Department of Health & Social Care

Public Health England

NHS

17 July 2021

Dear Colleague,

The national influenza immunisation programme 2021 to 2022

1. Last year saw the roll out of the biggest NHS influenza vaccination programme ever, with the aim of offering protection to as many eligible people as possible during the COVID-19 pandemic. We would like to extend a huge thank you to all those involved for your hard work during very challenging times which led to the best influenza vaccine uptake rates ever achieved.

2. As a result of non-pharmaceutical interventions in place for COVID-19 (such as mask-wearing, physical and social distancing, and restricted international travel) influenza activity levels were extremely low globally in 2020 to 2021. As a result, a lower level of population immunity against influenza is expected in 2021 to 2022. In the situation where social mixing and social contact return towards pre-pandemic norms, it is expected that winter 2021 to 2022 will be the first winter in the UK when seasonal influenza virus (and other respiratory viruses) will co-circulate alongside COVID-19. Seasonal influenza and COVID-19 viruses have the potential to add substantially to the winter pressures usually faced by the NHS, particularly if infection waves from both viruses coincide. The timing and magnitude of potential influenza and COVID-19 infection waves for winter 2021 to 2022 are currently unknown, but mathematical modelling indicates the 2021 to 2022 influenza season in the UK could be up to 50% larger than typically seen[1] and it is also possible that the 2021 to 2022 influenza season will begin earlier than usual. Influenza vaccination is therefore an important priority this coming autumn to reduce morbidity and mortality associated with influenza, and to reduce hospitalisations during a time when the NHS and social care may also be managing winter outbreaks of COVID-19.

Eligibility

3. The national influenza immunisation programme aims to provide direct protection to those who are at higher risk of influenza associated morbidity and mortality. Groups eligible for influenza vaccination are based on the advice of the Joint Committee on

[1] Modelling on influenza activity in the 2021/22 season. University of Warwick [unpublished]. Referenced in JCVI statement (30/06/2021) JCVI interim advice: potential COVID-19 booster vaccine programme winter 2021 to 2022

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Vaccination and Immunisation (JCVI) and include older people, pregnant women, and those with certain underlying medical conditions.

4. Since 2013, influenza vaccination has been offered to children in a phased roll-out to provide both individual protection to the children themselves and reduce transmission across all age groups to protect vulnerable members of the population.

5. The expanded influenza vaccination programme that we had last year will continue in 2021 to 2022 as part of our wider winter planning when we are likely to see both influenza and COVID-19 in circulation. This means that as a temporary measure the offer for 50 to 64 year olds will continue this year to protect this age group, as hospitalisation from COVID-19 also increases from the age of 50 years onwards.

6. As a temporary measure, the programme will also be extended this year to 4 additional cohorts in secondary school so that all those from years 7 to year 11 will be offered vaccination. Vaccinating children reduces transmission of influenza and JCVI have recommended that expanding into secondary schools would be cost-effective, particularly if COVID-19 is still circulating[2].

7. Therefore, those eligible for NHS influenza vaccination in 2021 to 2022 are:

    - all children aged 2 to 15 (but not 16 years or older) on 31 August 2021
    - those aged 6 months to under 50 years in clinical risk groups
    - pregnant women
    - those aged 50 years and over
    - those in long-stay residential care homes
    - carers
    - close contacts of immunocompromised individuals
    - frontline health and social care staff employed by:
        - a registered residential care or nursing home
        - registered domiciliary care provider
        - a voluntary managed hospice provider
        - Direct Payment (personal budgets) and/or Personal Health Budgets, such as Personal Assistants.

8. All frontline health and social care workers are expected to have influenza vaccination to protect those they care for.

9. The influenza chapter in ‘Immunisation against infectious disease’ (the ‘Green Book’), which is updated periodically, gives detailed descriptions of the groups outlined above and guidance for healthcare workers on administering the influenza vaccine.

[2] Draft minute of the meeting of the Influenza sub-committee of the Joint Committee on Vaccination and Immunisation held on 26 August 2020

Vaccines for the national immunisation programme

10. Influenza viruses change continuously and the World Health Organization (WHO) monitors the epidemiology of influenza viruses throughout the world, making recommendations about the strains to be included in vaccines, with recommendations now confirmed for 2021 to 2022[3].

11. Every year JCVI reviews the latest evidence on influenza vaccines and recommends the type of vaccine to be offered to patients[4]. Providers should ensure that they have ordered adequate supplies of the recommended vaccines for their different adult patient groups, as set out in 2 letters from NHS England and Improvement (NHSEI) on 3 February and on 1 April 2021[5].

12. In summary the recommended vaccines are:

    - for those aged 65 years and over – the adjuvanted quadrivalent influenza vaccine (aQIV), with the cell-based quadrivalent influenza vaccine (QIVc) or the recombinant quadrivalent influenza vaccine (QIVr) offered if aQIV is unavailable
    - for under-65s (including those at risk, pregnant women and 50 to 64 year old cohort) offer QIVc or QIVr, as an alternative if these are not available, the egg-grown quadrivalent influenza vaccine (QIVe) should be considered for use

13. Public Health England (PHE) procures vaccines for the children's programme and these can be ordered through Immform. The live attenuated influenza vaccine (LAIV) should be offered to eligible children aged 2 years and over, unless contraindicated. QIVc, which is now licensed for all children aged 2 years and above, will be available to order for children in at risk groups who are contraindicated to receive LAIV, and as an alternative offer for children aged 2 and over whose parents object to LAIV on the ground of its porcine gelatine content. Children in clinical risk groups aged 6 months to less than 2 years should be offered QIVe.

14. LAIV is offered to children as it is generally more effective in the programme than the injected vaccines. It is also easier to administer and considered better at reducing the spread of influenza to others, who may be vulnerable to the complications of influenza.

15. In order for providers to receive payment for administration and reimbursement of vaccine they will need to use the specific influenza vaccines recommended in the NHSEI letters referred to in paragraph 11.

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[3] WHO Consultation and Information Meeting on the Composition of Influenza Virus Vaccines for Use in the 2021 to 2022 Northern Hemisphere Influenza Season
[4] Joint Committee on Vaccination and Immunisation: Advice on influenza vaccines for 2021 to 2022
[5] NHS England: Achievements and developments during 2020 to 2021 flu season

16. Last season due to supply constraints the alternative offer for children whose parents/guardians objected to LAIV on grounds of porcine gelatine content was only able to be made from November onwards. This season no supply constraints are anticipated and the alternative offer should be made routinely from the start of the season where applicable.

Achieving high vaccine uptake levels

17. Last season saw the most successful programme ever. Despite the challenges due to the COVID-19 pandemic, at the end of February 2021 NHS services had vaccinated a record 80.9% of those aged 65 years and over in England. This is the highest uptake ever achieved for this group and exceeds the WHO uptake ambition of 75%. For frontline healthcare workers, 2 and 3 year olds, and at risk groups the highest ever recorded levels of influenza vaccine uptake were also achieved. [6].

18. All providers should have planned their influenza vaccine ordering to at least equal the high levels of uptake achieved in 2020 to 2021. The ambitions we are setting for the 2021 to 2022 programme are set out below. We want to build on the momentum of last year's achievements and the successful roll-out of the COVID-19 vaccination programme, achieving even higher uptake this year. You many need to order additional vaccine to support you in reaching these ambitions.

19. The high ambitions reflect the importance of protecting against flu this winter and should be regarded as a minimum level to achieve. The different ambitions across the cohorts reflect what is regarded as achievable so, for instance, for those aged 65 and over the high ambition reflects the already high uptake levels achieved last year whereas for school-aged children the large expansion into secondary school this year will be challenging in itself.

Table 1. Vaccine uptake ambitions in 2021 to 2022

Eligible groups	Uptake ambition
Routine programme for those at risk from influenza	
Aged 65 years and over	At least 85%
Aged under 65 'at risk', including pregnant women	At least 75% in all clinical risk groups
Aged 50 to 64 years	At least 75%
Children's programme	

6 Seasonal flu vaccine uptake in GP patients: winter season 2020 to 2021
Seasonal flu vaccine uptake in children of school age: winter season, 2020 to 2021
Seasonal flu vaccine uptake in healthcare workers: winter season, 2020 to 2021

Preschool children aged 2 and 3 years old	At least 70% with most practices aiming to achieve higher.
School-aged children	At least 70% to be attained across all eligible school years.
Reducing levels of inequality	
All ages	No group or community should have a vaccine uptake that is more than 5% lower than the national average. See paragraph 18 for more details.
Health and social care workers	
Frontline health care workers	100% offer with an 85% ambition
Frontline social care workers	100% offer with an 85% ambition

* In addition to occupational health schemes, all frontline social care workers can access a free vaccination from their GP or local pharmacy through the complementary scheme.

20. In 2020 to 2021, published monthly data included a breakdown by ethnic group for the first time, and this was included in the 2020 to 2021 annual report[7] and this will continue in 2021 to 2022. Other inequalities work led by PHE will continue to monitor and enhance the tools available and will include data on Index of Multiple Deprivation (IMD) which can be used to provide the best measure of relative deprivation as a snapshot in time (see Appendix I). We need to ensure those who are living in the most deprived areas, from ethnic minority and other underserved communities, have equitable uptake compared to the population as a whole. It will therefore require high quality, dedicated and interculturally competent engagement with local communities, employers, faith and advocacy groups. Providers are expected to ensure they have robust plans in place for tackling health inequalities for all underserved groups to ensure equality of access.

21. GP practices and school-based providers must actively invite 100% of eligible individuals (for example, by letter, email, phone call, text) and ensure uptake is as high as possible. The benefits of influenza vaccination among all eligible groups should be communicated and vaccination made as accessible as possible. Community pharmacy service providers do not have a fixed patient list from which to undertake call and recall activities. However, they should proactively offer influenza vaccination to any patient they identify as being eligible to receive it should the patient present in the pharmacy for any reason.

22. NHSEI will be recommissioning of a National Call and Recall service for the 2021 to 2022 season. This national call and recall service will supplement rather than replace

[7] Seasonal influenza vaccine uptake in GP patients: winter season 2020 to 2021 (24/06/2021) https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-gp-patients-winter-2020-to-2021

local contractual call and recall mechanisms which must still continue as contracts dictate.

Frontline health and social care workers

23. 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.

24. For healthcare workers providers should use the current definition as set out in chapter 12 of the Green Book.

25. As in previous years, NHS Trusts should complete a self-assessment against a best practice checklist which has been developed based on 5 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 H.)

26. Where employee led occupational health services are not in place NHS England and Improvement (NHSEI) will continue to support vaccination of social care and hospice workers employed by registered residential or domiciliary care providers as well as those 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.

27. Since last year, the Community Pharmacy Seasonal Influenza Advanced Service Framework enables community pharmacies to vaccinate both residential care or nursing home residents **and** staff in the home setting in a single visit.

28. Good practice guidance material can be found at Increasing Health and Social Care Worker Flu Vaccinations: Five Components and marketing resources will be available to download and order from the PHE Campaign Resource Centre.

Influenza and COVID-19 vaccination

29. At present, the Green Book chapter on the COVID-19 vaccine states that administration of the COVID-19 vaccine should ideally be scheduled with an interval of at least 7 days to another vaccination (including influenza) in order to avoid incorrect attribution of potential adverse events[8]. Booster vaccines for COVID-19 are currently under

[8] COVID-19: the Green Book, chapter 14a

consideration, with trials underway to ascertain whether co-administration of COVID-19 and influenza vaccines will be permissible, subject to the advice of JCVI. Early evidence on the concomitant administration of COVID-19 and influenza vaccines used in the UK, supports the delivery of both vaccines at the same time where appropriate[9].

30. Planning for influenza vaccination should continue as usual for this autumn, with further advice issued should co-administration with COVID-19 vaccination be recommended so that where appropriate both vaccines could be given at the same time.

Timing

31. Vaccination should be given in sufficient time to ensure patients are protected before influenza starts circulating. If an eligible patient presents late for vaccination it is generally appropriate to still offer it. This is particularly important if it is a late influenza season or when newly at risk patients present, such as pregnant women who may not have been pregnant at the beginning of the vaccination period. The decision to vaccinate should take into account the fact that the immune response to vaccination takes about 2 weeks to fully develop.

32. Last year the school age immunisation national service specification had a requirement that, to provide early protection, the provider would complete the influenza vaccination as early as possible after the influenza vaccine became available and at the latest by 15 December for all eligible children. In order to facilitate the service expansion alongside the continuation and catch up of the routine school age immunisation programmes this season the completion date for school age influenza vaccinations has been extended until the end of January 2022 although providers are encouraged to complete as soon as possible.

33. Parents of any child at risk from influenza because of an underlying medical condition can choose to receive influenza vaccination in general practice, especially if the parent does not want their child to have to wait for the school vaccination session (which may be one of the later sessions). GP practices should invite these children for vaccination, making it clear that parents have the option to have their child vaccinated in general practice.

List of appendices

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

[9] National Immunisation Schedule Evaluation Consortium (NISEC) data [unpublished], referenced in the JCVI Interim Statement regarding a potential COVID-19 Booster vaccine programme for winter 2021 to 2022 (30/06/2021)

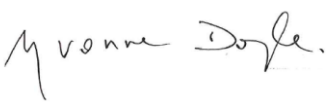
Conclusion

35. We would like to take this opportunity to thank you all for your hard work in delivering the influenza immunisation programme. We have some of the best influenza vaccine uptake rates in Europe and we achieved record levels in 2020 to 2021. This winter, it remains a key intervention to reduce pressure on the NHS and social care.

36. This Annual Influenza 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.

Links to other key documents

Green Book Influenza Chapter

Joint Committee on Vaccination and Immunisation

National Institute for Health and Care Excellence (NICE) guidelines on increasing influenza vaccine uptake

NHS England Public Health Commissioning information

General practice specifications for seasonal influenza immunisation

Community Pharmacy Seasonal Influenza Vaccination Advanced Service

Immform Survey User guide for GP practices, local NHS England teams, and NHS Trusts

Flu vaccine uptake figures

Flu immunisation PGD templates

ImmForm website for ordering child flu vaccines

National Q&As training slide sets

e-learning programme

Vaccine Update – PHE monthly newsletter

PHE Flu Immunisation Programme home page

PHE Campaign Resource Centre – Help Us Help You campaign

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General Pharmaceutical Council
Faculty of Public Health
Association of Independent Multiple Pharmacies
UK Homecare Association (UKHCA)
Skills for Care
Association of Directors of Adult Social Services
Care Association Alliance
Care Provider Alliance
Hospice UK
Voluntary Organisations Disability Group
National Care Forum (NCF)
National Care Association (NCA)
Care England
Local Government Association
Unison

Appendix A: Groups included in the national influenza immunisation programme

1. In 2021 to 2022, influenza vaccinations will be offered under the NHS influenza immunisation programme to the following groups:

    - all children aged 2 to 15 (but not 16 years or older) on 31 August 2021
    - people aged 50 years or over (including those becoming age 50 years by 31 March 2022)
    - those aged from 6 months to less than 50 years of age, in a clinical risk group such as those with:
        - chronic (long-term) respiratory disease, such as asthma (requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission), chronic obstructive pulmonary disease (COPD) or bronchitis
        - chronic heart disease, such as heart failure
        - chronic kidney disease at stage 3, 4 or 5
        - 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 influenza season)
    - household contacts of immunocompromised individuals, specifically individuals who expect to share living accommodation 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 Years 7 to 11)
    - 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 or nursing home or registered domiciliary care provider, who are directly involved in the care of vulnerable patients or 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 or 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. 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.
3. The list above is not exhaustive, and the healthcare professional should apply clinical judgement to take into account the risk of influenza exacerbating any underlying disease that a patient may have, as well as the risk of serious illness from influenza itself.
4. 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 influenza immunisation and for full details on advice concerning contraindications and precautions for the influenza vaccines.

Appendix B: Service specifications

1. The general practice specification for seasonal influenza immunisation sets out all eligible groups for vaccination (apart from those aged 2 and 3 on 31 August 2021). It includes eligible frontline health and care workers working in residential care and nursing homes, domiciliary care providers, the voluntary managed hospice sector, and those employed through Direct Payment (personal budgets) and/or Personal Health Budgets, such as Personal Assistants. The specification will be published on the NHS GP Contract web page.

2. There is a separate Enhanced Service (ES) specification for the childhood seasonal influenza vaccination programme, covering the vaccination of children aged 2 and 3 years on 31 August 2021. The specification will be published on the NHS GP Contract web page.

3. General practices are reminded that they are required to operate a proactive call and recall system to contact all at risk patients. Various methods for this should be considered such as letter, email, phone call, text or social media and during face to face interactions if the opportunity arises, to encourage people to attend for their vaccination.

4. Community pharmacies offering an influenza vaccination service for adults will be required to do so in accordance with the Community Pharmacy Seasonal Influenza Vaccination Advanced service specification for 2021 to 2022 which will be published on the Community Pharmacy Seasonal Influenza Vaccine Service web page.

5. The school age immunisation service specification has a requirement that, to provide early protection, the provider will complete influenza vaccination as early as possible after the influenza vaccine becomes available and at the latest by 31 January 2022 for all eligible children. School aged immunisation services must offer the vaccine to 100% of eligible children.

Appendix C: Recommended influenza vaccines

1. The Joint Committee on Vaccination and Immunisation (JCVI) has reviewed the latest evidence on influenza vaccines and recommended the following for the 2021 to 2022 season (summarised in table on next page).[10] Providers should ensure that they have ordered adequate supplies of the recommended vaccines for their different adult patient groups, as set out in 2 letters from NHS England and Improvement (NHSEI) on 4 February and on 1 April 2021[11].

2. **Aged 65 years and over.** These patients should be offered an adjuvanted quadrivalent influenza vaccine (aQIV). Where this is not available a cell-based quadrivalent influenza vaccine (QIVc) and the recombinant quadrivalent influenza vaccine (QIVr) are considered acceptable alternatives and are preferable to standard egg-culture influenza vaccines. Doses of QIVr are available to order in limited quantities and will be reimbursed.

3. JCVI recommended the high dose quadrivalent influenza vaccine (QIV-HD) is offered alongside aQIV because of the additional benefit from the use of aQIV and QIV-HD in those aged 65 years and over, compared with standard dose egg-culture inactivated trivalent and quadrivalent vaccines. However, QIV-HD is not currently available in the UK market.

4. **Aged 18 to 64 years (including at risk adults, pregnant women, and 50 to 64 year olds cohort).** This group should be offered QIVc or QIVr as there is a clear benefit to offering quadrivalent vaccines compared to trivalent influenza vaccines. There is also a potential advantage to using vaccines that do not use egg in the manufacturing process due to the possible impact of ‘egg-adaptation’ on the effectiveness of influenza vaccines, particularly against A(H3N2) strains. The egg grown quadrivalent influenza vaccine (QIVe) should be considered for use where QIVc or QIVr are not available because any impact of egg adaptation will likely be limited to seasons in which the influenza season is dominated by well-matched H3N2 strains.

5. **Children aged 2 years to less than 18 years.** These children should be offered the live attenuated influenza vaccine (LAIV). JCVI recommended that at risk children for whom LAIV is not suitable should be offered QIVc (now licensed from the age of 2), or QIVe, in that order of preference. However, please note that PHE has only procured LAIV and QIVc for this age group.

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[10] Joint Committee on Vaccination and Immunisation: Advice on influenza vaccines for 2021 to 2022
[11] 2021 to 2022 influenza season: letter and NHS England: Achievements and developments during 2020 to 2021 flu season

6. **At risk children aged 6 months to 2 years of age**. These children should be offered QIVe, which has been procured by PHE for this age group. Please note that neither LAIV or QIVc are licensed for children under 2 years of age.

7. **Children whose parents decline LAIV:** If the parent of an eligible child refuses LAIV because of its porcine gelatine content (and they understand that it is the most effective product in the programme), a policy decision has been made that they can request an alternative injectable vaccine. PHE has procured QIVc for these children which will be available for use from the start of the season.

Table 2. Summary table of which influenza vaccines to offer

Eligible group	Type of influenza vaccine
At risk children aged from 6 months to less than 2 years	Offer QIVe. LAIV and QIVc are not licensed for children under 2 years of age.
At risk children aged 2 to under 18 years*	Offer LAIV. If LAIV is contraindicated (or it is otherwise unsuitable) offer: • QIVc
Aged 2 and 3 years on 31 August 2021 Primary school aged children and those in Year 7 to 11 in secondary school (aged 4 to 15 on 31 August 2021)	Offer LAIV If LAIV is contraindicated (or it is otherwise unsuitable) offer: • QIVc*
Aged 18 to 64 (including at risk, pregnant women, and 50 to 64 year olds cohort)	Offer: • QIVc or • QIVr Or offer QIVe (if QIVc or QIVr are not available).
Aged 65 years and over**	Offer aQIV. Or offer QIVc or QIVr if aQIV is not available. It is recommended that aQIV is offered ‘off-label’ to those who become 65 before 31 March 2022.

* QIVe is suitable to offer to these children but as a second option. QIVe has not been procured by PHE for this age group.
** JCVI recommended use of QIV-HD in this age group but this is not currently available in the UK market.

Appendix D: Vaccine supply and ordering

Vaccine supply for adult's programme

1. Providers remain responsible for ordering vaccines directly from manufacturers. Further guidance on additional support for the expanded flu programme next season, including on access to supply, may be released ahead of the season starting.

2. Providers should ensure they are able to offer the most effective vaccine for each eligible group consistent with national guidance. Provided a patient is offered a recommended vaccine for their age, providers are not expected to have to offer a choice between vaccines.

3. Influenza vaccines generally start to be distributed from September each year. However, vaccine manufacture involves complex biological processes. 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. Providers should remain flexible when scheduling vaccination sessions, and be prepared to reschedule if necessary.

Vaccine supply for children's programme

4. Public Health England procures and supplies the vaccines for the children's programme. This includes the live attenuated influenza vaccine (LAIV) administered as a nasal spray which is suitable for use in children aged 2 to less than 18 years except where contraindicated. Children in at-risk groups for whom LAIV is unsuitable, and healthy children whose parents object to LAIV on the ground of its porcine gelatine content should be offered the injectable cell-based Quadrivalent Influenza Vaccine (QIVc) if aged 2 years to less than 18. Children aged 6 months to less than 2 years should be offered QIVe. Centrally supplied children's vaccines can be ordered through the ImmForm website.

5. Timing of vaccine availability should be taken into account when vaccination sessions are being arranged.The latest and most accurate information on availability of centrally supplied influenza vaccines for the children's programme will be made available on the ImmForm news page.

6. As usual, ordering controls will be in place for Fluenz® Tetra in 2021 to 2022 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 influenza vaccines will be featured on the ImmForm news page both prior to and during the influenza vaccination period. Information will also be featured in Vaccine Update and disseminated via the National Immunisation Network as appropriate. It is strongly advised that all parties involved in the provision of influenza vaccines to children ensure they remain up to date with this information at all times until the end of the 2021 to 2022 programme.

Vaccines available in 2021 to 2022

7. The vaccines that are available for the 2021 to 2022 influenza immunisation programme are listed here: www.gov.uk/government/publications/influenza-vaccine-ovalbumin-content

8. None of the influenza vaccines contain thiomersal as an added preservative. Some influenza vaccines are restricted for use in particular age groups. The Summary of Product Characteristics (SmPC) for individual products **should always** be referred to when ordering vaccines for particular patients.

Appendix E: Training resources, PGDs, protocols and patient facing information

1. 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 influenza immunisation and advice on contraindications and precautions for the influenza vaccines.

2. Information for healthcare practitioners about the childhood influenza programme and the inactivated influenza vaccines, and links to training slide sets and influenza e-learning programme will be available on the Annual flu programme webpage and the e-learning for healthcare Flu Immunisation web page.

3. PHE will develop PGDs that will be available prior to commencement of the programme at Immunisation patient group direction (PGD) templates and Community Pharmacy Seasonal Influenza Vaccine Service.

4. PHE will support development of national protocols if pandemic operational delivery models are to be utilised for the delivery of seasonal influenza vaccination in the 2021 to 2022 season.

5. Resources for the PHE public facing marketing campaign to encourage take-up amongst eligible groups and for adaptable assets for NHS and social care organisations to use in their own staff vaccination campaigns will be available from the PHE Campaign Resource Centre.

6. Template letters for practices to use will be available on the Annual flu programme web page.

Appendix F: Children's influenza vaccination programme

1. A recommendation to extend influenza vaccination to children was made in 2012 by JCVI to provide both individual protection to the children themselves and reduce transmission across all age groups[12]. Implementation of the programme began in 2013 with pre-school children offered vaccination through GP practices and pilots for school aged children.

2. Research into the first 3 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. Findings include reductions in: GP consultations for influenza-like illness, swab positivity in primary care, laboratory confirmed hospitalisations and percentage of respiratory emergency department attendances[13].

3. In 2015 to 2016 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 to 2020. There was then to be a pause in the programme to fully assess the impact before deciding whether to extend into secondary school. However, because of the COVID-19 pandemic, last year the vaccine was offered to those in Year 7 in secondary school to offer wider protection.

4. This year as part of our wider winter planning and an expanded flu vaccination programme, an offer will be extended to all secondary school aged children in Years 7 to 11, in addition to all children aged 2 to 3 in General Practice and all primary school aged children in Reception Year to Year 6.

5. In 2021 to 2022 the following children will be offered vaccination as follows:

    - all those aged 2 and 3 years old on 31 August 2021 (date of birth on or after 1 September 2017 and on or before 31 August 2019) will be offered vaccine in general practice
    - all primary school-aged children in Reception Year to Year 6 (ages 4 to 10 on 31 August 2021) will be offered through a school age immunisation service
    - all secondary school aged children in Years 7 to Year 11 (ages 11 to 15 on 31 August 2021) will be offered through a school age immunisation service

[12] Joint committee on Vaccination and Immunisation. Statement on the annual influenza vaccination programme – extension of the programme to children. JCVI (2012). 25 July 2012.
[13] 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 to 2016. Eurosurveillance. Volume 23, Issue 25.

6. Some school aged children might be outside of the age ranges outlined in the above paragraph (for example, 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.

7. At-risk children who are eligible for influenza 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 children in at-risk groups for vaccination, so that parents understand they have the option of taking up the offer in either setting.

8. Children in at-risk groups for whom LAIV is contraindicated or unsuitable will be offered an inactivated influenza vaccine.

9. LAIV is offered to children as it is more effective in the programme than the injected vaccines. This is because it is easier to administer and considered better at reducing the spread of influenza to others, who may be vulnerable to the complications of influenza. Where parents object to LAIV on the ground of its porcine gelatine content, an alternative injected vaccine (QIVc) will be available.

Appendix G: Pregnant women

Rationale

1. All pregnant women are recommended to receive the inactivated influenza vaccine irrespective of their stage of pregnancy.

2. There is good evidence that pregnant women are at increased risk from complications if they contract influenza[14,15]. In addition, there is evidence that having influenza during pregnancy may be associated with premature birth and smaller birth size and weight[16, 17] and that influenza vaccination may reduce the likelihood of prematurity and smaller infant size at birth associated with an influenza infection during pregnancy[18]. Furthermore, a number of studies show that influenza vaccination during pregnancy provides protection against influenza in infants in the first few months of life[19, 20,21,22,23].

3. A review of studies on the safety of influenza vaccine in pregnancy concluded that inactivated influenza vaccine can be safely and effectively administered during any trimester of pregnancy and that no study to date has demonstrated an increased risk of either maternal complications or adverse fetal outcomes associated with inactivated influenza vaccine.[24]

When to offer the vaccine to pregnant women

14 Neuzil KM, and others. (1998) Impact of influenza on acute cardiopulmonary hospitalizations in pregnant women. American Journal of Epidemiology. 148:1094-102
15 Pebody R and others. (2010) Pandemic influenza A (H1N1) 2009 and mortality in the United Kingdom: risk factors for death, April 2009 to March 2010. Eurosurveillance 15(20): 19571.
16 Pierce M, and others (2011) Perinatal outcomes after maternal 2009/H1N1 infection: national cohort study. BMJ. 342:d3214.
17 McNeil SA, and others. (2011) Effect of respiratory hospitalization during pregnancy on infant outcomes. American Journal of Obstetrics and Gynecology. 204: (6 Suppl 1) S54-7.
18 Omer SB, and others (2011) Maternal influenza immunization and reduced likelihood of prematurity and small for gestational age births: a retrospective cohort study. PLoS Medicine. 8: (5) e1000441.
19 Benowitz I, and others (2010) Influenza vaccine given to pregnant women reduces hospitalization due to influenza in their infants. Clinical Infectious Diseases. 51: 1355-61.
20 Eick AA, and others. (2010) Maternal influenza vaccination and effect on influenza virus infection in young infants. Archives of Pediatrics and Adolescent Medicine. 165: 104-11.
21 Zaman K, and others. (2008) Effectiveness of maternal influenza immunisation in mothers and infants. New England Journal of Medicine. 359: 1555-64.
22 Poehling KA, and others. (2011) Impact of maternal immunization on influenza hospitalizations in infants. American Journal of Obstetrics and Gynecology. 204:(6 Suppl 1) S141-8.
23 Dabrera G, and others. (2014) Effectiveness of seasonal influenza vaccination during pregnancy in preventing influenza infection in infants, England, 2013 to 2014. Eurosurveillance. Nov 13;19.
24 Tamma PD, and others. (2009) Safety of influenza vaccination during pregnancy. American Journal of Obstetrics and Gynecology. 201(6): 547-52.

4. The ideal time for influenza vaccination is before influenza starts circulating. However, even after influenza is in circulation vaccination should continue to be offered to those at risk and newly pregnant women. Clinicians should apply clinical judgement to assess the needs of an individual patient, taking into account the level of flu-like illness in their community and the fact that the immune response following influenza vaccination takes about 2 weeks to develop fully.

Data review and data recording

5. Uptake of vaccine by pregnant women, along with other groups, will be monitored. GPs will need to check their patient database throughout the duration of the influenza vaccination programme in order to identify women who become pregnant during the season. GPs should also review their records of pregnant women before the start of the immunisation programme to ensure that women who are no longer pregnant are not called for vaccination (unless they are in other clinical risk groups) and so that they can measure the uptake of influenza vaccine by pregnant women accurately.

Maternity services

6. All pregnant women are able to access influenza immunisation from their GP practice or a community pharmacy. In addition, Maternity Service Providers may also vaccinate pregnant women via a national Service Specification as commissioned by NHSEI.

7. Midwives need to be able to explain the benefits of influenza vaccination to pregnant women and offer them the vaccine, or signpost women back to their GP or community pharmacy if they are unable to offer the vaccine.

8. Where maternity providers or pharmacies provide the influenza vaccine, it is important that the patient's GP practice is informed in a timely manner (within 48 hours) so their records can be updated accordingly, and included in vaccine uptake data collections. Maternity providers should ensure they inform GPs when a woman is pregnant or no longer pregnant.

Appendix H: Healthcare worker flu vaccination best practice management checklist

For public assurance via trust boards by December 2021.

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 2020 to 2021, 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 2021	
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 I: Data collection

Introduction

1. PHE publish the national Official Statistics on vaccine coverage that are used to formally evaluate the programme year-on-year and these data collections are managed through the ImmForm website.

2. 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 Vaccine uptake guidance and the latest coverage data.

3. In addition to the established ImmForm data collections, as was the case in the 2020 to 2021 season, NHSEI will also collect vaccination data for internal operational management purposes. Further information will be provided on this ahead of the flu season.

4. 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

5. Considerable efforts have been made to reduce the burden of PHE data collections and these are regularly submitted for approved to the Data Coordination Board (DCB) or been through a full burden assessment by the former Review of Central Returns (ROCR) and Burden Advice and Assessment Service (BAAS) functions within NHS Digital. Over 95% of GP practices benefited from using automated IT data returns for final data collections extracted directly from GP system suppliers (GPSS) in 2020 to 2021 survey. GP practices that are not able to submit automated returns should discuss their arrangements with their GPSS. If automated returns fail for the monthly data collection GP, practices will be required to manually submit the mandatory data items on to ImmForm to meet contractual obligations.

Data collections for 2021 to 2022

6. Monthly data collections (for Healthcare workers, School aged children and eligible GP registered patients) will take place over 6 months during the 2021 to 2022 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 September 2021 (data collected in October 2021), with the subsequent collections monthly thereafter, and with the final data collection for all vaccines administered by the end of February 2022 (final data collected in March 2022).

7. Data will be collected and published monthly using NHS geographies and by local authority (LA) level.

8. During the data collection period, those working in the NHS with relevant access rights are able, through the ImmForm website, to:

   - validate the data on point of entry and correct any errors before the end of the data submission period
   - view vaccine uptake data by eligible groups for areas they are responsible for
   - compare themselves with other anonymous general practices or areas

9 The data and tools provided by ImmForm are a trusted source of information. These can be used to facilitate the local and regional management of the flu vaccination programme, enhance the monitoring of inequalities and the impact of interventions to address these.

10 For the 2021 to 2022 season, in addition to the routine data items covering vaccine uptake in pregnant women, PHE will be running a new data collection to evaluate vaccine coverage in women who have delivered in the previous month. This is similar to how the pertussis vaccination programme is evaluated and will take place year-round to evaluate coverage year-on-year, rather than just in season. This will also allow for a direct comparison between flu and pertussis vaccination coverage in pregnancy.

11. The NHS is also reviewing the technology and data used to capture flu administration. All NHS Trusts are required to record flu vaccinations, for staff and patients, using the same Point of Care recording system which they use for COVID-19 vaccinations. Changes or additions to other NHS flu data collections will be outlined in the applicable service specifications.

Monitoring on a weekly basis

11. Weekly uptake data will be collected from GP practices that have fully automated extracts provided by their GPSS. These data will be published in the PHE weekly flu report.

12. 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 described above.

Appendix J: Antiviral medicines

1. Antiviral medicines (AVMs) have an important role to play in managing symptoms of influenza for specified groups of patients, especially for people who may not get vaccinated against seasonal influenza.

2. AVMs can only be prescribed by GPs and non-medical prescribers in primary care during the influenza 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 AVMs at NHS expense, informed by surveillance data from Public Health England, that indicates that influenza 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. More information on clinical at-risk groups and patients eligible for treatment in primary care at NHS expense with either oseltamivir or zanamivir can be found on the Influenza: treatment and prophylaxis using anti-viral agents web page.

5. Once PHE informs DHSC that the level of seasonal influenza activity is below threshold levels at the end of the influenza 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 AVMs from summer and throughout the influenza season to monitor supplies of AVMs to ensure adequate stocks are available in the supply chain to meet demand.