



# IMMUNISATION HIGHLIGHTS

Next drop-in sessions: 6<sup>th</sup> and 8<sup>th</sup> November 2024

We have Chris O'Brien, from HCT, joining our drop-in sessions in November to talk about CHIS systems and reports, and he will be able to answer any of your CHIS questions. Please join us if possible and, as always, contact us on [england.eaimms@nhs.net](mailto:england.eaimms@nhs.net) if you have any questions.

## FOCUS ON CHILD HEALTH INFORMATION SYSTEMS (CHIS) REPORTS

As part of CHIS's commitment to the Immunisation Uptake Initiative for under 5yr old vaccinations a number of routine reports and on-request reports are sent to practices that can be used to help give greater insight into vaccination performance or failsafe to immunisation appointment scheduling. Below is a brief explanation of some of the reports that you may receive and what actions you can take with them.

1. **Clinic Scheduling Lists**: the routine weekly clinic lists give you indication of which patients have become eligible and sent letters that week to invite them for vaccination appointment. Patients needing recall following a DNA or cancelled appointment are also recalled via this list. **Action:** if you are a SystmOne user or EMIS/Vision using bulk return reporting options you do not need to return this report, it is just for your information.
2. **COVER Monthly Dashboards**: sent out during the first full week of each month, these dashboards are a league table of your predicted COVER performance, if CHIS were to submit the results for 6 months' time, today. **Action:** this gives practices a 6 month window to correct any errors you feel may be impacting your practice's performance data.
3. **Waiting Lists**: these are for information only and list any patients who have not been sent an invitation letter if the practice has no clinic capacity- these used to be called the 'Suspensions report'. **Action:** contact CHIS to discuss any necessary clinic adjustments.
4. **2.5yr declines report**: These reports are an alert for practices of any child with a suspension or decline for their immunisations now reaching 2yr 6mths of age. Research suggests that many initial suspensions/declines for MMR were requested only until the child's 2<sup>nd</sup> Birthday. This report gives the family time to consider their options for vaccinations. **Action:** contact these families to discuss and offer previously declined vaccinations
5. **Missing Primary Immunisation Report/Tasks**: You may receive notifications from Child Health regarding missing immunisation history data, either via Task (SystmOne users) or email reports (EMIS/Vision) **Action:** A copy of the practice held vaccination history is all that is required in response to this enquiry. For SystmOne users you will be informed of what may be missing/incorrect in the patient's Vaccination Node of the clinical tree, with a request to adjust if possible.
6. **CSAIS Given Vaccines** (for EMIS/Vision practices only): this is sent each morning if any vaccines for your patients were recorded in the previous 48 hours. **Action:** these vaccinations need to be recorded on the patient's EMIS records
7. **Daily NBBS Results** (for EMIS/Vision practices only): this report gives you a daily update of any new babies receiving bloodspot/Guthrie testing the previous day – results are provided as they are received.

More information about these reports is in the CHIS information sheet attached and will be covered in the drop-in sessions.

## SEASONAL VACCINATION PROGRAMME HEADLINES

As you will all know, the main flu and COVID-19 seasonal vaccination programme started on Thursday 3<sup>rd</sup> October. Links to all guidance and resources updated for the 24/25 season are available on the gov.uk sites: [Annual flu programme - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/annual-flu-vaccination-programme) and [COVID-19 vaccination programme - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/covid-19-vaccination-programme)

Flu vaccinations for children started in September since flu circulates in younger age groups earlier and the protection from the vaccine last longer. The priority was to start vaccinating all children (including those in clinical risk groups) as soon as the vaccine was available, both to provide early protection to children and to reduce transmission to the wider population.

Vaccination for pregnant women also started from 1 September 2024 because pregnant women are not expected to lose protection as rapidly as the elderly population and commencing vaccination early ensures that as many newborn babies as possible are protected during the flu season.

For a number of years only around half of patients aged 6 months to under 65 in clinical risk groups have been vaccinated and yet the influenza-related mortality rates and relative risk of death in those aged 6months - <65 indicates the importance of protecting these patients:

	Number of fatal flu cases (%)	Mortality rate per 100,000 population	Age-adjusted relative risk
In a risk group	213 (59.8)	4.0	11.3 (9.1-14.0)
Not in any risk group	143 (40.2)	0.4	Baseline
Chronic renal disease	19 (5.3)	4.8	18.5
Chronic heart disease	32 (9.0)	3.7	10.7 (7.3-15.7)
Chronic respiratory disease	59 (16.6)	2.4	7.4 (5.5-10.0)
Chronic liver disease	32 (9.0)	15.8	48.2 (32.8-70.6)
Diabetes	26 (7.3)	2.2	5.8 (3.8-8.9)
Immunosuppression	71 (19.9)	20.0	47.3 (35.5-63.1)
Chronic neurological disease (excluding stroke/transient ischaemic attack)	42 (11.8)	14.7	40.4 (28.7-56.8)
Total	378	0.8	

Ref: [national flu slideset 24-25](#) (page 24)

Uptake for all those in clinical risks groups need to improve, but vaccine uptake is particularly low in the younger age groups with clinical conditions that put them at most risk of complications from flu

Uptake in those aged 6 months to under 2 years remains the lowest (around 10%) – these are our smallest, most vulnerable children.

**\*PLEASE conduct searches on your clinical systems and ensure a 100% offer to all eligible patients\***

General practice should be ensuring that all their registered children in a clinical risk group are invited for flu vaccination. If a clinically at-risk child is eligible to receive the vaccine at school they can still receive the vaccine in general practice, this is particularly recommended if their school session is scheduled for later in the year. School aged children who are not in a clinical risk group are not eligible for flu vaccination in general practice and should be referred to the Community and School aged immunisation service provider (CSAIS). Contact details are available here: [NHS England — East of England » Useful contacts](#)

A poster summarising which flu vaccine should be given to eligible/clinical risk groups, with images of the manufacturer's box for each vaccine, is [available](#) to download.

A quick reference guide to the childhood flu vaccines for winter 2024 to 2025, download only, is also [available](#). All flu vaccines for the 2024 to 2025 children's flu programme are available to order by NHS providers in England via ImmForm. Remember, UKHSA does not supply any flu vaccines for patients aged 18 years and over.

**Polite reminder: Please do not give our contact details to parents- we don't have access to any patient records or clinical systems. Thank you 😊**