



# **C19 National Foresight Group: Report Rationale to Extend the Flu Vaccination to All Frontline Workers for 2020 and 2021 17/09/20**

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## **Context**

This paper sets out the rationale and importance of expanding the influenza vaccine for 2020, 2021 and possible years thereafter, until a time that those suspected of displaying symptoms of Covid-19 do not have to self-isolate.

## **Rationale**

This paper sets out the compelling arguments for why the flu vaccine should be extended to include frontline staff as well as healthcare staff. Although predominately focussed on influenza vaccine, the Green Book (page 84) states the rationale for immunising frontline staff:

*“Any vaccine-preventable disease that is transmissible from person to person poses a risk to both healthcare professionals and their patients. Healthcare workers have a duty of care towards their patients which includes taking reasonable precautions to protect them from communicable diseases. Immunisation of healthcare and laboratory workers may therefore:*

- *protect the individual and their family from an occupationally-acquired infection*
- *protect patients and service users, including vulnerable patients who may not respond well to their own immunisation*
- *protect other healthcare and laboratory staff*
- *allow for the efficient running of services without disruption.”*

The same source (p.85) goes on to outline the objective of occupational immunisation of healthcare staff is to:

*“protect workers at high risk of exposure and their families, to protect patients and other staff from exposure to infected workers, and to sustain the workforce.”*

In the context of Covid-19 the influenza vaccine sits within a context of a wider duty of care towards the public to ensure that the efficient running of services without disruption takes place during the life of the pandemic. Ensuring the running of essential, emergency, community services and critical infrastructure should be a primary objective of central government. Maintaining community provision should be an imperative. This is critical because the societal-wide impacts of Covid-19 has caused a shift in the baseline of the social fabric with which communities and community services can withstand further risks. The consequence includes a greater need to protect all essential and emergency services and critical infrastructure to allow communities and their resources to operate during the pandemic.

## **Conclusion**

It is essential to deliver our duty of care towards the public to ensure that the running of services occurs without disruption during the life of the pandemic due to depleted community energy and resources caused by Covid-19.

In a letter summarising changes to the influenza policy this year, the Chief Scientific Officer,



Head of PHE and Head of NHSE state

*“Flu vaccination is one of the most effective interventions we have to reduce pressure on the health and social care system this winter. We are currently seeing the impact of Covid-19 on the NHS and social care, and this coming winter we may be faced with co-circulation of Covid-19 and flu. We understand that planning this year is more challenging with the uncertainties of staff absences, and how long policies...will remain in place. However, it is more important than ever to make every effort to deliver flu vaccination.”* (paragraph 8, page 2 of the letter outlining ‘The national flu immunisation programme 2020/21’, dated 14<sup>th</sup> May 2020).

If this rationale is suitable for the health and social care system, why are we not expanding the provision for essential and emergency services to reduce the pressure across the whole system?

### **Conclusion**

The flu vaccination is one of the most effective interventions to reduce pressure on essential and emergency services and critical infrastructure this winter, but this can only be achieved if we include other essential and emergency workers.

Further evidence for this argument and rationale to protect the staff and running of services within the context of flu comes from page 10 of ‘*The national flu immunisation programme 2020 to 2021- update*’ (5<sup>th</sup> of August 2020),

*“Organisations should vaccinate all frontline health and social care workers, in order to meet their responsibility to protect their staff and patients and ensure the overall safe running of services.”*

The argument only strengthens widening the inclusion criteria in the context of the Covid-19 pandemic across other services and staff.

“Outbreaks of flu can occur in health and social care settings, and because flu is so contagious, staff, patients and residents are all at risk of infection”, this is stated in the NHS literature about who should have a flu vaccine (<https://www.nhs.uk/conditions/vaccinations/who-should-have-flu-vaccine/>). Assuming this premise, not widening the flu vaccine to include emergency and essential workers in the context of Covid-19 has serious risks and consequences for service provision. As flu circulates within the wider population and communities, this will include our essential and emergency services. As more individuals become ill and show the symptoms of flu, these will be so similar to Covid-19 symptoms that they will have to self-isolate for the recommended period of time. This was a priority concern from March 2020 onwards as the abstraction rates for emergency service personnel and other essential workers compromised the ability to provide essential services across the community. Unless emergency and essential workers are given the flu vaccine, the rates of abstraction will become unnecessarily inflated by the flu symptoms, rather than only being comprised of suspected Covid-19 symptoms.

The importance of planning for this has already been demonstrated with the current challenges and impact of the test and isolate policy on emergency services. With the current policy still a challenge, and the increasing numbers in the coming months who are experiencing flu like symptoms, this threatens the ability to provision essential service cover.

### **Conclusion**

The abstraction rates of essential and emergency services will be artificially inflated by flu symptoms. Through widening the flu vaccination, these will be more predictable and will make workforce planning easier whilst reducing the impact on service disruption.

When we consider the impact in this it is crucial that the rationale is worked out in a different way to traditional rationale’s for extending the flu vaccine. There has been a clear approach to assume that for every extra 1,000 people vaccinated, hospitalisations will be reduced by 1 flu



related admission (<https://www.nice.org.uk/guidance/ng103/evidence>, Health economics report). However, the economics, impacts and savings across the system should be considered, rather than just the health economics. If the yearly flu vaccine costs approximately £6.00 per vaccine unit and an estimated £203.5m in total in 2018, but saves approximately £12.2m-£28.9m in sick leave. This would be significantly higher this year for essential workers as displaying flu symptoms, the consequent self-isolating for that individual and their fellow essential workers also having to self-isolate increases this cost of sick leave in economic and capacity terms.

(Assumptions taken from 2018 from:

[https://ilcuk.org.uk/wp-content/uploads/2018/07/An\\_economic\\_analysis\\_of\\_flu\\_vaccination\\_-\\_ILC-UK.pdf](https://ilcuk.org.uk/wp-content/uploads/2018/07/An_economic_analysis_of_flu_vaccination_-_ILC-UK.pdf))

## Conclusion

Using a new economics model to explore the impact of staff sick leave on essential and emergency services, we are confident that the outcomes will conclude that there is clear evidence that the vaccine should be extended to include emergency and essential services whilst Covid-19 is present in the community.

When we consider who should be included, we can look to academic papers which have reviewed commonalities between the priority ranking of groups in pandemic vaccination plans. Straetemans, Buchholz, Reiter, Haas and Krause (2007) completed a study looking at the prioritization strategies for pandemic influenza vaccine in 27 countries of the European Union and the Global Health Security Action Group (2007). Although this looks at the immunisation strategy for an agnostic pandemic vaccine, the principles are the concept we are interested in here and in particular the rationale for the immunisation of certain groups.

*“Twenty-six (84%) countries had established at least one vaccine priority group. Most common reported vaccine priority groups were health care workers (HCW) (100%), essential service providers (ESP) (92%) and high-risk individuals (HRI) (92%). Ranking of at least one vaccine priority group was done by 17 (65%) of 26 countries. Fifteen (88%) of these 17 countries including a ranking strategy, decided that HCW with close contact to influenza patients should be vaccinated first; in most countries followed and/or ranked equally by ESP and subsequently HRI. Rationales for prioritization were provided by 22 (85%) of 26 countries that established vaccine priority groups.”*

The Health Care Workers (HCW) group were the most common subgroup and includes paramedics, ambulance and emergency services as well as in-patient health care workers. This was reflective of the UK plan at the time of publication of the article. The next subgroup is defined as Essential Service Providers (ESPs), who include local emergency decision makers and essential services, particularly those who are public facing.

They suggest that decisions for immunisation should be based on the emergency support function of an occupation ahead of citizens. The main reason of this priority was that a pandemic outbreak among ECWs would put the governability into jeopardy. Moreover, by coming into contact with vulnerable groups they might play a role in the transmission. Given these two aspects (the jeopardy of governability and playing a role in the spread) the rationale to reduce the transmission of both Covid-19 and seasonal flu becomes a priority in the role of duty of care.

## Conclusion

Decisions for who to include in the group to receive the flu vaccine should be based on the emergency support function of an occupation ahead of citizens, due to the reasons of protecting the governability and service provision across communities.



When considering the rationale of the vaccine priority group rankings, the category "To maintain infrastructure and health care system" includes rationales reported by all 22 countries who provided rationales. These were divided into two broad categories: maintenance of the work force and maintenance of essential community services".

It is this rationale we are in danger of not respecting should we not vaccinate our essential service staff (firefighters, police officers, emergency planners) this winter, as it is they who we have no replacement for and they who will then need to unnecessarily self-isolate for potential flu symptoms over the winter unnecessarily compromising the ability to deliver a stable and well-planned response to many challenges coming up in the winter months of 2020.

## Summary of Conclusions

- It is essential to deliver our duty of care towards the public to ensure that the running of services occurs without disruption during the life of the pandemic due to depleted community energy and resources caused by Covid-19.
- The flu vaccination is one of the most effective interventions to reduce pressure on essential and emergency services and critical infrastructure this winter, but this can only be achieved if we include other essential and emergency workers.
- The abstraction rates of essential and emergency services will be artificially inflated by flu symptoms. Through widening the flu vaccination, these will be more predictable and will make workforce planning easier whilst reducing the impact on service disruption.
- The new economics model of current abstraction and impacts across communities should be worked through to provide the costs and benefits of extending the vaccine to include essential and emergency service personnel.
- Decisions for who to include in the group to receive the flu vaccine should be based on the emergency support function of an occupation ahead of citizens, due to the reasons of protecting the governability and service provision across communities.

## Occupations included in the international review of vaccination plans

<b>Health Care Workers:</b>
Clinical laboratories, pharmacies
Paramedics, emergency services
Residential care homes for elderly
Social institutions (e.g. day care, "elderly houses")
Public health agencies/authorities
Long term health care facilities
Out-patient health care facilities
In-patient health care facilities
<b>Essential Service Providers:</b>
<i>Key persons in government, emergency response, defence and security</i>
Police



Armed forces
Fire fighters
Government
Emergency response decision makers
Border guards and custom officers
Defined national authorities
<i>Public Sector</i>
Utility workers (e.g. power, water, sewage system)
Funeral services/mortuary personnel
Transport (e.g. fuel, water, food, medical supplies)