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of Health

**NHS**  
*England*

# NHS public health functions agreement 2015-16

Service specification No.13

Seasonal influenza immunisation programme  
(2015-16 programme)

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<p><b>Author: Directorate/ Division/ Branch acronym/ cost centre</b>  PHD/ IH&amp;PHD/ PHPSU/ 10100</p>
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<p><b>Contact details:</b>  Public health policy and strategy unit  <a href="mailto:phpsu@dh.gsi.gov.uk">phpsu@dh.gsi.gov.uk</a></p>

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# NHS public health functions agreement 2015-16

Service specification No.13

Seasonal influenza immunisation programme

**Prepared by Public Health England**

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# Service specification No.13

This is a service specification within Annex C of the 'NHS public health functions agreement 2015-16 (the '2015-16 agreement') published in December 2014.

This service specification is to be applied by NHS England in accordance with the 2015-16 agreement. This service specification is not intended to replicate, duplicate or supersede any other legislative provisions that may apply.

Where a specification refers to any other published document or standard, it refers to the document or standard as it existed at the date when the 2015-16 agreement was made between the Secretary of State and NHS England Board. Any changes in other published documents or standards may have effect for the purposes of the 2015-16 agreement in accordance with the procedures described in Chapter 3 of the 2015-16 agreement

Service specifications should be downloaded in order to ensure that commissioners and providers refer to the latest document that is in effect.

The 2015-16 agreement including all service specifications within Annex C is available at [www.gov.uk](http://www.gov.uk) (search for 'commissioning public health').

This service specification is not intended to replicate, duplicate or supersede any other legislative provisions that may apply. It must always be read in conjunction with the core service specification <https://www.gov.uk/government/publications/public-health-commissioning-in-the-nhs-2015-to-2016> and the online version of the [Green Book](#).

# 1. Purpose of the influenza immunisation programme

- 1.1 This document relates to the influenza vaccination programme which aims to protect those who are most at risk of serious illness or death should they develop influenza.
- 1.2 The purpose of the service specification is to enable NHS England to commission influenza immunisation services to a standard that will prevent the infections and outbreaks caused by flu viruses. This means achieving high coverage rates across England as well as within upper tier local government areas and within the context of populations with protected characteristics as defined by the Equality Act 2010. This specification should be used alongside specification 13A (*Seasonal influenza immunisation programme for children – implementation of the extended programme for children*).
- 1.3 This specification provides a brief overview of the vaccines including the disease they protect against, the context, evidence base, and wider health outcomes, and should be read in conjunction with the core immunisation service specification which underpins national and local commissioning practices and service delivery.
- 1.4 This specification will also promote a consistent and equitable approach to the provision of the commissioning and delivery of the influenza vaccine across England. It is important to note that this programme will change and evolve in the light of emerging best practice and scientific evidence. Guidance is issued annually through the Flu Plan and related “Annual Flu Letter” from DH, NHS England and PHE. NHS England and providers will be required to reflect these changes accordingly in a timely way as directed by the national schedule.
- 1.5 [Immunisation against infectious disease](#) (known as ‘The Green Book’), issued by Public Health England is the main source of guidance for all immunisation programmes. This service specification must be read in conjunction with the core service specification, the online version of the Green Book, all current relevant official public health letters and with additional evidence, advice and recommendations by the [Joint Committee on Vaccination and Immunisation](#) (JCVI).
- 1.6 This service specification is not designed to replicate, duplicate or supersede any relevant legislative provisions that may apply e.g. the Health and Social Care Act 2012.
- 1.7 The specification will be reviewed and amended in line with any new recommendations or guidance, and in line with reviews of the Section 7A agreement.

## 2. Population needs

### Background

- 2.1 Influenza vaccine is routinely used to protect those most at risk of serious illness or death should they develop influenza.

### Influenza

- 2.2 Influenza is an acute viral infection of the respiratory tract. There are three types of influenza virus: A, B and C. Influenza A and influenza B are responsible for most clinical illness.
- 2.3 The disease is characterised by the sudden onset of fever, chills, headache, myalgia and extreme fatigue. Other common symptoms include a dry cough, sore throat and stuffy nose.
- 2.4 The risk of serious illness from influenza is higher amongst children under six months of age, older people and those with underlying health conditions such as respiratory disease, or cardiac disease or immunosuppression and pregnant women.
- 2.5 Estimates of excess winter deaths potentially attributable to influenza in recent years in England and Wales range from no deaths (ND) in 2005-6 and 2006-7 to 10,351 in 2008-9. The highest estimate in the past two decades was 21,497 for the 1999-2000 influenza season (HPA).

### Influenza vaccine – key details

- 2.6 The key details are that:
- vaccination is required annually
  - All authorised influenza vaccines need to meet immunogenicity, safety and quality criteria set by the European Medicines Agency (EMA), with the assessment of efficacy based on meeting or exceeding indicated requirements in serological assessments of immunogenicity
  - influenza vaccine is offered to those in the target populations as detailed in the [Green Book](#).

## 3. Scope

### Aims

- 3.1 The aim of the influenza immunisation programme is to protect those who are most at risk of serious illness or death should they develop influenza and reducing transmission of the infection, thereby contributing to the protection of vulnerable individuals who may have a suboptimal response to their own immunisation.

### Objectives

- 3.2 The aim will be achieved by delivering an evidence-based, population-wide immunisation programme that:
- identifies the eligible population and ensures effective timely delivery with optimal coverage
  - is safe, effective, of a high quality and is independently monitored
  - is delivered and supported by suitably trained, competent healthcare professionals who participate in recognised on-going training and development in line with national standards
  - delivers, manages and stores vaccine in accordance with national guidance
  - is supported by regular and accurate data collection using the appropriate returns.

### Direct health outcomes

- 3.3 In the context of health outcomes, the influenza vaccine programme aims to:
- protect the health of individuals and the wider population
  - protect those who are most at risk of serious infection or death should they develop influenza
  - reduce the transmission of infection, and thereby contribute to the protection of vulnerable individuals who may have suboptimal response to their own immunisation
  - achieve high coverage across all groups identified
  - minimise adverse physical/psychological/clinical aspects of immunisation (e.g. anxiety, adverse reactions).

### Baseline vaccine coverage

- 3.4 Local services must ensure they maintain and improve current immunisation coverage (with reference to vaccine coverage public health outcomes framework indicators) with the aim of 100% of relevant individuals being offered immunisation in accordance with the Green Book and other official DH/PHE guidance. This also includes reference to performance indicators and key deliverables that are set out in Annex B of the



NHS Public Health Functions Agreement (Section 7A) for 2015-2016.

3.5 In 201/16 we have set an ambition so that we:

- reach a minimum uptake of 75% for people aged 65 years and over
- reach a minimum uptake of 75% for people aged under 65 in risk groups, including pregnant women; and
- reach a minimum 75% uptake for health and social care workers.
- Any additional uptake targets, or revisions to the above targets, will be set out in the Annual Flu letter issued in Spring 2015.

## 4. Service description / care pathway

### Local service delivery

- 4.1 The delivery of immunisation services at the local level is based on evolving best practice. This section of the document specifies the high-level operational elements of the seasonal influenza vaccine programme, based on that best practice that NHS England must use to inform local commissioning, contracts and service delivery. There is also scope to enable NHS England and providers to enhance and build on specifications to incorporate national or local service aspirations that may include increasing local innovation in service delivery. However, it is essential, in order to promote a nationally aligned, high-quality programme focusing on improved outcomes, increasing coverage and local take-up that all the core elements as set out in the core specification are included in contracts and specifications.

### Target population

- 4.2 Providers will be required to make seasonal influenza vaccine available to:
- all those aged 65 years or older
  - all those aged six months or older in a clinical risk group as set out in the Green Book.
  - Pregnant women
  - people living in long-stay residential care homes or other long-stay care facilities
  - carers
  - Children as specified in the service specification for children's flu immunisation
  - Any changes to the groups recommended to be offered immunisation will be advised in the Annual Flu Letter to be published in Spring 2015, and in the updated influenza chapter of the Green Book relating to the 2015/16 flu season.
- 4.3 Medical practitioners must 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. Influenza vaccine should be offered in such cases even if the individual is not in the clinical risk groups specified above.
- 4.4 Consideration should also be given to the vaccination of household contacts of immunocompromised individuals, i.e. individuals who expect to share living accommodation on most days over the winter and therefore for whom continuing close contact is unavoidable. This may include carers

### Vaccine schedule

- 4.5 The guidance in the Green Book should be followed: <https://www.gov.uk/government/publications/influenza-the-green-book->

[chapter-19](#)

- 4.6 In order to provide early protection, providers must aim to complete the vaccination as early as possible in the third quarter of the year.
- 4.7 Sufficient immunisation appointments must be available so that individuals can receive vaccinations on time. Vaccinating individuals as soon as the vaccine is available will provide them with protection should the flu season prove to be early.

## Vaccine ordering

- 4.8 GPs, and others requiring supplies of flu vaccine, should order vaccine for those aged 65 years and older and those in adult clinical risk groups directly from the influenza vaccine manufacturers, as in previous years.
- 4.9 For ease of reference, the arrangements for the supply of vaccine for children are as follows. Live attenuated influenza vaccine (*Fluenz Tetra*®) will be purchased centrally for all children up to and including 6 years and for children aged 7 to 17 years in risk groups. For both healthy children and children in risk groups under 18 years of age where *Fluenz* is contraindicated, a suitable inactivated trivalent vaccines will be provided centrally and offered. The quadrivalent inactivated influenza vaccine (*Fluarix*™ *Tetra*®) is authorised for children aged from 3 years and is preferred because of the additional protection offered. Children aged less than 3 years should be given inactivated influenza vaccine (*Split Viron*) BP®. These vaccines should be ordered via ImmForm as per the usual mechanisms for the routine childhood immunisation programme, details of which are given in the core specification.

## Recording & Reporting requirements

- 4.10 The collection of data is essential. It has several key purposes including monitoring the local delivery of the programme and the coverage at national and local levels, and for outbreak investigations and response. In- depth analysis of coverage underpins any necessary changes to the programme, which might include the development of targeted programmes or campaigns to improve general coverage of the vaccination.
- 4.11 PHE will monitor and publish:
- WEEKLY cumulative data for national flu vaccine uptake by GP registered patients aged 65 years and older, six months to less than 65 years in clinical risk groups (excluding pregnant women) and women who are pregnant. Children aged 2, 3 and 4 years old (both in and not in clinical risk groups) are also included in this year's collection. Weekly data collection begins in week 39 2014, and continues to week 4 2015. Data is collected by ImmForm through the automatic extraction of data from GP records by GP IT suppliers from a large national sample of GP practices.
  - a. by GP registered patient uptake at the local level. Areas aged six months to less than
  - MONTHLY cumulative data for national flu vaccine uptake by GP registered patients aged 65 years and older, six months to less than 65 years in clinical risk groups (excluding pregnant women) and women who are pregnant. Children aged

2, 3 and 4 years old (both in and not in clinical risk groups) are also included in this year's collection. Data is collected in four monthly surveys from all GP practices. Data covers flu vaccinations given from 1<sup>st</sup> September 2014 up to the end of October, November, December and January respectively. Data extracted automatically (by GP IT suppliers on behalf of GP practices) and manual submission of data (directly by GP practices and Area Teams) are submitted to ImmForm.

- MONTHLY cumulative flu vaccine uptake by front line healthcare workers with direct patient contact working in Acute, Care, Foundation, Mental Health and Ambulance Trusts, Cumulative data for primary care staff, by Area Team is also collected. Both Trusts and Primary care are required to submit data manually in four monthly collections, covering vaccinations from 1 September 2014 up to the end of October, November, December and January via ImmForm.