

**WELSH HEALTH CIRCULAR**



Llywodraeth Cymru  
Welsh Government

**Issue Date: 22 December 2022**

**STATUS: ACTION**

**CATEGORY: PUBLIC HEALTH**

**Title: Influenza (flu) Vaccination Programme deployment 'mop up' 2022- 2023**

**Date of Expiry / Review: Not applicable**

**For Action by:**

Chief Executives, Health Boards/Trusts  
Immunisation Leads, Health Boards/Trusts  
Immunisation Coordinators, Health Boards  
Flu Leads, Trusts  
Medical Directors, Health Boards/Trusts  
Directors of Primary Care, Health Boards/Trusts  
Nurse Executive Directors, Health Boards/Trusts  
Chief Pharmacists, Health Boards/Trusts  
Directors of Public Health, Health Boards/Trusts  
Executive Director of Public Health, Public Health Wales  
Head Vaccine Preventable Disease Programme, Public Health Wales  
Director of Planning, NHS Wales Delivery Unit  
Community Pharmacy Wales  
General Practitioner Council, Wales  
General practitioners  
Community pharmacists

**Sender:** Chief Medical Officer for Wales

**HSSG Welsh Government Contact(s):**

Health Protection Services, Department for Public Health, Welsh Government, Cathays Park, Cardiff CF10 3NQ

Dear Colleague

Influenza (flu) vaccination is one of the most effective public health interventions to protect people against infection and reduce pressure on health and social care services over the busy winter period. This has been brought to the fore again over recent weeks in the context of group A streptococcal (GAS) infections, with the ongoing concern of families and consequent impact on services. Maximizing flu vaccine uptake is an important part of the response and solution.

The co-administration of flu and COVID-19 and vaccine equity are key principles outlined in our Winter Respiratory Vaccination strategy published on 15 July 2022. The 'nobody left behind' principle embedded into the strategy is built on the premise that everyone should have fair access and fair opportunity to take up the offer of a vaccination.

We know that flu activity is increasing and is now circulating in the community. I am concerned that uptake is below the Welsh Government target of 75% in the over 65's cohort and lower, in some cases, much lower, across all other eligible groups. As a consequence, I am asking health boards to support Primary Care services with the flu 'mop up' work from January, through health board vaccine centres, and am aware that an element of this partnership work has already begun in some health board areas. This action aims to maximise uptake in all groups, particularly in primary school children and 2-3 year olds, as they experience highest levels of co-circulating respiratory and GAS infections, and those in a clinical risk group, which is in keeping with our 'nobody left behind' principle.

With the recent increases in demand for GP and Community Pharmacy services, and following the circulation and heightened public awareness of GAS infections including, invasive group A streptococcal (iGAS) and scarlet fever, the pressure on Primary Care is significant. However, the combined challenges of high levels of GAS infections, alongside the high levels of respiratory syncytial virus (RSV), influenza and other respiratory illnesses, make it increasingly important to offer as much protection as possible.

Supplementing the current flu deployment model through health boards offering opportunistic vaccinations, alongside ongoing planned GP and Community Pharmacy flu vaccination, will help relieve the current pressure on Primary Care services during this challenging time, while also taking the opportunity to maximise flu vaccine uptake.

Health boards, working in collaboration with Primary Care teams, are asked to draw up detailed plans on how the flu vaccination 'mop-up' exercise will operate. These plans, once finalised, will need to be shared with the NHS Wales Delivery Unit, for the purposes of supply management. Health boards will also need to communicate a clear message to their local populations as to how, when and where individuals are able to obtain vaccination in that area.

The current [polio catch-up](#) running until the end of March 2023 is also another co-administration opportunity, for those GPs participating, to identify and vaccinate young children who have not yet received their flu vaccination.

### **Supply**

Health Boards will utilise local stock in the first instance but will have access to the contingency flu vaccine that Welsh Government has purchased centrally for 2022-23. Details of how to order and the vaccines available can be found on the Public Health link [CMO-CEM-2022-25](#).

LAIV supply for children's flu vaccination should be ordered via the normal procedure via Immform.

### **Vaccination Data flow between health boards and GPs**

I know the timely write-back of vaccinations recorded in the Welsh Immunisation System (WIS) to GP systems will not be possible for this mop-up exercise. A weekly summary of administered vaccinations will be provided by health boards to the registered GPs of vaccinated individuals, which I recognise will require administrative work within practices. The work required similar to that involved with recording flu vaccinations given in Community Pharmacy. There will, however, be a clinical record of the vaccination having been administered in WIS & CYPRIS. Health Boards and General Practice are asked to work in partnership to manage this additional administration, which for individual practices is not expected to be significant.

The following systems would be used for recording the vaccination in the first instance:

- Anyone aged 16 and over – on WIS
- Anyone aged 4 to 15 – on CYPRIS
- Anyone aged 2 & 3 – on CYPRIS

Due to multiple data systems in use to record influenza vaccinations, every effort should be made to check an individual's previous vaccination history prior to vaccine administration, to reduce the risk of an individual being double vaccinated.

May I thank you again for your continued support to increase influenza vaccination uptake and protect more people from this potentially serious vaccine preventable disease.

Yours sincerely,



**Dr Frank Atherton**

**Chief Medical Officer / Medical Director NHS Wales**

## **Appendix A**

The central supply may only be used to vaccinate individuals eligible for a free vaccine under the NHS programme and all frontline health and social care staff. Details of eligible cohorts and administration of the programme are set out in [WHC/2022/016](#).

The contingency supply will be available from mid-November onwards. The stock is only available to draw on once local stocks have been used. We would encourage you to liaise locally within the health board, trust or cluster to consider whether vaccine stocks are available to be moved locally before accessing the national contingency supply.

The contingency stock available will comprise QIVc – quadrivalent cell culture influenza vaccine, and aQIV – attenuated quadrivalent influenza vaccine.

Further details are provided in Table 1 below. You should follow JCVI guidance and use the recommended vaccines as set out in Welsh Health Circular [WHC/2022/016](#).

Health boards and trusts will be required to record NHS staff vaccination following the usual guidelines outlined by Public Health Wales (see [Public Health Wales Immunisation Webpage](#)).

### **Process for accessing contingency supply**

Health board vaccination leads will collate requests for contingency supply from GP practices and community pharmacies. Further information is included in Annex A.

### **Important information regarding access of contingency flu vaccine supply**

1. For those delivering flu vaccines, consider if there is a need to access the supply of contingency flu vaccines by comparing the current uptake rates to the ambition uptake rate, against the current vaccine supply held (ensuring that you consider all the flu vaccines that have been ordered but not yet delivered from suppliers). You should not order centrally supplied stock until all your local vaccine orders have been received and used.
2. Local arrangements should be put in place by health boards to monitor levels of vaccine stocks held within the health board or trust. Surplus stocks held in one location should be moved to other locations before accessing the central supply, making use of stock held by neighbouring health boards, if available, in the first instance. It is important that ordering is co-ordinated to ensure the best use of the supplies available.

3. Table 1 below sets out the vaccines available from the contingency supply and minimum and maximum order sizes for each GP or community pharmacy location.
4. We will monitor central stock levels and share the information for discussion at the Winter Respiratory Vaccination Planning and Delivery Group meetings, attended by health board vaccination leads.
5. GPs and community pharmacies should only order enough vaccines to cover the expected demand as you will not be able to return unused flu vaccines. Maximum order limits have been put in place to ensure all areas of Wales have access to vaccine supplies and to prevent stockpiling. Please note the minimum/maximum order sizes and the delivery times advised in Table 1.
6. GPs, community pharmacies, health boards and trusts should have systems in place to store and administer locally any centrally supplied stock in such a way to support maintenance of the cold chain, and accurate record keeping.
7. As stock is limited, GPs and community pharmacies should aim not to request more than one order from the contingency supply. Ordering more than once may limit the availability of delivery slots and may require intervention to ensure fair access to supply across Wales.
8. You will not be able to return any unused central stock to suppliers. Every effort should be made to redistribute any central stock that has been ordered that is not needed, for use elsewhere. If this is not possible, the GP, community pharmacy, health board or trust will be required to dispose of any unused stock, and this should only be as a last resort. Disposal should be done in conjunction with local protocols.
9. It is essential to keep a clear record as to the amount, type of vaccine(s) and batch numbers redistributed or disposed of.
10. These centrally supplied flu vaccines must not under any circumstances be used to vaccinate private patients and are prohibited from being passed to a third party in exchange for payment.
11. The NHS Wales Shared Services Partnership will make arrangements for post payment verification of flu claims and adherence to the requirements in this letter.

**Table 1**

Vaccines available from each supplier, timescales, and minimum/maximum order quantities. Expected first delivery dates are indicative as these are not confirmed and may change.

<b>Supplier</b>	<b>Vaccine type</b>	<b>Expected first deliveries</b>	<b>Min order (doses)</b>	<b>Max order</b>
Seqirus	aQIV (adjuvanted quadrivalent influenza vaccine), surface antigen, inactivated	Mid November	10	100
Seqirus	QIVc (cell-grown quadrivalent influenza vaccine), surface antigen, inactivated	Mid November	10	100

## Appendix B

To: NHS Wales Shared Services Partnership to forward to:

All General Practitioners - please ensure this message is seen by all practice nurses and non-principals working in your practice and retain a copy in your 'locum information pack'.

All Community Pharmacies  
Deputising Services

To: Health Boards and NHS Trusts:

Chief Executives  
Medical Directors  
Nurse Directors  
Directors of Public Health  
Chief Pharmacists  
Directors of Primary, Community and Mental Health  
Director of Planning, NHS Wales Delivery Unit  
Immunisation Coordinators

To: Public Health Wales:  
Chief Executive  
Director of Public Health Services  
Consultants in Communicable Disease Control  
Head Vaccine Preventable Disease Programme

Cc: GPC (Wales)  
RCGP (Wales)  
Community Pharmacy Wales  
Royal Pharmaceutical Society Wales

**Enclosure(s):** None