

**REPORT TO:** Health and Wellbeing Board  
**DATE:** 3 October 2018  
**REPORTING OFFICER:** Director of Public Health  
**PORTFOLIO:** Public Health  
**SUBJECT:** Seasonal Flu Plan 2018/19  
**WARD(S)** Borough-wide

## 1.0 PURPOSE OF THE REPORT

1.1 The report presents an the annual Flu plan with an overview of changes to and requirements of the annual seasonal influenza vaccination campaign for the 2018 – 2019 flu season and implications of this for the Local Authority and health and social care partner agencies.

## 2.0 RECOMMENDATION: That

- 1) **The Health and Wellbeing Board note the content of the Annual Flu Plan and note the changes to the national flu vaccination programme for 2018-2019; and**
- 2) **Each individual agency note their requirements in relation to the programme and promote flu prevention as widely as possible.**

## 3.0 SUPPORTING INFORMATION

### 3.1 Background

Influenza represents a significant cause of morbidity and mortality, and is a particular concern in those with existing health problems. Flu is ultimately preventable and flu vaccination remains an important tool in protecting the health of our population and reducing the burden on local health systems.

Influenza vaccination is a nationally developed programme for local implementation. The details of which are produced by Public Health England and published in the Winter Flu Plan for local adoption and delivery. This year sees some significant changes, predominantly to the extension of the offer of flu vaccine to a wider age range of children.

### 3.2 Previous campaigns

The ambition is to offer the flu vaccination to 100% of all those who are eligible to have it and while the objective is to obtain the maximum uptake possible, national targets are in place which differ by risk group as detailed below:

Eligible Group	Uptake ambition for 2017/18
Aged 65 and over	75%
Aged under 65 'at risk', including pregnant women	<b>At least 55%</b> (ultimately increasing to 75%)
Children ages 2 and 3 years	<b>At least 48%</b>
School aged cohort: Reception, Years 1-5)	Average of <b>at least 65%</b> across all years
Health and care workers	75%

There has been a general decline in flu uptake, locally and nationally in the last few years, though Halton has seen an increase in uptake in the previous year.

### Uptake of Flu Vaccines across Halton CCG

Flu vaccine uptake in the last three years (%) was as follows:	2017/18		2016/17		2015/16		2014/15	
	Eng	Halton	Eng	Halton	Eng	local	Eng	local
Patients aged 65 years or older (CCG)	72.4	73.7 ↑	70.5	71.5	72.8	73.8	73.2	73.5
Patients under 65 years in risk groups (CCG)	48.9	50.4 ↑	48.6	51.0	50.3	50.3	52.3	51.9
Pregnant women (CCG)	47.1	50.4 =	44.9	50.5	44.1	46.7	39.8	38.8
Health care workers St Helens and Knowsley NHS Trust	68.7	87.2 ↑	63.0	82.0	54.6	83.5	54.8	76.9
Warrington and Halton Hospital NHS Trust		85.5 ↑		81.8	54.6	78.5		
Two years old (including those in risk groups) (CCG)	42.6	40.2 ↑	38.9	36.9	38.5	35.6	42.6	N/A
Three years old (including those in risk groups) (CCG)	44.0	45.8 ↑	41.5	41.9	41.3	37.2	39.5	N/A
Four years old (including those in risk groups) (CCG)	/	/	33.9	33.1	32.9	32.6	N/A	N/A
Reception Year	62.6	57.4	/	/	/	/	/	/
School year 1 (LA)	61.0	58.3 ↑	57.6	52.4	/	/	/	/
School Year 2 (LA)	60.4	53.6 ↓	55.4	54.2				

Cell colour indicates if indicative targets have been achieved, red indicates target some distance from target, amber indicates close to achieving, green indicates target achieved. Arrow indicates direction of travel from previous year.

Uptake amongst front line health care workers continues to increase, with Warrington and Halton Hospital Trust achieving an overall achieving target uptake amongst front line health staff.

Data for uptake amongst social care workers is not currently available but nationally the uptake amongst this cohort is low.

### 3.3 **Flu programme 2018-19**

#### Key changes to this year's plan

- Healthy Child programme has been extended to include children in school year 5
- Social Care workers, including those in hospice provision, will be eligible for vaccination under the national programme
- The vaccination provided to over 65s has changed based on JCVI recommendations for improved effectiveness to an Adjuvant Tri Valant inactivated vaccine (aTIV)
- The vaccine provided to those under 65 and in a clinical risk group has changed based on JCVI recommendations for improved effectiveness to an Inactivated Quadrivalent vaccine (QIV).

The people eligible for the flu vaccination in the 2018/19 are:

- those aged 65 years and over
- those aged six months to under 65 in clinical risk groups which include:
  - chronic (long-term) respiratory disease, such as severe asthma, chronic obstructive pulmonary disease (COPD) or bronchitis
  - chronic heart disease, kidney disease, liver disease, neurological disease, such as Parkinson's disease or motor neurone disease, or learning disability
  - diabetes
  - Non-functioning or absent spleen
  - a weakened immune system due to disease (such as HIV/AIDS) or treatment (such as cancer treatment)
  - Morbidly obese individuals
- pregnant women
- all two and three year olds
- children in school years Reception, 1,2,3, 4 and 5
- those in long-stay residential care homes
- carers
- Front line health and social care staff

### 3.4 **Flu programme delivery**

The vaccinations will be delivered through primary care (GP practices) and community Pharmacies for the majority of the eligible persons (over 65, those in a clinical risk group between 18-65 years of age, pregnant women (although midwifery services also vaccinate pregnant women as part of an NHSE

contract) and carers. The vaccine for children in a clinical risk group will be undertaken in general practice only. Vaccination of eligible children in school settings Reception to year 5 will be delivered by School Nurses.

Halton has also contracted with CGL for the flu vaccination to be offered to individuals in risk groups attending substance treatment services.

There is a requirement for all frontline health and social care workers to be offered flu vaccination by their employer. This includes general practice staff. General practice and hospital staff vaccinations are undertaken by their own staff and occupational health units.

Staff employed by social care services, care homes, hospices and domiciliary care agencies can receive vaccination at either their GP or community pharmacy on production of a relevant form of ID (employer ID badge, payslip or letter from employer)

### 3.5 Publicity and marketing

Public Health England have announced that there will be a national public facing Winter Pressures publicity campaign, which will include flu vaccination promotion local services are participating in this 'Stay Well this Winter' campaign.

Other campaign approached for this year include:

- Using Catch App to engage with parents of children under 5 about flu vaccination and flu messages
- General awareness in children's settings
- Working with Warrington and Halton Hospital Foundation Trust to message patients about flu
- Taking part in the #Widnesrocks and #Runcornrocks with 'flu rocks' located in the community for children to find and share on relevant social media pages
- Social media messaging

### 3.6 Potential challenges

A number of challenges have been identified for which consideration needs to be given.

#### *Change of vaccines used*

NHS England has confirmed that there are more effective vaccines available than have been used in previous years for some risk groups. There are 2 different vaccines recommended for over 65s and those under 65 and in a clinical risk group:

- the **adjuvanted trivalent vaccine (aTIV)** for all 65s and over. The aTIV (Fluad®: Seqirus) was licensed late in 2017 and is available for use in the 2018/19 season.
- the **quadrivalent vaccine (QIV)** for 18 – under 65s at risk.

There is currently only one manufacturer for the aTIV vaccine, and stocks have been pre-ordered based on population need. Due to identified limitation in supply, vaccines supply will be staggered through the flu season with GPs and community pharmacies receiving 40% of their orders in September, 20% in October and 40% in November. Based on this it is recommended that invitations for vaccination should be prioritised in the following order (though it is recognised that no individual should be turned away wherever possible):

- Those aged 75 and over
- Those aged 65 – 74 in a clinical risk group
- Those aged 65 – 74 with no additional risk factors

A risk is that the supply of vaccine may not meet the demand at a particular time. Practices and pharmacies will need to manage the invitation of patients and delivery of vaccinations carefully to ensure that vaccines are available throughout the season to all who need them.

#### *Social Care staff*

Front line health and social care staff should receive the vaccination in order to protect themselves, their family and as importantly, the people that provide care for. Ensuring high uptake amongst the wider health and social care workforce is has always proved a challenge. An opportunity to engage staff to a greater extent exists this year due to the expansion of the national programme to this group of people.

## **4.0 POLICY IMPLICATIONS**

- 4.1 The flu vaccination programme is a national requirement, monitored through monthly returns to NHS England.

## **5.0 OTHER/FINANCIAL IMPLICATIONS**

- 5.1 There will be financial implications in the implementation of the national programme – vaccinations within primary care and to risk groups is covered through national arrangements. Individual employer organisations of health and social care staff are required to resource arrangements for the provision of vaccination. Resource is required to promote vaccination uptake amongst all eligible groups and maximise the programmes impact.
- 5.2 Flu presents an annual health challenge on the health and social care system and is responsible for a large proportion of excess winter deaths. Cases of flu pose a significant burden on primary and secondary health care systems. Outbreaks amongst vulnerable groups are common in unprotected communities and can be difficult to manage and control. Flu is preventable and inequities in uptake across the Borough, within higher risk populations and staffing groups can put the most vulnerable people at greater risk.

## 6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

### 6.1 **Children & Young People in Halton**

Children represent one of the key sources of carriage of flu virus in the community, ensuring high uptake amongst children is one of the best ways to ensure limit the spread of flu in our communities and protect our most vulnerable children and members of the community from a preventable illness.

### 6.2 **Employment, Learning & Skills in Halton**

Maximising vaccine uptake amongst eligible groups will protect members of our communities, facilitating people to maintain good health through the winter period will maximise employment and learning opportunities and limit absence from school and workplaces.

### 6.3 **A Healthy Halton**

Flu is a preventable illness. Ensuring good uptake of flu vaccination for risk groups and health and social care staff, will prevent illness and death within Halton.

### 6.4 **A Safer Halton**

None specified

### 6.5 **Halton's Urban Renewal**

None specified

## 7.0 **RISK ANALYSIS**

7.1 Failing to adequately implement the national flu plan and protect our community puts the population at significant risk of outbreaks and increased incidence of a serious, preventable infection. Failure to provide flu vaccination for eligible front line health and social care staff is a corporate risk and can put employees and service users at increased risk of influenza.

## 8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 The strategy is developed in line with all equality and diversity issues within Halton.

## 9.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

None.