

CYLCHLYTHYR IECHYD CYMRU



Llywodraeth Cymru
Welsh Government

Dyddiad Cyhoeddi: 16 Ebrill 2019

STATWS: CAM GWEITHREDU

CATEGORI: IECHYD Y CYHOEDD

Teitl: Rhaglen Genedlaethol Imiwneiddio Rhag y Ffliw 2019-2020

Dyddiad dod i ben / Adolygu Amherthnasol

I'w weithredu gan:

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

Er gwybodaeth i:

Fforwm Partneriaeth GIG Cymru
GPC (Cymru)
Coleg Brenhinol yr Ymarferwyr Cyffredinol
Coleg Nyrsio Brenhinol
Coleg Brenhinol y Bydwagedd
Cymdeithas Ddeintyddol Prydain
Cymdeithas Fferyllol Frenhinol
Fferylliaeth Gymunedol Cymru
Gwasanaeth Gwybodeg GIG Cymru
Prif Weithredwr, Cymdeithas Llywodraeth Leol
Cymru

Anfonir gan:

Dr Frank Atherton, Y Brif Swyddog Meddygol / Cyfarwyddwr Meddygol GIG Cymru

Enw(au) Cyswllt AIGC yn Llywodraeth Cymru:

Y Gwasanaethau Diogelu Iechyd, yr Adran Iechyd a Gwasanaethau Cymdeithasol, Llywodraeth Cymru,
Parc Cathays, Caerdydd. CF10 3NQ E-bost: HealthProtection@llyw.cymru

Dogfen(nau) amgaeedig:

Rhaglen Brechu Plant Rhag y Ffliw 2019-2020 – Manyleb Gwasanaeth Ychwanegol Cenedlaethol

Rhaglen Genedlaethol Imiwneiddio Rhag y Ffliw 2019-2020

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

Rwy'n deall pa mor heriol yw cyflwyno rhaglen frechu rhag y fflw i nifer fwy o bobl o flwyddyn i flwyddyn. Er mwyn helpu gyda'r gwaith cynllunio, mae'r llythyr hwn yn rhoi gwybodaeth am y rhaglen ar gyfer 2019-20.

Mae fy negeseuon allweddol ar gyfer tymor y fflw sydd ar y gorwel yn cynnwys:

- **Pwysigrwydd brechu plant yn gynnar yn y tymor.** Mae heintiau yn gallu trosglwyddo'n gyflym iawn ymysg plant ac mae'r brechlyn ar gyfer y grŵp oedran hwn yn effeithiol iawn. (Ar gyfer tymor y fflw 2018-19 amcangyfrifir bod y brechlyn wedi gweithio yn achos 89%). Byddai cynyddu nifer y plant cymwys 2 a 3 oed sy'n cael eu brechu yn cael effaith fawr ar drosglwyddiad y fflw ar draws pob grŵp oedran yn y gymuned.
- **Cynyddu nifer y bobl o dan 65 oed mewn grwpiau risg clinigol sy'n cael eu brechu.** Mae'r niferoedd sy'n 64 oed neu'n iau ac sy'n cael eu brechu rhag y fflw yn parhau i fod yn siomedig. Gyda'n gilydd, mae angen gwneud mwy i wella'r niferoedd sy'n cael eu brechu yn y grŵp oedran hwn. Bydd clinigwyr gofal eilaidd yn dymuno ystyried eu cyfraniad i'r gwaith o sicrhau bod cleifion sydd â chyflyrau cronig yn deall pa mor bwysig yw cael eu brechu rhag y fflw yn flynyddol.
- **Cynyddu nifer y staff iechyd a gofal cymdeithasol ar y rheng flaen sy'n cael eu brechu.** Mae dyletswydd ar weithwyr iechyd a gofal cymdeithasol i amddiffyn y bobl y maent yn gofalu amdanynt rhag dal y fflw. Disgwylir i'r ffigurau ddangos bod nifer is o staff y GIG ledled Cymru wedi cael eu brechu na'r hyn a welwyd mewn tymhorau blaenorol, sy'n gwyrddroi tueddiad hirdymor. Amcangyfrifir bod tua 14% o staff cartrefi gofal a nyrsio wedi cael eu brechu yn ystod blwyddyn gyntaf y rhaglen. Bydd cynyddu'r niferoedd sy'n cael eu brechu ymhlith y grwpiau hyn yn helpu i leihau'r achosion o drosglwyddo heintiau i gleifion bregus a defnyddwyr y gwasanaeth.

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

Yn gywir,



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

RHAGLEN BRECHU RHAG Y FFLIW TYMHOROL 2019-2020

Grwpiau cymwys eraill

Ceir rhestr fanwl yn Atodiad A. I grynhoi, y grwpiau cymwys yw:

- plant sy'n ddwy a thair oed ar 31 Awst 2019
- plant cynradd sy'n cynnwys plant o oedran dosbarth derbyn i flwyddyn 6
- pobl 65 oed neu'n hŷn
- plant chwe mis oed i iau na 65 oed mewn grwpiau risg clinigol
- merched beichiog
- pobl sy'n byw mewn cartrefi gofal neu gyfleusterau gofal preswyl hirdymor.
- gofalywyr (fel y maent wedi'u diffinio yn Atodiad A - nid yw'n cynnwys unrhyw rolau galwedigaethol a thâl megis athrawon, gweithwyr mewn meithrinffeydd neu weithwyr cymdeithasol ac ati).
- y rhai sydd â chysylltiad agos ag unigolion sydd ag imiwnedd gwan.

Nid yw'r rhestr yn Atodiad A yn un gynhwysfawr a dylai ymarferwyr cyffredinol, gan gynnwys nyrsys a fferyllffeydd sy'n rhagnodi, ddefnyddio'u barn glinigol i ystyried a oes risg y bydd yr unigolyn yn dal y fflw cyn penderfynu a ddylid cynnig brechlyn y fflw iddo.

Bydd staff sy'n gweithio mewn cartrefi gofal preswyl i oedolion, cartrefi gofal nyrsio a hosbisau plant yn parhau i fod yn gymwys i gael brechiadau di-dâl rhag y fflw drwy fferyllffeydd cymunedol. Nid yw'n fwriad i ymestyn y rhaglen hon yn 2019-20. Mae manylion pellach am y rhaglen bresennol ar gael yn WHC(2018)036. Ewch i:

<http://gov.wales/docs/dhss/publications/2018complaintscy.pdf>

Argymhellir hefyd bod pob gweithiwr iechyd a gofal cymdeithasol sy'n dod i gysylltiad uniongyrchol â chleifion/cleientiaid yn cael eu brechu rhag y fflw. Dylai hyn gael ei ddarparu fel rhan o bolisi'r sefydliad cyflogi ar gyfer atal y fflw rhag cael ei drosglwyddo er mwyn amddiffyn y staff a'r rhai y maent yn gofalu amdanynt. Gweler Atodiad D i gael rhagor o fanylion.

Amddiffyn pobl mewn ysbytai

Gall brechu staff gofal iechyd ar y rheng-flaen leihau'r achosion o drosglwyddo haint i bobl fregus. Mewn ysbytai, mae'n bwysig sicrhau bod y diogelwch gorau posibl ar gael ar gyfer y cleifion hynny sydd â chyflyrau penodol lle mae'r system imiwnedd yn wan a gallai dal y fflw beri niwed mawr iddynt. Mae'r adrannau hynny lle mae'r risg i'r cleifion yn debygol o fod fwyaf yn cynnwys hematoleg, oncoleg, trawsblaniad mêr esgyrn, gofal dwys i'r newydd-anedig ac unedau gofal arbennig i fabanod. Mae'n bosibl y bydd rhai meysydd ychwanegol yn bodoli'n lleol lle y mae nifer fawr o gleifion bregus yn derbyn gofal clinigol un i un dwys.

Fel rhan o'r mesurau atal haint, rwy'n gofyn i'r byrddau a'r ymddiriedolaethau iechyd gynnal asesiad risg ym mhob adran berthnasol er mwyn ystyried yr effeithiau pan fydd staff sydd heb eu brechu yn rhoi gofal uniongyrchol i gleifion bregus.

Y targedau ar gyfer brechu

Mae'r targedau ar gyfer brechu yn 2019-20 yr un fath â rhai'r llynedd:

- brechu 75% o bobl 65 oed a throsodd a menywod beichiog.
- brechu 55% o'r rhai rhwng chwe mis oed a 64 oed mewn grwpiau risg clinigol.
- brechu 60% o weithwyr gofal iechyd sy'n darparu gofal uniongyrchol i gleifion.

Y nod yw gweld isafswm o 75% o bobl 65 oed a throsodd yn cael eu brechu fel yr argymhellir gan Sefydliad Iechyd y Byd. Yn achos y rhai rhwng chwe mis oed a 64 oed sydd mewn grwpiau risg clinigol, y targed hirdymor yw 75% hefyd. Targed dros dro yw'r targed presennol o 55%, a hynny am fod y lefelau presennol gryn dipyn yn is na'r dyhead hwn.

Er gwaetha'r her a welwyd yr hydref diwethaf o ganlyniad i gyflwyno'r brechlyn sy'n cynnwys cyffur ategol a argymhellwyd i'r rhai hynny 65 oed a throsodd, rwy'n falch iawn bod y nifer sydd wedi'u brechu a gofnodwyd yn debyg iawn i'r ffigurau a welwyd yn ystod 2017/18 ac ychydig yn uwch na'r lefelau ar gyfer 2016/17. Hoffwn longyfarch pawb, ac yn enwedig practisau cyffredinol, sydd wedi helpu i sicrhau bod cleifion yn cael y brechlyn a argymhellwyd cyn gynted â phosibl o dan yr amgylchiadau anodd hyn.

Mae'r niferoedd sy'n 64 oed neu'n iau ac sy'n cael eu brechu rhag y fflw yn parhau o fod yn siomedig. Er nad yw'r ffigurau terfynol wedi'u pennu'n derfynol eto ar gyfer y tymor, mae'n debygol nad oes mwy na 45% o'r grŵp

hwn wedi cael eu brechu. Gyda'n gilydd, mae angen gwneud mwy i gynyddu nifer y rhai sy'n cael eu brechu yn y grŵp hwn. Bydd clinigwyr gofal eilaidd yn dymuno ystyried eu cyfraniad hwy i'r gwaith o sicrhau bod cleifion sydd â chyflyrau cronig yn deall pa mor bwysig yw cael eu brechu rhag y fflw yn flynyddol.

Dylai pob unigolyn sy'n gymwys i gael eu brechu rhag y fflw oherwydd oedran neu risg clinigol gael eu gwahodd am frechiad, dylent hefyd gael eu galw eto am yr eildro os nad ydynt yn ymateb i'r gwahoddiad cyntaf.

Y rhaglen i blant

Nid oes targedau penodol wedi'u pennu eto ar gyfer y rhaglen i blant. Fodd bynnag, mae amrywiaeth sylweddol yn parhau yn y niferoedd brechu ym mhob ymddiriedolaeth a bwrdd iechyd. Y disgwyliad yw y bydd y cyfraddau'n gwella ar draws y rhaglen hon yn ardal pob bwrdd iechyd, yn enwedig ymhlith plant oedran cyn ysgol.

Mae gwella'r cyfraddau brechu mewn plant yn bwysig o ran diogelu'r unigolion, a hefyd oherwydd y diogelwch anuniongyrchol y mae'n ei roi i weddill y boblogaeth. Hoffwn weld rhagor o ymdrech o safbwynt brechu plant cyn ysgol gan nad yw'r cyfraddau mor uchel ag y maent mewn ysgolion. **Dylid mynd ati i alw plant dwyflwydd a theirblwydd oed a chynnig brechiad iddynt mor gynnar â phosibl yn y tymor**, ar ôl i'r brechlyn fod ar gael er mwyn helpu i leihau'r graddau y caiff y fflw ei drosglwyddo i grwpiau agored i niwed eraill yn y gymuned.

Mae'r Cydbwyllgor ar Imiwneiddio a Brechu wedi argymhell bod oedi'n digwydd cyn estyn y rhaglen i blant i ysgolion uwchradd hyd nes y bydd wedi'i rhoi ar waith i holl blant oedran cynradd ar draws y DU. Cyflawnwyd hyn yng Nghymru yn 2018-19 a bydd holl ardaloedd y DU wedi cwblhau'r gwaith yn 2019-20. Bydd yr oedi yn ein galluogi i gasglu rhagor o ddata ar effaith y rhaglen ar y graddau y caiff fflw ei drosglwyddo ac a fyddai estyn y rhaglen i gynnwys plant hŷn yn fuddiol.

Mae rhagor o wybodaeth am y rhaglen i blant ar gael yn Atodiad B.

Staff iechyd a gofal cymdeithasol

Fel yn y gorffennol, dylai sefydliadau'r GIG gynnig brechiadau rhag y fflw i bob aelod o staff sy'n darparu gofal iechyd uniongyrchol.

Unwaith eto bydd staff sy'n gweithio mewn cartrefi gofal i oedolion a chartrefi nyrsio yng Nghymru yn cael cynnig brechlyn drwy drefniadau gyda fferyllfeydd cymunedol. Mae cyflogwyr sy'n darparu gofal cymdeithasol mewn lleoliadau eraill yn parhau yn gyfrifol am gynnig brechiadau rhag y fflw i'w gweithwyr. A hynny oherwydd mewn sefydliadau preswyl y mae'r risg fwyaf o drosglwyddo'r fflw.

Dylai darparwyr gofal sylfaenol annibynnol megis practisau cyffredinol, practisau deintyddol neu optometreg a fferyllfeydd cymunedol gynnig brechlyn i'w staff rheng-flaen fel rhan o'u dyletswyddau iechyd galwedigaethol.

Gweler Atodiad C i gael rhagor o fanylion.

Argymhellion ar gyfer brechu rhag y fflw

Mae'r cyngor a'r canllawiau ar gyfer archebu brechlynnau'r fflw ar gyfer 2019-20 eisoes wedi'u cyhoeddi ar wahân.

Cylchlythyrau Iechyd Cymru WHC(2018)045 a WHC(2019)002 yw'r rhai perthnasol. Mae'r cylchlythyrau wedi'u cyhoeddi yn:

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

Cytunwyd gyda GPC (Cymru) y bydd byrddau iechyd ond yn ad-dalu pan fydd y brechlynnau fflw yn cael eu rhoi yn unol â'r argymhelliad yn y cylchlythyrau uchod. Mae'r Gwasanaethau Gwell dan Gyfarwyddyd (DES) yn cael ei ddiwygio yn unol â hynny.

Mae rhagor o wybodaeth ar gael yn Atodiad D.

Fferyllfeydd Cymunedol

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

Yr unigolion sy'n wynebu risg:

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

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

Staff cartrefi gofal a chartrefi nyrsio:

Unwaith eto caiff fferyllfeydd cymunedol gynnig brechiadau rhag y fflw i staff cymwys sy'n gweithio mewn cartrefi gofal preswyl i oedolion, cartrefi nyrsio a hosbisau plant. Dylai fferyllwyr fynd ati i hyrwyddo'r brechiad ymhlith y

rheolwyr cartrefi gofal y maent yn cydweithio gyda hwy. Mae'n bosibl y bydd fferyllfeydd cymunedol sy'n cyflenwi meddyginiaethau i gartrefi gofal yn dymuno gwneud trefniadau â'r cartrefi hynny i gynnig y brechiad i staff ar y safle. Opsiwn arall fyddai cyfeirio'r staff i ymweld ag unrhyw fferyllfa sy'n darparu gwasanaeth brechiad fflw y GIG. Mewn rhai ardaloedd gwledig mae'n bosibl nad oes fferyllfa gymunedol sy'n cynnig gwasanaeth brechu rhag y fflw a gallai hynny fod yn rhwystr sy'n atal staff rhag cael eu brechu. O dan yr amgylchiadau hynny, dylai byrddau iechyd gytuno ar ddulliau eraill o ddarparu'r brechlyn mewn cartrefi gofal penodol neu mewn ardaloedd lle y mae hyn yn berthnasol.

Dylai fferyllfeydd sicrhau bod meddygfeydd yn cael gwybod yn brydlon am yr holl gleifion sydd wedi'u brechu. Dylai meddygon teulu wneud yn siŵr bod yr holl wybodaeth a ddaw i law am frechiadau fflw a roddir i'w cleifion y tu allan i'r feddygfa yn cael eu cofnodi'n brydlon ar nodiadau unigol y cleifion.

Dylai'r byrddau iechyd sicrhau bod Cyfarwyddiadau Grwpiau Cleifion yn cael eu cyhoeddi'n brydlon er mwyn galluogi fferyllwyr cymunedol i gynnig brechiadau fflw'r GIG mor gynnar â phosibl yn y tymor. Dylai'r Cyfarwyddiadau Grwpiau Cleifion gynnwys yr holl grwpiau cymwys y caiff y fferyllfeydd cymunedol ddarparu'r gwasanaeth hwn iddynt.

Deunyddiau Cyhoeddusrwydd a Gwybodaeth

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

http://www.nhsdirect.wales.nhs.uk/encyclopaedia/f/article/flu_seasonal/?locale=CY

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

www.publichealthwales.org/HealthInformationResources

neu drwy ffonio 029 2010 4650.

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

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

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

www.beatflu.org neu www.curwchffliw.org

Gwylidwraeth ac Adrodd

Mae Iechyd Cyhoeddus Cymru yn cyhoeddi diweddariadau wythnosol drwy gydol y flwyddyn am fflwg yng Nghymru, ynghyd â chrynodeb ar gyfer y DU a'r byd. Rhwng mis Hydref 2019 a mis Ebrill 2020, bydd yr adroddiad wythnosol hefyd yn rhoi'r diweddraf am hynt ymgyrchoedd imiwneiddio rhag fflwg ar gyfer y cyhoedd a staff y GIG. Mae'r adroddiad ar gael yn:

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

O fis Hydref 2019 i fis Ebrill 2020, bydd Iechyd Cyhoeddus Cymru unwaith eto'n darparu adroddiadau imiwneiddio wythnosol unigol i fyrddau iechyd, clystyrau o feddygfeydd a phractisau cyffredinol yng Nghymru. Gall yr adroddiadau hyn helpu i lywio'r gweithgaredd i sicrhau bod mwy yn cael y brechlyn fflwg ar lefel clystyrau gofal sylfaenol a meddygfeydd. Mae'r adroddiadau hyn ar gael i'r rheini sydd â mynediad i fewnwyd y GIG drwy gynllun Adrodd Ar-lein Brechu rhag Fflwg (IVOR) Iechyd Cyhoeddus Cymru yn:

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

Ym mis Mehefin 2020 bydd Iechyd Cyhoeddus Cymru yn cyhoeddi'r crynodeb epidemiolegol blynyddol ar y fflwg yng Nghymru a'r niferoedd sydd wedi cael eu brechu rhag y fflwg.

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

Y Llyfr Gwyrdd

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

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

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

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

Eligible groups included in the national flu immunisation programme

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

The following provides a summary of the groups recommended to be offered flu vaccinations in 2019-20. For full details, healthcare practitioners should refer to the influenza chapter of the Green Book “Immunisation against infectious disease” at:

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

Children

Children aged two and three years on 31 August 2019 i.e. date of birth on or after 1 September 2015 and on or before 31 August 2017. Vaccination will be offered through general practice (or the school nursing service where local agreements are in place for children aged three years).

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

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

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

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

People aged 65 years and over

Includes those becoming age 65 years by 31 March 2020 (i.e. born before 1st April 1955).

This age eligibility criteria is lowered to 55 years of age for those in prison. This is based on evidence that many adults in prison are physiologically 10 to 15 years older than their counterparts in the community.

People aged six months to less than 65 years with a serious medical condition including:

Chronic respiratory disease such as asthma requiring regular inhaled steroids, or chronic obstructive pulmonary disease (COPD)

Chronic heart disease

Chronic kidney disease at stage 3, 4 or 5

Chronic liver disease

Chronic neurological disease such as Parkinson's disease, motor neurone disease or learning disability (where clinically vulnerable)

Diabetes

Immunosuppression due to disease such as HIV/AIDS or treatment such as cancer treatment (and household contacts of at risk individuals).

Asplenia or dysfunction of the spleen

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

Pregnant women

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

People living in care homes or other long-stay care facilities

Vaccination is recommended for people living in care homes or other long-stay care facilities where rapid spread is likely to follow introduction of infection and cause high morbidity and mortality.

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

Carers

Those who are the unpaid carer, including young carers, of a person whose health or welfare may be at risk if the carer falls ill, including those who receive a carer's allowance. The carer need not reside with, or be related to, the person being cared for.

People in paid occupational roles are not eligible as carers by consequence of their employment e.g. teachers, nursery and social workers.

Third sector carers

Individuals who work on a voluntary basis (are not paid for their time and effort) providing care on a frequent basis to one or more elderly, disabled or otherwise vulnerable person whose welfare would be at risk if the individual became ill.

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

Members of voluntary organisations providing planned emergency first aid

Individuals who work on a voluntary basis (are not paid for their time and effort) in organisations which provide planned emergency first aid at organised public events.

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

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

Community First Responders

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

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

Healthcare workers

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

Staff working in residential care homes

All staff employed in adult residential care homes, nursing care homes and children's hospices who are in regular contact with residents, are eligible through the community pharmacy NHS seasonal influenza vaccination service or their GP if in an eligible clinical risk group. For further detail see:

<https://gov.wales/docs/dhss/publications/whc2018-036en.pdf>

Social care staff

Social care staff, including domiciliary care workers, should be offered/facilitated vaccination by their employer.

Locum GPs

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

The list above is not exhaustive, and practitioners should apply clinical judgement to take into account the risk of flu exacerbating any underlying disease that a patient may have, as well as the risk of serious illness from flu itself. Flu vaccine should be offered in such cases even if the individual is not in one of the groups specified above.

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

Clinicians are encouraged to consider the needs of individuals waiting for a transplant. The current recommendations for flu vaccine cover a wide range of chronic diseases and therefore most transplant-list patients are likely to be in a recognised clinical risk group and eligible for immunisation. Practitioners should apply clinical judgement to take into account the risk of flu exacerbating any underlying condition a patient may have.

The Children's Flu Immunisation Programme

The aim of the routine annual flu immunisation programme for children is to provide individual protection to the vaccinated children themselves and to reduce transmission of flu across all ages. The Joint Committee on Vaccination and Immunisation (JCVI) recommends that all eligible children are offered a live attenuated influenza vaccine (LAIV) administered as a nasal spray. This is a quadrivalent vaccine.

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

Since the introduction of LAIV for children in the UK, the vaccine effectiveness for laboratory confirmed infection has been good. In 2016-17, the vaccine was estimated to be 65.8% effective at preventing laboratory confirmed influenza in UK children aged two to 17 years. Although the overall vaccine effectiveness was lower in 2017-18 at 26.9%, a predominately influenza A(H3N2) season in Wales, with co-circulation of influenza B, protection varied considerably by strain and remained high against influenza A(H1N1)pdm09 at 90% and influenza B at 60.8%, both of which can have an impact of children. Vaccine effectiveness for the 2018-19 season against A(H1N1)pdm09 is expected to be around 89%.

The JCVI has advised that greater priority should be given to improving vaccine uptake in children because of the indirect protection this offers to the rest of the population. **Prioritising the vaccination of children as early as possible in the season is likely to have an increased impact on protecting others in at risk groups from the effects of flu. Practices and school nursing services should aim to vaccinate all eligible children before the Christmas break.**

Uptake targets

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

In the 2018-19 season, there has again been significant variation in reported uptake between health board areas, particularly in children aged two and three years. For the reasons outlined above, it is important that practices and health boards maximise uptake in children.

Eligible Groups of Children for 2019-20

Flu vaccination should be offered to:

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

General practices should offer immunisation to all registered patients aged two and three years on 31 August 2019 (i.e. dates of birth from 1 September 2015 to 31 August 2017 inclusive) except where local agreements are in place for the school nursing service to offer vaccination to children aged three years in school nurseries.

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

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

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

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

It is expected that the majority of children aged four years on 31 August 2019 will be attending school in reception classes. For the small number that do not, GP surgeries should offer the vaccine on request, or opportunistically to children who attend for other purposes. GP practices should also offer vaccination opportunistically or at request to eligible children who do not attend a school covered by a health board flu immunisation programme.

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

Vaccination sessions

Vaccination sessions should not be planned before the second week in October, to reduce the risk of having to re-schedule, due to vaccine availability. School vaccination programmes should aim to complete before the Christmas break. The dates when Immform ordering of LAIV will be opened and first deliveries of vaccine are scheduled will be notified as soon as possible later in the year.

Use of live attenuated influenza vaccine for children

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

The JCVI recommended LAIV as it:

- Has good efficacy in children, particularly after a single dose.
- Is more acceptable to children, their parents and carers due to intranasal administration.
- Has the potential to provide protection against circulating strains that have drifted from those contained in the vaccine.
- May offer important longer term immunological advantages to children by replicating natural exposure/infection to induce potentially better immune memory to influenza that may not arise from the annual use of inactivated flu vaccines.

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

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

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

Contraindications and Precautions

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

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

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

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

Egg Allergy

In 2015, the JCVI advised that, except for those with severe anaphylaxis to egg which has previously required intensive care, children with an egg allergy can be safely vaccinated with LAIV in any setting (including primary care and schools). Those with clinical risk factors that contraindicate LAIV should be

offered an inactivated flu vaccine with a very low ovalbumin content (less than 0.12 µg/ml).

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

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

Porcine Gelatine

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

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

Use of Nasal Flu Vaccine

LAIV has a shorter shelf life (maximum of 18 weeks) than other influenza vaccines and some of this will have passed by the time the vaccine has been supplied to practices or health boards. The expiry date should be checked before use. Vaccine has been ordered in batches with varying expiry dates to cover the period over which, historically, the flu vaccine has been used. It is expected that all the LAIV will expire in early 2020, though this will depend on actual vaccine production dates.

Vaccine Ordering

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

The dates LAIV will become available, and the quantities, will not be known with certainty until near the date. Limits will be applied to vaccine orders to avoid an interruption of the central supply. This must be taken into account in planning vaccination sessions. Arrangements for clinics should not be confirmed until LAIV availability is assured.

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

Funding and service arrangements

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

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

All funding for the children's programme, whether delivered through general practices or the school nursing service, has been transferred to health boards core allocation budgets. No further in-year funding will be allocated.

Health and Social Care Workers

Background

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

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

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

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

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

www.wales.nhs.uk/immslearning

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

http://www.gmc-uk.org/guidance/good_medical_practice/your_health.asp

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

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

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

<https://www.rcn.org.uk/beat-the-flu>

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

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

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

Rationale for Vaccination

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

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

Healthcare workers are at increased risk of flu infection, and vaccination reduces that risk. Vaccine effectiveness is usually in the range of 40-60%.

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

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

Communications

Health care employers, including primary care contractors, must actively promote the positive benefits of flu vaccination to front line workers by giving staff balanced and factually correct information in a timely manner. Health

boards/trusts need to demonstrate strong leadership in helping staff understand that if they refuse to be vaccinated they put themselves, their families and the people they care for at unnecessary risk.

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

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

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

Flu vaccine recommendations

To provide maximum protection, it is important that the most effective flu vaccines for the population are offered. Only effective vaccines as recommended below will be eligible for reimbursement as part of the programme funding arrangements.

Welsh Health Circular 2018(045) issued on 6 November 2018 and Circular 2019(002) issued on 30 January 2019 provide advice and guidance on ordering flu vaccines for 2019-20. The circulars are published at:

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

The following table provides a summary of the recommended vaccines based on advice from the JCVI:

Product	Suitable for use in clinical at-risk / eligible adults under 65 years	Suitable for use in adults 65 years and over	Licensure status	Recommended for use in 2019-20	NHS list Cost per dose (See link below for further detail on vaccines, cost and supplier)
Standard trivalent vaccines (TIVe)	NO	NO	Licensed	NO	NA
Standard egg-grown quadrivalent vaccines (QIVe)	YES	NO	Licensed	YES	Products available at £8.00 and £9.94
Adjuvanted trivalent vaccine (aTIV)	NO	YES	Licensed (for those aged 65 and over)	YES	£9.79
Cell-grown quadrivalent vaccine (QIVc)	YES	YES	Licensed (aged 9 years and over)	YES	£9.94
High-dose trivalent vaccine (TIV-HD)*	NO	YES*	Licensed (for those aged 65 and over)	NO*	£20.00

*due to the high list price, this vaccine is not recommended for routine use.

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

Pregnant Women

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

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

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

When to Offer the Vaccine to Pregnant Women

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

www.publichealthwales.org/flu-activity

Data Review and Data Recording

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

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

Uptake of flu immunisation in pregnant women will be estimated by Public Health Wales, working with health board midwifery services, using a survey carried out at point of delivery in January 2020.

Further information is available from

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

Vaccine Virus Strains

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

It is recommended that quadrivalent vaccines for use in the 2019-20 northern hemisphere influenza season contain the following:

- an A/Brisbane/02/2018 (H1N1)pdm09-like virus;
- an A/Kansas/14/2017 (H3N2)-like virus;
- a B/Colorado/06/2017-like virus (B/Victoria/2/87 lineage); and
- a B/Phuket/3073/2013-like virus (B/Yamagata/16/88 lineage)

It is recommended that the influenza B virus component of trivalent vaccines for use in the 2019-2020 northern hemisphere influenza season be a B/Colorado/06/2017-like virus of the B/Victoria/2/87-lineage.

Further information can be found at

https://www.who.int/influenza/vaccines/virus/recommendations/2019_20_north/en/

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

The arrangements, reviews and funding for the flu immunisation programme remain the same as in previous years, apart from the change referred to on page 5 above relating to offering recommended vaccines.

The Primary Medical Services (Directed Enhanced Services) (Wales) Directions 2007 (the DES Directions)¹

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

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

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

Data Collection - Monitoring and Reporting Vaccination Uptake

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

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

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

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

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

Manual data submissions will be required from any general practices that choose not to use the Audit+ software. (In 2018-19, all practices in Wales used Audit+ to provide information on flu vaccination uptake).

Uptake of flu immunisation in pregnant women will be ascertained by Public Health Wales, working with health board midwifery services, using a survey carried out at point of delivery in January 2020.

Public Health Wales will collect data to monitor flu vaccination uptake in NHS staff on a monthly basis from health board occupational health departments. Guidance on data definitions and reporting requirements for the 2019-20 season will be provided by Public Health Wales before the start of the programme. This will include guidelines on denominator ascertainment, categorisation of staff and template data return forms. Uptake in General Practice staff will be ascertained through an online survey of practices at the end of the season.

Influenza vaccination uptake will be reported on a weekly basis through the Influenza Vaccination Online Reporting (IVOR) scheme. Weekly reports are published at practice, cluster, Local Authority and Health Board levels here:
<http://nww.immunisation.wales.nhs.uk/ivor>

National level influenza immunisation uptake data will also be reported in the publicly available Public Health Wales weekly influenza surveillance report:
<http://www.publichealthwales.org/flu-activity>

Community Pharmacists

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

Social Care Workers

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

Monitoring Safety

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

<https://yellowcard.mhra.gov.uk/>

Childhood Influenza Vaccination Programme 2019-2020

Service Specification

National Enhanced Service Specification For Childhood Influenza Vaccination Programme 2019-2020

Introduction

1. This programme is directed at GP practices delivering vaccination and immunisation services in Wales.
2. This programme has been agreed between the Welsh Government and General Practitioners Committee (Wales) (GPC(W)) of the British Medical Association (BMA). The service requirements are included at Annex A.
3. As an Enhanced Service, GP practices may choose whether to participate in this programme.

Background

4. The Joint Committee on Vaccination and Immunisation (JCVI) has recommended that the influenza programme be extended to all children aged from 2 to 17 years inclusive. This is in order to lower the impact of influenza on children and reduce influenza transmission to other children, adults and those in clinical risk groups at any age.
5. For 2019-20, the childhood programme will offer vaccination to the following age groups:
 - Children aged two and three years on 31 August 2019 will continue to be vaccinated through primary care by invitation.
 - Children in school reception class (ages 4 -5 years) and in all primary school years 1 to 6 (ages 5 to 11 years) are to be offered the vaccine in school via the school nursing service.
 - Children aged four years on 31 August 2019 who do not attend school will be offered the vaccine on request or opportunistically by primary care. It is expected that this will apply to very few children as the majority will attend school from four years of age.

6. It is anticipated that the programme for primary care will involve actively inviting approximately 70,000 two and three year olds in Wales in 2019-20 for influenza vaccination.
7. Practices will remain responsible, in line with longstanding agreements and practice, to identify, call/recall and vaccinate all other children in clinical risk groups as defined in the Welsh Health Circular - National Influenza Immunisation Programme 2019 -20.

Duration and patient cohort

8. The target time frame for this programme is for five months from 1 August 2019 to 31 December 2020 in order to achieve maximum impact of the programme before influenza starts to circulate. However, two and three year olds should be offered vaccination as early as possible in the season, subject to vaccine availability, to help reduce flu transmission in the community to other vulnerable groups. Practices should ensure that vaccine is available before arranging clinics. Practices may continue to vaccinate eligible patients until 31 March 2020, for whom they will receive payment.
9. Practices will be required to vaccinate all registered patients who are:
 - a. **aged 2 or 3 years on 31 August 2019** on either:
 - A proactive call basis, if not considered in a clinical risk group, or
 - A proactive call and recall basis, if considered to be in a clinical risk group².

Proactive call requires a written or verbal invitation to be made for all eligible individuals; recall requires at least one communication with those who fail to attend following initial invitation.

- b. **Aged 4 years on 31 August 2019** who do not attend a school covered by a health board school vaccination programme.

It is expected that the majority of children aged four years will be in a mainstream school. Practices are not required to issue proactive invitations for children aged four years. Children should be vaccinated on request from the parent/guardian or opportunistically where the child presents for another purpose.

² The at-risk groups are defined in the Welsh Health Circular - National Influenza Immunisation Programme 2019-20.

c. All primary school children. These will be in school reception class and school years 1, 2, 3, 4, 5 and 6 (or of that age group):

- Where the parent/guardian has consented to the vaccine but the child missed the opportunity to be vaccinated in school,
- Who do not attend a school covered by a health board school vaccination programme.

Children who miss the vaccination opportunity offered in school will be given a letter from the school nursing service advising them to contact their GP surgery specifically to request an influenza vaccination. This letter will stress the need to mention the purpose of the visit as a routine appointment is not appropriate.

d. In clinical risk groups in school reception class or school years 1, 2, 3 and 4, (or of that age group) who require a second dose of vaccine (applicable to children under nine years of age).

Children in clinical risk groups who have not previously been vaccinated against influenza and who have received their first dose of vaccine via the school's programme (where this is identified) will be given a letter from the school nursing service advising them to contact their GP surgery to request the second dose, due at least four weeks after the first dose. The letter will stress the need to mention the purpose of the visit as a routine appointment is not appropriate. See paragraph 15 below for further information.

Children in clinical risk groups and under 9 years of age who do not attend a school covered by a health board seasonal influenza vaccination programme (as described in paragraph 9 c) will also require a second dose four weeks later if they are receiving influenza vaccine for the first time.

10. Children who are not in a clinical risk group who present after the expiry date of any available LAIV should not routinely be offered injectable vaccine as an alternative. Children who are in a clinical risk group should be immunised whenever they present during the season in line with existing recommendations with LAIV as the vaccine of choice, or alternatively injectable influenza vaccine if LAIV is not available or contraindicated.

Vaccine

11. Live attenuated influenza vaccine (LAIV) is the recommended vaccine for this programme and is administered as a nasal spray. It is also the recommended vaccine for children aged two years and over in a clinical risk group.
12. The short shelf life of the LAIV may mean that it is not available for the entire season, but this depends on the production and delivery schedule.

13. The vaccine has been centrally procured and should be ordered in the same way as other childhood vaccines.
14. One dose is required for patients in the cohort who are not in a clinical risk group and those in a clinical risk group who have previously received an influenza vaccine. Two doses are required for patients in the cohort who are included in a clinical risk group and under 9 years of age who have not previously received an influenza vaccine. Where two doses of vaccine are to be administered, this must be done at least four weeks apart.
15. Any prescribing practitioner may arrange to administer the vaccine:
 - a. Using Patient Group Directions (PGDs); it must be administered by a registered health care practitioner.
 - b. Under Patient Specific Directions (PSDs); a non-registered individual may administer under the direction of the prescriber although the prescriber is still liable.
16. Children in eligible groups contraindicated LAIV should be offered a suitable licensed injectable quadrivalent influenza vaccine. Children aged 6 months to under two years of age in a clinical risk group should also be offered a suitable licensed injectable quadrivalent influenza vaccine.
17. Practices will be reimbursed for this as for children in clinical risk groups.

Data Collection

18. Practices should record all administered doses, using appropriate Read codes or SNOMED clinical terms, in the practice clinical information system. Aggregate data will automatically be provided to Public Health Wales, in the same manner as for adult influenza immunisation, to enable surveillance of immunisation uptake. Practices that have opted out from automatically providing this data throughout the season, or are otherwise unable to do so, will be required to make a manual return using an appropriate form provided by Public Health Wales.
19. Public Health Wales will monitor and report influenza immunisation uptake to practices, health boards and trusts, the Welsh Government and the general public. Data to monitor vaccine uptake will be collected automatically in the same way that it is for the adult influenza immunisation programme. The data extraction will begin in October and continue on a weekly basis for the duration of the campaign. Information on the Read codes which will be used for influenza immunisation uptake monitoring purposes can be found on the PHW intranet site:
<http://nww.immunisation.wales.nhs.uk/flu-data-specs-1>

20. Public Health Wales will once again be providing individual weekly reports for all general practices in Wales during the influenza season. These reports are intended to assist in local monitoring of uptake each week, for those involved in planning and delivering the influenza immunisation programme in primary care. The reports are available through the Public Health Wales Influenza Vaccination Online Reporting (IVOR) scheme:

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

Payment and validation

21. Practices will receive an item of service (IOS) payment at the current applicable rate per dose in respect of each registered patient who is eligible and who is vaccinated during the specified period.
22. GP practices will only be eligible for payment for this service in circumstances where all of the following requirements have been met:
- a. The practice is contracted to provide vaccine and immunisations as part of Additional Services.
 - b. All patients in respect of whom payments are being claimed were on the practice's registered list at the time the vaccine was administered.
 - c. The practice administered the vaccine to all patients in respect of whom payment is being claimed.
 - d. All patients in respect of whom payment is being claimed were within the cohorts (as specified in paragraph (9) at the time the vaccine was administered.
 - e. The practice did not receive any payment from any other source in respect of the vaccine (should this be the case, then health boards may reclaim any payments as set out in the paragraphs 19.1 and 19.2 of the Statement of Financial Entitlements³).
 - f. The practice submits the claim within six months of administering the vaccine (Health boards may set aside this requirement if it considers it reasonable to do so).
 - g. Payment will be made on a monthly basis i.e. the monthly count multiplied by the current applicable Item of Service fee:

³ Directions to Health Boards as to the Statement of Financial Entitlements ()Directions 2013
<https://www.gov.uk/government/publications/nhs-primary-medical-services-directions-2013>

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

- 23. Health boards are responsible for post payment verification. This may include auditing claims of practices to ensure that they meet the requirements of this service.
- 24. Administrative provisions relating to payments under this service are set out in Annex B.

Annex A: Service requirements for the childhood influenza programme

1. GP practices providing this service will vaccinate, with the appropriate vaccine and dosage, all patients in the cohorts described and called as required in the main body of this document.
2. Take all reasonable steps to ensure that the medical records of those eligible patients, as described in this specification, receiving the childhood influenza vaccination are kept up to date using appropriate Read codes with regard to the immunisation status and in particular, includes:
 - a. Any refusal of an offer of immunisation.
 - b. Where an offer of immunisation is accepted:
 - i. The batch number, expiry date and name of the vaccine.
 - ii. The date of administration.
 - iii. Where other vaccines are administered in close succession, the route of administration and the injection site of each vaccine.
 - iv. Any contra-indication to the vaccination or immunisation.
 - v. Any adverse reactions to the vaccination or immunisation.
3. Ensure that all healthcare professionals who are involved in administering the vaccine have:
 - a. Referred to the clinical guidance in the Green Book, the safest way to protect individuals and communities from infectious diseases.
 - b. The necessary training, skills and experience, including training with regard to the recognition and initial treatment of anaphylaxis.
4. Ensure all orders of vaccine are in line with national guidance, including adherence to any limits on stocks to be held at any one time, to ensure equitable distribution between practices. The vaccine for this programme will be centrally supplied and should be ordered in the same way as general practices and health board pharmacies currently order childhood vaccines. Inactivated influenza vaccine for those contraindicated live attenuated vaccine should be ordered direct from suppliers in the same way as influenza vaccine for other groups.
5. Ensure all vaccines are stored in accordance with the manufacturer's instructions and guidance contained in the Green Book.

<https://www.gov.uk/government/publications/green-book-the-complete-current-edition>

6. Ensure that services are accessible, appropriate and sensitive to the need of all patients. No eligible patient shall be excluded or experience particular difficulty in accessing and effectively using this service due to their race, gender, disability sexual orientation, religion and/or age.

Annex B: Administrative provisions relating to payments under the childhood influenza programme

1. Payments under this service are to be treated for accounting and superannuation purposes as gross income of the practice in the financial year.
2. The amount calculated as payment for the financial year falls due on the last day of the month following the month during which the practice provides the information specified in the main body of this service specification.
3. Payment under this service, or any part thereof, will be made only if the practice satisfies the following conditions:
 - a. The practice must make available to health boards any information under this service, which health boards need and the practice either has or could be reasonably expected to obtain.
 - b. The practice must make any returns required of it (whether computerised or otherwise) to the Exeter Registration System and do so promptly and fully.
 - c. All information supplied pursuant to or in accordance with this paragraph must be accurate.
4. If the practice does not satisfy any of the above conditions, health boards may, in appropriate circumstances, withhold all of the payment, or any part of it, due under this service that is otherwise payable.

Provisions relating to GP practices that terminate or withdraw from this service prior to 31 March 2020 (subject to the provisions below for termination attributable to a GP practice split or merger)

5. Where a practice has entered into the childhood influenza vaccination service but its general medical services contract subsequently terminates or the practice withdraws from the service prior to 31 March 2020, the practice is entitled to a payment in respect of its participation if such a payment has not

already been made, calculated in accordance with the provisions set out below. Any payment calculated will fall due on the last day of the month following the month during which the practice provides the information required.

6. In order to qualify for payment in respect of participation under this service, the practice must provide the health board with the information specified in the main body of this service specification before payment will be made. This information should be provided in writing, within 28 days following the termination of the contract or the withdrawal from the enhanced services agreement.
7. The payment due to practices that terminate or withdraw from the service agreement prior to 31 March 2019 will be based on the number of vaccinations given, prior to the termination or withdrawal.

Provisions relating to GP practices who merge or split

8. Where two or more practices merge or are formed following a contractual split of a single practice and as a result the registered population is combined or divided between new practice(s), the new practice(s) may enter into a new agreement to provide the childhood influenza service.
9. The service agreements of the practices that formed following a contractual merger, or the practice prior to contractual split, will be treated as having terminated and the entitlement of those practice(s) to any payment will be assessed on the basis of the provisions of paragraph 5 of this annex.
10. The entitlement to any payment(s) of the practice(s), formed following a contractual merger or split, entering into the agreement for the childhood influenza service, will be assessed and any new arrangements that may be agreed in writing with the HB will commence at the time the practice(s) starts to provide such arrangements.
11. Where that agreement is entered into and the arrangements commence within 28 days of the new practice(s) being formed, the new arrangements are deemed to have commenced on the date of the new practice(s) being formed. Payment will be assessed in line with the requirements described in the main body of this service specification as of this commencement date.

Provisions relating to non-standard splits and mergers

12. Where the practice participating in the service is subject to a split or a merger and:

- a. The application of the provisions set out above in respect of splits or mergers would, in the reasonable opinion of the health board, lead to an inequitable result; or
- b. The circumstances of the split or merger are such that the provisions set out in this section cannot be applied.

The health board may, in consultation with the practice or practices concerned, agree to such payments as in the health board's opinion are reasonable in all circumstances.