



Public Health  
England

# The contribution of nurses in protecting people from influenza in England

[louise.letley@phe.gov.uk](mailto:louise.letley@phe.gov.uk)  
Public Health England

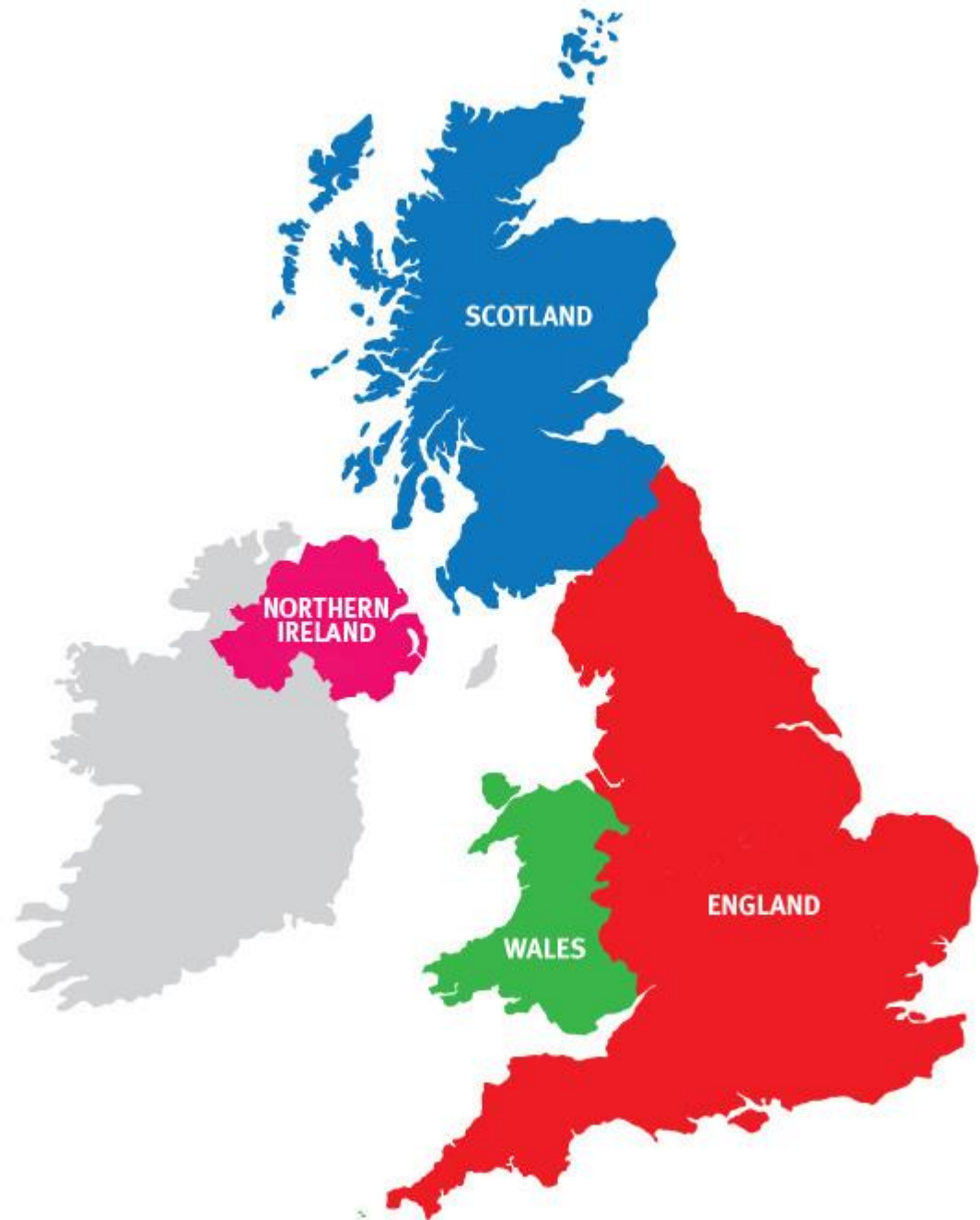
# NHS

**NHS**  
National  
Services  
Scotland



**HSC** Health and Social Care  
in Northern Ireland

- established in 1948
- publically funded – general taxation
- free at the point of use
- devolved - each country has different policies and priorities





# Devolution of health services from April 2013

- Local NHS GP led **clinical commissioning groups** commission most local health care
- **Local authorities** commission public health e.g. school health, sexual health, drugs and alcohol
- However, some clinical services are commissioned nationally by **NHS England**:
  - General practitioner contract
  - specialised and highly specialised drugs
  - **immunisation and screening programmes** - “Section 7a” agreement (between DH and NHS England)
- **Public Health England** provides expert technical support

# UK flu vaccination programme

- **late 1960s:** annual flu immunisation recommended to directly protect those in clinical risk groups who are at a higher risk of influenza associated morbidity and mortality
- **2000:** flu vaccine policy extended to include all people aged 65 years or over
- **2010:** pregnancy added as a clinical risk category
- **2013:** phased introduction of the childhood flu vaccination programme for all children aged 2 to 16 years began.

# Flu vaccine uptake 2016/17

| Eligible groups     | Uptake |
|---------------------|--------|
| At Risk Groups      | 48.6%  |
| Over 65 years       | 70.5%  |
| Carers              | 41.9%  |
| Pregnant women      | 44.9%  |
| 2 year olds         | 38.9%  |
| 3 year olds         | 41.5%  |
| 4 year olds         | 33.8%  |
| School age children | 54.9%  |
| Healthcare workers  | 63.4%  |

**Influenza vaccine uptake 2016/17**

# Flu vaccine eligibility: 2017/18 flu season

- all children aged two and three and years on 31 August 2016
- all children of school years 0-4 age
- those aged six months to under 65 years in clinical risk groups
- all pregnant women (including those who become pregnant during flu season)
- those aged 65 years and over (including those becoming 65 years by 31 March 2017)
- those living in long-stay residential care homes or other long-stay care facilities
- carers and household contacts of immunocompromised individuals

Frontline health and social care workers should be provided flu vaccination by their employer. This includes general practice staff

# Clinical risk groups

| Clinical risk category   | Examples (this list is not exhaustive and decisions should be based on clinical judgement)   |
|--|--|
| <b>Chronic respiratory disease</b>   | <p>Asthma that requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission.</p> <p>Chronic obstructive pulmonary disease (COPD) including chronic bronchitis and emphysema; bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD).</p> <p>Children who have previously been admitted to hospital for lower respiratory tract disease.</p> <p>see precautions section on live attenuated influenza vaccine</p> |
| <b>Chronic heart disease</b>   | <p>Congenital heart disease, hypertension with cardiac complications, chronic heart failure, individuals requiring regular medication and/or follow-up for ischaemic heart disease.</p>  |
| <b>Chronic kidney disease</b>  | <p>Chronic kidney disease at stage 3, 4 or 5, chronic kidney failure, nephrotic syndrome, kidney transplantation.</p>  |
| <b>Chronic liver disease</b>   | <p>Cirrhosis, biliary atresia, chronic hepatitis</p>   |
| <b>Chronic neurological disease (included in the DES directions for Wales)</b> | <p>Stroke, transient ischaemic attack (TIA). Conditions in which respiratory function may be compromised due to neurological disease (eg polio syndrome sufferers).</p> <p>Clinicians should offer immunisation, based on individual assessment, to clinically vulnerable individuals including those with cerebral palsy, learning difficulties, multiple sclerosis and related or similar conditions; or hereditary and degenerative disease of the nervous system or muscles; or severe neurological disability</p>                       |
| <b>Diabetes</b>  | <p>Type 1 diabetes, type 2 diabetes requiring insulin or oral hypoglycaemic drugs, diet controlled diabetes.</p>   |

# Clinical risk groups

| Clinical risk category  | Examples (this list is not exhaustive and decisions should be based on clinical judgement)  |
|---|---|
| <b>Immunosuppression (see contraindications and precautions section on live attenuated influenza vaccine)</b> | <p>Immunosuppression due to disease or treatment, including patients undergoing chemotherapy leading to immunosuppression, bone marrow transplant, HIV infection at all stages, multiple myeloma or genetic disorders affecting the immune system (eg IRAK-4, NEMO, complement disorders)</p> <p>Individuals treated with or likely to be treated with systemic steroids for more than a month at a dose equivalent to prednisolone at 20mg or more per day (any age), or for children under 20kg, a dose of 1mg or more per kg per day.</p> <p>It is difficult to define at what level of immunosuppression a patient could be considered to be at a greater risk of the serious consequences of influenza and should be offered influenza vaccination. This decision is best made on an individual basis and left to the patient's clinician.</p> <p>Some immunocompromised patients may have a suboptimal immunological response to the vaccine.</p> |
| <b>Asplenia or dysfunction of the spleen</b>  | <p>This also includes conditions such as homozygous sickle cell disease and coeliac syndrome that may lead to splenic dysfunction.</p>  |
| <b>Pregnant women</b>   | <p>Pregnant women at any stage of pregnancy (first, second or third trimesters).<br/>(see precautions section on live attenuated influenza vaccine)</p>   |



# Flu immunisation also offered to:

- **those living in long-stay residential care homes or other long-stay care facilities** where rapid spread is likely to follow introduction of infection and cause high morbidity and mortality.
- **those who are in receipt of a carer's allowance, or those who are the main carer** of an elderly or disabled person whose welfare may be at risk if the carer falls ill
- **household contacts of immunocompromised individuals**, specifically those who expect to share living accommodation on most days over the winter and therefore for whom continuing close contact is unavoidable.
- **health and social care staff** in direct contact with patients/service users should be vaccinated as part of an employer's occupational health obligation

# Nurse input key to the success of the programme

- The NHS has contracts with General Practices and other providers e.g. school immunisation teams
- Contracts and service specifications set out details of required immunisation activity
- In General Practices immunisation is mostly a nurse led activity
- For immunisation programmes are delivered through schools (Influenza, HPV, DTP booster, MenACWY), teams of nurses administer the vaccines
- Pregnant women are offered vaccines against influenza and pertussis (whooping cough), usually by a nurse at the General Practice, but may be by a midwife in the antenatal clinic

# Nurse involvement in the flu vaccine programme

- Advocacy
- Recipient
- Delivery



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# The nurse as an advocate for vaccination

The official advice to reduce injury is...

**DO NOT have the HPV vaccine if you:**

- may be pregnant
- are allergic to yeast
- have suffered an allergic rash or breathing difficulties after a prior HPV injection
- have suffered anaphylactic shock

British National Formulary still requires all suspected adverse drug reactions, no matter how minor, to be reported in children aged 16-18 years using the Yellow Card theme:

**YellowCard**  
make medicines safer  
gov.uk/yellowcard

...e that it appears that long term side effects reported among girls who had with a compromised immune system, eg during menstruation... side effects worsened after...

You will find more information on HPV vaccines at:

**SANEVAX.ORG**

HPVFACTS.CO.UK

ALL VACCINE PACKAGE INSERTS CAN BE FOUND AT [WWW.IMMUNIZE.ORG/PACKAGEINSERTS](http://WWW.IMMUNIZE.ORG/PACKAGEINSERTS)

**Your body, your choice:**

the HPV Gardasil vaccine

**Consider Before Consent**

we? group of concerned parents aiming to educate people about the HPV vaccination.

...s purely and solely with your daughters' best interests at heart.

...gn parents to conduct research in order to make an informed decision rather than to consent to HPV vaccine administration to their children.

...is of girls world-wide are suffering from post-vaccine disorders.

...u to please read and consider the information in this leaflet, which form published sources as referenced below.

**DRUG REACTIONS**

| DRUG REACTIONS   | Number of cases |
|--|-----------------|
| Diphtheria, tetanus, pertussis and tetanus toxoid (DTaP) | 1,509           |
| Measles, mumps and rubella (MMR)                         | 1,076           |
| Diphtheria, tetanus, pertussis and tetanus toxoid (DTaP) | 1,150           |
| Rotavirus (Rotarix)                                      | 412             |
| Preventive disease (CC)                                  | 1,560           |
| Herpes zoster  | 769             |
| Human papillomavirus type 16 (HPV16)                     | 279             |
| Preventive disease (PP)                                  | 1,594           |
| Diphtheria, tetanus and rubella (DTR)                    | 963             |
| Fluza Tetra  | 472             |
| Human papillomavirus (HPV)                               | 628             |
| Influenza virus  | 2,394           |

Please, do not feel pressured into consenting to the HPV vaccine.

**Further information is available at:**

- www.sanevax.org (personal stories, global updates, contact to AHVID)
- www.regret.ie (support group in Ireland)

Please contact via [www.sanevax.org](http://www.sanevax.org) or email: [Fiona.Ginnel@justforhera@aol.com](mailto:Fiona.Ginnel@justforhera@aol.com)

**Consider Before Consent**

Please consider the following information about the HPV vaccine - before giving your consent

**What is the HPV vaccine?**

This is offered to prevent infection by some strains of the sexually-transmitted Human Papillomavirus (HPV), which may cause cervical cancer in the future. It is administered to year 8 girls (aged 12/13) by a course of 2 injections over the year.

**Worldwide Reports about the HPV vaccine:**

- Health authorities in Japan have stopped recommending HPV vaccines.
- Denmark now has 5 centres for assessing and treating girls with adverse reactions. They estimate that 1 per 500 HPV vaccinated girls are attending!
- There are lawsuits pending in France, India and Spain.<sup>1</sup>
- The European Medicines Agency is commencing a review into reported side effects.

**The issues:**

- Gardasil® contains toxins such as aluminium which can be harmful to the nervous system.<sup>2</sup> The package insert states that you should not have the vaccine if you are hypersensitive to yeast!<sup>3</sup>
- Is your daughter yeast-sensitive? Ask your doctor check for possible reactions to this and aluminium.
- Of the adverse events reported post-vaccine, illnesses include:<sup>4,5,6,7,8</sup>
  - Gullain-Barre Syndrome, Acute Disseminated Encephalomyelitis (ADEM)
  - Premature menopause, chronic pain in limbs;
  - Severe headaches, excessive fatigue, dizziness;
  - Chronic intestinal problems;
  - Chronic, cognitive dysfunction;
  - Multiple Sclerosis, Rheumatoid arthritis;
  - Irregular, sleep problems, skin rashes and hives.

In fact the manufacturer reports 2.3% of vaccinated girls experienced conditions potentially indicative of autoimmune disorders, and 2.9% reported serious adverse reactions after receiving Gardasil!

- We have yet to find any formal procedures for assessing and diagnosing post-vaccine illnesses. Symptoms can take months to appear and most families are unlikely to report symptoms to the MHRA. Therefore the numbers of girls affected is likely to be far higher than officially reported.

It is not even proven that the vaccine works long term<sup>9</sup> or that it actually prevents cervical cancer.<sup>10</sup> Furthermore, there are safe and effective alternatives to vaccination, such as regular pap screening.

- Over 6000 reports of side effects following the HPV vaccine have been reported to the authorities in the UK alone. Of that, over 2000 are recorded as SERIOUS!<sup>11</sup> Are these acceptable risks?

Both 'Stop flu' and 'Please help us...' resources are available for download.

Please help us... our resources by PayPal.

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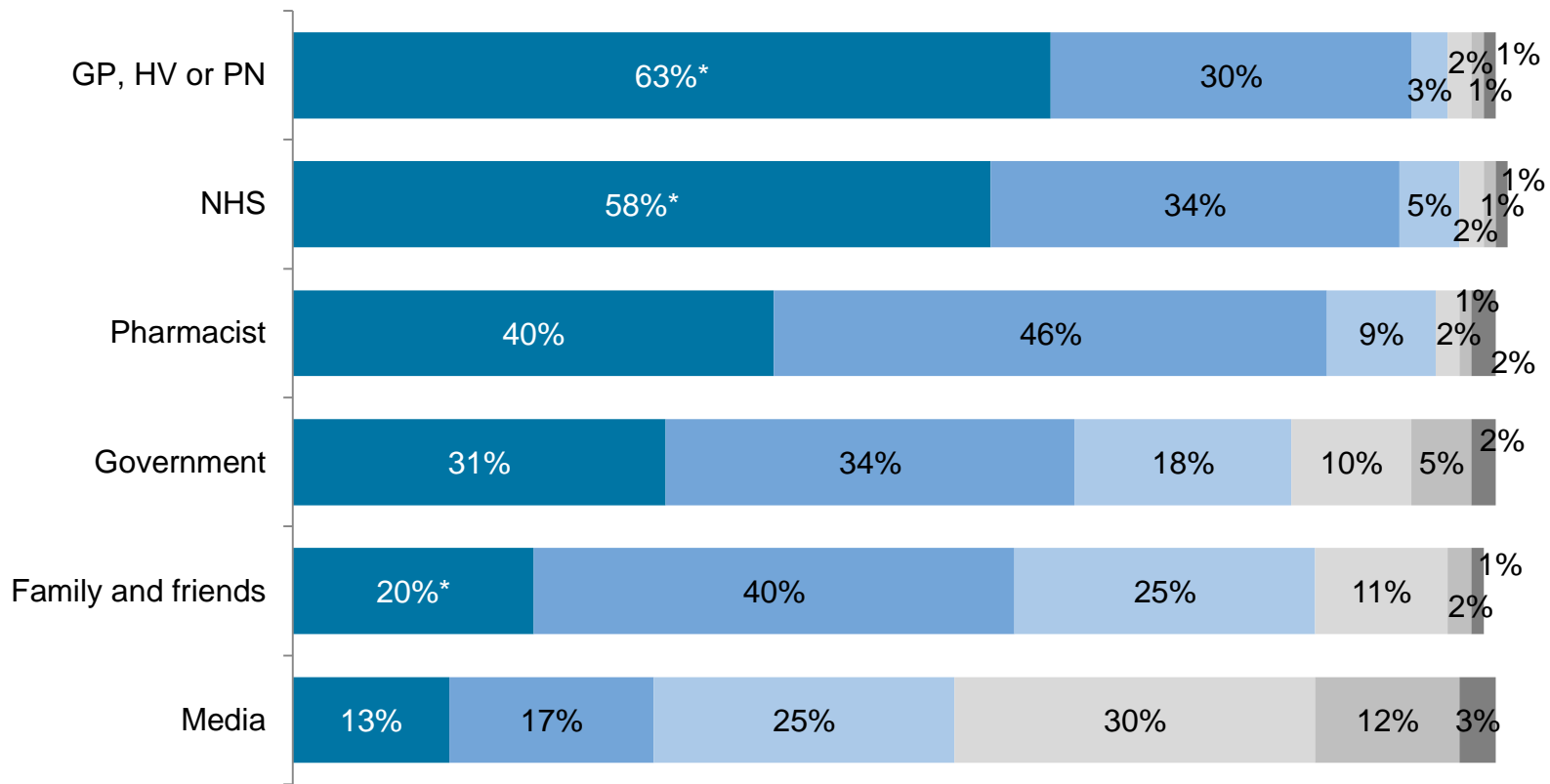
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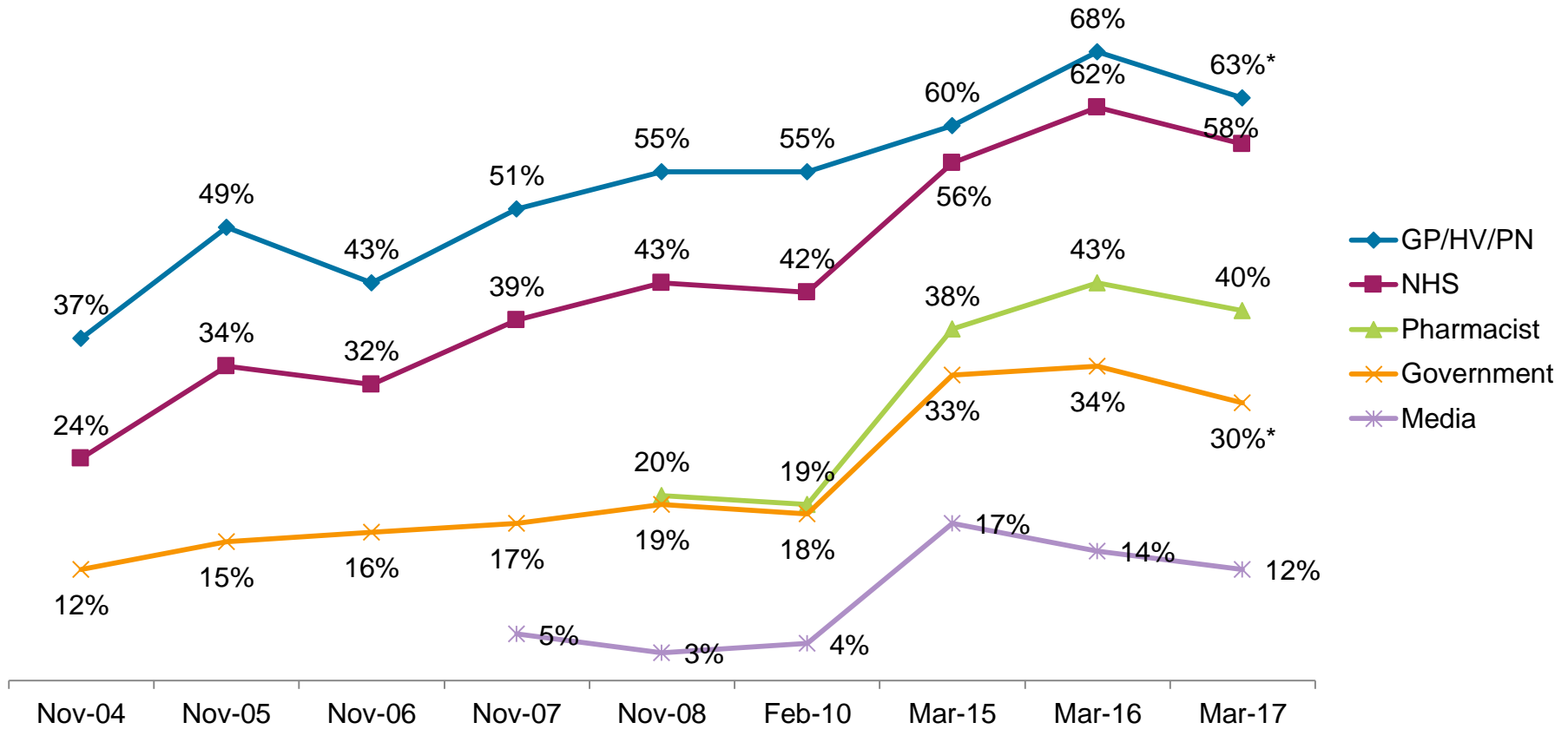
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■ Strongly agree 
 ■ Tend to agree 
 ■ Neither agree nor disagree 
 ■ Tend to disagree 
 ■ Strongly disagree 
 ■ Don't know

Q58. Please tell me how much you personally agree or disagree with each statement. I trust the advice on immunisation given by...

# Trust in all sources





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# The nurse as a recipient of influenza vaccination



# NHS boss puts service on high alert in case of heavy winter flu burden

Simon Stevens says major winter outbreaks in Australia and New Zealand suggests NHS could struggle to cope with cases



THE TIMES

## NHS is given six weeks to empty beds in flu alert

Chris Smyth, Health Editor  
September 13 2017, 12:00am, The Times



NHS England's chief executive, said a virulent flu strain from the southern hemisphere could hit the UK.

and GP surgeries will struggle to cope this winter as a severe flu reads towards Britain, the head of the NHS has warned.

Stevens, chief executive of NHS England, has given the health service six weeks to empty beds in order to avoid chaos in A&E as more elderly people than

in the UK. He said he would have a "hard look" at why life expectancy is falling in Britain compared with other countries where people live longer.

Stevens has been briefed about health chiefs' fears of a winter crisis after



231  
Denis Campbell Health policy editor

Tuesday 12 September 2017 14.04 BST

There are also concerns about how effective the current flu vaccine is. Photograph: David Cheskin/PA

Britain could face a significant increase in flu cases this winter, NHS England said on Tuesday.

Simon Stevens said Australia and New Zealand's heavy winter flu cases, raising concerns about the NHS's ability to cope.

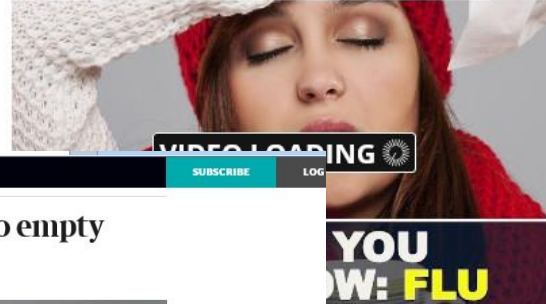
# Flu-mageddon? Are we on the brink of one of the worst ever seasons for flu thanks to virological drift?

NHS chief issues warning for hospitals this winter



BY PHIL NORRIS  
12:00, 13 SEP 2017 UPDATED 14:04, 13 SEP 2017

NEWS



Flu cases are expected to rise this winter, amid fears overcrowded hospitals won't be able to cope.

RECOMMENDED

Nearly empty streets and most permits unsold but council insists Cheltenham parking scheme has not failed

The grueling grammar school game - why it's cruel and heartless says one Gloucester dad

Death of three Cheltenham inmates - our prisons are "too violent and far too crowded", says MP

Health

## NHS told to brace itself for bad flu season

12 September 2017 | Health



Flu could put much more pressure than usual on GPs and hospitals this winter, health bosses are predicting.

It follows the worst outbreak in many years in Australia and New Zealand.

Speaking at a health conference in Manchester, NHS England chief executive Simon Stevens said the winter flu season there was a pointer to the pressure which could build up in the NHS this winter.

But he insisted measures were being taken to ensure the NHS was prepared.

Reports have suggested there has been close to double the amount of flu circulating in Australia this July and August - the country's core winter months - than the average over the previous five winters.

Top Stories

### Grenfell Tower fire inquiry to open

Evidence about the immediate causes of the blaze will be heard, with a report expected next year.

22 minutes ago

### Latest updates: Grenfell fire public inquiry

40 minutes ago

### Man 'trapped' in jail term to be released

1 hour ago

Features



### A 'goodbye Kiss' to Cassini



### 'He took the train to London and was never seen again'

'This week, 'think sepsis'  
JENNI MIDDLETON, EDITOR

WORKFORCE

## Bad winter warnings spark call for nurses to have flu jab

14 SEPTEMBER, 2017 BY NURSING TIMES NEWS DESK



COMMENT

MOST POPULAR MOST COMMENTED

Location of new mother and baby mental health units revealed

Exclusive: New nursing apprenticeships hit by delays

Regular use of disinfectants by nurses 'increases CQD risk'

Support staff working under 'advanced' nurse titles, reveals study

EBT by nurses 'could cut service use by anxious patients'

New strategy will emphasise role played by research nurses

Foot assessment and care for older people

RN chief calls for above inflation pay rise at rally to end 1% cap



Vaccinating as many staff as possible against influenza early in the season will be important if the health service is to cope with the predicted bad winter, infection control nurses have warned.

Information should also be available to hospital staff and visitors about how to spot the signs of flu, as well as immediately isolating and testing any patients who show symptoms, they said.

"The signs from the southern hemisphere winter have been that flu has been much higher"

The Infection Prevention Society was responding to a warning made by the head of NHS England, based on the experiences of countries in the southern hemisphere.

RELATED JOBS

Senior Registered Nurse - Infection Control  
£44825 - £50841 per annum

# Serious impact on patients and hospital services

## Direct

Increased morbidity amongst patients and residents of long-term facilities

## Indirect

Disruption of health care

Cancellation of elective admissions

Shortages of HCWs



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# The role of the nurse in delivering LAIV

# Why vaccinate children against flu?

Extension of the seasonal flu vaccination programme to all children aims to lower the public health impact of flu by:

- **providing direct protection** thus preventing a large number of cases of flu in children
- **providing indirect protection** by lowering flu transmission from children:
  - to other children
  - to adults
  - to those in the clinical risk groups of any age

Reducing flu transmission in the community will avert many cases of severe flu and flu-related deaths in older adults and people with clinical risk factors.

Annual administration of flu vaccine to children is expected to substantially reduce flu-related illness, GP consultations, hospital admissions and deaths.

# Flu vaccine pilot success

In flu vaccine pilot areas (2014/15) where primary school age children were given the nasal spray vaccine we saw:



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↓ 94%

Primary school aged children: GP influenza like illness consultation rates 94% lower



↓ 74%

Primary school aged children: A&E respiratory attendances 74% lower



↓ 93%

Primary school aged children: Hospital admissions due to confirmed influenza 93% lower



↓ 59%

Adults: GP influenza like illness consultation rates 59% lower



# Still more to do.....

- Increase uptake for frontline staff in social care settings
- Increase awareness and immunisation delivery in secondary care settings
- Work with pre-school care providers to increase uptake in two and three year olds