NICE National Institute for Health and Care Excellence

Expert testimony to inform NICE guideline development

Section A: Developer to complete	
Name:	Graham Munslow
Role:	Clinical Immunisation and Screening Manager
Institution/Organisation (where applicable):	Public Health England
Contact information:	[redacted]
Guideline title:	Flu Vaccination – increasing uptake
Guideline Committee:	Public Health Advisory Committee
Subject of expert testimony:	Liver Disease and flu vaccination uptake (low uptake rate and evidence regarding this group)
Evidence gaps or uncertainties:	[Research questions or evidence uncertainties that the testimony should address are summarised below]

1. What in your opinion are the particular barriers to increasing uptake in this clinical risk group?

2. What factors do you think would facilitate improvements in uptake in this clinical risk groups?

3. Are there particular factors that should be taken into account when making recommendations to this group?

Section B: Expert to complete

Summary testimony: [Please use the space below to summarise your testimony in 250–1000 words. Continue over page if necessary]

- Chronic Liver Disease is one of the Clinical Risk Groups determined by the Department Of Health as being eligible for the annual influenza immunisation programme(1);

- Uptake of flu immunisation amongst clinical risk groups is monitored annually.Results of the 2015/16 programme are below(1);

Risk Category	Age-adjusted relative risk of flu related death	Vaccine uptake 2014/15	Vaccine uptake 2015/16	Uptake ambition for 2016/17
Chronic liver disease	48.2	43.9%	42.5%	At least 55% in all of the groups, and maintaining higher rates where those have already been achieved.
Immunosuppression	47.3	55.4%	52.9%	
Chronic neurological disease	40.4	50.4%	49.0%	
Chronic renal disease	18.5	55.6%	53.5%	
Chronic heart disease	10.7	50.1%	48.6%	
Chronic respiratory disease	7.4	49.2%	47.4%	
Diabetes	5.8	68.1%	65.5%	
Pregnant women	7.0	44.1%	42.3%	
All at-risk	11.3	50.3%	45.1%	

Of all the clinical risk groups, individuals with chronic liver disease have the highest age-adjusted relative risk of flu related death, yet are consistently in the lowest two categories for flu immunisation uptake.

• Literature searches using the following biomedical database‘s ;Medline, Embase ,British Nursing Index(BNI), Pubmed and the Cochrane database of systematic review produced little evidence that uptake within this specific clinical risk group has been investigated. The

majority of published information focuses on the efficacy of influenza immunisation in patients with liver disease (2)

• One of the significant cohorts of the UK population with significantly higher rates of chronic liver disease compared to the general population are ex or current Intravenous Drug Users (IVDUs).(3)

• Public Health England's 2016, Hepatitis C in the UK report estimates that approx. 214,000 individuals within the UK are infected with chronic Hepatitis C infection (3).The biggest single cohort within this number comprises IVDUs ,of whom approximately 50% are thought to have chronic Hepatitis C infection. In addition, rates of Hepatitis B amongst IVDUs are estimated at 15%(3).The proportion of IVDU's who are positive for Hepatitis A markers is currently in line with UK general prevalence rate of approximately 31%(4). Within Greater Manchester , there are currently 14,620 individuals registered with drug services(3).Assuming the national prevalence rates ,this equates to approximately 7,000 with Hepatitis C,2193 with Hepatitis B and approximately 4,400 with Hepatitis A markers. Historically many IVDUs have irregular contact with their GPs and can be an extremely mobile section of the population which can make registration and attendance at GP services problematical.(GPs are the element of the NHS that is commissioned nationally to provide flu immunisations to their registered population.)This is a potentially significant barrier.

• Nationally, all Drug services are required and commissioned to offer Hepatitis B immunisations to new clients at the point of registration. (5)Therefore, cold chain provision, anaphylaxis training, and staff competency etc. are already in place to offer immunisations. Apart from specific update training re influenza immunisation, all the other factors necessary to deliver an immunisation programme are in place.

• Thought should therefore be given to recommending that drug services are routinely commissioned to offer flu immunisation to eligible clients.

• In addition, a significant proportion of IVDUs are on substitute/maintenance medication, typically methadone or equivalent. This is usually dispensed at an appropriate community pharmacy. The majority of clients commencing substitute medication regimes are initially required to attend their nominated pharmacy on a daily basis; this usually evolves into weekly or fortnightly visits.

• Since 2014,NHSE has commissioned a national community based pharmacy programme to offer flu immunisation to eligible individuals from 18 yrs of age onwards, including individuals with chronic liver disease(5).

• Within Greater Manchester, over 450 community pharmacies are participating in this scheme for the 2016/17 season, and have administered in excess of 13,000 immunisations between Sept 2016 -December 2016.

• Recommendation that all eligible IVDUs on maintenance/substitute medication should be offered flu immunisation at their local participating community pharmacy.

• A pilot study evaluating a programme of offering flu immunisation to eligible clients by drug and alcohol services in St Helens has recently been published which confirms the value of this approach.(7)

• Within Greater Manchester, a selection GP practices with the highest rates of flu immunisation for chronic liver disease have been contacted to establish potential reasons for this.

• In summary, those practices who maintain up to date disease registers which are reviewed monthly, allied to a proactive identification, call and recall policy utilising different mechanisms for contacting patients, including, personal phone call from GP, text ,letter and social media ,were the common themes identified. The establishment of closer links between local liver specialist services ,third sector organisations and GP practices was also believed to increase awareness and hence uptake.

• Consideration therefore needs to be given to undertaking a systematic review of GP practices nationally to identify factors that maximises uptake in this group.

References to other work or publications to support your testimony' (if applicable):

1https://www.gov.uk/government/publications/flu-plan-winter-2016-to-2017.


1-s2.0-S0264410X09001054-main.pdf


ContentServer.asp.pdf


NONE.pdf


NONE.pdf

2

3https://www.gov.uk/government/publications/hepatitis-c-in-the-uk

4 https://www.gov.uk/government/publications/hepatitis-a-the-green-book-chapter-17

5http://psnc.org.uk/services-commissioning/advanced-services/flu-vaccination-service/flu-vaccination-service-spec-and-pgd/

6 Personal PHE communication ,PHE NW Health and Wellbeing team .20/12/16


Seasonal influenza immunization program

7

Expert testimony papers are posted on the NICE website with other sources of evidence when the draft guideline is published. Any content that is academic in

confidence should be highlighted and will be removed before publication if the status remains at this point in time.