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For Action by:

General Practitioners
Community Pharmacists
Immunisation Leads, Health Boards/Trusts
Chief Executives, Health Boards/Trusts
Medical Directors, Health Boards/Trusts
Nurse Executive Directors, Health Boards/Trusts
Chief Pharmacists, Health Boards/Trusts
Directors of Public Health, Health Boards
Directors of Primary, Community and Mental Health, Health Boards
Directors of Maternity Services, Health Boards
Directors of Workforce and Organisational Development, Health Boards/Trusts
Chief Executive, Public Health Wales
Executive Director of Public Health Services, Public Health Wales
Nurse Director, Public Health Wales
Head Vaccine Preventable Disease Programme, Public Health Wales

For information to:

Welsh NHS Partnership Forum
GPC(Wales)
Royal College of GPs
Royal College of Nursing
Royal College of Midwives
British Dental Association
Royal Pharmaceutical Society
Community Pharmacy Wales
NHS Wales Informatics Service
Care Inspectorate Wales
Chief Executive, Welsh Local Government Association for onward issue to:
Directors of Social Services, Local authorities
Directors of Public Protection, Local authorities
Directors of Education, Local authorities
Social Care Wales
Health Education and Improvement Wales

Sender:

Sir Frank Atherton, Chief Medical Officer/Medical Director NHS Wales

HSSG Welsh Government Contact(s) :

Vaccination Programme Team, Health and Social Services Group, Welsh Government, Cathays Park, Cardiff. CF10 3NQ Email: wg.vaccinationsprogrammeteam@gov.wales

Enclosure(s):

Childhood Influenza Vaccination Programme 2022-23 – National Enhanced Service Specification - updated

The National Influenza Immunisation Programme 2022-2023

Dear Colleague,

1. I would like to thank everyone involved in the flu programme in Wales for their hard work and commitment to deliver influenza vaccinations to more than a million people last winter, helping to protect public health and reduce pressure on health and social services in a very challenging time. The number of influenza vaccines administered in the 2021-22 season was the highest ever recorded in Wales.
2. During 2021-22, we have seen later than usual influenza activity at low levels, mainly due to influenza A(H3N2). In the coming winter we need, once more, to prepare for uncertainty about influenza activity. We could see much higher or unseasonal activity, and expect to see flu and COVID-19 both circulating, so achieving high flu vaccination uptake is an important priority this coming autumn/winter. Building on the reach of 2021-22 will be all the more important. High levels of vaccine uptake will help reduce morbidity and mortality associated with influenza, and also reduce hospitalisations during a time when the NHS and social care may again be under intense pressure, including through managing winter outbreaks of COVID-19 and/or flu.
3. The programme in 2022-23 will again include all people aged 50 to 64 years, as part of the main campaign (see [WHC/2022/010](#)). I would like to see influenza vaccination maximised in the population groups most at risk of catching flu and suffering severe outcomes, and also in those at higher risk of infecting other people, some of whom may be very vulnerable.
4. The flu vaccination programme in Wales will also continue to include all children and young people in secondary school years 7 to 11.
5. The inclusion of these additional groups reflects the advice from the Joint Committee on Vaccination and Immunisation (JCVI).
6. In summary, the priority groups for 2022-23 are (in no particular order) as follows:
 - children aged two and three years on 31 August 2022
 - children in primary school from reception class to Year 6 (inclusive)
 - children in secondary school Year 7 to Year 11 (inclusive)
 - people aged 50 years and older (age on 31 March 2023)
 - people aged six months to 49 years in a clinical risk group
 - pregnant women
 - carers
 - people with a learning disability
 - people with a severe mental illness
 - all adults resident in Welsh prisons
 - staff in nursing homes and care homes with regular client contact

- staff providing domiciliary care
- staff providing frontline NHS/Primary care services
- individuals experiencing homelessness
- healthcare workers (including healthcare students) with direct patient contact

Further detail is contained in Annex 1.

7. This year, I would like to see an increase in influenza vaccination coverage in all groups that are eligible for the vaccine, to best protect the Welsh public.
8. GP practices and providers delivering the school programme must demonstrate an offer of flu vaccination to all at-risk patients, with the aims of maximising uptake and meeting any public health targets, ensuring all eligible patients are offered the opportunity to be vaccinated. Whilst aiming to ensure maximum coverage amongst eligible groups, health boards should ensure that the flu vaccination programme does not negatively impact other core business undertaken by GP practices and community pharmacies this winter. I appreciate this is a delicate balance, but one which providers are experienced at managing – it will be all the more important this year.
9. Collaborative working in primary care between GP practices and community pharmacies is expected and will be particularly important in the coming season to help maximise vaccine uptake in eligible groups.
10. We must also support those who are living in our most deprived communities, people from ethnic minority backgrounds and people in all other underserved groups, such as those with disabilities, to enable fair and equitable access to vaccination. We aim to improve vaccination uptake for these groups to a level comparable to that of the population as a whole. High quality, dedicated interculturally competent engagement with local communities, employers, faith, and advocacy groups will be needed to enable this. Providers should therefore ensure they have robust plans in place for tackling health inequalities for all underserved groups in their plans for the influenza vaccination programme.
11. Health boards will be allocated resources to support the delivery of the extended programme. Information on funding allocations will be provided shortly.

COVID-19 vaccines

12. The JCVI, in their interim advice, published in May 2022, has acknowledged that winter remains the season when the threat from COVID-19 is greatest, both for individuals and for health communities, especially for older people and those in clinical risk groups. As a result,

the Committee has recommended an autumn 2022 vaccine for the following groups:

- Residents in a care home for older adults and staff working in care homes for older adults
- Frontline health and social care workers
- All those 65 years of age and over
- Adults aged 16 to 64 years in a clinical risk group

13. Further detail regarding the definitions of clinical risk groups and other groups is currently under review by the JCVI and more detail will be provided when the Committee's final advice is published. It is possible that additional groups will be added to the eligible groups in the Committee's final advice. As such, health boards should continue to plan on the basis of the planning scenarios outlined in the Chief Executive of the NHS's letter from February 2022.
14. Previous administration of the flu and COVID-19 vaccines in Wales has largely operated through different delivery models. However, opportunities for a single programme for COVID-19/ flu vaccination should be maximised during the 2022-23 season. Planning and awareness raising should be on the basis of a single, coordinated and coherent programme for both vaccines. And, wherever possible, delivery models should be aligned to allow for co-administration, to help maximise efficiencies and vaccine uptake.
15. The outstanding elements of the JCVI advice on the COVID-19 vaccine remain crucial to the detailed planning on co-administration – particularly a decision on which vaccine is recommended and the impact therefore on location, transport, storage, preparation and training, along with potential alignment on eligible groups.
16. Once this detail is known, health boards are asked to take a strategic approach to identify and exploit opportunities for a single programme, including co-administration of vaccines. This may entail taking key operational decisions, such as ensuring supplies of flu and COVID-19 vaccine are available for co-administration in suitable settings. It is likely that co-administering both the vaccines at the same time will go some way to increase flu vaccine uptake, to a level commensurate with COVID-19 take-up, particularly for younger at risk groups. Flu at risk cohorts have been expanded for 2022-23 to more closely align with COVID-19 at risk groups and maximise opportunities for co-administration.
17. The Welsh Government will publish a joint flu and COVID-19 vaccination strategy, following publication of the JCVI's final advice on the COVID-19 programme, to support the planning and delivery of a single programme.

18. Once more, I would like to extend my thanks for the hard work delivering the influenza vaccination programme over the past years which have been very challenging times. Primary care, health boards, trusts, social care providers and other partners will need to continue to work collaboratively, flexibly and with ingenuity to meet the increased demands of another challenging season. As always, I know you will rise to the challenge.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'Frank Atherton', written in a cursive style.

Sir Frank Atherton
Chief Medical Officer / Medical Director NHS Wales

ANNEX 1

INFLUENZA (FLU) VACCINATION PROGRAMME 2022-2023

Further information:

Programme ambitions

1. GP practices and school-based providers must demonstrate an offer of flu vaccination to all at-risk patients ensuring all eligible patients are offered the opportunity to be vaccinated. In line with the Direct Enhanced Service (DES) there is a requirement that GPs undertake to offer flu vaccination to all at-risk patients, using a proactive and preventative approach, adopting robust call and reminder systems, with the aims of maximising uptake and meeting any public health targets. The benefits of flu vaccination among all eligible groups should be communicated in a timely, appropriate manner, and vaccination made as easily accessible as possible. Health boards and Trusts should utilise best practice identified as part of previous flu vaccination activities.

Table showing Influenza vaccination uptake in Wales for the years 2020-21 compared to 2021-22*

Eligible cohort	2020-2021	2021-2022
Aged 65 years and over	76.5%	78.0%
At clinical risk 16 to 64 years	52.0%	48.2%
Children 2&3 years	56.3%	47.6%
Primary school aged children	72.4%	68.2%
Secondary school aged children	---	59.8%
NHS employees with direct patient contact	65.2%	57.2%

*2021-22 data is provisional. Data for previous years uptake from [Public Health Wales vaccination flu vaccination coverage data](#).

Children's programme

1. Improving vaccine uptake in children is important for individual protection, and because of the indirect protection this offers to the rest of the population. Children are 'super spreaders' of flu and the nasal spray vaccine in this age group has been highly effective. Increasing uptake in eligible children would have a significant impact on reducing transmission of flu across all groups in the community.
2. In pre-school children, flu vaccine uptake was lower in 2021-22 than the previous year, and continues to lag behind the uptake seen in school aged children. When the vaccine becomes available, two and three-year-olds (age on 31 August 2022) should be actively called and offered vaccination as soon as possible, to help protect them and to reduce flu transmission in the community to other vulnerable groups.
3. In some areas of Wales, local agreements are in place to take the vaccine to children aged three years, such as to nursery settings, via the school nursing service. These methods have proved effective in securing uptake and is one of the best practice delivery models that should be explored by health boards.
4. In the school programme, flu vaccination will be offered to all children in primary schools (from reception class upwards) and secondary school years 7 to 11. All children attending school in the eligible school years should be offered flu vaccination irrespective of their actual date of birth. Funding allocations for the delivery of live attenuated influenza vaccine (LAIV) to the extended secondary school cohort will be issued shortly.
5. An inactivated vaccine may be offered to those children whose parents/guardians refuse the LAIV vaccine due to the porcine gelatine content. Parents/guardians of eligible school aged children who decline LAIV due to the gelatine content should be asked to contact their GP surgery to arrange their child's flu vaccine injection. An updated National Enhanced Service (NES) has been agreed with GPC (Wales) and is attached (see para 9.e of the NES).
6. At-risk children who are eligible for flu vaccination via the school-based programme because of their age will be offered immunisation at school. However, these children are also eligible to receive vaccination in GP practices if the school session is late in the season, parents prefer it, or they miss the session at school. Home schooled children should get their flu vaccine from their GP.

Health and social care workers

7. It is important that all health and social care workers (including students) with direct patient/client contact have timely flu vaccination to

protect themselves and to reduce the risks of transmission of flu viruses to their patients/clients. High rates of staff vaccination help to protect the individual member of staff and, also the people in their care and help maintain the workforce and services during the winter.

8. As in previous years, flu immunisation should be offered by NHS organisations to all employees involved in direct patient care. An active vaccination offer should be made to 100% of eligible staff. To maximise uptake and support efficiencies in service delivery, co-administration of the flu and COVID-19 vaccines should be the standard delivery model for health and social care workers.
9. Independent primary care providers, including GP practices, dental practices, optometry practices and community pharmacies are now included in the NHS seasonal influenza vaccination programme. There are considerable benefits to employers to offering vaccination through occupational health schemes and these should continue to be the primary route to vaccination for these professionals. The inclusion of primary care providers is intended to complement, not replace, any established occupational health schemes that employers have in place to offer influenza vaccination to their workforce.
10. Staff with regular client contact working in adult residential care homes, nursing care homes and children's hospices and staff providing domiciliary care, will continue to be eligible for free flu vaccination through the seasonal flu vaccination component of the nationally directed Clinical Community Pharmacy Service (CCPS). There may be areas, however, where a more flexible approach and mixed delivery model is more appropriate. In these instances, health boards should agree alternative delivery models and ensure awareness locally.
11. Employers providing health and social care in other settings remain responsible for encouraging and facilitating/offering flu vaccination to employees with regular client contact.

12. Further information can be found at:

[Brechlyn Ffliw - Iechyd Cyhoeddus Cymru \(gig.cymru\)](http://gig.cymru)

[Flu Vaccination - Public Health Wales \(nhs.wales\)](http://nhs.wales)

Community Pharmacies

13. Community pharmacies providing the nationally directed Clinical Community Pharmacy Service (CCPS) are able to provide seasonal flu vaccination.

14. A key aim of the 2022-23 influenza programme is to achieve flu vaccine uptake levels higher than in 2021-2022 for each eligible cohort. Community pharmacies providing CCPS should proactively offer influenza vaccination to any patient they identify as being eligible to receive it should the patient present in the pharmacy for any reason.

15. For individuals in a clinical risk group:

Collaborative working between GP practices and community pharmacies is encouraged and will be particularly important in the coming season to help maximise uptake in eligible groups and to help protect more individuals.

16. For eligible social care staff:

- The uptake of flu vaccine in eligible social care staff has been low (<30%) since its introduction. Building on the success of the COVID-19 vaccination in this cohort, health boards are asked to work across the system and facilitate the timely sharing of key information with easy access to flu vaccines for eligible social care staff.
- Community pharmacies may again offer free NHS flu vaccinations to staff with regular client contact working in adult residential care homes, nursing homes and children's hospices and those providing domiciliary care.
- Primary care staff should actively promote staff flu vaccine uptake with the care home managers they work with, and support them in encouraging their staff to take up their vaccine offer.
- Community pharmacies that supply medicines to care homes may wish to make arrangements with those homes to offer flu vaccination to staff on the premises. Alternatively, staff may be directed to visit any pharmacy providing the CCPS.
- In some areas, there may be no local community pharmacy offering the CCPS. In these circumstances, or where there may be other barriers to uptake, health boards may agree an

alternative method of delivery. This information should be shared proactively with managers to ensure staff know where to access their vaccines. Co-delivering flu and COVID-19 will likely provide benefits in terms of service delivery and uptake, so this should be considered in the planning of the programme.

Flu vaccine ordering and recommendations

17. Advice and guidance on ordering flu vaccines for the 2022-23 season has already been issued separately in Welsh Health Circular ([WHC/2022/010](#)).
18. Vaccine orders should be reviewed to ensure that sufficient supplies of appropriate vaccines have been ordered to meet the needs of all eligible groups (including the new groups). Models for vaccine provision across primary care clusters or consortia should be considered in planning.
19. In summary, the following are recommended vaccines for adults and will be eligible for reimbursement:

Those aged 65 years and over	Those aged 50 to 64 years	At-risk adults, including pregnant women, aged 18 to less than 65 years
<ul style="list-style-type: none"> • aQIV • QIVr • (QIVc where aQIV/QIVr is not available) 	<ul style="list-style-type: none"> • QIVc • QIVr • QIVe (where QIVc or QIVr is not available) 	<ul style="list-style-type: none"> • QIVc • QIVr • QIVe (where QIVc or QIVr is not available)

Key:

aQIV - adjuvanted quadrivalent influenza vaccine
 QIVc - quadrivalent cell-culture influenza vaccine
 QIVr - quadrivalent recombinant influenza vaccine
 QIVe - quadrivalent influenza egg-culture vaccine

20. For the children’s programme, quadrivalent live attenuated influenza vaccine (LAIV) is the recommended vaccine for use in eligible children aged 2-17 years of age unless contraindicated or declined due to gelatine content. LAIV is supplied centrally, and will be available to order through ImmForm.
21. Eligible children under two years of age are recommended quadrivalent influenza egg-culture vaccine (QIVe). Vaccine supply requirements to vaccinate children under 2 years should be arranged locally as there is no Immform central QIVe supply available.

Service Specifications

22. The Primary Medical Services (Influenza and Pneumococcal Immunisation Scheme) (Directed Enhanced Service) (Wales) (No. 2) Directions 2021 (as amended) set out the requirements for the 2022-23 influenza and pneumococcal immunisation programme.
23. There are a number of obligations under the DES Directions important to local planning and delivery of the flu vaccination programme. In particular, GPs should develop a proactive approach to offering flu vaccinations by adopting robust call and reminder systems to contact all eligible patients. This should be, for example, through direct contact by phone call, email, text or otherwise (although such strategies are for GP practices to determine). Practices must follow-up eligible patients and remind/recall those who do not receive their flu vaccination. This requirement doesn't apply to those covered under the school nursing service programme.
24. A separate National Enhanced Service (NES) specification for the childhood seasonal influenza vaccination programme, covering the vaccination of children aged two and three years on 31 August 2022 is attached.

Patient Group Directions (PGDs)

25. PGD links and supporting content will be available prior to the commencement of the season, and should be reviewed, ratified, and authorised locally by the health board/trust for local use. It is currently intended for National Protocols to be available before the start of the season to support mixed workforce and flexible delivery models.

[Patient Group Directions \(PGDs\) and Protocols Landing Page - Public Health Wales \(nhs.wales\)](#)

[Cyfarwyddiadau Grwpiau Cleifion \(PGDs\) a Tudalen Glanio Protocolau - Iechyd Cyhoeddus Cymru \(gig.cymru\)](#)

Communications

26. Public Health Wales will continue to lead the national flu programme communications and marketing campaign. Information will be available at:

[Brechlyn Ffliw - Iechyd Cyhoeddus Cymru \(gig.cymru\)](#)

[Flu Vaccination - Public Health Wales \(nhs.wales\)](#)

Surveillance and Reporting

27. Public Health Wales continues to lead surveillance of influenza and the influenza vaccination programme in Wales, providing weekly surveillance reports. To support delivery of the vaccination programme, Public Health Wales will continue to provide weekly surveillance reports on coverage at practice, cluster, local authority and health board levels.

Public Health Wales will work closely with Digital Health and Care Wales to access data from GPs and from other appropriate national data systems; scoping potential for centrally reconciling uptake data where appropriate. Health boards and NHS trusts will be required to provide Public Health Wales VPDP surveillance team with data to allow monitoring of coverage in NHS staff on a monthly basis using standard data template. Data to enable surveillance of uptake of LAIV in school-aged children will be requested by Public Health Wales from health boards on a monthly basis.

28. Detailed surveillance reports, from national to GP practice level will be published for NHS stakeholders on:

[Surveillance \(sharepoint.com\)](#)

29. Weekly surveillance summaries at national and health board level will be available for public access on:

[Guidance, reports and planning \(sharepoint.com\)](#)

30. The 2021/22 annual epidemiological summary of influenza activity and influenza immunisation uptake will be published shortly by Public Health Wales : [Surveillance \(sharepoint.com\)](#) OR [Guidance, reports and planning \(sharepoint.com\)](#)

31. A weekly surveillance summary of influenza and other acute respiratory infection activity is published throughout the year on:

phw.nhs.wales/topics/immunisation-and-vaccines/immunisation-surveillance/

The Green Book

32. The Green Book, “*Immunisation against infectious disease*” provides guidance to healthcare practitioners on immunisation. This is regularly updated and the influenza chapter can be found at:

<https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19>

ANNEX 2

Eligible groups included in the 2022-23 flu immunisation programme

1. The following provides an updated summary of the groups eligible for flu vaccination in 2022-23.

Children

2. Children aged two and three years on 31 August 2022 i.e. date of birth on or after 1 September 2018 and on or before 31 August 2020. Vaccination will generally be offered through GP practice. Children of this age must be individually invited by their GP practice.
3. In some areas of Wales, local agreements are in place for children aged three years to receive their vaccine in nursery via the school nursing service. This has proved effective in securing uptake.
4. All children in primary school reception class and school years 1 to 6 (inclusive).
5. All children and young people in secondary school years 7 to 11 (inclusive).
6. For practical reasons, all children attending school in the eligible school years should be offered vaccination irrespective of their actual date of birth.
7. Children and young people in the school age ranges above who are home-schooled are to be offered vaccination through GP practice.
8. Children between 6 months and two years of age should be offered vaccination in line with the clinical risk eligibility guidance outlined below, and if eligible require a proactive call and recall system.
9. People aged six months to 49 years with a long-term health condition including:
 - Chronic respiratory disease such as asthma requiring regular inhaled steroids, or chronic obstructive pulmonary disease (COPD)
 - Chronic heart disease
 - Chronic kidney disease at stage 3, 4 or 5
 - Chronic liver disease
 - Chronic neurological disease such as Parkinson's disease, motor neurone disease
 - Learning disability
 - Severe mental illness
 - Diabetes
 - Epilepsy

Immunosuppression due to disease such as HIV/AIDS or treatment such as cancer treatment (and household contacts of at risk individuals).

Asplenia or dysfunction of the spleen

Morbidly obese (class III obesity). This is defined as those with a Body Mass Index (BMI) of 40 or above, aged 16 or over.

Household contacts

10. Household contacts of immunocompromised individuals, specifically individuals who expect to share living accommodation on most days over the winter and, therefore, for whom continuing close contact is unavoidable.

People aged 50 years and over

11. Includes those reaching the age of 50 by 31 March 2023 (i.e. born before 1st April 1973).

Pregnant women

12. All pregnant women at any stage of pregnancy (first, second or third trimesters).

People living in care homes or other long-stay care facilities

13. Vaccination is recommended for people living in care homes or other long-stay care facilities where rapid spread is likely to follow introduction of infection and cause high morbidity and mortality.
 - a. This includes adult residential care homes, nursing care homes and children's hospices.
 - b. This does not include young offender institutions, university halls of residence or boarding schools (except those in eligible school years, or eligible due to another factor).
 - c. In terms of opportunities for co-administration with the COVID-19 vaccine, it is worth noting that the eligibility differs to the interim advice set out by the JCVI for COVID-19 vaccination for autumn 2022. For COVID-19, eligibility for vaccination has been recommended for those who reside in care homes for older adults only (65+). [Joint Committee on Vaccination and Immunisation \(JCVI\) interim statement on the COVID-19 vaccination programme for autumn 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/jcvi-interim-statement-on-the-covid-19-vaccination-programme-for-autumn-2022)

Individuals experiencing homelessness

14. Included are those sleeping rough, people in emergency accommodation and people recently homeless in supported accommodation. Bespoke and innovative delivery models were deployed by health boards for COVID-19 vaccination, intended to support these individuals to benefit from the protection of vaccination. These models should be reviewed by health boards when planning their 2022-23 flu programme in order to maximise uptake amongst this group.

Prisoners

15. All adults resident in Welsh prisons.

Carers

16. Those who are the unpaid carer, including young carers, of a person whose health or welfare may be at risk if the carer falls ill, including those who receive a carer's allowance. The carer need not reside with, or be related to, the person being cared for.

Third sector carers

17. Individuals who work on a voluntary basis (are not paid for their time and effort) providing care on a frequent basis to one or more elderly, disabled or otherwise vulnerable person whose welfare would be at risk if the individual became ill.
18. These individuals should be identified by a letter from their organisation, confirming their name and role in the organisation.

Members of voluntary organisations providing planned emergency first aid

19. Individuals who work on a voluntary basis (are not paid for their time and effort) in organisations which provide planned emergency first aid at organised public events.
20. These individuals should be identified by a letter from their organisation, confirming their name, and role in the organisation.
21. This category does not include individuals who are qualified to provide first aid in other circumstances.

Community First Responders

22. Active members of a Welsh Ambulance Service Trust (WAST) Community First Responder scheme providing first aid directly to the public.
23. These individuals should be identified by a letter from their organisation, confirming their name, and role in the organisation.

Healthcare workers

24. Healthcare workers who are in direct contact with patients/clients should have their flu vaccine via their employer. This should be actively encouraged, and provided or facilitated as part of their occupational health care. A single flu and COVID-19 programme should be pursued to maximise uptake and deliver efficiencies.

Social care staff

25. Individuals employed in adult residential care homes, nursing care homes and children's hospices, or providing domiciliary care, who are in regular direct contact with residents/service users, are eligible to receive a flu vaccine. This may be via the community pharmacy NHS seasonal influenza vaccination service, their GP practices if in an eligible clinical risk/age group, or through an alternative model if agreed locally. Uptake of flu vaccination should be actively encouraged and supported/facilitated by their employer.

26. Social care staff, apart from those referred to above, should be encouraged, supported and offered/facilitated vaccination by their employer.

27. A single flu and COVID-19 programme should be pursued to maximise uptake and deliver efficiencies.

Locum GPs

28. Locum GPs may be vaccinated at the practice where they are registered as a patient.

29. The list above is not exhaustive, and practitioners should apply clinical judgement to consider on a case-by-case basis the risk of flu exacerbating any underlying disease that a patient may have, as well as the risk of serious illness from flu itself. Flu vaccine should be offered in such cases even if the individual is not in one of the groups specified above.

30. Individuals recommended to receive flu vaccine who are long-term hospital in-patients during the flu season should be vaccinated in hospital. Health boards and trusts are expected to make suitable arrangements to identify and vaccinate these individuals, and to notify their GP practice in a timely way.

31. Clinicians are encouraged to consider the needs of individuals waiting for a transplant. The current recommendations for flu vaccine cover a wide range of chronic diseases and therefore most transplant-list patients are likely to be in a recognised clinical risk group and eligible for immunisation. Practitioners should apply clinical judgement to take into account the risk of flu exacerbating any underlying condition a patient may have.

Childhood Influenza Vaccination Programme 2022-2023

Service Specification (Aug 2022)

National Enhanced Service Specification For Childhood Influenza Vaccination Programme 2022-2023

Introduction

1. This programme is directed at GP practices delivering vaccination and immunisation services in Wales.
2. This programme has been agreed between the Welsh Government and General Practitioners Committee (Wales) (GPC(W)) of the British Medical Association (BMA). The service requirements are included at Annex A.
3. As an Enhanced Service, GP practices may choose whether to participate in this programme.

Background

4. The Joint Committee on Vaccination and Immunisation (JCVI) recommends that influenza vaccination is offered to children to lower the impact of influenza on the children themselves and to reduce influenza transmission to other children, adults and those in clinical risk groups at any age.
5. For 2022-23, the childhood programme will offer vaccination to the following age groups:
 - Children aged two and three years on 31 August 2022 will continue to be vaccinated through GP practice by invitation.
 - Children in school reception class and in all primary school years 1 to 6 (ages 4 to 10 years) and secondary school years 7 to 11 (ages 11 to 15 years) are to be offered the vaccine in school via the health board school nursing service.
 - Children aged four years on 31 August 2022 who do not attend school will be offered the vaccine on request or opportunistically by primary care. As

explained further below, it is expected that this will apply to very few children as the majority will attend school from four years of age.

6. It is anticipated that the 2022-23 programme for primary care will involve practices actively inviting approximately 67,000 eligible two and three year olds in Wales for their influenza vaccination.
7. Practices will remain responsible, in line with longstanding agreements and practice, to identify, call, recall and vaccinate all other children in clinical risk groups as defined in the Welsh Health Circular - National Influenza Immunisation Programme 2022-23.

Duration and patient cohort

8. The target period for this programme is for five months from 1 August 2022 to 31 December 2022 in order to achieve maximum impact of the programme before influenza starts to circulate. However, two and three-year-olds should be offered vaccination as early as possible in the season, subject to vaccine availability, to help reduce flu transmission in the community to other vulnerable groups. Practices should ensure that an adequate supply of appropriate vaccine is available before arranging clinics. Practices may continue to vaccinate eligible patients until 31 March 2023, for whom they will receive payment.
9. Practices will be required to vaccinate all registered patients who are:
 - a. **Aged two and three years on 31 August 2022** on either:
 - A proactive call basis, if not considered in a clinical risk group, or
 - A proactive call and recall basis, if considered to be in a clinical risk group¹.

Proactive call requires a written or verbal invitation to be made for all eligible individuals; recall requires at least one communication with those who fail to attend following initial invitation, preferably using a different format. Call and recall could be by direct contact by phone call, email, text or otherwise (although such strategies are for GP practices to determine).

- b. **Aged four years on 31 August 2022** who do not attend a school covered by a health board school vaccination programme.

It is expected that the majority of children aged four years will be in a mainstream school, so practices are not required to issue proactive invitations for children aged four years. Children should be vaccinated on

¹ The at-risk groups are defined in the Welsh Health Circular - National Influenza Immunisation Programme 2022-23.

request from the parent/guardian or opportunistically where the child presents for another purpose.

c. Primary and secondary school children. These will be in school reception class and school years 1 to 11 inclusive (or of that age group):

- Where the parent/guardian has consented to the vaccine but the child missed the opportunity to be vaccinated in school,
- When a parent has consented to live attenuated influenza vaccine (LAIV) in school but LAIV is contraindicated for the child,
- Who do not attend a school covered by a health board school vaccination programme.

Health boards should arrange additional follow up school-based influenza vaccination sessions where closures or large absentee rates deem this to be an appropriate approach. Children who miss the vaccination opportunity offered in school will be given a letter from the school nursing service advising them to contact their GP surgery specifically to request an influenza vaccination. This letter will stress the need to mention the purpose of the visit as a routine appointment is not appropriate.

d. In clinical risk groups in school reception class or school years 1, 2, 3 and 4, (or of that age group) who require a second dose of vaccine (applicable to children under nine years of age only).

Children in clinical risk groups under the age of nine, who have not previously been vaccinated against influenza and who have received their first dose of vaccine via the school's programme (where this is identified) are due a second vaccine at least four weeks after the first dose. These children will be given a letter from the school nursing service advising them to contact their GP surgery to request the second dose. The letter will stress the need to mention the purpose of the visit as a routine appointment is not appropriate. See paragraph 15 below for further information.

Children in clinical risk groups and under nine years of age who do not attend a school covered by a health board seasonal influenza vaccination programme (as described in paragraph 9 c) receiving their first dose in a GP practice will also require a second dose four weeks later if they are receiving influenza vaccine for the first time.

e. Eligible children, as defined above, whose parents/guardians object to the porcine gelatine content of LAIV should be offered a suitable alternative injectable vaccine. Children should be vaccinated on request from the parent/guardian who should be made aware that LAIV is the most effective product.

10. Children who are not in a clinical risk group who present after the expiry date of any available LAIV should not routinely be offered injectable vaccine as an alternative.

11. Children who are in a clinical risk group should be immunised whenever they present during the season in line with existing recommendations with LAIV as the vaccine of choice, or alternatively a suitable injectable influenza vaccine if LAIV is not available or contraindicated.

Vaccine

12. Live attenuated influenza vaccine (LAIV) is the recommended vaccine for children aged two years and over if in a clinical risk group or not and is administered as a nasal spray.
13. The relatively short shelf life of the LAIV may mean that it is not available for the entire flu season, but this is dependent on the production and delivery schedule.
14. LAIV has been centrally procured and should be ordered via ImmForm in the same way as other childhood vaccines.
15. One dose of flu vaccine is required for children in the cohort not in a clinical risk group, and also for those in a clinical risk group who have previously received an influenza vaccine. Two doses are required for children in the cohort who are in a clinical risk group and under nine years of age who have not previously received an influenza vaccine. Where two doses of vaccine are to be administered, this must be done at least four weeks apart.
16. Any prescribing practitioner may arrange to administer a flu vaccine:
 - a. Using a Patient Group Direction (PGD); it must be administered by a registered health care practitioner.
 - b. Under a Patient Specific Direction (PSD); a non-registered individual may administer under the direction of the prescriber although the prescriber is still liable
 - c. Using a National Protocol which is intended to be available before the start of the season to support mixed workforce and flexible delivery models.
17. Children in an eligible group and contraindicated LAIV, or where there is parental objection to gelatine in LAIV should be offered a suitable licensed injectable inactivated influenza vaccine. Practices will be reimbursed for this as for children in a clinical risk group. Children aged six months to under two years of age in a clinical risk group should be offered a suitable licensed injectable inactivated influenza vaccine. Practices will be reimbursed for this as for adults in a clinical risk group.

Data Collection

18. Practices should record all administered doses of flu vaccine using appropriate Read codes or SNOMED clinical terms, in the practice clinical information

system in a timely way. Data to allow surveillance will automatically be provided to Public Health Wales (currently through Audit Plus), in the same manner as for adult influenza immunisation, to enable surveillance of immunisation uptake. Practices that have opted out from automatically providing this data throughout the season, or are otherwise unable to do so, will be required to make a manual return using an appropriate form provided by Public Health Wales. Public Health Wales will work with health boards to set up monthly collection of data to allow surveillance of uptake in the schools programme. Health board and NHS Trusts should provide data to Public Health Wales' Vaccine Preventable Disease Programme to allow for monitoring of coverage in eligible NHS staff, on a monthly basis using a standard aggregate (staff-group level) template.

19. Public Health Wales will monitor and report influenza immunisation uptake to practices, primary care clusters, health boards and trusts, the Welsh Government and the general public. Data to monitor vaccine uptake will be collected automatically in the same way that it is for the adult influenza immunisation programme. The data extraction will begin in October and continue on a weekly basis for the duration of the campaign. Information on the PRIMIS recommended Read codes and SNOMED clinical terms which will be used for influenza immunisation uptake monitoring purposes can be found on the Public Health Wales site:

[Influenza \(sharepoint.com\)](#)

20. Public Health Wales will once again be providing individual weekly reports for all GP practices in Wales during the influenza season. These reports are intended to assist in local monitoring of uptake each week, for those involved in planning and delivering the influenza immunisation programme in primary care. The reports are available through the Public Health Wales Influenza Vaccination Online Reporting (IVOR) scheme:

[Surveillance \(sharepoint.com\)](#)

Public-facing surveillance summaries at national and health board level are published on a weekly basis by Public Health Wales for the duration of the influenza immunisation programme on:

<https://phw.nhs.wales/topics/immunisation-and-vaccines/flu vaccine/weekly-influenza-and-acute-respiratory-infection-report/>

Payment and validation

21. Practices will receive an item of service (IOS) payment at the current applicable rate per dose in respect of each registered patient who is eligible and who is vaccinated during the specified period.

22. GP practices will only be eligible for payment for this service in circumstances where all of the following requirements have been met:

- a. The practice is contracted to provide vaccine and immunisations as part of Additional Services.
- b. All patients in respect of whom payments are being claimed were on the practice's registered list at the time the vaccine was administered.
- c. The practice administered the vaccine to all patients in respect of whom payment is being claimed.
- d. All patients in respect of whom payment is being claimed were within the cohorts (as specified in paragraph (9) at the time the vaccine was administered.
- e. The practice did not receive any payment from any other source in respect of the vaccine (should this be the case, then health boards may reclaim any payments as set out in the paragraphs 19.1 and 19.2 of the Statement of Financial Entitlements²).
- f. The practice submits the claim within six months of administering the vaccine (health boards may set aside this requirement if it considers it reasonable to do so).
- g. Payment will be made on a monthly basis i.e. the monthly count multiplied by the current applicable Item of Service fee:

$$\begin{array}{rclcl} \text{monthly} & & & & \\ \text{payment} & = & \text{number of patients, in} & \times & \text{Applicable} \\ & & \text{the monthly count,} & & \text{IoS fee} \\ & & \text{who have been} & & \\ & & \text{recorded as having} & & \\ & & \text{received the influenza} & & \\ & & \text{vaccination within the} & & \\ & & \text{qualifying criteria} & & \end{array}$$

23. Health boards are responsible for post payment verification. This may include auditing claims of practices to ensure that they meet the requirements of this service.

24. Administrative provisions relating to payments under this service are set out in Annex B.

² Directions to health boards as to the Statement of Financial Entitlements ()Directions 2013
<https://www.gov.uk/government/publications/nhs-primary-medical-services-directions-2013>

Annex A: Service requirements for the childhood influenza programme

1. GP practices providing this service will vaccinate, with the appropriate vaccine and dosage, all patients in the cohorts described and called as required in the main body of this document.
2. Take all reasonable steps to ensure that the medical records of those eligible patients, as described in this specification, receiving the childhood influenza vaccination are kept up to date using appropriate Read codes or SNOMED codes with regard to the immunisation status and in particular, includes:
 - a. Any refusal of an offer of immunisation.
 - b. Where an offer of immunisation is accepted:
 - i. The batch number, expiry date and name of the vaccine.
 - ii. The date of administration.
 - iii. Where other vaccines are administered in close succession, the route of administration and the injection site of each vaccine.
 - iv. Any contra-indication to the vaccination or immunisation.
 - v. Any adverse reactions to the vaccination or immunisation.
3. Ensure that all healthcare professionals who are involved in administering the vaccine have:
 - a. Referred to the clinical guidance in the Green Book.
 - b. The necessary training, skills, competency and experience, including training with regard to the recognition and initial treatment of anaphylaxis.
4. Ensure all orders of vaccine are in line with national guidance, including adherence to any limits on stocks to be held at any one time, to ensure equitable distribution between practices. LAIV is centrally supplied for this programme, and should be ordered in the same way as GP practices and health board pharmacies currently order childhood vaccines. Inactivated influenza vaccine for those contraindicated or declining live attenuated vaccine should be ordered direct from suppliers in the same way as influenza vaccine for other groups. QIVE for children under 2 who are at risk is not available centrally via Immform this year. Local arrangements should be made to ensure these children are able to receive an influenza vaccination.
5. Ensure all vaccines are stored in accordance with the manufacturer's instructions and guidance contained in the Green Book.

<https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>

6. Ensure that services are accessible, appropriate and sensitive to the needs of individuals. No eligible individual shall be excluded or experience particular difficulty in accessing and effectively using this service due to their race, gender, disability, sexual orientation, religion and/or age.

Annex B: Administrative provisions relating to payments under the childhood influenza programme

1. Payments under this service are to be treated for accounting and superannuation purposes as gross income of the practice in the financial year.
2. The amount calculated as payment for the financial year falls due on the last day of the month following the month during which the practice provides the information specified in the main body of this service specification.
3. Payment under this service, or any part thereof, will be made only if the practice satisfies the following conditions:
 - a. The practice must make available to health boards any information under this service, which health boards need and the practice either has or could be reasonably expected to obtain.
 - b. The practice must make any returns required of it (whether computerised or otherwise) to the Primary Care Registration System administered by NHS Digital.
 - c. All information supplied pursuant to or in accordance with this paragraph must be accurate.
4. If the practice does not satisfy any of the above conditions, health boards may, in appropriate circumstances, withhold all of the payment, or any part of it, due under this service that is otherwise payable.

Provisions relating to GP practices that terminate or withdraw from this service prior to 31 March 2023 (subject to the provisions below for termination attributable to a GP practice split or merger).

5. Where a practice has entered into the childhood influenza vaccination service but its general medical services contract subsequently terminates or the practice withdraws from the service prior to 31 March 2023, the practice is entitled to a payment in respect of its participation if such a payment has not already been made, calculated in accordance with the provisions set out below. Any payment calculated will fall due on the last day of the month following the month during which the practice provides the information required.
6. In order to qualify for payment in respect of participation under this service, the practice must provide the health board with the information specified in the main body of this service specification before payment will be made. This information should be provided in writing, within 28 days following the termination of the contract or the withdrawal from the enhanced services agreement.

7. The payment due to practices that terminate or withdraw from the service agreement prior to 31 March 2023 will be based on the number of vaccinations given, prior to the termination or withdrawal.

Provisions relating to GP practices who merge or split

8. Where two or more practices merge or are formed following a contractual split of a single practice and as a result the registered population is combined or divided between new practice(s), the new practice(s) may enter into a new agreement to provide the childhood influenza service.
9. The service agreements of the practices that formed following a contractual merger, or the practice prior to contractual split, will be treated as having terminated and the entitlement of those practice(s) to any payment will be assessed on the basis of the provisions of paragraph 5 of this annex.
10. The entitlement to any payment(s) of the practice(s), formed following a contractual merger or split, entering into the agreement for the childhood influenza service, will be assessed and any new arrangements that may be agreed in writing with the HB will commence at the time the practice(s) starts to provide such arrangements.
11. Where that agreement is entered into and the arrangements commence within 28 days of the new practice(s) being formed, the new arrangements are deemed to have commenced on the date of the new practice(s) being formed. Payment will be assessed in line with the requirements described in the main body of this service specification as of this commencement date.

Provisions relating to non-standard splits and mergers

12. Where the practice participating in the service is subject to a split or a merger and:
 - a. The application of the provisions set out above in respect of splits or mergers would, in the reasonable opinion of the health board, lead to an inequitable result; or
 - b. The circumstances of the split or merger are such that the provisions set out in this section cannot be applied.

The health board may, in consultation with the practice or practices concerned, agree to such payments as in the health board's opinion are reasonable in all circumstances.