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# Flu Update 2018-19

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**Report being considered by:** Health and Wellbeing Board  
**On:** 4 October 2018  
**Report Author:** Matt Pearce, Head of Public Health and Wellbeing  
**Item for:** Discussion

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## 1. Purpose of the Report

- 1.1 This paper is to update the Health and Wellbeing Board on the performance of the influenza vaccine campaign in winter 2017-18, to summarise lessons learned and to inform the board of changes to the national flu programme for the coming 2018-19 flu season and how these will be implemented locally.

## 2. Recommendation

- 2.1 For the Health and Wellbeing Board to note the achievement in West Berkshire to date and endorse the Flu Plan 2018/19.

## 3. How the Health and Wellbeing Board can help

- 3.1 The Board is asked to:
- (1) Agree and endorse the multi-agency approach
  - (2) Seek assurance that respective organisations are taking steps to fulfil their responsibilities as set out in the national flu plan
  - (3) Be flu champions - take every opportunity to promote the vaccine and debunk myths
  - (4) Lead by example, take up the offer of a vaccine where eligible.

<b>Will the recommendation require the matter to be referred to the Executive for final determination?</b>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
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## 4. Introduction/Background

- 4.1 Seasonal influenza (Flu) is a key factor in NHS winter pressures. The National Flu Plan aims to reduce the impact of flu in the population through a series of complementary measures. Flu vaccination is commissioned by NHS England for groups at increased risk of severe disease or death should they contract flu.
- 4.2 Key aims of the immunisation programme in 2017-18 were to:
- Actively offer flu vaccine to 100% of people in eligible groups.
  - Immunise 60% of children, with a minimum 40% uptake in each school

- Maintain and improve uptake in over 65s clinical risk groups with at least 75% uptake among people 65 years and over, at least 55% among clinical risk groups and 75% among healthcare workers.

4.3 2017-18 was a challenging flu season, contributing to winter pressures on health and care services. The PHE report, 'Surveillance of influenza and other respiratory viruses in the UK: Winter 2017 to 2018' released on 24 May 2018, indicated that; in the 2017 to 2018 season, moderate to high levels of influenza activity were observed in the UK with co-circulation of influenza B and influenza A(H3), which is different to 2016-17 where H3N2 predominated. Indicators for GP consultation for flu-like illness in and out of hours and for NHS 111 calls were at higher levels than in 2016-17, patterns of activity were similar peaking in week 52 and peak admissions rates of influenza to hospital and intensive care were higher than seen in the previous 6 seasons.

## 5. Review of the 2017/18 Flu Season

- 5.1 Local Authority public health teams actively promoted flu vaccination to eligible groups using a range of channels and worked with commissioners and providers during the season to identify issues. Whilst uptake among school children was good, uptake in other risk groups remains below the desired level; this is in line with other areas of the country.
- 5.2 There remains considerable variation in uptake between GP practices, There is scope to improve communicating vaccine uptake to practices throughout the flu season and to improve the way patients are invited for vaccination.
- 5.3 Myths and misconceptions regarding vaccines remain an important barrier to uptake. Other barriers may include variation in access to GP flu clinics, lack of health literacy and inclusion of porcine element in the children's vaccine making it inappropriate for some groups.
- 5.4 Uptake among front line local authority social care workers remains difficult to measure; there is scope to improve data collection in this area.
- 5.5 Despite introduction of an NHS funded flu vaccine offer for frontline social care staff in nursing and residential care, local intelligence suggest uptake in this group remained low.
- 5.6 Locally, CCGs and their commissioned providers responded well to flu outbreaks in care homes and closed settings following development and implementation of flu outbreak plans. Close partnership working proved key to the success of this approach and closer working at the planning stage is warranted for future success.

## 6. Local uptake West Berkshire

- 6.1 In 2017-18 uptake of vaccine among GP-registered patients in Berkshire was generally similar to or higher than in 2016-17.
- 6.2 **Patients in clinical risk groups** – uptake was reduced by between 0.9% and 3.1% in this group, with the exception of RBWM and West Berkshire where uptake was

similar to the previous season. Nationally uptake was very similar to the previous season.

- 6.3 **Over 65s** – Increased uptake of flu vaccine was observed in all Local Authorities within Berkshire. Uptake in West Berkshire reached 77.6%, exceeding the national 75% uptake ambition.
- 6.4 **Pregnant Women** – In line with the national picture, uptake in this group was increased compared to 2016-17 with the exception of Slough where a reduction in uptake of 4.9% was observed. Bracknell Forest exceeded the national ambition of 55%, achieving 57% uptake.
- 6.5 **Children aged 2 and 3** – Uptake in two year olds increased in Reading, West Berkshire Wokingham and RBWM, but decreased slightly in Slough. A reduction was also observed in Bracknell Forest compared to the previous season. The uptake ambition was not reached in any local authority in Berkshire or nationally (3.9% increase resulting in 42.9% uptake). Among three year olds modest increases in uptake were observed in Bracknell Forest, West Berkshire and Wokingham, with small decreases observed in Reading and RBWM. Slough experienced a larger decrease in uptake. All areas with the exception of Reading and Slough achieved a higher uptake than the national figure of 44.2%.
- 6.6 **Children in school years 0-4** – this programme was again highly successful in Berkshire, the uptake ambition of 40% was exceeded in all local authorities reaching as high as 80% in at least one area.
- 6.7 **Healthcare workers** – Uptake among NHS staff increased compared to the 2016-17 season in all local Trusts with the exception of Berkshire Healthcare Foundation Trust, where uptake was slightly reduced on the previous season despite more vaccines being given. Uptake in local NHS Trusts ranged from 62.6%-72.1%.

## 7. Multi-agency approach

- 7.1 Flu vaccination is commissioned by NHS England for groups at increased risk of severe disease or death should they contract flu and vaccination is provided by a mix of providers including GP practice, community pharmacy, midwifery services and school immunisation teams.
- 7.2 The role of local authorities is to provide advocacy and leadership through the Director of Public Health and to promote uptake of flu vaccination among eligible residents and among staff providing care for people in residential and nursing care. Local authorities are also responsible for providing flu vaccine for frontline health and social care workers that are directly employed. Local authorities may also provide vaccine to staff members as part of business continuity arrangements.
- 7.3 CCGs are responsible for quality assurance and improvement which extends to primary medical care services delivered by GP practices including flu vaccination and antiviral medicines. The CCG also monitors staff vaccination uptake in Providers through the CQUIN scheme.
- 7.4 A collaborative multi-agency approach to planning for and delivering the flu programme is taken in Berkshire, beginning with a flu workshop in June. Public Health Teams used output from the workshop to develop their local flu action plan, setting out the steps they will take to engage and communicate with local residents

about flu, promote the flu vaccine to eligible groups and support partners to provide and manage the programme.

7.5 Actions taken in 2017-18 as part of this approach included but were not limited to;

- Development of local authority and CCG flu plans based on a shared approach across the West of Berkshire
- Participation in a twice-monthly Thames Valley Flu teleconference led by NHS England to share flu data, best practice and ability to raise concerns with representation locally
- Participation in monthly Berkshire West Flu Action Group with representation from CCGs, NHS providers and local authority public health to monitor progress against flu plans, review uptake of the flu vaccination, assess the impact of flu activity and share good practice or concerns which could then be escalated.
- The public health team supported the BHFT schools immunisation team to engage with those schools where initial engagement was less effective
- Providers also signed up to the 'Health and Wellbeing of Staff' CQUIN which includes staff flu vaccination uptake
- In the West of Berkshire the CCG flu lead supported low performing GP practices with practice visits and / or communications
- A flu communication pack was shared with all care homes
- Ensuring a consistent communication approach across the health and care economy by linking with the national flu campaign as well local alignment of communications between the local public health and the CCG communication teams
- Use of targeted social media approaches to promote flu vaccination
- A collaborative approach to the management of flu outbreaks in closed settings such as care and nursing homes. Berkshire West CCGs commissioned a specific service to undertake risk-assessment and provide antiviral medication for treatment of flu and to prevent further spread to vulnerable residents
- Working with local groups including such as our Third Sector partners, Family Hubs, Facebook groups supporting people in the NHS flu vaccine eligible groups, Healthwatch to promote flu vaccine and flu hygiene messages to religious and minority ethnic groups, public transport, libraries, housing association, local hospital patient information point to promote flu vaccine uptake.

## 8. Proposals for the 2018/19 Flu Season

- 8.1 The higher burden of H3N2 among elderly people together with the lower VE of vaccines against this sub-type support the need for more effective interventions<sup>1</sup> and the UK Joint Committee on Vaccination and Immunisation has advised that use of adjuvanted trivalent inactivated vaccines (TIV) in those aged 65 years and older would be both more effective and cost-effective than the non-adjuvanted trivalent or quadrivalent vaccines currently in use<sup>2</sup>.
- 8.2 In February 2018, NHS England wrote to GP Practice and Community Pharmacies advising that they should offer;
- adjuvanted trivalent vaccine (aTIV) for all 65s and over
  - quadrivalent vaccine (QIV) for those age 18 to 64 at risk
- 8.3 Nasal vaccine will continue to be offered to healthy children aged 2 and above.
- 8.4 Nationally, groups eligible for vaccination are similar to previous years, with the addition of children in school year 5 to the school-aged programme. It has been confirmed that care home/nursing home/domicillary care workers caring for vulnerable residents at risk from influenza are also eligible for a free flu vaccine again in 2017-18. In addition, this offer has also been extended to hospice workers. The eligible groups and where they can access their vaccine are shown below.

Target Group	GP	Pharmacy	Maternity	School	Workplace
Aged under 65 'at risk'	√	√			
Pregnant women	√	√	√		
Eligible children aged 2-3 years	√				
Eligible children in Reception to school year 5				√	
Aged 65 years and over	√	√			
Carers	√	√			
NHS Healthcare workers		√			√
Frontline care home/nursing home/domicillary care workers and hospice workers	√	√			

## 9. Local flu plan for 2018-19

- 9.1 A successful flu planning workshop took place on 8th June at the Open Learning Centre, Bracknell. This was well attended by a range of stakeholders from across Berkshire and sought to bring together plans for provision and promotion of flu

<sup>1</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/641162/influenza\\_vaccine\\_effectiveness\\_in\\_primary\\_care\\_1617\\_final.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/641162/influenza_vaccine_effectiveness_in_primary_care_1617_final.pdf)

<sup>2</sup> <https://www.gov.uk/government/publications/flu-vaccination-supporting-data-for-adult-vaccines/summary-of-data-to-support-the-choice-of-influenza-vaccination-for-adults-in-primary-care>

vaccine and preparing and responding to flu outbreaks. Following the workshop, the Shared Public Health Team developed a high level Berkshire Flu Plan which enabled West Berkshire Council Public Health Service to create a local flu action plan for the 2018-19 season, appendix A.

- 9.2 Immunisation against flu should form part of an organisations' policy for the prevention of transmission of infection (influenza) to protect patients, service users, staff and visitors. In addition, frontline health and social care workers have a duty of care to protect their patients and service users from infection.
- 9.3 It is important that the Health and Wellbeing partners support the uptake by frontline care home/nursing home/domicillary care workers and hospice workers. If staff are off sick due to flu, it will make it difficult for them to achieve their primary outcomes. If flu is circulating in a care setting, there is a much higher risk that there will be an impact on the health of residents, particularly if they are older and more frail, they will be at greater risk of adverse outcomes including death if they do contract flu (even though residents will be given a flu vaccine).
- 9.4 Older more frail people such as those likely to be in this cohort are not as able to respond to flu vaccination themselves and rely on herd protection from those closest to them being protected from passing on the virus. There were several flu outbreaks in closed settings last year in Berkshire West, and we seek to minimize this happening, to avoid unnecessary deaths, use of prophylactics, and costly hospital admission.

## 10. Conclusion

- 10.1 Flu can be a major killer of vulnerable people. The best way to prevent getting flu is to have the flu vaccination (or flu nasal spray for children aged 2-17). The flu vaccine gives good protection against flu and lasts for one year. The Stay Well This Winter campaign aims to reduce avoidable unplanned hospital admissions which peak in winter, many of the admissions arise from respiratory illness including flu.
- 10.2 The Health and Wellbeing Board needs to support the The Berkshire Local Authorities Winter Flu Plan 2018-19 to increase uptake of seasonal flu vaccine by eligible groups outlined in 6 above

## 11. Consultation and Engagement

- Matt Pearce (Head of Public Health and Wellbeing, West Berkshire Council)
- Maria White, Public Health and Wellbeing Support Officer

## 12. Appendices

Appendix A – West Berkshire Public Health Flu Action Plan 2018

Appendix B – Berkshire seasonal influenza vaccine 2017-18 final report

Appendix C – Report and recommendations from Berkshire 2018 Flu Planning workshop

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### Background Papers:

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- [National flu immunisation programme 2018 to 2019 letter \(1 of 2\)](#)

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**Health and Wellbeing Priorities 2018 Supported:**

- Reduce alcohol related harm for all age groups
- Increase the number of Community Conversations through which local issues have been identified and addressed

**Health and Wellbeing Strategic Aims Supported:**

The proposals will help achieve the following Health and Wellbeing Strategy aims:

- X Give every child the best start in life
- Support mental health and wellbeing throughout life
- X Reduce premature mortality by helping people lead healthier lives
- Build a thriving and sustainable environment in which communities can flourish
- X Help older people maintain a healthy, independent life for as long as possible

The proposals contained in this report will help to achieve the above Health and Wellbeing Strategy aim by [reducing mortality in all vulnerable groups and reducing winter pressures on health care services](#).

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