

DECISION-MAKER:	Health and Wellbeing Board		
SUBJECT:	Influenza Vaccination Uptake		
DATE OF DECISION:	18 th October 2017		
REPORT OF:	Director of Public Health		
<u>CONTACT DETAILS</u>			
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STATEMENT OF CONFIDENTIALITY			
None.			
BRIEF SUMMARY			
The Health and Wellbeing Board are asked to receive a briefing for their information on local preparedness for influenza and the steps being taken by partners to increase uptake of vaccination, especially by those who are most vulnerable.			
RECOMMENDATIONS:			
	(i)	That the Health and Wellbeing Board notes the report.	
REASONS FOR REPORT RECOMMENDATIONS			
1.	For information only.		
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED			
2.	None.		
DETAIL (Including consultation carried out)			
	Background		
3.	<p>Influenza infection (flu) is highly transmissible and can cause a spectrum of illness from mild to severe, even among people who are previously well. In good health with rest and fluids, it usually clears up within a week. However, flu can be more severe in certain people, such as:</p> <ul style="list-style-type: none"> • Anyone aged 65 and over • Pregnant women • Children and adults with an underlying health condition (such as long-term heart or respiratory disease) • Children and adults with weakened immune systems <p>Anyone in these risk groups is more likely to develop potentially serious complications of flu, such as pneumonia (a lung infection).</p>		
4.	<p>Pandemic flu represents the highest risk on the national risk register of civil emergencies (hazards, disease, accidents and societal risks); with highest health impact and likelihood of occurring in the next 5 years. Flu pandemics happen when a unique flu virus evolves that few people (if any) are immune</p>		

	<p>to. There are important differences between ‘ordinary’ seasonal flu of the kind that happens in winter, and pandemic flu. In a pandemic, the new virus will spread quickly and cause more serious illness in a large proportion of the population, due to the lack of immunity. There is a high probability of a flu pandemic occurring, but it is impossible to predict when, or exactly what it would be like.</p>
5.	<p>The most recent pandemic flu outbreak was an H1N1 strain (‘Swine flu’) in 2009 which caused at least 18,500 deaths worldwide. In 1918 another variant of the same H1N1 strain (‘Spanish flu’) killed over 50 million people globally. However, other flu strains exist with pandemic potential, such as H5N1 (‘avian or bird flu’). This strain caused several hundred human deaths in South East Asia in 1996.</p>
6.	<p>Insight on the type of flu strain that could be most prevalent in the northern hemisphere this winter comes from surveillance of strains circulating in the southern hemisphere six months prior. This year, the dominant flu sub-type in the southern hemisphere has been A(H3). This sub-strain is similar to that experienced in the northern hemisphere last winter, with older more vulnerable people being affected most.</p>
	<p>The NHS Flu Vaccination programme 2017/18</p>
7.	<p>For Winter 2017/18, the NHS flu vaccine will protect against three types of flu virus:</p> <ul style="list-style-type: none"> • A/H1N1 – the strain of flu that caused the swine flu pandemic in 2009 • A/H3N2 – a strain of flu that mainly affects the elderly and people with risk factors like a long term health condition. This year’s vaccine will contain an A/Hong Kong/4801/2014 H3N2-like virus • Influenza B – a strain of flu that particularly affects children. This year’s vaccine will contain B/Brisbane/60/2008-like virus • The nasal spray flu vaccine and some injected vaccines also offer protection against a fourth B strain of virus, which in 2017/18 is the B/Phuket/3073/2013-like virus.
8.	<p>Flu vaccination is available every year on the NHS to help protect adults and children at risk of flu and its complications. This winter (2017/18) the injected flu vaccine will be made available to: Adults over the age of 18 at risk of flu (including everyone aged 65 and over), pregnant women and children aged six months to two years at risk of flu. The flu vaccine is routinely given on the NHS as an annual nasal spray to children aged two and three plus children in reception class and school years one, two, three and four (year 4 is a new addition for this winter season) and children aged two to 17 years at a particular risk of flu.</p> <p>The NHS England slide below shows where the flu vaccine is administered for each population group. Vaccination uptake rates for Winter 2016/17 in the Wessex region are shown in appendix 1 and 2.</p>

5. Who does what?

As of 1 st Sept 2017	Children aged 2 and 3 <small>(D.O.B. 01/09/13 to 31/08/15 inc.)</small>	Children aged 4, 5, 6, 7 and 8	At risk children	Under 65 at risk	Pregnant women	65 and over
GP Practice	✓		✓	✓	✓	✓
Pharmacy				✓	✓	✓
Maternity Services					✓	
School Nursing Team		✓	SN will vaccinate those eligible in the schools programme – if they miss or require 2nd dose then GP			

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Business case for staff flu vaccination programmes

9. Flu outbreaks in health care settings have occurred when large numbers of key frontline staff are unvaccinated. Healthcare staff vaccination programmes can both protect staff and vulnerable people in their care. The World Health Organisation recommends healthcare workers should be vaccinated against influenza. However, in Southampton 2016/17 healthcare workers flu vaccination coverage was 53.5%, lower than the England average (63.2%) and below the 75% national target for healthcare staff vaccination.

10. A systematic review provides the best evidence on the cost-effectiveness of vaccinating healthcare workers¹:

- The cost per person for flu vaccination programmes targeting healthcare workers including promotion is approximately £7
- In the worst case scenario campaigns to vaccinate healthcare workers cost £400 per quality adjusted life-year (QALY) gained. This is significantly below the NICE threshold of £20,000 per QALY so it is cost-effective.
- The return on investment is £12 for every £1 spent. This has been calculated in terms of costs saved from mortality and morbidity in high risk contacts as well as absenteeism from work.

National campaign

11. NHS England run an annual flu vaccination campaign. This year's programme comes under the 'stay well' campaign. This year's objective is to ensure that people who are most at-risk of preventable emergency admission to hospital are aware of and, wherever possible, are motivated to take those actions that may avoid admission this winter. Our local campaign will align with the national theme.

12. The national flu vaccination campaign will run from 9th October to 29th October 2017. NHS England will be seeking to increase flu vaccination uptake in risk groups, people over 65 years and frontline healthcare workers. Similar to last winter, a CQUIN incentive has been attached to the frontline healthcare worker programme with the aim of achieving at least 70% uptake.

13.	All local General Practices were sent an information pack in August explaining this year's vaccination programme and uptake rates for 2016/17 by practice and more recently a flu readiness survey. NHS England recommends that heads of Public Health, Chief Executives and Council Directors promote flu vaccination to further improve uptake. Public Health England will be sending a survey to care homes to better understand reasons for low staff vaccination uptake and to encourage improvement.
	Local arrangements
14.	Our local flu campaign will run alongside, and be complimentary to the national campaign. As in previous years, it will be led jointly by Southampton City CCG and SCC. The campaign started on 9 th October, and will progress on to 'keep warm, keep well' messages, promoting infectious disease prevention 'catch it, bin it, kill it' and our Southampton Healthy Home programme.
15.	Partnership working across the Solent enables a co-ordinated and intelligence based approach to improving flu vaccination uptake locally. The NHS England led Solent vaccination and immunisation group meets on a monthly basis and will prioritise action to reduce the impact of influenza during the flu season: September 2017-February 2018. Attendance includes representatives from public health SCC and PCC, CCG, Primary care, NHS Solent, Southern NHS Trust, the Universities, Local Pharmaceutical Committee and Local Medical Committee.
16.	<p>The Solent Vaccination and Immunisation Group has proposed the following to improve uptake locally in Winter 2017/18:</p> <ol style="list-style-type: none"> 1. Better joint working with the acute and third sector to identify opportunities for increasing uptake e.g. opportunistically offering vaccination at clinics and meetings 2. Promote staff vaccination in GP surgeries 3. Explore opportunity to target vulnerable individuals in deprived areas via housing officers and health visitors 4. CCGs to provide flu vaccination uptake data for individuals with learning disabilities (as last year) 5. A guide called 'healthy living mosques' has been developed in conjunction with colleagues in Birmingham and will support local communities in decision making. 6. Encourage care providers (care, residential, nursing home and domiciliary) to promote, and provide, flu vaccination for their frontline workers with business cases.
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
	None.
<u>Property/Other</u>	
	None.
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	

	None – report is for information only.	
Other Legal Implications:		
	None.	
RISK MANAGEMENT IMPLICATIONS		
	None – report is for information only.	
POLICY FRAMEWORK IMPLICATIONS		
	None – report is for information only.	
KEY DECISION?	No	
WARDS/COMMUNITIES AFFECTED:	All	
<u>SUPPORTING DOCUMENTATION</u>		
Appendices		
1.	NHS flu vaccine uptake rates in 2016/17 by eligible group across the Wessex region	
2.	NHS flu vaccine uptake rates for healthcare staff in 2016/17 across the Wessex region	
Documents In Members' Rooms		
1.	None.	
Equality Impact Assessment		
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.		No
Privacy Impact Assessment		
Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.		No
Other Background Documents Other Background documents available for inspection at: Public Health, Civic Centre, Southampton		
References		Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	Burls A, Jordan R, Barton P, Olowokure B, Wake B, Albon E, et al. Vaccinating healthcare workers against influenza to protect the vulnerable – Is it a good use of healthcare resources?: A systematic review of evidence and an economic evaluation. Vaccine. 2006;24(19)4212-21.	