

CHESHIRE EAST HEALTH AND WELLBEING BOARD
Reports Cover Sheet

Title of Report:	Cheshire East Council Annual Influenza Report: 2018/19
Date of meeting:	24 th September 2019
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Executive Summary

Is this report for:	Information <input type="checkbox"/>	Discussion <input checked="" type="checkbox"/>	Decision <input type="checkbox"/>
Why is the report being brought to the board?	To summarise the actions taken in the 2018/19 influenza season, the impacts of influenza on the health economy and the recommendations for the 2019/20 influenza season		
Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to?	Starting and Developing Well <input type="checkbox"/> Living and Working Well <input type="checkbox"/> Ageing Well <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		
Please detail which, if any, of the Health & Wellbeing Principles this report relates to?	Equality and Fairness <input type="checkbox"/> Accessibility <input type="checkbox"/> Integration <input type="checkbox"/> Quality <input type="checkbox"/> Sustainability <input type="checkbox"/> Safeguarding <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		
Key Actions for the Health & Wellbeing Board to address. Please state recommendations for action.	1 Repeat the vaccination programmes that were undertaken in the 2018/19 influenza season to maintain consistency and increase uptake 2 Increase ease of implementation by standardising the approach that we have embedded over the last 2 flu seasons to ensure replicability and sustainability 3 Support general winter wellness campaigns to reduce the impact on the workforce of minor illnesses		
Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?	Directorate Management Team Health Protection Forum		

Has public, service user, patient feedback/consultation informed the recommendations of this report?	No
If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.	<p>Raised awareness of the start of influenza season and the need to be vaccinated</p> <p>By protecting our frontline care staff our vulnerable and older residents who are receiving care will have increased protection from influenza and a reduced likelihood of an interruption in care.</p>

1 Report Summary

- 1.1 The 2018/19 influenza season was quieter than the previous flu season, high levels of flu illness was seen for only around 8 weeks in early 2019 with influenza A the main strain circulating. Hospital admissions due to influenza were also lower than 2017/18 and although there were fewer outbreaks across the UK, most of them were in care homes.
- 1.2 Both the nasal spray flu vaccine used in the children's programme and the newly licenced vaccine for those aged 65 and over were seen to have significant vaccine effectiveness overall against the circulating flu strains last season. Additional new vaccines will be available for the 2019/20 season, which it is hoped will reduce the risk of restrictions in availability that initially affected some GP surgeries flu clinics.
- 1.3 Generally in Cheshire East flu vaccine uptake has continued to be higher than the national average in all groups, particularly amongst the over 65s and the schools programme. Uptake for each of the 6 school years that were included in this years programme was in the top 5 local authorities in England, and for Reception age it was second highest.
- 1.4 The targeted television adverts to increase uptake of the influenza vaccine have been used again during the 2018/19 season. We have also had adverts across social media and throughout our internal communications.
- 1.5 Cheshire East Council again ran two vaccination programmes to provide access to free vaccination for our frontline staff. We arranged vaccination clinics with bookable appointments in a number of our main council offices and also provided a vaccination voucher scheme, where managers could print and issue vouchers for their staff to redeem at one of the 39 participating pharmacies across the Cheshire East area. 228 staff took advantage of one of these schemes, an increase of more than 60 staff compared to 2017/18.

2 Recommendations

- 2.1 Repeat and standardise the staff vaccination programme, maintaining the influenza vaccination clinics and the voucher scheme that we have run for the last 2 years. This will ensure a consistency of approach in order to further increase uptake of the influenza vaccine amongst Cheshire East Council frontline staff during the 2019/20 influenza season. We will repeat the activities undertaken in 2018/19, and support this by working with managers and recruiting Flu Champions to increase awareness.

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- 2.2 Investigate the use of an electronic system for managers to request vouchers for their front line staff that will more accurately collect the data to analyse uptake (total numbers of staff per team, numbers vaccinated through an NHS service via their GP or local pharmacy etc.).
- 2.3 Consider sponsored social media content targeted at particular eligible and at risk groups, using previously prepared materials.
- 2.4 Undertake influenza and respiratory illness prevention within the council as minor illnesses (colds, chest infections and flu) account for the most common reasons for short term absence within Cheshire East Council. This would ideally include organisation wide health and hygiene messages in the run up to and throughout flu season ranging from simple handwashing signs in all bathrooms to messages in Team Voice and in team meetings. This could also include measures such as the provision of hand gel/ hand sanitisers as an additional facility in certain situations/ environments. These measures could incur small costs, but may reduce the number of days lost to preventable illnesses.

3 Reasons for Recommendations

- 3.1 We have an obligation to ensure the wellness of our front line staff and the individuals for whom they are providing support and care. We were able to increase our uptake to from 21% to 25% for the second year of the scheme. With additional work and consistency in our approach we believe that this uptake can be increased further, offering protection to staff working with our most vulnerable residents so that they stay well through winter and can continue to provide the best possible care.
- 3.2 Three of the main causes of short term absence recorded through the winter within Cheshire East Council are colds, respiratory illnesses and flu. The spread and impact of these illnesses can be reduced and prevented through effective hygiene and wellness approaches.
- 3.3 NHS England have decided to centralise their communications funding to a sub regional level due to difficulties around evaluation of monies allocated to individual authorities. A new health and social care workers promotional campaign is to be available via the PHE Campaigns Resources website. Communications relating to influenza will continue alongside other winter wellbeing messages primarily using social media communications.

4 Impact on Health and Wellbeing Strategy Priorities

- 4.1 Starting and developing well: the communication approaches that we have taken include targeted messages for pregnant women to ensure that they remain well throughout their pregnancy and during the first months and years of their child's life. Also by protecting our frontline staff that work with families and children we reduce the risk of transmission of influenza.

4.2 Living and working well: this is where the majority of our internal schemes are targeted. The approaches that we are recommending are geared towards keeping our workforce fit and well through winter whether or not they are working on the frontline or are office based.

4.3 Aging well: our targeted communication is also aimed at our older residents.

5 Background and Options

National and Regional Summary

5.1 In the 2018/19 influenza season low to moderate levels of influenza were seen with much lower numbers of weekly cases compared to the 2017/18 flu season. There were higher than average levels of influenza A compared to the average of the last 10 years, with influenza B cases being particularly low this season (see Figure 1 and Figure 2 below). The most common strain was influenza A (H1N1), which was well matched to the flu vaccine.

5.2 The impact of A (H1N1) pdm09 was predominantly seen in the younger age groups (15-44 and 45-64 years) in both GP consultations and hospital and ICU/HDU influenza admissions. As in most years flu illness had a moderate to high impact on hospital admissions, at levels similar to 2017/18. In contrast levels of excess all-cause mortality were the lowest seen since 2013/14 in England.

Figure 1 Influenza A 2018/19 with median and upper quartile based on previous 10 seasons, Public Health Laboratory, Manchester, data

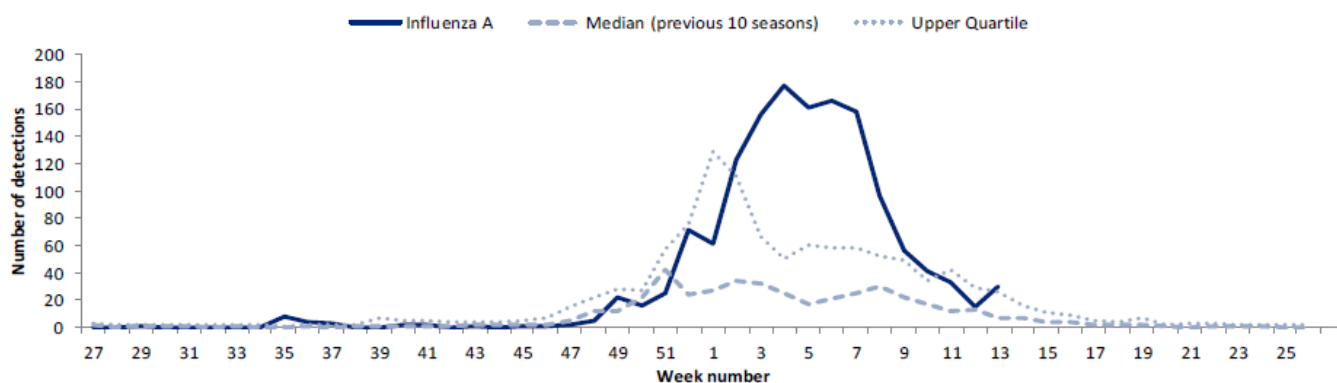
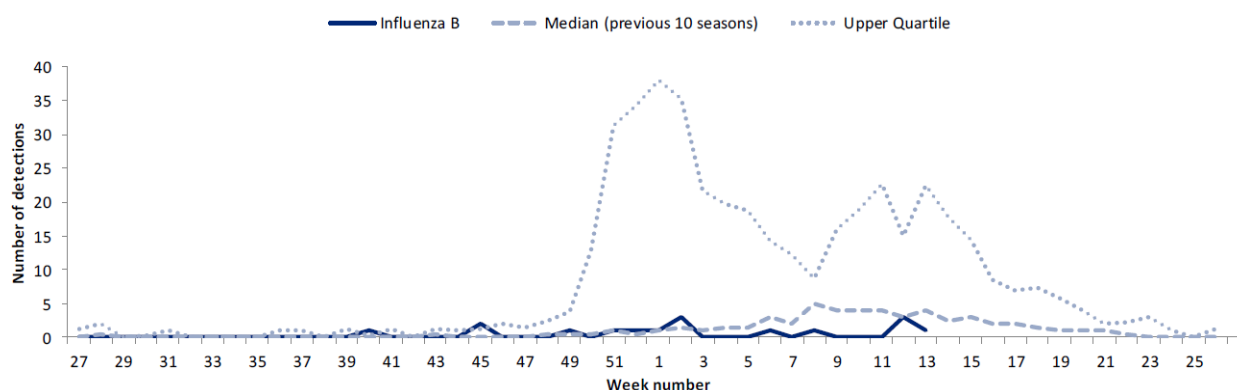


Figure 2 Influenza B 2018/19 with median and upper quartile based on previous 10 seasons, Public Health Laboratory, Manchester, data



5.3 In addition to the circulating flu strains other respiratory illnesses were seen to be higher than average including colds and parainfluenzas.

Figure 3 RSV & rhinovirus detections 2018/19 with median based on previous 10 seasons, Public Health Laboratory, Manchester

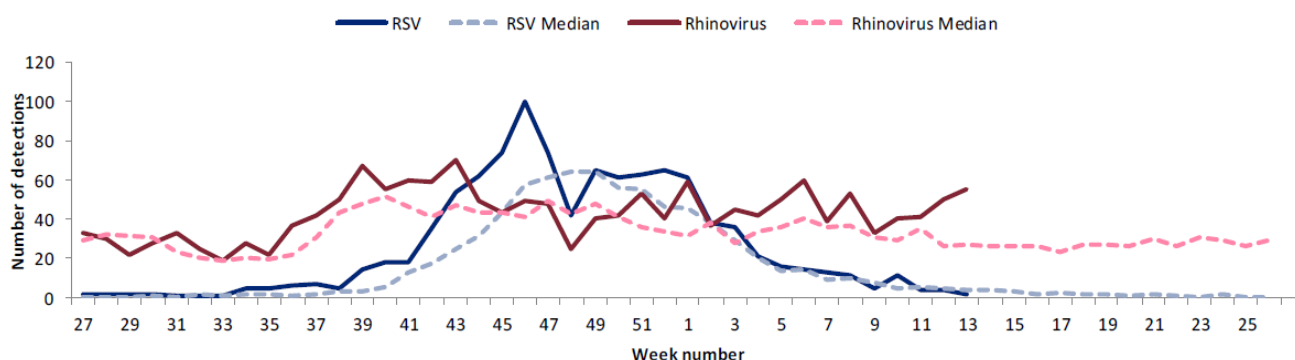
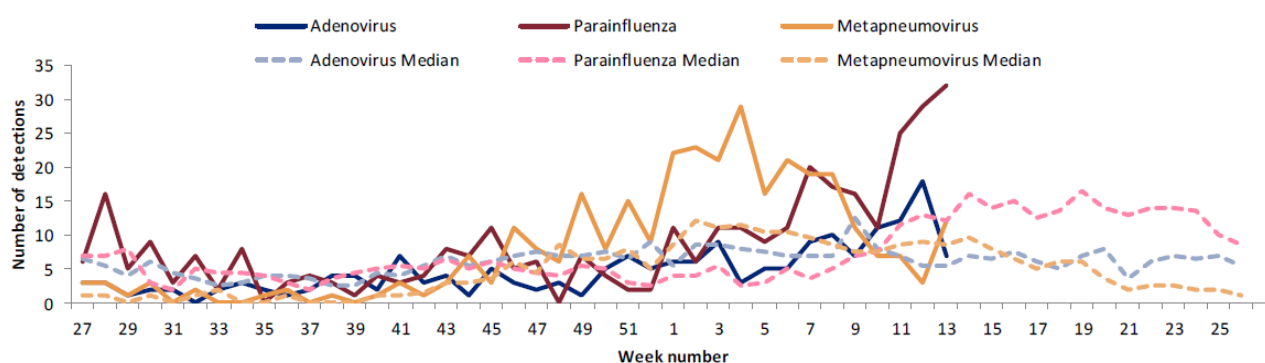


Figure 4 Adenovirus, parainfluenza & metapneumovirus detections 2018/19 with median based on previous 10 seasons, Public Health Laboratory, Manchester



5.4 In Cheshire East during the 2018/19 flu season a total of 7 out of our 97 (7.0%) care homes had a closure due to respiratory illness with a total of 70 days of care home closure across the local health economy. One care home had two separate closures for Influenza-like illness (ILI) two months apart. Overall the impact of flu was lower compared to 2017/18 when 19% of our care homes had in total 178 days of closure due to ILI.

Influenza Vaccination

5.5 In Cheshire East influenza vaccine uptake for 2018/19 was again higher than the England, North Region and Cheshire and Merseyside averages in all groups. This year the “final” published data has included vaccines given during February 2019, (which was collected for the first time in 2017/18) however it is not possible to compare 2018/19 with previous years’ final figures as they do not include February. Uptake in adults aged 65 and over continues to be over the 75% target with 77.8% receiving a vaccination, very similar to 2018/19 (77.7% to end January 2018, 78.0% to end February 2018). The phased delivery of the newly licensed adjuvanted vaccine had an impact on flu clinics arranged by some of our local GP surgeries, however as the number of older people continues to increase, over 68,000 received the vaccine last winter compared to under 66,000 in 2017/18. Uptake in those under 65 who are at increased risk was also very similar at 52.1% (52.2% to end

February 2018) however lower than the previous year when 53.6% was achieved to the end of January 2017. Further analysis of the data for the individual at risk groups shows that uptake is particularly low in those who are clinically obese but have no other risk factors, which could have affected overall uptake in recent years. Uptake of the influenza vaccine in pregnant women was also higher than the England average, overall 50.6% accepted the vaccine. Although uptake was slightly lower than in 2017/18 (53.6% to end February 2018) there were more pregnant women with additional health risks vaccinated, 68.5% in 2018/19 compared to 63.1% the previous year. Both locally and nationally there continues to be an increase in the uptake of flu vaccine in children aged 2 and 3 years; across Cheshire East uptake was nearly 2% higher than in 2017/18. Our schools programme achieved uptake of between 72.8% and 82.8% in the 6 school years that were offered the vaccine, which were within the 5 highest achieving areas across England for each year, and the second highest for Reception age children.

- 5.6 There is still work to do across the health economy to increase the uptake of the influenza vaccination amongst all eligible groups, and in particular those who have additional risk factors and to maintain the high uptake that we are achieving in those aged 65 and over. Information about uptake amongst the different at risk groups eligible for the seasonal flu vaccine is collected at CCG level however, for a number of reasons including the potentially small numbers in certain categories, it is not publically available. Analysis of this information has provided an insight into which risk groups in our local populations are taking up the flu vaccine and potentially which other may need further encouragement to attend and/or reminders about it's benefit.
- 5.7 PHE's 2018/19 annual flu report shows that the flu vaccine offered to those eligible for immunisation this season reduced the likelihood of visiting the GP because of flu by approximately 44%. Mid season analysis, in February, estimated that the nasal spray vaccine was 87% effective in children against the main Influenza A circulating strain at that time. The newly introduced adjuvanted trivalent vaccine was estimated to have provided around 60% protections against all flu A strains circulating last winter and a similar vaccine will again be offered to those aged 65 and over, to protect them against the 2 most commonly circulated strains of influenza A and the most common strain of influenza B. For all other groups a quadrivalent vaccine is offered to protect against the 2 most commonly circulating strains of influenza A and the 2 most commonly circulating strains of influenza B. Data on vaccine effectiveness for 2018/19 against Influenza B strains are not available as those strains did not circulate widely last winter. There continue to be newly developed vaccines becoming available for use, including a cell-based quadrivalent vaccine that will be suitable for all adults, including those in at-risk groups and those aged 65 and over.

Actions Taken By Cheshire East Council in 2018/19

- 5.9 Within Cheshire East Council we undertook several key approaches to increase flu vaccine uptake both within our frontline staff and across the wider health economy. This included the following activities:

- 5.10 A £5,000 grant from Public Health England was used to undertake a targeted public awareness campaign again. Animations suitable for television advertising were broadcast using Sky Adsmart directly to our target audience for several weeks at the beginning of the influenza season. However this funding is no longer being provided during 2019/20. Our communications team also used social media to promote key messages to our local population throughout the flu season. Internally we also included messages about flu vaccination within Team Voice and encouraged managers to support their team members to get flu vaccinations.
- 5.11 For our frontline staff we again ran two schemes to enable them to access free flu vaccinations. The first of these were vaccination clinics led by occupational health offering booked appointments in Sandbach, Macclesfield and Crewe, with 69 members of staff vaccinated across the 3 sessions. We also offered a voucher scheme through which managers could print vouchers for their frontline staff to attend participating pharmacies and redeem the voucher to receive a free flu vaccination. 39 pharmacies agreed to participate in the scheme, with 159 vouchers in total being redeemed. This suggests that out of an estimated 900 frontline staff, 228 received a flu vaccination via a council scheme (25%). At least 75 additional staff accessed the vaccine from their GP or the national NHS pharmacy scheme due to being eligible for other reasons, e.g. being asthmatic, diabetic.
- 5.12 We have worked collaboratively with the commissioning team on the development of new service specifications for both Care at Home and Accommodation with Care to support the collection of information on vaccine uptake in residents, but also to highlight the need for employers and organisations to ensure that they promote and support their staff to access the influenza vaccination. Actions that accommodation with care providers can undertake to support the rapid response to influenza outbreaks to reduce the duration and severity of influenza outbreaks have also been included in the new contract.
- 5.13 For the forthcoming 2019/20 influenza season we make the following recommendations:
- Increase uptake of the influenza vaccine amongst Cheshire East Council frontline staff by building on the improvements during the 2018/19 influenza season. Specifically repeat the activities of this year (ensuring that funding is made available), but support this by working with managers and by recruiting Flu Champions to increase access and uptake.
 - Investigate the use of an electronic system for managers to request vouchers for their front line staff that will more accurately collect the data to analyse uptake (total numbers of staff per team, numbers vaccinated through an NHS service via their GP or local pharmacy etc.).
 - Consider sponsored social media content targeted at particular eligible and at risk groups, using previously prepared materials.
 - Undertake influenza and respiratory illness prevention within the council as minor illnesses (colds, chest infections and flu) account for the most common reasons for short term absence within Cheshire East Council. This would ideally include organisation wide health and hygiene messages in the run up to and throughout flu season ranging from simple handwashing signs in all bathrooms to messages in Team Voice and in team meetings. This could also include measures such as the

provision of hand gel/ hand sanitisers as an additional facility in certain situations/ environments. These measures would incur small costs, but may reduce the number of days lost to preventable illnesses.

6 Access to Information

6.1 The background papers relating to this report can be inspected by contacting the report writer:

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