



Public Health
England

Protecting and improving the nation's health

Childhood Influenza Vaccination Programme 2018 to 2019 ImmForm Data Collection Guidance

User guide for local NHS England teams and data providers

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

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This collection has been submitted to the Standardisation Committee for Care Information (SCCI), the new national gateway body for care information collection requests.

For queries relating to this document, please contact: ChildFluVac@phe.gov.uk



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Introduction

Following the recommendations of the Joint Committee on Vaccination and Immunisation (JCVI) in 2012, the Department of Health (DH), in partnership with Public Health England (PHE) and NHS England, began the phased roll-out of the national influenza vaccination programme to ultimately cover all 2 to 16 year olds (inclusive) in the UK.

The children's programme began in 2013/14 with all 2 and 3 year olds being offered vaccination through general practice. A school pilot programme was also rolled out in geographically distinct areas in England, targeting all primary school-age children (aged 4 to 10, rising to 11 years). In 2014 to 2015, the national offer was extended to 4 year olds through general practice in England. In addition, the school pilot programme was extended to a total of 14 pilot areas (including 6 pilots that participated in 2013/14), targeting both primary school-age children (aged four to 10, rising to 11 years) and also secondary school-age children (11-12 rising to 13 years).

In 2015 to 2016, the national programme was extended to include children of appropriate age in school years 1 and 2. For the majority of children, this was offered via a school-based programme, although in a few areas of England vaccinations were delivered through alternative schemes such as community pharmacies and general practices. The 2014 to 2015 pilot areas continued to offer vaccination to all primary school-age children (aged 5 to 10, rising to 11 years) in 2015 to 2016. In 2016 to 2017, the national programme was extended to include children of school year 3. Therefore, offering vaccination to all children in school years 1, 2 and 3. Once again, the majority of children were offered the influenza vaccine via a school-based programme, although in a few areas vaccinations will be delivered through alternative schemes such as community pharmacies and general practices. Children aged 2, 3 and 4 years (but not 5 years or older) were vaccinated by GPs. Vaccination continued to be offered to primary school-aged children (aged 5 to 10, rising to 11 years) in those pilot areas that participated previously as primary school pilots in England.

In 2017 to 2018, the programme was extended to include children in reception (4 rising to 5 years), as well as children of year 4 age (8 rising to 9 years) across England and to children 5-10 rising to 11 years old in the previously participating pilot areas. The vaccine was offered via school-based programmes in all areas but one that offered the vaccine through general practices.

From September 2018, the national programme will extend to include children in school year 5 (9 rising to 10 years). For the majority of children, this will again be offered via school-based programmes, although one area will deliver vaccines through general practices. Children aged 2 and 3 years (but not four years or older) will be

offered the vaccine through general practices. Vaccination will also continue to be offered to primary school-aged children (aged 5-10 rising to 11 years) in those areas that participated previously in primary school pilots in England.

This guidance is for local NHS England teams and data providers on how to collect data on influenza vaccine uptake for the primary school-age childhood influenza immunisation programme and how to upload it to the ImmForm website. The routine collection of influenza immunisation uptake data is essential to provide robust and timely information about this immunisation programme. Collection of this data allows the assessment of the implementation of the influenza immunisation programme and uptake of vaccine and information that can be used locally, regionally and nationally to assess the progress of the programme.

The DCB2195 Childhood Influenza Vaccination Programme: Primary School Age Children has received full approval from the Data Coordination for the 2018 to 2019 influenza season.

The influenza immunisation programme for the 2018 to 2019 season was announced in the 'Annual Flu Letter' (dated 26 March 2018, Gateway reference 2017863) which was jointly issued to the NHS, by the DH, NHS England and PHE. The documents set out the operational arrangements and planning for the forthcoming winter season, and can be accessed [here](#).

Additional information on the 2018 to 2019 childhood influenza vaccination programme (ie invitation letters, advice for head teachers, consent form templates) can be accessed [here](#).

Data collection

Cumulative vaccine uptake data will be collected via ImmForm on the total number of children vaccinated between 1 September 2018 and 31 January 2019 (inclusive) by individual year group for each local education authority (LEA).

Although the majority of children will be vaccinated via the commissioned local delivery model it is important to note additional children may be vaccinated in other healthcare settings, ie by their registered GP or in pharmacy. These children are mostly at-risk children that have been called in by or referred to their GP to receive vaccination.

Cumulative data submitted on the total number of children vaccinated should include additional children that have been vaccinated outside of the commissioned local delivery model (ie pharmacy or general practice). Eligible children in clinical at-risk groups without prior vaccination history receiving 2 doses should be counted as one vaccination in the numerator.

Healthy children in school years reception, 1,2,3,4 and 5 (ie children not in a clinical risk group) should not be offered vaccination by their GP or in pharmacy unless the local vaccination programme is being delivered through a GP or pharmacy delivery model or designated GPs/pharmacists were commissioned to vaccinate these children in mop-up clinics.

1.1 What is the eligible population?

National

The target population for the national primary school age childhood influenza vaccination programme is defined as all children in reception (aged 4 rising to 5 years), year 1 (aged 5 rising to 6 years), year 2 (aged 6 rising to 7 years), year 3 (aged 7 rising to 8 years), year 4 (8 rising to 9 years) and year 5 (9 rising to 10 years) born between 1 September 2008 and 31 August 2014, as defined by child age on 1 September 2018 (Table 1).

Pilots

The target population for the 6 primary school pilot areas vaccinating all primary school age children is defined as all children in reception and school years one to six (aged 4 to 10, rising to 11 years) born between 1 September 2007 and 31 August 2014, as defined by child age on 1 September 2018 (Table 1).

1.2 Definitions

Dataset variable definitions are outlined in [Appendix B](#). For further details of the ImmForm dataset requirements, please see the full dataset in [Appendix A](#).

Please note, data providers must be satisfied with the methodology used to identifying the school age population. Some providers will only be indicating those children that have returned information on their vaccination status in consent forms (those who have already received the vaccine at the GP). Also, it may be necessary that other providers use multiple data sources to identify eligible school age cohorts (for example, the school roll and the local Child Health Information Services (CHIS) system) to determine the eligible school age cohorts depending on the characteristics of the local school age population. This may be valid for one locality and not for others. For more information on the denominator please see questions 6-8 in the [Frequently asked questions](#), or email ChildFluVac@phe.gov.uk.

Table 1 Year group cohort definitions for the 2018 to 2019 influenza season

Academic Year Group	Age range on 1 September 2018	Birth date range	
		Born From Date	Born To Date
0	Aged 4-5 years	01/09/2013	31/08/2014
1	Aged 5-6 years	01/09/2012	31/08/2013
2	Aged 6-7 years	01/09/2011	31/08/2012
3	Aged 7-8 years	01/09/2010	31/08/2011
4	Aged 8-9 years	01/09/2009	31/08/2010
5	Aged 9-10 years	01/09/2008	31/08/2009
6	Aged 10-11 years	01/09/2007	31/08/2008

1.3 Schedule

Data will be submitted in 4 monthly manual surveys on all vaccinations administered from 1 September 2018 to 31 January 2019 (Table 2). The first monthly survey will open on 1 November 2018 for the October collection which is data from 1 September to 31 October 2018. The last monthly survey will be the January 2019 collection which will open from 1 February 2019. Data providers will be allowed 9 working days to provide monthly data.

Table 2 Vaccine uptake survey collection schedule 2018 to 2019

Survey Month	Data from 1 Sept 2018 up to date:	Survey opens on ImmForm	Survey end date
OCTOBER	Wed 31/10/2018	Thu 01/11/2018	Mon 12/11/2018
NOVEMBER	Fri 30/11/2018	Mon 03/12/2018	Thu 13/12/2018
DECEMBER	Mon 31/12/2018	Wed 02/01/2019	Mon 14/01/2019
JANUARY	Thu 31/01/2019	Fri 01/02/2019	Wed 13/02/2019

1.4 Reporting

Provisional national, local NHS England team, former area team and local authority level data will be published monthly at www.gov.uk/government/collections/vaccine-uptake.

A final end-of-campaign report will be published on GOV.UK once the data has been collected and validated by PHE, following the final closure of the influenza vaccine uptake campaign on ImmForm.

1.5 PHE Excel data collection tool

The 2018 to 2019 childhood influenza vaccination data collection tool developed by PHE for use in schools by school nursing services and other immunisation delivery teams to monitor vaccination delivery will be distributed in August 2018.

The tool has been modified from last influenza season (2017 to 2018) to reflect the 2018 to 2019 influenza season ImmForm data collection requirements. Data is entered either at:

- 1) Individual child level.
- 2) School-level.

This data is then automatically aggregated into school-level and/or local authority level uptake data. The aggregate local authority level data can be used to populate the ImmForm survey on a monthly basis.

The data collection tool is designed to standardise data collection at a local level. While this tool is not mandatory, it is highly encouraged that the tool be used to ensure the consistency and quality of data collected. School level data can then be returned to PHE at the end of the season. [See section 1.6](#).

For queries regarding the tool please contact ChildFluVac@phe.gov.uk.

1.6 End of season school level data collection

At the end of the influenza season (spring/summer 2019) we will be asking for school level cumulative vaccination session data for each school participating in the child influenza programme based on the PHE Excel data collection tool. This is not a mandatory collection. However, we appreciate any help.

The data items we will be requesting for each school by individual year group are firstly the denominator (ie total number of students eligible for the vaccine) and total number of students vaccinated with influenza. Then, based on what's available locally, for each school by year group, data collected on consents/refusals, contraindications and adverse events. (Note: we will not be requesting any patient identifiable information).

Data can be returned using the data collection tool provided by PHE at the beginning of the season or your local data collection method.

ImmForm

ImmForm (www.immform.dh.gov.uk) provides a secure platform for vaccine uptake data collection for several immunisation surveys, including the healthcare workers and seasonal influenza GP vaccine uptake surveys. ImmForm is a service for NHS customers provided by PHE. ImmForm is easy to access, is password protected and allows NHS England teams and trusts to analyse and review their own vaccine uptake data.

The screenshot shows the ImmForm login interface. It features a blue header bar with the word 'LOG ON' in white. Below this is a light blue form area. On the left, there are two text input fields: one for 'User name:' and one for 'Password:'. To the right of the 'User name:' field is a small checkbox labeled 'Stay logged in on this computer'. At the bottom of the form are three buttons: a grey 'Log on' button, a blue 'Forgotten password' link, and a blue 'Register for an Account' link.

2.1 Accessing ImmForm

Local teams should ensure that appropriate team members have access to the ImmForm website for the child influenza vaccination collections. ImmForm can be accessed via www.immform.dh.gov.uk using existing logins and passwords. Currently ImmForm is designed and tested to work with Internet Explorer and Chrome. Please note you must use Internet Explorer version 11 and above to access ImmForm. Only those who require influenza vaccine uptake data for operational

purposes will be given access to ImmForm, for all other data requests, please email ChildFluVac@phe.gov.uk.

For more information about how to register and use ImmForm, please refer to the following ImmForm help sheets published at:
www.gov.uk/government/collections/immform.

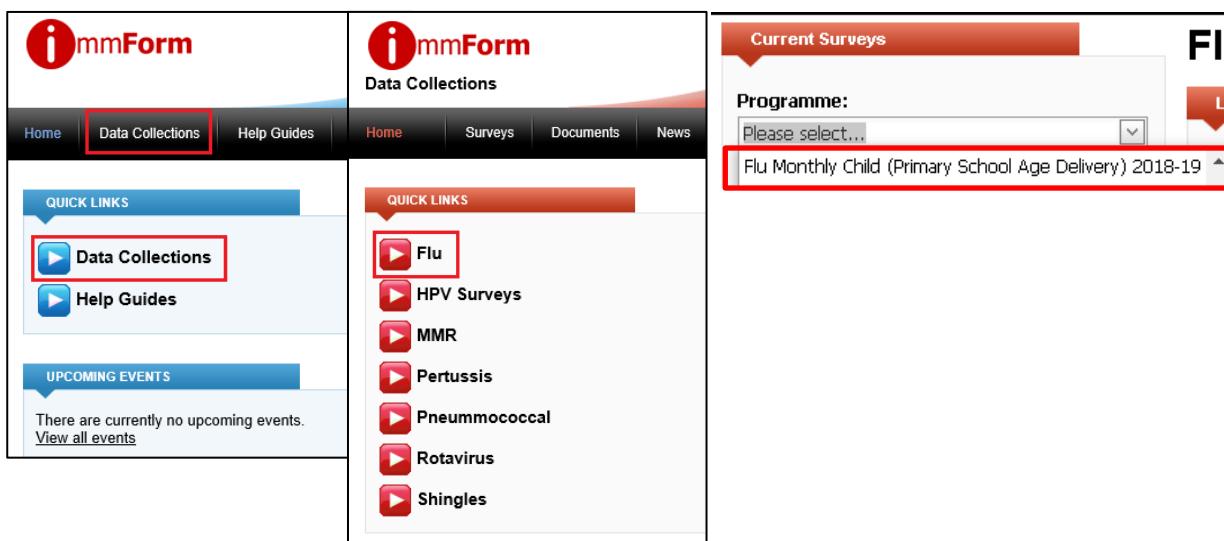
Please make sure you enter the password correctly, as it is case sensitive. Please ensure there are no spaces after or before the password, especially if you copy and paste in the password.

The ImmForm helpdesk can be contacted via telephone on 0844 376 0040 or by emailing:
helpdesk@immform.org.uk.

Submitting data on ImmForm

2.2 Selecting the correct survey

1. Enter login details to access ImmForm. Once you have successfully logged in, you will need to select the correct survey.
2. On the home page, select ‘Data Collections’.
3. Select ‘Flu’ and the survey you want, in this case ‘Flu Monthly Child’ (Primary School Age Delivery).



4. Select the correct survey month, and follow the hierarchy from HPA ->England-> Regional Team->Local NHSE Team->Former Area Team (AT)->Local Authority (LA).

During the campaign, as each survey month opens and closes, the page will default to the current month's survey. To view any data entered for any specific month, this can be accessed by clicking on the previous months listed in the left-hand column.

2.3 Entering and amending data

You will be presented with a data entry survey page for 2018 to 2019

1. Indicate whether you are a non-pilot area (vaccinating children in years reception – five) or a pilot area (vaccinating children in years reception - six).
2. Continue to section 2 of the survey form. Fields that you should not be entering data in will be greyed out and the figures in these fields will be automatically calculated.

Please note that the **Total no. of eligible children in the LA geography (ACTUAL)** should reflect all children that are eligible for the vaccine within the LA.

The **Total no. of eligible children offered vaccination in VISITED SCHOOLS ONLY since 1 September 2018** should reflect the total number of children that have been visited in schools up to the date of the survey.

3. Denominators for each year group cohort are prefilled. You can enter amended denominators during the first survey month and throughout the season. If the % difference in between the PROVISIONAL and the ACTUAL denominator is greater than 5%, please explain why in the textbox.

If using the PHE data collection tool, you must prefill all of the schools within the LA. Please note that the data collection tool is based on Department of Education figures and will not include children home schooled or in other school settings (ie private schools). For more information about the data collection tool please read the Data Collection Tool User Guide.

4. The PROVISIONAL total number of eligible children in the LA geography for the Reception cohort will be the same as the Year one cohort and will therefore need to be corrected. The Year one cohort estimates are the closest estimates we can get for the Reception cohort. See the Frequently asked questions 8.

5. Enter the number of children in each year group cohort vaccinated with at least one dose of influenza since 1 September 2018.

1. Is your team participating in the pilot or non-pilot programme?											
2. Seasonal flu vaccine uptake summary data											
Cohort	Denominator (Total no. of eligible children in the LA geography) i					No. of children vaccinated with influenza vaccine since September School					
	Total no. of eligible children in the LA geography (PROVISIONAL) i	Total no. of eligible children in the LA geography (ACTUAL) i	% difference between provisional and actual denominator if amended	Reason for changing the denominator if % difference is more than +/- 5% (column to the left)	Total no. of eligible children offered vaccination in VISITED SCHOOLS ONLY since 1 September 2018 i	Total no. of children vaccinated with influenza vaccine in school i	Breakdown (Optional)	Live attenuated intranasal influenza vaccine (LAIV)	Inactivated intramuscular influenza vaccine (IIV)	% Uptake	% Uptake (school visited only)
Reception 4 - 5 Year Olds, Birth Cohort: 1 September 2013 - 31 August 2014	1979		--	i						--	--
Year 1 5 - 6 Year Olds, Birth Cohort: 1 September 2012 - 31 August 2013	1979		--	i						--	--
Year 2 6 - 7 Year Olds, Birth Cohort: 1 September 2011 - 31 August 2012	1997		--	i						--	--
Year 3 7-8 Year Olds, Birth Cohort: 1 September 2010 - 31 August 2011	1989		--	i						--	--
Year 4 8-9 Year Olds, Birth Cohort: 1 September 2009 - 31 August 2010	1928		--	i						--	--
Year 5 9-10 Year Olds, Birth Cohort: 1 September 2008 - 31 August 2009	1918		--	i						--	--
Year 6 (PILOT AREAS ONLY) 10-11 Year Olds, Birth Cohort: 1 September 2007 - 31 August 2008	1902		--	i						--	--
Total	13692	0	--		0	0	0	0	0	--	--

6. Entering the number of children in each year group cohort vaccinated with at least one dose of Live Attenuated Influenza Vaccine (LAIV) and – Inactivated Intramuscular Influenza Vaccine (IIV) since 1 September 2018 is optional for non-pilot areas and mandatory for pilot areas.

7. Children who were vaccinated at a GP practice, pharmacy or in another setting should be entered in the appropriate columns.

2018 (cumulative)								
General Practice			Pharmacy/Other			Cohort Totals		
Total no. of children vaccinated with influenza vaccine in GP practice 	Breakdown (Optional)		% Uptake	Total no. of children vaccinated with influenza vaccine in pharmacy 	Breakdown (Optional)		% Uptake	Total no. of children vaccinated with influenza vaccine
	Live attenuated intranasal influenza vaccine (LAIV)	Inactivated intramuscular influenza vaccine (IIV)			Live attenuated intranasal influenza vaccine (LAIV)	Inactivated intramuscular influenza vaccine (IIV)		
			--				--	0
			--				--	0
			--				--	0
			--				--	0
			--				--	0
			--				--	0
			--				--	0
0	0	0	--	0	0	0	--	0

8. The total number of children vaccinated with the influenza vaccine and the vaccine uptake (%) is calculated in the final 2 columns of the tool.

9. An additional 5 questions (3 mandatory highlighted in blue and 2 optional highlighted in pink) have been added to the survey this year.

10. Question 3:

3. Were at risk children offered the influenza vaccine at school?

Yes

No

Yes- They were offered the vaccine (IIV or LAIV) and did not need to see the GP for the vaccine.

No- These children went to the GP to get their vaccine.

11. Question 4:

4. Was there any out of school mop-up activity since 1 September 2018?

- Yes (Go to Q5 and Q6)
- No (Go to Q7)

Yes - There was out of school mop-up activity (ie in pharmacies, GP practices or community centres) – Please go to question 5 and 6.

No – There was no mop-up activity outside of schools. All mop-up clinics occurred in schools OR there were no mop-up clinics in the LA. – Please go to question 7.

12. Question 5: Please select all that apply.

5. Where did mop-up clinics take place? (Select all that Apply) (Optional)

- General Practice
- Pharmacy
- Other Settings

General Practices - (where children went to a GP or their own GP for the vaccination).

Pharmacy - (where a pharmacy offered a vaccine catch-up clinic for children who were not vaccinated during the school campaign).

Other settings - (ie in community centres).

13. Question 6

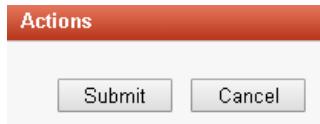
6. How many mop-up clinics have taken place since 1 September 2018? (Optional)

14. Remember to indicate if the vaccination campaign has ended in this particular LA.

7. Your seasonal flu vaccination campaign status?

- We have finished our vaccination campaign so these data can be regarded as final.
- Our vaccination campaign is still in progress; we will provide updated data next month.

15. Once the survey is complete, select submit.



Where errors have occurred, instructions regarding the fields requiring further attention will be shown by a red asterisk next to the fields that failed the data validation checks and will require amending. Once you have entered the data, click on 'Submit' at the bottom of the page and, if successful, a confirmation page will be displayed.

Frequently asked questions

Those required to submit monthly data to ImmForm.

The responsibility of data submission to ImmForm is to be decided by local NHS England teams, with overall co-ordination at the regional level.

The ImmForm survey to be selected to submit data.

Childhood Influenza Vaccine Uptake Programme 2018/19 – Primary school age delivery.

The use of the PHE childhood influenza vaccination data collection tool.

The PHE childhood influenza vaccination data collection tool was designed to standardise data collection at a local level across all local sites. While the Excel tool is not mandatory, it is highly encouraged that the tool be used by providers during vaccination sessions to ensure the consistency and quality of data collected. The tool can be used to generate accurate, standardised aggregate data at local authority level that is submitted to ImmForm for the monthly data submissions.

Collecting individual school level data at the end of the season.

As done in the previous season, we will be asking for school-level cumulative vaccination data at the end of the season (Spring 2019) for each school participating in the child influenza programme. Although this collection is not mandatory, the in-depth analysis of data helps us to understand factors underpinning influenza vaccine uptake which may be used to enhance development of targeted services to improve low uptake rates. Results are released in a detailed report on the PHE website.

The data items we will be requesting for each school by year group (note years reception-5 in non-pilot areas and reception-6 in pilot areas, by separate year group and not merged) are:

The denominator (total number of children offered vaccination ie school roll) and The numerator (total number of children that have received the influenza vaccine since 1 September 2018).

Data collected on consents/refusals, contraindications and adverse events, based on what's available locally, for each school by year group.

We will not be requesting any individual level data.

Collecting school level uptake figures will allow for a more granular data analysis post season, as well as ensuring data quality from school level up to LA, AT and National level aggregate data.

Upload to ImmForm for vaccinations delivered to children of reception to year 5 through a GP practice model.

We will only be extracting uptake figures automatically for local authorities that will be delivering the vaccine to children in school years reception, 1, 2, 3 and 4 through a GP model ONLY.

Although the GP survey has expanded to extract ‘vaccinations given in schools’, there are known data recording issues and, therefore, it will remain experimental. There is no read code for ‘vaccination given in schools’ and the data is collected based on an assumption, therefore, we will still need to collect data manually for local authorities in whom vaccines are being delivered through schools.

Correcting the denominators displayed on the ImmForm surveys if they are incorrect.

Yes. Pre-filled denominators on the total number of eligible children in the LA geography can be amended throughout the season (based on 2017 school census data released in 2018) – the survey requires an explanation for any changes to pre-filled denominators. We encourage teams to provide accurate denominators as soon as possible.

Reason for the reception denominator being the same as the denominator for the year one cohort on ImmForm.

The pre-filled denominators are based on the school-roll from schools, pupils and their characteristics National Statistics from January 2018 found here. The number of students in each Local Authority is used to predict the denominators for the following year (ie The number of students in reception in January 2018 will be used to predict the number of students in year 1 starting September 2018). Since the reception cohort cannot be based on an earlier age cohort, we have used the reception figures from the January 2018 national statistics for the reception cohort as well as for the year 1 cohort.

Using multiple data sources to identify eligible school age cohorts (ie CHIS).

Some data providers will only indicate children that have returned information on their vaccination status in consent forms through schools (using the school rolls). Other providers may choose to use multiple sources to identify eligible children depending on the characteristics of the population. Each area must be satisfied with their own methodology used to identify the eligible cohorts (and ensure that they are not double counting or missing children who are educated at home or who have been previously vaccinated in GPs/ pharmacies).

The unit of collection for this survey, is school levels, therefore it is recommended to use at least the school rolls. We advise that children vaccinated in a school in one LA and residing in another LA should be counted in the LA where they attend school.

Contacts

Childhood influenza vaccine programme uptake survey queries

If you have any questions regarding the childhood influenza vaccine uptake data collection process that are not addressed in the guidance, please use the feedback email function on the ImmForm website or email ChildFluVac@phe.gov.uk.

Every attempt is made to respond to all queries received via this mailbox as quickly as possible. Please bear in mind that there is sometimes a large volume of calls and email queries received particularly during the early weeks of the survey. As a result, there may be delays in getting back to recipients.

Login and password reminders

If you have registered and used ImmForm in previous seasons, it is likely that your login will still be valid. You can request a password reminder directly from ImmForm.

ImmForm support and registering new contacts

For ImmForm support, to register new contacts, and to provide general ImmForm feedback, please contact: helpdesk@immform.org.uk.

For queries about new programmes general implementation issues and miscellaneous vaccination questions please email the PHE mailbox at: immunisation@phe.gov.uk.

Appendices

Appendix A: Childhood Influenza Vaccination Collection 2018 to 2019-ImmForm Dataset

1. Is your team participating in the pilot or non-pilot programme?

- NonPilot (Receipt in Year 5)
- Pilot (Receipt in Year 6)

Cohort	Denominator (total no. of eligible children in the EA geography) (i)	No. of children vaccinated with influenza vaccine since September 2018 (cumulative)												Cohort Totals											
		School				General Practice				Pharmacy/Other				Cohort Totals											
		Total no. of children vaccinated in school (i)	Breakdown (Optional)	% Uptake	% Uptake (school visited only)	Total no. of children vaccinated with influenza vaccine in GP Practice (i)	Breakdown (Optional)	% Uptake	Total no. of children vaccinated with influenza vaccine in pharmacy (i)	Breakdown (Optional)	% Uptake	Total no. of children vaccinated with influenza vaccine	% Uptake	Total no. of children vaccinated with influenza vaccine	% Uptake	Total no. of children vaccinated with influenza vaccine	% Uptake	Total no. of children vaccinated with influenza vaccine	% Uptake	Total no. of children vaccinated with influenza vaccine	% Uptake	Total no. of children vaccinated with influenza vaccine	% Uptake		
Reception 4-5 Year Olds, Birth Cohort: 1 September 2013 - 31 August 2014	2857		--	(i)																					
Year 1 5-6 Year Olds, Birth Cohort: 1 September 2012 - 31 August 2013	2857		--	(i)																					
Year 2 6-7 Year Olds, Birth Cohort: 1 September 2011 - 31 August 2012	2893		--	(i)																					
Year 3 7-8 Year Olds, Birth Cohort: 1 September 2010 - 31 August 2011	2705		--	(i)																					
Year 4 8-9 Year Olds, Birth Cohort: 1 September 2009 - 31 August 2010	2665		--	(i)																					
Year 5 9-10 Year Olds, Birth Cohort: 1 September 2008 - 31 August 2009	2664		--	(i)																					
Total	16648	0	--		0	0	0	0	0	--	--	0	0	0	--	0	0	0	--	0	0	0	--	0	--

3. Were at risk children offered the influenza vaccine at school?

- Yes
- No

4. Was there any out of school map-up activity since 1 September 2018?

- Yes (Go to Q5 and Q6)
- No (Go to Q7)

5. Where did map-up clinics take place? (Select all that Apply) [Optional]

- General Practice
- Pharmacy
- Other Setting

6. How many map-up clinics have taken place since 1 September 2018? [Optional]

7. Your seasonal flu vaccination campaign status?

- We have finished our vaccination campaign so these data can be regarded as final.
- Our vaccination campaign is still in progress, we will provide updated data next month.

Comments

Appendix B: Childhood Influenza Vaccination Programme-ImmForm

Dataset variables

1. School-based delivery



	Variable	Description
Denominators	Total no. of eligible children in the LA geography (PROVISIONAL) <i>Pre-filled number</i>	<p>The PROVISIONAL denominator is pre-filled and based on the January 2018 Department of Education school census figures and is therefore only a PROVISIONAL estimate of the total no. of children eligible for influenza vaccination in the LA geography as it does not include special schools or children schooled at home.</p> <p>This denominator should be updated with the Actual denominator.</p>
	Total no. of eligible children in the LA geography (ACTUAL)	<p>The ACTUAL denominator will replace the PROVISIONAL denominator and should reflect the total no. of children eligible for influenza vaccination in the LA geography AND children educated out of school in the LA geography, defined by child age at 1 September 2018 using local education authority (LEA) population figures (ie school roll).</p> <p>For more information on denominators please see question 9 in the FAQs.</p> <p>If the difference between the ACTUAL and PROVISIONAL denominator differs +/- 5%, an explanation for changing the denominator must be provided.</p> <p>Areas should use the school rolls to calculate their denominator and include children in the following school settings:</p> <ul style="list-style-type: none"> • All schools managed by a LA, including/as well as independent and faith schools • Schools managed by voluntary or private agents • Grant maintained schools • Pupil referral units • Secure units • Residential units • Schooled at home
	Total no. of eligible children offered vaccination in VISITED SCHOOLS ONLY since 1 September 2018	<p>This denominator is used to monitor vaccine uptake in visited schools only, and should therefore reflect the total no. of eligible children that have been offered influenza vaccination in visited schools only, since 1 September 2018 up to the end of the reporting period.</p>
School numerator	Total no. of children vaccinated with influenza vaccine in school	<p>This is the total number of children in the respective eligible age cohorts that have received at least one dose of influenza vaccine since 1 September 2018 in school.</p> <p>The Optional Breakdown is used identify the type of influenza vaccine given ie Live attenuated intranasal influenza vaccine (LAIV) or Inactivated intramuscular influenza vaccine (IIV).</p>

GP numerator	Total no. of children vaccinated with influenza vaccine in GP practice	This is the total number of children in the respective eligible age cohorts that have received at least one dose of influenza vaccine since 1 September 2018 in General Practice. The Optional Breakdown is used identify the type of influenza vaccine given ie Live attenuated intranasal influenza vaccine (LAIV) or Inactivated intramuscular influenza vaccine (IIV).
Pharmacy numerator	Total no. of children vaccinated with influenza vaccine in pharmacy	This is the total number of children in the respective eligible age cohorts that have received at least one dose of influenza vaccine since 1 September 2018 in Pharmacy. The Optional Breakdown is used identify the type of influenza vaccine given ie Live attenuated intranasal influenza vaccine (LAIV) or Inactivated intramuscular influenza vaccine (IIV).
Total numerator	Total no. of children vaccinated with influenza vaccine <i>Automatically calculated</i>	This is the total number of children in the respective eligible age cohort that have received at least one dose of influenza vaccine from 1 September 2018 in school, pharmacy, and general practice.

2. GP delivery



For LAs following a GP delivery model only, data will be extracted from the ImmForm GP influenza survey at LA level. Data are originally submitted at GP practice level and then aggregated at LA level by GP postcode for reporting purposes.

3. Pharmacy delivery



There are no LAs using pharmacies as a main mode of delivery. As a result, there will be no data collection tool for pharmacies. Pharmacy vaccinations in areas where there is a school-based delivery model will be accounted for in pharmacy section of the school-based delivery survey. Pharmacy vaccinations in areas where there is a GP delivery model, uptake will be accessed through GP records.