

# **Childhood Influenza Vaccination Programme 2025-2026**

## **Service Specification (Aug 2025)**

### **National Supplementary Service Specification for Childhood Influenza Vaccination Programme 2025-2026**

#### **Introduction**

1. This programme applies to 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 a Supplementary 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 2025-26, the childhood programme will offer vaccination to the following age groups:
  - a. Children aged two and three years on 31 August 2025 (with a date of birth on or after 1 September 2021 and on or before 31 August 2023) will continue to be offered vaccination through GP practice by invitation.

- b. Children in school reception class and in all primary school years 1 to 6 (ages 4 to 11 years) and secondary school years 7 to 11 (ages 11 to 16 years) are to be offered the vaccine in school via the health board school nursing service.
  - c. Children aged four years on 31 August 2025 and older who do not attend school and therefore may be unable to access the health board school vaccination programme, will be offered the vaccine on request or opportunistically by primary care providers. 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 2025-26 programme for primary care will involve practices actively inviting approximately 60,000 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 (WHC/2025/020) - The National Influenza Immunisation Programme 2025 to 2026.

#### **Duration and patient cohort**

8. The target period for this programme is for four months from 1 September 2025 to 31 December 2025 to achieve maximum impact of the programme before influenza starts to circulate.
9. Starting as soon as Live Attenuated Influenza Vaccine (LAIV) becomes available in September; 2 and 3-year-olds, school-aged children and young people should be vaccinated as quickly as possible. Our ambition is to achieve 75% uptake amongst these groups during the 2025 to 2026 season. There should be a concerted drive towards increased LAIV administration particularly during the main vaccination window for these cohorts from September to October half-term. 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 2026, for whom they will receive payment.
10. Practices will be required to vaccinate all registered patients who are:
  - a. **Aged two and three years on 31 August 2025.**
  - b. **Aged four years on 31 August 2025** who do not attend a school covered by a health board school vaccination programme.

It is expected that most 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 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,
- Where the child does 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. The parents of children who miss the vaccination opportunities offered as part of the health board school vaccination programme will be advised to contact their GP surgery to request an influenza vaccination. This would be a specific influenza vaccination appointment and not a general appointment.

**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.

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 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. Although LAIV is the recommended vaccine, 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. An alternative influenza vaccine for those contraindicated or declining live attenuated vaccine should be used from the central supply. The appropriate centrally supplied vaccine that will be available is TIVc.

11. 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.
12. 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, contraindicated or otherwise unsuitable.
13. GPs are expected to adopt a proactive approach to offering flu vaccinations to eligible individuals by using robust call, recall and reminder systems to contact all eligible patients, for example, through direct contact by phone call, email, text or otherwise (determined at a practice level). Practices are expected to follow-up eligible patients and remind/recall those who do not receive their flu vaccination. This expectation does not apply to those covered under the school nursing service programme. If the engaged provider operates an appointment-based service, scheduling of appointments will be via established booking system, including GP clinical systems.

## **Vaccine**

12. LAIV is the recommended vaccine for children aged two years and over if in a clinical risk group or not (unless contraindicated or otherwise unsuitable) 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 should be ordered via ImmForm in the same way as other childhood vaccines. Wastage of LAIV that is delivered but subsequently unused should be minimised through collaboration with the relevant health board immunisation or pharmacy team, who may be able to facilitate reallocation. Any supply unable to be reallocated or administered before expiry should be recorded on ImmForm with the appropriate reason. This is in addition to the recording of unusable LAIV supply.
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. Resources and professional information to support the influenza campaign can be found on the Public Health Wales website at [www.phw.nhs.wales/vaccines](http://www.phw.nhs.wales/vaccines)

### **Data Collection**

18. GMS contractors operating under the national programme will be required to use the Welsh Immunisation System (WIS) to digitally record flu vaccinations given to children and young people. Details of how the Welsh Immunisation System should be used are set out in Annex A. As with the adult influenza programme, child influenza vaccinations will be automatically written back to update GP systems.
19. Data to allow surveillance will automatically be provided to Public Health Wales, in the same manner as for adult influenza immunisation, to enable surveillance of immunisation uptake. Public Health Wales will work closely with Digital Health and Care Wales to access data from WIS and other appropriate national data systems, scoping potential for centrally reconciling uptake data where appropriate.
20. Public Health Wales will work with health boards to set up monthly collection of data to allow surveillance of uptake in the school's programme. Health board and NHS Trusts should provide data to Public Health Wales' Vaccine Preventable Disease Programme to allow for timely monitoring of coverage in school-aged children on a monthly basis, using a standard aggregate) template (as was the case for previous years).
21. Public Health Wales will monitor and report influenza immunisation uptake to practices, primary care clusters, health boards and trusts, the Welsh Government and the public. Data to monitor vaccine uptake will be collected automatically in the same way that it is for the adult influenza immunisation programme (using WIS as the primary data source). The weekly surveillance reporting will begin in October and continue 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 Sharepoint site:

22. [https://nhswales365.sharepoint.com/sites/PHW\\_VPDPComms/SitePages/Flu-immunisation-data-collection-specifications.aspx](https://nhswales365.sharepoint.com/sites/PHW_VPDPComms/SitePages/Flu-immunisation-data-collection-specifications.aspx)
23. Public Health Wales will once again be providing individual weekly reports for all GP practices and clusters 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 \(sharepoint.com\)](#)
24. 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**

22. 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.
23. GP practices will only be eligible for payment for this service in circumstances where all of the following requirements have been met:
- All patients in respect of whom payments are being claimed were on the practice's registered list at the time the vaccine was administered.
  - The practice administered the vaccine to all patients in respect of whom payment is being claimed.
  - All patients in respect of whom payment is being claimed were within the cohorts (as specified in paragraph 10) at the time the vaccine was administered.
  - 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 Entitlements<sup>1</sup>).

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<sup>1</sup> Directions to Local Health Boards as to the Statement of Financial Entitlements Directions 2013  
[Financial Entitlement Directions: Local Health Boards | GOV.WALES](#)

- e. Delivery of the vaccination is accurately recorded on the Welsh Immunisation System (WIS) as set out in Annex A

Where needed, engaged providers must, supply NHS Wales Shared Services Partnership with information on persons who have received a vaccine under the Scheme, for payment and, if required, post payment verification purposes

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

## **Annex A: Service requirements for the childhood influenza programme**

GP practices providing this service will:

1. 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. The engaged provider should maintain up to date records on the Welsh Immunisation System of all persons receiving the services under the Scheme. The Welsh Immunisation System should be used:
  - i. for recording consent for vaccination
  - ii. for noting any contraindications
  - iii. for recording when a vaccination has been given, including the batch number, vaccine name and manufacturer's expiry date
  - iv. where more than one vaccine is administered, for recording the route of administration and the injection site of each dose of the vaccine
  - v. for recording the name of the person administering the vaccine
  - vi. for recording immediate adverse events
  - vii. for recording the refrigerator temperature(s) where vaccines are stored, twice daily (at the start and end of the day) on all working days, as per national guidance
  - viii. for recording receipt of delivery of the vaccine on the day of receipt
  - ix. for recording daily vaccine stock check balance on all working days at the end of the last clinic session
  - x. for providing evidence and generating payments, including Post Payment Verification.
3. The engaged provider must take all reasonable steps to ensure that the Welsh Immunisation System is updated as soon as reasonably practicable after a person has received a vaccination, and by no later than the end of the day on the day on which a vaccination is administered.
4. By using the Welsh Immunisation System, the record of the vaccination of a person by the engaged provider will be automatically entered overnight onto the individual's GMS record.
5. The engaged provider must, via the agreed process:
  - i. supply Public Health Wales with information on persons who have received a flu vaccine, for the purpose of monitoring local and national uptake,
  - ii. supply NHS Wales Shared Services Partnership with information on persons who have received a flu vaccine, for the purposes of payment and/or post payment verification,



- iii. provide data to the collaborative or cluster lead practice (where relevant), Local Health Boards and Welsh Government when required, and
    - a. ensure consistent coding for capture of data and compliance with relevant information governance legislation.
- 6. 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.
- 7. 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. An alternative influenza vaccine for those contraindicated or declining live attenuated vaccine should be used from the central supply. The appropriate centrally supplied vaccine that will be available is TIVc.
- 8. 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-infectiousdisease-the-green-book>
- 9. 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 age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex, or sexual orientation as set out in section 4 of the Equality Act 2010.

## **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 through reporting and recording vaccinations in the Welsh Immunisation System (WIS)
  - 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 2026 (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 2026, the practice is entitled to a payment in respect of its participation if such a payment has not already been made. This will be 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. 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 supplementary services agreement.

7. The payment due to practices that terminate or withdraw from the service agreement prior to 31 March 2026 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.