



Wednesday 5 August 2020

Dear Colleague,

The national flu immunisation programme 2020 to 2021- update

1. We write with more information about this year's programme, further to the letter published on 14 May¹.

Expansion of the programme

2. In light of the risk of flu and COVID-19 co-circulating this winter, the national flu immunisation programme will be absolutely essential to protecting vulnerable people and supporting the resilience of the health and care system.
3. As indicated in our letter of 14 May, providers should focus on achieving maximum uptake of the flu vaccine in existing eligible groups, as they are most at risk from flu or in the case of children transmission to other members of the community. Appendix A provides the full list of those eligible in 2020/21 as part of the NHS funded flu vaccination programme. This includes individuals meeting existing flu eligibility criteria.
4. This year as part of our wider planning for winter, and subject to contractual negotiations, this season flu vaccination will be additionally offered to:
 - household contacts of those on the NHS Shielded Patient List. Specifically individuals who expect to share living accommodation with a shielded person on most days over the winter and therefore for whom continuing close contact is unavoidable.
 - children of school Year 7 age in secondary schools (those aged 11 on 31 August 2020).
 - health and social care workers employed through Direct Payment (personal budgets) and/or Personal Health Budgets, such as Personal Assistants, to deliver domiciliary care to patients and service users
5. We aim to further extend the vaccine programme in November and December to include the 50-64 year old age group subject to vaccine supply. This extension is being phased to allow you to prioritise those in at risk groups first. Providers will be

¹https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/885281/The_national_flu_immunisation_programme_2020_to_2021.pdf

given notice in order to have services in place for any additional cohorts later in the season.

6. Department of Health and Social Care (DHSC) is exploring options to expand the workforce that is able to administer vaccinations as part of the COVID-19 response. Key stakeholders and the public will be consulted on the proposed changes over summer, including via stakeholder meetings. In line with the government's consultation principles, the consultation will be published on gov.uk in due course and will clearly set out the policy proposals.
7. Building on good practice from previous flu seasons and to reflect the need to achieve maximum coverage this year, all Hospital Trusts will be asked to offer vaccinations to pregnant women attending maternity appointments and to those clinically at risk eligible patients attending in- and out-patient appointments. National service specifications will be developed to support the standardised commissioning of these services.
8. In addition, this season an inactivated vaccine may be offered to those children whose parents refuse the live attenuated influenza vaccine (LAIV) due to the porcine gelatine content, in order to prevent localised outbreaks this year. Providers of children's vaccination services will receive further instruction on the offering of this service in due course.
9. It is essential to increase flu vaccination levels for those who are living in the most deprived areas and from BAME communities. We need to ensure equitable uptake compared to the population as a whole and help protect those who are more at risk if they are to get COVID-19 and flu. It will therefore require high quality, dedicated and culturally competent engagement with local communities, employers and faith groups.
10. Providers are expected to ensure they have robust plans in place for tackling health inequalities for all underserved groups to ensure equality of access.
11. Individuals eligible for flu vaccine this season should be offered a vaccine recommended for them according to their age, as detailed in Appendix B.

Frontline health and social care workers

12. All frontline health and social care workers should receive a vaccination this season. This should be provided by their employer, in order to meet their responsibility to protect their staff and patients and ensure the overall safe running of services.
Employers should commission a service which makes access easy to the vaccine for all frontline staff, encourage staff to get vaccinated, and monitor the delivery of their programmes.

13. For healthcare workers providers should use the current definition as set out in chapter 12 of the Green Book. <https://www.gov.uk/government/publications/immunisation-of-healthcare-and-laboratory-staff-the-green-book-chapter-12>
14. NHS Trusts should complete a self-assessment against a best practice checklist which has been developed based on five key components of developing an effective flu vaccination programme. The completed checklist should be published in public board papers at the start of the flu season. See Appendix C.
15. NHS England and Improvement (NHSEI) will continue to support vaccination of social care and hospice workers employed by registered residential or domiciliary care providers. The eligible groups have been expanded this year to include those health and social care workers, such as Personal Assistants, employed through Direct Payment and/or Personal Health Budgets to deliver domiciliary care to patients and service users. Vaccination will be available through community pharmacy or their registered general practice. This scheme is intended to complement, not replace, any established occupational health schemes that employers have in place to offer flu vaccination to their workforce. Further guidance on how providers can ensure their employees get vaccinated will be published shortly.
16. The Community Pharmacy Seasonal Influenza Advanced Service Framework will be amended to enable community pharmacies to vaccinate both residential care/nursing home residents and staff in the home setting in a single visit to increase uptake rates and offer further protection to this vulnerable group of patients. GP practices are also able to vaccinate in the residential/care home, residents and staff who are registered with the practice.
17. Good practice guidance along with a range of resource material can be found here: www.england.nhs.uk/increasing-health-and-social-care-worker-flu-vaccinations/. Further updates are underway to include additional resources which will be made available ahead of the flu season this year.

Vaccine supply

18. As usual, providers will have ordered flu vaccine directly from manufacturers. This season, we are expecting increased demand for flu vaccine across all cohorts and we are also expanding the flu programme. To support this, the Department of Health and Social Care (DHSC) has procured additional national supply of the adult vaccine and will issue guidance in September on how and when this can be accessed.
19. Two of the vaccines for use in the children's programme have been procured by Public Health England (PHE) and PHE has procured additional stock for this season. These are the live attenuated influenza vaccine (LAIV) administered as a nasal spray and

suitable for use in children aged 2 to less than 18 years except where contraindicated, and the injectable egg-grown Quadrivalent Influenza Vaccine (QIVe) for children in clinical risk groups for whom LAIV is unsuitable due to contraindication or age. These vaccines can be accessed through Immform at <https://portal.immform.phe.gov.uk>.

20. For eligible children from 9 years of age unable to receive LAIV, locally procured QIVc and QIVe are alternatively able to be given. For further information see Appendix E and www.england.nhs.uk/wp-content/uploads/2019/12/NHS-England-JCVI-advce-and-NHS-reimbursement-flu-vaccine-2020-21.pdf

Flu vaccine uptake ambitions

21. This year, we are asking for a concerted effort to significantly increase flu vaccination coverage and achieve a minimum 75% uptake across all eligible groups. Where possible, we expect uptake will be higher than this and a national supply of stock has been procured to ensure demand does not outstrip supply.

22. Many of the groups who are vulnerable to flu are also more vulnerable to COVID-19. Not only do we want to help protect those most at risk of flu, but also protect the health of those who are vulnerable to hospitalisation and death from COVID-19 by ensuring they do not get flu. The table below sets out the ambitions for 2020/21:

Table 1: Vaccine uptake ambitions in 2020 to 2021

Eligible groups	Uptake ambition
Aged 65 years and over	At least 75%
In clinical at risk group	At least 75%
Pregnant women	At least 75%
Children aged 2 and 3 year old	At least 75%
All primary school aged children and school year 7 in secondary school	At least 75%
Frontline health and social care workers	100% offer

23. Household contacts of people on the NHS Shielded Patient list will not be subject to call and recall arrangements but will be offered the vaccine opportunistically, with the aim to offer to all identified.

24. NHSEI are developing a national call and recall service to support localised call and recall provision and ensure that all eligible patients are informed of their eligibility and are encouraged to get vaccination this season. This service is intended to supplement not replace local call and recall mechanisms that are already in place contractually.

Delivering the programme during the pandemic

25. Patients will, need reassurance that appropriate measures are in place to keep them safe from COVID-19, as it is likely to be co-circulating with flu. This reassurance will be especially important for those on the NHS Shielded Patient List.
26. Providers will be expected to deliver the programme according to guidelines on social distancing that are current at the time. Standard operating procedures in the context of COVID-19 have been issued for General Practice, community pharmacy, and community health services:
- www.england.nhs.uk/coronavirus/publication/managing-coronavirus-covid-19-in-general-practice-sop/
- www.england.nhs.uk/coronavirus/publication/standard-operating-procedure-community-pharmacy/
- www.england.nhs.uk/coronavirus/publication/covid-19-prioritisation-within-community-health-services-with-annex_19-march-2020/
- www.england.nhs.uk/coronavirus/publication/novel-coronavirus-covid-19-standard-operating-procedure-community-health-services/
27. For guidance on immunisation during COVID-19, including personal protective equipment, see: 'Clinical Guidance for Healthcare professionals on maintaining immunisation programmes during COVID-19' at: www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/06/clinical-guidance-for-hcps-on-imms-for-covid-19.pdf
28. These procedures and guidance mean that a range of different ways of delivering the flu immunisation programme this year should be considered including the following:
- careful appointment planning to minimise waiting times and maintain social distancing when attending
 - providing patients with information in advance of their appointment to explain what to expect
 - recalling at risk patients if they do not attend in line with contract requirements
 - social distancing innovations such as drive in vaccinations and 'car as waiting room' models, if possible
 - for those on the Shielded Patient List who are high risk for COVID-19 consider the use of domiciliary visits
29. For the overall schools vaccination programme social distancing measures will create additional challenges, and where possible we still expect the school estate to be used in the event of any local school closures.
30. Providers need to be prepared to make adjustments to the programme in the face of any local restrictions to ensure those at highest risk can continue to be vaccinated.

31. We are also considering supporting delivery through standing up alternative delivery approaches, to maximise coverage of the vaccine this winter.

Infection prevention and control when administering vaccines

32. Individuals should attend for vaccination at premises that are following the recommended infection prevention and control (IPC) guidance. www.england.nhs.uk/coronavirus/primary-care/infection-control/

33. Those displaying symptoms of COVID-19, or who are self-isolating because they are confirmed COVID-19 cases or are contacts of suspected or confirmed COVID-19 cases, should not attend until they have recovered and completed the required isolation period.

34. Further information regarding infection prevention and control measures can be found in the 'Information for Healthcare Practitioner' documents, which will be updated prior to and during the season as required, and are available at: www.gov.uk/government/collections/annual-flu-programme

35. Healthcare professionals administering the vaccine will need to wear the recommended personal protective equipment that is in line with the current advice from the government: www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe

Communications and Marketing

36. The flu vaccination programme will be supported with a major new public facing marketing campaign to encourage take up amongst eligible groups for the free flu vaccine, due to launch in October. More detailed plans will be shared as these are developed.

37. PHE will make available a toolkit of adaptable campaign assets, highlighting the protective benefits of the flu vaccination, for NHS Trusts and social care organisations to use in their own staff vaccination campaigns.

38. Resources for both campaigns will be available to download and order from the PHE Campaign Resource Centre at: <https://campaignresources.phe.gov.uk/resources/>

List of appendices

39. Detailed planning information is set out in the following appendices:

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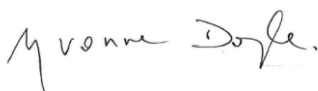
40. This year, more than ever, we need to protect those most at risk from flu. Thank you for all your hard work in these very challenging times.

41. This Annual Flu Letter has the support of the Chief Pharmaceutical Officer, the NHS Chief Nursing Officer for England and the Public Health England Chief Nurse.

Yours sincerely,



Prof Chris Whitty
Chief Medical Officer
for England



Prof Yvonne Doyle
Public Health England
Medical Director &
Director for Health
Protection



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Any enquiries regarding this publication should be sent to: immunisation@phe.gov.uk. For operational immunisation queries, providers should contact their local screening and immunisation team.

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National Pharmacy Association	
Pharmaceutical Services Negotiating Committee	

Appendix A: Groups included in the national flu immunisation programme

1. In 2020/21, flu vaccinations will be offered under the NHS flu vaccination programme to the following groups:
 - all children aged two to eleven (but not twelve years or older) on 31 August 2020
 - people aged 65 years or over (including those becoming age 65 years by 31 March 2021)
 - those aged from six months to less than 65 years of age, in a clinical risk group such as those with:
 - chronic (long-term) respiratory disease, such as severe asthma, chronic obstructive pulmonary disease (COPD) or bronchitis
 - chronic heart disease, such as heart failure
 - chronic kidney disease at stage three, four or five
 - chronic liver disease
 - chronic neurological disease, such as Parkinson's disease or motor neurone disease,
 - learning disability
 - diabetes
 - splenic dysfunction or asplenia
 - a weakened immune system due to disease (such as HIV/AIDS) or treatment (such as cancer treatment)
 - morbidly obese (defined as BMI of 40 and above)
 - all pregnant women (including those women who become pregnant during the flu season)
 - household contacts of those on the NHS [Shielded Patient List](#), or of immunocompromised individuals, specifically individuals who expect to share living accommodation with a shielded patient on most days over the winter and therefore for whom continuing close contact is unavoidable
 - people living in long-stay residential care homes or other long-stay care facilities where rapid spread is likely to follow introduction of infection and cause high morbidity and mortality. This does **not** include, for instance, prisons, young offender institutions, university halls of residence, or boarding schools (except where children are of primary school age or secondary school Year 7).
 - those who are in receipt of a carer's allowance, or who are the main carer of an older or disabled person whose welfare may be at risk if the carer falls ill
 - health and social care staff, employed by a registered residential care/nursing home or registered domiciliary care provider, who are directly involved in the care of vulnerable patients/clients who are at increased risk from exposure to influenza.

- health and care staff, employed by a voluntary managed hospice provider, who are directly involved in the care of vulnerable patients/clients who are at increased risk from exposure to influenza.
 - health and social care workers employed through Direct Payments (personal budgets) and/or Personal Health Budgets, such as Personal Assistants, to deliver domiciliary care to patients and service users.
2. Additionally, in 2020/21, flu vaccinations might be offered under the NHS flu vaccination programme to the following groups:
 - individuals between 50-64 years, following prioritisation of other eligible groups and subject to vaccine supply
 3. Organisations should vaccinate all frontline health and social care workers, in order to meet their responsibility to protect their staff and patients and ensure the overall safe running of services.
 4. The list above is not exhaustive, and the healthcare professional 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.
 5. Healthcare practitioners should refer to the influenza chapter in 'Immunisation against infectious disease' (the "Green Book") for further detail about clinical risk groups advised to receive flu immunisation and for full details on advice concerning contraindications and precautions for the flu vaccines. This can be found at:
www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book

Appendix B: Summary table of which influenza vaccines to offer

Eligible group	Type of flu vaccine
At risk children aged from 6 months to less than 2 years	Offer QIVe . LAIV and QIVc are not licenced for children under 2 years of age.
At risk children aged 2 to under 18 years	Offer LAIV If LAIV is contraindicated or otherwise unsuitable offer: <ul style="list-style-type: none"> • QIVe to children less than 9 years of age. • QIVc should ideally be offered to children aged 9 years and over who access the vaccine through general practice. Where QIVc vaccine is unavailable, GPs should offer QIVe. • It is acceptable to offer only QIVe to the small number of children contraindicated to receive LAIV aged 9 years and over who are vaccinated in a school setting.
Aged 2 and 3 years on 31 August 2020 All primary school aged children and those in Year 7 (aged 4 to 11 on 31 August 2020)	Offer LAIV If child is in a clinical risk group and is contraindicated to LAIV (or it is otherwise unsuitable) offer inactivated influenza vaccine (see above). For children not in at risk groups, this year if a parent refuses LAIV in some areas an alternative QIVe or QIVc vaccine may be offered to them where possible.
At risk adults (aged 18 to 64), including pregnant women	Offer: <ul style="list-style-type: none"> • QIVc • QIVe (as an alternative to QIVc)
Those aged 65 years and over	Offer: <ul style="list-style-type: none"> • aTIV* should be offered as it is considered to be more effective than standard dose non-adjuvanted trivalent and egg-based quadrivalent influenza vaccines. • QIVc is suitable for use in this age group if aTIV is not available. <p>* It is recommended that those who become 65 before 31 March 2021 are offered aTIV 'off-label'.</p>

Appendix C : Healthcare worker flu vaccination best practice management checklist

For public assurance via trust boards by December 2020

A	Committed leadership	Trust self-assessment
A1	Board record commitment to achieving the ambition of vaccinating all frontline healthcare workers	
A2	Trust has ordered and provided a quadrivalent (QIV) flu vaccine for healthcare workers	
A3	Board receive an evaluation of the flu programme 2019/20, including data, successes, challenges and lessons learnt	
A4	Agree on a board champion for flu campaign	
A5	All board members receive flu vaccination and publicise this	
A6	Flu team formed with representatives from all directorates, staff groups and trade union representatives	
A7	Flu team to meet regularly from September 2020	
B	Communications plan	
B1	Rationale for the flu vaccination programme and facts to be published – sponsored by senior clinical leaders and trades unions	
B2	Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper	
B3	Board and senior managers having their vaccinations to be publicised	
B4	Flu vaccination programme and access to vaccination on induction programmes	
B5	Programme to be publicised on screensavers, posters and social media	
B6	Weekly feedback on percentage uptake for directorates, teams and professional groups	
C	Flexible accessibility	
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered	
C2	Schedule for easy access drop in clinics agreed	
C3	Schedule for 24 hour mobile vaccinations to be agreed	

D	Incentives	
D1	Board to agree on incentives and how to publicise this	
D2	Success to be celebrated weekly	

Appendix D: Children's flu vaccination programme

1. A recommendation to extend flu vaccination to children was made in 2012 by JCVI to provide both individual protection to the children themselves and reduce transmission across all age groups². Implementation of the programme began in 2013 with pre-school children offered vaccination through GP practices and pilots for school aged children. In 2015/16 the programme began nationally in a phased roll-out starting with the youngest school-aged children first and was fully implemented for all primary school aged children in 2019/20.
2. This year as part of our wider planning for winter, in case we see flu and COVID-19 both circulating at the same time, PHE have secured additional vaccine to enable the programme to be extended into Year 7 in secondary schools in 2020/21. Although it is the first time Year 7 pupils will be offered the vaccine nationally, these children will have been offered the flu vaccine when they were in primary school so both they and their parents will be familiar with the programme.
3. In 2020/21 children will be offered vaccination in general practice or through a schools provider as follows:
 - all those aged two and three years old on 31 August 2020 (date of birth on or after 1 September 2016 and on or before 31 August 2018) will be offered vaccine in general practice.
 - all primary school children and Year 7 in secondary school (date of birth on or after 1 September 2008 and on or before 31 August 2016) will be offered through a school age immunisation service³
4. Research into the first three years of the childhood programme compared the differences between pilot areas, where the entire primary school age cohort was offered vaccination, to non-pilot areas. These include reductions in: GP consultations for influenza-like illness, swab positivity in primary care, laboratory confirmed hospitalisations and percentage of respiratory emergency department attendances⁴.
5. At risk children who are eligible for flu vaccination via the school-based programme because of their age will be offered immunisation at school. However, these children are also eligible to receive vaccination in general practice if the school session is late in the season, parents prefer it, or they missed the session at school. GP practices should invite

² Joint committee on Vaccination and Immunisation. Statement on the annual influenza vaccination programme – extension of the programme to children. JCVI (2012). 25 July 2012.

www.gov.uk/government/uploads/system/uploads/attachment_data/file/224775/JCVI-statement-on-the-annual-influenza-vaccination-programme-25-July-2012.pdf

³ Some children might be outside of these date ranges (e.g. if a child has been accelerated or held back a year). It is acceptable to offer and deliver immunisations to these children with their class peers.

⁴ Pebody, R. et al. 21 June 2018. Uptake and impact of vaccinating primary school-age children against influenza: experiences of a live attenuated influenza vaccine programme, England, 2015/16. Eurosurveillance. Volume 23, Issue 25. www.eurosurveillance.org/content/10.2807/1560-7917.ES.2018.23.25.1700496

children in at-risk groups for vaccination, so that parents understand they have the option of taking up the offer in general practice.

6. Children in at risk groups for whom LAIV is contraindicated or unsuitable will be offered inactivated influenza vaccine.
7. As in previous years LAIV will be the vaccine offered to the routine age cohorts for the childhood flu vaccination programme as this is the most effective vaccine for this programme. However for 2020/21, consideration is being made to offer an injectable vaccine to those children whose parents object to the porcine gelatine in LAIV, to provide additional resilience against flu in what could be a challenging year. If the parent of a child eligible for the routine childhood immunisation programme refuses LAIV (and they understand that it is the most effective product) and they request an alternative vaccine, this will be offered to them where possible. Providers of childrens vaccination services will receive further instruction on the offering of this service, including vaccine supply arrangements, in due course.
8. Arrangements should be made to ensure that children who missed out on vaccination during the school session are recalled and offered subsequent opportunities to attend. Precise arrangements for achieving this are for local determination. Children of primary school age who are home educated should also be offered vaccination. Local NHS England/Improvement Public Health Commissioning teams should be consulted for details about local arrangements. Contact details can be found at: www.england.nhs.uk/about/regional-area-teams/

Appendix E: Vaccine ordering for children's programme

1. The live attenuated influenza vaccine (LAIV) and the egg-grown Quadrivalent Influenza Vaccine (QIVe) are procured and supplied by Public Health England (PHE). For full details of the arrangements on which vaccines to use for children in risk groups who are unable to receive LAIV due to age or contraindications see www.england.nhs.uk/wp-content/uploads/2019/12/NHS-England-JCVI-advce-and-NHS-reimbursement-flu-vaccine-2020-21.pdf. Centrally supplied children's vaccines can be ordered through the ImmForm website: <https://portal.immform.phe.gov.uk>.
2. PHE ask that timing of vaccine availability is taken into account when earlier vaccination sessions are being arranged, to reduce the risk of disruption to planned activity. Vaccine availability will not be finalised until late summer. The latest and most accurate information on centrally supplied flu vaccines for the children's programme is available on the ImmForm news page.
3. As in previous years, ordering controls will be in place for Fluenz[®] Tetra in 2020/21 to enable PHE to manage vaccine availability and demand appropriately across the programme. The latest information on ordering controls and other ordering advice for PHE supplied flu vaccines is featured on the ImmForm news page both prior to and during the flu vaccination period. Information will also be featured in Vaccine Update www.gov.uk/government/collections/vaccine-update and disseminated via the National Immunisation Network as appropriate. It is strongly advised that all parties involved in the provision of flu vaccines to children ensure they remain up to date with this information.

Appendix F: General practice system supplier searches for the 2020 to 2021 flu programme

1. Achieving the influenza vaccine uptake ambitions are a high priority within public health policy every year. In the current context of COVID-19, improving uptake and reducing the impact of flu on the wider health and social care system this priority cannot be understated in 2020/21.
2. GP practices are reminded that the Directed Enhanced Service requires that a proactive call and recall system is developed to contact all at-risk patients through mechanisms such as by letter, e-mail, phone call, or text. Any automated call and recall list should be subject to clinical review. Template letters for practices to use will be available at www.gov.uk/government/collections/annual-flu-programme nearer the time. Practices should also operate a proactive call system for patients not considered at-risk.
3. Public Health England (PHE) commission the PRIMIS team to provide the SNOMED CT code specifications to the general practice system suppliers. Your general practice system suppliers will then provide system searches using these codes to enable vaccine uptake monitoring.
4. It is essential that the general practice system searches are used for vaccine uptake monitoring and NOT amended in any way by business support teams locally. This standard must be implemented to ensure accurate general practice system searches.
5. This approach will enable practices and support the collection of high quality, robust and timely data on vaccine uptake throughout the delivery of the programme. This will also support GP practices and other providers to act to address issues relating to uptake.
6. Each year Public Health England (PHE) are required to collect data to monitor uptake and coverage of the seasonal flu vaccination programme. This is done via two Seasonal Influenza Vaccine Uptake Surveys (approved by the Data Coordination Board, NHS Digital) with data obtained via automated data returns from general practice system suppliers on behalf of GP practices.
7. GP practices should also note that upon receipt of notification of vaccinations given by another provider e.g. pharmacist/midwife, the vaccination should be recorded in the patients' electronic GP practice record in a timely manner. Any data extraction/uploads will only include patients vaccinated outside the GP practice if the information has been returned and appropriately recorded in the patients' GP practice record using the specified codes.
8. If you feel there are additional training requirements to carry out this approach arising from:
 - practice staff turnover, new staff;
 - refresher training; and/or
 - new system functionality;

then you are advised to discuss these with your CCG who have a responsibility for training within the overarching general practice IT operating framework.

9. The above is separate to the CQRS payment system, therefore your normal payment mechanisms should be used to claim for vaccines given by the GP practice.

Appendix G: Data collection

Introduction

1. As in previous years, data will be collected on the uptake of the vaccination. Currently, it is intended that these data collections will follow established processes. Flu vaccine uptake data collections will be managed using the ImmForm website <https://portal.immform.phe.gov.uk>. PHE coordinates the data collection and will issue details of the collection requirements and guidance on the data collection process. This guidance and flu vaccine uptake data will be available at: www.gov.uk/government/collections/vaccine-uptake
2. In addition to the established ImmForm data collection, further work is currently being undertaken by Public Health England, NHSx, NHS Digital and NHS England to improve the coverage and timeliness of these data collections as well as reducing the burden from data collections. As and when this further work matures, further information will be provided and may modify the data collection processes outlined below.
3. Queries concerning data collection content or process should be emailed to influenza@phe.gov.uk. Queries concerning ImmForm login details and passwords should be emailed to helpdesk@immform.org.uk.

Reducing the burden from data collections

4. Considerable efforts have been made to reduce the burden of data collections on GP practices by increasing the number of automated returns that are extracted directly from general practices system suppliers. Over 95% of GP practices benefited from using automated IT data returns for flu vaccine uptake for the final 2019/20 survey. GP practices that are not able to submit automated returns should discuss their arrangements with their general practice system supplier. If automated returns fail for the monthly data collection GP practices will be required to submit the mandatory data manually on to ImmForm to meet contractual obligations.

Data collections for 2020 to 2021

5. Monthly data collections will take place over five months during the 2020/21 flu immunisation programme. Subject to the approval from the Data Coordination Board the first data collection will be for vaccines administered by the end of October 2020 (data collected in November 2020), with the subsequent collections monthly thereafter, and with the final data collection for all vaccines administered by the end of February 2021 (final data collected in March 2021).

6. Data will be collected and published monthly at national level, clinical commissioning group (CCG) level, local authority (LA) level, NHS Sustainable Transformation Partnerships and by 2019 NHS England local team level.
7. During the data collection period, those working in the NHS with relevant access rights are able, through the ImmForm website, to:
 - see their uptake by eligible groups
 - compare themselves with other anonymous general practices or areas
 - validate the data on point of entry and correct any errors before data submission
 - view data and export data into Excel, for further analysis
 - make use of automated data upload methods (depending on the general practices system supplier used at GP practices)
 - access previous years' data to compare with the current performance

These tools can be used to facilitate the local and regional management of the flu vaccination programme.

Monitoring on a weekly basis

8. Weekly uptake data will be collected from a group of GP practices that have fully automated extract and upload facilities provided by their general practice system suppliers. These data will be published in the PHE weekly flu report available throughout the flu season at: www.gov.uk/government/statistics/weekly-national-flu-reports.
9. During the data collection period, those working in the NHS with relevant access rights are able, through the ImmForm website to view this data as per the monthly collections.

Appendix H: Antiviral medicines

1. Antiviral medicines (AVMs) have an important role to play in managing symptoms of flu for specified groups of patients, especially for people who may not get vaccinated against seasonal flu.
2. AVMs can only be prescribed by GPs and non-medical prescribers in primary care during the flu season, once a Central Alerting System (CAS) Alert has been cascaded to GP practices and community pharmacies by the Chief Medical Officer (CMO) and Chief Pharmaceutical Officer authorising the prescribing and supply of antiviral medicines AVMs at NHS expense, informed by surveillance data from Public Health England (PHE), that indicates that flu activity has risen above baseline levels, across a number of indicators.
3. Antiviral medicines may be prescribed for patients in “clinical at-risk groups” as well as individuals who are at risk of severe illness and/or complications from influenza if not treated.
4. Information on clinical at risk groups and patients eligible for treatment in primary care at NHS expense with either oseltamivir or zanamivir is available from:
www.gov.uk/government/publications/influenza-treatment-and-prophylaxis-using-anti-viral-agents
5. Once PHE informs DHSC that the level of seasonal flu activity is below threshold levels at the end of the flu season, another CMO CAS Alert is cascaded to stop the prescribing and supply of AVMs.
6. The statutory prescribing restrictions that apply to primary care do not apply in secondary care. Hospital clinicians can continue to prescribe antiviral medicines for patients whose illness is confirmed or clinically suspected to be due to influenza, in accordance with PHE guidance for the treatment of complicated influenza.
7. The Department of Health and Social Care works with manufacturers of antiviral medicines from summer and throughout the flu season to monitor supplies of antiviral medicines to ensure adequate stocks are available in the supply chain to meet demand.