



Immunisation: flu vaccine for people with stroke or TIA

NICE indicator

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www.nice.org.uk/indicators/ind164

Indicator

The percentage of patients with stroke or TIA who have had influenza immunisation in the preceding 1 August to 31 March.

Indicator type

General practice indicator suitable for use in the Quality and Outcomes Framework.

This document does not represent formal NICE guidance. For a full list of NICE indicators, see our [menu of indicators](#).

To find out how to use indicators and how we develop them, see our [NICE indicator process guide](#).

Rationale

The aim of vaccination is to prevent complications from influenza in people with stroke and transient ischaemic attack (TIA). For most healthy people, influenza is an unpleasant but usually self-limiting disease with recovery within two to seven days. However people with underlying health conditions such as neurological diseases are at particular risk of severe illness from the flu.

The 8-month timeframe has been chosen to allow practices enough time to achieve sufficient uptake during the 6-month winter influenza vaccination programme (usually September to February).

Source guidance

Flu vaccination: increasing uptake. NICE guideline NG103 (2018), recommendations 1.3.3 and 1.3.6

Specification

Numerator: The number of patients in the denominator who have had influenza immunisation in the preceding 1 August to 31 March.

Denominator: The number of patients with stroke or TIA.

Calculation: Numerator divided by the denominator, multiplied by 100.

Personalised care adjustments or exception reporting should be considered to account for situations where the patient declines or where consent has not been given for a flu vaccination, does not attend or if a flu vaccination is not appropriate (the patient has a persisting flu vaccine contraindication in their record; stroke quality indicator care is unsuitable or the patient chose not to receive stroke quality indicator care).

Expected population size: QOF data for 2022 to 2023 (indicator STIA001) shows that 1.8% of people have had a stroke or TIA: 185 patients for an average practice with 10,000 patients. To be suitable for use in QOF, there should be more than 20 patients eligible for inclusion in the denominator, per average practice with 10,000 patients, prior to application of personalised care adjustments.

Minimum population: The indicator would be appropriate to assess performance at individual general practice level.

Update information

Minor changes since publication

September 2024: We replaced information about the minimum population with that of the expected population size. We replaced information about exclusion criteria with that of personalised care adjustments and exception reporting.

November 2020: We added a specification and information about the minimum population. We amended the rationale and source guidance sections. We also removed the introduction section and recommendation wording.

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