

To: SHA Immunisation Leads
cc: Regional Directors of Public Health
RCGP
BMA



14 December 2010

Gateway reference no: 15273

Dear colleagues

I wrote to the NHS on 19 November highlighting the need for GP practices to achieve high uptake of the seasonal flu vaccine among their patients in at-risk groups. With that letter I attached the data on uptake for PCTs and SHAs up to the end of October. I now attach an analysis of these data which shows where uptake is lower than the national average that I hope you will find helpful.

Annex 1 contains the most complete data, which are for vaccine uptake up to 31 October. It is possible to use this October data to drill down to practice level to identify those practices with the lowest vaccine coverage.

Annex 2 shows the latest weekly seasonal flu vaccine uptake figures up to 3 December. These data represent automated returns from around 50% of practices.

You may wish to consider working with your PCT Immunisation Coordinators to identify the lowest performing GP practices in your area and encourage them to actively seek out those patients who have not yet been vaccinated and who fall into an at-risk group.

SHAs (typically the SHA Immunisation Lead) already have on-line access to ImmForm, allowing them to access weekly sentinel flu vaccine uptake data for their areas. Individuals at SHAs can obtain access by emailing ImmForm@dh.gsi.gov.uk. More information about ImmForm, and the uptake data it contains can be found by clicking the links below:

www.dh.gov.uk/en/Publichealth/Immunisation/immform/index.htm

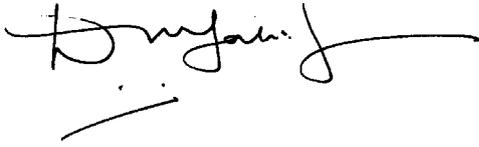
www.dh.gov.uk/en/Publichealth/Immunisation/DH_119387

It may also be beneficial before flu vaccination clinics close for the season, to work with local media to raise public awareness of the need for flu vaccination for at-risk people, pregnant women and healthcare workers.

It is still worthwhile encouraging people to be vaccinated – and those GP practices with particularly low uptake levels may want to consider extending their vaccination clinics in order to achieve a higher level of uptake among their at-risk patients. In view of the recent increase in the incidence of flu, and the proximity of Christmas - when people may be away and surgeries closed - it is suggested that GP Practices should actively invite (for example by telephone) those in the risk groups who are unimmunised to visit surgeries to be vaccinated.

I am also attaching a briefing note provided by the Health Protection Agency on influenza-like illnesses (ILIs) and laboratory tests (at Annex 3).

Yours sincerely,



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Director of Immunisation

ANNEX 1: SEASONAL FLU VACCINE UPTAKE AS AT 31 OCTOBER 2010

(See separate SHA-specific Excel spreadsheet attachment)

ANNEX 2: SEASONAL FLU VACCINE UPTAKE BY PCT AS AT 3 DECEMBER 2010

(See separate SHA-specific Excel spreadsheet attachment)

ANNEX 3

HPA Briefing note on the reported incidence of influenza-like illnesses (ILIs)

The RCGP rate for England is 13.4 per 100,000 population overall, and higher in 5-14 year olds (18.1). Assessment of influenza activity based on consultation rates in general practice may under-represent the true level of activity in the community due to the generally mild illness experienced by most people. This phenomenon has been observed in previous influenza B seasons and was also a feature of the assessment of illness in the community during the pandemic of influenza A H1N1 in 2009.

Consultation rates assessed through the Q-Surveillance system also continue at about the expected level for the time of year.

Despite the limited increases in consultation rates, other indicators of influenza activity suggest that influenza is not only widely prevalent in the community at the moment, but rising in incidence and causing severe illness in those in risk groups, particularly among young adults.

Laboratory reports of influenza infection have risen in recent weeks. The proportion of specimens positive for influenza infection in samples reported in the HPA DataMart system from hospital laboratories has risen to over 10%. Both influenza B and influenza A H1N1 (2009) viruses are being reported. A further 25% of infections are due to rhinovirus and 25% due to RSV infection.

Among cases of influenza-like illness consulting with GPs in sentinel surveillance schemes, the proportion positive for influenza infection has risen to 34%.

Telephone consultations for advice with NHS Direct for 'colds/flu' in all age groups, and 'fever' in children aged 5-14 years, have risen above the threshold levels. In previous years rises in these indicators have been early warnings for subsequent increased influenza activity.

Thirty outbreaks of influenza have been reported in institutions: 25 of these in schools and 3 in care homes. Where virological results are available, 11 of these outbreaks have been due to influenza B and 4 to influenza A H1N1.

Reports of severe illness due to influenza infection have also increased sharply in recent weeks. At present, 16 confirmed cases (all due to H1N1 infection) in 18-35 year olds are reported to be in hospital. Many, but not all, of those cases have underlying conditions including pregnancy. 9 of 14 ECMO beds in England are currently being utilised for severe illness due to suspected or confirmed influenza infection.

Nine deaths associated with confirmed influenza infection in England have been reported since week 36: 8 due to influenza A H1N1 and one due to influenza B. As with the severe cases, many of the deaths are in individuals with underlying high risk conditions.

The potential role of anti-virals in the treatment and prophylaxis of influenza in high risk individuals should be noted. This use is based on NICE guidance for when influenza virus is circulating widely in the community. In addition to the use of anti-virals in the management of high risk patients with clinically diagnosed influenza-like illness in the community, there should be no hesitation in offering anti-virals to patients with severe illness in hospital where the diagnosis of influenza has been confirmed or is strongly suspected.

In summary, although consultation rates for influenza with general practitioners have not yet risen to high levels, information from laboratory testing of patients with influenza-like illness, as well as the increasing number of outbreaks, severe cases and deaths associated with influenza infection, indicate that influenza activity is now rising in the community. Both influenza B and influenza A H1N1 (2009) infections are being reported with children and younger adults being most commonly affected. The elderly, and others with underlying illness, are at the greatest risk of severe disease if they are infected.

In addition to general advice about reducing the risk of influenza, including good respiratory hygiene, vaccination remains the most important tool for reducing the risk of infection in high risk groups. It is not too late for patients to be vaccinated.