

Halton Flu Plan 2019-2020

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 year's plan

- Healthy Child programme has been extended to include **all primary school aged children**
- Confirmation that the **Health and Social Care workforce**, including those in hospice provision, will continue to be eligible for vaccination under the national programme
- A new vaccine is available for 2019-20: cell-based quadrivalent influenza vaccine (**QIVc**) and is equally suitable for those under 65 in risk groups and those over 65 alongside **aTIV** (adjuvanted trivalent influenza vaccine) available for those over 65 and the original Quadrivalent Inactivated vaccine (now called **QIVe** as this vaccine is egg-grown) available for those under 65 in a risk group.
- High dose trivalent influenza vaccine (**TIV-HD**) is suitable for those aged 65 and over though because if increased costs will not be eligible for reimbursement under the NHS flu vaccine programme.

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

Timing

Vaccination should be given in sufficient time to ensure patients are protected before flu starts circulating. The decision to vaccinate should take into account the fact that the immune response to vaccination takes about two weeks to fully develop. If an eligible patient presents late for vaccination it is generally appropriate to still offer it. This is particularly important if it is a late flu season or when newly at risk patients present, such as pregnant women who may not have been pregnant at the beginning of the vaccination period.

Uptake Ambitions

GPs and School-based providers must actively invite 100% of eligible individuals. 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	At least 55% in all clinical risk groups (ultimately increasing to 75%)
Children ages 2 and 3 years	At least 50% with practices aiming to achieve higher
Primary school aged children	Average of at least 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:	2018/19		2017/18		2016/17		2015/16		2014/15	
	Eng	Halton	Eng	Halton	Eng	Halton	Eng	Halton	Eng	Halton
Patients aged 65 years or older (CCG)	72.0	71.1 ↓	72.4	73.7	70.5	71.5	71.0	72.2	72.8	73.8
Patients under 65 years in risk groups (CCG)	48.0	45.6 ↓	48.9	50.4	48.6	51.0	45.1	47.6	50.3	50.3
Pregnant women (CCG)	45.2	41.3 ↓	47.1	50.4	44.9	50.5	42.3	49.1	44.1	46.7
St Helens and Knowsley NHS Trust workforce	70.3	95.4 ↑	68.7	87.2	63.0	82.0	49.5	76.6	54.6	83.5
Warrington and Halton Hospital NHS Trust workforce		89.6 ↑		85.5				81.8		81.6
Aged 2 (including those in risk groups) (CCG)	43.8	34.3 ↓	42.6	40.2	38.9	36.9	35.4	36.0	38.5	35.6
Aged 3 (including those in risk groups) (CCG)	45.9	38.4 ↓	44.0	45.8	41.5	41.9	37.7	38.6	41.3	37.2
Reception Year	64.3	66.7 ↑	62.6	57.4	X	X	X	X	X	X
School year 1 (LA)	63.6	61.9 ↑	61.0	58.3	57.6	52.4	54.4	53.1	X	X
School Year 2 (LA)	61.5	62.2 ↑	60.4	53.6	55.4	54.2	52.9	54.2	X	X
School Year 3 (LA)	60.4	57.4 ↑	57.6	54.2	53.3	52.9	X	X	X	X
School Year 4 (LA)	58.3	56.4 ↑	55.8	50.3	X	X	X	X	X	X
School Year 5 (LA)	56.5	55.7	X	X	X	X	X	X	X	X

Cell colour indicates if indicative targets have been achieved, red indicates target >5% from target, amber indicates within <5% from target, 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). 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.

Late in 2017 NHSE announced that those working in residential and domiciliary Social Care settings would be included in the national programme. It was announced 2017/18 that social care staff, including those working in hospice settings will be eligible to receive flu vaccination from their GP or pharmacist on the production of an appropriate form of identification, under the national programme. This is to be continued in 2019/20 and is likely to remain annually.

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 2019/20 will include the immunisation of all children in primary school from reception to year 6 being immunised in school based campaign.

Merseyside NHS England area Team has commissioned Bridgewater NHS Foundation Trust School Nursing Service as an extension to 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[®], administered as a nasal spray as recommended by the JCVI.

Community Pharmacy Seasonal Influenza Vaccination Advanced Service

Since 2015 all community pharmacies were given opportunity to provide flu vaccination, if they satisfied the requirements of the Advanced Service, to eligible adult patients (over the age of 18). This service continues and is commissioned by NHS England as an Advanced Service. 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/> . In Halton, all community pharmacies currently offer the programme.

Vaccine Supply

NHS England has confirmed that the most effective flu vaccines for the population should be ordered, for the 2019/20 flu season. There are a variety of vaccines advised by the of the Joint Committee on Vaccination and Immunisation (JCVI), which provide some choice for providers in determining which vaccines may best suit their needs, including:

Eligible group	Type of flu vaccine
At risk children aged from 6 months to less than 2 years	Offer standard egg-grown quadrivalent influenza vaccine (QIVe) QIVe is offered to these children as the live attenuated influenza vaccine (LAIV) is not licenced for children under 2 years of age.
At risk children aged 2 to under 18 years	Offer live attenuated influenza vaccine (LAIV) If child is contraindicated to LAIV (or it is otherwise unsuitable) offer standard egg-grown quadrivalent vaccine (QIVe)*
Universal children's programme: Those aged 2 and 3 years on 31 August 2019 All primary school aged children (aged 4 to 10 on 31 August 2019)	Offer live attenuated influenza vaccine (LAIV) If child is in at risk group and is contraindicated to LAIV (or it is otherwise unsuitable) offer standard egg-grown quadrivalent vaccine (QIVe)
At risk adults (aged 18 to 64), including pregnant women	Offer EITHER standard egg-grown quadrivalent influenza vaccine (QIVe) OR cell-grown quadrivalent influenza vaccine (QIVc) These two vaccines are considered equally suitable for use in adults under 65 years of age.
Those aged 65 years and over	Offer EITHER adjuvanted trivalent influenza vaccine (aTIV) OR cell-grown quadrivalent influenza vaccine (QIVc) These vaccines are considered equally suitable for use in adults aged 65 and over.

It is recommended that quadrivalent vaccines for use in the 2019/20 northern hemisphere influenza season contain the following:

- an A/Brisbane/02/2018 (H1N1)pdm09-like virus;
- an A/Kansas/14/2017 (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 2019/20 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, egg grown quadrivalent vaccine can also be ordered through the ImmForm website: www.immform.dh.gov.uk.

Providers remain responsible for ordering vaccines directly from manufacturers for all eligible adult populations. They should ensure they are able to offer the most effective vaccine for each eligible group consistent with national guidance. Provided a patient is offered a recommended vaccine for their age, providers are not expected to have to offer a choice between vaccines.

Flu vaccine uptake data

Monthly data collections will take place over four months during the 2019/20 flu immunisation programme. Subject to the Burden Advice and Assessment (BAAS) approval, the first data collection will be for vaccines administered by the end of October 2019 (data collected in November 2019), with the subsequent collections monthly thereafter, and with the final data collection for all vaccines administered by the end of January 2020 (final data collected in February 2020). Uptake data for healthcare workers will collect information on immunisations given up to the end of February 2020 (final data collected in March 2020).

PHE will be responsible for monthly collections of flu vaccine uptake for primary school aged children over four months during the 2019/20 flu season. Collection will be undertaken through the ImmForm data entry tool. NHS England teams will agree responsibility for completion of this monthly data entry to ImmForm with their providers.

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.

For 2019/20 Halton and Warrington Borough Councils Flu Groups will merge, as will the two authorities Health Protection Forums. Both authorities will continue to report directly to their own Health and Wellbeing Board.

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:

Level	Level of flu-like illness	Description of flu season
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 works with Merseyside NHS England Area Team regarding locations 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 between Halton CCG and PC24.

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 for any given episode of care. PHE distribute an annual Care Home pack which contains information required of care homes regarding flu season and managing potential outbreaks.

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:

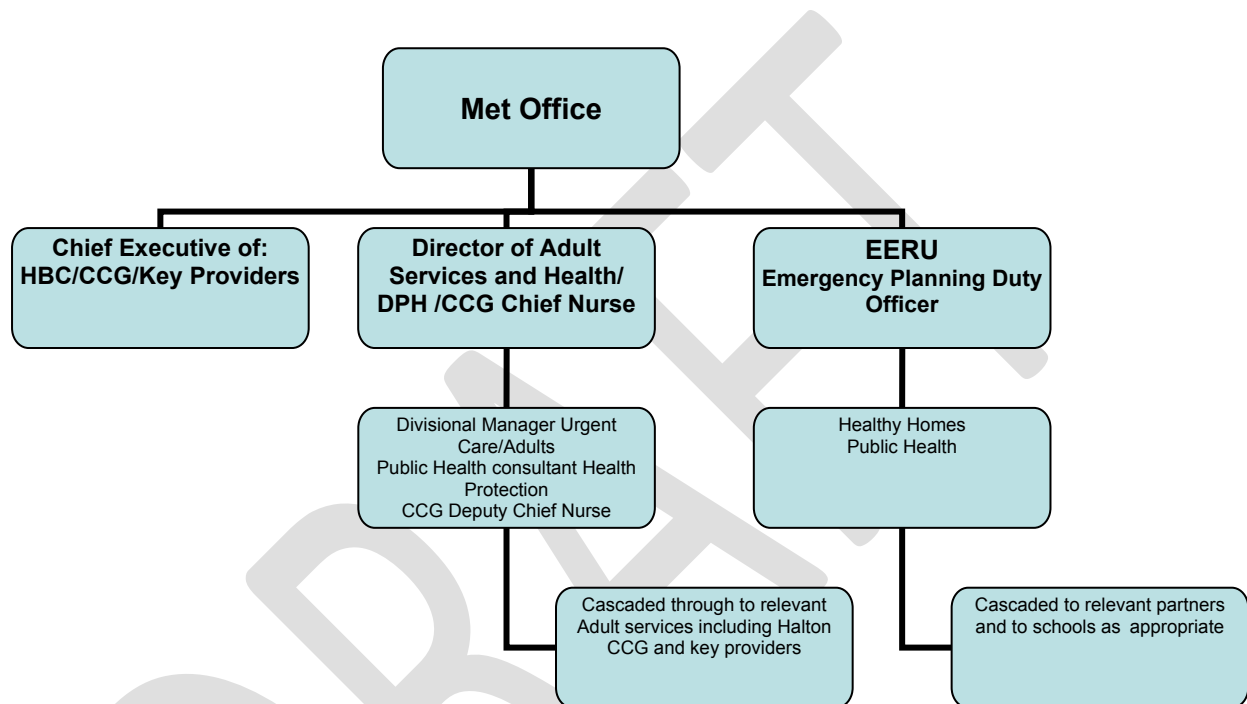
- the impact of adverse weather, including cold temperatures which increase emergency hospital admissions for diseases such as cardiovascular and respiratory disease, and snow and ice which result in increased numbers of accidents and can significantly disrupt services flu, which has a variable impact, 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 / Help us Help You** 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/ Help Us Help You campaign materials.

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.

For the last few years, Halton Public health Team have lead a variety of novel campaigns and approaches funded through a small award via Cheshire and Merseyside NHSE team. For 2019/20 however, this funding will not be available. No specific additional campaigns are identified at the moment, although some joint approaches between Halton and Warrington Borough Councils Flu Groups will be explored.

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 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

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
 - Morbidly obese
- 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
- Employed as a health and social care worker (including hospice staff)

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 (Green Book of Immunisation: chapter 19

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/796886/GreenBook_Chapter_19_Influenza_April_2019.pdf)

	Number of fatal flu cases (%)	Mortality rate per 100,000 population	Age-adjusted relative	Lower RR 95% CI	Upper RR
In a risk group	213 (59.8)	4.0	11.3	9.1	14.0
Not in any risk group	143 (40.2)	0.4	Baseline	Baseline	Baseline
Chronic renal disease	19 (5.3)	4.8	18.5	11.5	29.7
Chronic heart disease	32 (9.0)	3.7	10.7	7.3	15.7
Chronic respiratory disease	59 (16.6)	2.4	7.4	5.5	10.0

Chronic liver disease	32 (9.0)	15.8	48.2	32.8	70.6
Diabetes	26 (7.3)	2.2	5.8	3.8	8.9
Immunosuppression	71 (19.9)	20.0	47.3	35.5	63.1
Chronic neurological disease (exc. stroke/TIA)	42 (11.8)	14.7	40.4	28.7	56.8
Total*	378	0.8			

* Including 22 cases with no information on risk factors.

Despite continued efforts, for a number of years only around half of patients in clinical risk groups have been vaccinated. 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. The early announcement for 2019/20 that health and care staff will be included in the national programme from the outset can only help increase engagement and uptake.

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/ action
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
- Sure Start to Later Life
- 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
- Halton Council Schools Circulars

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)
- North West Boroughs Partnership Mental Health NHS Trust
- Healthwatch Halton
- Housing associations – Riverside, LHT, Halton Housing, Plus Dane
- Cheshire Fire and Rescue
- Cheshire Police
- Halton CAB
- Wellbeing Enterprises
- Halton Community Transprot

Community Groups

- Halton and St Helenes VCA
- Halton Tennis Table Club (500 members)

- CGL - Halton Integrated Recovery Service
- Support the Deaf Community in Halton
- Four Estates Ltd

Other Employers

- Chamber of Commerce
- Riverside College
- Halton Taxis
- Groundwork Cheshire
- HIT workplace health partners

Venues to target for marketing materials

- Leisure Centers
- GP practices
- Pharmacies
- Dental practices
- Community centers
- Shopping Centers
- Halton Haven

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 2019/20

To be developed and amended throughout the period

Date	Channel	Brief	Status
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	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	
	Local Press	Engage with press to relay positive messages and case studies	
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	