MUNICIPAL YEAR 2017/2018 - REPORT NO.

MEETING TITLE AND DATE	Agenda - Part: 1	Item:
Health and Wellbeing Board	Subject: Influenza	and health
6 December 2018	protection assurar	nce
	Wards: All	
Executive Director of People Services	Cabinet Member c	onsulted:
	Cllr Brett	
Contact officer Dr. Tha Han	Approved by:	
Tha.han@enfield.gov.uk	Stuart Lines	

1. EXECUTIVE SUMMARY

Influenza (flu) is an acute viral infection that can be easily transmitted. The best way to prevent influenza is by getting vaccinated each year, and by observing hand hygiene. The risk of severe illness or complications from flu is higher in some people, such as older people, young children, pregnant women and people with certain health conditions. Therefore in UK, free flu vaccination is given for the above groups, and this year in London, the NHS flu vaccination is extended to front line staff and carers. In Enfield, LBE also made flu vaccination available free to all of its members of staff.

Every borough has a Multi-Agency Pandemic Influenza Plan which outlines the arrangements for the management of the response to a pandemic influenza and the provision of guidance to all relevant agencies and organisations so that they respond effectively. It is prepared, maintained and updated by LBE Public Health on behalf of the Enfield Borough Resilience Forum (EBRF). This plan has a major update and review every three years. In September 2018, a multiagency exercise was carried out to test the plan and feedback were received so that the plan is fit for purpose in the current situation.

This report is to provide a briefing on

- Inflenza surveillance and monitoring,
- Influenza Pandemic Multiagency plan, and
- Seasonal influenza vaccine uptakes by priority groups and frontline staff.

2. **RECOMMENDATIONS**

The board is asked to note the following

2.1. Enfield Multi-agency Pandemic Influenza Plan

• New risk assessment, lessons identified from incidents or exercises, restructuring of organisations or changes in key personnel should also prompt updates to the plan. Therefore all key responders listed in the plan must advise the LBE Public Health team and EBRF of any

changes in circumstances that may materially affect the implenetation of the plan in any way.

- Council departments and teams regular update of their business continuity plan, and it is important that the link to these documents are available to EBRF.
- Voluntary sector contribution in the event of pandemic flu is significant; therefore strengthening voluntary sector will form a key part of a viable pandemic influenza plan, and business continuity of relevant public sector agencies in the event of an emergency situation such as an influenza pandemic.

2.2 Flu vaccination of

- **Children** Pre-school vaccination uptake is low in Enfield as in most parts of London. Parental attitude, beliefs and awareness do matter on childhood flu vaccination. Thus, continuous engagement with parents and faith communities, with the support of elected members could improve the acceptance and uptake.
- **Pregnant women**: requires substantial improvement.
- At risk groups: the awareness of the need of flu vaccination in this high-risk population could be raised through many routes such as formal and informal carers, primary care and secondary care to alleviate the current low uptake in this group.
- Front line staff uptake: The number and proportion of staff vaccination continues to improve.
- Multiple channels (staff newsletters, staff bulletins, staff seminars, social media, intranet, internet) are used to promote free flu vaccination for LBE staff, the uptake is hopeful to improve in 2018/19.

2. BACKGROUND

Influenza is a viral infection of the respiratory tract characterized by fever, chills, headache, muscle and joint pain, and fatigue. Flu is easily transmitted, and some with infection may not have clear symptoms and can still infect others. Flu viruses spread mainly by droplets made when people with flu cough, sneeze or talk. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. A person might get flu by touching a surface or object that has flu virus on it and then touching their own mouth, nose, or possibly their eyes. The risk of serious illness or complications from flu is greater in children under six months of age, older people, pregnant women and those with underlying health conditions and can, therefore, have a significant impact at

the population level¹. Therefore, influenza is under health protection surveillance although it is not a notifiable disease.

Most healthy adults may be able to infect others beginning 1 day before symptoms develop and up to 5 to 7 days after becoming sick. Children and some people with weakened immune systems may pass the virus for longer than 7 days.

Flu is a key factor in NHS winter pressures. The impact of flu on the population varies from year to year and is influenced by changes in the virus that, in turn, influence the proportion of the population that may be susceptible to infection and the severity of the illness. Flu does, however, occur every winter in the UK².

To reduce the spread of flu, personal hygiene is key: catch it, bin it, kill it. However vaccination is the best method for the prevention and control of influenza. Although vaccination does not give total protection, it can reduce illness and lessen the severity of the infection³.

Priority groups for flu vaccination to prevent from severe illness are⁴:

- People aged 65 years of over
- People aged from six months to less than 65 years of age with a severe medical condition
- All pregnant women (including those women who become pregnant during the flu season)
- All children from 2 years to school children of Year-5
- People living in long-stay residential care homes or other long-stay care facilities

This report is to provide a briefing on

- Inflenza (Flu) surveillance
- Influenza Pandemic Multiagency plan, and
- Seasonal influenza vaccine uptakes by priority groups and frontline staff.

3.0 Report

3.1 Flu surveillance

Public Health England's (PHE's) influenza surveillance section in Colindale coordinates and collates flu surveillance for the UK.

Surveillance of influenza has important practical uses for controlling the spread and the severity of epidemic episodesⁱ. In short, the occurrence of flu and its complications over time and place, the nature of the virus (e.g., type, drug sensitivity) and the disease severity (hospitalisation, mortality) were monitored

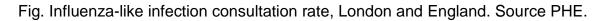
¹ https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2018/09/phe-sw-flu-review-2017-18.pdf

² www.england.nhs.uk/south/wp-content/uploads/sites/6/2018/09/phe-sw-flu-review-2017-18.pdf

³ https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4362519/

weekly together with international situation. Vaccination uptake and coverage of those clinically at-risk, children and front-line healthcare workers are alos under surveillance.

https://www.gov.uk/government/publications/weekly-national-flu-reports-2018-to-2019-season/national-flu-report-summary-22-november-2018-week-47



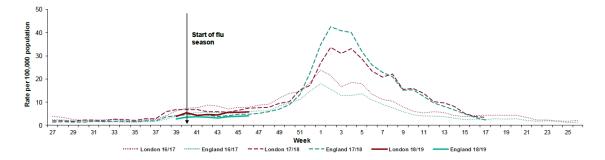
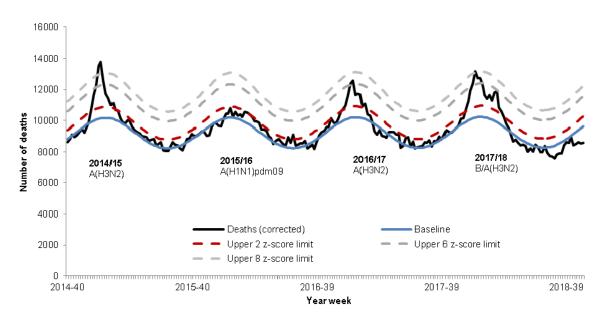


Fig. ILI GP consultation rates, Northeast and North Central London, Source:	
PHE.	

Local Authority		ILI per 000¹	Change from last	10-week trend²
	Week 45	Week 46	week	trend-
Barking and Dagenham	7.6	9.3	1	
Barnet	4.9	3.3	↓	- second
Camden	4.6	6.4	1	- N
Enfield	6.5	5.6	\checkmark	- march
Hackney (inc. City of London)	12.7	8.2	\checkmark	- And
Haringey	2.9	3.7	1	North
Havering	-	-	-	\sim
Islington	8.3	7.1	\checkmark	- Santo
Newham	7.1	6.1	\checkmark	Am
Redbridge	3.2	3.6	1	- Vm
Tower Hamlets	6.9	8.1	1	w
Waltham Forest	-	3.6	-	\sim

Fig. Weekly observed and expected number of all-age all-cause deaths, with the dominant circulating influenza A subtype, England, 2014 to week 46 2018.



3.2 Pandemic flu multiagency plan

Pandemic flu multiagency plan provides the framework for coordinating London Borough of Enfield's multi-agency response to an influenza pandemic. The flu pandemic plan one of the emergency plans that are overseen by the Enfield Borough Resilience Forum (EBRF). In the event of a pandemic the director of public health will call Influenza Pandemic Committee (IPC) to help deal with the execution of response to pandemic and engage with wider stakeholders. The information within this plan is designed to complement individual agencies own arrangements and is aligned to the London Resilience Partnership Pandemic Influenza Framework. It aims to ensure all agencies and organisations that will be involved to respond effectively.

This Multi-Agency Pandemic Influenza Plan is prepared, maintained and updated by LBE Public Health on behalf of the Enfield Borough Resilience Forum (EBRF).

The intended audience of this plan is all Category 1 and Category 2 Responders under the Civil Contingencies Act 2004 and key voluntary response organisations.

Purposes:

- Provide strategic leadership as part of a multi-agency response
- Identify the trigger points for escalation
- Identify the roles and responsibilities of key agencies
- Provide a communication framework for responding agencies in order to guarantee that the response is co-ordinate

There are planning assumptions such as

- Health and care system disruption
- Staff shortage, and critical infrastructure ,first response
- Overwhelmed demand for service and limited opportunity for mutual aid.
- Use the exercise scenarios help us develop appropriate response at all stage of the pandemic

Enfield Public health leads on the Multi-Agency Flu Pandemic planning. Every three years, we test and revise the plan in partnership with Category 1 and Category 2 responders, such as blue light services, NHS providers, commissioners, council department and voluntary sector organisations. Thus, on 25th of Sept 2018, Enfield Public Health organised a multi-agency flu pandemic exercise to test the existing plan with the responders.

Public Health is in the process of updating the existing plan with comments received from all delegates. We will ensure the new plan will reflect changes in the structure within the council and comments and suggestion made by partners in at multi-agency exercise on the existing plan. The new plan will also refer to the Business Continuity Plans of all council departments, NHS, council providers, and private health care provider and where feasible the voluntary sectors. In the recent multi-agency flu pandemic exercise workshop, it has been noted the role of the voluntary sector is important in reaching out to a different section of the community and support the work of the statutory organisations.

3.3 Vaccination uptake of those at risk of severe illness under free NHS Flu vaccination in Enfield

Influenza vaccine uptake data is collated by the Influenza Surveillance section at PHE Colindale. The vaccine uptake data include:

- those aged 65 and over;
- 6 months to 65 years in clinical risk groups;
- pregnant women;
- Childhood programme for those of pre-school and primary school age (reported on a monthly throughout the influenza season).
- Frontline healthcare workers (reported monthly October to February)

3.3.1 Over 65 flu vaccine uptake,	1 Sept 2017 to 31 Jan 2018
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65+ Age group	Number registered with GPs	Flu vaccine uptake (%)
Age 65+ without long- term conditions	43,728	29,710 (67.9%)
Age 65+ with long term conditions	37,742	16,030 (42.3%)

The flu vaccine uptake of 65 years and above-year-old Enfield residents with long-term conditions is much below 75% for over 65 age group. This population is at increased risk of infection during the winter months. Invitation by GPs and awareness through carers, friends and family may be helpful.

3.3.2 Pregnant women flu uptake Enfield, 1 Sept 2017 to 31 Jan 2018

Pregnant women	Registered with GPs	Flu vaccine uptake (%)
Pregnant women without	4,325	1258 (29.3%)
long-term conditions		
Pregnant women with	306	163 (53.3%)
long-term conditions		

Pregnant women with a long-term condition took up flu vaccines just under 55% target.

3.3.3 Flu vaccination among those with medical conditions/ at-risk individuals

	Enfield	London	England
Flu vaccination	42.5%	48.9%	45.4%
coverage (target			
55%)			

The improvement of coverage among this group will help reduce exacerbation of long-term conditions. It is also important their carers and professionals looking after them get vaccinated to prevent cross infection.

3.3.4 Children immunisation uptake

Seasonal influenza is a common infection among infants and children. The influenza vaccine programme was extended to include children, following the recommendations of the Joint Committee on Vaccination and Immunisation (JCVI) in 2012. From the 2013/14 season, a phased pediatric influenza vaccination programme was introduced in England involving a new cohort being introduced each season to cover all children 2-16 years of age eventually⁵

Table. Flu vaccination for 2-year olds with and without clinical risk Enfield, 1 Sept 2017 to 31 Jan 2018^{6}

Age group	Registered with Enfield GPs	Uptake (%) Enfield	London	England
Age-2 years in NON- clinically at risk	4,747	1247 (26.3%)	33.2%	42.8%
Age-2 years in clinically at risk	75	29 (28.7%)		

Source: NHS digital 2018

Table. Flu vaccination for 3-year olds with and without clinical risk Enfield, 1 Sept 2017 to 31 Jan 2018

Age group	Registered with Enfield GPs	Uptake (%) Enfield	London	England
Age-3 years in NON clinically at risk	4,591	1163 (25.3)	33.3%	44.2%
Age-3 years in clinically at risk	104	38 (36.5%)		

Source: NHS digital 2018

⁵ JCVI. Joint Committee on Vaccination and Immunisation Meeting Minutes 5 October 2011. http://webarchive.nationalarchives.gov.uk/20120907090205/http://www.dh.gov.uk/prod_c onsum_dh/groups/dh_digitalassets/@dh/@ab/documents/digitalasset/dh_133598.pdf; 2011

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file /684554/Seasonal_flu_vaccine_uptake_GP_patients_2017_2018_01_September_31_January_C CG_AT.pdf

Table. Percentage of children in school years reception, 1, 2, 3, 4 who were vaccinated with influenzaⁱⁱ by, 2017 - 2018ⁱⁱⁱ

		School ag	e children uptake	e (2017/18)	
	Reception	Year 1	Year 2	Year 3	Year 4
Enfield	2,039	1,999	1,995	1,833	1,652
	(45.1%)	(42.0%)	(42.3%)	(38.0%)	(35.5%)
NCL	50.0%	50.3%	48.5%	45.1%	42.3%
London	51.6%	49.6%	48.2%	45.6%	43.8%
England	62.6%	61.0%	60.4%	57.6%	55.8%

Source: NHS digital 2018

The flu vaccine uptakes of all age groups of children are comparable to the figures other parts of London, but still short of the 75% national target set to reduce the risk of transmission⁷.

Progress made to improve children flu uptake

- The flu consent form and letter to parents have been amended and we now include images of children to elicit a caring mindset, use of social norming to encourage parents to follow desired behaviours.
- Engagement of the Parent Engagement Panel to promote immunisations amongst parents.
- Catch up clinics both in the school and in the community.
- Following up on consent forms that are not returned.
- Working with schools to promote the benefits of flu vaccination to encourage the schools to be more proactive with parents.
- A member of the Immunisation Team being allocated to each school to increase communication before, during and after the planned immunisation sessions.
- Advertising
 – including social media, Enfield Council webpage, Healthwatch website and posters using the five reasons to vaccinate your child campaign
- Addition funding was requested to NHS England to reconcile child health information system (CHIS) and to provide vaccination sessions at GP extended access sites.

3.4 Health and Care Front-line staff flu vaccination

Health and social care workers who have regular close contact with patients, residents, and clients are likely to have more exposure to infection, and can spread to their family members or their patients/ clients. Influenza immunisation is highly effective in preventing the disease in working-age adults; Immunisation is also recommended for staff directly involved in social care, especially for staff in nursing and care homes that look after older people. Staff immunisation may reduce the transmission of influenza to vulnerable residents, some of whom may have impaired immunity and thus reduced protection from any influenza vaccine

⁷ http://www.qualitywatch.org.uk/indicator/adult-flu-vaccination-coverage-england-and-internationally

they have received themselves.⁸ Until this year, this is the responsibility of the employer, but this year NHS England in London commissions free flu vaccination for all health and care workers across NHS, local authorities and private sector in London.

3.4.1 NHS providers staff flu uptake

Last year, all NHS providers operating in Enfield have been making good progress in vaccinating frontline staff. Both Royal Free and North Middlesex University Hospital, vaccine uptake by staff has been higher than the London average.

Table. Flu Vaccine Uptake (Healthcare Workers) 1 Sep 2017 – 28 Feb 2018^{iv}

Providers	Flu Vaccine Uptake % (2017/18)	,
London region	63.70%	
BEH	48.70%	
North Middlesex	72.50%	
Royal Free	71.80%	

Source NHS digital 2018

The staff flu uptake at BEH was lower than the other two trusts, but this was much progress from previous years thanks to a strong emphasis from the leadership on improving the rate.

Within staff group flu vaccination, the uptake by qualified nurses and doctors vary depending on the site.

Table. Seasonal Flu Vaccine Uptake by Staff Groups 2017/18, 1 Sep 2017 – 28 Feb 2018

NHS provider Staff group	Doctors	Qualified nurses (including GP Practice Nurses)
BEH	91 (39.1%)	393 (42.8%)
North Middlesex	409 (79.4%)	618 (53.9%)
Royal Free	921 (50.7%)	1,710 (60.2%)

Source: NHS digital 2018

3.4.2 Flu vaccination for council staff

LBE as a responsible major employer has been commissioning flu vaccines for its own staff since 2016/17. 126 staff vaccinated under the council' scheme between Oct 16 - Mar 17, and 201 vaccinated between Oct 17 - Mar 18. It is to be noted that staff also received flu vaccination through NHS schemes or selfpayment.

⁸ https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2018/09/care-home-toolkit-18-19.pdf

We hope the uptake this year will be much increased under the council funded flu vaccination thanks to the commitment by the leadership and communication. Data for the current year will be released after April 2019.

3.5 Local promotion of flu vaccination this year

NHS England has commissioner local pharmacies to offer frontline line care workers to access flu vaccination free in Enfield.

Public Health England analysed vaccine uptake by each of the population characteristics. They found⁹:

 Flu vaccine uptake is significantly and independently associated with increasing deprivation, ethnicity and areas with the largest Muslim populations

We will consider these factors in the promotion of flu vaccination in Enfield.

London Borough of Enfield issued a press release to flu vaccination in the borough, with the support of the Cabinet Member for Public Health, Cllr Yasemin Brett (Appendix-1) <u>https://new.enfield.gov.uk/news-and-events/flu-jab-does-the-job/</u>

Public Health has been promoting the flu vaccination working with GPs, Health the member organsiations of health Protection Forum and LBE social care staff through leaflets (Appendix 4), display screens at corridors and canteens, intranet, internet, staff seminaras and staff bulletins.

http://enfieldeye/news/article/4299/get_your_free_flu_jab

9

ttps://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/7426 78/Childhood_flu_vaccination_programme_England_2017_to_2018.pdf

4. ALTERNATIVE OPTIONS CONSIDERED NO

5. REASONS FOR RECOMMENDATIONS

Multiagency Pandemic Flu Plan and flu vaccination are key components for local system resilience.

6. COMMENTS OF THE DIRECTOR OF FINANCE, RESOURCES AND CUSTOMER SERVICES AND OTHER DEPARTMENTS

6.1 Financial Implications

Not directly from the report.

6.2 Legal Implications

Health and Social care Act 2012 mandated local authorities to assure health protection.

7. KEY RISKS

LBE hosts EBRF and influenza outbreaks and pandemic influenza can have major disruption of council services such as staff absences and financial loss.

8. IMPACT ON PRIORITIES OF THE HEALTH AND WELLBEING STRATEGY

- **8.1** Enabling people to be safe, independent and well and delivering high quality health and care services
- 8.2 Creating stronger, healthier communities
- **8.3** Reducing health inequalities narrowing the gap in life expectancy
- 8.4 Promoting healthy lifestyles

9. EQUALITIES IMPACT IMPLICATIONS

Not required.

Background Papers

Appendix 1. Press release:



Older people, pregnant women and children are being urged to get their flu vaccination this year to help stay well this winter.

Enfield Council is leading by example, with officers and the Cabinet Member for public health Cllr Yasemin Brett gathering to get their flu jab at a local pharmacy to show how simple and painless the procedure is.

Flu can be a potentially fatal illness. People will often carry and spread the disease without knowing they have it, therefore it's important to get vaccinated not just for yourself but for your loved ones. The flu jab is one of the best forms of protection against the virus. You are eligible for a free flu jab if you:

- Are 65 years of age or over
- Are pregnant
- Are a child aged 2 and 3 on 31 August 2018 (nasal spray vaccination)
- Are a child in reception class or in school year 1,2, 3, 4 and 5 (nasal spray vaccination)
- Have certain medical conditions
- Are living in a long-stay residential care home or other longstay care facility
- Are a social care worker or hospice worker
- Receive a carer's allowance, or you are the main carer for an elderly or disabled person whose welfare may be at risk if you fall ill.

As Enfield Council's officers will agree, the side effects to the flu vaccine are mild or non-existent! If you had the vaccine last year, you will still need it again this winter so you are protected against the new strains of flu that are circulating. An estimated 8,000 people die from flu in England each year.*

Enfield Council's Cabinet Member for Public Health, Cllr Yasemin Brett, said: "We want to build a Healthy Enfield where everyone plays their part and takes sensible precautions against sickness. The vaccine really is the best way to protect yourself and your children from a really nasty health condition and it can also help prevent the spread of the flu to other vulnerable people. Don't delay, get your jab today."

As well as getting vaccinated at your GP clinic or local pharmacy, there are other things people can do to help keep themselves well during the winter. It's important to have a healthy, varied diet, drink warm fluids, keep yourself active and take your regular medications. Keep an eye on friends and neighbours, particularly those that are more vulnerable. If you need to see your GP urgently, don't forget Enfield's primary care access hubs have appointments in the evenings and at weekends. Call the out of hours GP service on 03000 333 666.

Appendix-2 Enfield pharmacies that take part in NHS Flu Vaccination

Well Enfield - Silver Street	Healthfare Chemist
66 Silver St Enfield Middlesex, EN1 3EP	9 Coleman Parade, EN1 1YY
Phone: 02083630823	Phone: 020 83675456
Lloyds Pharmacy	Sainsburys Pharmacy (LLoyds)
304 Baker Street Enfield Middlesex, EN1 3LD	3 Crown Road Enfield Middlesex, EN1 1TH
Phone: 02083633210	
Hayward Chemist Ltd	Well Enfield - 255-257 Hertford Road
10 Queen Anne's Place Bush Hill Park Enfield	255-257 Hertford Road, Enfield
Middlesex, EN1 2PT	EN3 5JL
Phone: 020 8360 2614	
	Phone: 02088055821
Lloyds Pharmacy	Lloyds Pharmacy
226-228 Hertford Road Enfield Highway	4 Florey Square Highlands Village Winchmore
Enfield, EN3 5BH	Hill L, N21 1UJ
Phone: 020 8804 2074	Phone: 02083608560
Reids Pharmacy	Tesco In-Store Pharmacy
1 Cambridge Terrace Bury Street West	288 High Street , EN3 4DP
Edmonton London, N9 9JJ	Phone: 0203 801 5166
Phone: 02083602653	
Well Enfield - 417 Hertford Road	C Atkinsons Chemist
417 Hertford Road Enfield Middlesex, EN3 5PT	750 Green Lanes, Winchmore Hill, London,
Phone: 02088054154	N21 3RE
	Phone: 020 8360 1037
VMS Pharmacy Ltd	Sainsbury's Pharmacy (LLoyds)
291 Hertford Road Edmonton London, N9 7ES	681 Green Lanes Winchmore Hill London, N21
Phone: 02088042363	3RS
	Phone: 020 8360 0482
Well Enfield - 644 Hertford Road	Asda Pharmacy
644 Hertford Road, EN3 6NA	Edmonton Green Shop Cntre, N9 OAL
Phone: 01992764476	Phone: 020 8884 5310
Ronchetti Pharmacy	Skot Dispensing Chemists
619 Hertford Road, EN3 6UP	139 Victoria Road Edmonton London, N9 9BA
Phone: 01992710749	Phone: 02088033221
Superdrug Pharmacy	Walker Chemists
21 Market Square Edmonton Green London,	410-412 Green Lanes, N13 5XG
N9 OTZ	Phone: 020 88862561
Phone: 02088031919	
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SERVICES & COMMISSIONING FACTSHEET: FLU VACCINATION ELIGIBLE GROUPS

Factsheet: Eligible groups for the Flu Vaccination Service 2018/19

The national Flu Vaccination Service covers the following patients most at risk from influenza aged 18 years and older.

Eligible groups	Further details
All people aged 65 years or over	Including those becoming age 65 years by 31 March 2019.
Pregnant women (including those women who become pregnant during the flu season)	Pregnant women aged 18 or over at any stage of pregnancy (first, second or third trimesters).
People living in long-stay residential care homes or other long-stay care facilities	Vaccination is recommended for people aged 18 or over 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, or university halls of residence.
Carers	People aged 18 or over who are in receipt of a carer's allowance, or those 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	People who are household contacts, aged 18 and over, 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.
Social care workers and hospice workers	Health & social care staff, employed by a registered residential care/nursing home or registered domiciliary care provider or a voluntary managed hospice provider, who are directly involved in the care of vulnerable patients/clients who are at increased risk from exposure to influenza, meaning those patients/clients in a clinical risk group or aged 65 years and over.
People aged from 18 years to less than 65 years of age with one or more serious medical condition(s) outlined below:	
Chronic (long term) respiratory disease, such as severe asthma, chronic obstructive pulmonary disease (COPD) or bronchitis	Asthma that requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission. Chronic obstructive pulmonary disease (COPD) including chronic bronchitis and emphysema; bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD).
Chronic heart disease, such as heart failure	Congenital heart disease, hypertension with cardiac complications, chronic heart failure, individuals requiring regular medication and/or follow-up for ischaemic heart disease.
Chronic kidney disease at stage three, four or five	Chronic kidney disease at stage 3, 4 or 5, chronic kidney failure, nephrotic syndrome, kidney transplantation.
Chronic liver disease	Cirrhosis, biliary atresia, chronic hepatitis.
	Cirriosis, billary atresia, chronic nepatitis.
Chronic neurological disease, such as Parkinson's disease or motor neurone disease, or learning disability	Stroke, transient ischaemic attack (TIA). Conditions in which respiratory function may be compromised due to neurological disease (e.g. polio syndrome sufferers). Clinicians should offer immunisation, based on individual assessment, to clinically vulnerable individuals including those with cerebral palsy, learning disabilities, multiple sclerosis and related or similar conditions; or hereditary and degenerative disease of the nervous system or muscles; or severe neurological disability.
Parkinson's disease or motor neurone	Stroke, transient ischaemic attack (TIA). Conditions in which respiratory function may be compromised due to neurological disease (e.g. polio syndrome sufferers). Clinicians should offer immunisation, based on individual assessment, to clinically vulnerable individuals including those with cerebral palsy, learning disabilities, multiple sclerosis and related or similar conditions; or hereditary and degenerative disease of the nervous system or muscles; or severe
Parkinson's disease or motor neurone disease, or learning disability	Stroke, transient ischaemic attack (TIA). Conditions in which respiratory function may be compromised due to neurological disease (e.g. polio syndrome sufferers). Clinicians should offer immunisation, based on individual assessment, to clinically vulnerable individuals including those with cerebral palsy, learning disabilities, multiple sclerosis and related or similar conditions; or hereditary and degenerative disease of the nervous system or muscles; or severe neurological disability.
Parkinson's disease or motor neurone disease, or learning disability Diabetes Immunosuppression, a weakened immune system due to disease (such as HIV/AIDS) or treatment (such as	Stroke, transient ischaemic attack (TIA). Conditions in which respiratory function may be compromised due to neurological disease (e.g. polio syndrome sufferers). Clinicians should offer immunisation, based on individual assessment, to clinically vulnerable individuals including those with cerebral palsy, learning disabilities, multiple sclerosis and related or similar conditions; or hereditary and degenerative disease of the nervous system or muscles; or severe neurological disability. Type 1 diabetes, type 2 diabetes requiring insulin or oral hypoglycaemic drugs, diet controlled diabetes. Immunosuppression due to disease or treatment, including patients undergoing chemotherapy leading to immunosuppression, bone marrow transplant, HIV infection at all stages, multiple myeloma or genetic disorders affecting the immune system (e.g. IRAK-4, NEMO, complement disorder). Individuals treated with or likely to be treated with systemic steroids for more than a month at a dose equivalent to prednisolone at 20mg or more per day. It is difficult to define at what level of immunosuppression a patient could be considered to be at a greater risk of the serious consequences of influenza and should be offered seasonal influenza vaccination. This decision is best made on an individual basis and left to the patient's clinician.

Free Flu Jab available to all Council/School Staff

Protect yourself, your loved ones and others. To get a free flu jab, show your Council/School badge and tell the pharmacy your Team. You can go to any of the following Well Enfield pharmacies, ring first to confirm availability.

STAY WELL THIS WINTER

Well Enfield 417 Hertford Road, Enfield, EN3 5PT Tel: 020 8805 4154

Well Enfield 255-257 Hertford Road, Enfield, EN3 5JL Tel: 020 8805 5821

Well Enfield 644 Hertford Road, Enfield, EN3 6NA Tel: 01992 764476

Well Enfield 66 Silver Street, Enfield, EN1 3EP Tel: 020 8363 0823



Catch it. Bin it. Kill it. Stop the spread of flu germs. Use a tissue and wash your hands thoroughly.

www.enfield.gov.uk/HealthyEnfield



https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3250752/

ⁱⁱ <u>https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-children-of-primary-school-age-winter-2017-to-2018</u>

^{III} https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-gp-patients-winter-2017-to-2018

^{iv} <u>https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-healthcare-workers-winter-2017-to-2018</u>