Seasonal influenza vaccine uptake in children of primary school age (England) 2019 to 2020

ImmForm data collection guidance

User guide for local NHS England teams and data providers
About Public Health England

Public Health England exists to protect and improve the nation’s health and wellbeing and reduce health inequalities. We do this through world-leading science, research, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

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This collection has been submitted to the Standardisation Committee for Care Information (SCCI), the new national gateway body for care information collection requests.

For queries relating to this document, please contact: ChildFluVac@phe.gov.uk

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Introduction

This guidance is aimed at local NHS teams and data providers to support them in uploading their collected data onto ImmForm. For detailed guidance on data collection and use of the data collection tool, please refer to the ‘Childhood Influenza Vaccination Programme Data Collection Tool User Guide’.

The accurate and timely upload of data collected from the Childhood Influenza Vaccination Programme is essential to allow us to monitor the progress of the campaign, assess its implementation and evaluate its outcomes. The data uploaded by NHS teams and data providers allows us to assess the progress of the programme at the local, regional and national level.

Additional information on the 2019 to 2020 childhood influenza vaccination programme, such as advice for head teachers and consent form templates, can be accessed here.

Childhood Influenza Programme roll-out timeline

Following the recommendations of the Joint Committee on Vaccination and Immunisation (JCVI) in 2012, the Department of Health (DH), in partnership with Public Health England (PHE) and NHS England, began the phased roll-out of the national influenza vaccination programme to ultimately cover all 2 to 16-year olds (inclusive) in the UK. This programme uses the licensed live attenuated influenza vaccine (LAIV) and the programme expands by year to ultimately target children ages 2 to 16 years of age, with the aim of providing direct protection for those immunised as well as indirectly protecting the remaining population by reducing transmission.

2013 to 2014

The children’s programme began in the 2013 to 2014 season with all 2 and 3-year olds being offered vaccination with LAIV through general practice and a school pilot programme was rolled out in geographically distinct areas in England, targeting all primary school-age children (aged 4 to 10, rising to 11 years).

2014 to 2015

In 2014 to 2015, the national programme was extended to 4-year olds through general practice in England. In addition, the school pilot programme was extended to a total of 14 pilot areas (including 6 pilots that participated in 2013 to 2014), targeting both primary school-age children (aged 4 to 10, rising to 11 years) and secondary school-age children (12 rising to 13 years).
2015 to 2016

In 2015 to 2016, the national programme was extended to include children of appropriate age in school years 1 and 2. For most children, this was offered via a school-based programme, although in a few areas of England vaccinations were delivered through alternative schemes such as community pharmacies and general practices. The 2014 to 2015 pilot areas continued to offer vaccination to all primary school-age children (aged 5 to 10, rising to 11 years) in 2015 to 2016.

2016 to 2017

In 2016 to 2017, the national programme was extended to include children in school year 3. Thus, LAIV vaccination was offered to all children in school years 1, 2 and 3. Most children were offered the influenza vaccine via a school-based programme. However, in a few areas vaccinations were delivered through alternative schemes such as community pharmacies and general practice. Children aged 2, 3 and 4 years (but not 5 years or older) continued to be vaccinated by GPs. Vaccination continued to be offered to primary school-aged children (aged 5 to 10, rising to 11 years) in the areas that had participated previously as pilot areas in England.

2017 to 2018

During the 2017 to 2018 season, the national programme was extended to include children in reception (4 rising to 5 years), as well as children of year 4 (aged 8 rising to 9 years) and all children of primary school age (aged 4 to 10, rising to 11) in areas that participated previously as pilot areas. The mode of vaccination remained primarily through school delivery models whilst younger children aged 2 and 3 years old were offered the vaccine in GP practices.

2018 to 2019

During the 2018 to 2019 season, the national programme was extended to include children of year 5 (aged 9 rising to 10 years). For most children, the LAIV vaccine was offered via school-based programmes (with additional mop-up clinics where required), the only exception being the Isles of Scilly who delivered the vaccines through GP practices. Children aged 2 and 3 years in that season (but not 4 years or older) on 1 September 2018 were still offered the vaccine through general practices. The eligible school cohorts under survey in the 2018 to 2019 season are children in school academic years reception, 1, 2, 3, 4 and 5 (based on age at 1 September 2018). Additionally, school children aged 4 to 10 rising to 11 years were vaccinated in the 11 pilot local authorities during the 2018 to 2019 influenza season in England.
2019 to 2020

The influenza immunisation programme for the 2019 to 2020 season was announced in the ‘Annual Flu Letter’ (dated 22 March 2019, Gateway reference 2018767) which was jointly issued to the NHS, by the DH, NHS England and PHE. The document sets out all target groups for the influenza vaccine, operational arrangements and planning for the forthcoming winter season, and can be accessed here.

For the 2019 to 2010 season, all primary school children in England are eligible for flu vaccination. The eligible cohorts included are all primary school years from reception (aged 4 rising to 5 years) to year 6 (aged 10 rising to 11 years) inclusive. Pre-school children (aged 2 to 3 years but not 4 years on 1 September 2019) will be offered the vaccine through general practices.
Data collection

Cumulative vaccine uptake data will be collected via ImmForm on the total number of children vaccinated between 1 September 2019 and 31 January 2020 (inclusive) by individual year group for each local education authority (LEA).

Although most children will be vaccinated via the commissioned local delivery model it is important to note additional children may be vaccinated in other healthcare settings, such as by their registered GP or through a pharmacy. These children are mostly at-risk children that have been called in by or referred to their GP to receive vaccination. Cumulative data submitted on the total number of children vaccinated should include additional children that have been vaccinated outside of the commissioned local delivery model. Furthermore, children who have never been vaccinated previously will be eligible to receive 2 doses of the current flu vaccine, a few weeks apart. In such cases, only one vaccination should be counted in the numerator.

Children in school years Reception, 1, 2, 3, 4, 5, or 6 who are not in a clinical risk group should not be offered vaccination by their GP or in pharmacy unless the local vaccination programme is being delivered through a GP or pharmacy delivery model or if designated GPs/pharmacists were commissioned to vaccinate these children in mop-up clinics.

The eligible population

In the 2019 to 2020 season, the target population for the national primary school age childhood influenza vaccination programme is defined as all children in years reception (aged 4 rising to 5 years), year 1 (aged 5 rising to 6 years), year 2 (aged 6 rising to 7 years), year 3 (aged 7 rising to 8 years), year 4 (aged 8 rising to 9 years), year 5 (aged 9 rising to 10 years) and year 6 (aged 10 rising to 11 years) born between 1 September 2009 and 31 August 2015, as defined by the child’s age on the 1st September 2019 (Table 1).

Definitions

Dataset variable definitions are outlined in Appendix B. For further details of the ImmForm dataset requirements, please see the full dataset in Appendix A.

Please note, data providers must be satisfied with the best methodology used to identifying the school age population. Some providers will only be indicating those children that have returned information on their vaccination status in consent forms (those who have already received the vaccine at the GP). Also, it may be necessary
that other providers use multiple data sources to identify eligible school age cohorts (for example, the school roll and the local Child Health Information Services (CHIS) system) to determine the eligible school age cohorts depending on the characteristics of the local school age population. This may be valid for one locality and not for others. For more information on the denominator please see page 16 in the Frequently asked questions (FAQ) section of this user guide, or email ChildFluvac@phe.gov.uk.

Table 1: Year group cohort definitions for the 2019 to 2020 influenza season

<table>
<thead>
<tr>
<th>Academic group</th>
<th>Age range on 1 September 2019</th>
<th>Birth Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Born from date</td>
</tr>
<tr>
<td>Reception</td>
<td>Aged 4-5 years</td>
<td>01/09/2014</td>
</tr>
<tr>
<td>1</td>
<td>Aged 5-6 years</td>
<td>01/09/2013</td>
</tr>
<tr>
<td>2</td>
<td>Aged 6-7 years</td>
<td>01/09/2012</td>
</tr>
<tr>
<td>3</td>
<td>Aged 7-8 years</td>
<td>01/09/2011</td>
</tr>
<tr>
<td>4</td>
<td>Aged 8-9 years</td>
<td>01/09/2010</td>
</tr>
<tr>
<td>5</td>
<td>Aged 9-10 years</td>
<td>01/09/2009</td>
</tr>
<tr>
<td>6</td>
<td>Aged 10-11 years</td>
<td>01/09/2008</td>
</tr>
</tbody>
</table>

Schedule

Data will be submitted through 4 monthly manual surveys on all vaccinations administered from 1 September 2019 to 31 January 2020 (Table 2). The first monthly survey will open in Immform on 1 November 2019 for the October collection which is cumulative data from 1 September to 31 October 2019. The last monthly survey will be the January 2020 collection which will open in Immform from 3 February 2020. Data providers will be allowed 9 working days to provide monthly data.
Table 2 Vaccine uptake survey collection schedule 2019 to 2020

<table>
<thead>
<tr>
<th>Survey Month</th>
<th>Data from 1 September 2019 up to date</th>
<th>Survey opens on ImmForm</th>
<th>Survey end date (11:59pm)</th>
<th>Publication dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>October</td>
<td>Thursday 31/10/2019</td>
<td>Friday 01/11/2019</td>
<td>Wednesday 13/11/2019</td>
<td>Thursday 21/11/2019</td>
</tr>
<tr>
<td>November</td>
<td>Saturday 30/11/2019</td>
<td>Monday 02/12/2019</td>
<td>Thursday 12/12/2019</td>
<td>Thursday 19/12/2019</td>
</tr>
<tr>
<td>December</td>
<td>Tuesday 31/12/2019</td>
<td>Thursday 02/01/2020</td>
<td>Tuesday 14/01/2020</td>
<td>Thursday 23/01/2020</td>
</tr>
<tr>
<td>January</td>
<td>Friday 31/01/2020</td>
<td>Monday 03/02/2020</td>
<td>Thursday 13/02/2020</td>
<td>Thursday 20/02/2020</td>
</tr>
</tbody>
</table>

Reporting

Provisional data at the national, local NHS England team and local authority level will be published monthly at [www.gov.uk/government/collections/vaccine-uptake](http://www.gov.uk/government/collections/vaccine-uptake).

A final end-of-campaign report will be published on GOV.UK once the data has been collected and validated by PHE, following the final closure of the influenza vaccine uptake campaign on ImmForm.

PHE Excel data collection tool

The 2019 to 2020 childhood influenza vaccination data collection tool was developed by PHE for use in schools by school nursing services and other immunisation delivery teams to monitor vaccination delivery. It will be distributed to local teams in August 2019. Its use is not mandatory, but highly recommended to ensure consistency and allow standardisation of data.

The tool has been modified from last year’s influenza season (2018 to 2019) to reflect the 2019 to 2020 influenza season ImmForm data collection requirements and following on from data provider feedback from the previous season.

Data is entered at either the individual child level or the school-level, and then automatically aggregated into school-level and/or local authority level uptake data. The aggregate local authority level data can be used to populate the ImmForm survey monthly. For more information regarding the use of the Data Collection Tool, please

For queries regarding the tool please contact ChildFluVac@phe.gov.uk.

End of season school level data collection

In spring/summer 2020, at the end of the influenza season, we will be asking for the return of the completed data collection tools. We ask for the school-level data only for each school who participated data for each school participating in the child influenza programme. This is not a mandatory collection, but the return of the tools is very useful for the standardised collation and analysis of the season’s data. It is imperative for this that all mandatory fields of the data collection tool are filled in up to date, it is also highly beneficial if the non-mandatory fields are completed to the best of your ability.

If your local team chose not to use the data collection tool, please return your data to us in the format with which it was collected, at the school-level.

Note: we will not be requesting any patient identifiable information, i.e. no child-level data. If your local teams chose to use the child-level tool, please remove the child-level sheet before returning the tool to us and return to us the aggregated school-level sheet.
ImmForm

ImmForm (www.immform.dh.gov.uk) provides a secure platform for vaccine uptake data collection for several immunisation surveys, including the healthcare workers and seasonal influenza GP vaccine uptake surveys. ImmForm is a service for NHS customers provided by PHE. ImmForm is easy to access, is password protected and allows NHS England teams and trusts to analyse and review their own vaccine uptake data.

Accessing ImmForm

Local teams should ensure that appropriate team members have access to the ImmForm website for the child influenza vaccination collections. ImmForm can be accessed via www.immform.dh.gov.uk using existing logins and passwords. Currently ImmForm is designed and tested to work with Internet Explorer and Chrome. Please note you must use Internet Explorer version 11 and above to access ImmForm. Only those who require influenza vaccine uptake data for operational purposes will be given access to ImmForm, for all other data requests, please email ChildFluVac@phe.gov.uk.

For more information about how to register and use ImmForm, please refer to the following ImmForm help sheets published at: www.gov.uk/government/collections/immform

Please make sure you enter the case-sensitive password correctly, ensuring there are no spaces before or after it, especially if you have copied and pasted it.

The ImmForm helpdesk can be contacted via telephone on 0844 376 0040 or by emailing helpdesk@immform.org.uk
Submitting data on ImmForm

Selecting the correct survey

1. Enter login details to access ImmForm. Once you have successfully logged in, you will need to select the correct survey.
2. On the home page, select ‘Data Collections’.
3. Select ‘Flu’ and the survey you want, in this case ‘Flu Monthly Child’ (Primary School Age Delivery), then select the correct month in the drop-down menu below.

4. Under the Summary tab, select England and then follow the hierarchy from Commissioning Region > Area Team > Local Team > Former Area Team (AT) > Local Authority (LA).

**Note:** during the campaign, as each survey month opens and closes, the page will default to the current month’s survey. To view any data entered for any specific month, this can be accessed by clicking on the previous months listed in the left-hand column.

Entering and amending data

You will be presented with a data entry survey page for the 2019 to 2020 season, as can be shown in the below figure. Here is where you enter your data at the Local Authority level.
1. Fields that you should not be entering data in will be greyed out in darker grey and the figures in these fields will be automatically calculated. The lighter grey fields are for you to update.

2. The ‘Total no. of eligible children in the LA geography (ACTUAL)’ numbers are carried over from the previous month’s survey. Please check their accuracy, these can be updated if more accurate numbers have been collected. If the percentage difference between the ‘PROVISIONAL’ and ‘ACTUAL’ denominator is greater than 5% then please explain why in the reason comments column.

**Note:** Please note that the Total no. of eligible children in the LA geography (ACTUAL) should reflect all children that are eligible for the vaccine within the LA. The Total no. of eligible children offered vaccination in VISITED SCHOOLS ONLY since 1 September 2019 should reflect the total number of children that have been visited in schools up to the date of the survey.

3. The ‘PROVISIONAL’ total number of eligible children in the LA geography for the Reception cohort will be the same as the year one cohort and will therefore need to be corrected. The year one cohort estimates are the closest estimates available for the Reception cohort. For further details please see FAQ (p16).

4. Fill out the vaccine uptake summary table by entering the number of children in each year group cohort vaccinated with at least one dose of influenza since 1 September 2019 (shown in the below figure).
In the next columns, you should see pink-headed columns that give you the option to input the numbers vaccinated in terms of how many received LAIV (Live Attenuated Influenza Vaccine) or (Intramuscular Influenza Vaccine). This is not mandatory to fill in but extremely helpful so, if the information is available, please do complete it.

In the columns that follow, please input the number of children who were vaccinated in the GP, Pharmacy/Other settings. % uptake, totals, and other columns highlighted in darker grey will fill automatically as the figures are updated.

Following the ‘Seasonal flu vaccine uptake summary data’ table are 5 additional questions and a space for comments. Please fill these in accordingly, once again the questions highlighted in blue are mandatory, those in pink are optional. For example:

Question 3. ‘Were at-risk children offered the influenza vaccine at school?’
   Yes – They received the LAIV or IIV at school
   No – They were referred to their GP to receive it

Question 7. Please indicate if the vaccination campaign has ended in this local authority.

Once complete, please click submit. Where errors have occurred or sections not filled out correctly, an error message will display. Further attention will need to be given to areas marked within the sheet with an asterisk. Such sections have failed the data validation checks. Once you have accurately filled out the sheet, click submit and a confirmation page will be successfully displayed.
Frequently asked questions

Who is required to submit monthly data to ImmForm?

Those responsible to submit data to ImmForm are to be decided by the local NHS England teams, with overall coordination at the regional level.

Into which ImmForm survey should I submit data?

Once you have selected your LA and you are in the ‘Flu’ Data Collection topic, you will see ‘Current Surveys’ section. In this section there is a field called ‘Programme’. Clicking on this field reveals a drop down list. Select the option: ‘Flu Monthly Child (Primary School Age delivery) 2019-20’

What is the purpose of the PHE childhood influenza vaccination data collection tool?

The PHE data collection tool is designed to help standardise data collection across all local authorities. It also aims to simplify the data collection and upload of data to ImmForm for data providers. Whilst the Excel tool is not mandatory, it is highly encouraged that the tool be used by providers during vaccination sessions to ensure the consistency and quality of data collected. The tool can be used to generate accurate, standardised aggregate data at the local authority level that is submitted to ImmForm for the monthly data submissions. Furthermore, we welcome feedback from providers regarding the tool so that we can make further improvements.

In addition to the local authority data, why does PHE collect school level data at the end of the flu season?

At the end of the flu season, we ask for your cooperation in the return of your completed data collection tools (excel based tools developed by PHE). Use of these tools is not mandatory but extremely beneficial in helping us run some more in-depth analyses after the season concludes. Such analyses help us to enhance development of targeted services to improve low uptake rates. Results are released in a detailed report on the PHE website. Note: we do not request any child-level or other patient identifiable data from you regarding the Childhood Flu Vaccination Campaign. Collecting school level uptake figures will allow for a more granular data analysis post season, as well as ensuring data quality from school level up to LA, AT and National level aggregate data.
Does PHE also extract data to cover the children vaccinated through their GPs?

We will only be extracting uptake figures automatically for local authorities that will be delivering the vaccine to children through a GP model instead of through the school model.

Why not just collect the data on the school vaccination models with the GP survey?

Although the GP survey has expanded to extract ‘vaccinations given in schools, there are known data recording issues and therefore it remains experimental. There is no read code for ‘vaccination given in schools’ and the data is collected based on an assumption. Therefore, we will still need to collect data manually for local authorities in whom vaccines are being delivered through schools, this ensures our data is as accurate as possible and not based on assumptions.

Should the denominators displayed on the ImmForm surveys be corrected if they are incorrect?

Yes. Pre-filled denominators in the light grey boxes can and should be amended throughout the season as they are purely based on the January 2019 school census data released in June 2019 by the Department of Education (National Statistics: Schools, pupils and their characteristics: January 2019). The survey requires an explanation for any changes to pre-filled denominators that result in a change of 5% or more. We encourage teams to provide accurate denominators as soon as possible.

Why is the reception denominator the same as the denominator for the year one cohort on ImmForm?

The pre-filled denominators are based on the annual school census in England taken in January and published in June of the same year by the Department of Education. The census results for 2019 are published as ‘National Statistics: Schools, pupils and their characteristics: January 2019). From this census, the number of students in each Local Authority is used to predict the denominators for the following year. So the number of students in Reception published in January 2019 is used to predict the number of students in Year 1 starting September 2019). Since the reception cohort cannot be based on an earlier age cohort, we have used the reception figures from the January 2019 national statistics for the Reception cohort and for the Year 1 cohort.
How should area teams identify the eligible cohorts for vaccination?

Some data providers will only indicate children that have returned information on their vaccination status in consent forms through schools (using the school rolls). Other providers may choose to use multiple sources to identify eligible children depending on the characteristics of the population. Each area must be satisfied with their own methodology used to identify the eligible cohorts (and ensure that they are not double counting or missing children who are educated at home or who have been previously vaccinated in GPs/ pharmacies). The unit of collection for this survey, is school levels, therefore it is recommended to use at least the school rolls. We advise that children vaccinated in a school in one LA and residing in another LA should be counted in the LA where they attend school.
Contacts

Childhood influenza vaccine programme uptake survey queries

If you have any questions regarding the childhood influenza vaccine uptake data collection process that are not addressed in the guidance, please use the feedback email function on the ImmForm website or email ChildFluVac@phe.gov.uk.

Every attempt is made to respond to all queries received via this mailbox as quickly as possible. Please bear in mind that there is sometimes a large volume of calls and email queries received particularly during the early weeks of the survey. As a result, there may be delays in getting back to recipients.

Login and password reminders

If you have registered and used ImmForm in previous seasons, it is likely that your login will still be valid. You can request a password reminder directly from ImmForm.

ImmForm support and registering new contacts

For ImmForm support, to register new contacts, and to provide general ImmForm feedback, please contact: helpdesk@immform.org.uk.
## Appendices

### Appendix A: Childhood Influenza Vaccination Programme - ImmForm Dataset Variables

#### 1. School-based delivery

<table>
<thead>
<tr>
<th>Variable</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Denominators</strong></td>
<td></td>
</tr>
<tr>
<td>Total no. of eligible children in the LA geography (PROVISIONAL) <em>Pre-filled number</em></td>
<td>The PROVISIONAL denominator is pre-filled and based on the January 2019 Department of Education school census figures and is therefore only a PROVISIONAL estimate of the total number of children eligible for influenza vaccination in the LA geography as it does not include special schools or children schooled at home. This denominator should be updated with the actual denominator.</td>
</tr>
<tr>
<td>Total no. of eligible children in the LA geography (ACTUAL)</td>
<td>The ACTUAL denominator will replace the PROVISIONAL denominator and should reflect the total number of children eligible for influenza vaccination in the LA geography AND children educated out of school in the LA geography, defined by child age at 1 September 2019 using local education authority (LEA) population figures such as the school roll. For more information on denominators please see questions 7-8 in the FAQs. If the difference between the ACTUAL and PROVISIONAL denominator differs +/- 5%, an explanation for changing the denominator must be provided. Areas should use the school rolls to calculate their denominator and include children in the following school settings: All schools managed by a LA, including/as well as independent and faith schools Schools managed by voluntary or private agents Grant maintained schools Pupil referral units Secure units Residential units Schooled at home</td>
</tr>
<tr>
<td>Total no. of eligible children offered vaccination in VISITED SCHOOLS ONLY since 1 September 2019</td>
<td>This denominator is used to monitor vaccine uptake in visited schools only, and should therefore reflect the total number of eligible children that have been offered influenza vaccination in visited schools only, since 1 September 2019 up to the end of the reporting period.</td>
</tr>
<tr>
<td><strong>School numerator</strong></td>
<td></td>
</tr>
<tr>
<td>Total no. of children vaccinated with influenza vaccine in school</td>
<td>This is the total number of children in the respective eligible age cohorts that have received at least one dose of influenza vaccine since 1 September 2019 in school. The Optional Breakdown is used identify the type of influenza vaccine given i.e. Live attenuated intranasal influenza vaccine (LAIV) or Inactivated intramuscular influenza vaccine (IIV).</td>
</tr>
</tbody>
</table>
### 2. GP delivery

For LAs following a GP delivery model only, data will be extracted from the ImmForm GP influenza survey at LA level. Data are originally submitted at GP practice level and then aggregated at LA level by GP postcode for reporting purposes.

### 3. Pharmacy delivery

There are no LAs using pharmacies as a main mode of delivery. As a result, there will be no data collection tool for pharmacies. Pharmacy vaccinations in areas where there is a school-based delivery model will be accounted for in pharmacy section of the school-based delivery survey. Pharmacy vaccinations in areas where there is a GP delivery model, uptake will be accessed through GP records.

<table>
<thead>
<tr>
<th>Numerator Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GP numerator</strong></td>
<td>Total no. of children vaccinated with influenza vaccine in GP practice. This is the total number of children in the respective eligible age cohorts that have received at least one dose of influenza vaccine since 1 September 2019 in General Practice. The Optional Breakdown is used identify the type of influenza vaccine given i.e. Live attenuated intranasal influenza vaccine (LAIV) or Inactivated intramuscular influenza vaccine (IIV).</td>
</tr>
<tr>
<td><strong>Pharmacy numerator</strong></td>
<td>Total no. of children vaccinated with influenza vaccine in pharmacy. This is the total number of children in the respective eligible age cohorts that have received at least one dose of influenza vaccine since 1 September 2019 in Pharmacy. The Optional Breakdown is used identify the type of influenza vaccine given i.e. Live attenuated intranasal influenza vaccine (LAIV) or Inactivated intramuscular influenza vaccine (IIV).</td>
</tr>
<tr>
<td><strong>Total numerator</strong></td>
<td>Total no. of children vaccinated with influenza vaccine <em>Automatically calculated</em>. This is the total number of children in the respective eligible age cohort that have received at least one dose of influenza vaccine from 1 September 2019 in school, pharmacy, and general practice.</td>
</tr>
</tbody>
</table>