

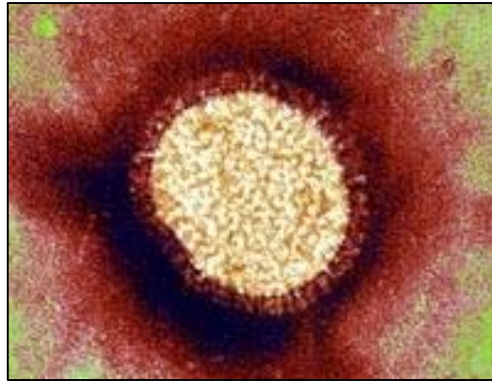


# How to Increase Influenza Vaccination Rates

**Dr George Kassianos**

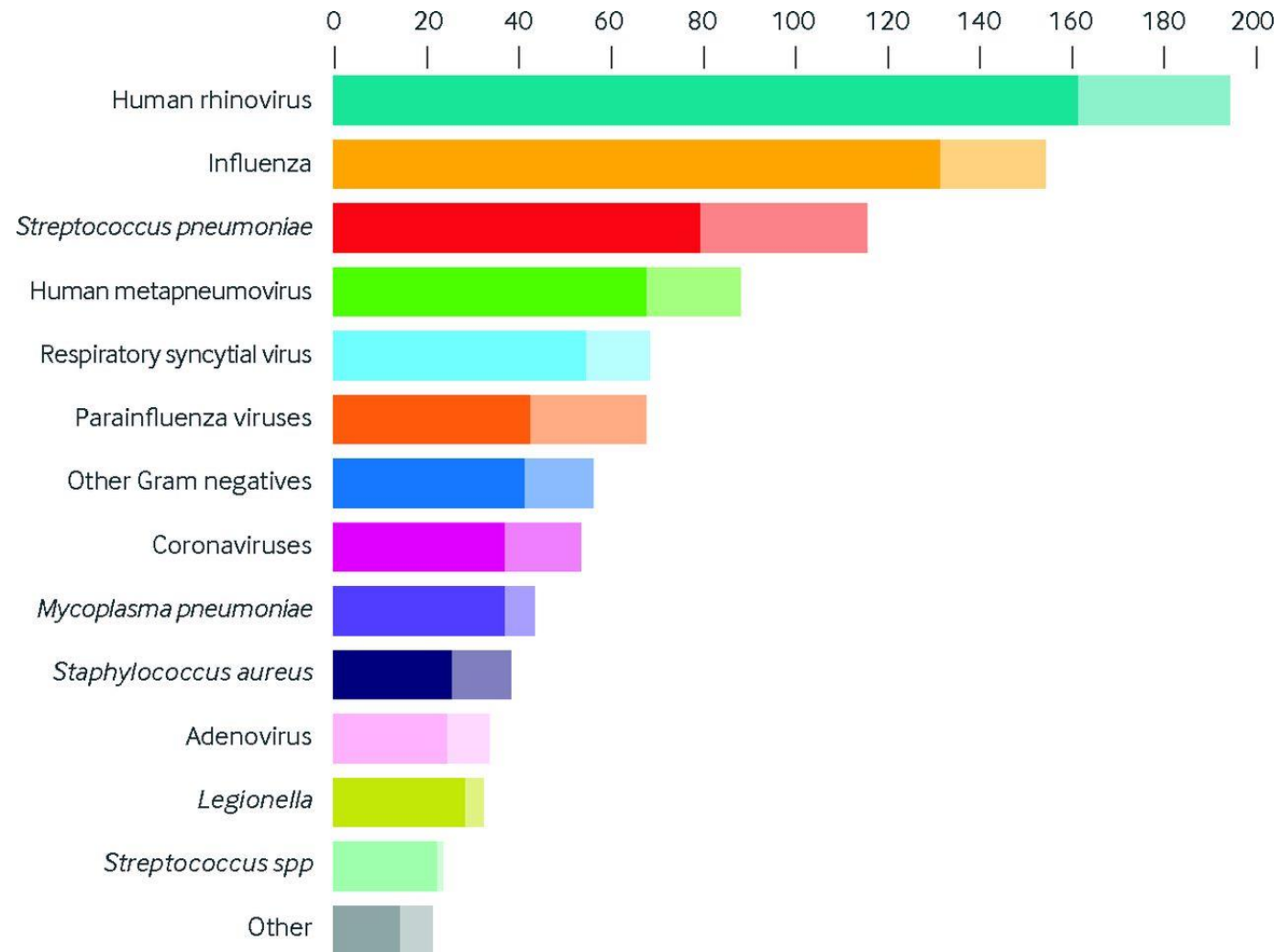
General Practitioner (GP), England, UK  
President British Global & Travel Health Association  
Chairman RAISE Pan-European Committee on Influenza  
National Immunisation Lead – Royal College of General Practitioners

# The burden of circulating Influenza in England



- ~10% of all **Respiratory Hospital admissions and deaths** can be attributed to circulating influenza
- The **highest admission** rates are for both influenza A & B strains attributed to children under 5 years of age
- The **highest influenza-attributed death rates** are seen in the group of elderly patients with chronic diseases

Fig 3 Pathogens detected in patients with radiographic community acquired pneumonia from the Centers for Disease Control EPIC study.



Richard G Wunderink, and Grant Waterer BMJ  
2017;358:bmj.j2471



# England: Major causes of death - 2015



	Males (% of all male deaths)		Females (% of all female deaths)	
1	Heart disease	14.2%	Dementia and Alzheimer's disease	15.3%
2	Dementia and Alzheimer's disease	8.0%	Heart disease	8.8%
3	Lung cancer	6.5%	Stroke	7.5%
4	Chronic lower respiratory diseases	6.2%	Influenza and pneumonia	6.0%
5	Stroke	5.6%	Chronic lower respiratory diseases	6.0%
6	Influenza and pneumonia	5.1%	Lung cancer	5.1%
7	Prostate cancer	4.2%	Breast cancer	3.7%
8	Colorectal cancer	3.0%	Colorectal cancer	2.4%
9	Leukaemia and lymphomas	2.6%	Kidney disease and other diseases of the urinary system	1.9%
10	Cirrhosis and other liver disease	1.9%	Leukaemia and lymphomas	1.9%

# Influenza

- A highly infectious illness which spreads rapidly in closed communities
- Even people with mild or no symptoms can infect others

NICE: Vaccination is the most effective way of preventing illness from influenza

Antiviral drugs are not a substitute for vaccination



NICE. Oseltamivir, amantadine and zanamivir for the prophylaxis of influenza (including a review of existing Guidance no.67).  
<http://guidance.nice.org.uk/page.aspx?o=440453>

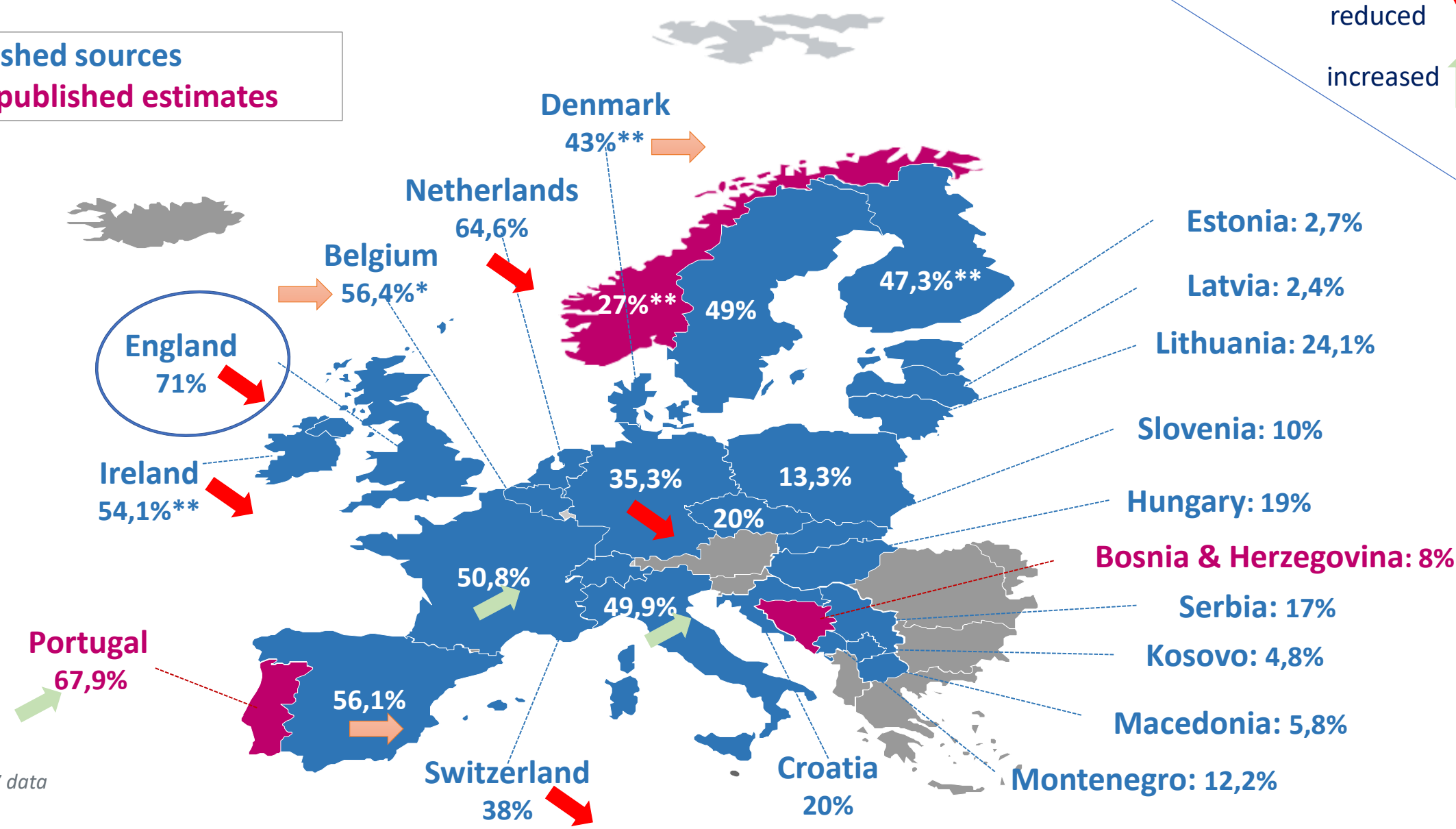


# Influenza 2015/16 VCR in 60/65+ in Europe

■ Published sources  
■ Non published estimates

## Evolution versus previous year

no change ➔  
 reduced ➔  
 increased ➔



\*2013 data; \*\* 2017 data

# Outline

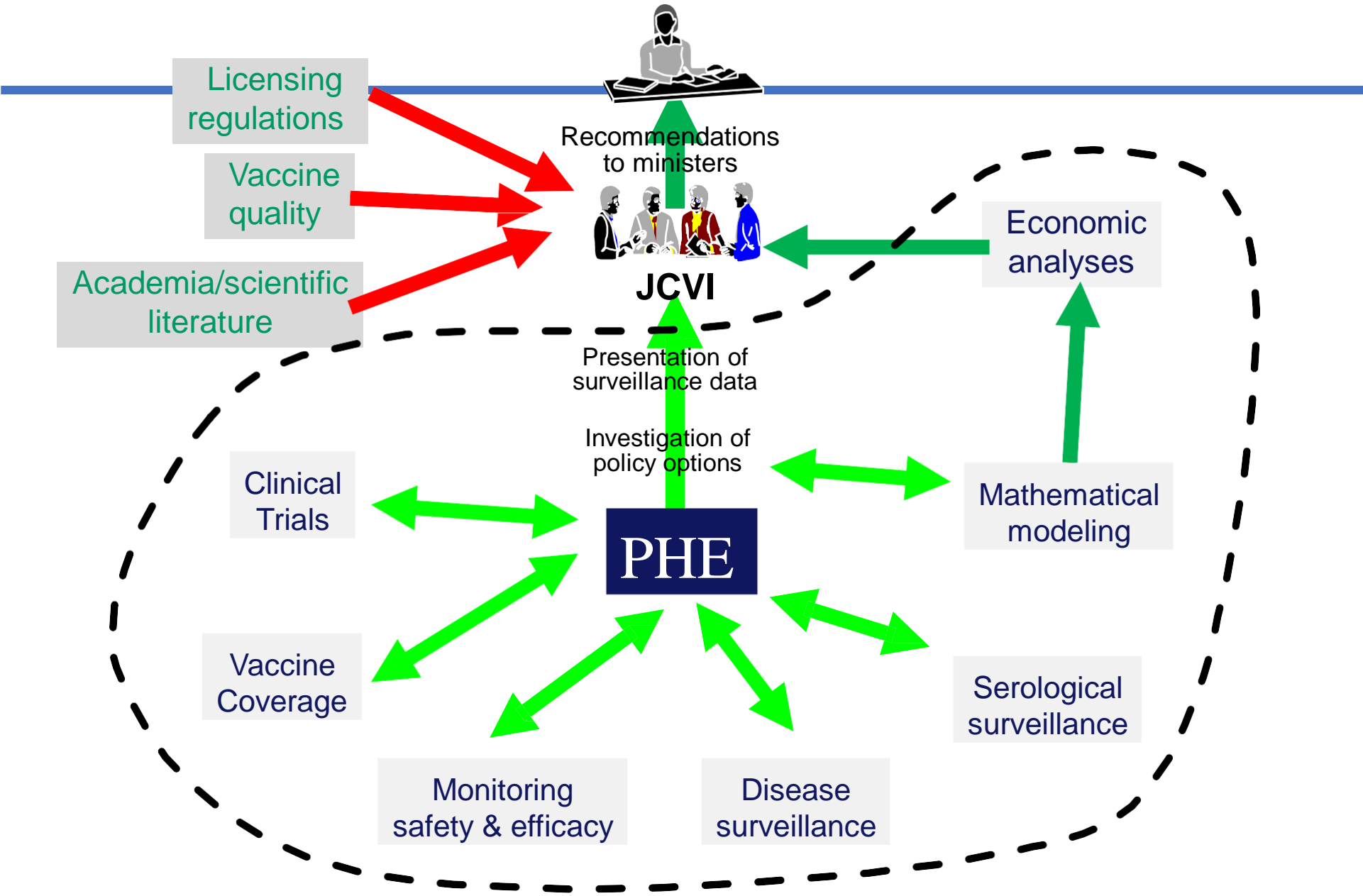
- Decisions are researched & debated by experts
  - not politicians
- The Government
- Vaccination Campaign
- Vaccine Supply
- Vaccination of the Population at risk
  - Primary Care
  - School Services
  - Hospitals
- Achievement
- Impact

# Outline

- Decisions are researched & debated by experts
  - not politicians
- The Government
- Vaccination Campaign
- Vaccine Supply
- Vaccination of the Population at risk
  - Primary Care
  - School Services
  - Hospitals
- Achievement
- Impact



# The Joint Committee on Vaccinations & Immunisations (JCVI)

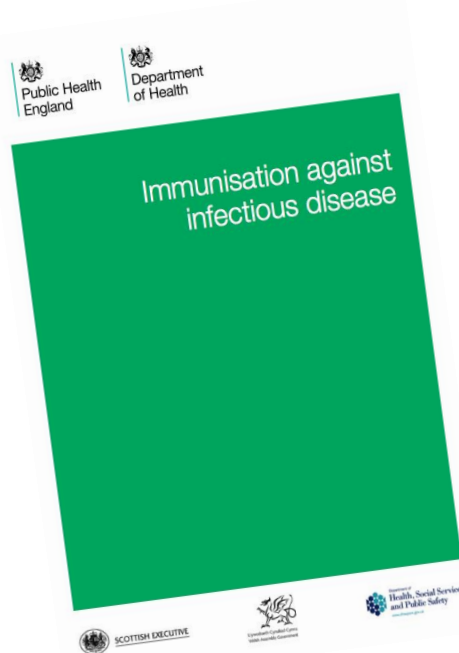


# Outline

- Decisions are researched & debated by experts
  - not politicians
- **The Government**
- Vaccination Campaign
- Vaccine Supply
- Vaccination of the Population at risk
  - Primary Care
  - School Services
  - Hospitals
- Achievement
- Impact

# The Government Department of Health (DH)

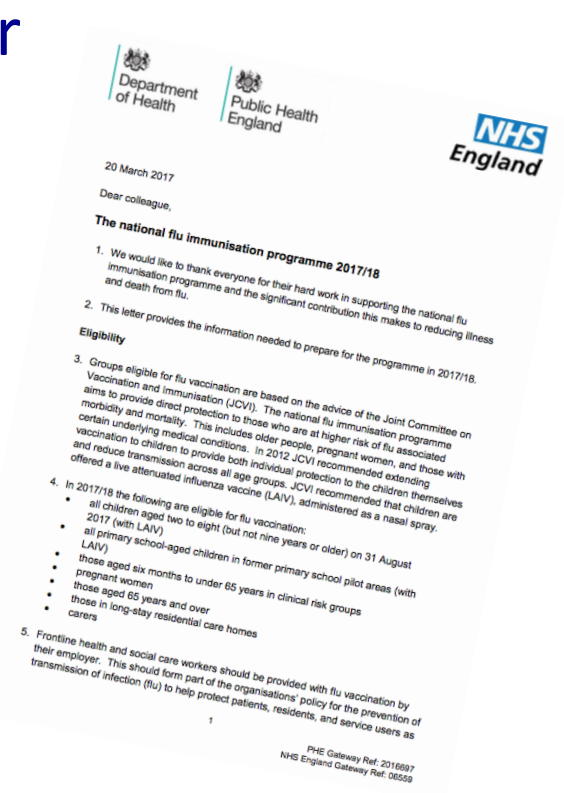
- Carries out JCVI Recommendation - Considers JCVI Advice
- *Updates regularly The Green Book according to advice it receives from the JCVI*
- Publishes e-Letters to HCPs from the Chief Medical Officer
- Publishes regular surveillance data



## Surveillance of influenza and other respiratory viruses in the UK: Winter 2016 to 2017



<https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan>  
<https://www.gov.uk/government/publications/immunisation-against-infectious-disease-the-green-book-front-cover-and-contents-page>  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/613493/Surveillance\\_of\\_influenza\\_and\\_other\\_respiratory\\_viruses\\_in\\_the\\_UK\\_2016\\_to\\_2017.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/613493/Surveillance_of_influenza_and_other_respiratory_viruses_in_the_UK_2016_to_2017.pdf)



# Department of Health.

- Publishes the Annual Flu Plan
- Publishes regularly *Vaccine Update*
- Annual *Contract for GPs*



<https://www.gov.uk/search?q=Vaccine+Update>

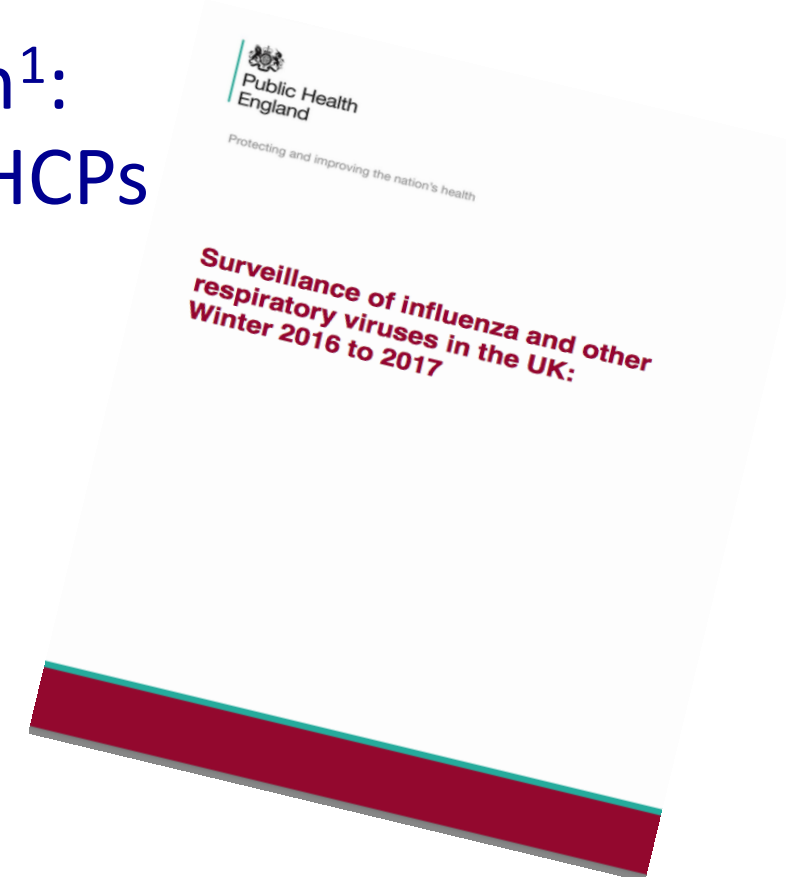
<https://www.gov.uk/government/publications/flu-plan-winter-2016-to-2017>

<https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan>

[www.england.nhs.uk/wp-content/uploads/2017/03/sfl-pneumococcal-2017-18-service-specification.pdf](http://www.england.nhs.uk/wp-content/uploads/2017/03/sfl-pneumococcal-2017-18-service-specification.pdf)

# Department of Health

- Funds research through Public Health England (PHE)
- Funds the influenza vaccines free for all in the 'at risk'
- PHE publishes practical & helpful information<sup>1</sup>:
  - Videos, slide presentations, eLearning for HCPs
  - Posters, Leaflets
  - Letters of invitation to populate & send to patients
  - Letters to Head teachers, Parents
  - Information on vaccines characteristics & Disease Surveillance



## 2017 to 2018 flu season

### [Flu vaccination: invitation letter template for children aged 2 and 3 years](#)

12 July 2017 Guidance

---

### [Flu vaccination: invitation letter template for at risk patients and their carers](#)

12 July 2017 Guidance

---

### [Flu vaccination: easy read invitation letter template](#)

12 July 2017 Guidance

---

### [Flu vaccines for children](#)

15 June 2017 Guidance

---

### [Flu vaccination: who should have it this winter and why](#)

12 June 2017 Guidance

---

### [Flu vaccination in schools](#)

11 May 2017 Guidance

---

### [Flu vaccination: leaflets and posters](#)

11 May 2017 Promotional material

---

### [Flu vaccination: easy read childhood nasal flu leaflet](#)

19 September 2016 Guidance

---

### [Flu vaccination: easy read flu leaflet](#)

22 June 2016 Guidance

---

### [National flu immunisation programme plan](#)

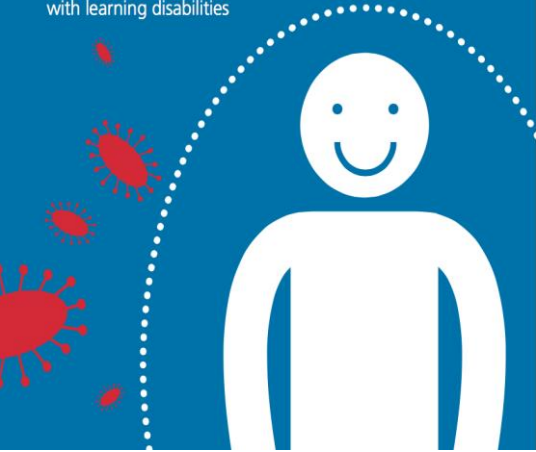
20 March 2017 Guidance

---

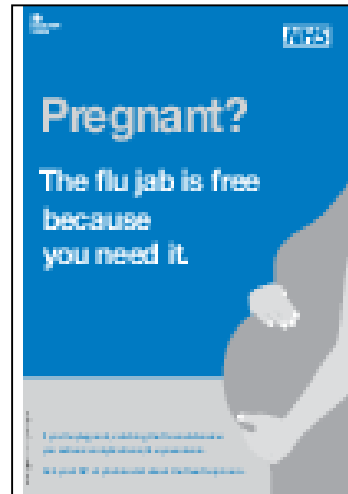
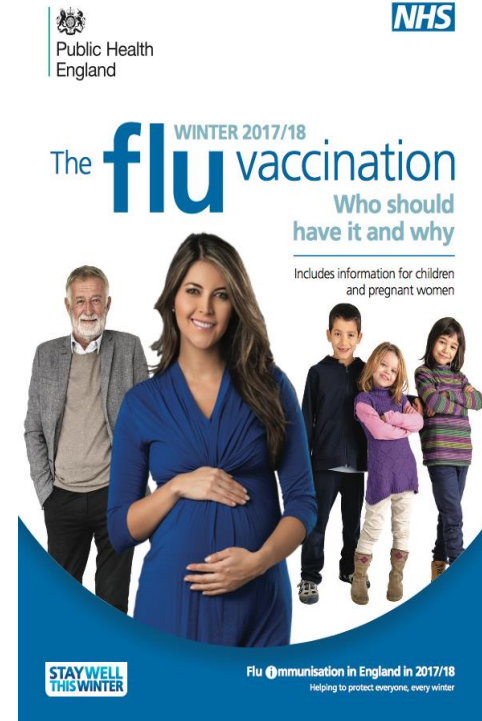


# All about flu and how to stop getting it

EasyRead version for people with learning disabilities



# Leaflets and letters for patients<sup>1</sup>



**Get your free NHS flu vaccination at this pharmacy**

PHARMACY  
The Heart of our Community

Our pharmacy is offering NHS flu vaccinations to eligible people aged 18 years and over.

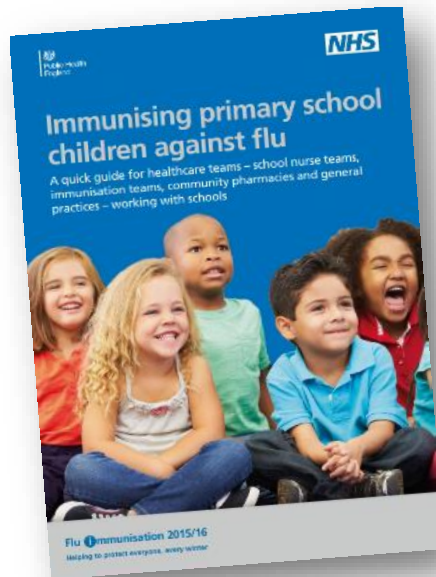
**Ask us today for more information.**

This free service is funded by NHS England.

Providing NHS Services **NHS**

<https://www.gov.uk/government/collections/annual-flu-programme>  
<https://www.gov.uk/government/publications/flu-vaccination-leaflet-for-pregnant-women>

# Leaflets and letters for patients, teachers and parents<sup>1-5</sup>



Public Health England **NHS**

## 5 reasons to vaccinate your child against flu

- The nasal spray helps protect against flu, has been given to millions of children worldwide and has an excellent safety record
- The nasal spray is painless and easy to have
- Flu can be really serious, especially for children with medical conditions like heart disease and diabetes
- If your child gets flu you may have to take time off to look after them
- Protecting your child can stop flu spreading to other children and the family, especially babies and grandparents, who may be at higher risk from flu.

### What should I do?

This year all 2-, 3- and 4-year-olds and children in school years 1, 2 and 3 are being offered the free flu vaccination. You will be contacted to let you know where your child will be vaccinated.\*

\*In some parts of the country, all primary school-aged children will be offered the vaccine.

For more information visit: [www.nhs.uk/child-flu](http://www.nhs.uk/child-flu)

**STAY WELL THIS WINTER**

Flu immunisation 2016/17  
Helping to protect everyone, every winter

Flu vaccination 2014/15 **NHS**

## Which flu vaccine should you or your child have ?

<b>Birth to under six months</b> Babies of this age cannot have the vaccine as the best way to protect them is for their mother to have the vaccination while pregnant. Specialist centres can advise how to protect an at-risk stage of pregnancy from conception onwards.	<b>6 months to under 2 years</b> Is your child at risk because of one or more medical conditions or treatments? No: Your child will not be offered the vaccine. Yes: It's important that your child has the flu vaccine. If your child has had the vaccination before, they will have the same, free vaccine again.
<b>2, 3 and 4 years</b> Is your child at risk because of one or more medical conditions or treatments? No: It's important that your child has the nasal flu vaccine. They can't have the nasal flu vaccine because they are under 5. An oral vaccine, the nasal spray, is the one they will need to be vaccinated before or when they are 5 years old for each year. Yes: It's important that your child has the nasal flu vaccine. If you can't have the nasal flu vaccine because they are under 5, you should have the oral vaccine. If you can't have the oral vaccine because they are under 5, you should have the nasal flu vaccine. If you can't have the nasal flu vaccine because they are under 5, you should have the oral vaccine.	<b>5 to under 9 years</b> Is your child at risk because of one or more medical conditions or treatments? No: Your child will not be offered the vaccine, unless he or she is in one of the school flu vaccination pilot areas. Yes: It's important that your child has the nasal flu vaccine. If you can't have the nasal flu vaccine because they are under 5, you should have the oral vaccine. If you can't have the oral vaccine because they are under 5, you should have the nasal flu vaccine.
<b>9 to 17 years</b> Is your child at risk because of one or more medical conditions, including pregnancy, or treatment? No: Your child will not be offered the vaccine, unless he or she is in one of the school flu vaccination pilot areas. Yes: It's important that your child has the nasal flu vaccine. If you can't have the nasal flu vaccine because they are under 5, you should have the oral vaccine. If you can't have the oral vaccine because they are under 5, you should have the nasal flu vaccine.	<b>18 to under 65</b> Are you at risk because of pregnancy or one or more medical conditions or treatments? No: This will not be offered a flu vaccination. Yes: It's important that you have the flu vaccine.
<b>65 and over</b> You will be offered one dose of the vaccine this winter.	<b>If you're pregnant</b> Pregnant mothers and their unborn babies need protection against flu. You will be offered one dose of the flu vaccine by a doctor which can be given safely at any stage of pregnancy. If you are not pregnant, but are at risk, you should have one dose of the flu vaccine by a doctor.



Flu vaccination 2014/15 **NHS**

## Which flu vaccine should you or your child have ?

Birth to under 6 months	6 months to under 2 years	2, 3 and 4 years	5 to under 9 years
9 to 17 years	18 to under 65	65 and over	

Click on an age group to find out  
or click here if you're pregnant

# The School Programme

## Protecting your child against flu

Information for parents

**STAY WELL THIS WINTER** Flu immunisation 2016/17

*[Provider letterhead plus NHS logo]*  
**TEMPLATE LETTER FOR SCHOOL-AGED CHILDREN**

**Date:**

Dear Parent/Guardian,

**Your child's annual flu vaccination is now due**

This vaccination programme is in place to help protect your child against flu. Flu can be an unpleasant illness and sometimes causes serious complications. Vaccinating your child will also help protect more vulnerable friends and family by preventing the spread of flu.

**Please complete the enclosed consent form (one for each child) and return to the school (by/ within) [INSERT DATE or TIME FRAME] to ensure your child receives their vaccination.**

The vaccination is free and recommended for young children, and will be given by a quick and simple spray up the nose.

A leaflet explaining the vaccination programme is enclosed and includes details about the small number of children for whom the nasal vaccine is not appropriate.

Last year, most children offered the vaccine in schools had the immunisation.

If you have any queries please contact the healthcare team on [INSERT NUMBER].

Yours sincerely,

**[Signed by Provider]**

**If your child becomes wheezy or has their asthma medication increased after you return this form, please contact the healthcare team on [phone number].**

If you decide you do not want to vaccinate your child against flu, please return the consent form giving the reason. This will help us plan and improve the service.

**For further information see: [www.nhs.uk/child-flu](http://www.nhs.uk/child-flu)**

**Flu immunisation consent form**

Parent/guardian to complete

<b>Student details</b>	
Surname:	First name:
Date of birth:	Gender: Girl <input type="checkbox"/> Boy <input type="checkbox"/> School and class:
NHS number (if known):	Home telephone:
Home address:	GP name and address:
Post code:	Parent/guardian mobile:
Has your child been diagnosed with asthma? Yes <input type="checkbox"/> No <input type="checkbox"/>	Has your child already had a flu vaccination since September 2015? Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, and your child is currently taking inhaled steroids (i.e. uses a preventer or regular inhaler), please enter the medication name and daily dose (e.g. Salbutamol 100 micrograms, four puffs per day).	Does your child have a disease or treatment that severely affects their immune system? (e.g. treatment for leukaemia) Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, and your child has taken steroid tablets because of their asthma in the past two weeks please enter the name, dose and length of course:	Is anyone in your family currently having treatment that severely affects their immune system? (e.g. they need to be kept in isolation) Yes <input type="checkbox"/> No <input type="checkbox"/>
	Does your child have a severe egg allergy? (requiring hospital care) Yes <input type="checkbox"/> No <input type="checkbox"/>
	Is your child receiving salicylate therapy? (e.g. Aspirin) Yes <input type="checkbox"/> No <input type="checkbox"/>
	If you answered Yes to any of the above, please give details:
<b>Please let the immunisation team know if your child has to increase his or her asthma medication after you have returned this form.</b>	<b>On the day of vaccination, please let the immunisation team know if your child has been wheezy in the past three days.</b>
<small>NB: The nasal flu vaccine contains products derived from egg (protein gelatin). There is no suitable alternative flu vaccine available for otherwise healthy children. More information for parents is available from <a href="http://www.nhs.uk/0354">www.nhs.uk/0354</a>.</small>	
<b>Consent for Immunisation (please tick YES or NO)</b>	
<input type="checkbox"/> YES, I consent for my child to receive the flu immunisation.	<input type="checkbox"/> NO, I DO NOT consent to my child receiving the flu immunisation.
If NO please give reason(s) below:	
Signature of parent/guardian (with parental responsibility):	Date DD/MM/YYYY

**Flu immunisation consent form**

**FOR OFFICE USE ONLY**

<b>Pre session eligibility assessment for live attenuated influenza vaccine (LAV)</b> Child eligible for LAV: Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Eligibility assessment on day of vaccination</b> Has the parent/child reported the child being wheezy over the past three days? Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, give details:	If the child has asthma, has the parent/child reported: • use of oral steroids in the past 14 days? Yes <input type="checkbox"/> No <input type="checkbox"/> • all increases in inhaled steroids since consent form completed? Yes <input type="checkbox"/> No <input type="checkbox"/>
Additional information:	Child eligible for LAV: Yes <input type="checkbox"/> No <input type="checkbox"/>
	If no, give details:
<b>Assessment completed by</b> Name, designation and signature:	
Date:	
<b>Vaccine details</b> Date: Time: Batch number: Expiry date:	
<b>Administered by</b> Name, designation and signature:	
Date:	

\*Asthmatic children not eligible on the day of the session due to deterioration in their asthma control should be offered inactivated vaccine if their condition doesn't improve within 12 hrs to avoid a delay in vaccinating the in-herd group.

## Immunising primary school children against flu

Information for head teachers and other school staff

**STAY WELL THIS WINTER** Flu immunisation 2016/17



# Outline

- Decisions are researched & debated by experts
  - not politicians
- The Government
- **Vaccination Campaign**
- Vaccine Supply
- Vaccination of the Population at risk
  - Primary Care
  - School Services
  - Hospitals
- Achievement
- Impact

# CLEARLY DEFINED GROUPS TO BE VACCINATED

## Influenza Vaccination

- All children aged 2, 3 (GPs) & 4 to 8 years (schools)
- All patients aged  $\geq 65$  y
- All pregnant women – at any stage of pregnancy
- Groups at risk – age 6 m to 64 y
- Children in former primary school pilot areas
- In long-stay Residential Homes (not prisons, young offenders institutions, university halls)
- Carers (on carer's allowance, main carer of elderly, child or disabled)
- Health & Social Care Staff (in direct contact with patients – Employers finance vaccination)
- Locum GPs (own GP)
- Any other → at GP's discretion

# Influenza Vaccination

## Groups at risk aged 6m to 64 y

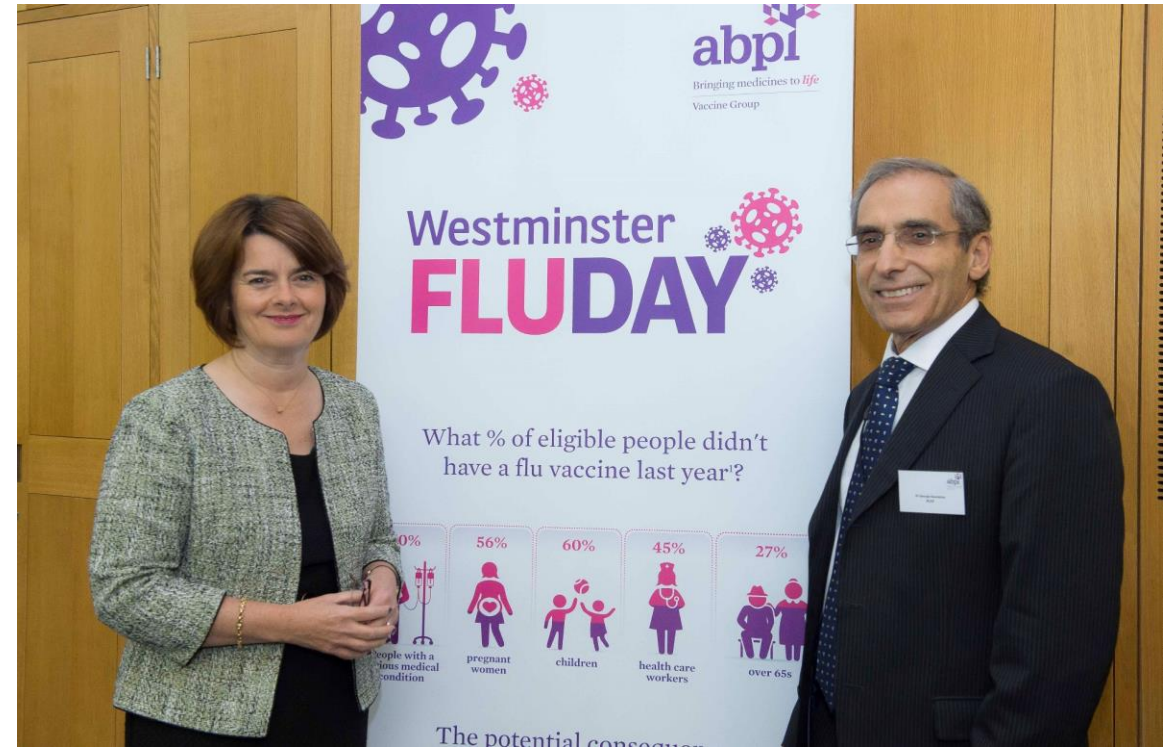
- **Chr. Respiratory Disease** (Asthma requiring frequently inhaled/oral steroids, COPD, Interstitial lung dis, cystic fibrosis, Pneumocon., bronchopulmonary dysplasia, children previously admitted with LRT disease)
- **Chr. Heart Disease** (congenital, HF, CHD, HTN with cardiac complications)
- **Chr. Liver Disease** (fatty liver, cirrhosis, biliary atresia, chronic hepatitis)
- **Morbidly Obese** BMI  $\geq 40$
- **Chr. Kidney Dis.** (stage 3,4,5, nephrotic syndrome, transplant)
- **Chr. Neurological Dis.** (stroke, TIA, Polio, MS, cerebral palsy, learning dis., Parkinson's, motor neurone disease)
- **Diabetes**
- **Asplenia, Splenic Dysfunction** (homozygous sickle cell dis., coeliac dis. that may lead to hyposplenism)
- **Immunosuppression** active disease or treatment, oral prednisolone  $\geq 20$ mg for  $>1$ m Child  $<20$ kg  $\Rightarrow \geq 1$ mg per kg b.w. per day)



# Promotion of Vaccine Uptake

- Speak to Patient Groups
- Speak to Local Newspapers
- Local Radio
- Local TV





Parliament - Westminster Flu Day:  
Jane Ellison MP  
the Public Health Minister

---





MPs & Lords receive the Flu Vaccine  
Photograph in their local newspaper

---

Doctors' duty  
to be  
vaccinated

# General Medical Council

UK's Regulating Body for Doctors

GOOD MEDICAL PRACTICE  
issued February 2013

## Getting an annual influenza vaccination: a professional responsibility



Good medical practice



Good medical practice

- 27 Whether or not you have vulnerable\* adults or children and young people as patients, you should consider their needs and welfare and offer them help if you think their rights have been abused or denied.<sup>13,14</sup>

Protect patients and colleagues from any risk posed by your health

- 28 If you know or suspect that you have a serious condition that you could pass on to patients, or if your judgement or performance could be affected by a condition or its treatment, you must consult a suitably qualified colleague. You must follow their advice about any changes to your practice they consider necessary. You must not rely on your own assessment of the risk to patients.

- 29 You should be immunised against common serious communicable diseases (unless otherwise contraindicated).

- 30 You should be registered with a general practitioner outside your family.

\* Some patients are likely to be more vulnerable than others because of their illness, disability or frailty or because of their current circumstances, such as bereavement or redundancy. You should treat children and young people under 18 years as vulnerable.

# Other HCPs

- Nurses, Midwives & Health Visitors => NMC Code requires registrants to *“take all reasonable personal precautions necessary to avoid any potential health risks to colleagues, people receiving care and the public”*<sup>1</sup>
- Others such as Physiotherapists, Radiographers, Paramedics registered with the Health & Care Professionals Council: *“You must take all reasonable steps to reduce the risk of harm to service users, carers and colleagues as far as possible”*<sup>2</sup>



1. [www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf](http://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf)

2. [www.hcpc-uk.org/assets/documents/10004EDFStandardsofconduct,performanceandethics.pdf](http://www.hcpc-uk.org/assets/documents/10004EDFStandardsofconduct,performanceandethics.pdf)

# Outline

- Decisions are researched & debated by experts
  - not politicians
- The Government
- Vaccination Campaign
- **Vaccine Supply**
- Vaccination of the Population at risk
  - Primary Care
  - School Services
  - Hospitals
- Achievement
- Impact



# Flu Vaccines provided by the Department of Health for the defined groups of patients at risk

- Children's intranasal influenza vaccine supplied to GPs and Schools centrally by the Government
- GPs purchase flu vaccine from manufacturers
  - vaccine list price cost reimbursed to GPs by the Government
  - obtained discount (20% - 40%) from manufacturers → GPs' profit
  - GPs maintain *vaccine cold chain*
- Pharmacists dispense flu vaccine and make a profit

# At-risk Patients

If the Government thinks it is important  
and provides the flu vaccine free

then

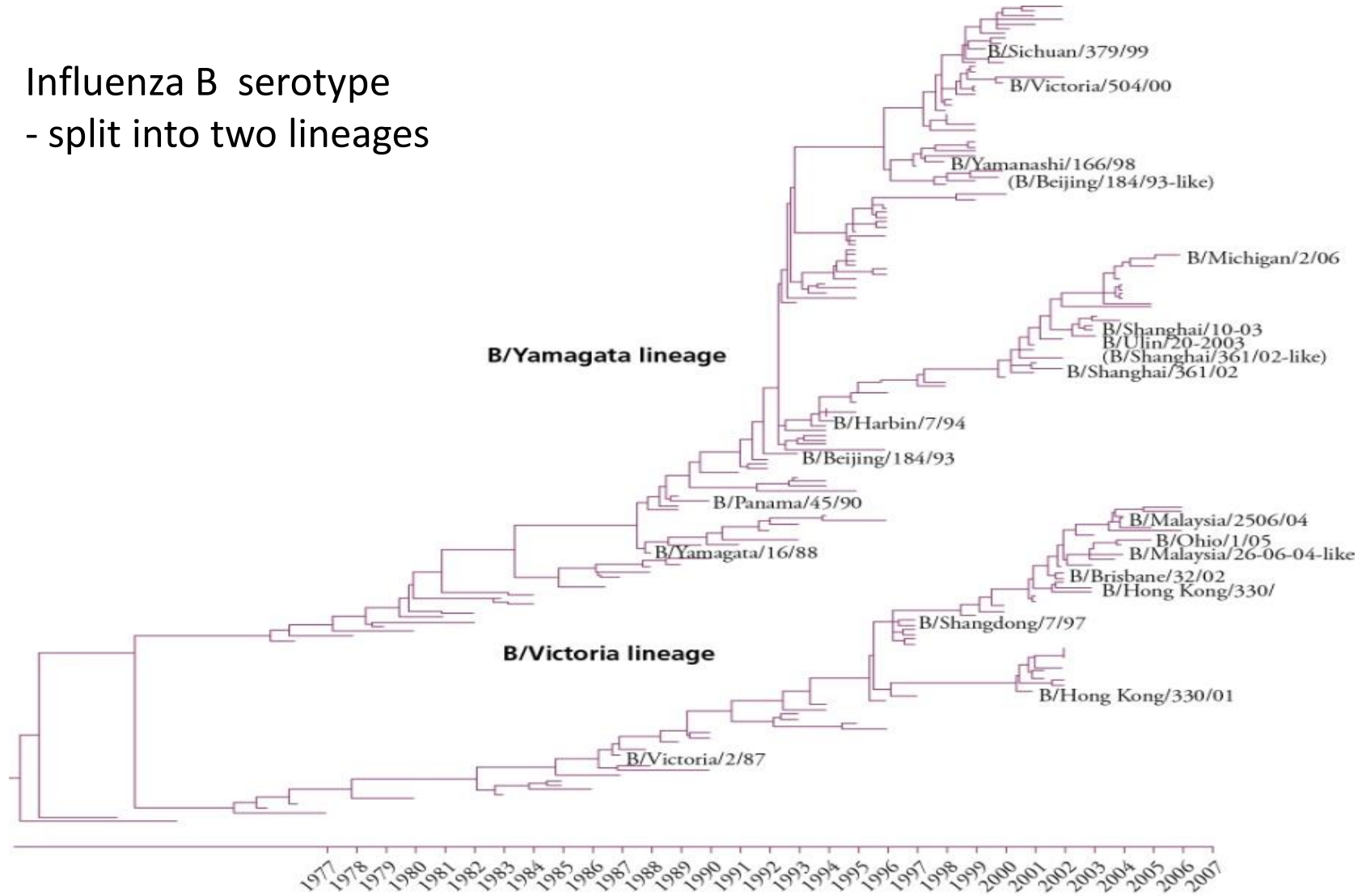
it must be worth having it

# All influenza vaccines are available to GPs

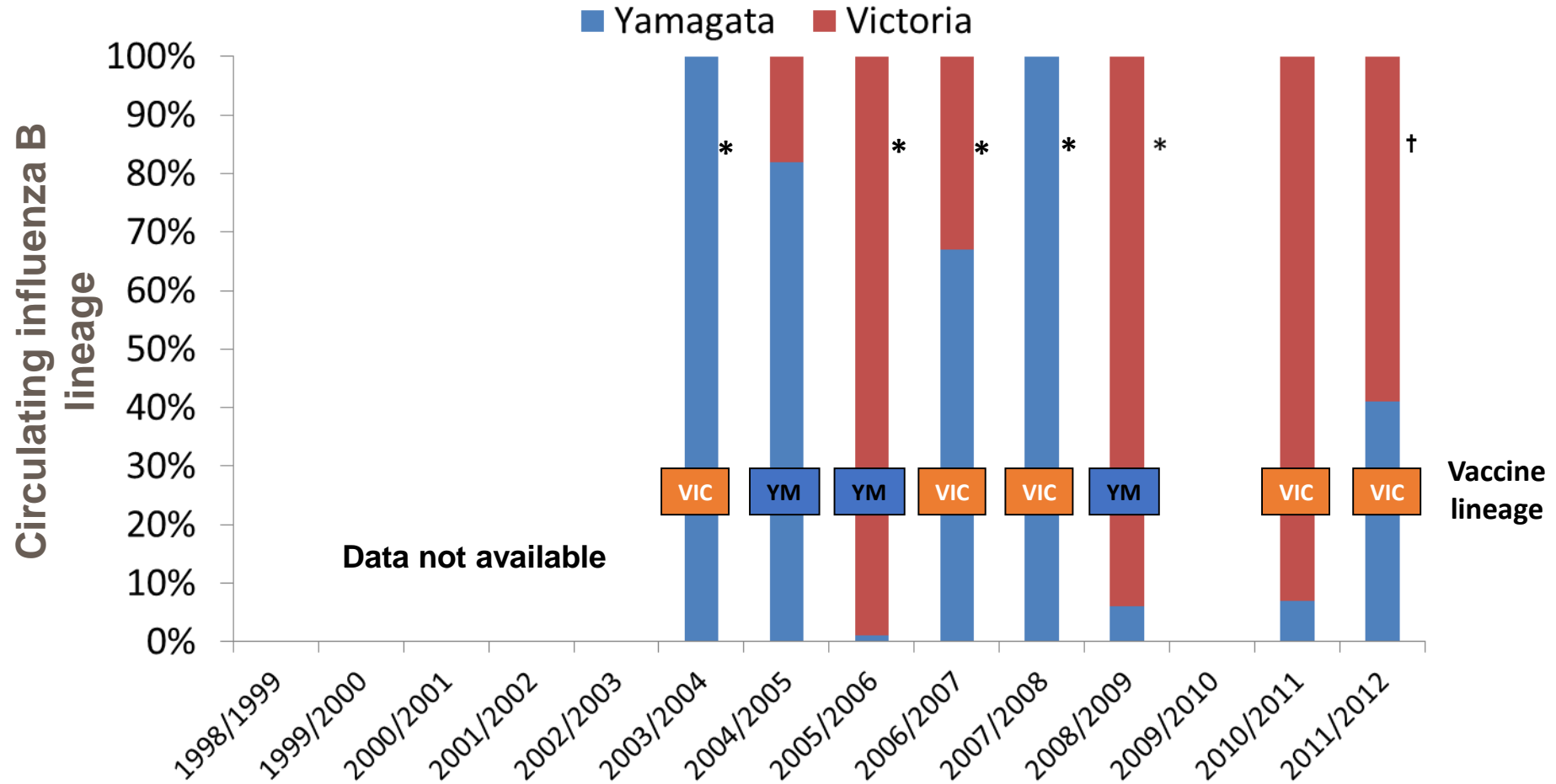
- Quadrivalent Live Attenuated Influenza Vaccine  
– intranasal LAIV (2 to 17 years)
- Trivalent Influenza Inactivated Vaccine  
(any age from 6 months)
- Quadrivalent Influenza Inactivated Vaccine  
(any age from 4 years – >36 months)

# Influenza B virus evolution

Influenza B serotype  
- split into two lineages



# Vaccine mismatch in the UK



\*Vaccine mismatch (>60% mismatch); †Partial vaccine mismatch (<80% matched)

Limited seasonal influenza circulation in 2009–10 during the H1N1 pandemic

VIC, Victoria lineage; YM, Yamagata lineage

# Influenza vaccine recommendation

## Trivalent influenza vaccine

- an A/Michigan/45/2015 (H1N1)pdm09-like virus
- an A/Hong Kong/4801/2014 (H3N2)-like virus
- a B/Brisbane/60/2008-like virus (Victoria lineage)

## Quadrivalent influenza vaccine

- contains the above three viruses
- plus a B/Phuket/3073/2013-like virus (Yamagata lineage)



**World Health  
Organization**



# Outline

- Decisions are researched & debated by experts
  - not politicians
- The Government
- Vaccination Campaign
- Vaccine Supply
- **Vaccination of the Population at risk**
  - **Primary Care**
  - **School Services**
  - **Hospitals**
- Achievement
- Impact

# Who vaccinates free the 'at risk' patients

- Primary Care
  - GP Practices
  - Pharmacists (from 2015)
- School Services
- Hospitals

## Paediatricians in the UK

Based mainly in hospitals

→ minimal/no involvement  
in vaccinating children

Private influenza vaccinations of non-eligible patients carried out by Pharmacists & Private Clinics  
Patients pay

# Primary Care General Practice



- A Lead member of staff responsible for the influenza campaign
- Team to organise & oversee campaign – all staff involved – regular meetings – audit – identify target patients
  - Ensure vaccine supply and *cold chain*
  - Display advertising influenza vaccination material – posters, leaflets, website, waiting room TV screen, consulting rooms
  - Photograph HCPs been vaccinated are displayed in Practice premises, TV screen, Website

**GPs'  
Practice  
Website**

# Flu Immunisation

**We've had our flu  
vaccine.**

**Have you?**



**GPs'  
Practice  
Website**

Walk in clinics & bookable appointments are available  
Please ask at reception today

# FLU FACTS VS FLU FICTION



**Dr George Kassianos,**  
Immunisation Lead for RCGP  
GP at Ringmead Medical Practice

## **FICTION**

The flu jab gives you flu.

## **FACT**

The flu jab cannot give you flu as it doesn't contain any live viruses.

## **FICTION**

A healthy diet and vitamin C will prevent flu.

## **FACT**

Flu is a virus and can affect anyone, no matter how good your immune system is.

## **FICTION**

The vaccine does not work, I still got flu!

## **FACT**

Over the last ten years, the vaccine has provided good coverage against flu and it is still the best way to fight flu this winter.

## **FICTION**

I've never had flu so I'm not likely to get it.

## **FACT**

The flu virus mutates so you need to be vaccinated yearly for protection.

## **FICTION**

The vaccine is not safe.

## **FACT**

The vaccine is well-tested and has an excellent safety record.

## **FICTION**

I'm not in an at-risk group.

## **FACT**

Anyone can get flu and pass it on to vulnerable groups – even with no symptoms.

**Protect yourself, your family, colleagues and patients  
– be a flu fighter, get your flu jab.**



**In the GPs'  
Consulting Room**

**I had my flu vaccine  
Have You?**



**If the HCP advocates, supports & promotes flu vaccination, patients do accept the vaccine**

# GP Practice Interventions to Increase Vaccine Uptake Rates

## Flu vaccinations – Autumn / Winter

- Inform eligible patients - call in by *Letter or Email*
- by *telephone or text message*
- Patients make an appointment by phone **or** online (website) *or by visiting the Reception*
- Convenient times/days for vaccination (open days on weekends, evenings)
- Audit → Act → Re-audit → Act Check Vaccination Rate

### Opportunistic:

- Vaccines on clinicians' desks, renewed every half an hour
- During any nurse or doctor routine consultation
- While they are waiting at the clinic for an appointment
- While attending midwife, cervical cytology, family planning
- While they pick up their prescriptions
- While they bring a relative to the Clinic, Carers

Monthly prize to highest opportunistic vaccinator

- House-bound patients

# Opportunistic: Prompts => Yellow Flags

The screenshot displays a clinical software interface with a menu bar (Consultation, Summary, Guidelines, Add, List, Tasks, View, Window, Help) and a toolbar. The main window is titled 'Patient Details' and contains a list of medical conditions:

- Alzheimer's disease
- Diverticular disease
- Anxiety with depression
- Acquired hypothyroidism
- Folic acid deficiency
- Hypnotic dependence
- Left sided CVA
- Iron deficiency anaemia under Ix gastro

A blue arrow points from the list to a yellow box titled 'Reminders:' containing a list of 12 items:

1.  \*\*\*STROKE REGISTER\*\*
2.  STROKE: Cholesterol required before April.
3.  STROKE: last cholesterol > 5.0 mmol/l or NO cholesterol in 15 months
4.  \*\*\*THYROID REGISTER\*\*
5.  \*\*\*DEPRESSION REGISTER\*\*
6.  DEPRESSION- New depressive episode in last 15M
7.  \*\*\*DEMENTIA REGISTER\*\*
8.  Dementia: New diagnosis full dementia bloods required.
9.  DEM: New diagnosis Full blood tests required within 6 months.
10.  Stroke/TIA: NO flu vaccine in current vaccination period
11.  PHARMACY DISPENSING (TK 6/11/06)
12.  NOMAD

The interface also shows a sidebar with 'Initial Filter' (13 Problems, 473 Consultation, etc.) and a bottom status bar with 'Read Term - Add', 'OK', and 'Cancel' buttons. The system tray at the bottom shows 'Ms Helen Lorton', 'Admin', '02/07/12 09:03 09:05', and 'Jul 2012 - Clinical Audit - ...'.



# Has accurate data



# National IT system for GPs

# GP Practices' vaccination rates extracted weekly electronically

## ImmForm England

- Website established in 2004 to collect data on the uptake of flu vaccine administered by GPs
- Weekly benchmarking comparing individual providers' performance and providing National Data

# Ordering of government free vaccines online via ImmForm

# In-Hospital vaccination

- Healthcare Workers employed by the hospital
- Pregnant Mothers attending Ante-Natal Clinics



# School Services

## School Nurses

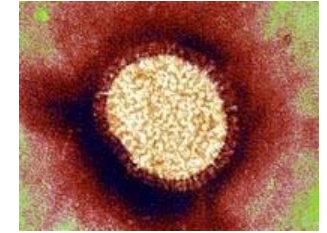


# INCENTIVES for Vaccinators

Fee for GPs: £9.80 (€11) per dose

Influenza vaccination – 1/9/2017 to 31/3/2018

- Age  $\geq 65$  y on 31 March 2018
- Pregnant women (Maternity Unit too)
- Children aged 2 & 3 y
- Patients in the ‘at risk’ groups aged 6 m to 64 years
- Locums (own GP)



---

**Proactive call & Recall**

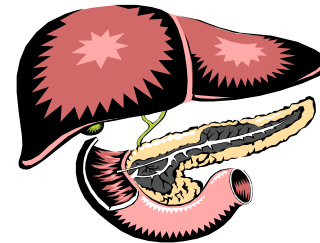
<https://www.gov.uk/government/collections/annual-flu-programme#2017-to-2018-flu-season>

<https://www.england.nhs.uk/wp-content/uploads/2017/03/childhood-flu-2017-18-service-specification.pdf>

# Additional incentive for GPs: Quality & Outcomes Framework (QOF)



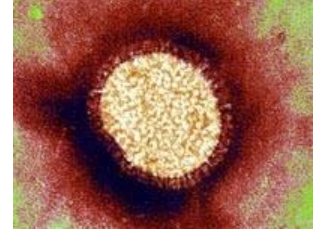
Indicator	Points	Payment stages
<b>CHD:</b> % of patients with CHD who have a record of flu vaccination in the preceding 1 September – 31 March	<b>7</b>	<b>56-96%</b>
<b>STROKE:</b> % of patients with TIA or STROKE who have had flu vaccination in the preceding 1 September – 31 March	<b>2</b>	<b>55-95%</b>
<b>COPD:</b> % of patients with COPD who have a record of flu vaccination in the preceding 1 September – 31 March	<b>6</b>	<b>57-97%</b>
<b>Diabetes Mellitus:</b> % of patients with DM who have had influenza vaccination in preceding 1 September to 31 March	<b>3</b>	<b>55-95%</b>



**Total 18 points x €190 = €3,420 [for 7,460 patients - England]**

# Fee for Pharmacists: £9.14 (€10) per dose

## Influenza vaccination - September 2017 to March 2018



- Age  $\geq 65$  y
- Pregnant women
- Patients '*at risk*' aged 18 to <65 years
  
- **Inform patient's GP by close of business on the working day following the vaccination**

# Outline

- Decisions are researched & debated by experts
  - not politicians
- The Government
- Vaccination Campaign
- Vaccine Supply
- Vaccination of the Population at risk
  - Primary Care
  - School Services
  - Hospitals
- **Achievement**
- Impact

# England: National Uptake of free influenza vaccine in eligible population



Flu season	≥ 65s	<65 in 'groups at risk'	Pregnant women	HCWs
2014/15	73%	50%	44%	55%
2015/16	75%	48%	51%	51%
2016/17	73%	45%	50%	63%

JCVI June 2015 meeting:

<https://app.box.com/s/iddfb4ppwkmjtusir2tc/1/2199012147/33352264435/1>  
2015-2016

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/526033/Seasonal\\_flu\\_GP\\_patient\\_groups\\_annual\\_report\\_2015\\_2016.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/526033/Seasonal_flu_GP_patient_groups_annual_report_2015_2016.pdf)  
2016-2017.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/613493/Surveillance\\_of\\_influenza\\_and\\_other\\_respiratory\\_viruses\\_in\\_the\\_UK\\_2016\\_to\\_2017.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/613493/Surveillance_of_influenza_and_other_respiratory_viruses_in_the_UK_2016_to_2017.pdf)



# The Ringmead Medical Practice [15,600 patients] 2016-2017



≥ 65s	<65 in 'groups at risk'	Pregnant women	HCWs
76%	64%	58%	94%

CHD	COPD	Diabetes	Stroke
98%	99%	96%	98%

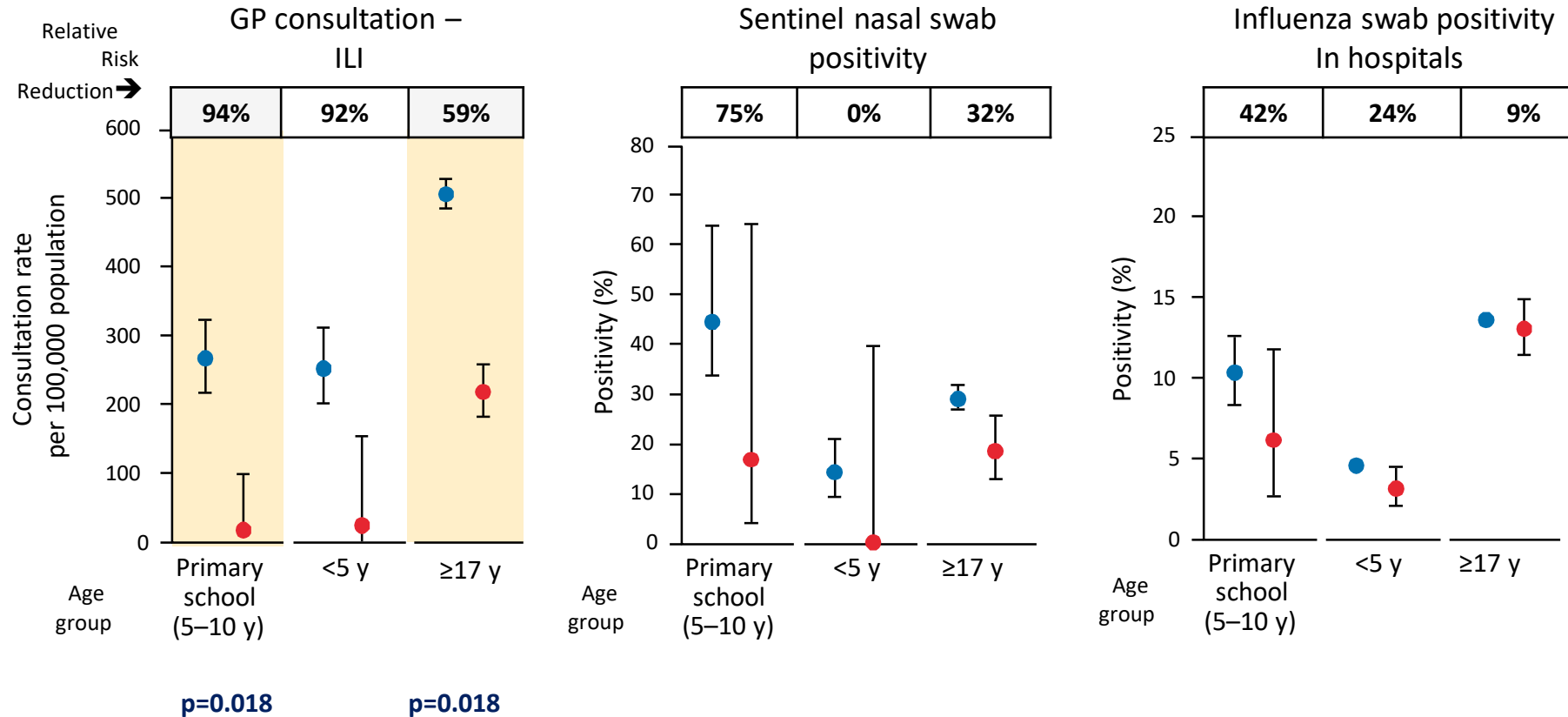


# Outline

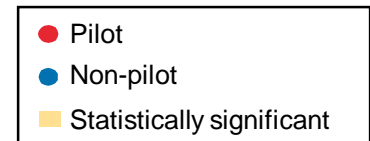
- Decisions are researched & debated by experts
  - not politicians
- The Government
- Vaccination Campaign
- Vaccine Supply
- Vaccination of the Population at risk
  - Primary Care
  - School Services
  - Hospitals
- Achievement
- **Impact**

# Impact of the programme: season 2014–2015

## Reduction in surveillance indicators in primary school pilot areas compared with non-pilot areas

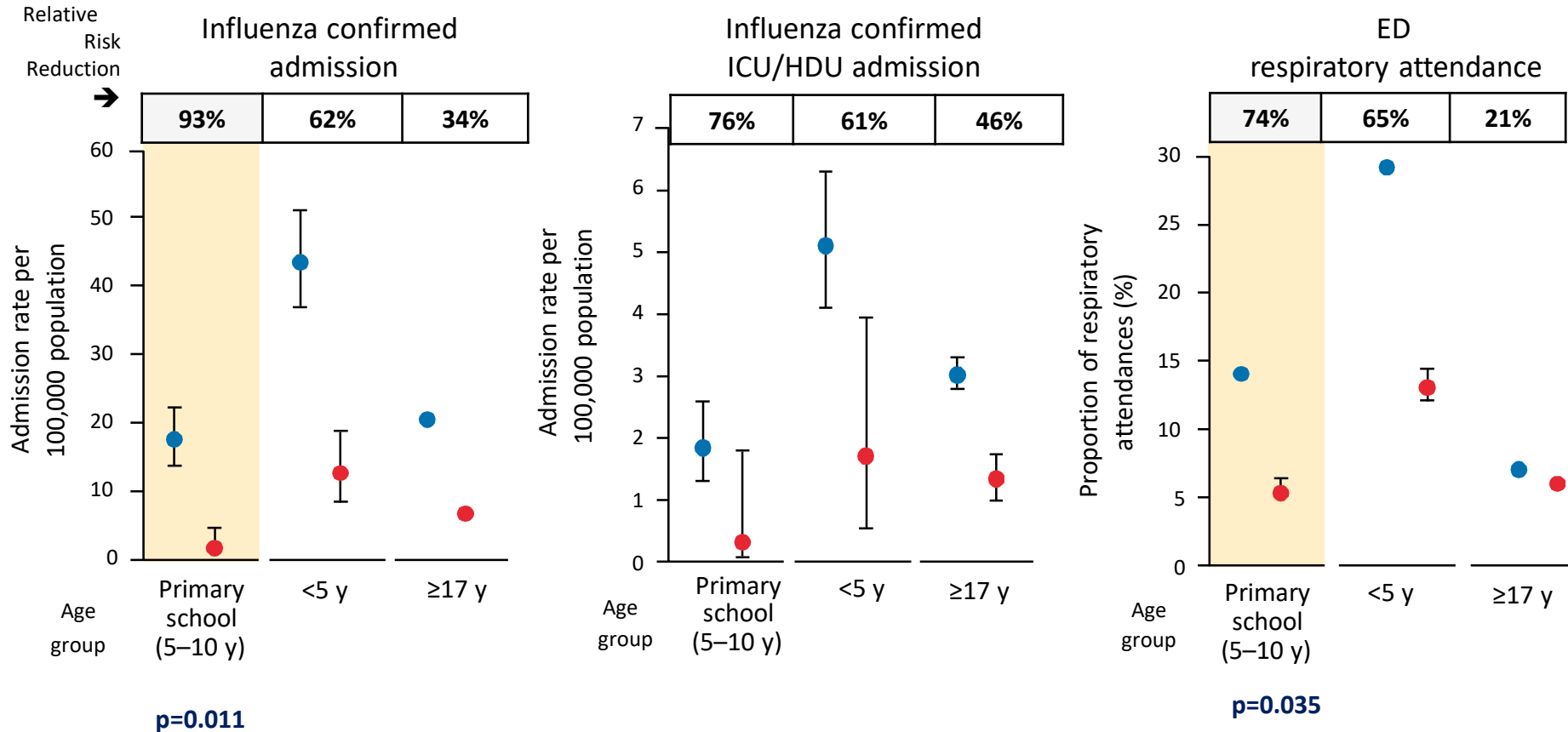


≥17 y → age 17 and over (includes the over 65s)  
 – does not differentiate between <65 and >65 years

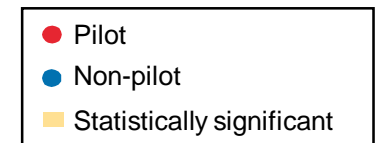


# Impact of the programme: season 2014–2015

## Reduction in surveillance indicators in primary school pilot areas compared with non-pilot areas



≥17 y → age 17 and over (includes the over 65s)  
– does not differentiate between <65 and >65 years



# Impact of vaccinating primary school-age children in England

**Significant impact among the target group 5–10 years<sup>1</sup> (average vaccine uptake 56.8%)  
– by reducing (RRR%)**

- GP consultations: 94% (p=0.018)
- ED respiratory attendances: 74%. (p=0.035)
- Hospitalisations due to confirmed influenza infection: 93% (p=0.012)

## **Non-significant reductions in<sup>1</sup>**

- GP swabbing positivity: 75% (p=0.213)
- Confirmed influenza ICU admissions: 76% (p=0.271)
- Hospital nasal swab influenza positivity: 42% (p=0.187)



The indirect impact of vaccinating primary school-age children on under 5-year-olds was shown to be over and above any direct impact that might have been due to pre-school LAIV programme itself operated across the country (GPs vaccinated 2- to 4-year-olds – average uptake 37.6%)<sup>2</sup>

ICU; intensive care unit; RRR, relative risk reduction

1. Pebody R et al. *Euro Surveill.* 2015;20:pii=30029; 2. Public Health England. The national flu immunisation programme 2015 to 2016: supporting letter. 27 March 2015. Available at:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/418428/Annual\\_flu\\_letter\\_24\\_03\\_15\\_FINALv3\\_para9.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/418428/Annual_flu_letter_24_03_15_FINALv3_para9.pdf)

# Impact of vaccinating primary school-age children in England

## In individuals age 17 years and over (RRR%)

- Significant INDIRECT reduction in GP ILI consultations: 59% (p=0.018)
- Nonsignificant reductions in
  - GP nasal swabbing: 32%. (p=0.206)
  - ED respiratory attendances: 21% (p=0.518)
  - Influenza-confirmed hospital admissions: 34%. (p=0.434)
  - Influenza-confirmed ICU/HDU admissions: 46% (p=0.115)
  - Hospital influenza swab positivity: 9% (p=0.327)



# GP consultations for ILI 2014-2015 in patients aged 50–70 years

**80% lower in areas where school children are vaccinated**

## **Visited GP with ILI**

- **17.4** per 100,000 in areas with no school-based vaccination
- **9.4** per 100,000 in areas with primary school flu vaccinations (age 4–10 years)
- **3.4** per 100,000 in areas with primary and secondary school flu vaccinations (secondary school age 11–13 years only)

Annual Report of the  
Chief Medical Officer 2015

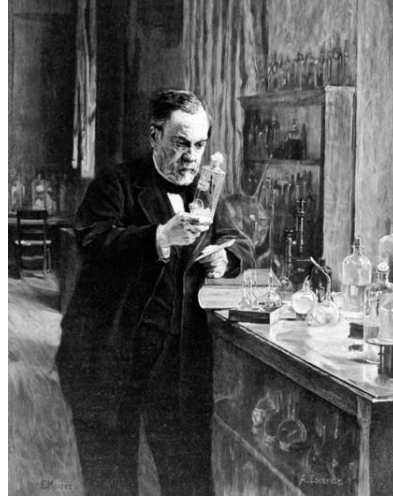
On the State of the Public's Health



# Conclusion

In order to increase flu vaccination rate you need

- **A committed to prevention by vaccination Government**
- **Decisions on disease prevention by vaccination are best taken by experts – not politicians**
- **An annual influenza vaccination campaign**
  - **supported fully by the Government**
  - **carried out by committed HCPs**
  - **with free to patients vaccine**
  - **realistic incentives to vaccinators**
- **Clearly defined & Comprehensive list of groups at risk**
- **A national GP patient notes IT System**



## *Louis Pasteur 1822–95*

**“When meditating over a disease,  
I never think of finding a remedy for it,  
but instead a means of preventing it”**

# Additional slide

If needed

# Influenza vaccination: key facts for general practitioners in Europe—a synthesis by European experts based on national guidelines and best practices in the United Kingdom and the Netherlands

Flu Plan  
for any country



## Article Details

### Authors

George Kassianos, Patricia Blank, Oana Falup-Pecurariu, Ernest Kuchar, Jan Kyncl, Raul Ortiz De Lejarazu, Aneta Nitsch-Osuch, Gerrit A Van Essen

## ARTICLE PAGE

### Abstract

Currently there is no influenza vaccination guidance for European general practitioners. Furthermore, although the European Council recommends a target seasonal influenza vaccination rate of 75% in the elderly (65 years and above) and in anyone aged >6 months with a chronic medical condition, there remain wide discrepancies throughout Europe. A harmonised guideline regarding not only vaccination strategy but also for the consistent