

## Halton Flu Plan 2017-2018

### Overview of this plan

Flu is a key factor in NHS winter pressures. It impacts on both those who become ill, the NHS services that provide direct care, and on the wider health and social care system that supports people in at-risk groups. Flu occurs every winter in the UK. The Flu Plan aims to reduce the impact of flu in the population through a series of complementary measures. These measures help to reduce illness in the community and unplanned hospital admissions, and therefore pressure on health services generally and A&E in particular.

The national flu immunisation programme is a key part of the plan. Halton's Flu immunisation plan reflects the national plan.

### Key changes to this years 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)

### Flu vaccination

#### Responsibilities for Halton Borough Council and CCG

NHS England and Public Health England produce an annual Winter plan, responsibilities of local authorities and partners as identified within this plan include:

**Local authorities**, through their director of public health, have responsibility for:

- providing appropriate advocacy with key stakeholders and challenge to local arrangements to ensure access to flu vaccination and to improve its uptake by eligible populations
- providing independent scrutiny and challenge to the arrangements of NHS England, PHE and local authority employers of frontline social care staff and other providers of health and social care
- providing leadership, together with local resilience partners to respond appropriately to local incidents and outbreaks of flu infection

**Local authorities** can also assist by:

- promoting uptake of flu vaccination among eligible groups, for example older people in residential or nursing care, either directly or through local providers
- promoting uptake of flu vaccination among those staff providing care for people in residential or nursing care, either directly or through local providers

**Clinical commissioning groups (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

**GP practices and community pharmacists** are responsible for:

- educating patients, particularly those in at-risk groups, about the appropriate response to the occurrence of flu-like illness and other illness that might be precipitated by flu
- ordering the correct amount and type of vaccine for their eligible patients, taking into account new groups identified for vaccination and the ambition for uptake
- storing vaccines in accordance with national guidance
- ensuring vaccination is delivered by suitably trained, competent healthcare professionals who participate in recognised on-going training and development in line with national standards
- maintaining regular and accurate data collection using appropriate returns
- encouraging and facilitating flu vaccination of their own staff

In addition, GP practices are responsible for:

- ordering vaccine for children from PHE central supplies through the ImmForm website and ensuring that vaccine wastage is minimised
- ensuring that all those eligible for the flu vaccine are invited personally to receive their vaccine
- ensuring that antiviral medicines are prescribed for appropriate patients, once the CMO/CPhO letter has been distributed alerting them that antiviral medicines can be prescribed

**All employers of individuals working as providers of NHS and social care services are responsible for:**

- management and oversight of the flu vaccination campaign or alternative infection control measures for their frontline staff
- support to providers to ensure access to flu vaccination and to maximise uptake among those eligible to receive it

### Uptake Ambitions

The local ambition is to ensure a 100% offer of vaccination to all eligible groups.

The national target for vaccination uptake is set as identified in the table below:

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

### Flu vaccination uptake rates (national & local)

Flu vaccine uptake in the last three years (%) was as follows:	2017/18		2016/17		2015/16		2014/15		2013/14	
	Eng	Halton	Eng	Halton	Eng	Halton	Eng	Halton	Eng	Halton
Patients aged 65 years or older (CCG)	72.4	73.7 ↑	70.5	71.5	71.0	72.2	72.8	73.8	73.2	73.5
Patients under 65 years in risk groups (CCG)	48.9	50.4 ↑	48.6	51.0	45.1	47.6	50.3	50.3	52.3	51.9
Pregnant women (CCG)	47.1	50.4 =	44.9	50.5	42.3	49.1	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	49.5	76.6	54.6	83.5	54.8	76.9
Warrington and Halton Hospital NHS Trust		85.5 ↑		81.8		81.6		78.5		
Two years old (including those in risk groups) (CCG)	42.6	40.2 ↑	38.9	36.9	35.4	36.0	38.5	35.6	42.6	/
Three years old (including those in risk groups) (CCG)	44.0	45.8 ↑	41.5	41.9	37.7	38.6	41.3	37.2	39.5	/
Four years old (including those in risk groups) (CCG)	/	/	33.9	33.1	30.0	30.3	32.9	32.6	/	/
Reception Year	62.6	57.4	/	/	/	/	/	/	/	/
School year 1 (LA)	61.0	58.3 ↑	57.6	52.4	54.4	53.1	/	/	/	/
School Year 2 (LA)	60.4	53.6 ↓	55.4	54.2	52.9	54.2	/	/	/	/
School Year 3 (LA)	57.6	54.2 ↑	53.3	52.9	/	/	/	/	/	/
School Year 4 (LA)	55.8	50.3	/	/	/	/	/	/	/	/

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.

### Key elements of the plan

#### National Flu programme

To deliver the vaccination programme to all groups identified within the national programme. Those aged 65 and over, pregnant women and those in a clinical risk group have been offered vaccination annually for a number of years. Those living in long-stay residential care homes, people who are the main carer of someone whose welfare may be at risk if the carer falls ill, and all frontline health and social care workers should also be offered flu vaccination

#### Front line health and social care workers

Frontline health and social care workers have a duty of care to protect their patients and service users from infection. Doctors are reminded of the General Medical Council's (GMC) guidance on Good Medical Practice (2013), which advises immunisation 'against common serious communicable diseases (unless otherwise contraindicated)' in order to protect both patients and colleagues (see

paragraph 29)6. Chapter 12 of the Green Book provides information about the staff groups that can be considered as providing frontline care.

Flu immunisation should be offered by NHS organisations to all employees directly involved in delivering care. This is not an NHS service, but part of the wider infection control responsibilities of the organisation delivered through occupational health services. Social care providers and independent primary care providers such as GP, dental and optometry practices, and community pharmacists, should offer vaccination to staff.

NHS England has published a two year CQUIN covering 2017/18 and 2018/19 which includes an indicator to improve the uptake of flu vaccinations for frontline healthcare staff within providers.

Late in 2017 NHSE announced that those working in residential and domiciliary Social Care settings would be included in the national programme. It has been announced for 2018/19 that social care staff, including those working in hospice settings will be eligible to receive flu vaccination from their GP or pharmacist on the productions of an appropriate form of identification, under the national programme.

#### Extension of the children's programme

In July 2012, JCVI recommended that the flu vaccination programme should be extended to healthy children aged two to their seventeenth birthday. JCVI recognised that implementation of this programme would be challenging and due to the scale of the programme it is being phased in. Vaccinating children each year means that not only are the children protected, but the expectation is that transmission across the population will be cut, reducing levels of flu overall and reducing the burden of flu across the population. Implementing this programme is therefore an important contribution to increasing resilience across the system through the winter period.

The children's programme began in 2013/14 with all two- and three-year-olds being offered vaccination through general practice and geographic pilots in primary school-aged children. The phased roll out now includes all 2 and 3 year olds in general practice and as of 2018/19 will include the immunisation of all children in school in reception and years 1 to 5 being immunized in school based campaign.

Merseyside NHS England area Team has commissioned Bridgewater NHS Foundation Trust School Nursing Service as the currently commissioned 0-19 provider service for Halton to provide this extension through a school based delivery model.

The children's extended programme will vaccinate using the live attenuated influenza vaccine (LAIV), Fluenz Tetra<sup>®</sup>, administered as a nasal spray as recommended by the JCVI.

#### Community Pharmacy Seasonal Influenza Vaccination Advanced Service

Since 2015 all community pharmacies may provide flu vaccination, if they satisfy the requirements of the Advanced Service, to eligible adult patients (over the age of 18). As this service is commissioned by NHS England as an Advanced Service, contractors have the choice as to whether they provide it. The service can be provided by any community pharmacist in any community pharmacy in England that satisfies the requirements of the Advanced Service within the Community Pharmacy Contractual Framework. This includes having a consultation room, being able to procure the vaccine and meet the data recording requirements, and have appropriately trained staff. Further details are available from the Pharmaceutical Services Negotiating Committee website: <http://psnc.org.uk/>

## Vaccine Supply

NHS England has confirmed that the most effective flu vaccines for the population should be ordered, for the 2018/19 flu season. Based on the advice of the Joint Committee on Vaccination and Immunisation (JCVI), providers should offer:

- 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. JCVI concluded at its October 2017 meeting that adjuvanted trivalent flu vaccine is more effective and highly cost effective in those aged over 65 years and above compared with the non-adjuvanted or 'normal' influenza vaccines currently used in the UK for this age-group. JCVI agreed that aTIV would be considered the optimal clinical choice for all patients aged 65 years and over. The JCVI specifically considered that the use of the adjuvanted trivalent flu vaccine should be a priority for those aged 75 years and over, given that the non-adjuvanted inactivated vaccine has showed no significant effectiveness in this group over recent seasons.
- the **quadrivalent vaccine (QIV)** for 18 – under 65s at risk. NHS England has recommended that adults aged 18 to under 65 in clinical at-risk groups are offered the quadrivalent influenza vaccine (QIV) which protects against four strains of flu, including 2 strains of influenza B rather than one. This reflects current JCVI advice and Green Book guidance that was updated in October 2017 on the basis of cost-effectiveness data produced by PHE.

For all eligible populations apart from children, providers remain responsible for ordering vaccines directly from manufacturers. It is recommended that immunisers ensure they:

- order vaccine from more than one supplier where possible
- order sufficient vaccine before the start of the season at least to cover the uptake aspirations for all their registered eligible patients
- note that they now order vaccine for children from central supplies through ImmForm
- pay attention to ordering the most appropriate type of vaccine such as enough egg-free or low ovalbumin content vaccine for those patients who may require it

Flu viruses change continuously and the WHO monitors the epidemiology of flu viruses throughout the world making recommendations about the strains to be included in vaccines for the forthcoming winter. It is recommended that quadrivalent vaccines for use in the 2018/19 northern hemisphere influenza season contain the following:

- an A/Michigan/45/2015 (H1N1)pdm09-like virus;
- an A/Singapore/INFIMH-16-0019/2016 (H3N2)-like virus;
- a B/Colorado/06/2017-like virus (B/Victoria/2/87 lineage); and
- a B/Phuket/3073/2013-like virus (B/Yamagata/16/88 lineage).

It is recommended that the influenza B virus component of trivalent vaccines for use in the 2018/19 northern hemisphere influenza season be a B/Colorado/06/2017-like virus of the B/Victoria/2/87-lineage.

**All** flu vaccines for children are purchased centrally by PHE. This includes vaccine for the national offer to all children aged 2 and 3 and in school settings and for children in risk groups aged six months to under 18 years.

For children in risk groups under 18 years of age where LAIV is contraindicated, suitable inactivated influenza vaccines will be provided centrally and should be offered. LAIV and inactivated injectable vaccines can be ordered through the ImmForm website: [www.immform.dh.gov.uk](http://www.immform.dh.gov.uk).

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

#### Flu vaccine uptake data

Flu vaccine uptake will be collected via the web-based ImmForm system for vaccinations given from the 1 September 2018 until the 31 January 2019 for all eligible groups. The GP patient weekly and monthly vaccine uptake data will be extracted automatically onto ImmForm from the majority of GP practices, other practices will be aware of manual submission requirements.

The weekly GP patient vaccine uptake collection will start the first week of September and will continue until early February.

#### Local authority scrutiny

Local authorities have a responsibility to provide information and advice to relevant bodies within their areas to protect the population's health. Local authorities will provide independent challenge of the arrangements of NHS England, PHE and providers. This function will be carried out through the Halton Flu Group feeding through to the Halton Health Protection Forum and overseen via the Halton Health and Wellbeing Board.

People's services directorate staff will be required to actively promote and engage front line health and social care workers to promote uptake of flu vaccination. This will be organised via Halton Borough Council utilising an external provider, most likely community Pharmacies.

The director of public health in the local authority is expected to provide appropriate challenge to arrangements and also to advocate within the local authority and with key stakeholders to improve access and uptake of flu vaccination. The director of public health also needs to work with local NHS England teams to ensure strategic commissioning.

#### **Flu outbreaks**

The impact of the influenza virus on the population each year is variable – it is influenced by changes that may have taken place in the virus, the number of people susceptible to infection and the severity of the illness caused by a particular strain. These factors in turn affect the pressures the NHS experiences and where they are felt most.

Planning for the flu season therefore needs to prepare for a range of possibilities including the need to respond quickly to modify the plans. For this reason, the *Flu plan* operates according to a series of

levels, which enable individual elements of the DH, NHS England, and PHE’s response to be escalated as appropriate:

<b>Level</b>	<b>Level of flu-like illness</b>	<b>Description of flu season</b>
1	Community, primary and/or secondary care indicators starting to show that flu and flu-like illness are being detected	Beginning of the flu season – flu has now started to circulate in the community
2	Flu indicators starting to show that activity is rising	Normal levels of flu and/or normal to high severity of illness associated with the virus
3	Flu indicators exceeding historical peak norms	Epidemic levels of flu – rare for a flu season

### Antiviral Medication

Influenza antivirals form part of the programme for protection of people who are at increased risk of severe illness due to flu. NICE has reviewed its guidance on the use of flu antivirals in seasonal influenza and it remains unchanged. Influenza antivirals may only be prescribed in primary care when influenza is circulating in the community and the CMO letter has been sent out. Prescribing in secondary care and in the event of outbreaks of flu is described separately.

Prescribing of antiviral medicines on the NHS is restricted through statutory prescribing restrictions set out in Schedule 2 to the National Health Service (General Medical Services Contracts) (Prescription of drugs etc.) Regulations 2004), commonly known as the Grey List or Selected List Scheme (SLS). Schedule 2 is replicated and published monthly in Part XVIII B of the Drug Tariff.

Details of eligible and at risk patients and the circumstances when antiviral medicines can be prescribed are contained in the Drug Tariff. Antiviral medicines can only be prescribed in primary care at NHS expense when DH sends out an annual letter from CMO/CPhO notifying prescribers and community pharmacies that the surveillance indicators are at a level that indicate that influenza is circulating in the community and that prescribers may now prescribe and community pharmacies may supply antiviral medicines for eligible patients.

The exceptions to this are outbreaks of suspected influenza in care/nursing homes which may occur out of season. Arrangements are being put in place to enable the supply of antiviral medicine for care home outbreaks out of the flu season.

Once the CMO/CPhO letter has been sent to primary care, antiviral medicines can be prescribed for patients in the at-risk groups and for patients who are not in one of the identified clinical risk groups but who are at risk of developing medical complications from flu, if not treated. The early use of antiviral medicines to treat and help prevent serious cases of flu in vulnerable patients is particularly important if the flu vaccine effectiveness is low, and remains so every flu season.

### Prescribing in outbreaks (care homes)

Halton CCG is negotiating with Merseyside NHS England Area Team for the location of sufficient antiviral doses to supply the largest local care home (50 bed) in the event of an outbreak within a local community pharmacy. In the event of outbreaks within local care homes, the individual residents’ registered GP will provide clinical assessment and prescription as appropriate. In the

event of assessment required out of ours, this will be undertaken via current Out of Ours contractual arrangements.

Care homes are required to record recent Kidney function test results to facilitate prescribing of antivirals where there is a query regarding potential kidney disease. The prescriber will retain duty of care and decision making on the benefits and risks of antiviral prescribing in any given episode of care.

### **Joint winter planning**

Flu is one of the factors that the health and social care system considers as part of winter preparedness. Each year the system plans for and responds to surges in demand, called winter pressures. Pressures associated with winter include:

- the impact of adverse weather, including cold temperatures which increase emergency hospital admissions for diseases such as cardiovascular and respiratory disease, and snow and ice which result in increased numbers of accidents and can significantly disrupt services
- flu, which has a variable impact, depending on the severity of the season
- the impact of norovirus on the acute sector, including the closure of beds in accordance with infection control processes

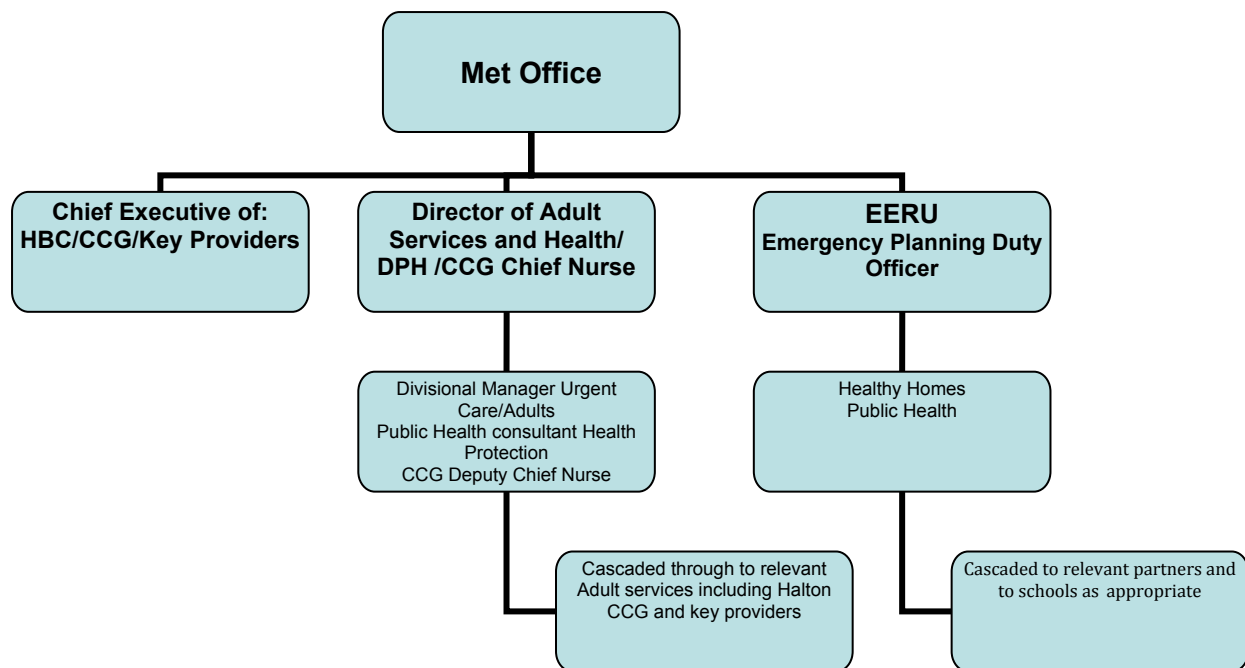
Local planning allows the NHS to manage winter pressures effectively by implementing local escalation plans where necessary, in response to local circumstances and needs. Halton Borough Council Cold has an Integrated Cold Weather Plan which links with severe weather plans within Halton CCG and key provider organisations. It aims to capture the work that is undertaken by Halton Borough Council with regard to prevention and awareness activity for Cold Weather. It details the cascade arrangements for the cold weather alerts that are received from the met office as part of the Cold Weather Plan for England and details the actions that will be carried out by the council as each of these levels are triggered.

Through its Cold Weather work Halton Borough Council aims to help reduce the significant increase in winter deaths and illness that is observed each year owing to cold weather, which in turn, could help to reduce pressures on the health and social care system in the busiest months of the year. The Highways Winter Service Plan also supplements this work.

Cold Weather Alerts are issued by the Met Office on the basis of either of two measures: low temperatures; or widespread ice and/or heavy snow. Cold weather alert service comprises five levels (levels 0-4), from long-term planning for cold weather, through winter and severe cold weather action, to a major national emergency. Each alert level aims to trigger a series of appropriate actions for different organisations such as flu vaccination, public health communications, and health and social care demand management.

*Halton Borough Council's Cascade alert system (devised by Emergency Planning team) is highlighted below:*





### Communications and Key messages

Clear and timely communication is vital to ensure that all parties involved in managing flu understand their roles and are equipped with the necessary information.

National flu vaccination literature will be promoted and available as part of the strategic integrated Winter Planning Campaign and will address winter pressures, using the **Stay Well This Winter** branded messaging including:

- the impact of adverse weather, including cold temperatures which increase emergency hospital admissions for diseases such as cardiovascular and respiratory disease, and snow and ice which result in increased numbers of accidents and can significantly disrupt services
- flu, which has a variable impact, depending on the severity of the season
- the impact of norovirus on the acute sector, including the closure of beds in accordance with infection control processes.

Whilst maintaining an overarching communication strategy, which will be flexible and ultimately dictated by the severity of the flu season and subsequent impacts, communications will focus predominantly on the new elements of the flu programme, including the extension to new child cohorts.

Halton Borough Council and CCG are adopting national branding using the Stay Well This Winter campaign materials. Specific plans for this coming year to promote the uptake of flu vaccination and winter health messaging include:

- Promotion of vaccination in early years settings
- School based flu vaccination poster competition
- Promotion of pharmacy campaigns including the commissioning of pharmacies to provide flu vaccination to community based front line health and social care workers

- Local community engagement and insight activities to better understand local barriers and drivers for vaccination uptake
- Supporting GP practices in a 'named practice' approach to care home provision of flu vaccination

Campaign materials will be distributed to local GP Practices and clinics, Children Centres, Schools, early years settings, pharmacies and other appropriate venues. Other promotional materials will be produced as resources allow.

Social media, Newspapers and radio will be utilised to cascade promotional messages throughout the season and in response to local issues and requirements.

#### Invitations and information for patients

Proactive and personalised invitations from GPs and other health professionals to patients have a key role to play. GP practices therefore need to plan carefully to ensure that they are making every effort to identify and contact eligible patients before the flu season starts, and use any available 'free' communications channels to promote the vaccination message (such as the electronic booking system or patient newsletters). Template letters will be available for GP practices to use to invite at risk patients and those aged two to four years for flu vaccination. Local GP Practices have been encouraged to utilise personal invitations and encouraged to be creative in the invitation and follow methods to maximise uptake.

Ahead of the flu season, NHS branded patient information materials will be reviewed and developed, tailored for different eligible groups. These materials, along with the template letters, will be available at: [www.gov.uk/government/collections/annual-flu-programme](http://www.gov.uk/government/collections/annual-flu-programme) and free copies of the leaflets will be available to order through the Prolog Publications Orderline: [www.orderline.dh.gov.uk/ecom\\_dh/public/home.jsf](http://www.orderline.dh.gov.uk/ecom_dh/public/home.jsf)

#### **The annual cycle of the flu programme**

The national cycle for preparing for and responding to flu is set out below.

##### Preparations

- **November to March:** Vaccine orders placed with suppliers for eligible patients aged 18 and over
- **December:** Section 7A service specifications for delivery of the flu immunisation programme published
- **February to September:** Manufacture of vaccine
- **February:** Enhanced service specifications for flu immunisation programme published
- **February:** WHO announces the virus strains selected for the next season's flu vaccine for the northern hemisphere
- **February/March:** Annual flu letter is sent to the NHS and local government setting out key information for the autumn's immunisation programme
- **March to June:** Publication of the revised influenza chapter of the Green Book (although this can be revised at any time, sometimes during a flu season)
- **April to June:** Liaison with manufacturers to assure the availability of vaccine
- **April to June:** Assurance that primary care providers have the ability to identify all eligible patients

- **June:** Revised flu information leaflets and GP template letters made available
- **August/September:** Communications and guidance about vaccine uptake data collections issued
- **August/September:** Local NHS England teams, NHS Employers, local government health and wellbeing teams, trusts, GP practices, pharmacies and local authorities begin communications activities to promote early uptake of the vaccine among eligible groups including health and social care staff

### Flu Vaccination Campaign

- **August to March:** DH in regular contact with manufacturers of antiviral medicines and wholesalers to ensure enough antiviral medicines in the supply chain Flu vaccination campaign
- **September/October:** Flu vaccine for children available to order through ImmForm
- **October:** PHE flu marketing campaign launched (if applicable)
- **September to February:** Suppliers deliver vaccines to GP practices, community pharmacies, and PHE central stock. GPs, community pharmacists and other providers begin vaccinating eligible patients and staff against flu as soon as vaccine is available
- **September to February:** Weekly GP patients and monthly vaccination uptake data collections from primary care, and monthly data collections from secondary care begin
- **October:** From week 40 (early October) PHE publishes weekly reports on flu incidence, vaccine uptake, morbidity and mortality
- **October to February:** The CMO may issue advice on the use of antiviral medicines, based on advice from PHE in light of flu surveillance data. Antiviral medicines from the national pandemic flu stockpile may be made available
- **October to February:** The NHS implements winter pressures co-ordination arrangements
- **October to February:** A respiratory and hand hygiene campaign may be considered
- **November to February:** Monthly GP patient flu uptake and the healthcare worker flu uptake collection commence for data submissions and closes early February.
- **January/February:** date by which all supplies of Fluenz Tetra will have expired.
- **March to May:** The CMO may issue letter asking GPs and other prescribers to stop prescribing antiviral medicines, once PHE informs DH that surveillance data are indicating very little flu circulating in the community and other indicators such as the number of flu-related hospital admissions

### Targeted groups

- Pregnant (the vaccine protects both you and your baby)
- Aged 65 years or over
- Children aged 2 and 3, and those in reception and years 1, 2 ,3 and 4 of school
- Anyone of any age, even if they feel healthy, who has any of the underlying health conditions:
  - Heart problems
  - A chest complaint or breathing difficulties, including bronchitis or emphysema
  - Kidney disease

- Lowered immunity due to disease or treatment (such as steroid medication or cancer treatment)
- Liver disease
- Had a stroke or a transient ischemic attack (TIA)
- Diabetes
- A neurological condition, for example multiple sclerosis (MS) or cerebral palsy
- A problem with your spleen, for example sickle cell disease, or you have had your spleen removed
- People who are
  - Living in a residential or nursing home
  - The main carer for an older or disabled person
  - A frontline health or social care worker

People in clinical risk groups are at particular risk of becoming very unwell from flu and flu related illness. The table below shows flu mortality by clinical risk group and demonstrates the increased risk of death. Influenza related mortality ratios and population rates among those aged six months to 64 years of age by risk group in England, September 2010-May 2011

	<b>Number of fatal flu cases (%)</b>	<b>Mortality rate per 100,000 population</b>	<b>Age-adjusted relative</b>	<b>Lower RR 95% CI</b>	<b>Upper RR</b>
<b>In a risk group</b>	213 (59.8)	4.0	11.3	9.1	14.0
<b>Not in any risk group</b>	143 (40.2)	0.4	Baseline	Baseline	Baseline
<b>Chronic renal disease</b>	19 (5.3)	4.8	18.5	11.5	29.7
<b>Chronic heart disease</b>	32 (9.0)	3.7	10.7	7.3	15.7
<b>Chronic respiratory disease</b>	59 (16.6)	2.4	7.4	5.5	10.0
<b>Chronic liver disease</b>	32 (9.0)	15.8	48.2	32.8	70.6
<b>Diabetes</b>	26 (7.3)	2.2	5.8	3.8	8.9
<b>Immunosuppression</b>	71 (19.9)	20.0	47.3	35.5	63.1
<b>Chronic neurological disease (exc. stroke/TIA)</b>	42 (11.8)	14.7	40.4	28.7	56.8
<b>Total*</b>	378	0.8			

\* Including 22 cases with no information on risk factors.

Despite continued efforts, for a number of years around only half of patients in clinical risk groups have been vaccinated. For 2018/19, the ambition for this cohort is to achieve at least a 55% uptake

overall in these groups recognising that this figure is already exceeded in some of the groups, such as those with diabetes. Ultimately the aim is to achieve at least a 75% uptake in these groups.

While Secondary Care and Community Trusts have increased front line health care worker uptake considerably over recent years, supported by a 2 year CQUIN, community based health and social care workers, including those in private residential settings and domiciliary care agencies, have failed to engage to the same extent. In Halton we have engaged with providers through contractual routes in previous years but have so far failed to generate sufficient engagement. In 2016/17 and 2017/18 a direct offer of flu vaccination provision through the commissioning of local pharmacies was made to care home and domiciliary care staff to promote the uptake of flu vaccination, but again take up was low from these groups. The low uptake amongst the social care workforce has been recognised nationally and this group have now been included in the offer for the national programme.

### **Key Messages**

The following communications key messages will be used as a basis for the localised campaign:

1. Eligibility for flu vaccines and where to go to receive one
2. Importance of flu vaccination in children and the extended child programme
3. Infection prevention and control messages to reduce the spread of flu
4. Reporting on flu levels and public reassurance
5. Advice and guidance for people who suspect they may have flu
6. The effect of flu and other winter related demands on NHS services

### **Media Publications to target**

#### Local / Regional media

- Liverpool Echo
- Widnes & Runcorn World
- Widnes & Runcorn Weekly

#### Social Media

- HBC Face Book page
- Health Improvement Face book
- Children centers face book
- Partner face book
- HBC Twitter feed
- CCG twitter feed

#### Radio / Broadcast

- Halton Community Radio
- Wire Fm
- BBC North West

#### Targeting for over 65+

- Age Concern UK - newsletter
- Care homes
- Domiciliary providers
- Vision Support

- Housing Associations

#### Publications for Mums /Mums to be

- Antenatal classes
- Children's centres
- Mums blogs

#### Publications for those with long-term conditions

- All Together Now – North West based
- Halton Talking Newspaper
- Widnes and Runcorn Cancer Support Group

#### Carers

- Halton Carers Centre
- GP practices

#### Educational press

- Local college press

#### Key Stakeholders / Partners / Providers

- Halton Council
- NHS Trusts & Providers
- Hospital Trusts – St Helens and Whiston Hospital, Warrington and Halton Hospitals Foundation Trust
- Bridgewater Community NHS Foundation Trust (especially School Nursing, Community Midwifery services)
- 5 Boroughs Partnership Mental Health NHS Trust
- Healthwatch Halton
- Housing associations – Riverside, LHT, Halton Housing,
- Cheshire Fire and Rescue
- Cheshire Police
- Halton CAB
- Wellbeing Enterprises

#### Community Groups

- Halton Tennis Table Club (500 members)
- CRI - Halton Integrated Recovery Service
- Support the Deaf Community in Halton

#### Other Employers

- Chamber of Commerce
- Riverside College
- Halton Taxis
- Groundwork Cheshire

#### Venues to target for marketing materials

- Leisure Centres
- GP practices
- Pharmacies
- Dental practices

- Community centres
- Shopping Centres
- St Luke's
- Halton Haven
- Halton and St Helens CVA
- Halton Community Buses

#### Tactics

- Develop a script for community based staff and those with face-to-face contact with those at-risk
- Cascade national messages via networks
- Support the national campaign by distributing messages via digital communication channels and social media channels
- Build flu into the Halton CCG Community Radio Show each month to push flu messages
- Source local case studies (where possible) which could support the national message
- Survey the local data to identify which target groups are vulnerable because uptake is low and address/target accordingly

#### **Recommendations for improving uptake**

Recommendations for action for each risk group included:

##### Over 65 group

1. GP practices should have a named individual responsible for the flu vaccination programme.
2. Flu clinics should be started as soon as is feasible once the vaccines have been received to ensure maximum coverage before flu starts to circulate.
3. GPs should keep a register of those aged over 65 years and should arrange for personalised letters and reminders to be sent out to patients, inviting them to attend a flu clinic.
4. GP practices should follow up patients who fail to attend for a flu jab.
5. Flu vaccines should be offered opportunistically where appropriate.
6. GPs should liaise with district nurses regarding the provision of vaccinations to those who are house-bound.

##### Under 65 clinical risk group

1. GPs should keep a register of patients with long term conditions who require annual flu vaccination.
2. GPs should send out personalised reminder letters to those eligible for the flu jab.
3. Guidance and promotional material should be distributed to pharmacies to encourage pharmacy staff to alert at-risk patients and signpost them to their GP.
4. The possibility of providing flu vaccinations in local pharmacies should be further explored.
5. Specialist doctors, nurses, school nurses and health visitors should receive guidance about raising awareness of the flu vaccine in at-risk clinical groups.
6. Acute trusts should be encouraged to provide flu vaccinations during outpatient appointments for people with long term conditions under their care.
7. Consideration needs to be given to the possibility of providing a flu vaccination clinic within local special schools.

8. Appropriate communication pathways need to be in place to ensure GPs are informed if their patients are vaccinated by a different healthcare provider.

#### Residential home settings

1. Single Practice approach to residents of care homes for vaccination and management of flu outbreaks
2. All local long-stay care facilities need to be identified, including residential homes for people with disabilities and residential special schools (if applicable).
3. Guidance on the importance of flu vaccination should be circulated to all care home managers.
4. GP practice managers should liaise with local care homes to arrange provision for flu jabs within care homes settings.
5. To enable future planning and improve uptake further, local data should be collected from care home managers on the uptake of the vaccination among their residents.

#### Carers

1. Promotional material should be distributed to GP practices, pharmacies, supermarkets, hospitals and outpatient clinics etc. to raise awareness of the flu vaccine among unpaid carers.
2. Patients who attend for the flu vaccine should be reminded that their carer, if applicable, should also be vaccinated.
3. Awareness should be increased amongst district nurses who may have contact with carers whilst visiting house-bound patients.

#### Pregnant women

1. GPs should keep a register of women who are pregnant and update it regularly as women become pregnant during the flu season.
2. Promotional material should be displayed within local midwifery services and included within the early pregnancy pack to encourage women to have the vaccine.
3. Midwives should ensure they signpost patients to their GP for vaccination.
4. Consideration should be given to the feasibility of providing flu vaccinations at antenatal appointments, either by direct administration by the midwife, or by running a flu clinic alongside antenatal clinics.
5. Appropriate communication pathways need to be in place between midwives and GPs to allow timely recording of vaccination data.

#### Children

1. Ensure promotional materials are displayed in community settings e.g. nurseries, pre-schools, supermarkets, libraries etc.
2. Circulate guidance and support materials to local GP practice managers.
3. Engage children and parents from school settings in activities that highlight consequence of flu and promote vaccination

#### Health and Social Care staff

1. Ensure local health care providers have flu plans in place to address uptake rates amongst frontline staff.



2. Ensure local managers of NHS organisations receive a briefing on which staff members require vaccination.
3. Provide vaccination to health and social care staff within the council who come into direct contact with vulnerable patients.
4. Develop guidance on flu vaccine suppliers and associated costs, and distribute to managers of local NHS organisations.
5. Distribute promotional material to health and social care staff to encourage uptake.

## Dynamic Flu Action Plan 2018/19

To be developed and amended throughout the period

<b>Date</b>	<b>Channel</b>	<b>Brief</b>	<b>Status</b>
October/November/December	Halton Community Radio Show	General flu messages about vaccine and eligibility. Push on childhood programme, especially 2 and 3 year olds.	
	Leaflets and posters and outdoor media	Outdoor media and other materials sent to local venues and meeting places (national campaign materials).	
	Halton Borough Council	Contact service to provide access to flu vaccination for front line council staff and CCG staff and extend offer to care home and domiciliary care providers. Push messages to front line health and social care staff.	
	Care homes staff	Letter of encouragement to staff employed by care homes, domiciliary care providers, hospice etc to take part in nation programme extension to social care staff cohort. Briefings for staff.	
	Data collection	GP practices to commence ImmForm Data collection	
	Midwifery	Assurance from and reminder to midwifery services of the push to encourage vaccination and undertake vaccinations to pregnant women (and inform GP/report numbers) at every possible opportunity.	
	Gp Practices	Follow up mechanisms for recall and offer support to improve uptake Encourage practice staff uptake	
	Warrington and Halton Hospital	Flu message prompt in association with Friends and	

	Trust	Family Text message to all patient attendees at WHHFT	
	CATCH APP	Promote wider the use for Catch App Attend children's center workshops and carry out flu roadshows at children's venues including flu message and push for catch app Send age specific reminders via catch app through seasons Use geographical facility son catch app to target areas throughout the season	
	Community	Painted stones with flu bugs and flu message to be located around local parks and linked to #Widnesrocks and #Runcornrocks face books group. Incentives for sharing on social media	
	Local Press	Half page add in local media with Pre Christmas invote for 2 and 3 year olds to get their flu vaccination	
Weekly	Twitter alerts	Draft and issue weekly or regular Twitter alerts promoting flu messages	
	Script/toolkit	Develop script/toolkit promoting flu messages which can be shared with community groups and cascaded via their channels	
	Business to business	Push messages to businesses about encouraging their at-risk workers and all workers to go and get the vaccine to ensure resilience during the winter & give them one less thing to worry about	