

# CYLCHLYTHYR IECHYD CYMRU



Llywodraeth Cymru  
Welsh Government

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**STATWS: GWEITHREDU**

**CATEGORI: IECHYD CYHOEDDUS**

**Teitl: Rhaglen Genedlaethol Imiwneiddio rhag y Ffliw 2018-19**

**Dyddiad Dod i Ben / Adolygu** Amherthnasol

**I'w weithredu gan:**

Meddygon Teulu  
Fferyllwyr Cymunedol  
Arweinyddion Imiwneiddio, Ymddiriedolaethau/  
Byrddau lechyd  
Prif Weithredwyr, Ymddiriedolaethau/Byrddau lechyd  
Cyfarwyddwyr Meddygol, Ymddiriedolaethau/  
Byrddau lechyd  
Cyfarwyddwyr Gweithredol Nyrsio,  
Ymddiriedolaethau/Byrddau lechyd  
Prif Fferyllwyr, Ymddiriedolaethau/Byrddau lechyd  
Cyfarwyddwyr lechyd Cyhoeddus, Byrddau lechyd  
Cyfarwyddwyr Gwasanaethau Mamolaeth, Byrddau  
lechyd  
Cyfarwyddwyr Gweithlu a Datblygu Sefydliadol,  
Ymddiriedolaethau/Byrddau lechyd  
Cyfarwyddwyr Gofal Sylfaenol, Cymunedol ac lechyd  
Meddwl, Byrddau lechyd  
Prif Weithredwr, lechyd Cyhoeddus Cymru  
Cyfarwyddwr Gweithredol Gwasanaethau lechyd  
Cyhoeddus, lechyd Cyhoeddus Cymru  
Cyfarwyddwr Nyrsio, lechyd Cyhoeddus Cymru  
Pennaeth y Rhaglen Frechu yn erbyn Clefydau  
Ataliadwy, lechyd Cyhoeddus Cymru  
Prif Weithredwr, Cymdeithas Llywodraeth Leol Cymru

**Er gwybodaeth i:**

Fforwm Partneriaeth GIG Cymru  
Cymdeithas Feddygol Brydeinig  
GPC (Cymru)  
Coleg Brenhinol yr Ymarferwyr Cyffredinol  
Coleg Nyrsio Brenhinol  
Coleg Brenhinol y Bydwragedd  
Cymdeithas Ddeintyddol Prydain  
Cymdeithas Fferyllol Frenhinol  
Fferylliaeth Gymunedol Cymru  
Gwasanaeth Gwybodeg GIG Cymru

**Anfonir gan:**

Prif Swyddog Meddygol Cymru

**Enw(au) Cyswilt yn AIGC Llywodraeth Cymru:** Y Gwasanaethau Diogelu Iechyd, yr Adran Iechyd a

Gwasanaethau Cymdeithasol, Llywodraeth Cymru, Parc Cathays, Caerdydd.

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**Wedi'i amgáu:**

Rhaglen Brechu Plant rhag Ffliw 2018-2019 – Manyleb y Gwasanaeth

## **Rhaglen Genedlaethol Imiwneiddio rhag y Ffliw 2018-19**

Hoffwn achub ar y cyfle hwn i ddiolch i bawb sy'n gweithio yn y GIG, mewn asiantaethau gofal cymdeithasol, yn y sector preifat, y trydydd sector ac eraill am eu gwaith caled parhaus ar y rhaglen imiwneiddio rhag y fflw.

Mae'r llythyr hwn yn rhoi gwybodaeth am y rhaglen ar gyfer 2018-19. Mae'n manylu ar y grwpiau sy'n gymwys a'r newidiadau sydd wedi'u gwneud i'r rhaglen ac yn atgoffa gweithwyr proffesiynol am y brechlynnau sy'n rhoi'r amddiffyniad gorau i'r rhai sy'n wynebu risg.

### **Newidiadau i'r grwpiau sy'n gymwys**

Mae dau newid i'r rhaglen ar gyfer y tymor nesaf, sef:

#### **Ehangu'r rhaglen reolaidd i blant**

Bydd y rhaglen i blant yn cael ei hestyn i ddwy flwyddyn ysgol ychwanegol er mwyn cynnwys blynyddoedd 5 a 6. Mae hyn yn golygu y bydd pob plentyn o oed ysgol gynradd o'r dosbarth derbyn i flwyddyn 6 yn cael cynnig y brechlyn rhag y fflw o 2018-19 ymlaen.

Bydd y rhaglen cyn ysgol i blant dwyflwydd a theirblwydd oed yn parhau i gael ei chynnig drwy ymarferwyr cyffredinol heblaw lle ceir cytundebau lleol i gynnig y brechiad drwy'r gwasanaeth nyrsio mewn ysgolion i blant teirblwydd oed mewn meithrinfeydd ysgol.

Mae'r cyllid i gefnogi'r rhaglen estynedig lawn i blant wedi'i drosglwyddo i ddyraniadau craidd y byrddau iechyd. Ni fydd dyraniadau ychwanegol pellach yn cael eu darparu yn nes ymlaen yn y flwyddyn.

Ceir manylion llawn am y rhaglen i blant yn Atodiad B.

#### **Darparu brechlyn y fflw drwy'r GIG i staff mewn cartrefi gofal preswyl a chartrefi gofal lle ceir gwasanaeth nyrsio ("cartrefi gofal")**

O 2018-19 ymlaen, bydd staff nyrsio a gofal cymdeithasol mewn cartrefi gofal yn cael cynnig brechiad rhag y fflw drwy'r GIG heb unrhyw gost iddynt hwy eu hunain na'r sefydliad sy'n eu cyflogi. Bydd pob aelod staff a gyflogir gan gartrefi gofal yn gymwys oherwydd bod y risg yn uwch i'r staff a'r preswylwyr mewn lleoliad caeedig o'r fath.

Bydd angen i'r byrddau iechyd gynnwys staff sy'n gweithio mewn cartrefi gofal ymysg y grwpiau cymwys y bydd modd iddynt gael y brechiad gan fferyllfeydd cymunedol sy'n darparu'r gwasanaeth brechu tymhorol rhag y fflw gan fferyllfeydd cymunedol ar ran y GIG.

Mae'n bosibl y bydd fferyllfeydd cymunedol sy'n darparu meddyginiaethau i gartrefi gofal yn dymuno gwneud trefniadau â'r cartrefi hynny. Fodd bynnag, gall staff nyrsio a gofal cymdeithasol ddewis cael eu brechu mewn unrhyw

fferyllfa sy'n darparu'r *gwasanaeth brechu tymhorol rhag y fflw gan fferyllfeydd cymunedol ar ran y GIG*.

Bydd angen i fferyllfeydd cymunedol gymryd camau i wneud yn siŵr bod unigolion sy'n dod i gael eu brechu am eu bod yn gweithio mewn cartrefi gofal preswyl a chartrefi preswyl yn gymwys i gael y brechiad, ee drwy gael gweld llythyr o gadarnhad gan reolwr y cartref gofal.

Lle bo modd, dylai staff cartrefi gofal gael eu brechu drwy'r *gwasanaeth brechu tymhorol rhag y fflw gan fferyllfeydd cymunedol ar ran y GIG*, er mwyn lleihau'r pwysau ar feddygfeydd teulu. Fodd bynnag, bydd aelodau unigol o staff cartref gofal sydd mewn grŵp risg clinigol sy'n gymwys i gael brechiad rhag y fflw yn dal yn gallu cael eu brechu rhag y fflw yn eu meddygfa eu hunain.

Bydd rhagor o fanylion ymarferol ynglŷn â rhoi'r rhaglen hon ar waith yn cael eu cyhoeddi yn nes ymlaen yn ystod yr haf.

Gweler Atodiad D am ragor o fanylion.

### **Grwpiau cymwys eraill**

Mae'r grwpiau cymwys eraill yn dal yr un fath ag yr oeddent yn 2017-18. Ceir rhestr yn Atodiad A. Nid yw'r rhestr yn un gynhwysfawr - dylai ymarferwyr cyffredinol, gan gynnwys nyrsys a fferyllfeydd sy'n rhagnodi, ddefnyddio'u barn glinigol i ystyried beth yw'r risg y bydd yr unigolyn yn dal y fflw cyn penderfynu a ddylid cynnig brechiad rhag y fflw iddo.

### **Argymhellion ar gyfer brechu rhag y fflw**

Yn ystod tymor y fflw yn 2017-18 gwelwyd lefelau sylweddol o'r fflw, sy'n ein hatgoffa bod y fflw yn gallu cael effaith sylweddol ac nad oes modd rhagweld pryd y bydd yn taro. Dewisodd mwy o bobl nag erioed yng Nghymru gael eu brechu rhag y fflw y gaeaf diwethaf a bydd angen inni adeiladu ar hyn y tymor nesaf er mwyn sicrhau bod y ffigurau'n gwella ym mhob un o'r grwpiau cymwys.

Roedd Cylchlythyr Iechyd Cymru 2017(052) a gyhoeddwyd ym mis Tachwedd 2017 a Chylchlythyr 2018(015) a gyhoeddwyd ym mis Ebrill 2018 yn rhoi cyngor a chanllawiau ynglŷn ag archebu brechlynnau'r fflw ar gyfer 2018-19. Mae'r cylchlythyrau wedi'u cyhoeddi yn:

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

Ceir rhagor o wybodaeth yn Atodiad C.

### **Targedau ar gyfer cael y brechiad**

Mae'r targedau ar gyfer 2018-19 yr un fath â rhai'r llynedd:

- 75% o pobl 65 oed a throsodd a menywod beichiog yn cael y brechiad.
- 50% o'r rhai rhwng chwe mis oed a 64 oed mewn grwpiau risg clinigol yn cael y brechiad.
- 60% o weithwyr gofal iechyd sy'n darparu gofal uniongyrchol i gleifion yn cael y brechiad.

Y nod tymor hir yw bod o leiaf 75% o'r holl oedolion cymwys yn cael y brechiad, yn unol ag argymhelliad Sefydliad Iechyd y Byd. Yn achos grwpiau risg clinigol, targed dros dro yw'r targed o 55%, a hynny am fod y lefelau presennol gryn dipyn yn is na 75%.

Nid oes targedau penodol wedi'u pennu eto ar gyfer y **rhaplen i blant**.

Mae'r cyfraddau brechu yn dal i amrywio cryn dipyn ar draws y byrddau a'r ymddiriedolaethau iechyd, yn enwedig o ran plant cyn ysgol. **Y disgwyliad yw y bydd y cyfraddau'n gwella ar draws y rhaplen hon yn ardal pob bwrdd iechyd.**

Mae gwella'r cyfraddau brechu mewn plant yn bwysig o ran amddiffyn yr unigolion, a hefyd oherwydd yr amddiffyniad anuniongyrchol y mae'n ei roi i weddill y boblogaeth. Rwy'n gofyn am i ragor o ymdrech gael ei gwneud i frechu plant cyn ysgol gan nad yw'r cyfraddau mor uchel ag y maent mewn ysgolion. **Dylid mynd ati i alw plant dwyflwydd a theirblwydd oed a chynnig brechiad iddynt mor gynnar â phosibl** yn y tymor, yn amodol ar faint o gyflenwad o'r brechlyn sydd ar gael, er mwyn helpu i leihau'r graddau y caiff y fflw ei drosglwyddo i grwpiau agored i niwed eraill yn y gymuned.

Ceir rhagor o wybodaeth am y rhaplen i blant yn Atodiad B.

Bydd Iechyd Cyhoeddus Cymru yn cyhoeddi ei adroddiad blynyddol ar dymor y fflw 2017-18, gan gynnwys data am y lefelau, maes o law yn:

<http://www.wales.nhs.uk/sites3/page.cfm?orgid=457&pid=55714>

## **Fferyllfeydd Cymunedol**

Rhaid i'r byrddau iechyd wneud trefniadau gyda phob fferyllfa gymunedol yn eu hardal sy'n mynegi diddordeb mewn darparu'r gwasanaeth brechu tymhorol rhag y fflw gan fferyllfeydd cymunedol ar ran y GIG, ac sy'n bodloni gofynion y gwasanaeth.

Ymarferwyr cyffredinol fydd y prif ddarparwr brechiadau rhag y fflw i'r cyhoedd o hyd, gyda fferyllfeydd cymunedol yn bennaf yn cefnogi'r unigolion hynny sydd dan 65 oed mewn grwpiau risg a'r rheini nad ydynt yn cael eu brechu rhag y fflw fel mater o drefn. Dylai byrddau iechyd nodi a datblygu enghreifftiau o arferion da sy'n dangos bod practisau meddygon teulu a'u fferyllwyr cymunedol wedi gweithio ar y cyd mewn ffordd gydweithredol, i ddatblygu dull cydgysylltiedig sy'n cryfhau'r trefniadau yn lleol ac yn cynyddu'r niferoedd sy'n cael eu brechu.

Mae gan fferyllfeydd cymunedol ddisgresiwn i imiwneiddio unigolion 65 oed a drosodd os ydynt yn credu eu bod yn annhebygol o fynd at eu meddygon teulu i gael eu brechu.

Dylai fferyllfeydd sicrhau bod meddygfeydd yn cael gwybod yn brydlon am yr holl gleifion sydd wedi'u brechu.

Dylai'r byrddau iechyd sicrhau bod Cyfarwyddiadau Grwpiau Cleifion yn cael eu cyhoeddi'n brydlon er mwyn galluogi fferyllwyr cymunedol i gynnig brechiadau fflw'r GIG mor gynnar â phosibl yn y tymor.

Mae rhagor o wybodaeth am ran fferyllfeydd yn y rhaglen ar gael yn:

<http://www.wales.nhs.uk/sites3/page.cfm?orgid=498&pid=62882>

### **Deunyddiau Cyhoeddusrwydd a Gwybodaeth**

Bydd taflenni, posterï a deunyddiau cyhoeddusrwydd eraill ar gael ar wefan Galw Iechyd Cymru drwy'r ddolen isod.

<http://www.nhsdirect.wales.nhs.uk/encyclopaedia/f/article/flu,seasonal/?locale=Cy>

Mae copïau caled o daflenni a phosterï ar gael i'w harchebu drwy:

[Health.Info@wales.nhs.uk](mailto:Health.Info@wales.nhs.uk)

neu drwy ffonio 029 2010 4650.

Mae gwybodaeth bellach i weithwyr gofal iechyd, gan gynnwys enghreifftiau o arfer da a ffyrdd o ddylanwadu'n gadarnhaol ar y niferoedd sy'n cael eu brechu, ar gael ar fewnrwyd GIG Cymru Rhaglen Frechu yn erbyn Clefydau Ataliadwy, Iechyd Cyhoeddus Cymru yn:

<http://howis.wales.nhs.uk/immunisation>

Mae'r dudalen 'Curwch Fflw' hefyd yn cynnwys gwybodaeth ddefnyddiol i weithwyr proffesiynol ac i'r cyhoedd yn:

[www.curwchffliw.org](http://www.curwchffliw.org)

### **Gwylidwraeth ac Adrodd**

Mae Iechyd Cyhoeddus Cymru yn cyhoeddi diweddariadau wythnosol drwy gydol y flwyddyn am fflw yng Nghymru, ynghyd â chrynodeb ar gyfer y DU a'r byd. Rhwng mis Hydref 2018 a mis Ebrill 2019, bydd yr adroddiad wythnosol hefyd yn rhoi'r diweddraf am hynt ymgyrchoedd imiwneiddio rhag fflw ar gyfer y cyhoedd a staff y GIG. Mae'r adroddiad ar gael yn:

<http://www.publichealthwales.org/flu-activity/>

O fis Hydref 2018 i fis Ebrill 2019, bydd lechyd Cyhoeddus Cymru unwaith eto'n darparu adroddiadau imiwneiddio wythnosol unigol i fyrddau iechyd, clystyrau o feddygfeydd a phractisau cyffredinol yng Nghymru. Gall yr adroddiadau hyn helpu i lywio'r gweithgaredd i sicrhau bod mwy yn cael y brechlyn fflw ar lefel clystyrau gofal sylfaenol a meddygfeydd. Mae'r adroddiadau hyn ar gael i'r rheini sydd â mynediad i fewnwyd y GIG drwy gynllun Adrodd Ar-lein Brechu rhag Fflw (IVOR) lechyd Cyhoeddus Cymru yn:

<http://howis.wales.nhs.uk/ivor>

## Y Llyfr Gwyrdd

Mae'r Llyfr Gwyrdd, "Imiwneiddio Rhag Clefydau Heintus" yn rhoi cyfarwyddyd i ymarferwyr gofal iechyd am y brechlyn fflw. Caiff ei ddiweddarau'n rheolaidd ac mae ar gael yn:

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

Mae rhagor o wybodaeth fanwl ar gael yn yr atodiadau fel a ganlyn:

- Atodiad A Grwpiau yr argymhellir y dylent gael y brechlyn fflw.
- Atodiad B Rhaglen fflw plant.
- Atodiad C Argymhellion ynghylch y brechlyn fflw
- Atodiad D Gweithwyr iechyd a gofal cymdeithasol.
- Atodiad E Menywod beichiog.
- Atodiad F Mathau o frechlynnau.
- Atodiad G Gwasanaethau Uwch Uniongyrchol.
- Atodiad H Casglu data.

Brechu rhag fflw yw'r amddiffyniad gorau o hyd yn erbyn feirws anodd ei ragweld a all achosi salwch difrifol a marwolaethau bob blwyddyn. Rwy'n ddiolchgar am eich cydweithrediad parhaus yn helpu i amddiffyn pobl agored i niwed rhag heriau blynyddol y fflw ac am helpu i leihau'r pwysau sydd ar wasanaethau cyhoeddus dros y gaeaf. Rwy'n hyderus y gallwn, gyda'n gilydd, barhau i gyflwyno rhaglen frechu effeithiol a'i chryfhau.

Yn gywir,



**Dr Frank Atherton**  
**Prif Swyddog Meddygol / Cyfarwyddwr Meddygol GIG Cymru**

## **Eligible groups included in the national flu immunisation programme**

Groups eligible for flu vaccination are based on the advice of the Joint Committee on Vaccination and Immunisation (JCVI).

The following provides a summary of the groups recommended to be offered flu vaccinations in 2018-19. For full details, healthcare practitioners should refer to 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**

Children aged two and three years on 31 August 2018 i.e. date of birth on or after 1 September 2014 and on or before 31 August 2016. Vaccination will be offered through primary care (or the school nursing service where local agreements are in place for children aged three years).

All children in primary school reception class and school years 1 to 6 (inclusive) to be offered vaccination through the school nursing service.

For practical reasons, all children attending school in the eligible school years (1 to 6) should be offered vaccination irrespective of their actual date of birth.

Children in the age ranges above who do not attend school, are to be offered vaccination through general practice care. There is no requirement to invite.

Children not in the age groups mentioned above should be offered vaccination in line with the clinical risk eligibility guidance outlined below.

### **People aged 65 years and over**

Includes those becoming age 65 years by 31 March 2019 (i.e. born before 1<sup>st</sup> April 1953).

### **People aged six months to less than 65 years with a serious medical 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 or learning disability (where clinically vulnerable)

Diabetes

Immunosuppression due to disease such as HIV/AIDS or treatment such as cancer treatment

Asplenia or dysfunction of the spleen

Morbidly obese adults (class III obesity) defined as those with a Body Mass Index (BMI) of 40 or above.

### **Pregnant women**

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

### **People living in care homes or other long-stay care facilities.**

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. This does not include prisons, young offender institutions or university halls of residence.

### **Carers**

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**

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 people whose welfare would be at risk if the individual became ill.

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

### **Members of voluntary organisations providing planned emergency first aid.**

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.

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

This category does not include individuals who are qualified to provide first aid in other circumstances.

### **Community First Responders**

Those who are active members of a Welsh Ambulance Service Trust (WAST) Community First Responder scheme providing first aid directly to the public.

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

### **Healthcare staff**

Healthcare workers who are in direct contact with patients should be vaccinated by their employer as part of their occupational health care.

### **Social care and nursing staff working in care homes**

All nurses and carers working in residential and care homes with nursing will be eligible to receive flu vaccination from the *community pharmacy NHS seasonal influenza vaccination service* or their GP if in an eligible clinical risk group

### **Locum GPs**

Locum GPs may be vaccinated at the practice where they are registered.

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.

Individuals recommended to receive flu vaccine who are long term in-patients during the flu season should be vaccinated in hospital. Health boards/trusts are expected to make suitable arrangements to identify and vaccinate these individuals, and notify their general practice in a timely way.

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. Medical practitioners should apply clinical judgement to take into account the risk of flu exacerbating any underlying condition a patient may have.

## **The Children's Flu Immunisation Programme**

In 2012, the Joint Committee on Vaccination and Immunisation (JCVI) recommended that the routine annual flu immunisation programme be extended to children. The aim is to provide individual protection to the vaccinated children themselves and reduce transmission of flu across all ages.

Data from the full primary school roll out of the programme in Scotland and Northern Ireland and pilot areas in England show evidence that, in line with the JCVI's expectations, a positive impact has been found on flu transmission across a range of surveillance indicators from vaccinating children at primary school age. These include reductions in: GP consultations for influenza-like illness, swab positivity in primary care, laboratory confirmed hospitalisations and percentage of respiratory emergency department attendances.

Since the introduction of live attenuated influenza vaccine (LAIV) for children in the UK, the vaccine effectiveness for laboratory confirmed infection has been good. In 2016-17, the vaccine was estimated to be 65.8% effective at preventing laboratory confirmed influenza in UK children aged two to 17 years. The estimate of effectiveness for the early part of the 2017-18 season was 53%; the end of season estimate is expected later during the Spring.

The JCVI has advised that greater priority should be given to improving vaccine uptake in children because of the indirect protection this offers to the rest of the population. Subject to the availability of vaccine therefore, prioritising the vaccination of children as early as possible in the season is likely to have an increased impact on protecting others in at risk groups from the effects of flu.

### **Uptake targets**

There are no specific uptake targets in the children's programme. Flu vaccine providers should actively invite 100% of children (e.g. by letter, email, phone or text) and ensure uptake is as high as possible.

In the 2017-18 season, there was significant variation in reported uptake between health board areas, particularly in children aged two and three years. For the reasons outlined above, it is important that practices and health boards maximise uptake in children.

### **Eligible Groups for 2018-19**

During the forthcoming season the programme in Wales will be extended to include all children in primary school years 5 and 6.

Flu vaccination should be offered to:

**All children aged two and three years (including those in at risk groups).**

General practices should offer immunisation to all registered patients aged two and three years on 31 August 2018 (i.e. dates of birth from 1 September 2014 to 31 August 2016 inclusive) except where local agreements are in place for the school nursing service to offer vaccination to children aged three years in school nurseries.

The vaccine should be offered on a pro-active call basis; children considered at risk due to a health condition should be offered on a pro-active call *and recall* basis. This could be, for example, through direct invitation by letter, e-mail, phone call, text or otherwise (although such strategies are for GP practices to determine) inviting them to a flu vaccination clinic or to make an appointment. Where recall is required, the GP practice will follow-up patients who do not respond or fail to attend for vaccination.

### **All children in primary school - reception class and school years 1 to 6 (inclusive).**

School nursing teams should offer vaccination to all primary school children in reception classes and school years 1 to 6.

Where consent for the vaccination has been given, but the child is unable to attend the arranged school vaccination session, a letter will be provided by the school nurse service advising that a flu vaccination appointment may be made with their GP surgery. Where no consent has been received, the option to have the vaccine at the GP surgery will not be offered.

It is expected that the majority of children aged four years on 31 August 2018 will be attending school in reception classes. For the small number that do not, GP surgeries should offer the vaccine on request, or opportunistically to children who attend for other purposes. GPs should also offer vaccination opportunistically or at request to eligible children who do not attend a school covered by a health board flu immunisation programme.

Health boards should make appropriate arrangements to offer the vaccine to eligible children who are not in mainstream schools.

School sessions should not be planned before the second week in October, to reduce the risk of having to re-schedule, due to vaccine availability. School vaccination programmes should aim to complete before the Christmas break.

### **Use of live attenuated influenza vaccine for children**

The JCVI has advised that a live attenuated influenza vaccine (LAIV) be used as the vaccine of choice for children aged two to 17 years.

The JCVI recommended LAIV as it:

- Has good efficacy in children, particularly after a single dose.
- Is more acceptable to children, their parents and carers due to intranasal administration.
- Has the potential to provide protection against circulating strains that have drifted from those contained in the vaccine.

- May offer important longer term immunological advantages to children by replicating natural exposure/infection to induce potentially better immune memory to influenza that may not arise from the annual use of inactivated flu vaccines.

LAIV is authorised for children aged from two to 17 years.

The Patient Information Leaflet (PIL) provided with LAIV suggests children should be given two doses of this vaccine if they have not had flu vaccine before. However, JCVI considers that a second dose of the vaccine provides only modest additional protection.

On this basis, JCVI has advised that most children should be offered **a single dose** of LAIV. However, children in clinical risk groups aged two to less than nine years and who have not received flu vaccine before, are recommended to have two doses of LAIV given at least four weeks apart.

### **Contraindications and Precautions**

The advice on contraindications and precautions sections in the Green Book influenza chapter should be referred to:

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

LAIV should not be given to children less than two years of age.

LAIV is unsuitable for children with contraindications such as severe immunodeficiency, severe asthma or active wheeze. Those with clinical risk factors that contraindicated LAIV should be offered a quadrivalent inactivated influenza vaccine which are now authorised for use from 6 months of age.

### **Egg Allergy**

In 2015, the JCVI advised that, except for those with severe anaphylaxis to egg which has previously required intensive care, children with an egg allergy can be safely vaccinated with LAIV in any setting (including primary care and schools). Those with clinical risk factors that contraindicate LAIV should be offered an inactivated flu vaccine with a very low ovalbumin content (less than 0.12 µg/ml).

Children with a history of severe anaphylaxis to egg which has previously required intensive care, should be referred to specialists for immunisation in hospital. LAIV is not otherwise contraindicated in children with egg allergy. Egg-allergic children with asthma can receive LAIV if their asthma is well-controlled.

Children aged six months to less than nine years who have not received flu vaccine before should be offered a second dose, given at least four weeks after the first dose.

## **Porcine Gelatine**

LAIV (Fluenz Tetra<sup>®</sup>) contains a wide range of ingredients, including a highly processed form of porcine gelatine (as do many other pharmaceutical products). There is currently no alternative recommended vaccine that does not contain porcine gelatine.

Only those children who are in clinical risk groups or have clinical contraindications should be offered a quadrivalent inactivated injectable vaccine as an alternative to LAIV.

## **Use of Nasal Flu Vaccine**

LAIV has a shorter shelf life (maximum of 18 weeks) than other influenza vaccines and some of this will have passed by the time the vaccine has been supplied to practices or health boards. The expiry date should be checked before use. Vaccine has been ordered in batches with varying expiry dates to cover the period over which, historically, the flu vaccine has been used, extending from September to mid-December. It is expected that all the LAIV will expire in early 2019, though this will depend on actual vaccine production dates.

## **Vaccine Ordering**

LAIV has been procured centrally to cover anticipated demand and coverage of the specified cohorts. It will be available to order via ImmForm in the same way as other vaccines for the current national childhood vaccine programmes.

The dates LAIV will become available, and the quantities, will not be known with certainty until near the date. Supplies will be restricted initially, with more being available later in the season. This must be taken into account in planning vaccination sessions. Arrangements for clinics should not be confirmed until LAIV availability is assured.

It is essential that general practices adhere to the recommended stock/ordering advice regarding limits, and not order or hold more than 2 weeks' worth of LAIV. This will support the equitable distribution of vaccines and reduce the risk of significant loss if there are cold chain failures.

It is important that practices do not order above their indicative quota, as this will reduce the amount of vaccine available to other practices.

Further information on LAIV availability and ordering limits will be provided later in the summer.

## **Funding and service arrangements**

Agreement has been reached with the General Practitioners Committee (Wales) to provide this programme in general practice for 2 and 3 year old children, and 4 year old children not in school; also for those children in the school years included in the programme who miss a vaccination appointment

or do not attend a school covered by a health board flu vaccination programme.

The programme will be delivered via a National Enhanced Service Specification; see attached. GPs will receive an 'Item of Service' fee at the current applicable rate for each vaccination administered.

All funding for the children's programme, whether delivered through general practices or the school nursing service (including for school years 5 and 6), has been transferred to health boards core allocation budgets from 2018-19. No further in-year funding will be allocated.

## **Flu vaccine recommendations**

To provide maximum protection, it is important that the most effective flu vaccines for the population are offered. Welsh Health Circular 2017(052) issued in November 2017 and Circular 2018(015) issued in April 2018 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>

<https://gov.wales/topics/health/nhswales/circulars/public-health/?skip=1&lang=cy>

Based on the advice of the Joint Committee on Vaccination and Immunisation (JCVI), providers should offer the following:

- **The adjuvanted trivalent inactivated vaccine (aTIV) for all aged 65 and over**

This is the most effective vaccine available for this age group. This reflects current JCVI advice and Green Book guidance published in December 2017. Note: JCVI considers aTIV to be more effective and cost-effective than the non adjuvanted vaccines currently in use in the elderly (including quadrivalent vaccine (QIV)).

- **The quadrivalent inactivated vaccine (QIV) for age 18 – 64 years at risk.**

Adults aged 18 to 64 years in clinical risk groups should be offered the quadrivalent inactivated influenza vaccine (QIV) which protects against four strains of flu. This reflects current JCVI advice and Green Book guidance that was updated in October 2017.

- **The live attenuated influenza vaccine (LAIV)**

The JCVI has advised that a live attenuated influenza vaccine (LAIV) be used as the vaccine of choice for children aged two to 17 years. LAIV is also quadrivalent and the effectiveness of LAIV offered to children is good. (See Annex B for further information). Children aged under 2 years or contraindicated LAIV should receive a quadrivalent inactivated vaccine (QIV).

Flu vaccines generally start to be distributed from late September each year. However, vaccine manufacture involves complex biological processes, and there is always the possibility that initial batches of vaccine may be subject to delay, or that fewer doses than planned may be available initially. Immunisers should therefore be flexible when scheduling early season vaccination sessions, and be prepared to reschedule if necessary.

Adjuvanted flu vaccine (aTIV) is likely to be delivered in stages throughout the coming season. If this is the case, then initial priority for aTIV should be those aged 75 years and above as this age group are now known to derive no clinical benefit from the standard non-adjuvanted influenza vaccine, and are at highest risk of serious outcome. Once this group has been covered, 65-74 year olds in at risk groups should be the next priority as further deliveries of vaccine are made. Delivery timings will be confirmed by the supplier in the early summer. Providers will need to plan their clinics based on this advice on prioritisation.

## **Health and Social Care Workers**

### **Background**

Health and social care workers have a responsibility to protect their patients and service users from infection. This includes vaccination against infectious diseases.

As in previous years, flu immunisation should be offered by NHS organisations to all employees directly involved in delivering healthcare. This is not an NHS service, but an occupational health responsibility being provided to NHS staff by NHS employers.

This year flu vaccination is being offered to staff working in care homes in Wales through arrangements with community pharmacies. Employers providing social care in other settings remain responsible for offering flu vaccination to employees. This is because the greatest risk of transmitting flu is within residential establishments.

Independent primary care providers such as general practices, dental and optometry practices and community pharmacists should offer vaccination to their frontline staff.

A 10 minute online e-learning module on influenza and flu vaccination containing useful information for all health and social care staff is currently being updated and will be available at:

[www.wales.nhs.uk/immslearning](http://www.wales.nhs.uk/immslearning)

Doctors are reminded of the General Medical Council's (GMC) guidance on Good Medical Practice (2013), which advises immunisation 'against common serious communicable diseases (unless otherwise contraindicated)' in order to protect both patients and colleague; see paragraph 29 at:

[http://www.gmc-uk.org/guidance/good\\_medical\\_practice/your\\_health.asp](http://www.gmc-uk.org/guidance/good_medical_practice/your_health.asp)

Nurses are reminded that the Royal College of Nursing states that:

“Vaccination of health and social care workers with direct patient / client contact is essential to help protect patients and it is an important way to help reduce the risk of patient infections”

and advises that those involved in frontline health care should have the seasonal flu vaccination annually. For more information, see:

<https://www.rcn.org.uk/clinical-topics/public-health/specialist-areas/immunisation>

Chapter 12 of the Green Book provides information on which groups of staff can be considered to have direct patient contact, but examples might include:

- Clinicians, midwives, nurses, and ambulance crew.
- Occupational therapists, physiotherapists and radiographers.
- Primary care providers such as GPs, practice nurses, district nurses, school nurses, health visitors and receptionists.
- Social care staff working in care settings.
- Pharmacists, both those working in the community and in clinical settings, and staff working in direct support of clinical staff, often with direct patient care.
- Students and trainees in these disciplines and volunteers who are working with patients/clients should also be included.

This is not an exhaustive list and decisions to provide immunisation should be based on local assessment of likely risk and exposure.

### **Rationale for Vaccination**

Flu outbreaks happen on a weekly basis during the winter in health and social care settings with staff and patients/clients being affected. It is important that staff protect themselves by having the flu vaccine in a timely way, and in doing so, reduce the risk of spreading flu to their patients, colleagues and family members.

Vaccination of healthcare workers against flu can significantly lower rates of flu-like illness, hospitalisation and mortality in the elderly in healthcare settings. Vaccination of staff in social care settings may provide similar benefits. Flu immunisation of front line health and social care staff may reduce the transmission of infection to vulnerable patients, many of whom will have impaired immune systems that mount a suboptimum response to immunisation.

Healthcare workers are at increased risk of flu infection, and vaccination reduces that risk. In healthy adults, reported average efficacy of vaccination in reducing the risk of confirmed influenza infection is 60% (range 53%-66%)

Vaccination of frontline health and social care workers also helps reduce the level of sickness absences and contribute to keeping the NHS and care services running. This is particularly important when responding to winter pressures.

NHS and social care bodies are responsible for ensuring, so far as is reasonably practicable, that health and social care workers are free of, and are protected from exposure to, infections that can be caught at work and that all staff are suitably educated in the prevention and control of infections. This includes ensuring that occupational health policies and procedures in relation to the prevention and management of communicable diseases in healthcare workers, including immunisation, are in place.

## Communications

Health care employers, including primary care contractors, must actively promote the positive benefits of flu vaccination to front line workers by giving staff balanced and factually correct information in a timely manner. Health boards/trusts need to demonstrate strong leadership in helping staff understand that if they refuse to be vaccinated they put themselves, their families and the people they care for at unnecessary risk.

Social care employers should take similar action for their staff demonstrating strong leadership and sharing balanced information.

Misconceptions about flu and the benefits of flu vaccine are common, including amongst health and social care workers. The following messages should be promoted to frontline staff in acute, primary, community and social care services:

- As healthcare professionals, it is part of our duty of care to patients/client/residents to do everything in our power to protect them against infection, including being immunised against flu.
- Getting vaccinated against flu can help protect us, our patients, our colleagues and family.
- We are all susceptible to flu, even if we are in good health and eat well. Frontline health and social care staff are, however, more likely to be exposed to flu viruses and are in frequent contact with people who are particularly vulnerable to complications of flu, which can be severe.
- You can be infected with the virus and have no symptoms of flu but can still pass the virus to others including patients or residents.
- Good infection control measures are also essential. They can help to reduce the spread of flu and other acute respiratory infections in healthcare settings, but are not sufficient alone to prevent them.
- The impact of flu on frail and vulnerable patients can be fatal and outbreaks of the virus can cause severe disruption in communities, care homes and hospitals.
- The flu vaccine has a good safety record.
- The flu vaccine cannot give you flu but will help protect you.
- Clinical leaders and managers can lead by example by having the vaccination themselves and encouraging others.
- Over the last ten years there has generally been a good to moderate match between the strains of flu virus in the vaccine and those that subsequently circulated.

- Staff have an opportunity to act as positive role models for colleagues and eligible groups to take up the offer too.

## **Pregnant Women**

All pregnant women are recommended to receive the flu vaccine irrespective of their stage of pregnancy. Health boards should take steps to actively encourage this.

There is good evidence that pregnant women are at increased risk from complications if they contract flu. In addition, there is evidence that flu during pregnancy may be associated with premature birth, smaller birth size and weight and that flu vaccination may reduce the likelihood of prematurity and smaller infant size at birth associated with influenza infection during pregnancy. Furthermore, a number of studies show that flu vaccination during pregnancy provides passive immunity against flu infection to infants in the first few months of life.

A review of studies on the safety of flu vaccine in pregnancy concluded that inactivated flu vaccine can be safely and effectively administered during any trimester of pregnancy.

## **When to Offer the Vaccine to Pregnant Women**

The ideal time for flu vaccination is before flu starts circulating, however, vaccination may be offered throughout the flu season. Clinicians should apply clinical judgement to assess the needs of an individual patient, taking into account the level of flu in their community and the fact that following flu vaccination immune response takes about two weeks to develop fully. Up to date information on the levels of flu circulating are provided by Public Health Wales on a weekly basis. See:

[www.publichealthwales.org/flu-activity](http://www.publichealthwales.org/flu-activity)

## **Data Review and Data Recording**

Every woman who is identified as pregnant should be offered influenza vaccination promptly. General practices will need to work in their locality groups to agree procedures with their local midwives for identifying women who are not pregnant at the start of the immunisation programme but become pregnant during the winter.

Health boards should encourage midwives to raise awareness of the benefits of flu vaccine among pregnant women. The linking of midwifery services with GP practices will further support uptake. If arrangements are put in place where midwives administer the flu vaccine it is important that the patient's GP practice is informed in a timely way so their records can be updated accordingly.

Uptake of flu immunisation in pregnant women will be ascertained by Public Health Wales, working with health board midwifery services, using a survey carried out at point of delivery in January 2019.

Further information is available from

<http://www.immunisation.wales.nhs.uk/immunisation-in-pregnancy> (NHS Wales intranet only)

## **Vaccine Virus Strains**

Flu viruses change continuously and the World Health Organisation (WHO) monitors the epidemiology of flu viruses throughout the world. Each year it makes recommendations about the strains to be included in vaccines for the forthcoming winter.

WHO recommends that quadrivalent vaccines for use in the 2018-2019 northern hemisphere influenza season contain the following:

- an A/Michigan/45/2015 (H1N1)pdm09-like virus;
- an A/Singapore/INFIMH-16-0019/2016 (H3N2)-like virus;
- a B/Colorado/06/2017-like virus (B/Victoria/2/87 lineage); and
- a B/Phuket/3073/2013-like virus (B/Yamagata/16/88 lineage).

It is recommended that the influenza B virus component of trivalent vaccines for use in the 2018/19 northern hemisphere influenza season be a B/Colorado/06/2017-like virus of the B/Victoria/2/87-lineage.

Further information can be found at

[http://www.who.int/influenza/vaccines/virus/recommendations/2018\\_19\\_north/en/](http://www.who.int/influenza/vaccines/virus/recommendations/2018_19_north/en/)

**Contractual Arrangements, Service Reviews and Funding  
(Excluding the Flu Programme for Children)**

The arrangements, reviews and funding for the flu immunisation programme remain the same as in previous years.

**The Primary Medical Services (Directed Enhanced Services) (Wales) Directions 2007 (the DES Directions)<sup>1</sup>**

There are a number of DES obligations under the DES Directions that are important to local planning and delivery of the vaccination programme, in particular:

- Health boards should have an agreement in place for each financial year with their GPs or other providers contracted to deliver the flu immunisation programme. These agreements should set out a plan for delivering the programme effectively. This plan should include a register of all patients in at risk groups.
- The agreements with GPs and other providers should include a requirement that they develop a proactive approach to offering these flu immunisations by adopting robust call and reminder systems to contact eligible patients with the aim of maximising uptake and meeting any public health targets in respect of flu immunisation. This should be, for example, through direct contact by letter, phone call, email, text or otherwise (although such strategies are for GP practices to determine) inviting them to a flu vaccination clinic or to make an appointment. GP practice will follow-up patients and remind/recall those who do not receive their flu vaccination.
- Health boards should be assured that GPs have a robust call and reminder system in place and that this will be utilised during the influenza season to identify and call **all** eligible patients.
- Health boards, working with their cluster networks, will want to assure themselves that appropriate plans are in place to offer vaccination to all at risk groups including pregnant women, those who require home visits, are in long-term care or are not registered with a GP practice.
- GPs will not be able to identify all pregnant women on a register at this stage. Health boards will want to ensure the involvement of maternity services so that practices and midwives work together to identify existing pregnant women and any newly pregnant women throughout the flu season so that no eligible patients are missed out.

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<sup>1</sup> As amended by the Primary Medical Services (Directed Enhanced Services) (Wales) (Amendment) Directions 2012 for Influenza and Pneumococcal Immunisation Scheme Plans

### **Data Collection - Monitoring and Reporting Vaccination Uptake**

As in previous years, Public Health Wales will monitor and report on uptake of influenza immunisation for general practices and health boards. Data will be collected automatically throughout the season via the Audit+ software (the practice based component of the Data Quality System). Audit+ data collection is used to monitor uptake rates; it is not an indicator of individual practice performance as it does not allow for differences in practices circumstances. Practice level immunisation uptake data is also used to guide ordering of the intranasal live attenuated influenza vaccines (LAIV).

Flu vaccinations given in general practice should be recorded in patient records promptly using appropriate Read codes. Advice on nationally agreed immunisation Read codes can be found here:

<http://nww.immunisation.wales.nhs.uk/flu-data-specs-1>

It is important that vaccinations given to general practice patients through community pharmacies and other service providers are reported to the appropriate general practices in a timely manner. It is also important that these immunisations are entered into patient records using appropriate 'Seasonal influenza vaccination given by pharmacist' Read code, or 'Influenza vaccination by other health care provider' codes. Failure to record this information will result in immunisation uptake being underestimated and also risks of individuals being invited when the vaccine has already been given.

Immunisers should endeavour to ensure that health board Child Health Offices are notified of all immunisations given to children. Health boards should also ensure that sufficient timely information on children immunised in school settings, and adults immunised in community pharmacies, is provided to general practice to allow accurate updating of general practice records, using appropriate Read codes.

Manual data submissions will be required from any general practices that choose not to use the Audit+ software. (In 2017-18, all practices in Wales used Audit+ to provide information on flu vaccination uptake).

Uptake of flu immunisation in pregnant women will be ascertained by Public Health Wales, working with health board midwifery services, using a survey carried out at point of delivery in January 2019.

Public Health Wales will collect data to monitor flu vaccination uptake in NHS staff, on a monthly basis from health board occupational health departments. Guidance on data definitions and reporting requirements for the 2018-19 season will be provided by Public Health Wales before the start of the programme. This will include guidelines on denominator ascertainment, categorisation of staff and template data return forms. Uptake in General Practice staff will be ascertained through an online survey of practices at the end of the season.

Influenza vaccination uptake will be reported on a weekly basis through the Influenza Vaccination Online Reporting (IVOR) scheme. Weekly reports are published at practice, cluster, Local Authority and Health Board levels here:

<http://www.immunisation.wales.nhs.uk/ivor>

National level influenza immunisation uptake data will also be reported in the publicly available Public Health Wales weekly influenza surveillance report:

<http://www.publichealthwales.org/flu-activity>

### **Community Pharmacists**

Community pharmacies will be required to provide details of vaccinations administered using the Choose Pharmacy or National Electronic Claim and Audit Form systems and to the appropriate general practice in a timely manner.

### **Social Care Workers**

Data on eligible social care workers will be collected as part of the community pharmacy NHS seasonal influenza vaccination service requirements.

### **Monitoring Safety**

The safety of all vaccines is monitored by the Medicines and Healthcare Products Regulatory Agency (MHRA). If a healthcare worker or member of the public suspects that an adverse reaction to flu vaccine has occurred, it should be reported using the Yellow Card reporting scheme:

[www.yellowcard.gov.uk](http://www.yellowcard.gov.uk)

# **Childhood Influenza Vaccination Programme 2018-2019**

## **Service Specification**

# National Enhanced Service Specification For Childhood Influenza Vaccination Programme 2018-2019

## 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) has recommended that the influenza programme be extended to all children aged from 2 to 17 years inclusive. This is in order to lower the impact of influenza on children and reduce influenza transmission to other children, adults and those in clinical risk groups at any age.
5. For 2018-19, the childhood programme will offer vaccination to the following age groups:
  - Children aged two and three years on 31 August 2018 will continue to be vaccinated through primary care by invitation.
  - Children in school reception class (ages 4 -5 years) and in all primary school years 1 to 6 (ages 5 to 11 years) are to be offered the vaccine in school via the school nursing service.
  - Children aged four years on 31 August 2018 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 actively inviting approximately 70,000 two and three year olds in Wales in 2018-19 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 2018 -19.

## Duration and patient cohort

8. The target time frame for this programme is for five months from 1 August 2018 to 31 December 2018 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 vaccine is available before arranging clinics. Practices may continue to vaccinate eligible patients until 31 March 2019, for whom they will receive payment.
9. Practices will be required to vaccinate all registered patients who are:
  - a. **aged 2 or 3 years on 31 August 2018** 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 group<sup>2</sup>.

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.

- b. **Aged 4 years on 31 August 2018** 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. 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.

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<sup>2</sup> The at-risk groups are defined in the Welsh Health Circular - National Influenza Immunisation Programme 2018-19.

**c. All primary school children. These will be in school reception class and school years 1, 2, 3, 4, 5 and 6 (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,
- 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).**

Children in clinical risk groups 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 9 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.

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 injectable influenza vaccine if LAIV is not available or contraindicated.

## Vaccine

11. Live attenuated influenza vaccine (LAIV) is the recommended vaccine for this programme and is administered as a nasal spray. It is also the recommended vaccine for children aged two years and over in a clinical risk group.
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 vaccine has been centrally procured and should be ordered in the same way as other childhood vaccines.
14. One dose is required for patients in the cohort who are not in a clinical risk group and those in a clinical risk group who have previously received an influenza vaccine. Two doses are required for patients in the cohort who are included in a clinical risk group and under 9 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 the vaccine:
  - a. Using Patient Group Directions (PGDs); it must be administered by a registered health care practitioner.
  - b. Under Patient Specific Directions (PSDs); a non-registered individual may administer under the direction of the prescriber although the prescriber is still liable.
16. Where children in the eligible groups are contraindicated LAIV, GPs will be required to administer a suitable 'Inactivated Influenza Vaccine' (IIV). The Green Book recommends that quadrivalent IIV is given to children aged three and over when LAIV is contraindicated as this provides additional protection. Quadrivalent influenza vaccine (QIV) is now licensed for use from 6 months of age. Practices will be reimbursed for this as for children in clinical risk groups. Practices experiencing difficulties in sourcing QIV for the contra-indicated eligible children should contact their health board immunisation coordinator.

## Data Collection

17. Practices should record all administered doses, using appropriate Read codes, in the practice clinical information system. Aggregate data 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.
18. Public Health Wales will monitor and report influenza immunisation uptake to practices, 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 Read codes which will be used for influenza immunisation uptake monitoring purposes can be found on the PHW intranet site:

<http://nww.immunisation.wales.nhs.uk/flu-influenza>

19. 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

20. 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.
21. 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 Entitlements<sup>3</sup>).
  - 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).
  - g. Payment will be made on a monthly basis i.e. the monthly count multiplied by the current applicable Item of Service fee:

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<sup>3</sup> 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>

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

22. 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.
23. 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 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, the safest way to protect individuals and communities from infectious diseases.
  - b. The necessary training, skills 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 vaccine for this programme will 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 live attenuated vaccine should be ordered direct from suppliers in the same way as influenza vaccine for other groups.
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/publications/green-book-the-complete-current-edition>

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 Exeter Registration System and do so promptly and fully.
  - 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 2019 (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 2019, 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 2019 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.