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Evaluation of a messaging intervention for childhood influenza

Submission date
16/09/2026

Recruitment status
Recruiting

Registration date
06/10/2026

Overall study status
Ongoing

Last Edited
06/10/2026

Condition category
Infections and Infestations

[_] Prospectively registered
[_] Protocol
[_] Statistical analysis plan
[_] Results
[_] Individual participant data
[X] Record updated in last year

Plain English summary of protocol

Background and study aims
Flu can make children unwell and can spread easily between children, families and the wider community. Although flu vaccination is offered free to children in the UK, not all parents choose to have their child vaccinated. Previous research has shown that parents' decisions can be influenced by their beliefs about whether the flu vaccine is needed, as well as concerns they may have about vaccination.

The VIBES 2 study will test FluVax Facts, a digital information tool designed to help parents make informed decisions about their child's flu vaccination. The tool provides information tailored to parents' individual questions, doubts and concerns. The study will look at whether FluVax Facts affects parents' intentions and decisions about vaccination, as well as whether the tool is acceptable to parents and practical to use alongside school vaccination programmes.

Who can participate?
Parents and carers of children aged 4 to 11 years who attend a participating primary school. Head Teachers and members of local school immunisation teams involved with participating schools may also be invited for interview.

What does the study involve?
The study has two parts.
In the first part, parents will complete a short online questionnaire about their previous decisions about flu vaccination, their views about flu and the childhood flu vaccine, and some information about themselves and their child. The first questionnaire should take around 10 minutes.

Participating schools will be allocated to one of two groups. Parents at some schools will receive the normal information about childhood flu vaccination, while parents at other schools will also be given access to FluVax Facts. After the school vaccination day, parents will be asked to complete a second online questionnaire. This will ask about their vaccination decision, their views about vaccination and whether they saw or used FluVax Facts. Parents will receive a £10 Amazon voucher for each questionnaire they complete.

In the second part, a smaller number of parents will be invited to an online interview to talk about their experience of making a decision about flu vaccination and their views of FluVax Facts. Head Teachers and members of local immunisation teams will also be interviewed about how practical the approach is to use within school vaccination programmes. Interview participants will receive a £50 Amazon voucher as a thank you for their time.

What are the possible benefits and risks of participating?
Participants should not expect to benefit directly from taking part, apart from receiving a voucher to thank them for their time and, for those in the relevant group, having the opportunity to use FluVax Facts. The findings may help researchers improve the information and support available to parents making decisions about childhood flu vaccination in the future.
The study is considered low risk. The questionnaires are completed online, so there is little risk of physical harm. However, some people may find thinking or talking about previous experiences of vaccination or illness upsetting. Information about sources of support will be provided, and anyone taking part in an interview can pause or stop the interview if they wish.

The study has been reviewed and approved by the UCL School of Pharmacy Research Ethics Committee. As part of this review, the committee considered how the study will be carried out and the steps taken to protect people taking part, including informed consent, possible risks and burdens, participants' right to withdraw, and the protection of personal information.

Where is the study run from?
The study is being carried out in the West Midlands, working with participating primary schools. Most research activities, including the questionnaires and interviews, will take place online.

When is the study starting and how long will it run?
September 2026 to 30 May 2027, covering the 2026/27 childhood flu vaccination season.

Who is funding the study?
AstraZeneca UK through its Externally Sponsored Research programme.
Part of the NIHR Research Delivery Network Portfolio.

Who is the main contact?
Professor Will Carroll, Academic Department of Respiratory Paediatrics, University Hospitals of North Midlands NHS Trust, UK, will.carroll@nhs.net

Contact information

Type(s)
Scientific, Public, Principal investigator

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Additional identifiers

Integrated Research Application System (IRAS)
376091

Central Portfolio Management System (CPMS)
75753

Study information

Scientific Title
Evaluation of a messaging intervention for childhood influenza

Acronym
VIBES 2

Study objectives

Ethics approval required
Ethics approval required

Ethics approval(s)
Approved 29/09/2026, UCL School of Pharmacy Research Ethics Committee (UCL School of Pharmacy, 29-39 Brunswick Square, London, WC1N 1AX, United Kingdom; +44 (0)20 7753 5800; ethics@ucl.ac.uk), ref: Project ID: 5078

Primary study design
Interventional

Allocation
Randomized controlled trial

Masking
Open (masking not used)

Control
Active

Assignment
Parallel

Purpose
Prevention

Study type(s)

Health condition(s) or problem(s) studied
Childhood influenza

Interventions
The study will consist of two phases. This is led by UHNM and will initially involve 12-16 schools.

Schools will be sequentially allocated at the point of entry to the study (i.e. agreement to participate) using a randomly generated list to be either in intervention on control groups, using a permuted block size of 4. The intervention group will have access to the new digital objection handler (Fluvax Facts) and the control group will not.

Phase 1: a quantitative phase comprising a pilot cluster-randomised controlled trial (cRCT). Participating schools will be randomised to either receive FluVax Facts in addition to usual communications or continue with usual communications alone. Parents will complete questionnaires at baseline and follow-up to assess acceptability, feasibility and preliminary effectiveness.
1. Unit of randomisation = school
2. Allocation ratio = 1:1
3. Intervention schools = FluVax Facts + usual practice
3. Control schools = usual practice

Phase 2: a qualitative phase and will consist of an embedded process evaluation with parents (n = 15) and professional stakeholders (n = 5).
A mixed-methods approach will provide both quantitative evidence of acceptability, feasibility and effectiveness and qualitative insights into mechanisms of impact and routes to scalability.

Intervention Type
Behavioural

Primary outcome(s)
1. Parent-reported acceptability measured using a 5-point Likert scale at the end of the intervention, following exposure to FluVax Facts

Key secondary outcome(s)

Completion date
30/10/2027

Eligibility

Key inclusion criteria
Guardians of children aged 2-12 years

Healthy volunteers allowed
Yes

Age group
Mixed

Lower age limit
18 Years

Upper age limit

75 Years

Sex
All

Total final enrolment
0

Key exclusion criteria
Parent (or partner) employed by a manufacturer of vaccines available in the UK, or a member of the VIBES 2 study team

Date of first enrolment
01/09/2026

Date of final enrolment
30/05/2027

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
University Hospitals of North Midlands NHS Trust
Newcastle Road
Stoke-on-trent
England
ST4 6QG

Sponsor information

Organisation
University Hospitals of North Midlands NHS Trust

ROR
https://ror.org/03g47g866

Funder(s)

Funder type

Funder Name
AstraZeneca UK

Alternative Name(s)
AstraZeneca UK Limited, AZ

Funding Body Type
Private sector organisation

Funding Body Subtype
For-profit companies (industry)

Location
United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not expected to be made available