18 years except where contraindicated, and the injectable egg-grown Quadrivalent Influenza Vaccine (QIVe) for children in clinical risk groups for whom LAIV is unsuitable due to contraindication or age
- These vaccines can be accessed through Immform at <https://portal.immform.phe.gov.uk>
- For eligible children from 9 years of age unable to receive LAIV, locally procured QIVc and QIVe are alternatively able to be given
- For further information: www.england.nhs.uk/wp-content/uploads/2019/12/NHS-England-JCVI-advce-andNHS-reimbursement-flu-vaccine-2020-21.pdf
- In view of increased demand for flu vaccine across all cohorts and the expansion of the flu programme, the Department of Health and Social Care (DHSC) has also procured additional national supply of the adult vaccine and will issue guidance in September on how and when this can be accessed

Update on the availability of vaccines for the 2020/21 children's flu programme supplied by PHE

- Indicative start date for ordering of the 2 vaccines available to providers of the children's flu programme in England via PHE's ImmForm website,
- Fluenz® Tetra (LAIV) by Astra Zeneca – early September and
- Quadrivalent Influenza Vaccine (split virion, inactivated) (QIVe) by Sanofi Pasteur - early September
- Ordering controls will be in place for Fluenz® Tetra to enable PHE to balance supply with demand. As in previous years ordering controls for Fluenz Tetra by PHE for general practices are tailored on the number of registered eligible patients
- Increases to the allocations will be applied as soon a sufficient stock becomes available to do so
- Each GP practice will initially be allocated sufficient vaccine to vaccinate at least 50% of their eligible children (all 2 and 3 year olds, plus children in clinical risk groups from age 4 to <18 years) when ordering commences
- Subsequently, each GP practice will be allocated sufficient vaccine to vaccinate at least 70% of their eligible cohort (as above) by early October
- Further amendments to these allocations will be made in response to demand and vaccine availability
- Requests for extra vaccine will be considered on a case by case basis throughout
- PHE also supplies an egg-based Quadrivalent Influenza Vaccine (split virion, inactivated) which is suitable for all children from six months to less than 18 years old
- For any queries please email: england.londonimms@nhs.net

Challenges posed by COVID-19 (RCGP: Logistic Guide for General Practice)

- Like the small pox pandemic in 1960 and the swine flu pandemic in 2010, similar scale of emergency vaccination will be needed from primary care, as a result of the COVID-19 pandemic
- Enhanced standards of infection prevention and control will be needed, and larger spaces may be necessary to maintain safe social distancing
- Creating a safe flow of patients to achieve the high throughput to vaccinate large numbers may be difficult and impossible in some cases
- In the context of social distancing, use of personal protective equipment and increased time necessary for immunisers to prepare for each patient, it is likely that additional time will be required
- Under normal circumstances, well organised, properly supported flu clinics may be able to vaccinate patients at rates as high as one patient per vaccinator every one to three minutes, as part of a patient journey around 15 minutes in length
- In these altered circumstances, we estimate that the actual vaccination process may take at least four minutes, and potentially five to six minutes depending on the PPE requirements
- Unless the number of vaccinators is also increased, this will have significant implications for the time taken to vaccinate a population
- With the expanded Cohort , it could mean those aged 50 or over, could add as many as 12 million people to the target population. A similar population may need urgent vaccination against COVID-19 in the first instance
- These factors, taken together, suggest that services and facilities may need to be altered or enhanced to ensure that vaccination programmes are successful
- Plans should therefore be based around a reasonable worst-case scenario for delivering the vaccine
- With sufficiently detailed planning and preparation, however, it will be possible to mitigate these risks and deliver effective vaccination programmes which protect patients without impacting unduly on delivery of other services

Procedure and guidance on delivering flu immunisation

- For guidance on immunisation during COVID-19, including PPE, see: 'Clinical Guidance for Healthcare professionals on maintaining immunisation programmes during COVID-19' at: www.england.nhs.uk/coronavirus/wpcontent/uploads/sites/52/2020/06/clinical-guidance-for-hcps-on-imms-for-covid-19.pdf 28
- These procedures and guidance mean that a range of different ways of delivering the flu immunisation programme this year should be considered including the following:
 - careful appointment planning to minimise waiting times and maintain social distancing when attending
 - providing patients with information in advance of their appointment to explain what to expect
 - recalling at risk patients if they do not attend in line with contract requirements •
 - social distancing innovations
 - for those on the Shielded Patient List, who are high risk for COVID-19 ,consider the use of domiciliary visits
 - for the overall schools vaccination programme social distancing measures will create additional challenges, and where possible, we still expect the school estate to be used in the event of any local school closures
- Providers need to be prepared to make adjustments to the programme in the face of any local restrictions to ensure those at highest risk can continue to be vaccinated. The national flu immunisation programme 2020 to 2021 6 31

Delivering the programme during the pandemic (Infection prevention and control when administering vaccines)

- Patients will, need reassurance that appropriate measures are in place to keep them safe from COVID-19, as it is likely to be co-circulating with flu. This reassurance will be especially important for those on the NHS Shielded Patient List
- Further information regarding infection prevention and control measures can be found in the 'Information for Healthcare Practitioner' documents, which will be updated prior to and during the season as required, and are available at: www.gov.uk/government/collections/annual-flu-programme
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- Healthcare professionals administering the vaccine will need to wear the recommended personal protective equipment that is in line with the current advice from the government: <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe>
- Providers will be expected to deliver the programme according to guidelines on social distancing that are current at the time. Standard operating procedures in the context of COVID-19 have been issued for General Practice, community pharmacy, and community health services: <https://www.england.nhs.uk/coronavirus/publication/managing-coronavirus-covid-19-in-general-practice-sop/>

Planning and leadership

- It is recommended that GP Practices and Networks plan the delivery of the flu immunisation programme across a consistent, pre-agreed footprint.
- **Ruth Walters to pick up on this with Network Managers**

Take Home Message

- **Government estimates vs General Practice:** Government estimates that over 30 million people will require vaccination; which is twice the usual programme scale. General Practice will deliver the majority of this expanded programme
- **Workforce vs Demand and pressures:** Workforce delivering this programme will be facing additional demand due to the longer-term impacts of the COVID-19 pandemic and lockdown; and practices may face reduced capacity, due to the need to protect vulnerable staff and associated restrictions
- **Facilities and delivery models:** These may need to be altered or enhanced to ensure success in the vaccination programmes
- **Planning and preparation:** If this is sufficiently detailed, it will be possible to mitigate associated risks and deliver effective vaccination programmes without impacting unduly on delivery of other services

Useful Resources

- Delivering Mass Vaccinations During COVID-19 A Logistical Guide for General Practice (RCGP):
https://elearning.rcgp.org.uk/pluginfile.php/149506/mod_page/content/75/Mass%20Vaccination%20at%20a%20time%20of%20COVID%20V2.0.pdf
- RCN immunisation Guidance
- 'Immunisation services and Large-scale vaccination delivery during COVID-19 - considerations and practical advice' resource:
<https://www.rcn.org.uk/clinical-topics/public-health/immunisation/immunisation-services-and-large-scale-vaccination-delivery-during-covid-19>
- It is currently written for the influenza programme but as a web resource can be amended as we need to for any pandemic vaccine