

# Childhood Influenza Vaccination Programme 2024-2025

## Service Specification (Aug 2024)

### National Supplementary Service Specification For Childhood Influenza Vaccination Programme 2024-2025

#### 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) recommends that influenza vaccination is offered to children to lower the impact of influenza on the children themselves and to reduce influenza transmission to other children, adults and those in clinical risk groups at any age.
5. For 2024-25, the childhood programme will offer vaccination to the following age groups:
  - Children aged two and three years on 31 August 2024 will continue to be vaccinated through GP practice by invitation.
  - Children in school reception class and in all primary school years 1 to 6 (ages 4 to 10 years) and secondary school years 7 to 11 (ages 11 to 15 years) are to be offered the vaccine in school via the health board school nursing service.

- Children aged four years on 31 August 2024 who do not attend school will be offered the vaccine on request or opportunistically by primary care. As explained further below, 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 2024-25 programme for primary care will involve practices actively inviting approximately 63,000 eligible two and three year olds in Wales for their 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 (WHC/2023/028) - National Influenza Immunisation Programme 2023-24.

### **Duration and patient cohort**

8. The target period for this programme is for five months from 1 August 2024 to 31 December 2024 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 an adequate supply of appropriate vaccine is available before arranging clinics. Practices may continue to vaccinate eligible patients until 31 March 2025, for whom they will receive payment.
9. Practices will be required to vaccinate all registered patients who are:
  - a. **Aged two and three years on 31 August 2024** on either:
    - A proactive call basis, if not considered in a clinical risk group, or
    - A proactive call and recall basis, if considered to be in a clinical risk group<sup>1</sup>.

Proactive call requires a written or verbal invitation to be made for all eligible individuals; recall requires at least one communication with those who fail to attend following initial invitation, preferably using a different format. Call and recall could be by direct contact by phone call, email, text or otherwise (although such strategies are for GP practices to determine).

- b. **Aged four years on 31 August 2024** who do not attend a school covered by a health board school vaccination programme.

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<sup>1</sup> The at-risk groups are defined in the Welsh Health Circular - National Influenza Immunisation Programme 2024-25 (WHC/2023/0283).

It is expected that the majority of children aged four years will be in a mainstream school, so 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.

**c. Primary and secondary school children. These will be in school reception class and school years 1 to 11 inclusive (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,
- When a parent has consented to live attenuated influenza vaccine (LAIV) in school but LAIV is contraindicated for the child,
- Who do not attend a school covered by a health board school vaccination programme.

Health boards should arrange additional follow up school-based influenza vaccination sessions where closures or large absentee rates deem this to be an appropriate approach. The parents of children who miss the vaccination opportunity offered in school will be advised to contact their GP surgery to request an influenza vaccination. This would be a specific influenza vaccination appointment and not a general appointment.

**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 only).**

Children in clinical risk groups under the age of nine, 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) are due a second vaccine at least four weeks after the first dose. These children will be given a letter from the school nursing service advising them to contact their GP surgery to request the second 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 nine years of age who do not attend a school covered by a health board seasonal influenza vaccination programme (as described in paragraph 9 c) receiving their first dose in a GP practice will also require a second dose four weeks later if they are receiving influenza vaccine for the first time.

- e. **Eligible children, as defined above, whose parents/guardians object to the porcine gelatine content of LAIV should be offered a suitable alternative injectable vaccine.**

Children should be vaccinated on request from the parent/guardian who should be made aware that LAIV is the most effective product.

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.
11. 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 a suitable injectable influenza vaccine if LAIV is not available or contraindicated.

### **Vaccine**

12. LAIV is the recommended vaccine for children aged two years and over if in a clinical risk group or not and is administered as a nasal spray.
13. The relatively short shelf life of the LAIV may mean that it is not available for the entire flu season, but this is dependent on the production and delivery schedule.
14. LAIV has been centrally procured and should be ordered via ImmForm in the same way as other childhood vaccines. Wastage of LAIV that is delivered but subsequently unused should be minimised through collaboration with the relevant health board immunisation or pharmacy team, who may be able to facilitate reallocation. Any supply unable to be reallocated or administered before expiry should be recorded on ImmForm with the appropriate reason. This is in addition to the recording of unusable LAIV supply.
15. One dose of flu vaccine is required for children in the cohort not in a clinical risk group, and also for those in a clinical risk group who have previously received an influenza vaccine. Two doses are required for children in the cohort who are in a clinical risk group and under nine 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.
16. Any prescribing practitioner may arrange to administer a flu vaccine:
- a. Using a Patient Group Direction (PGD); it must be administered by a registered health care practitioner.
  - b. Under a Patient Specific Direction (PSD); a non-registered individual may administer under the direction of the prescriber although the prescriber is still liable

- c. Using a National Protocol which is intended to be available before the start of the season to support mixed workforce and flexible delivery models.
17. Children in an eligible group and contraindicated LAIV, or where there is parental objection to gelatine in LAIV should be offered a suitable licensed injectable inactivated influenza vaccine. Practices will be reimbursed for this as for children in a clinical risk group. Children aged six months to under two years of age in a clinical risk group should be offered a suitable licensed injectable inactivated influenza vaccine. Practices will be reimbursed for this as for adults in a clinical risk group. Resources and professional information to support the influenza campaign can be found on the Public Health Wales website at [www.phw.nhs.wales/vaccines](http://www.phw.nhs.wales/vaccines)

### **Data Collection**

18. Practices should record all administered doses of flu vaccine using appropriate Read codes or SNOMED clinical terms, in the practice clinical information system in a timely way. Data to allow surveillance will automatically be provided to Public Health Wales (currently through Audit Plus), 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. Public Health Wales will work with health boards to set up monthly collection of data to allow surveillance of uptake in the schools programme. Health board and NHS Trusts should provide data to Public Health Wales' Vaccine Preventable Disease Programme to allow for monitoring of coverage in eligible NHS staff, on a monthly basis using a standard aggregate (staff-group level) template.
19. Public Health Wales will monitor and report influenza immunisation uptake to practices, primary care clusters, 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 PRIMIS recommended Read codes and SNOMED clinical terms which will be used for influenza immunisation uptake monitoring purposes can be found on the Public Health Wales site:
- [Influenza \(sharepoint.com\)](#)
20. Public Health Wales will once again be providing individual weekly reports for all GP 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:

[Surveillance \(sharepoint.com\)](#)

21. Public-facing surveillance summaries at national and health board level are published on a weekly basis by Public Health Wales for the duration of the influenza immunisation programme on:

<https://phw.nhs.wales/topics/immunisation-and-vaccines/flu vaccine/weekly-influenza-and-acute-respiratory-infection-report/>

**Payment and validation**

22. 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.
23. GP practices will only be eligible for payment for this service in circumstances where all of the following requirements have been met:
- a. All patients in respect of whom payments are being claimed were on the practice's registered list at the time the vaccine was administered.
  - b. The practice administered the vaccine to all patients in respect of whom payment is being claimed.
  - c. 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.
  - d. The practice did not receive any payment from any other source in respect of the vaccine (should this be the case, then health boards may reclaim any payments as set out in the paragraphs 19.1 and 19.2 of the Statement of Financial Entitlements<sup>2</sup>).
  - e. 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).
  - f. Payment will be made on a monthly basis i.e. the monthly count multiplied by the current applicable Item of Service fee:

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<sup>2</sup> Directions to health boards as to the Statement of Financial Entitlements ( )Directions 2013  
<https://www.gov.uk/government/publications/nhs-primary-medical-services-directions-2013>

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

24. 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.

25. Administrative provisions relating to payments under this service are set out in **Annex B**.

## **Annex A: Service requirements for the childhood influenza programme**

GP practices providing this service will:

1. 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 or SNOMED 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.
  - b. The necessary training, skills, competency 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. LAIV is centrally supplied for this programme, and should be ordered in the same way as GP practices and health board pharmacies currently order childhood vaccines. Inactivated influenza vaccine for those contraindicated or declining live attenuated vaccine should be ordered direct from suppliers in the same way as influenza vaccine for other groups. Local arrangements should be made to ensure these children are able to receive an influenza vaccination.
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/collections/immunisation-against-infectious-disease-the-green-book>

6. Ensure that services are accessible, appropriate and sensitive to the needs of individuals. No eligible individual 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 Primary Care Registration System administered by NHS Digital.
  - 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 2023 (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 2024, 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 2024 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.