



22 March 2019

Dear Colleague,

The national flu immunisation programme 2019/20

1. We would like to thank everyone for their hard work in supporting the national programme and the significant contribution this makes to helping protect individuals from flu.
2. This letter provides information on the adults and children eligible to be vaccinated under the programme for the coming season.

Eligibility

3. The national flu immunisation programme aims to provide direct protection to those who are at higher risk of flu associated morbidity and mortality. Groups eligible for flu vaccination are based on the advice of the Joint Committee on Vaccination and Immunisation (JCVI) and include older people, pregnant women, and those with certain underlying medical conditions.
4. Since 2013, flu 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. This coming winter, the only change to the eligibility criteria is the planned extension of the programme to school year 6 children. This means that all primary school aged children will now be offered the vaccine for the first time in England.
6. Therefore, in 2019/20 the following are eligible for flu vaccination:
 - all children aged two to ten (but not eleven years or older) on 31 August 2019
 - those aged six months to under 65 years in clinical risk groups
 - pregnant women
 - those aged 65 years and over
 - those in long-stay residential care homes
 - carers
 - close contacts of immunocompromised individuals

7. Vaccination is also recommended for frontline health and social care workers. This should be provided by their employer as part of the organisation's policy for the prevention of the transmission of flu to help protect both staff and those that they care for. For frontline healthcare workers, a further letter about flu vaccination will be issued.
8. In 2019/20, NHS England will continue to support vaccination of social care and hospice workers. The eligible groups will remain the same as in 2018/19 and vaccination will be available through community pharmacy or their registered general practice¹. 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.
9. The influenza chapter in 'Immunisation against infectious disease' (the 'Green Book'), which is updated regularly, gives detailed descriptions of the groups outlined above and guidance for healthcare workers on administering the flu vaccine.

Vaccines for the national flu immunisation programme

10. JCVI advises on new and existing immunisation programmes. Based on JCVI advice the range of recommended flu vaccines in 2019/20 has been extended and include those outlined in paragraphs 11 – 13 below.
11. For children aged 2 to 17 years, the **live attenuated influenza vaccine (LAIV)** continues to be the recommended vaccine, unless contraindicated. Those contraindicated, and children under the age of 2 years, should be offered a suitable inactivated quadrivalent influenza vaccine. This year, Public Health England (PHE) has purchased the egg-grown quadrivalent influenza vaccine (QIVe) for children aged 6 months to less than 2 years, and for those 2 years or above in whom LAIV is contraindicated.
12. For those aged 18 to 64 years, there are two vaccines which JCVI advises are equally suitable for use. The standard **egg-grown quadrivalent influenza vaccine (QIVe)** and the newly licenced **cell-based quadrivalent influenza vaccine (QIVc)**. Both offer protection against four strains of flu.
13. For those aged 65 and over, there are three vaccines that JCVI advised are equally suitable for use. The **adjuvanted trivalent influenza vaccine (aTIV)** continues to be recommended for this age group as it is likely to be a more effective vaccine than the standard dose non-adjuvanted trivalent and egg-based quadrivalent influenza

¹ 'Extension of NHS seasonal influenza vaccination to social care workers and staff in the voluntary managed hospice sector'. Letter from Professor Stephen Powis. 11 September 2018.
www.england.nhs.uk/publication/extension-of-nhs-seasonal-influenza-vaccination-to-social-care-workers-and-staff-in-the-voluntary-managed-hospice-sector-letter-from-professor-stephen-powis/

vaccines. Equally suitable, is the newly licenced **cell-based quadrivalent influenza vaccine (QIVc)**. Whilst also suitable for this age group, the newly licenced **high dose trivalent influenza vaccine (TIV-HD)** is not eligible for reimbursement under the NHS flu vaccination programme because it has a significantly higher list price.

14. The Influenza and Pneumococcal Direct Enhanced Service (DES) specification will be revised to specify that in order for practices to receive payment for vaccination and reimbursement of vaccine that they will need to use the specific flu vaccines recommended in NHS England guidance.

Vaccine uptake ambitions

15. For those most at risk from flu, vaccine uptake ambitions for 2019/20 are the same as previous years. The long-term ambition for eligible adults is a minimum 75% uptake rate is achieved, as recommended by the World Health Organization. In the case of at risk groups, the ambition is expressed as an interim one because current uptake is some way from 75%.
16. A key objective in the children's programme is to maximise reduction of flu transmission, in addition to providing individual protection. With this in mind, the ambition for pre-school children in 2019/20 has been increased. Similar to last year, the ambitions are different for the preschool and school-aged children, as achieving higher uptake in general practice is more challenging than in schools.

Table 1: Vaccine uptake ambitions in 2019/20

Eligible groups	Uptake ambition
Routine programme for those at risk from flu	
Aged 65 years and over	75% , reflecting the World Health Organization (WHO) target for this group.
Aged under 65 'at risk', including pregnant women	At least 55% in all clinical risk groups , and maintaining higher rates where those have already been achieved. Ultimately the aim is to achieve at least a 75% uptake in these groups given their increased risk of morbidity and mortality from flu.
Children's programme	
Preschool children aged 2 and 3 years old	At least 50% with most practices aiming to achieve higher.
Primary school aged children	An average of at least 65% to be attained by every provider across all primary school years.

17. GPs and school-based providers must actively invite 100% of eligible individuals (e.g. by letter, email, phone call, text) and ensure uptake is as high as possible. These providers and commissioners will be required, if asked, to demonstrate that such an offer has been made. The benefits of flu vaccination among all eligible groups should be communicated and vaccination made as easily accessible as possible.

Timing

18. Vaccination should be given in sufficient time to ensure patients are protected before flu 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 flu 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 two weeks to fully develop.
19. With the children's programme in schools, as the immunisation team has to go into a considerable number of schools in a short space of time, this does mean that some children will be offered immunisation later in the season. Parents of any child at risk from flu because of an underlying medical condition can choose to receive flu vaccination in general practice, especially if the parent does not want their child to have to wait for the school vaccination session. GP practices should invite these children for vaccination, making it clear that parents have the option to have their child vaccinated in general practice.

Conclusion

20. We would like to take this opportunity to thank you all for your hard work in delivering the programme. We have some of the best flu vaccine uptake rates in Europe and a pioneering programme for children. We are delighted that from October 2019 all primary school aged children will now be offered the vaccine, as evidence from the programme has shown a positive impact on flu transmission from vaccinating these children. Overall the annual flu programme saves thousands of lives every year, and reduces GP consultations, hospital admissions and pressure on A&E.
21. 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,



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Department of Health &
Social Care, Deputy Chief
Medical Officer



Professor Paul Cosford
Public Health England,
Medical Director and
Director for Health
Protection



Professor Stephen Powis
NHS England,
National Medical Director

Links to other key documents

Document	Web link
Green Book Influenza Chapter	www.gov.uk/government/publications/influenza-the-green-book-chapter-19
Joint Committee on Vaccination and Immunisation	www.gov.uk/government/groups/joint-committee-on-vaccination-and-immunisation
National Institute for Health and Care Excellence (NICE) guidelines on increasing flu vaccine uptake	www.nice.org.uk/guidance/NG103
NHS England Public Health Commissioning information	www.england.nhs.uk/commissioning/pub-hlth-res/
NHS England enhanced service specification (For GP providers)	www.england.nhs.uk/commissioning/gp-contract/
Community Pharmacy Seasonal Influenza Vaccination Advanced Service	www.england.nhs.uk/publication/community-pharmacy-seasonal-influenza-vaccine-service/
Immform Survey User guide for GP practices, local NHS England teams, and NHS Trusts	www.gov.uk/government/collections/vaccine-uptake
Flu vaccine uptake figures	www.gov.uk/government/collections/vaccine-uptake
Flu immunisation PGD templates (Note: These PGDs require authorisation before use)	www.gov.uk/government/collections/immunisation-patient-group-direction-pgd
ImmForm website for ordering child flu vaccines	www.immform.dh.gov.uk
National Q&As / training slide sets/ e-learning programme	www.gov.uk/government/collections/annual-flu-programme www.e-lfh.org.uk/programmes/flu-immunisation/
Vaccine Update – PHE monthly newsletter	www.gov.uk/government/collections/vaccine-update
PHE Flu Immunisation Programme home page	www.gov.uk/government/collections/annual-flu-programme
PHE Campaign Resource Centre – Help Us Help You campaign	https://campaignresources.phe.gov.uk/resources/campaigns/81-help-us-help-you

Any **enquiries** regarding this publication should be sent to: immunisation@phe.gov.uk

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Appendix A: Groups included in the national flu immunisation programme

1. Groups eligible for flu vaccination are based on the advice of the Joint Committee on Vaccination and Immunisation (JCVI). The programme aims to provide direct protection to those who are at higher risk of flu associated morbidity and mortality. This includes older people, pregnant women, and those with certain underlying medical conditions.
2. In 2012 JCVI recommended extending flu vaccination to children to provide both individual protection to the children themselves and reduce transmission across all age groups.
3. In 2019/20, flu vaccinations will be offered under the NHS flu vaccination programme to the following groups:
 - all those aged two and three on 31 August 2019 (date of birth on or after 1 September 2015 and on or before 31 August 2017), in general practice
 - all primary school-aged children (date of birth on or after 1 September 2008 and on or before 31 August 2015), in the school-based programme
 - for those aged from six months to less than 65 years of age, clinicians should offer immunisation, based on individual assessment, to clinically vulnerable individuals 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, or 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)
 - people aged 65 years or over (including those becoming age 65 years by 31 March 2020)
 - 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 if children in boarding school are of primary school age)².

- 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
- 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.

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. Flu vaccine should be offered in such cases, and will be reimbursed, even if the individual is not in the clinical risk groups specified above.

Healthcare practitioners should refer to the Green Book influenza chapter for further detail about clinical risk groups advised to receive flu immunisation.

This is regularly updated, sometimes during the flu season, and can be found at:

www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book

² Children in boarding schools are eligible for flu vaccination under the national programme if they are of primary school age i.e. they are aged four to ten (but not eleven years or older) on 31 August 2019.

Appendix B: Recommended flu vaccines for adults

1. Vaccine effectiveness varies from one season to the next. Overall effectiveness has been estimated at between 30-60% for adults aged 18 to 65 years for flu infection in primary care. There has been lower effectiveness in older people although immunisation still provides important protection against cases of severe disease such as flu confirmed hospital admission and reductions in numbers of GP flu consultations.
2. In the last decade, there has generally been a good match between the strains of flu in the vaccine and those circulating but there has often been poorer effectiveness against influenza A(H3N2), particularly in older people, where the burden of infection from that strain is highest.
3. JCVI noted potential explanations for the declining vaccine effectiveness against influenza A(H3N2) that has been observed in recent years. These include:
 - Immunosenescence in older people (age related reduction in immune response)
 - genetic drift of the circulating viral strain compared to the vaccine strain (which happened e.g. in 2014/15)
 - egg adaptation (in recent seasons mutations during manufacturing that arise with the A(H3N2) strain when flu vaccine strains are propagated in eggs) which means that the vaccines do not work as well
4. There are a number of changes in the flu vaccines that the Joint Committee on Vaccination and Immunisation (JCVI) has advised for use in different patient groups. The changes are in response to a wider range of vaccines being available which offer better protection³.
5. In 2018/19, an **adjuvanted trivalent influenza vaccine (aTIV)** was offered to older adults. Published data indicate that the adjuvanted vaccine has higher immunogenicity and effectiveness than non-adjuvanted, normal dose vaccines in older people. JCVI recommended that aTIV be made available to all those aged 65 and over.
6. In 2018/19, for those aged under 65, the **egg-grown quadrivalent influenza vaccine (QIVe)** was recommended as this vaccine protects against four strains of flu, providing better protection against the circulating flu B strain(s) more likely to affect this younger patient group compared to older people.
7. For 2019/20 a further vaccine is available, the **cell-based quadrivalent influenza vaccine (QIVc)**. While previous flu vaccines have been cultured on eggs there may be an advantage to using cell derived flu vaccines. This is because it overcomes egg adaptation, when mutations potentially arise during the manufacturing process when flu vaccine virus strains are

³ Joint Committee on Vaccination and Immunisation. Advice on influenza vaccines.

propagated in eggs. This means that the egg grown vaccines may not work as well in protecting against flu as the cell grown one, particularly in relation to the A(H3N2) strain.

8. JCVI noted that with QIVc the evidence of superior effectiveness was not of sufficient quality to express a preference at this time. As a result of its assessment, JCVI advised that QIVc is equally suitable for use in at risk groups under 65, as well as those aged 65 and over, alongside the other flu vaccines currently recommended in these groups.
9. JCVI has also considered evidence on a **high dose trivalent influenza vaccine (TIV-HD)** and advised that this is suitable for use in those aged 65 years and over although there is not enough evidence to express a preference for one specific flu vaccine for older people. TIV-HD contains four times the amount of antigen contained in standard-dose inactivated flu vaccines. The additional antigen content is intended to enhance the immune response to counter the effect of immunosenescence in those aged 65 and over. **However, because of a significantly higher list price TIV-HD is not eligible for reimbursement under the NHS flu vaccination programme.**
10. We ask providers to be cognisant of the relative costs to the NHS of the range of vaccines available in the market when ordering vaccines for the 2019/20 season. For prices of different vaccines please see NHS England's update letter on vaccines for the 2019/20 flu vaccination programme⁴.
11. The Influenza and Pneumococcal Direct Enhanced Service (DES) specification will be revised to specify that in order for practices to receive payment for vaccination and reimbursement of vaccine that they will need to use the specific flu vaccines recommended in NHS England guidance.

Healthcare practitioners should refer to the slide set 'Vaccines for the national flu immunisation programme 2019/20' for further information: <https://bit.ly/2Url6bF>

⁴ "Update on vaccines for 2019/20 seasonal flu vaccination programme". Letter dated 23 January 2019. NHS England. www.england.nhs.uk/publication/vaccine-ordering-for-2019-20-influenza-season-letters/

Appendix C: Recommended flu vaccines for children

1. JCVI recommended the live attenuated influenza vaccine (LAIV) as the vaccine of choice for children. The vaccine is licensed in the UK for those aged from 24 months to less than 18 years of age. JCVI recommended LAIV as it has:
 - good effectiveness in children, particularly after only a single dose
 - the potential to provide protection against circulating strains that have drifted from those contained in the vaccine
 - higher acceptability with children, their parents and carers due to intranasal administration
 - it may offer important longer-term immunological advantages to children by replicating natural exposure/infection and thus inducing a better and longer-term immune memory to influenza that may not arise from use of inactivated flu vaccines
2. All vaccines for those aged under 18 years are procured and supplied by PHE. For those children in at risk groups for whom LAIV is contraindicated an inactivated quadrivalent influenza vaccine should be offered. For 2019/20 PHE has purchased QIVe for these children.
3. LAIV contains a highly processed form of gelatine (derived from pigs). Some faith groups do not accept the use of porcine gelatine in medical products. **Only** those who are in clinical risk groups should be offered an inactivated injectable vaccine as an alternative. A child who is not in a clinical risk group whose parents decline LAIV will continue to derive benefit from the programme by virtue of the reduction of transmission among their peers. They will not be eligible for an inactivated vaccine (QIVe).
4. The patient information leaflet provided with LAIV states that all children should be given two doses of this vaccine if they have not had flu vaccine before. However, JCVI considers that a second dose of the vaccine provides only modest additional protection and on this basis has advised that most children should be offered **a single dose** of LAIV. Children in clinical risk groups aged two to less than nine years who have not received flu vaccine before should be offered two doses of LAIV (given at least four weeks apart).

Healthcare practitioners should refer to the Green Book influenza chapter, which is updated on a regular basis, for full details on advice concerning the contraindications and precautions for flu vaccines. This can be found at: www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book.

Appendix D: Summary table of which flu vaccines to offer children and adults

Eligible group	Type of flu vaccine
At risk children aged from 6 months to less than 2 years	Offer standard egg-grown quadrivalent influenza vaccine (QIVe)* QIVe is offered to these children as the live attenuated influenza vaccine (LAIV) is not licenced for children under 2 years of age.
At risk children aged 2 to under 18 years	Offer live attenuated influenza vaccine (LAIV) If child is contraindicated to LAIV (or it is otherwise unsuitable) offer standard egg-grown quadrivalent vaccine (QIVe)*
Universal children's programme: Those aged 2 and 3 years on 31 August 2019 All primary school aged children (aged 4 to 10 on 31 August 2019)	Offer live attenuated influenza vaccine (LAIV) If child is in at risk group and is contraindicated to LAIV (or it is otherwise unsuitable) offer standard egg-grown quadrivalent vaccine (QIVe)*
At risk adults (aged 18 to 64), including pregnant women	Offer EITHER standard egg-grown quadrivalent influenza vaccine (QIVe) OR cell-grown quadrivalent influenza vaccine (QIVc) These two vaccines are considered equally suitable for use in adults under 65 years of age.
Those aged 65 years and over**	Offer EITHER adjuvanted trivalent influenza vaccine (aTIV)*** OR cell-grown quadrivalent influenza vaccine (QIVc) These vaccines are considered equally suitable for use in adults aged 65 and over.

* For 2019/20 PHE has purchased QIVe for children. (However, please note that QIVc is licenced for children aged 9 years and over).

** JCVI recommended that TIV-HD is equally suitable for use in those aged 65 and over. However, it is not eligible for reimbursement in the 2019/20 season.

***Although aTIV is not licensed for those less than 65 years of age, it is recommended that those who become 65 before 31 March 2020 can be offered the vaccine 'off label'. The PHE Patient Group Direction (PGD) for inactivated influenza vaccine for 2019/20 will incorporate this off label indication.

Appendix E: Vaccine supply and ordering

Vaccine composition for 2019/20

1. Flu viruses change continuously and the WHO monitors the epidemiology of flu viruses throughout the world making recommendations about the strains to be included in vaccines for the forthcoming winter.
 2. It is recommended that quadrivalent vaccines for use in the 2019/20 northern hemisphere influenza season contain the following:
 - an A/Brisbane/02/2018 (H1N1)pdm09-like virus;
 - an A/Kansas/14/2017 (H3N2)-like virus; *
 - a B/Colorado/06/2017-like virus (B/Victoria/2/87 lineage); and
 - a B/Phuket/3073/2013-like virus (B/Yamagata/16/88 lineage).
- * The A(H3N2) component was recommended on 21 March 2019.
3. It is recommended that the influenza B virus component of trivalent vaccines for use in the 2019-2020 northern hemisphere influenza season be a B/Colorado/06/2017-like virus of the B/Victoria/2/87-lineage⁵.
 4. Lists of egg- or cell culture-propagated candidate vaccine viruses suitable for use in human vaccine production are available on the WHO website⁶.

Vaccine supply for children's programme

5. Flu vaccines for the national offer to all children aged two to three years, all children of primary school age, and for children in risk groups aged six months to less than 18 years, are supplied centrally by PHE. The recommended vaccine for the children's programme is LAIV (Fluenz Tetra).
6. For children in clinical risk groups under 18 years of age where LAIV is contraindicated (including those aged under two years of age), a suitable inactivated (injectable) vaccine should be offered. PHE has purchased egg-grown quadrivalent influenza vaccine (QIVe) which can be ordered alongside Fluenz Tetra through the ImmForm website: www.immform.dh.gov.uk
7. Ordering controls using allocations based on previous years' uptake are in place on centrally supplied flu vaccines. The controls are in place to reduce the amount of excess vaccine, in particular LAIV, ordered by NHS providers but not administered to children. The latest information on ordering controls and other ordering advice for

⁵ www.who.int/influenza/vaccines/virus/recommendations/2019_20_north/en/

⁶ www.who.int/influenza/vaccines/virus/candidates_reagents/home

LAIV will be available in Vaccine Update and on the ImmForm news item both prior to, and during, the flu vaccination period. 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.

8. As in previous years, PHE advise that school sessions are not planned before the second week in October, to reduce the risk of having to reschedule, due to vaccine non-availability.

Vaccine supply for adult's programme

9. Providers remain responsible for ordering vaccines directly from manufacturers for all eligible populations apart from children. They 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.
10. Flu 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.

Vaccines available in 2019/20

11. The vaccines that will be available for the 2019/20 flu immunisation programme are set out in the table below. None of the influenza vaccines contain thiomersal as an added preservative.
12. Some flu vaccines are restricted for use in particular age groups. The Summary of Product Characteristics (SPC) for individual products **should always** be referred to when ordering vaccines for particular patients. However please note the comment in Appendix D, footnote iii: Although aTIV is not licensed for those less than 65 years of age, it is recommended that those who become 65 before 31 March 2020 can be offered the vaccine 'off label'. The PHE Patient Group Direction (PGD) for inactivated influenza vaccine for 2019/20 will incorporate this off label indication.

Table 2: Influenza vaccines for the 2019/20 influenza season

Please refer to Appendices B and D for additional information on the recommendations and reimbursement for the following vaccines.

Supplier	Name of product	Vaccine type	Age indications	Ovalbumin content micrograms/dose	Contact details
AstraZeneca UK Ltd	Fluenz Tetra	Quadrivalent LAIV (live attenuated influenza vaccine) supplied as nasal spray suspension	From 24 months to less than 18 years of age	Less than 0.024 micrograms per 0.2 ml dose	0845 139 0000
GSK	Fluarix™ Tetra ▼	QIVe (standard egg-grown quadrivalent influenza vaccine), split virion, inactivated	From 6 months	Equal to or less than 0.05 micrograms per 0.5 ml dose	0800 221 441
MASTA	Quadrivalent Influenza vaccine ▼	QIVe (standard egg-grown quadrivalent influenza vaccine), split virion, inactivated	From 6 months	Equal to or less than 0.05 micrograms per 0.5 ml dose	0113 238 7552
Mylan	Quadrivalent Influenza vaccine Tetra MYL ▼	QIVe (standard egg-grown quadrivalent influenza vaccine), supplied as surface antigen, inactivated	From 3 years	Equal to or less than 0.1 micrograms per 0.5 ml dose	0800 358 7468
	Quadrivalent Influvac sub-unit Tetra ▼	QIVe (standard egg-grown quadrivalent influenza vaccine), supplied as surface antigen, inactivated	From 3 years	Equal to or less than 0.1 micrograms per 0.5 ml dose	
Sanofi Pasteur Vaccines	Quadrivalent Influenza vaccine ▼	QIVe (standard egg-grown quadrivalent influenza vaccine), split virion, inactivated	From 6 months	Equal to or less than 0.05 micrograms per 0.5 ml dose	0800 854 430
	Trivalent Influenza Vaccine, High-Dose ▼	TIV-HD (standard egg-grown trivalent influenza vaccine), split virion, inactivated	65 years of age and over	Equal to or less than 1.0 micrograms per 0.5 ml dose	
Seqirus UK Ltd	Flucelvax® Tetra ▼	QIVc (cell-grown quadrivalent influenza vaccine) supplied as surface antigen, inactivated, prepared in cell cultures	From 9 years	n/a (egg-free)	08457 451 500
	Fluad®	aTIV (adjuvanted trivalent influenza vaccine) supplied as surface antigen, inactivated, adjuvanted with MF59C.1	65 years of age and over	Equal to or less than 0.2 micrograms per 0.5 ml dose	

Appendix F: National extension of flu programme to children

Rationale of programme

1. In 2012 the Joint Committee on Vaccination and Immunisation (JCVI), the independent expert group that advises Government on vaccination policy, recommended extending flu immunisation to children. The aim is to provide individual protection to the vaccinated children themselves and reduce transmission of flu across all ages. JCVI recommended that all eligible children are offered a live attenuated influenza vaccine (LAIV), administered as a nasal spray⁷. This is a quadrivalent vaccine.
2. Implementation of the programme began the following year with pre-school children offered vaccination through GP practices and pilots for school aged children. In 2015/16 the programme began nationally in primary schools in a phased roll-out starting with the youngest school-aged children first. In 2019/20 the programme will include all children aged two and three years old and all primary school aged children. In addition, all children in at risk groups should be offered flu vaccination from the age of six months.
3. JCVI has recommended that there is a pause after the programme has been extended to the final cohort of primary school aged children this year. This will enable more data to be collected on the impact of the programme on flu transmission and whether to continue an extension into secondary schools.
4. Vaccinating children each year means that not only does it help protect the children themselves but there will be reduced transmission across all age groups, lessening levels of flu overall and reducing the burden of flu across the population. Research into the first three years of the programme compared the differences between pilot areas, where the entire primary school age cohort was offered vaccination, to non-pilot areas. The results have shown a positive impact on flu transmission across a range of surveillance indicators from vaccinating children of primary school age. These include reductions in: GP consultations for influenza-like illness, swab positivity in primary care,

⁷ JCVI (2012). 25 July 2012. Joint committee on Vaccination and Immunisation statement on the annual influenza vaccination programme – extension of the programme to children.

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

laboratory confirmed hospitalisations and percentage of respiratory emergency department attendances^{8,9,10,11,12}.

5. Since the introduction of the LAIV programme for children in the UK the vaccine effectiveness for laboratory confirmed infection has been good. In 2015/16 it was 57.6% and in 2016/17 it was 65.8%, both within the normal range for this vaccine¹³. Although the overall vaccine effectiveness was lower in 2017/18 at 26.9%, protection varied considerably by strain with vaccine effectiveness against the H1N1pdm09 strain at 90.3% and 60.8% against influenza B, both of which can have an important impact on children¹⁴.
6. JCVI has advised that greater priority should be given to improving vaccine uptake in children because of the indirect protection this offers to the rest of the population. Priority should be given to the preschool children where uptake has been lower and because children under the age of five years have the highest hospital admission rate for flu of any age group¹⁵.

Children eligible for flu vaccination in 2019/20

7. The table overleaf sets out the eligibility criteria for children. All two- and three-year olds continue to be offered flu vaccination through GP practices. In 2019/20 the programme is being extended to school year 6 so that all children primary school aged children will be offered flu vaccination. It is anticipated that this will be in schools (apart from the Isles of Scilly where it is offered through general practice).
8. 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

⁸ Pebody, R et al. 5 June 2014. Uptake and impact of a new live attenuated influenza vaccine programme in England: early results of a pilot in primary school age children, 2013/14 influenza season. *Eurosurveillance*, 19, Issue 22.

www.eurosurveillance.org/ViewArticle.aspx?ArticleId=20823

⁹ Pebody, R et al. October 2015. Uptake and impact of vaccinating school age children against influenza during a season with circulation of drifted influenza A and B strains, England, 2014/15. *Eurosurveillance*, 20 (39).

www.eurosurveillance.org/images/dynamic/EE/V20N39/art21256.pdf

¹⁰ Pebody, R et al. 5 June 2014. Uptake and impact of a new live attenuated influenza vaccine programme in England: early results of a pilot in primary school age children, 2013/14 influenza season. *Eurosurveillance*, 19, Issue 22.

www.eurosurveillance.org/ViewArticle.aspx?ArticleId=20823

¹¹ Pebody, R et al. October 2015. Uptake and impact of vaccinating school age children against influenza during a season with circulation of drifted influenza A and B strains, England, 2014/15. *Eurosurveillance*, 20 (39).

www.eurosurveillance.org/images/dynamic/EE/V20N39/art21256.pdf

¹² 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

¹³ Pebody, R et al. 2 Nov 2017. End-of-season influenza vaccine effectiveness in adults and children, United Kingdom, 2016/17. *Eurosurveillance*, 22, issue 44. www.eurosurveillance.org/content/10.2807/1560-7917.ES.2017.22.44.17-00306

¹⁴ Public Health England. Influenza vaccine effectiveness in adults and children in primary care in the UK: provisional end of season results 12017 to 2018. www.gov.uk/government/publications/influenza-vaccine-effectiveness-seasonal-estimates

¹⁵ Cromer D, Jan Van Hoek A, Jit M, Edmunds W J, Fleming D, Miller E. (2014) "The burden of influenza in England by age and clinical risk group: a statistical analysis to inform vaccine policy". *Journal Infect*, 68 (4) (2014) pp 363-371.

the season, parents prefer it, or they missed the session at school. Also, not all school-based programmes will be able to offer inactivated vaccines to at risk children in whom LAIV is contraindicated. GP practices should invite these children for vaccination, so that parents understand they have the option of taking up the offer in general practice.

9. Arrangements should be made to ensure that children who missed out on vaccination during the school session are offered a second opportunity. 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 teams should be consulted for details about local arrangements. Contact details can be found at: www.england.nhs.uk/about/regional-area-teams/
10. Where a child is vaccinated but not by their GP, it is important that the vaccination information is provided to the practice for the timely update of clinical records and that the data is entered on their system.

Table 3: Which children are eligible for flu vaccination?

Age on 31 August 2019	Is child eligible for flu vaccination?	Setting
Aged 6 months to less than 2 years old	Only at risk children eligible.	General practice
Aged 2 to 3 years old Born between 1 September 2015 and 31 August 2017	All 2 and 3 year olds eligible as part of universal programme (provided aged 2 or 3 years old on 31 August 2019).	General practice
Aged 4 to 10 years old Born between 1 September 2008 and 31 August 2015*	All primary school aged children eligible as part of universal programme offered in schools. Parents of at risk children may choose for their child to have the vaccination in general practice, or this may be necessary if the child needs an inactivated vaccine (if contraindicated to LAIV) as not all school-based programmes offer inactivated vaccines.	School (or GP practice for at risk children at parent's request).
Aged 11 years old to less than 18 years	Only at risk children eligible.	General practice

*Some children in primary school might be outside of these date ranges (e.g. if a child has been held back a year). It is acceptable to offer immunisations to these children with their class peers.

Appendix G: Pregnant women

Rationale

1. All pregnant women are recommended to receive the inactivated flu vaccine irrespective of their stage of pregnancy.
2. There is good evidence that pregnant women are at increased risk from complications if they contract flu.^{16, 17} In addition, there is evidence that having flu during pregnancy may be associated with premature birth and smaller birth size and weight^{18, 19} and that flu vaccination may reduce the likelihood of prematurity and smaller infant size at birth associated with an influenza infection during pregnancy.²⁰ Furthermore, a number of studies show that flu vaccination during pregnancy provides protection against flu in infants in the first few months of life.^{21, 22,23,24,25}
3. A review of studies on the safety of flu vaccine in pregnancy concluded that inactivated flu vaccine can be safely and effectively administered during any trimester of pregnancy and that no study to date has demonstrated an increased risk of either maternal complications or adverse fetal outcomes associated with inactivated influenza vaccine.²⁶

When to offer the vaccine to pregnant women

4. The ideal time for flu vaccination is before flu starts circulating. However, even after flu 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

16 Neuzil KM, Reed GW, Mitchel EF et al. (1998) Impact of influenza on acute cardiopulmonary hospitalizations in pregnant women. *Am J Epidemiol.* 148:1094-102

17 Pebody R et al. (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.

18 Pierce M, Kurinczuk JJ, Spark P et al. (2011) Perinatal outcomes after maternal 2009/H1N1 infection: national cohort study. *BMJ.* 342:d3214.

19 McNeil SA, Dodds LA, Fell DB et al. (2011) Effect of respiratory hospitalization during pregnancy on infant outcomes. *Am J Obstet Gynecol.* 204: (6 Suppl 1) S54-7.

20 Omer SB, Goodman D, Steinhoff MC et al. (2011) Maternal influenza immunization and reduced likelihood of prematurity and small for gestational age births: a retrospective cohort study. *PLoS Med.* 8: (5) e1000441.

21 Benowitz I, Esposito DB, Gracey KD et al. (2010) Influenza vaccine given to pregnant women reduces hospitalization due to influenza in their infants. *Clin Infect Dis.* 51: 1355-61.

22 Eick AA, Uyeki TM, Klimov A et al. (2010) Maternal influenza vaccination and effect on influenza virus infection in young infants. *Arch Pediatr Adolesc Med.* 165: 104-11.

23 Zaman K, Roy E, Arifeen SE et al. (2008) Effectiveness of maternal influenza immunisation in mothers and infants. *N Engl J Med.* 359: 1555-64.

24 Poehling KA, Szilagyi PG, Staat MA et al. (2011) Impact of maternal immunization on influenza hospitalizations in infants. *Am J Obstet Gynecol.* 204:(6 Suppl 1) S141-8.

25 Dabrera G, Zhao H, Andrews N et al. (2014) Effectiveness of seasonal influenza vaccination during pregnancy in preventing influenza infection in infants, England, 2013/14. *Eurosurveillance.* Nov 13;19.

www.eurosurveillance.org/ViewArticle.aspx?ArticleId=20959

26 Tamma PD, Ault KA, del Rio C et al. (2009) Safety of influenza vaccination during pregnancy. *Am. J. Obstet. Gynecol.* 201(6): 547-52.

individual patient, taking into account the level of flu-like illness in their community and the fact that the immune response following flu vaccination takes about two 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 flu 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 flu vaccine by pregnant women accurately.

Maternity services

6. All pregnant women are able to access flu immunisation from their GP practice or a community pharmacy. In addition local NHS England teams have commissioned maternity providers to provide flu immunisation covering over 80% of maternity services in 2018/19.
7. Midwives need to be able to explain the benefits of flu 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 flu 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: Data collection

Introduction

1. As in previous years, flu vaccine uptake data collections will be managed using the ImmForm website (www.immform.dh.gov.uk). PHE coordinates the data collection and will issue details of the collection requirements by the end of July 2019 and guidance on the data collection process by early September 2019. This guidance will be available at: www.gov.uk/government/collections/vaccine-uptake which is where flu vaccine uptake data is also published.
2. 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

3. Considerable efforts have been made to reduce the burden of data collections on GPs by increasing the number of automated returns that are extracted directly from GP IT systems. Over 95% of GP practices benefited from using automated IT data returns for flu vaccine uptake for the final 2018/19 survey. GP practices that are not able to submit automated returns should discuss their arrangements with their GP IT supplier. If automated returns fail for the monthly data GPs will be required to submit data manually on to ImmForm to meet contractual obligations.

Data collections for 2019/20

4. Monthly data collections will take place over four months during the 2019/20 flu immunisation programme. Subject to the Burden Advice and Assessment (BAAS) approval, the first data collection will be for vaccines administered by the end of October 2019 (data collected in November 2019), with the subsequent collections monthly thereafter, and with the final data collection for all vaccines administered by the end of January 2020 (final data collected in February 2020). Uptake data for healthcare workers will collect information on immunisations given up to the end of February 2020 (final data collected in March 2020).
5. Data will be collected and published monthly at national level and by local NHS England team level. Additionally, data at local authority level will be collected once at the end of the campaign.
6. 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 IT systems used at 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

7. Weekly uptake data will be collected from a group of GP practices that have fully automated extract and upload facilities provided by their IT 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.
8. 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.

Vaccine uptake data collection of school aged children

9. PHE will be responsible for monthly collections of flu vaccine uptake for primary school aged children over four months during the 2019/20 flu season. Collection will be undertaken through the ImmForm data entry tool. NHS England teams will agree responsibility for completion of this monthly data entry to ImmForm with their providers.

Appendix I: Contractual arrangements

General practice

1. The Directed Enhanced Service (DES) specification for seasonal influenza and pneumococcal immunisation outlines the responsibilities of GP practices and details the service they will provide in respect of the flu vaccination programme. The DES specification has been agreed between NHS Employers (on behalf of NHS England) and the General Practitioners Committee (GPC) of the British Medical Association (BMA).
2. The people eligible for flu vaccination under the DES are those patients aged 65 and over on 31 March 2020, pregnant women, those aged six months to 64 years (excluding patients aged two and three on 31 August 2019) defined as at-risk in the Green Book, and carers. The DES also includes eligible health and social care workers and health care workers in the voluntary managed hospice sector.
3. There is a separate enhanced service specification for the childhood seasonal influenza vaccination programme, covering the vaccination of children aged two and three years on 31 August 2019.
4. Primary school aged children in clinical risk groups will be offered LAIV alongside their peers as part of school based delivery. Parents of at risk children should also be given the option of having the flu vaccine in general practice if they prefer it or if the child did not receive flu vaccination at school. For instance, a child may miss out because of being absent from school on the vaccination day. Children who are contraindicated to LAIV may need to be vaccinated in general practice if the local service provider does not offer inactivated flu vaccines in school. GP practices should invite these children for vaccination, so that parents understand they have the option of having their child vaccinated in general practice.
5. It should be noted that no payment will be made for children not in clinical risk groups who are vaccinated in general practice, unless they are in the eligible two to three year old age cohort.
6. General practices are reminded that the 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. Template letters for practices to use will be available at www.gov.uk/government/collections/annual-flu-programme nearer the time.
7. Every effort should be made to ensure all at-risk children who are not in one of the age groups eligible for flu vaccination at school are immunised in general practice.
8. NHS England will monitor the DES and enhanced service that GP practices provide for flu vaccination to ensure that services comply with the specifications. NHS England

teams will need assurance that providers have robust implementation plans in place to meet or exceed the vaccine uptake aspirations for 2019/20 and that they have the ability to identify eligible 'at-risk' patients as well as two- and three-year-olds.

9. The DES will be revised to specify that in order for practices to receive payment for vaccination and reimbursement of vaccine will need to use the specific flu vaccines recommended in NHS England guidance.
10. The Quality and Outcomes Framework (QOF) sets targets for the uptake levels GPs should reach in 2019/20. GPs are entitled to QOF payments based on the percentage of patients who have received the flu vaccine, with the following conditions:
 - coronary heart disease;
 - stroke or transient ischaemic attack (TIA);
 - diabetes; and
 - Chronic Obstructive Pulmonary Disease (COPD)

Community Pharmacy Seasonal Influenza Vaccination Advanced Service

11. Since 2015 all community pharmacies can register to provide flu vaccination to eligible adult patients (that is those aged 18 years and over). The service can be provided by any community pharmacy on the NHS England Pharmaceutical List that is compliant with their Terms of Service, has a consultation room, can procure the vaccine, meet the data recording requirements, and has appropriately trained staff.
12. Vaccination for children will not be offered through the Community Pharmacy Seasonal Influenza Vaccination Advanced Service.
13. Contractors will be required to offer the service in accordance with the service specification for 2019/20 which will be published at:
www.england.nhs.uk/publication/community-pharmacy-seasonal-influenza-vaccine-service/ with additional resources and FAQs published on www.PSNC.org.uk This service specification will include details such as:
 - payment and reimbursement details
 - details of eligible patients
 - accreditation requirements
 - data recording requirements
 - claiming for payments
 - post payment verification arrangements
14. Pharmacists are encouraged to use every opportunity to offer flu vaccination to eligible groups, such as identifying patients from their prescription history and during medicine reviews and when eligible patients collect their repeat prescriptions.
15. Data on flu vaccinations administered outside general practice must be passed back to the patients' GP practice (i.e. by close of business on the working day following the immunisation) for timely entry on the electronic patient record and submission to

ImmForm for the national data survey. This is important for clinical reasons (such as any adverse events) and to avoid inadvertently vaccinating a patient twice. It also ensures that these vaccinations are included in the weekly and monthly vaccine uptake figures.

School-based provision

16. NHS England will make local provision for delivery of flu vaccination to school aged children. It is anticipated that this will be in primary school settings apart from the Isles of Scilly (where provision will be through general practice).

Supply and administration of vaccines

17. A range of mechanisms can be used for the supply and administration of vaccines, including patient group directions (PGDs), patient specific directions (PSDs) or prescribing for individual patients. Where PGDs are developed, they must comply with the legal requirements specified in the Human Medicines Regulations 2012, and should reflect NICE good practice guidance on PGDs:
www.nice.org.uk/guidance/mpg2.
18. PHE will develop PGDs to support the national flu immunisation programme in 2019/20 and the Community Pharmacy Seasonal Influenza Vaccination Advanced Service. Please note, these PGDs must not be altered or amended in any way and must be suitably authorised locally before use. These will be available prior to commencement of the programme from: www.gov.uk/government/collections/immunisation-patient-group-direction-pgd

The enhanced service specifications for GP practices on seasonal flu and the childhood flu vaccination programmes can be found at: www.england.nhs.uk/commissioning/gp-contract/

Appendix J: Resources

1. We anticipate that in early October the 'Help Us Help You' campaign will be launched by NHS England and PHE. It will promote flu vaccination amongst pregnant women, children, and those with long term health conditions. A campaign toolkit and assets will be made available on the PHE Campaign Resource centre.
2. NHS-branded patient information leaflets will be available ahead of the flu season from the GOV.UK website for the following groups:
 - All eligible groups in the programme
 - Children
 - People with learning disabilities
 - Easy read information
 - Pregnant women
3. Invitation template letters for GP practices to invite for flu vaccination:
 - at-risk patients and those aged 65 and over
 - two-, and three-year-olds
 - people with learning disabilities
4. For the school-based programme, the following will be available:
 - briefing for head teachers and other staff
 - a national consent form
 - template letters to invite primary school children for flu vaccination
 - the 'Protecting your child against flu' leaflet
5. Updated training and information materials for healthcare practitioners will include:
 - National flu programme training slide set
 - Childhood flu programme training slide set
 - Inactivated influenza vaccine: information for healthcare practitioners
 - Childhood flu immunisation programme: information for healthcare practitioners
 - Flu immunisation e-learning programme

Campaign materials and patient information leaflets will be available free of charge from:
<https://campaignresources.phe.gov.uk/resources/>

Patient information leaflets, training materials, template letters will be available on the GOV.UK website at: www.gov.uk/government/collections/annual-flu-programme

Appendix K: GP practice checklist

Practices are encouraged to implement the guidelines below which are based on evidence about factors associated with higher flu vaccine uptake²⁷.

Named lead

- Identify a named lead individual within the practice who is responsible for the flu vaccination programme and liaises regularly with all staff involved in the programme.

Registers and information

- Hold a register that can identify all pregnant women and patients in the under 65 years at risk groups, those aged 65 years and over, and those aged two to three years.
- Update the patient register throughout the flu season paying particular attention to the inclusion of women who become pregnant and patients who enter at risk groups during the flu season.
- Submit accurate data on number of patients eligible to receive flu vaccine and flu vaccinations given to its patients on ImmForm (www.immform.dh.gov.uk), ideally using the automated function. Submit data on uptake amongst healthcare workers in primary care using the ImmForm data collection tool.

Meeting any public health ambitions in respect of such immunisations

- Order sufficient flu vaccine taking into account past and planned improved uptake, and expected demographic increase.
- Ensure that everyone eligible is offered the most effective flu vaccine for their age group consistent with national guidance.
- For children follow the guidance on ordering the vaccine from PHE central supplies through the ImmForm website.

Robust call and recall arrangements

- Invite patients recommended to receive the flu vaccine to a flu vaccination clinic or to make an appointment (eg by letter, email, phone call, text). This is a requirement of the enhanced service specification.
- Follow-up patients, especially those in at risk groups, who do not respond or fail to attend scheduled clinics or appointments and have not been offered the vaccine elsewhere.

27 Dexter L et al. (2012) Strategies to increase influenza vaccination rates: outcomes of a nationwide cross-sectional survey of UK general practice. bmjopen.bmj.com/content/2/3/e000851.full

Maximising uptake in the interests of at-risk patients

- Start flu vaccination as soon as practicable after receipt of the vaccine. Aim to complete immunisation of all eligible patients before flu starts to circulate and ideally by end of November.
- Collaborate with maternity services to offer and provide flu vaccination to pregnant women and to identify, offer and provide to newly pregnant women as the flu season progresses.
- Offer flu vaccination in bespoke clinics and opportunistically during routine primary care encounters.
- Where the patient has indicated they wish to receive the vaccination but is physically unable to attend the practice (for example is housebound) the practice must make all reasonable effort to ensure the patient is vaccinated. The GP practice and/or CCG will collaborate with other providers such as community pharmacies and community or health and social care trusts to identify and offer flu vaccination to residents in care homes, nursing homes and house-bound patients, and to ensure that mechanisms are in place to update the patient record when flu vaccinations are given by other providers.

For guidance on improving uptake among children in general practice see 'Increasing influenza immunisation uptake among children':
www.gov.uk/government/collections/annual-flu-programme

APPENDIX L: Roles and Responsibilities of Clinical Commissioning Groups

1. The NHS Operational and Contracting Guidance 2019-20 (Annex B) sets out the expected deliverables and assurances that will be sought by each region from Clinical Commissioning Groups (CCGs). For the flu vaccination programme these will cover CCGs:
 - supporting improvement in uptake and reducing variation, and ensuring the recommended vaccines are used;
 - ensuring that there are clear arrangements in place to support oversight of the flu programme between October and March every year, which are broadly in line with the operating protocol developed for 2018/19;
 - supporting general practices to target at-risk population groups to improve uptake and coverage of the flu vaccination to achieve national uptake ambitions; and
 - having a named flu lead in place whose role is to ensure that practices have ordered sufficient vaccine and that there are mechanisms in place to monitor supply and demand and to drive up uptake of flu vaccine.

For further information see the NHS Operational Planning and Contracting Guidance 2019/20 at: www.england.nhs.uk/publication/nhs-operational-planning-and-contracting-guidance-2019-20-annex-b-guidance-for-operational-and-activity-plans-assurance-statements/