

Governance: Flu Vaccination and Flu Response groups feed into the BNSSG System Flu Planning group, which escalates to Bronze Command.

Report for: Relevant internal/external committees.

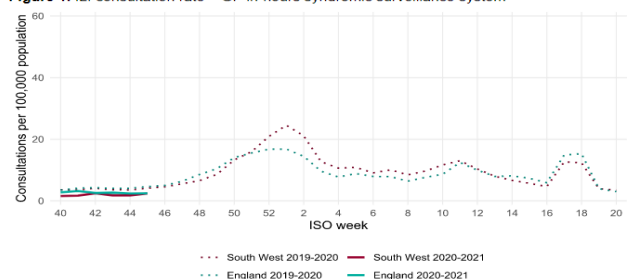
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Influenza and ILI - South West Summary – Week 45

- The hospital admission rate and ICU/HDU admission rate with confirmed influenza remains low in the South West and England.
- The percentage positivity in respiratory samples reported to DataMart remain low for influenza but show a gradually increasing trend for SARS-CoV-2 in both the South West and England.
- Reports of influenza A (0 vs 0) was the same in week 44 compared to the previous week. Reports of influenza B (0 vs 0) was the same in week 44 compared to the previous week. Reports of RSV (1 vs 0) was lower in week 44 compared to the previous week.

GP Consultations

Figure 1. ILI consultation rate – GP in-hours syndromic surveillance system



Hospital admissions

Figure 2. ICU/HDU admissions with confirmed influenza – SARI Watch

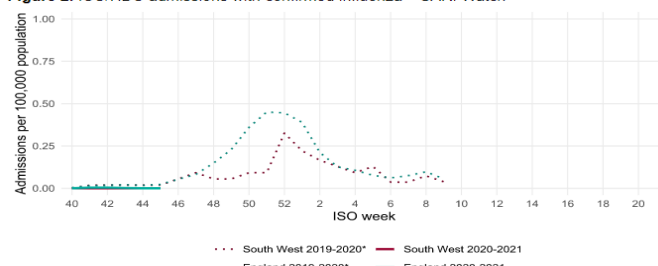
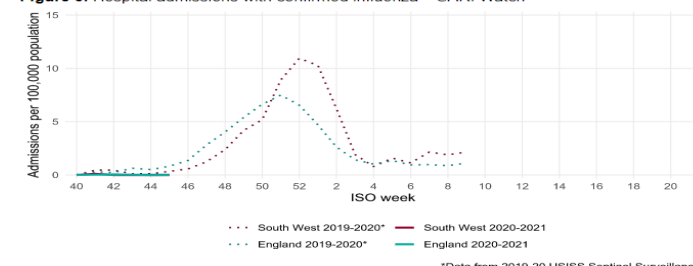


Figure 3. Hospital admissions with confirmed influenza – SARI Watch



*Data from 2019-20 USISS Mandatory Surveillance

*Data from 2019-20 USISS Sentinel Surveillance

Risks (scoring 12 and above)

- 1) A second COVID-19 peak and/or local lock down will impact on staffing levels and patient ability to be vaccinated and so will affect the flu campaign delivery.
- 2) Patients who do not take up the offer of a flu vaccination may impact on system wide pressures if there is a high prevalence of circulating flu.
- 3) System lab capacity may not be able to meet the demands of processing COVID-19 PCR swabs and Flu Swabs should care settings have suspected outbreaks of COVID-19 & Flu.
- 4) An increase in COVID-19 cases may mean patients will be less willing to come into practice to have an influenza vaccine, affecting uptake rates.
- 5) If schools close as a result of COVID-19 cases, this will result in workforce issues with staff being required to look after their children and potentially delay the school vaccination programme.

Assurances

- 1) Monitor national guidance and surveillance and ensure good system working at PCN level and with providers so that there is good resilience.
- 2) Strong communication campaign, targeted appropriately at cohorts where uptake is not high, & weekly monitoring to flag where uptake is an issue.
- 3) Single swab to be used for testing for COVID-19, Flu and other respiratory infections.
- 4) Clear system wide communications planned to encourage flu vaccination uptake and to assure public of mitigations in place to reduce their risk
- 5) School vaccination clinics continue to take place & Sirona will update on any school closures.

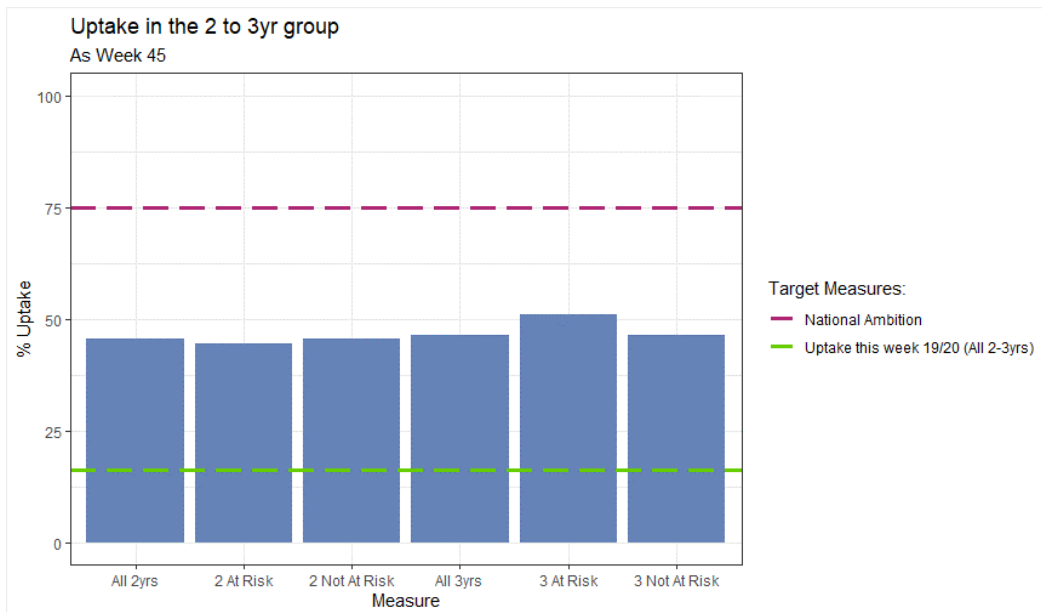
Stock and Availability

- Guidance on how GP Practices, secondary care trusts and community pharmacies can access the DHSC centrally supplied Flu vaccinations has now been published. Vaccinations should currently only be ordered for approved cohorts highlighted in the national flu letters.
- The majority of this additional stock will arrive from November onwards and providers will be able to access this only once their own local stocks are depleted.
- The MHRA has granted a dispensation to allow movement of vaccines locally between practices and other NHS provider organisations
- Vaccines should not be ordered for 50-64 year olds who do not fall within another at-risk eligible cohort at the current time.
- See '*Accessing government-secured flu vaccines*' guidance:
- For GP Practices [here](#)
- For Community Pharmacies [here](#)
- For NHS Providers [here](#)

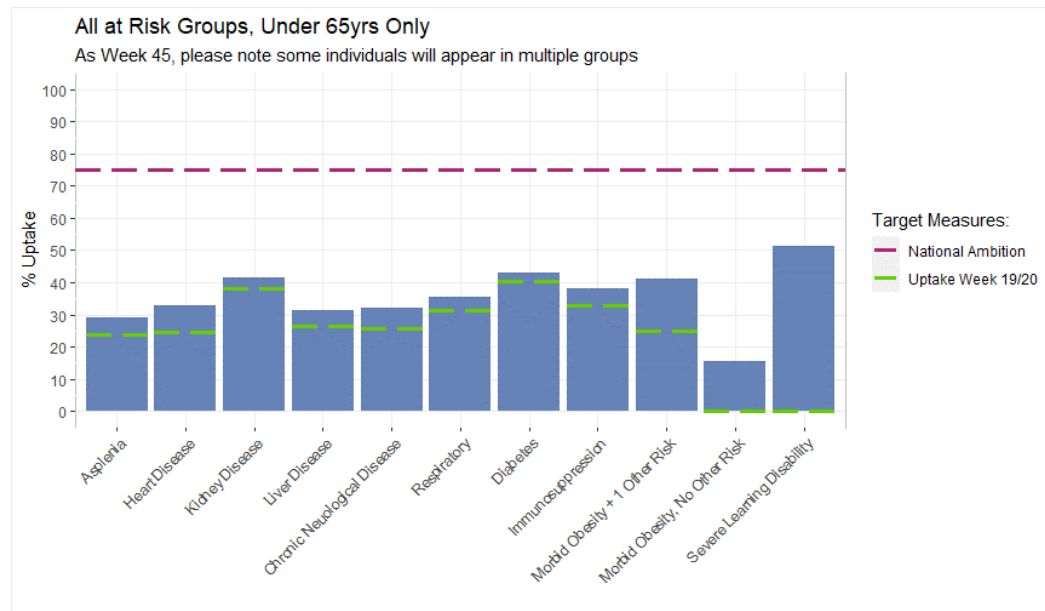
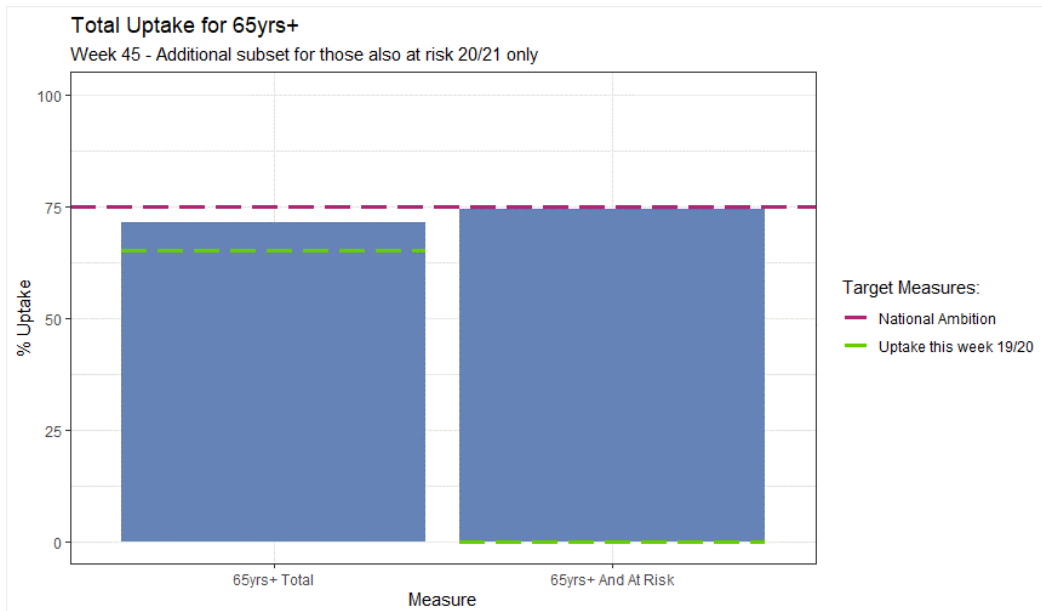
Vaccination data and updates

- Local primary care vaccination updates will be shared weekly using a local data flow.
- There is collaborative working between the CCG BI team, OneCare and the PHE Screening and Immunisation team to provide system flu vaccine uptake updates.
- Vaccination data is also available through the PHE Immform website

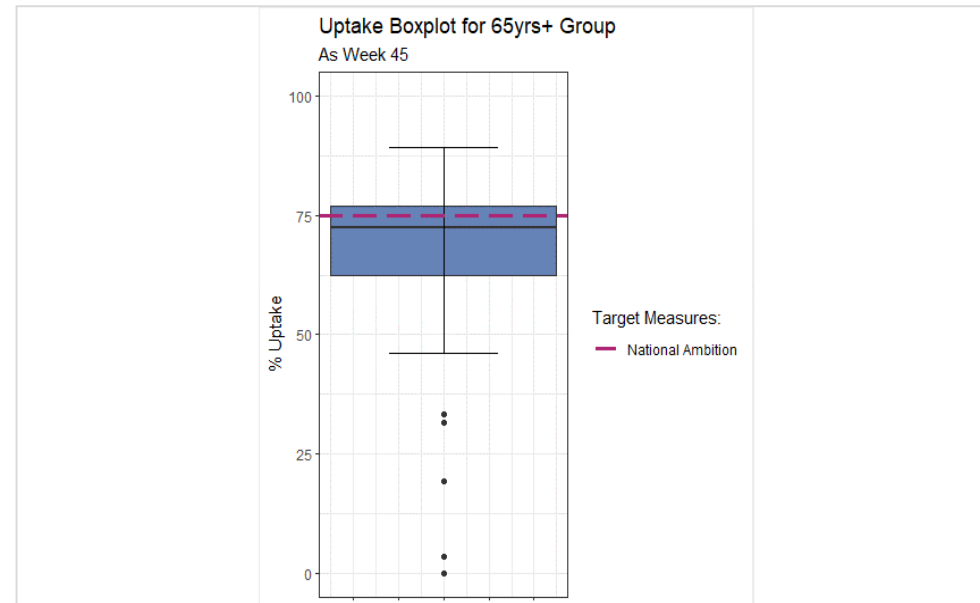
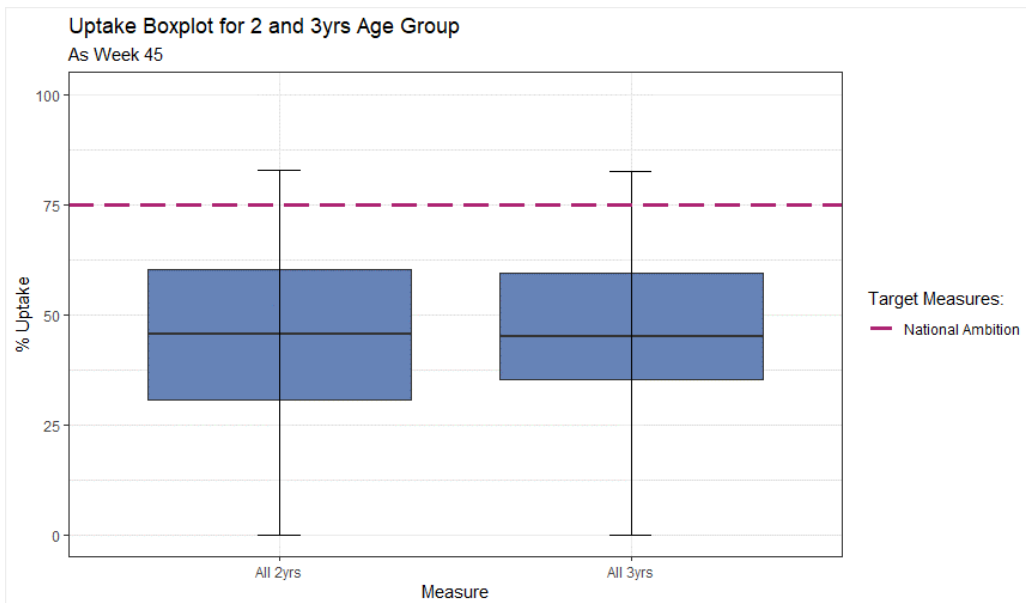
FLU VACCINATION UPTAKE DATA



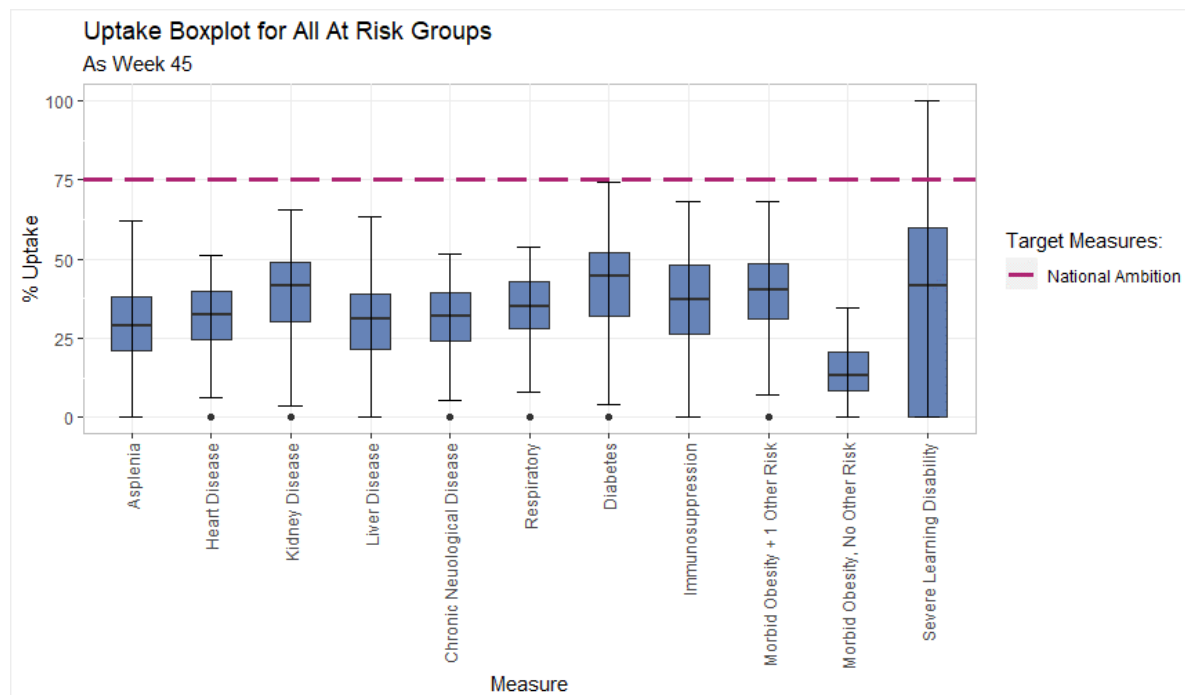
- The data relates to week 45 and will be subject to change.
- Uptake in all cohorts has increased compared to this week in 2019/20.
- Comparisons with last year should be made cautiously as supply issues impacted the intranasal (Age 2-3years/children) and quadrivalent (Under 65 years at risk) vaccines in 2019/20, hence uptake was lower.
- There appears to be a steady uplift in the numbers vaccinated although it may be too soon to predict whether the total numbers vaccinated at the end of the year will be increased.



FLU VACCINATION UPTAKE DATA



- Until we can share uptake data at practice/PCN level, these box plots show the range of vaccination uptake across practices.
- There is currently variation between practice, this may relate to individual practice flu vaccine delivery dates due to them being phased.
- We will endeavour to discuss with localities/practices where uptake appears low to understand the situation and if any support is required.
- For the 65+yrs cohort both the CCG mean and practice median approach the end of year national ambition.



STAFF VACCINATION

	23/10/2020	30/10/2020	06/11/2020	13/11/2020
UHB	58%	62%	64%	67%
Sirona*	37%	42%	54%	58%
AWP	27%	43%	51%	59%
NBT	22%	34%	34%	45%

UHBW

- 100% offer of vaccines to staff and aiming for 90% uptake of FHCW and 100% uptake of FHCW in higher risk areas
- Expect to achieve their 90% uptake by February 2021
- Rate of Increase in uptake for this week has been skewed by an increase in the number of FHCW

SIRONA

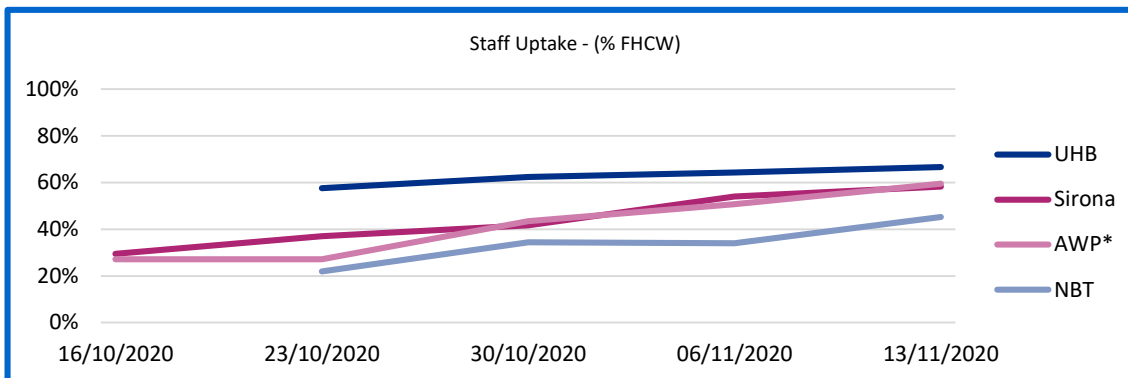
- Aiming to achieve a 100% offer rate amongst frontline clinical staff for the 2020/21 campaign.
- The majority of staff expected to be vaccinated during October and November and anticipate that approximately 50% staff will have been vaccinated by the end of Nov-20.
- * Figures may also include CCG staff

AWP

- Peer vaccinator model is being used
- Voucher scheme also available for those working on the periphery of the trust and those working from home
- The positive uptake this year should be acknowledged.

NBT

- 100% offer of vaccines to staff and are aiming to vaccinate more than 85%
- Expect to achieve their 85% ambition by December 2020



CCG

- CCG staff who wish to be vaccinated have two options: via a community pharmacy based Flu voucher scheme or via Flu vaccination clinics supported by Sirona
- The Sirona vaccination clinics are all around the BNSSG area so are easily accessible for staff working from home and the FluTrack system is being used to manage appointment bookings.
- 89 staff members have been sent a Flu voucher
- 192 staff opted for the clinics (as per 16/11/20)

Local Authorities & Social Care

- All frontline local authority staff have been offered a Flu vaccination via a range of routes depending on the local authority e.g. reimbursement of vaccination received through local pharmacy or specific clinics.
- Phased deliveries of the vaccine to community pharmacies is impacting on the uptake levels of Local Authority staff.
- BNSSG Local Authorities have written a joint letter to managers of independent sector care homes to highlight the importance of health and social care staff having an influenza vaccination and how to administer this.
- The BNSSG system delivered winter resilience training to promote Flu vaccination uptake within the care home setting

COMMUNITY PHARMACY

- Most pharmacies are offering the Flu vaccination this year, with 90% of pharmacies offering this service (163 pharmacies)
- Uptake is currently exceeding previous years' compared to the same period last year
- For the week commencing 9/11/20 , 29,058 vaccines were administered.
- Between 1/9/20- 9/11/20, 66% vaccines were for over 65yrs, with 10% chronic respiratory disease, 4.93% diabetes and 4.73% carers.
- Most common age range vaccinated were 61-80 year olds.
- Due to the high demand and the phased deliveries some patients may have to wait for their appointments

COMMUNICATIONS PLAN

- System-wide working to support national and local communications
- Learning Disability (LD) related communications have been shared with LD practice champions. [Two short videos](#) to support uptake in this group have been issued by NHS England to highlight the importance of vaccination in this group.
- Targeted communications to support the Black, Asian and Minority Ethnic (BAME) population. A [short myth-busting flu video](#) jointly produced with Healthier Together partners promoting the importance of the flu vaccine for BAME communities has been released and a multilingual animations are due to be released shortly.
- Media press releases have included work with ITV, BBC & Radio Ujima
- Work with local sports clubs such as Bristol Bears to share the Flu vaccination message: 'Take One for the Team'
- Flu postcard door drop planned for areas of high deprivation in BNSSG

GP PRACTICES

- Most practices are delivering Flu clinics onsite
- Off-site examples include Gloucester Cricket Club, marquees and village halls
- Demand for vaccination has been high across the board
- Care home residents have been prioritised by most practices
- A number of staff have liaised with the LMC regarding vaccinator training to increase the number of eligible vaccinators

HEALTH INEQUALITIES

- Those with Severe Learning Disabilities (LD) have been separated out in Immform data this year to enable us to show uptake in this group. Work has been ongoing with LD leads to increase uptake.
- Working with the Bristol Muslim Strategic Leadership Group in ICE Locality to increase uptake.
- Population health management tool and data set being explored to determine whether it can support the prioritisation of patients for flu vaccination
- SMS messaging pilot planned with some GP practices in ICE locality to support vaccine uptake working with the insights team at UWE
- System working to support and increase the vaccine uptake in the homeless population.
- Graph below compares uptake against relative deprivation using (IMD)

BNSSG Flu vaccine uptake - social factors

- The chart shows the different Flu vaccination uptake for the different Indices of Multiple Deprivation (IMD). This measure shows the relative deprivation across the BNSSG area, with 1 being the most deprived area. Business Intelligence doing further work to get more details on the area and in which cohorts where uptake is lower

