

FluSNIFF-Toddler: Driving Innovation and Access in Primary Care Research

An innovative national safety study delivered through NHS Primary Care.

About the Study

FluSNIFF is a large-scale national study testing the safety of a nasal flu spray (LAIV) in toddlers aged 12 to 23 months. The study is sponsored by University Hospital Southampton NHS Foundation Trust, supported by NIHR and the Oxford RCGP Research and Surveillance Centre, and delivered by uMed.

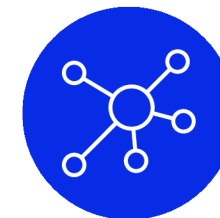
By working across over 147 NHS GP surgeries, the study targets the recruitment and IMP administration of 3,000 children across 2025 and 2026 flu seasons, representing one of the largest evaluations of flu vaccination safety in this age group to date.

Key Outcomes



1920

1920 consents across
147 practices in 7 weeks.



1200

Randomisations &
MP administrations
in 12 weeks.



3,600

parent surveys deployed
to collect patients
reported outcomes.



147

GPs onboarded, over 60%
of these GPs had never
participated in research
till FluSNIFF.



FluSNIFF
toddler

A new model for primary care research



FluSNIFF-TODDLER represents a transformative new model for research delivery through primary care. uMed supplied a dedicated nurse led help desk to support parents, carers or the sites themselves throughout study duration.

uMed has developed a simplified and streamlined approach to recruitment, IMP administration and data collection, which enables GPs to participate in clinical trials without adding burden to busy care teams.



The study demonstrates that large-scale research can be embedded seamlessly into NHS primary care, when underpinned by efficient processes and innovative technology.

uMed's unique capabilities	For GPs	For Sponsors
Automated patient identification via EHR records	Low burden. GPs confirm patient eligibility with 1-click	Rapid, targeted reach of a large volume of eligible patients. Significantly reduced study delivery timelines.
Multi-modal approach to contacting & consenting patients via SMS, email, and phone calls	Low burden. All contact & consent handled by uMed.	Consent rate of 11% (vs 2-3% in similar paediatric studies)
Automated electronic collection of patient reported outcomes from patient surveys and EHR	Appointments at GPs only required for IMP administration	Live safety and outcome monitoring
Intuitive GCP-compliant data entry system for collecting data at visits	Reduced appointment time and administrative burden.	Reliable, and complete data quality
Centralised patient support by uMed's internal Patient Support team	GPs are not burdened with routine study queries	Reduced drop off rates

To understand how uMed can access the custom data and insights required to accelerate your research, contact us at hello@umed.io