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For Action by:

General Practitioners
Community Pharmacists
Immunisation Leads, Health Boards/Trusts
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Welsh NHS Partnership Forum
GPC(Wales)
Royal College of GPs
Royal College of Nursing
Royal College of Midwives
British Dental Association
Royal Pharmaceutical Society
Community Pharmacy Wales
NHS Wales Informatics Service
Care Inspectorate Wales
Chief Executive, Welsh Local Government Association for onward issue to:
Directors of Social Services, Local authorities
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Enclosure(s):

Childhood Influenza Vaccination Programme 2021-22 – National Enhanced Service Specification - updated

The National Influenza Immunisation Programme 2021-2022

Dear Colleague,

1. Last winter, uptake of influenza vaccination was the highest ever recorded in Wales. I would like to thank everyone involved in the programme for their hard work and commitment in such challenging circumstances to deliver influenza vaccinations to more than a million people, helping to protect public health and reduce pressure on health and social services.
2. This winter we need to prepare for potentially higher levels of influenza circulating, along with other seasonal causes of respiratory infections, given the low levels recorded throughout 2020-21. Achieving a high vaccination uptake will be an important priority this coming autumn to reduce morbidity and mortality associated with influenza, and to reduce hospitalisations during a time when the NHS and social care may again be managing winter outbreaks of Covid-19.
3. I would like to see influenza vaccination maximised in priority groups who are most at risk of catching flu and suffering severe outcomes, or who are at higher risk of infecting other people. [CEM/CMO/2021/19](#) indicated that the programme in 2021-22 will again include all people aged 50 to 64 years, who should be offered influenza vaccination alongside others as part of the main campaign.
4. In addition, for 2021-22 the vaccination programme will be extended further to include all children in secondary school years 7 to 11. I recognise that this extension will require careful planning and will place further demands on the school nursing service. A stakeholder group has been set up to consider all the relevant issues to enable its successful delivery.
5. The inclusion of these additional groups reflects the advice from the Joint Committee on Vaccination and Immunisation (JCVI).
6. In summary, the priority groups for 2021-22 are as follows:
 - children aged two or three years on 31 August 2021
 - children in primary school from reception class to Year 6 (inclusive)
 - children in secondary school Year 7 to Year 11 (inclusive)
 - people aged 50 years and older (age on 31 March 2022)
 - people aged six months to less than 50 years in clinical risk groups. This year we are extending the offer to those aged 16 years on 31 August who are morbidly obese, in line with guidance on the Covid vaccination programme
 - pregnant women
 - carers
 - people with a learning disability
 - all adults resident in Welsh prisons

- healthcare workers (including healthcare students) with direct patient contact
- staff in nursing homes and care homes with regular client contact
- staff providing domiciliary care.

Further detail is contained in Annex 1.

7. Robust plans should be in place for tackling health inequalities for all groups to ensure equality of access to influenza vaccination. It is essential to maximise uptake in those who are living in the most deprived areas and in those from Black, Asian and minority ethnic groups. We need to ensure equitable uptake compared to the population as a whole and help protect those who are more at risk if they were to catch flu.
8. This year, I would like a concerted effort to improve influenza vaccination coverage in all groups that are eligible for the vaccine. Ambitions are included in Annex 1. Health Boards should note that these are ambitions rather than specific targets. Whilst aiming to ensure maximum coverage amongst eligible groups, health boards should apply local determination to ensure that the flu vaccination programme does not negatively impact other core business undertaken by General Medical and Pharmaceutical Services this winter.
9. Collaborative working in primary care between general practices and community pharmacies is encouraged, and will be particularly important in the coming season to help maximise uptake in eligible groups, and help protect more individuals.
10. Health boards will be allocated additional resources to support the delivery of the extended programme. Information on these funding allocations will be provided shortly.

Covid-19 booster vaccines

11. The JCVI considers that a synergistic approach to the delivery of Covid-19 and influenza vaccination may support delivery and maximise uptake of both vaccines in the population. Booster vaccines for Covid-19 will be offered this autumn and, where possible, co-administration of Covid-19 and influenza vaccines is encouraged. Evidence on the concomitant administration of Covid-19 and influenza vaccines used in the UK, [supports the delivery of both these vaccines at the same time](#) where appropriate. (NB – there is an exception for shingles vaccine where an interval of seven days should be observed between the administration of a Covid-19 vaccine).
12. Planning for influenza vaccination should continue as usual for this autumn, while allowing for both vaccines to be given at the same time where appropriate.
13. I recognise that this will again be a very challenging season. Primary care, health boards, social care providers and other partners will need

to work flexibly to meet the increased demands. Thank you for all your hard work in these unprecedented circumstances.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'Frank Atherton', with a horizontal line extending to the right.

Dr Frank Atherton
Chief Medical Officer / Medical Director NHS Wales

ANNEX 1

INFLUENZA (FLU) VACCINATION PROGRAMME 2021-2022

Further information:

Programme uptake ambitions

1. In planning for the forthcoming vaccination season, health boards and primary care partners should work closely together to maximise uptake and aim to achieve significant increases across all eligible groups. For reference, the following table provides the uptake achieved in 2020-21 and the ambition for 2021-22. Please note that these are ambitions rather than targets.

Eligible Group	2020-21 Uptake*	2021-22 ambition
65 years and over	76%	80%
6 months to 49 years at risk	51% (in 6 months to 64 years at risk)	75%
Pregnant	84%	90%
50 to 64 years (not in a clinical risk group)	25%	60%
Children aged 2 or 3 years	56%	75%
Primary school aged children	72%	80%
Children in school years 7 to 11	-	75%
NHS Wales Healthcare workers (direct patient/ client contact)	65%	80%
Social care workers (direct patient/client contact)	11,316* *no denominator available in 20/21	80%**

*Provisional data from Public Health Wales at March 2021

**in line with uptake of 2nd Covid-19 vaccine in this group

Children's programme

2. Improving vaccine uptake in children is important for individual protection, and also because of the indirect protection this offers to the rest of the population. Children are 'super spreaders' of flu and the nasal spray vaccine in this age group has been highly effective. Increasing uptake in eligible children would have a significant impact on reducing transmission of flu across all groups in the community.

3. In pre-school children, uptake continues to lag behind that in schools. Two and three-year-olds (age on 31 August 2021) should be actively called and offered vaccination as early as possible in the season when the vaccine becomes available to help reduce flu transmission in the community to other vulnerable groups.
4. In the school programme, in addition to primary schools, flu vaccination will be offered to all children in secondary school years 7 to 11 in 2021-22. All children attending school in the eligible school years should be offered vaccination irrespective of their actual date of birth. A stakeholder group is considering the key principles around how this is best delivered. Additional funding for the delivery of live attenuated influenza vaccine (LAIV) to this expanded cohort – and for the 50-64-year-old cohort - will be issued shortly.
5. To provide additional resilience, an inactivated vaccine may be offered to those children whose parents/guardians refuse the live attenuated influenza vaccine (LAIV) due to the porcine gelatine content. Parents/guardians of eligible school aged children who decline LAIV due to the gelatine content should be asked to contact their GP surgery to arrange their child's flu vaccine injection. An updated National Enhanced Service (NES) has been agreed with GPC (Wales) and is attached (see para 9.e of the NES).
6. At-risk children who are eligible for flu vaccination via the school-based programme because of their age will be offered immunisation at school. However, these children are also eligible to receive vaccination in general practice if the school session is late in the season, parents prefer it, or they miss the session at school. Health boards should facilitate vaccination of home-schooled children.

Health and social care workers

7. It is important that all health and social care workers (including students) with direct patient/client contact have timely flu vaccination to protect themselves and to reduce the risks of transmission of the flu virus to their patients/clients. High rates of staff vaccination will help to protect the individual member of staff and the people in their care and help maintain the workforce and services during the winter.
8. As in previous years, flu immunisation should be offered by NHS organisations to all employees involved in direct patient care. While our ambition is to achieve a minimum of 80% uptake, the vaccination offer should be 100%.
9. Independent primary care providers, such as general practices, dental and optometry practices and community pharmacists, should offer flu vaccination to their frontline staff as part of their occupational health responsibilities.

10. Staff with regular client contact working in adult residential care homes, nursing care homes and children's hospices and staff providing domiciliary care, will continue to be eligible for free flu vaccination through the NHS community pharmacy service. There may be particular areas, however, where a more flexible approach and mixed delivery model is more appropriate. In these instances, health boards should agree alternative delivery models and ensure awareness locally.
11. Employers providing health and social care in other settings remain responsible for encouraging and facilitating/offering flu vaccination to employees with regular client contact.
12. Further information can be found at:

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

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

Community Pharmacies

13. Health boards must make arrangements with all community pharmacies in their area expressing an interest in providing the community pharmacy NHS seasonal influenza vaccination service and who meet the service requirements.

14. For individuals in a clinical risk group:

Collaborative working between general practices and community pharmacies is encouraged, and will be particularly important in the coming season to help maximise uptake in eligible groups, and help protect more individuals. Community pharmacies should ensure that general practices are notified promptly of vaccinations given to patients.

15. For eligible social care staff:

- The uptake of flu vaccine in eligible social care staff has been low (<30%) since its introduction. Building on the success of the Covid-19 vaccination in this cohort, health boards are asked to work across the system and facilitate easy access to the flu vaccine for social care staff.
- Community pharmacies may again offer free NHS flu vaccinations to staff with regular client contact working in adult residential care homes, nursing homes and children's hospices or those providing domiciliary care.
- Primary care staff should actively promote staff flu vaccine uptake with the care home managers they work with, and support them in encouraging their staff to get their vaccine.

- Community pharmacies that supply medicines to care homes may wish to make arrangements with those homes to offer flu vaccination to staff on the premises. Alternatively, staff may be directed to visit any pharmacy providing the community pharmacy NHS flu vaccination service.
- In some areas, there may be no local community pharmacy offering the flu vaccination service. In these circumstances, or where there may be other barriers to uptake, health boards may agree an alternative method of delivery.

Flu vaccine ordering and recommendations

16. Advice and guidance on ordering flu vaccines for the 2021-22 season has already been issued separately in Welsh Health Circular [WHC/2021/004](#) and in Public Health Link [CEM/CMO/2021/19](#).
17. Vaccine orders should be reviewed to ensure that sufficient supplies of appropriate vaccines have been ordered. Models for vaccine provision across primary care clusters should be considered in planning.
18. In summary, the following are recommended vaccines for adults and will be eligible for reimbursement:

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

Key:

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

19. For the children's programme, quadrivalent live attenuated influenza vaccine (LAIV) is the recommended vaccine for use in all eligible children aged 2-17 years of age unless contraindicated or declined due to gelatine content. LAIV is supplied centrally and will be available to order through ImmForm.
20. Eligible children under two years of age are recommended quadrivalent influenza egg-culture vaccine (QIVe). A small central supply of QIVe will be available to support vaccination in this group. Further information on accessing this will be provided nearer the start of the season.

Service Specifications

21. The Primary Medical Services (Influenza and Pneumococcal Immunisation Scheme) (Directed Enhanced Service) (Wales) Directions 2021 (the DES Directions)¹ set out the requirements for the 2021 to 2022 influenza and pneumococcal immunisation programme.
22. There are a number of obligations under the DES Directions important to local planning and delivery of the flu vaccination programme. In particular GPs should develop a proactive approach to offering flu vaccinations by adopting robust call and reminder systems to contact eligible patients. This should be, for example, through direct contact by phone call, email, text or otherwise (although such strategies are for GP practices to determine). Practices must follow-up eligible patients and remind/recall those who do not receive their flu vaccination.
23. A separate National Enhanced Service (NES) specification for the childhood seasonal influenza vaccination programme, covering the vaccination of children aged two and three years on 31 August 2021 is attached.

Patient Group Directions (PGDs)

24. Template PGDs will be available at:
<http://nww.immunisation.wales.nhs.uk/pgds> (NHS Wales intranet) prior to the commencement of the season, and should be reviewed, ratified and authorised locally by the health board/trust for local use. **A National Protocol will also be available before the start of the season to support mixed workforce and flexible delivery models.**

Delivering the programme during the pandemic

25. The flu vaccination programme will be expected to be delivered according to guidelines on social distancing, infection, prevention and control (including appropriate PPE) current at the time. Patients will need reassurance that appropriate measures are in place to keep them safe.

Communications

26. Public Health Wales will continue to lead the flu programme communications and marketing campaign. Information will be available at:
<https://icc.gig.cymru/brechlynffliw>

<https://phw.nhs.wales/flu vaccine>

¹ <https://gov.wales/sites/default/files/publications/2021-04/the-primary-medical-services-influenza-and-pneumococcal-immunisation-scheme-directed-enhanced-service-wales-directions-2021.pdf>

Surveillance and Reporting

27. Public Health Wales continues to lead surveillance of influenza and the influenza vaccination programme in Wales, providing weekly surveillance reports. To support delivery of the vaccination programme, Public Health Wales will continue to provide weekly surveillance reports on coverage at practice, cluster, local authority and health board levels. Public Health Wales will work closely with DHCW to access data from general practices and from other appropriate national data system. Health Boards and NHS trusts will be required to provide Public Health Wales VPDP surveillance team with data to allow monitoring of coverage in NHS staff on a monthly basis using standard data template.

28. Surveillance reports will be published on:

<http://howis.wales.nhs.uk/ivor> (vaccination coverage reports at practice, cluster, LA and health board levels, available within NHS Wales only)

29. The 2020/21 annual epidemiological summary of influenza activity and influenza immunisation uptake will be published shortly by Public Health Wales : <http://howis.wales.nhs.uk/ivor>

The Green Book

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

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

ANNEX 2

Eligible groups included in the flu immunisation programme - updated

1. The following provides an updated summary of the groups eligible for flu vaccination in 2021-22.
2. Further details can be found in the influenza chapter of the Green Book “Immunisation against infectious disease” at:

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

Children

3. Children aged two or three years on 31 August 2021 i.e. date of birth on or after 1 September 2017 and on or before 31 August 2019. Vaccination will generally be offered through general practice. Children of this age must be individually invited by their general practice. (In some areas of Wales, local agreements are in place for children aged three years to receive their vaccine in nursery via the school nursing service.)
4. All children in primary school reception class and school years 1 to 6 (inclusive).
5. All children in secondary school years 7 to 11 (inclusive).
6. For practical reasons, all children attending school in the eligible school years should be offered vaccination irrespective of their actual date of birth.
7. Children in the school age ranges above who do not attend school are to be offered vaccination through general practice. There is no requirement for general practices to invite these school-aged children.
8. Children not in the age groups mentioned above should be offered vaccination in line with the clinical risk eligibility guidance outlined below, and if eligible require a proactive call and recall system.
9. People aged six months to less than 50 years with a long-term health condition including:

Chronic respiratory disease such as asthma requiring regular inhaled steroids, or chronic obstructive pulmonary disease (COPD)

Chronic heart disease

Chronic kidney disease at stage 3, 4 or 5

Chronic liver disease

Chronic neurological disease such as Parkinson’s disease, motor neurone disease

Learning disability

Diabetes

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

Asplenia or dysfunction of the spleen

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

Household contacts

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

People aged 50 years and over

11. Includes those becoming age 50 years by 31 March 2022 (i.e. born before 1st April 1972).

Pregnant women

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

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

13. Vaccination is recommended for people living in care homes or other long-stay care facilities where rapid spread is likely to follow introduction of infection and cause high morbidity and mortality.
14. This does not include young offender institutions, university halls of residence or boarding schools (except those in eligible school years).

Prisoners

15. All adults resident in Welsh prisons.

Carers

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

Third sector carers

17. Individuals who work on a voluntary basis (are not paid for their time and effort) providing care on a frequent basis to one or more elderly,

disabled or otherwise vulnerable person whose welfare would be at risk if the individual became ill.

18. Individuals should be identified by a letter from their organisation naming the person, and confirming their membership of, and role in, the organisation.

Members of voluntary organisations providing planned emergency first aid

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

Community First Responders

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

Healthcare workers

24. Healthcare workers who are in direct contact with patients should have their flu vaccine via their employer. This should be actively encouraged, and provided or facilitated as part of their occupational health care.

Social care staff

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

Locum GPs

27. Locum GPs may be vaccinated at the practice where they are registered as a patient.
28. The list above is not exhaustive, and practitioners should apply clinical judgement to take into account the risk of flu exacerbating any underlying disease that a patient may have, as well as the risk of serious illness from flu itself. Flu vaccine should be offered in such cases even if the individual is not in one of the groups specified above.
29. Individuals recommended to receive flu vaccine who are long-term hospital in-patients during the flu season should be vaccinated in hospital. Health boards and trusts are expected to make suitable arrangements to identify and vaccinate these individuals, and to notify their general practice in a timely way.
30. Clinicians are encouraged to consider the needs of individuals waiting for a transplant. The current recommendations for flu vaccine cover a wide range of chronic diseases and therefore most transplant-list patients are likely to be in a recognised clinical risk group and eligible for immunisation. Practitioners should apply clinical judgement to take into account the risk of flu exacerbating any underlying condition a patient may have.

Childhood Influenza Vaccination Programme 2021-2022

Service Specification (Aug 2021)

National Enhanced Service Specification For Childhood Influenza Vaccination Programme 2021-2022

Introduction

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

Background

4. The Joint Committee on Vaccination and Immunisation (JCVI) recommends that influenza vaccination is offered to children to lower the impact of influenza on the children themselves and to reduce influenza transmission to other children, adults and those in clinical risk groups at any age.
5. For 2021-22, the childhood programme will offer vaccination to the following age groups:
 - Children aged two or three years on 31 August 2021 will continue to be vaccinated through general practice by invitation.
 - Children in school reception class and in all primary school years 1 to 6 (ages 4 to 10 years) and secondary school years 7 to 11 (ages 11 to 15 years) are to be offered the vaccine in school via the health board school nursing service.
 - Children aged four years on 31 August 2021 who do not attend school will be offered the vaccine on request or opportunistically by primary care. 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 programme for primary care will involve practices actively inviting approximately 67,000 eligible two and three year olds in Wales in 2021-22 for influenza vaccination.
7. Practices will remain responsible, in line with longstanding agreements and practice, to identify, call, recall and vaccinate all other children in clinical risk groups as defined in the Welsh Health Circular - National Influenza Immunisation Programme 2021-22.

Duration and patient cohort

8. The target time frame for this programme is for five months from 1 August 2021 to 31 December 2021 in order to achieve maximum impact of the programme before influenza starts to circulate. However, two and three-year-olds should be offered vaccination as early as possible in the season, subject to vaccine availability, to help reduce flu transmission in the community to other vulnerable groups. Practices should ensure that an adequate supply of appropriate vaccine is available before arranging clinics. Practices may continue to vaccinate eligible patients until 31 March 2022, for whom they will receive payment.
9. Practices will be required to vaccinate all registered patients who are:
 - a. **Aged two or three years on 31 August 2021** on either:
 - A proactive call basis, if not considered in a clinical risk group, or
 - A proactive call and recall basis, if considered to be in a clinical risk group².

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

- b. **Aged four years on 31 August 2021** who do not attend a school covered by a health board school vaccination programme.

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

² The at-risk groups are defined in the Welsh Health Circular - National Influenza Immunisation Programme 2021-22.

- Who do not attend a school covered by a health board school vaccination programme.

Children who miss the vaccination opportunity offered in school will be given a letter from the school nursing service advising them to contact their GP surgery specifically to request an influenza vaccination. This letter will stress the need to mention the purpose of the visit as a routine appointment is not appropriate.

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

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

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

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

- 10.** Children who are not in a clinical risk group who present after the expiry date of any available LAIV should not routinely be offered injectable vaccine as an alternative. Children who are in a clinical risk group should be immunised whenever they present during the season in line with existing recommendations with LAIV as the vaccine of choice, or alternatively a suitable injectable influenza vaccine if LAIV is not available or contraindicated.

Vaccine

- 11.** Live attenuated influenza vaccine (LAIV) is the recommended vaccine for children aged two years and over if in a clinical risk group or not and is administered as a nasal spray.
- 12.** The short shelf life of the LAIV may mean that it is not available for the entire season, but this depends on the production and delivery schedule.

13. The LAIV vaccine has been centrally procured and should be ordered in the same way as other childhood vaccines via ImmForm.
14. One dose is required for children in the cohort who are 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.
15. 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
16. 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 influenza vaccine.
17. Children aged six months to under two years of age in a clinical risk group should be offered a suitable licensed injectable influenza vaccine. This should be ordered in the same way as LAIV and other childhood vaccines via ImmForm.
18. Practices will be reimbursed for this as for children in clinical risk groups.

Data Collection

19. Practices should record all administered doses of flu vaccine using appropriate Read codes or SNOMED clinical terms, in the practice clinical information system. 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. Practices that have opted out from automatically providing this data throughout the season, or are otherwise unable to do so, will be required to make a manual return using an appropriate form provided by Public Health Wales. Public Health Wales will work with health boards to set up routine collection of data to allow surveillance of uptake in the schools programme. Health board and NHS Trusts should provide data to Public Health Wales VPDP to allow for monitoring of coverage in NHS front-line staff, on a monthly basis using a standard aggregate (staff-group level) template.
20. Public Health Wales will monitor and report influenza immunisation uptake to practices, primary care clusters, health boards and trusts, the Welsh Government and the general public. Data to monitor vaccine uptake will be collected automatically in the same way that it is for the adult influenza

immunisation programme. The data extraction will begin in October and continue on a weekly basis for the duration of the campaign. Information on the PRIMIS recommended Read codes and SNOMED clinical terms which will be used for influenza immunisation uptake monitoring purposes can be found on the Public Health Wales site:

<http://nww.immunisation.wales.nhs.uk/flu-data-specs-1> (NHS Wales intranet)

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

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:
- a. The practice is contracted to provide vaccine and immunisations as part of Additional Services.
 - b. All patients in respect of whom payments are being claimed were on the practice's registered list at the time the vaccine was administered.
 - c. The practice administered the vaccine to all patients in respect of whom payment is being claimed.
 - d. All patients in respect of whom payment is being claimed were within the cohorts (as specified in paragraph (9) at the time the vaccine was administered.
 - e. The practice did not receive any payment from any other source in respect of the vaccine (should this be the case, then health boards may reclaim any payments as set out in the paragraphs 19.1 and 19.2 of the Statement of Financial Entitlements³).
 - f. The practice submits the claim within six months of administering the vaccine (Health boards may set aside this requirement if it considers it reasonable to do so).

³ Directions to Health Boards as to the Statement of Financial Entitlements ()Directions 2013
<https://www.gov.uk/government/publications/nhs-primary-medical-services-directions-2013>

- g. Payment will be made on a monthly basis i.e. the monthly count multiplied by the current applicable Item of Service fee:

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

24. Health boards are responsible for post payment verification. This may include auditing claims of practices to ensure that they meet the requirements of this service.
25. Administrative provisions relating to payments under this service are set out in Annex B.

Annex A: Service requirements for the childhood influenza programme

1. GP practices providing this service will vaccinate, with the appropriate vaccine and dosage, all patients in the cohorts described and called as required in the main body of this document.
2. Take all reasonable steps to ensure that the medical records of those eligible patients, as described in this specification, receiving the childhood influenza vaccination are kept up to date using appropriate Read codes or SNOMED codes with regard to the immunisation status and in particular, includes:
 - a. Any refusal of an offer of immunisation.
 - b. Where an offer of immunisation is accepted:
 - i. The batch number, expiry date and name of the vaccine.
 - ii. The date of administration.
 - iii. Where other vaccines are administered in close succession, the route of administration and the injection site of each vaccine.
 - iv. Any contra-indication to the vaccination or immunisation.
 - v. Any adverse reactions to the vaccination or immunisation.
3. Ensure that all healthcare professionals who are involved in administering the vaccine have:
 - a. Referred to the clinical guidance in the Green Book.
 - b. The necessary training, skills, competency and experience, including training with regard to the recognition and initial treatment of anaphylaxis.
4. Ensure all orders of vaccine are in line with national guidance, including adherence to any limits on stocks to be held at any one time, to ensure equitable distribution between practices. The LAIV vaccine for this programme will generally be centrally supplied, and should be ordered in the same way as general practices and health board pharmacies currently order childhood vaccines. Inactivated influenza vaccine for those contraindicated or declining live attenuated vaccine should be ordered direct from suppliers in the same way as influenza vaccine for other groups. Apart from the injectable vaccine for eligible children under two years of age where the vaccine may be ordered via ImmForm.
5. Ensure all vaccines are stored in accordance with the manufacturer's instructions and guidance contained in the Green Book.

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

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

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

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

Provisions relating to GP practices that terminate or withdraw from this service prior to 31 March 2022 (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 2022, the practice is entitled to a payment in respect of its participation if such a payment has not already been made, calculated in accordance with the provisions set out below. Any payment calculated will fall due on the last day of the month following the month during which the practice provides the information required.
6. In order to qualify for payment in respect of participation under this service, the practice must provide the health board with the information specified in the main body of this service specification before payment will be made. This information should be provided in writing, within 28 days following the termination of the contract or the withdrawal from the enhanced services agreement.

7. The payment due to practices that terminate or withdraw from the service agreement prior to 31 March 2022 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.