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NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Guideline scope

Flu vaccination: increasing uptake in clinical risk groups and health and social care workers

Topic

The Department of Health in England has asked NICE to produce a guideline on flu. This guideline will also be used to develop the NICE quality standard for flu.

For more information about why this guideline is being developed, and how the guideline will fit into current practice, see the [context](#) section.

Who the guideline is for

- Primary and secondary health care services
- Occupational health services
- NHS and social care employers
- Independent providers of NHS and social care funded-services
- Community or voluntary sector organisations that employ health and social care workers
- Local authorities
- NHS England regional teams

It may also be relevant for:

- People using services, families and carers and other members of the public, in particular those eligible for flu vaccination
- Public health policy makers
- Communicable disease specialists

- 28 • Clinical commissioning groups

29 NICE guidelines cover health and care in England. Decisions on how they
30 apply in other UK countries are made by ministers in the [Welsh Government](#),
31 [Scottish Government](#), and [Northern Ireland Executive](#).

32 ***Equality considerations***

33 NICE has carried out [an equality impact assessment](#) during scoping. The
34 assessment:

- 35 • lists equality issues identified, and how they have been addressed
- 36 • explains why any groups are excluded from the scope.

37 **1 What the guideline is about**

38 ***1.1 Who is the focus?***

39 **Groups that will be covered**

- 40 • People aged 6 months–64 years in a clinical risk group as set out in Public
41 Health England’s [Immunisations against infectious disease](#) (known as the
42 ‘Green book’) because they are pregnant or have any of the following
43 conditions:
 - 44 – chronic respiratory disease
 - 45 – chronic heart disease
 - 46 – chronic kidney disease
 - 47 – chronic liver disease
 - 48 – chronic neurological disease
 - 49 – diabetes
 - 50 – immunosuppression
 - 51 – asplenia or dysfunction of the spleen
 - 52 – morbid obesity (adults with a body mass index over 40).
- 53 • Health and social care workers directly involved with people’s care.

54 **Groups that will not be covered**

- 55 • Children in the pilot for [the national childhood flu immunisation programme](#).

- 56 • Other groups that a medical practitioner may consider to be eligible based
57 on their clinical judgement (for example, carers) as described in the ‘Green
58 book’.

59 **1.2 Settings**

- 60 • Primary health care, particularly GP practices and community pharmacies.
61 It may also include other places where primary care staff offer vaccinations,
62 for example, community venues, social care or residential settings or
63 people’s own homes.
- 64 • Secondary care, specifically maternity services and clinics where people in
65 clinical risk groups are routinely treated.
- 66 • Occupational health services.

67 **1.3 Activities, services or aspects of care**

68 **Key areas that will be covered**

- 69 1 Awareness-raising and acceptability of flu vaccination for people in
70 clinical risk groups and health and social care workers:
- 71 – Mass media, targeted and community- or settings-based information
72 campaigns.
 - 73 – Education, for example outreach, educational tools, multidisciplinary,
74 professional, peer or lay education.
 - 75 – Online digital and social media.
 - 76 – Tailored information and advice delivered, for example, during home
77 visits or at support group meetings for patients and other people who
78 use services.
 - 79 – Flu vaccination ‘champions’ (practitioners or peers).
 - 80 – Recommendations from a respected person, for example, a health or
81 social care worker, or a peer.
- 82 2 Improving access to flu vaccination for people in clinical risk groups:
- 83 – Opportunities for vaccination in the community, including community
84 pharmacies and antenatal clinics.
 - 85 – Mass flu vaccination clinics.

- 86 – Walk-in, open access immunisation clinics (at weekends and in the
87 evenings).
- 88 – Outreach services, for example, home visits, visits to support group
89 meetings, residential homes.
- 90 3 Improving access to flu vaccination for health and social care workers:
91 – On-site vaccination.
92 – Peer vaccination.
- 93 4 Identifying and contacting eligible people in clinical risk groups for flu
94 vaccination:
95 – Local practice-based policy and an assigned lead for an annual flu
96 programme.
97 – Registry-based reminder systems, clinical alerts and prompts.
98 – Personal invitation (for example, from a GP or health and social care
99 worker).
100 – Reminders (such as text messages, emails, postcards and posters).
101 – Audit and feedback on uptake rates, including weekly statistics.
102 – Incentive schemes for practitioners and reward schemes for eligible
103 people in clinical risk groups.
- 104 5 Policies on mandatory vaccination and opt-out for flu vaccination for
105 health and social care workers.

106 **Areas that will not be covered**

- 107 1 Availability of vaccines.
108 2 Type of vaccines.

109 **1.4 Economic aspects**

110 We will take economic aspects into account when making recommendations.
111 We will develop an economic plan that states for each review question (or key
112 area in the scope) whether economic considerations are relevant and, if so,
113 whether this is an area that should be prioritised for economic modelling and
114 analysis. We will review the economic evidence and carry out economic
115 analyses, using an NHS and personal social services (PSS), public sector,
116 local authority or societal perspective, as appropriate.

117 We will consider several time-horizons, ranging from 1 year (for return on
118 investment analysis) to a lifetime (for cost effectiveness analysis). And we will
119 use cost–utility analysis.

120 **1.5 Key issues and questions**

121 While writing this scope, we have identified the following key issues, and key
122 questions related to them:

- 123 1 Are the interventions in section 1.3 (part 1) effective and cost effective at
124 increasing acceptability, awareness of eligibility, and uptake of flu
125 vaccination among target groups?
- 126 2 Are the interventions in section 1.3 (part 2) effective and cost effective in
127 increasing uptake of flu vaccination among clinical risk groups?
- 128 3 Are the interventions in section 1.3 (part 3) effective and cost effective in
129 increasing uptake among health and social care workers?
- 130 4 Are registry, alert and feedback systems (section 1.3, part 4) effective
131 and cost effective in increasing uptake of flu vaccination among clinical
132 risk groups?
- 133 5 Are policies on mandatory vaccination and opt-out effective and cost
134 effective in increasing uptake of flu vaccination among health and social
135 care workers ?

136 The key questions may be used to develop more detailed review questions,
137 which guide the systematic review of the literature.

138 **1.6 Main outcomes**

139 The main outcomes that will be considered when searching for and assessing
140 the evidence are:

- 141 1 Changes in uptake rate among target groups.
- 142 2 Changes in knowledge, attitudes, beliefs, acceptance and intentions
143 about flu vaccination.
- 144 3 Cost effectiveness and economics:
145 – cost per quality-adjusted life year

146 – cost per unit of effect

147 – net benefit.

148 In all cases, evidence on the context in which interventions are delivered and
149 any adverse events associated with interventions will also be included.

150 **2 Links with other NICE guidance, NICE quality** 151 **standards, and NICE Pathways**

152 **2.1 NICE guidance**

153 **NICE guidance about the experience of people using NHS services**

154 NICE has produced the following guidance on the experience of people using
155 the NHS. This guideline will not include additional recommendations on these
156 topics unless there are specific issues related to flu:

- 157 • [Patient experience in adult NHS services](#) (2012) NICE guideline CG138
- 158 • [Service user experience in adult mental health](#) (2011) NICE guideline
159 CG136
- 160 • [Medicines adherence](#) (2009) NICE guideline CG76

161 **2.2 NICE quality standards**

162 **NICE quality standards that may use this guideline as an evidence** 163 **source when they are being developed**

- 164 • Flu. Publication date to be confirmed

165 **2.3 NICE Pathways**

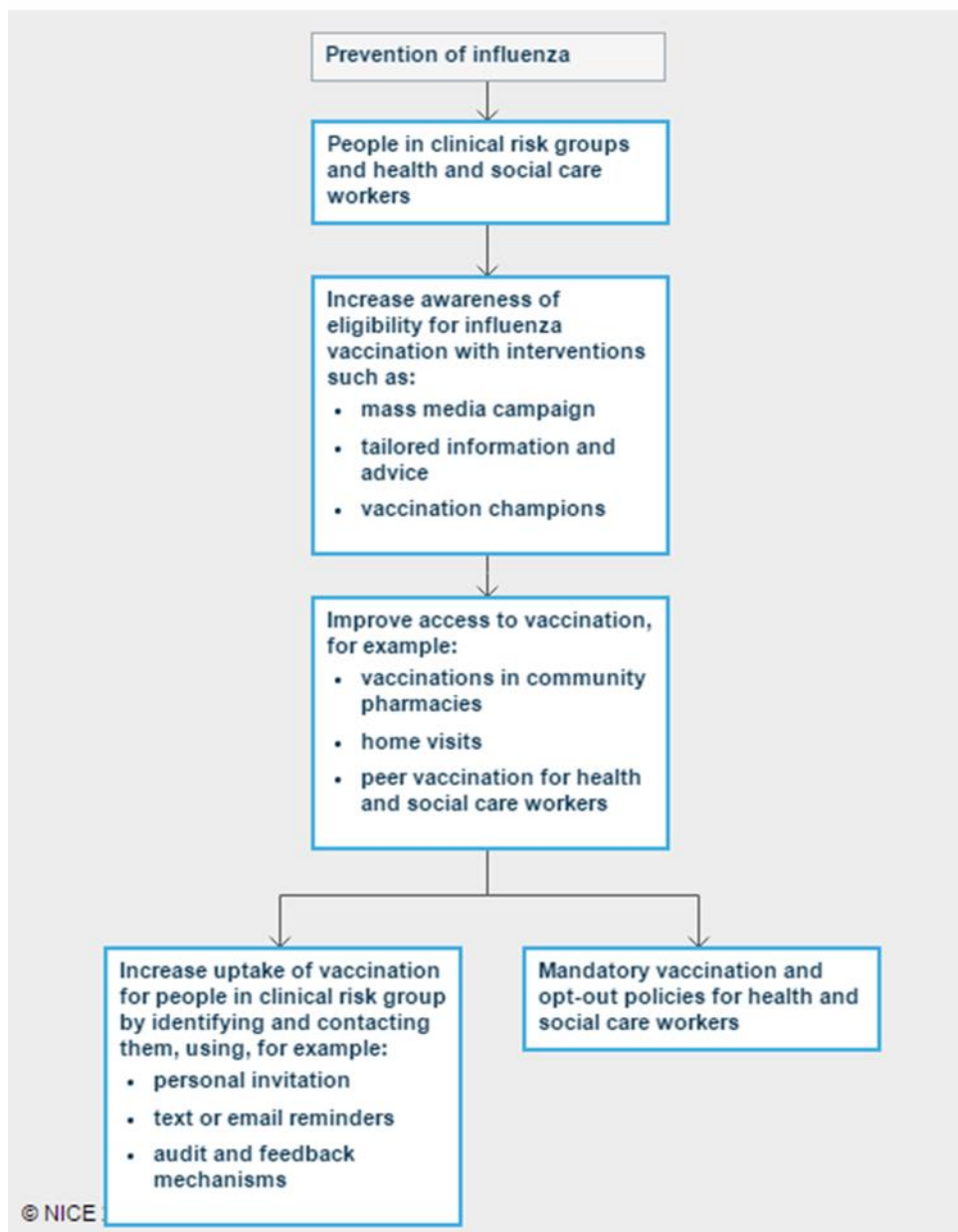
166 When this guideline is published, the recommendations will be added to [NICE](#)
167 [Pathways](#). NICE Pathways bring together all related NICE guidance and
168 associated products on a topic in an interactive, topic-based flow chart.

169 A draft pathway outline on how to increase the uptake of flu vaccination
170 among clinical risk group and social care workers, based on the draft scope, is
171 included below. It will be adapted and more detail added as the
172 recommendations are written during guideline development.

173 Other relevant NICE guidance will also be added to the NICE pathway,
 174 including:

- 175 • [Oseltamivir, amantadine \(review\) and zanamivir for the prophylaxis of](#)
 176 [influenza](#) (2008) NICE technology appraisal guidance 158.
- 177 • [Amantadine, oseltamivir and zanamivir for the treatment of influenza](#) (2009)
 178 NICE technology appraisal guidance 168.

Influenza prevention overview



179

180 **3 Context**

181 **3.1 Key facts and figures**

182 Each winter hundreds of thousands of people see their GP and tens of
183 thousands are hospitalised because of flu.

184 For older people and those with certain underlying health conditions it can
185 result in serious complications and death. It may also be associated with
186 perinatal mortality, prematurity and lower birth rate among pregnant women
187 (see Public Health England's [Green book](#)).

188 Deaths attributable to flu range from round 4000 to 14,000 per year, with an
189 average of around 8000 per year ([Public Health England and the NHS
190 prepare for unpredictable flu season](#) Public Health England). The 'Green
191 book' estimated that in England during the 2010/11, the mortality rate per
192 100,000 population for those aged 6 months to 64 years with 1 or more of the
193 following conditions was:

- 194 • immunosuppression – 20 per 100,000
- 195 • chronic heart disease – 3.7 per 100,000
- 196 • chronic liver disease – 15.8 per 100,000
- 197 • chronic neurological disease (excluding stroke and transient ischaemic
198 attacks) – 14.7 per 100,000
- 199 • chronic renal disease – 4.8 per 100,000
- 200 • chronic respiratory disease – 2.4 per 100,000
- 201 • diabetes – 2.2 per 100,000.

202 **Uptake figures**

203 Vaccine uptake among clinical risk groups is generally low. In 2014/15 in
204 England it was 50% for all clinical risk groups (excluding pregnant women)
205 and 44% for pregnant women. Of all frontline health and social care workers
206 involved in direct patient care in England, 55% were vaccinated ([Seasonal
207 influenza vaccine among frontline healthcare workers in England winter
208 season 2014 to 2015](#) Public Health England).

209 A 2012 review ([Review: interventions to increase influenza vaccination among](#)
210 [healthcare workers in hospitals](#) Hollmeyer et al.) suggests that vaccinating
211 healthcare workers is key to preventing flu among clinical risk groups.
212 Vaccinating staff in social care settings may provide similar benefits.

213 Increasing vaccine uptake among clinical risk groups, including pregnant
214 women, is challenging ([Flu Plan winter 2015/16](#) Public Health England). But
215 interventions targeting healthcare workers and clinical risk groups may help¹.

216 Flu and its complications have a number of direct costs² (such as treatment
217 and hospitalisation) and indirect costs³ (such as staff absences from work).
218 Programmes that increase vaccination rates can reduce the risk of related
219 healthcare costs. An economic evaluation that included the costs of staff
220 cover in the UK showed that vaccinating healthcare workers is cost saving⁴.

221 **3.2 Current practice**

222 All those who are at clinical risk and all healthcare workers with direct patient
223 contact are offered the flu vaccination as part of the national Flu Plan
224 programme run by Public Health England. The aim is to vaccinate at least
225 75% of eligible healthcare workers and improve uptake for all those in clinical
226 risk groups.

227 The Flu Plan states that the eligible health and social care staff should not
228 routinely be referred to their GP for vaccination, unless they are in one of the
229 clinical risk groups. Rather, they should be vaccinated by their employer as
230 part of an occupational health programme.

¹ European Centre for Disease Prevention and Control (2012). Systematic literature review of the evidence for effective national immunisation schedule promotional communications. ECDC Technical Report.

² Szucs T. (1999) The socio-economic burden of influenza. *Journal of Antimicrobial Chemotherapy* 44: B11–5

³ Keech M, Scott AJ, Ryan PJ (1998) The impact of influenza and influenza-like illness on productivity and healthcare resource utilization in a working population. *Occupational Medicine* 48: 85–90.

⁴ Burls et al. (2006) Vaccinating healthcare workers against influenza to protect the vulnerable - is it a good use of healthcare resources? A systematic review of the evidence and an economic evaluation. *Vaccine* 24: p4212–21

231 Healthcare workers in clinical risk groups can be vaccinated by their GP, but
232 are asked to report this at work to ensure it is included in uptake figures
233 recorded by the Department of Health.

234 **3.3 Policy, legislation, regulation and commissioning**

235 **Policy**

236 Flu vaccination has been recommended in the UK since the late 1960s. The
237 aim is to protect people who are at a higher than average risk of flu-
238 associated illnesses and death.

239 The list of conditions that constitute a clinical risk is regularly reviewed by the
240 Joint Committee on Vaccination and Immunisation. In 2000, the policy was
241 extended to include all people aged 65 or over. In 2010 the policy was further
242 extended to include women who are pregnant. Obesity was added to the list in
243 October 2014. (For details, see the 'Green book'.)

244 **Legislation and regulation**

245 The [Health and Social Care Act 2008: code of practice on the prevention and](#)
246 [control of infections and related guidance](#) reminds both NHS and social care
247 bodies of their responsibilities to prevent and manage communicable diseases
248 among healthcare workers.

249 Occupational health services for their staff should regularly review the
250 immunisation status of health and social care workers and provide
251 vaccinations in line with the 'Green book' and other guidance from Public
252 Health England.

253 The 'Green book' recommends that healthcare workers directly involved in
254 patient care are vaccinated annually. The General Medical Council also
255 encourages this as part of good medical practice ([Good medical practice:](#)
256 [domain 2 safety and quality](#)).

257 The [Health and Social Care Act 2012](#) makes GP practices and other providers
258 responsible for ensuring that everyone who is eligible is invited personally to
259 receive their flu vaccine. They are also responsible for encouraging their own

260 staff to be vaccinated and putting the procedures in place to do this. Clinical
261 commissioning groups are responsible for quality assurance and improving flu
262 vaccination services.

263 **Commissioning**

264 NHS England is responsible for commissioning the vaccination programme as
265 part of the Flu Plan. NHS England regional teams commission GPs and
266 community pharmacies to deliver the flu vaccination programme across their
267 localities.

268 In some areas, NHS England regional teams also commission midwifery
269 services to provide flu vaccination for clinical risk groups.

270 The NHS and local authorities are responsible for ensuring measures are in
271 place to offer flu vaccination to the relevant workforce via occupational health
272 services or other routes.

273 **4 Further information**

This is the draft scope for consultation with registered stakeholders. The consultation dates are 22 December 2015 to 25 January 2016.

The final scope will take Public Health England priorities into account to ensure that associated areas of work carried out by the 2 organisations complement each other.

The guideline is expected to be published in January 2018.

You can follow progress of the [guideline](#).

Our website has information about how [NICE guidelines](#) are developed.

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