

22 April 2022

Dear Colleague,

### **The NHS influenza immunisation programme 2022 to 2023**

1. For the last 2 years during the coronavirus (COVID-19) pandemic we have had the largest NHS influenza vaccination programmes ever. We have also seen some of the best influenza vaccine uptake levels ever achieved in many of the cohorts, with more people vaccinated than ever before. We extend our thanks for all the hard work undertaken by the NHS to achieve this.
2. As a result of non-pharmaceutical interventions in place for COVID-19 (such as mask-wearing, reduced social interactions and international travel) influenza activity levels were extremely low globally in 2020 to 2021 and at present continue to be low. A late increase in activity cannot be ruled out this season. As social contact returns to pre-pandemic norms there is likely to be a resurgence in influenza activity in winter 2022 to 2023 to levels similar to or higher than before the pandemic. The potential for co-circulation of influenza, COVID-19 and other respiratory viruses could add substantially to pressures in the NHS in 2022 to 2023, by addition, or by prolongation of the overall period for which respiratory viruses circulate in sequence.

### **Eligibility**

3. Groups eligible for influenza vaccination are based on the advice of the Joint Committee on Vaccination and Immunisation (JCVI). The programme aims to provide direct protection to those who are at higher risk of influenza associated morbidity and mortality and to reduce transmission to all age groups through the vaccination of children.
4. The [2 March 2022 letter](#) confirmed that those eligible for the NHS influenza programme are the cohorts offered vaccine prior to the pandemic:
  - all children aged 2 or 3 years on 31 August 2022
  - all primary school aged children (from reception to Year 6)
  - those aged 6 months to under 65 years in clinical risk groups

- pregnant women
  - those aged 65 years and over
  - those in long-stay residential care homes
  - carers
  - close contacts of immunocompromised individuals
  - frontline staff employed by the following types of social care providers without employer led occupational health schemes:
    - a registered residential care or nursing home
    - registered domiciliary care provider
    - a voluntary managed hospice provider
    - Direct Payment (personal budgets) or Personal Health Budgets, such as Personal Assistants
5. Cohorts that were eligible in the 2021 to 2022 season but that **are not included in the cohorts for 2022 to 2023** are:
- those aged 50 to 64 years
  - secondary school children in Years 7 to 11 (between 11 and 15 years of age on 31 August 2022)
6. We will continue to keep JCVI's advice for the influenza vaccination programme under review, but for winter 2022 to 2023 those aged 50 to 64 years will not be offered a free influenza vaccine through the NHS. Whilst the extension of the schools programme to include all children up to year 11 has been recommended by the JCVI, to be introduced as far as it reasonably practical, this will not be taken forward over the 2022 to 2023 season.
7. All frontline health care workers, including both clinical and non-clinical staff who have contact with patients, should be offered the influenza vaccine to protect themselves and those they care for. This should be provided by their employer as part of the organisation's policy to prevent the transmission of infection. Social care workers who are in direct contact with people who receive care and support services should also have the influenza vaccine provided by their employer. There are circumstances where frontline staff, employed by specific social care providers without access to employer led occupational health schemes (see paragraph 4 above), can access the vaccine through the NHS free of charge.
8. The [influenza chapter](#) in 'Immunisation against infectious disease' (the 'Green Book'), which is updated periodically, gives detailed descriptions of the groups outlined above and guidance for healthcare workers on administering the influenza vaccine.

## Vaccines for the programme

9. Influenza viruses change continuously and the World Health Organization (WHO) monitors the epidemiology of influenza viruses throughout the world, making recommendations about the strains to be included in vaccines, with [recommendations now confirmed for 2022 to 2023](#). This process has been far more difficult and potentially less precise since early 2020 due to far fewer influenza viruses isolated and analysed worldwide.
10. Every year JCVI reviews the latest evidence on influenza vaccines and [recommends](#) the type of vaccine to be offered to individuals. Providers should ensure that they have ordered adequate supplies of the recommended vaccines as set out in the letter of 2 March 2022 which confirmed which vaccines that will be reimbursed by the NHS for adult cohorts in the programme ([see Appendix C](#)).
11. Providers must ensure they have sufficient vaccine available to vaccinate all eligible individuals included within this letter (see paragraph 4 above) in order to provide coverage at least equal to and ideally exceeding 2021 to 2022 uptake levels.
12. The UK Health Security Agency (UKHSA) procures all influenza vaccines for the children's programme and these will be available to order through [ImmForm](#)<sup>1</sup> (see [Appendix D](#)). This includes the injectable cell-based Quadrivalent Influenza Vaccine (QIVc) for healthy children whose parents object to the Live Attenuated Influenza Vaccine (LAIV) on the grounds of its porcine gelatine content.
13. In order for providers to receive payment for administration and reimbursement of vaccine they will need to use the specific influenza vaccines recommended in the letter referred to above.

## Vaccine uptake achievements in the last 2 years

14. Over the last 2 seasons we have had the most successful influenza vaccination programme ever, exceeding the WHO target of 75% for those aged 65 years and over for 2 years in a row and achieving higher uptake in most other cohorts compared to previous years.

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<sup>1</sup> Note that PHE URLs are likely to be updated to UKHSA from 1 April 2022. PHE email accounts will automatically redirect to the corresponding UKHSA email addresses.

**Table 1. Influenza vaccine uptake (provisional data for 2021 to 2022 compared to end of season data for 2020 to 2021) <sup>2</sup>**

<b>Eligible cohort</b>	<b>2021 to 2022 vaccine uptake</b>	<b>2020 to 2021 vaccine uptake</b>
Aged 65 years and over	82.3%	80.9%
In clinical risk group	52.9%	53.0%
Pregnant women	37.9%	43.6%
Aged 50 to 64 years not in risk group*	45.7%	35.2%
Aged 2 years old	48.7%	55.3%
Aged 3 years old	51.4%	58.0%
Frontline healthcare workers**	60.5%	76.8%
Eligible school-aged children***	51.5%	61.7%.

\* Data for this age group is not directly comparable as in 2021 to 2022 eligibility started 3 months earlier than the year before.

\*\* Data for this cohort is not directly comparable as in 2021 to 2022 non-clinical staff were routinely offered influenza vaccine for the first time.

\*\*\* Data is not directly comparable because in 2021 to 2022 an additional 4 years groups were offered vaccine.

### **Vaccine uptake ambitions for 2022 to 2023**

15. It is likely that higher uptake has been partly driven by concerns about the COVID-19 pandemic and a greater understanding about the role of vaccines in preventing illness, as well as, in a small number of circumstances, the influenza vaccination being offered to eligible patients when they presented for their COVID-19 vaccination or booster. We want to build on the momentum of this achievement in the influenza programme and the successful roll-out of the COVID-19 vaccination programme, to continue to encourage influenza vaccine uptake in those who are eligible. Improved uptake in those in clinical

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<sup>2</sup> [Influenza vaccine uptake data](#) is available. Data given for 2021 to 2022 is extracted from UKHSA's ImmForm portal and is provisional monthly data for period 1 September 2021 to 28 February 2022, not final end of season date. Note that data for eligible school-aged children is for the period 1 September 2021 to 31 January 2022.

risk groups, children aged 2 and 3 years old, and pregnant women should be achieved to provide direct protection to those at increased risk from influenza.

16. General practices and school providers must demonstrate a 100% offer this season by ensuring all eligible patients are offered the opportunity to be vaccinated by active call and recall mechanisms, supplemented with opportunistic offers where pragmatic. The aim of the influenza programme for 2022 to 2023 is to demonstrate a 100% offer and to achieve at least the uptake levels of 2021 to 2022 for each cohort, and ideally exceed them. Community pharmacy service providers do not have a fixed patient list from which to undertake call and recall activities. However, they should proactively offer influenza vaccination to any patient they identify as being eligible to receive it should the patient present in the pharmacy for any reason.
17. We also need to support those who are living in the most deprived areas, from ethnic minorities and other underserved communities to have as high uptake as the population as a whole. High quality dedicated and interculturally competent engagement with local communities, employers, faith and advocacy groups will therefore be required. Providers should therefore ensure they have robust plans in place for tackling health inequalities for all underserved groups to ensure equality of access to the influenza vaccine. Efforts should be made to show improvement in coverage in those groups who were more than 5% lower than the national average.
18. NHS England and Improvement (NHSEI) are currently considering the use of a national call and recall service following the successful use of this function during the past 2 influenza seasons. Details and planned timings of any communications will be shared with appropriate stakeholders should this service be utilised in 2022 to 2023. However, this service is intended to supplement not replace local call and recall mechanisms that are already in place contractually.
19. Trusts should continue to offer vaccination to pregnant women where they are commissioned to do so, as we have found that those who are offered a vaccination when attending routine maternity appointments are very likely to accept the offer. The same applies to other eligible patients who may prefer to access their vaccine at a Trust, where providers are commissioned to vaccinate at in and out-patient clinics.

### **Frontline health care and social care workers**

20. All frontline health care and social care workers should be offered vaccination by their employer. This is an employer's responsibility to help protect their staff and patients or clients and ensure the overall safe running of services. Employers should commission or implement a service which makes access to the vaccine easy for all frontline staff, encourages staff to get vaccinated, and monitors the delivery of their programme. The complementary NHS influenza vaccination offer for primary care staff has not been extended for the 2022 to 2023 influenza season. Influenza vaccinations for primary care

staff, like other frontline healthcare staff, revert to being an employer's occupational health responsibility.

21. As for last season, the definition of a frontline healthcare worker for the influenza programme will be aligned with that of the COVID-19 vaccination programme to include both clinical and non-clinical staff who have contact with patients. [One of the quality indicators in the 2022 to 2023 Commissioning for Quality and Innovation \(CQUIN\) is a goal of vaccinating between 70 to 90% of staff.](#)
22. Where employee-led occupational health services are not in place NHSEI will continue to support vaccination of social care and hospice workers employed by registered residential or domiciliary care providers as well as those employed through Direct Payment or Personal Health Budgets to deliver domiciliary care to patients and service users (see paragraphs 4 and 7). Vaccination will be available through community pharmacy and general practice, in accordance with the relevant service specifications. This scheme is intended to complement, not replace, any established occupational health schemes that employers have in place to offer influenza vaccination to their workforce.
23. Where a social care employer is not able to provide an occupational health scheme, the 2021 to 2022 Community Pharmacy Seasonal Influenza Vaccination Advanced Service and 2021 to 2022 Seasonal Influenza Vaccination Programme Enhanced Service enabled community pharmacies and general practices respectively to vaccinate both residential care or nursing home residents and staff in the home setting in a single visit. Where these influenza vaccinations are delivered by general practice, we are planning to enable the continuation of vaccinating eligible residents and staff regardless of whether they are registered with the practice, subject to negotiation.
24. Good practice guidance material can be found at Increasing [Health Care Worker and Social Care Worker Flu Vaccinations: Five components](#) and marketing resources will be available to download and order from the [Campaign Resource Centre](#). A healthcare worker influenza vaccination best practice management checklist for Trusts can be found in [Appendix H](#).

## Timing

25. Vaccination should be given in sufficient time to ensure patients are protected before influenza starts circulating. If an eligible patient presents late for vaccination it is generally appropriate to still offer it. This is particularly important if it is a late influenza season or when patients newly at-risk present, such as pregnant women who may not have been pregnant at the beginning of the vaccination period. The decision to vaccinate should take into account the fact that the immune response to vaccination takes about 2 weeks to fully develop.

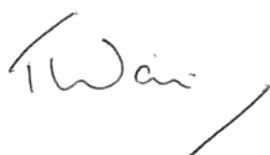
26. Parents of any child at risk from influenza because of an underlying medical condition can choose to receive influenza vaccination in general practice, especially if the parent does not want their child to have to wait for the school vaccination session (which may be one of the later sessions of the season). General practices should invite these children for vaccination, making it clear that parents have the option to have their child vaccinated in general practice.

## Conclusion

27. We would like to extend a huge thank you to all those involved for your hard work during very challenging times which have led to record breaking influenza vaccine uptake rates over the last 2 influenza seasons.

28. This Annual Influenza Letter has the support of the Chief Pharmaceutical Officer, the NHS National Medical Director, the NHS Chief Nursing Officer for England and the UKHSA Nurse Lead.

Yours sincerely,



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Any enquiries regarding this publication should be sent to: [immunisation@phe.gov.uk](mailto:immunisation@phe.gov.uk)<sup>3</sup>.

For operational immunisation queries, providers should contact their regional NHSEI Public Health Commissioner.

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<sup>3</sup> PHE email addresses are likely to be updated to UKHSA email addresses after 1 April 2022. PHE email accounts will automatically redirect to the corresponding UKHSA email addresses.

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## **Links to other key documents**

[Green Book Influenza Chapter](#)

[Joint Committee on Vaccination and Immunisation](#)

[National Institute for Health and Care Excellence \(NICE\) guidelines on increasing influenza vaccine uptake](#)

[NHS England Public Health Commissioning information](#)

[General practice specifications for seasonal influenza immunisation](#)

[Community Pharmacy Seasonal Influenza Vaccination Advanced Service Specification](#)

[ImmForm Survey User guide for GP practices, local NHS England teams, and NHS Trusts](#)

[Flu vaccine uptake figures](#)

[Flu immunisation PGD templates](#)

[ImmForm website for ordering child flu vaccines](#)

UKHSA [Information for healthcare practitioners](#) about the flu vaccination programme

UKHSA [National flu immunisation programme training slideset](#)

[Flu immunisation e-learning programme](#)

[Vaccine Update – UKHSA monthly newsletter](#)

[UKHSA Flu Immunisation Programme home page](#)

[UKHSA Campaign Resource Centre](#)

## **Distribution list**

General practices

Community pharmacies

Clinical commissioning groups clinical leads

Clinical commissioning groups accountable officers

British Medical Association General Practitioners Committee

Pharmaceutical Services Negotiating Committee

NHS England & Improvement regional directors

NHS England & Improvement regional medical directors

NHS England & Improvement regional chief nurses

NHS England & Improvement regional directors of commissioning

NHS England & Improvement regional directors of primary care & public health commissioning

NHS England & Improvement regional heads of public health commissioning

NHS England & Improvement regional screening and immunisation leads

NHS England & Improvement regional heads of primary care

Sustainability and Transformation Partnership (STP) primary care leads

Integrated Care System (ICS) primary care leads

OHID Regional Directors of Public Health

Chief executives of NHS trusts and foundation trusts

Heads of nursing of NHS trusts and foundation trusts

Heads of midwifery of NHS trusts and foundation trusts

Chief pharmacists of NHS trusts and foundation trusts

Local Authority Directors of public health

Local authority chief executives

NHS regional chief pharmacists

Chairs of health and wellbeing boards

## For information

Allied Health Professionals Federation	Faculty of Public Health
Community Practitioners and Health Visitors Association	Association of Independent Multiple Pharmacies
Nursing and Midwifery Council	UK Homecare Association (UKHCA)
Royal College of Midwives	Skills for Care
Royal College of Nursing	Association of Directors of Adult Social Services
Academy of Medical Royal Colleges	Care Association Alliance
Royal College of Anaesthetists	Care Provider Alliance
Royal College of Physicians	Hospice UK
Royal College of Surgeons	Voluntary Organisations Disability Group
Royal College of Obstetricians and Gynaecologists	National Care Forum (NCF)
Royal College of General Practitioners	National Care Association (NCA)
College of Emergency Medicine	Care England
Faculty of Occupational Medicine	Local Government Association
Royal College of Pathologists	Unison
Royal College of Ophthalmologists	
Royal College of Paediatrics Child Health	
Royal Pharmaceutical Society	
Association of Pharmacy Technicians UK	
Company Chemist's Association	
National Pharmacy Association	
Local Government Association	
Association of Directors of Adult Social Services	
Council of Deans of Health	
General Medical Council	
General Pharmaceutical Council	

# Appendix A: Groups included in the national influenza immunisation programme

1. For the 2022 to 2023 influenza season, vaccinations will be offered under the NHS influenza immunisation programme to the following groups:

- all children aged 2 to 3 years on 31 August 2022
- all primary school aged children (from Reception to year 6)
- people aged 65 years or over (including those becoming age 65 years by 31 March 2023)
- those aged from 6 months to less than 65 years of age in a clinical risk group such as those with:
  - chronic (long-term) respiratory disease, such as asthma (requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission), chronic obstructive pulmonary disease (COPD) or bronchitis
  - chronic heart disease, such as heart failure
  - chronic kidney disease at stage 3, 4 or 5
  - chronic liver disease
  - chronic neurological disease, such as Parkinson's disease or motor neurone disease
  - learning disability
  - diabetes
  - splenic dysfunction or asplenia
  - a weakened immune system due to disease (such as HIV/AIDS) or treatment (such as cancer treatment)
  - morbid obesity (defined as BMI of 40 and above)
- all pregnant women (including those women who become pregnant during the influenza season)
- household contacts of immunocompromised individuals, specifically individuals who expect to share living accommodation on most days over the winter and, therefore, for whom continuing close contact is unavoidable
- people living in long-stay residential 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, for instance, prisons, young offender institutions, university halls of residence, or boarding schools (except where children are of primary school age)
- those who are in receipt of a carer's allowance, or who are the main carer of an older or disabled person whose welfare may be at risk if the carer falls ill
- frontline staff without employer led occupational health schemes, employed by a registered residential care or nursing home or registered domiciliary care provider, who are directly involved in the care of vulnerable patients or clients who are at increased risk from exposure to influenza

- frontline staff without employer led occupational health schemes, employed by a voluntary managed hospice provider, who are directly involved in the care of vulnerable patients or clients who are at increased risk from exposure to influenza
  - frontline staff without employer led occupational health schemes employed through Direct Payments (personal budgets) and/or Personal Health Budgets, such as Personal Assistants, to deliver domiciliary care to patients and service users
2. Organisations should vaccinate all frontline health care workers and social care workers, in order to meet their responsibility to protect their staff and patients and ensure the overall safe running of services. There are limited circumstances where social care workers without access to an employer led occupational health scheme can access the vaccine on the NHS.
  3. The list above is not exhaustive, and the healthcare professional should apply clinical judgement to take into account the risk of influenza exacerbating any underlying disease that a patient may have, as well as the risk of serious illness from influenza itself.
  4. Healthcare practitioners should refer to the [influenza chapter](#) in 'Immunisation against infectious disease' (the 'Green Book') for further detail about clinical risk groups advised to receive influenza immunisation and for full details on advice concerning contraindications and precautions for the influenza vaccines.

## Appendix B: Service specifications

1. The general practice enhanced service specifications and community pharmacy advanced service will be discussed with the respective professional bodies following the usual process.
2. The general practice specification for seasonal influenza immunisation will set out all eligible adult and at-risk groups for vaccination. It will be updated for the 2022 to 2023 influenza season and will be published prior to 1 September 2022 on the [NHS GP Contract web page](#).
3. There is a separate Enhanced Service (ES) specification for the childhood seasonal influenza vaccination programme, covering the vaccination of children aged 2 and 3 years on 31 August 2022. The specification will be published prior to the 1 September 2022 on the [NHS GP Contract web page](#).
4. General practices are reminded that they are required to operate a proactive call and recall system to contact all eligible patients. Various methods for this should be considered such as letter, email, phone call, text or social media and during face-to-face interactions if the opportunity arises, to encourage people to attend for their vaccination.
5. Community pharmacies offering an influenza vaccination service for adults will be required to do so in accordance with the Community Pharmacy Seasonal Influenza Vaccination Advanced service specification for 2022 to 2023 which will be published prior to 1 September 2022 on the [Community Pharmacy Seasonal Influenza Vaccine Advanced Service web page](#).
6. The school age immunisation service specification has a requirement that, to provide early protection, the provider will complete influenza vaccination as early as possible after the influenza vaccine becomes available. School aged immunisation services must offer the vaccine to 100% of eligible children.
7. Hospital Trusts should refer to the national service specification for pregnant women and other eligible groups as commissioned by the regional NHSEI Public Health Commissioning Team. The service should be offered to all those eligible in a timely manner and make the most of opportunities to vaccinate during in patient stays and out-patient appointments.

# Appendix C: Vaccines reimbursed as part of the NHS Influenza vaccination programme for adults in 2022 to 2023

1. The Joint Committee on Vaccination and Immunisation (JCVI) has reviewed the latest evidence on influenza vaccines and has made [recommendations](#) about which vaccines to offer for the 2022 to 2023 season. The [letter on 2 March 2022](#) sets out which of the JCVI recommended vaccines will be reimbursed for adults (please see table below).

Those aged 65 years and over	At-risk adults, including pregnant women, aged 18 to less than 65 years
<b>Reimbursed vaccines</b>	
<ul style="list-style-type: none"> <li>• aQIV / QIVr</li> <li>• QIVc (only where aQIV or QIVr is not available)</li> </ul>	<ul style="list-style-type: none"> <li>• QIVc / QIVr</li> <li>• QIVe (only where QIVc or QIVr is not available)</li> </ul>
<b>Rationale and further information</b>	
<p>There are 3 vaccines that JCVI advised are equally suitable for use in 2022 to 2023 as they provide the best protection.</p> <p>Adjuvanted quadrivalent inactivated influenza vaccine (aQIV)*, High-dose quadrivalent inactivated influenza vaccine (QIV-HD) and Quadrivalent Recombinant Influenza Vaccine (QIVr). However, QIV-HD is not currently available in the UK market.</p> <p>The quadrivalent influenza cell-culture vaccine (QIVc) is considered an acceptable alternative and is suitable for use in this age group if aQIV, QIV-HD or QIVr are not available.</p>	<p>Evidence from recent influenza seasons indicate a clear additional benefit in the use of quadrivalent influenza vaccines in those less than 65 years of age in an at-risk group, compared with trivalent influenza vaccines. JCVI advises the use of Quadrivalent influenza cell-culture vaccine (QIVc) and Quadrivalent Recombinant Influenza Vaccine (QIVr).</p> <p>JCVI supports a preference for QIVc and QIVr over QIVe in this cohort, however the QIVe can be considered if other options are not available. NHS England and NHS Improvement (NHSEI) advises that QIVc and QIVr should be prioritised for this group for the 2022 to 2023 seasonal influenza vaccination programme.</p>

\* As in previous years, aQIV may be offered 'off-label' to those who become 65 years of age before 31 March 2023.

2. Contractual requirements for all commissioned NHS influenza vaccination providers will state that to receive payment for influenza vaccination and reimbursement of influenza vaccine they will need to use the specific influenza vaccines recommended in this aforementioned NHSEI guidance.
3. Please note, it is not anticipated that any stock will be centrally procured by the Department of Health and Social Care for the 2022 to 2023 season and, therefore, we strongly urge providers to order sufficient volumes of vaccine to serve their eligible populations.
4. Influenza vaccines generally start to be distributed from manufacturers from September each year. However, vaccine manufacture involves complex biological processes. 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. It is recommended that orders are placed with more than one manufacturer in case of supplier delays or difficulties in the manufacture or delivery of the vaccine. Providers should remain flexible when scheduling vaccination sessions and be prepared to reschedule if necessary. Providers should ensure that reassuring messages are given to patients who may request a vaccine before supply is available and be encouraged to rebook or find an alternative provider with sufficient supply.
5. Some influenza vaccines are restricted for use in particular age groups. The Summary of Product Characteristics (SmPC) for individual products should always be referred to when ordering vaccines for particular patients. The [vaccines that are available for the 2022 to 2023 influenza immunisation programme](#) are available on GOV.UK (including details of ovalbumin content).
6. The UKHSA [influenza vaccines poster for 2022 to 2023](#) will be available later in the year.
7. Influenza vaccines for eligible children are centrally procured by UKHSA and are supplied free of charge to providers via ImmForm. These vaccines will NOT be reimbursed as part of the NHS Seasonal Influenza Vaccination Programme (see [Appendix D](#) for further details).

## Appendix D: Influenza vaccines for the children's programme

1. UKHSA procures and supplies the vaccines for the children's programme. This includes the live attenuated influenza vaccine (LAIV) administered as a nasal spray which is suitable for use in children aged 2 to less than 18 years except where contraindicated.
2. Children in at-risk groups for whom LAIV is unsuitable, and healthy children whose parents object to LAIV on the grounds of its porcine gelatine content, should be offered the injectable cell-based Quadrivalent Influenza Vaccine (QIVc) if aged 2 years to less than 18 years.
3. Children aged 6 months to less than 2 years should be offered egg-grown quadrivalent influenza vaccine (QIVe). Centrally supplied children's vaccines can be ordered through the [ImmForm website](#).
4. JCVI has advised that egg-allergic children aged less than 2 years can be offered the quadrivalent inactivated egg-free vaccine, QIVc (Flucelvax® TETRA). This is an off-label recommendation which is supported by unpublished data which shows non inferiority of immunogenicity and a very similar safety profile for QIVc compared with QIVe in children less than 2 years old.

**Table 2. Summary table of which influenza vaccines to offer to children**

Eligible group	Type of influenza vaccine
At risk children aged from 6 months to less than 2 years	Offer QIVe. For egg-allergic children under 2 years it is advised that QIVc is offered off-label.
At risk children aged 2 to under 18 years	Offer LAIV. If LAIV is contraindicated (or it is otherwise unsuitable) offer QIVc*
Aged 2 or 3 years on 31 August 2022	Offer LAIV
Primary school aged children (aged 4 to 10 on 31 August 2022)	If LAIV is contraindicated (or it is otherwise unsuitable) offer QIVc*

\* QIVe is suitable to offer as a second option but has not been procured by UKHSA for this age group.

5. Timing of vaccine availability should be taken into account when vaccination sessions are being arranged. The latest and most accurate information on availability of centrally supplied influenza vaccines for the children's programme will be made available on the ImmForm news page.

6. As in previous seasons, ordering controls will be in place for Fluenz® Tetra in 2022 to 2023 to enable UKHSA to manage vaccine availability and demand appropriately across the programme. The latest information on ordering controls and other ordering advice for UKHSA supplied influenza vaccines will be featured on the ImmForm news page both prior to and during the influenza vaccination period. Information will also be featured in [Vaccine Update](#) and disseminated via the National Immunisation Network as appropriate. It is strongly advised that all parties involved in the provision of influenza vaccines to children ensure they remain up to date with this information at all times until the end of the 2022 to 2023 programme.

## Appendix E: Training resources, PGDs, and patient facing information

1. Healthcare practitioners should refer to the [influenza chapter](#) in 'Immunisation against infectious disease' (the 'Green Book') for further detail about clinical risk groups advised to receive influenza immunisation and advice on contraindications and precautions for the influenza vaccines.
2. Information for healthcare practitioners about the childhood influenza programme and the inactivated influenza vaccines, and links to an influenza vaccination training slide set and the influenza vaccination e-learning programme will be available on the [Annual flu programme webpage](#) and the [e-learning for healthcare Flu Immunisation web page](#).
3. UKHSA will develop PGDs that will be available prior to commencement of the programme at [Immunisation patient group direction \(PGD\) templates](#) and [Community Pharmacy Seasonal Influenza Vaccine Service](#).
4. Resources for the public facing marketing campaign to encourage take-up amongst eligible groups and for adaptable assets for NHS and social care organisations to use in their own staff vaccination campaigns will be available from the [Campaign Resource Centre](#).
5. Template letters for practices to use will be available on the [Annual flu programme web page](#).

# Appendix F: Children's influenza vaccination programme

1. A [recommendation to extend influenza vaccination to healthy children](#) was made in 2012 by JCVI to provide both individual protection to the children themselves and to reduce transmission across all age groups. Given the scale of the programme, it was recommended that implementation should be phased. [Research findings from the pilot programme](#) have showed encouraging impacts on influenza transmission.
2. In 2020 to 2021 because of the COVID-19 pandemic, influenza vaccine was offered to those in Year 7 in secondary school to offer wider protection and in 2021 to 2022 this offer was extended up to those in Year 11. Whilst the extension of the schools programme to include all children up to Year 11 has been [recommended by the JCVI](#), to be introduced as far as it reasonably practical, this will not be taken forward over the 2022 to 2023 season.
3. This means that in 2022 to 2023 the following children will be offered vaccination:
  - all those aged 2 and 3 years on 31 August 2022 (date of birth on or after 1 September 2018 and on or before 31 August 2020) will be offered vaccine in general practice
  - all primary school-aged children in Reception Year to Year 6 (aged 4 to 10 on 31 August 2022) will be offered through a school age immunisation service
4. At-risk children who are eligible for influenza vaccination via the school aged service because of their age will be offered immunisation at school. However, these children are also eligible to receive vaccination in general practice if the school session is late in the season, their parents/ guardians prefer it, or they missed the session at school. GP practices should invite children in at-risk groups for vaccination so that parents/ guardians understand they have the option of taking up the offer in either setting.
5. Children in at-risk groups for whom LAIV is contraindicated or unsuitable will be offered an inactivated influenza vaccine.
6. LAIV is offered to children as it is more effective in the programme than the injected vaccines. This is because it is easier to administer and considered better at reducing the spread of influenza to others who may be vulnerable to the complications of influenza. Where parents object to LAIV on the ground of its porcine gelatine content, an alternative injected vaccine (QIVc) will be available.

# Appendix G: Pregnant women

## When to offer the vaccine to pregnant women

1. The ideal time for influenza vaccination is before influenza starts circulating. However, even after influenza is in circulation vaccination should continue to be offered to those at risk and newly pregnant women. Clinicians should apply clinical judgement to assess the needs of an individual patient, taking into account the level of influenza-like illness in their community and the fact that the immune response following influenza vaccination takes about 2 weeks to develop fully.

## Data review and data recording

2. Uptake of vaccine by pregnant women, along with other groups, will be monitored. GPs will need to check their patient database throughout the duration of the influenza vaccination programme in order to accurately identify women who become pregnant during the season and opportunistic offers of vaccination should be made wherever possible. GPs should also review their records of pregnant women before the start of, and throughout, the immunisation programme to ensure that women who are no longer pregnant are not called for vaccination (unless they are in other clinical risk groups) and so that they can measure the uptake of influenza vaccine by pregnant women accurately.
3. Note that the government's official statistics on vaccine coverage for eligible GP registered patients (including pregnant women) are managed through the [ImmForm website](#). This data is used to formally evaluate the programme year-on-year (see [appendix I](#)).
4. Providers will be required to fully utilize the relevant NHSEI commissioned data capture application solution this influenza season to record all vaccinations administered, without exception. Providers will be required to use the system on a real-time basis to enable accurate and timely data collection and reporting.
5. Influenza vaccination data collected via the data capture application will be:
  - sent to registered GPs by a mechanism determined by NHS Digital
  - sent to local commissioners to confirm activity and uptake to allow Provider payment
  - included in national seasonal influenza operational management reports and official statistics
6. For the 2022 to 2023 season, in addition to the routine data items covering vaccine uptake in pregnant women, UKHSA runs a data collection to evaluate vaccine coverage in women who have delivered in the previous month. This is similar to how the pertussis vaccination programme is evaluated and takes place year-round to evaluate coverage year-on-year, rather than just in season. This allows for a direct comparison between influenza and pertussis vaccination

coverage in pregnancy with data available after the influenza season has concluded.

### **Maternity services**

7. All pregnant women are able to access influenza immunisation from their GP practice or a community pharmacy. In addition, Maternity Service Providers may also vaccinate pregnant women via a national Service Specification as commissioned by NHSEI.
8. Midwives need to be able to explain the benefits of influenza vaccination to pregnant women and offer them the vaccine, or signpost women back to their GP or community pharmacy if they are unable to offer the vaccine.
9. It is important that the patient's GP practice is informed in a timely manner so their records can be updated accordingly and included in vaccine uptake data collections.

# Appendix H: Healthcare worker influenza vaccination best practice management checklist

For public assurance via trust boards by November 2022.

<b>A</b>	<b>Committed leadership</b>	<b>Trust self-assessment</b>
A1	Board record commitment to achieving the ambition of vaccinating all frontline healthcare workers (both clinical and non-clinical staff who have contact with patients)	
A2	Trust has ordered and provided a quadrivalent (QIV) influenza vaccine for healthcare workers	
A3	Board receive an evaluation of the influenza programme 2021 to 2022, including data, successes, challenges and lessons learnt	
A4	Agree on a board champion for influenza campaign	
A5	All board members receive influenza vaccination and publicise this	
A6	Influenza team formed with representatives from all directorates, staff groups and trade union representatives	
A7	Influenza team to meet regularly from September 2022	
<b>B</b>	<b>Communications plan</b>	
B1	Rationale for the influenza vaccination programme and facts to be published – sponsored by senior clinical leaders and trades unions	
B2	Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper	
B3	Board and senior managers having their vaccinations to be publicised	
B4	Influenza vaccination programme and access to vaccination on induction programmes	
B5	Programme to be publicised on screensavers, posters & social media	
B6	Weekly feedback on percentage uptake for directorates, teams and professional groups	
<b>C</b>	<b>Flexible accessibility</b>	
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered	
C2	Schedule for easy access drop in clinics agreed	
C3	Schedule for 24 hour mobile vaccinations to be agreed	
<b>D</b>	<b>Incentives</b>	
D1	Board to agree on incentives and how to publicise this	
D2	Success to be celebrated weekly	

# Appendix I: Data collection

## Introduction

1. UKHSA publish the national Official Statistics on vaccine coverage for healthcare workers (HCWs), school aged children and eligible GP registered patients that are used to formally evaluate the programme year-on-year, are quoted in the public domain and reported to the World Health Organization. These data collections are managed through the [ImmForm website](#). Providers should ensure they complete these data returns through ImmForm during the appropriate time windows throughout the season.
2. UKHSA coordinates the data collection and will issue details of the collection requirements and guidance on the data collection process. This guidance and influenza vaccine uptake data will be available at [vaccine uptake guidance and the latest coverage data](#).
3. In addition to the established ImmForm data collections, as was the case in the previous 2 seasons, NHSEI will also collect vaccination data for internal operational management purposes. Further information will be provided on this ahead of the influenza season and providers should ensure they comply to their contractual obligations in this regard.
4. Queries concerning data collection content or process should be emailed to [influenza@phe.gov.uk](mailto:influenza@phe.gov.uk).<sup>4</sup> Queries concerning ImmForm login details and passwords should be emailed to [helpdesk@immform.org.uk](mailto:helpdesk@immform.org.uk).

## Reducing the burden from data collections

5. Considerable efforts have been made to reduce the burden of UKHSA data collections and these are regularly submitted for approval to the Data Coordination Board (DCB) or have been through a full burden assessment by the former Review of Central Returns (ROCR) and Burden Advice and Assessment Service (BAAS) functions within NHS Digital. Over 95% of GP practices benefited from using automated IT data returns for final data collections extracted directly from GP system suppliers (GPSS) in 2021 to 2022 survey. GP practices that are not able to submit automated returns should discuss their arrangements with their GPSS. If automated returns fail for the monthly data collection GP, practices will be required to manually submit the mandatory data items on to ImmForm to meet contractual obligations.

## Data collections for 2022 to 2023

6. Monthly data collections (HCWs, school aged children and eligible GP registered patients) will take place over 6 months (for HCWs and GP patients and 5 months for

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<sup>4</sup> Note that PHE email addresses are likely to be updated to UKHSA addresses from 1 April 2022

Schools) during the 2022 to 2023 influenza immunisation programme. Subject to the approval from the Data Coordination Board the first data collection will be for vaccines administered by the end of September 2022 (data collected in October 2022), with the subsequent collections monthly thereafter, and with the final data collection for all vaccines administered by the end of February 2023 (final data collected in March 2023). For schools the final data collection is for vaccines administered by the end of January 2023 (final data collected in February 2023).

7. Data will be collected and published monthly using NHS geographies and by local authority (LA) level.
8. During the data collection period, those working in the NHS with relevant access rights are able, through the ImmForm website, to:
  - see their uptake by eligible groups
  - compare themselves with other anonymous general practices or areas
  - validate the data on point of entry and correct any errors before data submission
  - view data and export data into Excel, for further analysis
  - make use of automated data upload methods (depending on the general practices system supplier used at GP practices)
  - access previous years' data to compare with the current performance
9. The data and tools provided by ImmForm are a trusted source of information. These can be used to facilitate the local and regional management of the influenza vaccination programme, enhance the monitoring of inequalities and the impact of interventions to address these.
10. All NHS Trusts are required to record influenza vaccinations, for staff and patients, at point of care using the data capture application/s specified by NHSEI. Point of care data capture provides daily management information, allows the comprehensive aggregation of vaccination activity for healthcare workers across delivery models (Trust, GP or community pharmacy) and ensures that vaccination events flow back to GP records.
11. Since 2022 to 2023 season, the data collection for frontline healthcare workers has also included COVID-19 vaccination coverage to allow for a direct comparison during the influenza season.

### **Monitoring on a weekly basis**

12. Weekly uptake data will be collected from GP practices that have fully automated extracts provided by their GPSS. This data will be [published](#) on GOV.UK.
13. During the data collection period, those working in the NHS with relevant access rights are able, through the ImmForm website to view this data as per the monthly collections described above.

## Appendix J: Antiviral medicines

1. Antiviral medicines (AVMs) have an important role to play in treatment and prophylaxis of influenza for specified groups of patients.
2. AVMs can only be prescribed by GPs and non-medical prescribers in primary care during the influenza season, once a Central Alerting System (CAS) Alert has been cascaded to GP practices and community pharmacies by the Chief Medical Officer (CMO) and Chief Pharmaceutical Officer authorising the prescribing and supply of AVMs at NHS expense. This is informed by surveillance data from the UK Health Security Agency (UKHSA) that indicates when influenza activity has risen above baseline levels across a number of indicators.
3. Antiviral medicines may be prescribed for:
  - treatment of influenza-like illness (ILI): for patients in clinical risk groups, pregnant women, patients aged 65 years and over, as well as individuals who are at risk of developing severe illness and/or medical complications from influenza if not treated. This is regardless of vaccination status
  - prophylaxis of influenza: oseltamivir may be prescribed to patients in clinical risk groups, pregnant women and patients age 65 years and over if they are a close residential contact of an ILI case, are unvaccinated since the previous season, the vaccine is not well-matched to the circulating strain or if the person is a resident of a care home
4. More information on clinical at-risk groups and patients eligible for treatment in primary care at NHS expense with either oseltamivir or zanamivir can be found on the [Influenza: treatment and prophylaxis using anti-viral agents web page](#).
5. Once UKHSA informs DHSC that the level of seasonal influenza activity is below threshold levels at the end of the influenza season, another CMO CAS Alert is cascaded to stop the prescribing and supply of AVMs.
6. The statutory prescribing restrictions that apply to primary care do not apply in secondary care. Hospital clinicians can continue to prescribe antiviral medicines for patients whose illness is confirmed or clinically suspected to be due to influenza, in accordance with UKHSA guidance for the treatment of complicated influenza.
7. NHS England requires all clinical commissioning groups to have [mechanisms for the appropriate clinical assessment and supply of antivirals](#) for care home and similar institutional outbreaks both when the CMO letter is in force and when it is not. For times when the CMO letter is not in place, arrangements may involve mechanisms such as patient specific directions or patient group directions.
8. The DHSC works with manufacturers of AVMs from summer and throughout the influenza season to monitor supplies of AVMs to ensure adequate stocks are available in the supply chain to meet demand. Where there are indications that supplies may not meet demand, the DHSC teams works with the manufacturers to discuss mitigation plans.