

WELSH HEALTH CIRCULAR



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Title: Flu vaccinations and planning flu clinics in 2018-19 for people aged 65 years and over.

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For Action by:

General Practitioners
Pharmacists
Chief Executives, Health Boards/Trusts
Medical Directors, Health Boards/Trusts
Directors of Public Health, Health Boards/Trusts
Immunisation Leads, Health Boards
Immunisation Coordinators, Health Boards
Nurse Executive Directors, Health Boards/Trusts
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For information to:

Royal College of GPs
Royal College of Nursing
Royal Pharmaceutical Society
Community Pharmacy Wales
British Medical Association, Wales
General Practitioner Council, Wales

Sender:

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Enclosure(s): None

Dear Colleague,

I am writing to remind you of the clinical recommendations on the most effective flu vaccine for patients for the 2018-19 flu vaccination programme and to provide some key information about the adjuvanted trivalent influenza vaccine (aTIV) to help general practices and pharmacies to plan for the 2018-19 flu vaccination season.

Welsh Health Circulars 2017(052), 2018(015) and 2018(023) provided advice and guidance on ordering flu vaccines for 2018-19. The circulars are published at:

<http://gov.wales/topics/health/nhswales/circulars/public-health/?lang=en>

Based on the advice of the Joint Committee on Vaccination and Immunisation (JCVI), the recommended vaccines for different age groups are as follows:

- Adjuvanted trivalent influenza vaccine (aTIV) for all aged 65 and over.
- Quadrivalent influenza vaccine (QIV) for age 18 – 64 years at risk.
- Live attenuated quadrivalent influenza vaccine (LAIV) for children aged two to 17 years. Children aged under 2 years or contraindicated LAIV should receive a suitable quadrivalent inactivated vaccine (QIV).
- Healthcare workers and social care workers under 65 years should be offered the quadrivalent influenza vaccine (QIV).

I recognise that implementing these recommendations will be challenging for primary care but to provide maximum protection, it is important that the most effective flu vaccines by age for the cohort are offered.

Adjuvanted trivalent influenza vaccine (aTIV) Flud®

Seqirus, the manufacturer of aTIV (Flud®) has confirmed that they can supply enough vaccine for the population aged 65 years and over in the UK. Delivery to providers across the UK will be phased:

- 40% for delivery in September;
- 20% in October and
- 40% in November.

To help ensure that there is equal access for patients and that all vaccination providers are treated fairly, the split of deliveries will apply to all customers across the UK. Seqirus are communicating with individual practices and pharmacies to provide more details around expected delivery times and volumes.

With appropriate planning, vaccination of all eligible patients should be achievable before flu starts to circulate. The flu season usually starts in

December, though it can sometimes be earlier or later. It is acknowledged that many individuals aged 65 and over will self-present for their flu vaccine during September and October. In the 2017-18 flu season, around 75% of immunisations in this age group were administered by the week ending 29/10/2017. In 2018-19, vaccine clinics for this age group will need to be staggered and extend into November.

Welsh Government has liaised with GPC (Wales) on the optimal approach in primary care to maximise protection for the most vulnerable patients in the coming season, given the phased deliveries. This has been agreed as follows:

- Prioritise aTIV available during September and October for those aged 75 years and over and those aged between 65 years and 74 years who are in a clinical risk group.
- Offer those aged 65 to 74 years not in a clinical risk group the choice of waiting for aTIV to become available at a later date or the option to have a quadrivalent influenza vaccine (QIV) immediately.

We are aware that there are a small number of practices that have not ordered aTIV for their population aged 65 years and older as recommended. There are also a small number whose order has not been processed. Understandably these practices are concerned that those over the age of 75, those at most clinical risk, and those in care homes, will be vulnerable. Local solutions should be implemented wherever possible within practice clusters to offer aTIV to these patients. Dialogue will be needed at cluster level between GP practices and community pharmacists to understand how much aTIV has been secured and to provide local solutions to ensure that the groups listed above are protected in the first instance.

Further guidance is provided in Annex A.

Having a more effective vaccine available for some of the most vulnerable groups in our population is a positive development for 2018-19. Patients will be better protected from flu and there should be additional benefits for health and social care services with reductions in GP consultations and hospitalisations, and fewer outbreaks in care settings.

I welcome your support in delivering this programme.

Yours sincerely,



Dr Frank Atherton
Chief Medical Officer / Medical Director NHS Wales

KEY INFORMATION FOR PLANNING

This annex sets out some key information about the adjuvanted trivalent flu vaccine (aTIV) to help general practices and pharmacies to plan for the 2018-19 flu vaccination season.

Practices and pharmacies are advised to start vaccinating each eligible group as the appropriate vaccine for them becomes available.

Vaccines will become available at different times from September onwards. Vaccination is recommended for all patient groups covered by the flu programme, usually between September and December. In general it is appropriate to still offer vaccination to eligible patients at any subsequent point in the flu season, even if they present late for vaccination. This can be particularly important if it is a late flu season or when newly at risk patients present, such as pregnant women who may have not been pregnant at the beginning of the vaccination period.

Seqirus have already notified practices and pharmacies of the week of delivery for each of the three batches of aTIV in September (40%), October (20%) and November (40%). Exact days and volumes will be confirmed in August. QIV may be available earlier and delivery dates will have been confirmed with practices and pharmacies by the supplier.

Notes on planning vaccination clinics for those aged 65 years and over with aTIV

General practices – it is recognised that this group of patients attend flu vaccination clinics regularly and may be familiar with how you deliver flu vaccines in your practice. This year arrangements will need to be modified because of the phased delivery of aTIV. Practices are the experts in planning delivery of the flu programme for their practice population, but following are some pointers as to how your usual system could be adapted for this year:

- Communicate to patients from August onwards, through all the communications channels you usually use: website, posters, messages on prescriptions, patient participation groups, local newsletters etc.
- Messages in the national communications campaign will support the specific circumstances in 2018-19. The 2018 flu leaflet states: 'The best time to have a flu vaccine is before flu starts to circulate which is usually mid-December at the earliest. In 2018, the recommended flu vaccines for children and those aged 65 and over will be delivered in stages between September and November. GP practices will offer vaccination as soon as possible, but delivery will be staggered so some people may be asked to wait until the recommended vaccine for them is available. Please be patient during this period. The flu vaccines for children and those aged 65 and over will become available between September and November, and delivery to practices and community

pharmacies will be staggered during this time. This may mean a short wait until the recommended vaccine is available'. The key message is 'Annual flu vaccine is the single best way to protect against catching and spreading flu. If you are at increased risk from flu you should have a flu vaccination every year'. GP practices are required to call all eligible patients for vaccination. Writing to patients could be a good way to manage the attendance of patients at flu clinics based on the availability of the vaccine.

- It may help to look in more detail at the age and clinical risk group breakdown of your practice population aged 65 years and over and if you have the information available the pattern of attendance for flu vaccines last year.
- Once a patient is vaccinated, it takes around 2 weeks to develop an immune response.
- Usually influenza activity does not increase above baseline levels in the UK until December; though it can be earlier or later. Therefore vaccines given in mid November are likely to provide protection before influenza activity begins to increase.
- Practices could use the profile of their population aged 65 years and over to inform the phasing of invitations; matching specific practice populations against aTIV deliveries to the practice as set out in the table below.

Patient Groups		Rationale
1.	Those aged 75 years and over Those in care homes	This group has been shown over recent years to be at highest risk of poor outcome from influenza and standard dose non-adjuvanted vaccines are not effective in this group. Vaccination aims to reduce influenza outbreaks in care homes and the impact this has on health and care services as well as to protect vulnerable individuals. Many residents are age 75 and over.
2.	65 to 74 year olds in a clinical risk group	More vulnerable to complications following influenza because of an underlying medical condition. Should receive aTIV.
3.	65 to 74 year olds NOT in a clinical risk group	Increasing age elevates the risk of poor outcomes following influenza, aTIV is the recommended vaccine. Standard influenza vaccines are less effective in this age group.

Although the practice may prioritise patients through the call/recall process, once aTIV is available it is advisable to opportunistically vaccinate all those who are 75 years and over and those aged 65 to 74 years in a clinical risk

group if the recommended vaccine is available, rather than asking them to return later.

If the recommended aTIV vaccine is not available for those aged between 65 and 74 years who are not in a clinical risk group, the patient should be asked to return when it is, or alternatively, be offered a quadrivalent inactivated vaccine (QIV). Patients should be informed that QIV (and TIV) is likely to be less effective than aTIV and the discussion documented.

When offering opportunistic vaccination, practices should ensure they hold sufficient stock of vaccine to cover any planned clinics.

If your practice has been disadvantaged and has not secured a supply of aTIV, urgent dialogue will be necessary at a local level to find an acceptable solution to protect the most vulnerable.

Community pharmacies – As pharmacies do not have a registered list of patients, a formal call system for eligible patients is not a practical approach, however in a similar way to that described above for general practices, pharmacies could:

- Communicate the specific 2018-19 arrangements to patients from August onwards through all the communication channels you usually use: website, posters, leaflets, messages on prescription bags etc.
- Use the messages in the national campaign strategy (as above), within your communications to patients.
- Work closely with your local cluster to ensure that, if needed, you can support local action to protect those who are 75 years and over, those patients' at most clinical risk and residents of care homes.

Use the table above to inform the provision of your vaccination service from September to November, but where the appropriate vaccine is available, and an eligible patient presents at the pharmacy seeking vaccination, it would be preferable to vaccinate them rather than asking them to return later in the season.

If the recommended aTIV vaccine is not available, patients aged 75 years and over or patients aged between 65 and 74 years in a clinical risk group should be asked to return when aTIV is available. For those aged 65 to 74 years who are not in a risk group, the patient should be asked to return when aTIV is available, or alternatively, be offered a quadrivalent inactivated vaccine.

Working in partnership at a local level

All providers of vaccination in the UK, including general practices and community pharmacies, will have the same phased delivery of aTIV in 2018-19. Local partnership working between Local Medical Committees (LMCs) and Local Pharmaceutical Committees (LPCs), or directly between practices and community pharmacies, could help in ensuring patients are given consistent messages about the flu programme and vaccine is used most effectively.