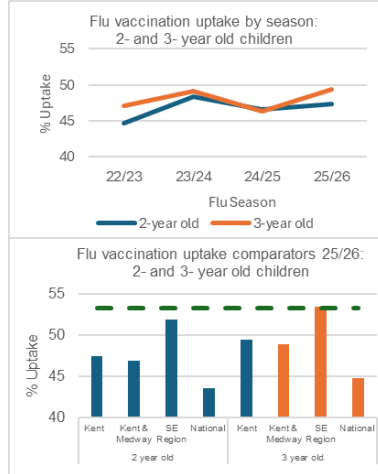


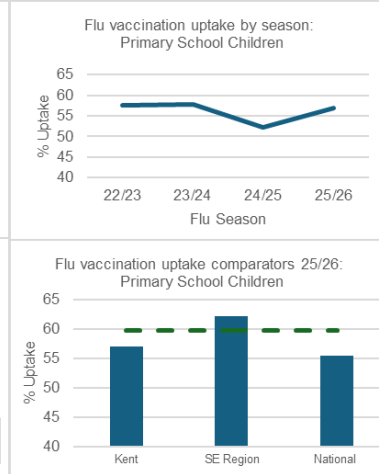
# Flu Vaccinations Uptake in Kent

## 1. Uptake of flu vaccinations according to cohort from 22/23 to 25/26

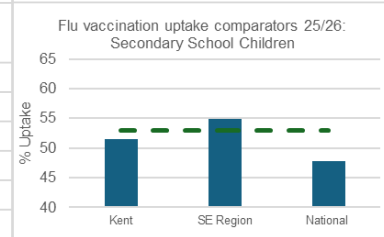
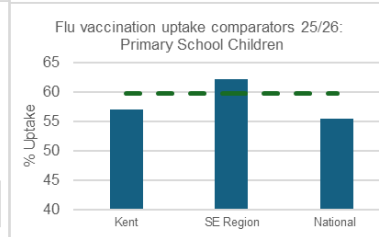
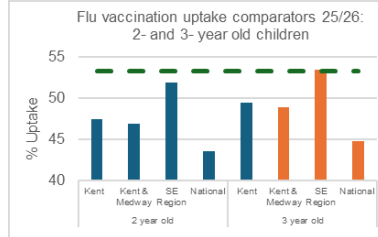
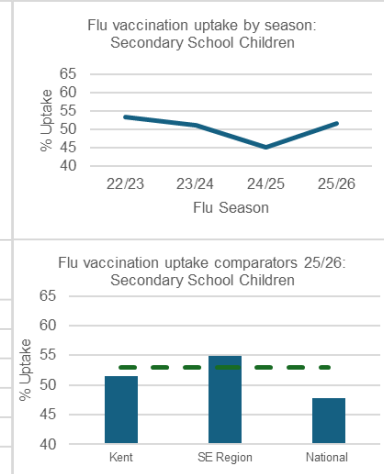
### 2 and 3 Yr old children



### Primary School



### Secondary School



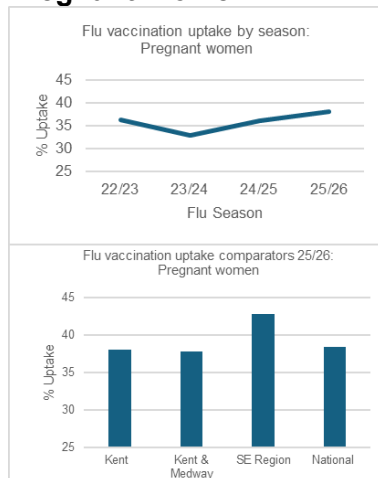
Kent LA school uptake data source:ImmForm

The uptake of flu vaccinations for 2 yr olds in Kent in 25/26 is 47.4% as compared to 46.6% in 24/25. The uptake for 3 yr olds also saw a slight increase in 25/26 as compared to 24/25, 49.4% as compared to 46.4%.

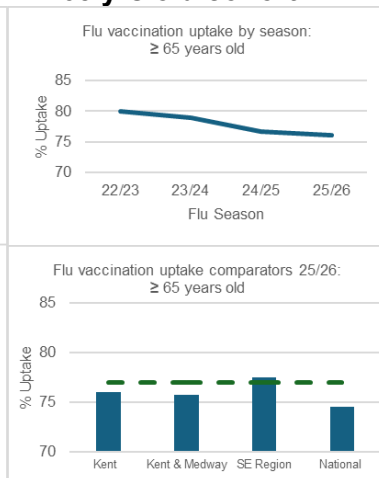
There has been an increase of 5% in the uptake in primary school aged children in 25/26. The uptake in 25/26 is 57% while it was 52% in 24/25.

There has been an increase of 7% in flu vaccination uptake in secondary school aged children in 25/26, 51.5% as compared to 45% in 24/25

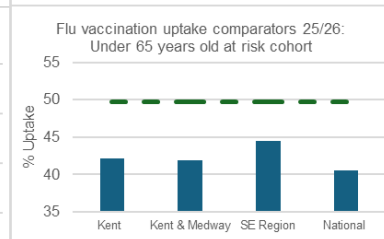
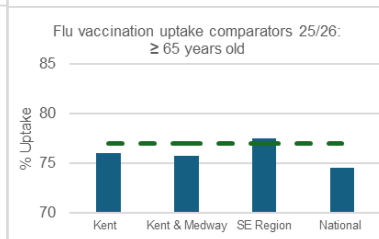
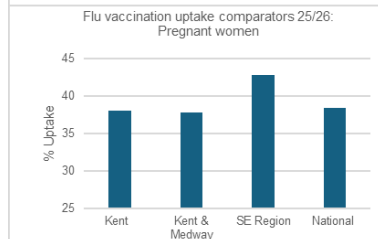
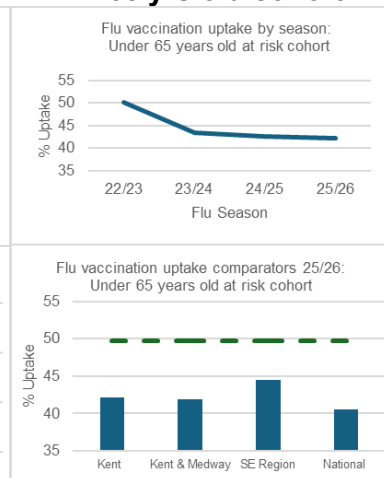
### Pregnant Women



### > 65 yrs old cohort



### <65 yrs old cohort



In 25/26 there has been an increase of 2% in uptake of flu vaccination in pregnant women 38.0% as compared to 24/25, 36%.

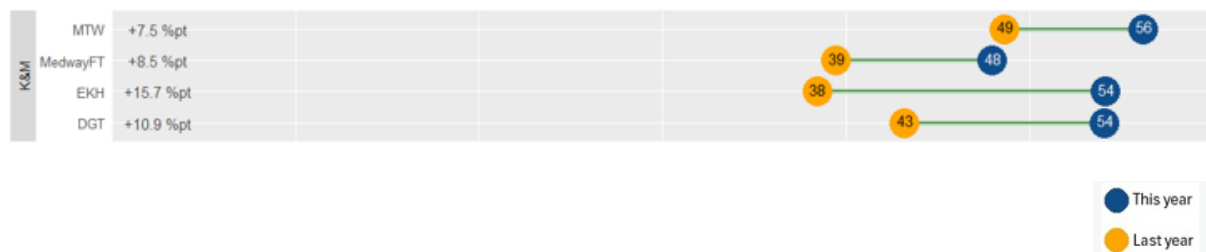
There has been a marginal increase in 25/26 in uptake of flu vaccination in individuals who are less than 65 yrs and in a clinical risk group. The uptake has gone up from 42.2% to 42.6%. There is wide variation in uptake between disease groups with 75.8% uptake among patients living with kidney disease compared to 27.9% of patients living with BMI >=40 and no other risk groups in 2025/26. This is a similar pattern each year.

There is also variation in patients in a clinical risk group who are a working age with 30.5% of 16 to 50 years being vaccinated compared to 50.5% of 50 – 65 years.

The only cohort that has seen a slight decrease in uptake of flu vaccination is the 65+ yrs cohort. There was a decrease of 0.6% in 25/26.

Large disparities in vaccination uptake between different ethnic groups remain.

### Hospital Frontline Clinical Healthcare Workers Vaccine Uptake in 2025/26 and change from 2024/25



Source: FDP *Vaccinations: Trust Performance Reporting - Frontline HCW – Vaccination Events up to 28-Feb-2026 Frontline Healthcare Workers in Acute Trusts* - this report shows Active, Substantive staff in one of the following staff groups: Medical & Dental, Nursing & Midwifery, Additional Clinical Services, Allied Health Professional ICB uptake values do not include ambulance trust data

There has been a marked improvement in uptake of flu vaccinations in frontline health care works in 25/26 as compared to 24/25. The biggest improvement of 15.7% points has been seen in East Kent Hospitals Trust.

## 2. Challenges in delivery of flu vaccinations and potential solutions

- Call for more effective information about eligibility and vaccine education.** From both providers and stakeholders there has been strong feedback that the top challenges for seasonal vaccination were patient concerns about the vaccine, and lack of awareness about eligibility. Actions are underway locally; however suggestion has been to step up national comms to educate the public with clear, proactive messages about eligibility and tackle misinformation with clear and more visible vaccine information. This includes information on safety and benefits for the pregnant cohort and specific targeted comms for the school aged cohorts

**Systems and policies are not optimal for Flu delivery.** GPs have raised concerns about the adverse impact of not being able to vaccinate any member of the public, and the financial risk attached to ordering their own stock. Community Pharmacies raised concerns about not having direct access to patient lists. Almost all providers raised concerns about late availability of PDGs, templates, searches and point of care systems generally. Maternity services noted logistical challenges in serving seldom-heard groups and limited capacity for training the workforce. Vaccine supply issues were noted at the start of the season with a widespread variation in the

numbers of vaccines ordered and the delivery dates to providers. Vaccination of long-term inpatients needs to be embedded within acute trust delivery as low numbers were offered vaccination in 2025/26. In addition, a coordinated approach to care home and housebound delivery is essential.

- **Workforce capacity is stretched, and more funding is needed across the programme.** The 25/26 funding levels and programme changes were felt to make delivery harder generally. Concerns were also raised about the clarifications about unregistered healthcare workers' role in taking consent.

### **3. The key lessons learnt and the impact on services**

- Aligning and simplifying eligibility and campaign dates
- Making policy changes to reduce contractual restrictions on providers e.g. to vaccinate patients registered elsewhere
- Streamlining processes and reducing admin
- Increasing funding for the programme
- Escalating need for timely PGD and training materials to UKHSA (especially for maternity) to enable programme to start on time
- Engendering vaccine confidence in the population via clearer messaging especially for key cohorts and lowest uptake groups
- Targeted comms early in the season, focusing on priority cohorts, may support practices to make improvements
- Early collaboration and planning with NHSE/ICB and other stakeholders
- Clear and consistent arrangements for the vaccination of the housebound and those resident in care homes
- National review of vaccine supply to reduce the risk of practices opting out of the flu vaccination programme due to the financial risk
- Ensuring system colleagues fully understand the consent process for vaccinations
- The majority of flu vaccination is delivered before the end of November which creates a burden on the system for a short period

### **4. What assurances we have for future winters.**

- Strong collaboration between NHSE/ICB and other stakeholders from previous years
- Clear guidance from the commissioner on the collaboration between providers and any sub-contracting arrangements
- Real time reporting available via FDP which allows for close monitoring of vaccination activity
- Vaccine stock reporting availability via FDP allows NHSE/ICB to have assurance there is sufficient vaccine stock in the system