

Flu vaccination - increasing uptake

Consultation on draft guideline – deadline for comments 5PM on 04 August 2017 email: Influenza@nice.org.uk

Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly.

We would like to hear your views on the draft recommendations presented in the short version and any comments you may have on the evidence presented in the full version. We would also welcome views on the Equality Impact Assessment.

We would like to hear your views on these questions:

1. Which areas will have the biggest impact on practice and be challenging to implement? Please say for whom and why.
2. Would implementation of any of the draft recommendations have significant cost implications?
3. What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.)
4. For organisations impacted by the guideline, what percentage already have lead roles in place? What amount of whole-time equivalent and type of role or grade would typically be?
5. Are there any examples of offering bespoke 'flu-jab' outreach services via a homecare service?
6. How much lead time is needed to order or buy vaccine? Can a provider buy it at very short notice? Is there any guidance on the ImmFORM system?
7. Are there any models or pilots of doing this in a hospital, and what increase in vaccinations did this roll-out achieve?
8. Are there any examples of the costs of an outsourced occupational health provider or an outsourced private provider of flu vaccinations?

See section 3.9 of [Developing NICE guidance: how to get involved](#) for suggestions of general points to think about when commenting.

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Organisation name – Stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):		[British HIV Association]		
Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.		[None]		
Name of commentator person completing form:		[Dr David Chadwick]		
Type		[office use only]		
Comment number	Document (full version, short version or the appendices)	Page number Or 'general' for comments on the whole document	Line number Or 'general' for comments on the whole document	Comments
				<p>Insert each comment in a new row.</p> <p>Do not paste other tables into this table, because your comments could get lost – type directly into this table.</p>
1	Full	General	General	<p><i>General comment</i></p> <p>The British HIV Association, representing clinicians who care for people living with HIV (PLWH), welcomes the draft guidelines for influenza vaccination. PLWH have historically been a group who are less likely to</p>

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				seek or take up vaccinations than other at-risk groups and there are not infrequent reports from PLWH that primary care staff stigmatise their condition when asking why they are attending for influenza vaccination. Attempts to improve their uptake of influenza vaccination are timely. In the 2015 BHIVA national audit, just over 20% of PLWH were given influenza vaccine in HIV clinics and a further 36% were recommended to have influenza vaccine via their GP. Another BHIVA audit last year suggested only 25% of clinics routinely gave influenza vaccine.
2	Full	4	3	Recent BHIVA audits have shown that HIV clinics are generally good at informing PLWH that they should have annual influenza vaccines, and with increasing use of electronic patient records in HIV clinics it is likely reminders to inform patients about influenza vaccine should cover almost all PLWH.
3	Full	9	22	We are particularly interested in point 1.4.7/8/9 (offering vaccines in secondary care). Various surveys of PLWH have indicated they would prefer to receive all vaccinations in the HIV clinic, rather than having to access them in primary care. Moreover PLWH are familiar with their HIV clinicians and generally trust them meaning that they are more likely to accept advice on vaccinations such as influenza vaccine. The barrier to this in many HIV clinics in the UK is that most clinics are not commissioned/ funded to provide any vaccines other than hepatitis B. Hence clinics have to remind PLWH to get annual influenza vaccinations via their GP surgeries, which they often find inconvenient. This model of vaccine provision could work equally well in other clinics such as Chest, Haematology etc. We would therefore urge that NICE recommends routine provision of influenza vaccine in HIV (and other relevant secondary care) clinics and suggests either this is funded via a national tariff (for HIV care) or via primary care commissioning.

Insert extra rows as needed

Checklist for submitting comments

- Use this comment form and submit it as a Word document (not a PDF).
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include page and line number (not section number) of the text each comment is about.
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table – type directly into the table.
- Underline and highlight any confidential information or other material that you do not wish to be made public.
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use

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- For copyright reasons, comment forms do not include attachments such as research articles, letters or leaflets (for copyright reasons). We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments, but it must be received by the deadline.

You can see any guidance that we have produced on topics related to this guideline by checking [NICE Pathways](#).

Note: We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

Comments received during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.