

From the Chief Medical Officer
Professor Sir Michael McBride



Department of
Health
An Roinn Sláinte
Mánnystrie O Poustie
www.health-ni.gov.uk

HSS(MD) 41/2022

For Action:

Chief Executives, Public Health Agency/HSC
Trusts/NIAS
Deputy Secretary SPPG
GP Medical Advisers, SPPG
All General Practitioners and GP Locums (for onward
distribution to practice staff)
SSPG Head of Pharmacy and Medicines Management
(for onward distribution to community pharmacies)

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Our Ref: HSS(MD) 41/2022

Date: 6 September 2022

Dear Colleague

SEASONAL INFLUENZA VACCINATION PROGRAMME 2022/23

ACTION REQUIRED

Public Flu Vaccination Programme

Chief Executives must ensure this information is drawn to the attention of all staff involved in the seasonal influenza vaccination programme, including:

- school health teams, health visitors, community children nurses, and paediatricians
- physicians managing patients with chronic medical conditions, oncologists, geriatricians, district nurses, treatment room nurses
- midwives, obstetricians
- Occupational Health Departments, Trust Peer Vaccinators

The SPPG must ensure this information is cascaded to all General Practitioners, practice managers and community pharmacies for onward distribution to all staff involved in the seasonal flu vaccination programme.

The RQIA must ensure this information is cascaded to all Independent Sector Care Homes for onward distribution to all staff involved in the seasonal flu programme.

Frontline Health and Social Care Worker Flu Vaccination Programme - including Independent Sector

Chief Executives should ensure all frontline staff are actively encouraged to receive the flu vaccine to help protect their families, themselves, their patients and the wider population.

The RQIA should actively encourage all Independent Sector Care Home staff to receive the flu vaccine via community pharmacy.

Introduction

1. Last year saw the roll out of the biggest HSC influenza vaccination programme ever, with the aim of offering protection to as many eligible people as possible during the coronavirus (COVID-19) pandemic. We would like to extend our thanks to all those involved for your hard work during very challenging times which led to some of the best flu vaccine uptake rates ever achieved with more people vaccinated than ever before.
2. As a result of non-pharmaceutical interventions in place for COVID-19 (such as mask-wearing, physical and social distancing, and restricted international travel) influenza activity levels were extremely low globally in 2021 to 2022. As a result, a lower level of population immunity against influenza is expected in 2022 to 2023.
3. Influenza vaccination is therefore an important priority this coming autumn to reduce morbidity and mortality associated with influenza, and to reduce hospitalisations during a time when the HSC may also be managing winter outbreaks of COVID-19.
4. We do not underestimate the challenges involved in delivering the flu programme to tens of thousands of children and adults over a short period, while ensuring public health measures are adhered to, but it is essential that we achieve as high an uptake rate as possible.
5. Planning for influenza vaccination should continue as usual for this autumn but, where possible, it is recommended that co-administration with COVID-19 vaccination for those eligible for both vaccinations should be encouraged, and all adult vaccinations should be recorded on the Vaccine Management System.

Eligibility

6. Eligible cohorts for flu vaccination are based on the advice of the Joint Committee on Vaccinations and Immunisations. The programme aims to provide direct protection to those who are at higher risk of influenza associated morbidity and mortality and to reduce transmission to all age groups through the vaccination of children.
7. This letter provides information on the 22/23 flu programme and updates the information provided in HSS (MD) 16/2022 letter dated 20 April 2022 regarding the cohorts eligible for influenza vaccination.
8. Those eligible for HSC flu vaccine in 2022/23 are:
 - all preschool children aged 2 to 4 years on 1 September 2022
 - all primary and secondary (up to and including year 12) school children
 - those aged six months to under 65 years in clinical risk groups (as defined by the influenza chapter in 'Immunisation against infectious disease' (the 'Green Book')

- those aged 50 years and over on 31 March 2023 (i.e. born on or before 31 March 1973)
- pregnant women
- those in long-stay residential care homes
- carers
- close contacts of immunocompromised individuals
- frontline¹ health and social care workers (HSCWs) employed by:
 - Health and Social Care Trusts including NIAS
 - community HSC providers including GP practices, pharmacies, dentists, optometrists
 - registered independent sector residential care or nursing home
 - registered domiciliary care providers
 - voluntary managed hospice providers

9. Please see Annex 6 for the delivery model for the eligible cohorts.

Information relating to the various parts of the programme are set out in the attached annexes as follows:

- Annex 1 – Vaccines available
- Annex 2 – Funding, ordering, training and consent
- Annex 3 - Clinical risk groups
- Annex 4 – Health and Social Care Workers
- Annex 5 – How to order vaccine
- Annex 6 – Vaccine delivery model

Flu vaccines available in 2022/23

10. Influenza viruses change continuously and the World Health Organization (WHO) monitors the epidemiology of influenza viruses throughout the world, making recommendations about the strains to be included in vaccine with [recommendations now confirmed for 2022 to 2023](#). This process has been far more difficult and potentially less precise since early 2020 due to far fewer influenza viruses isolated and analysed worldwide.

In summary, the recommended vaccines are:

- **for those aged 65 years and over** an adjuvanted Quadrivalent Inactivated Vaccine (aQIV). The aQIV is more effective and cost-effective in the elderly than non-adjuvanted vaccines and reflects current JCVI advice and Green Book guidance.
- **For under-65s (including those in at risk groups aged 2 years and over and pregnant women)** offer a Quadrivalent Inactivated Vaccine (cell-based) (QIVc). **Children over 2 years of age** may also receive QIVc if they have a contraindication to Live Attenuated Influenza Vaccine (LAIV). This reflects current JCVI advice and Green Book guidance.
- A Live Attenuated Influenza Vaccine (LAIV) (Fluenz Tetra®) as first line for eligible children **aged two years up to less than 18 years, except those**

¹ Chapter 14a of the Green Book provides information on what groups can be considered as directly involved in delivering care and is available at: Green Book: Chapter 14a COVID-19.

with contraindications such as immunodeficiency, severe asthma or active wheezing.

- Children in clinical risk groups aged **6 months to less than 2 years** should be offered Quadrivalent Inactivated Vaccine (egg-based) QIVe.
- None of the influenza vaccines contain thiomersal as an added preservative. Some influenza vaccines are restricted for use in particular age groups. The advice and contraindications and precautions sections in the Green Book influenza chapter and in the relevant Summary of Product Characteristics should be referred to.

Children's vaccination programme

11. This year the school based vaccination programme will include **all young people in academic years 8 to 12** of secondary school i.e. those born between 2 July 2006 and 1 July 2011.
12. School Health teams **will actively call and offer** the flu vaccine to **all children (including those in a clinical risk group) attending primary school, special school and years 8-12 of secondary school** during the 2022/23 academic year i.e. those born between 2 July 2006 to 1 July 2018.
13. School teams prioritise special schools for early vaccinations. Children in a clinical risk group that attend a mainstream school should receive their vaccine through the normal school health team arrangements. However, if there is high parental anxiety about a child in one of the clinical risk groups with **higher risk of disease** and where the **school vaccine visit is scheduled later in the season** (i.e. after end of November) or if flu starts to circulate earlier than previous sessions, GPs (or their paediatrician if they attend the hospital during the early season) are asked to facilitate where possible earlier vaccination if requested. Please see [Chapter 19 of the Green Book, table 19.1](#), for relative risk rates of clinical risk groups in flu.
14. GPs **should actively call and** offer flu vaccine to **all pre-school children aged two years or more on the 1 September 2022 i.e. those born between 2 July 2018 and 1 September 2020, as early as possible**, once they take delivery of the Fluenz Tetra® vaccine. We would urge that an increased effort is given to the vaccination of pre-school children to ensure uptake is maximised.
15. Should a child miss their offer of a vaccine in school (either through the original planned clinic or mop up), GPs should offer flu vaccine to children registered in their practice, if required.
16. GPs **should actively call** any young people aged 16 and 17 who are in a clinical risk group and who are born before 2 July 2006. These young people should be directed to Trust centres for co-administration of COVID and flu vaccination (injectable) and informed that they can be offered nasal flu vaccine but not COVID-19 vaccine within the practice. This includes young people from 16 years of age with morbid obesity. Children and young people with chronic neurological disease should be prioritised.
17. Children in at-risk groups for whom LAIV is unsuitable, and healthy children whose parents object to LAIV on the grounds of its porcine gelatine content, should be offered the injectable cell-based Quadrivalent Influenza Vaccine (QIVc) if aged

2 years to less than 18 years. As QIVc will not be available from school nursing teams GPs should facilitate this on request.

18. Children aged 6 months to less than 2 years should be offered egg-grown quadrivalent influenza vaccine (QIVe). The Joint Committee on Vaccination and Immunisation (JCVI) has advised that egg-allergic children aged less than 2 years can be offered the quadrivalent inactivated egg-free vaccine, QIVc (Flucelvax® TETRA). This is an off-label recommendation which is supported by unpublished data which shows non inferiority of immunogenicity and a very similar safety profile for QIVc compared with QIVe in children less than 2 years old.

Adults' vaccination programme

19. Flu causes significant morbidity and mortality in adults with chronic medical conditions. The benefits of influenza vaccination among all eligible groups should be communicated and vaccination made as accessible as possible. **GPs should actively call all patients aged 50 and over (anyone who will be 50 years of age or over by 31 March 2023) and any eligible patients under 50 years old** for flu vaccine. All secondary care staff involved in the patient care of these individuals should actively encourage their patient at every contact to receive the flu vaccine.
20. **Trusts should offer the flu vaccine to all pregnant women attending for vaccination against COVID. GPs should actively call all pregnant women** for flu vaccine at any stage during pregnancy. All maternity staff, including midwives and obstetricians, should actively encourage pregnant women at every contact to receive the flu vaccine which can be co-administered with the COVID-19 vaccine. Community pharmacies will also provide an additional route to vaccination for pregnant women.

Frontline Health and Social Care Workers - including Independent Sector

21. We would like to re-emphasise the importance of vaccination for frontline Health and Social Care workers, including those working in the Independent Sector to ensure they **protect their families, themselves and the vulnerable patients in their care**. All frontline health care and social care workers should be offered vaccination by their employer. This is an employer's responsibility to help protect their staff and patients or clients and ensure the overall safe running of service.
22. Last year, to further support frontline Health and Social Care workers to avail of vaccination, HSCWs were able to receive their flu vaccine from participating community pharmacies. 9,100 HSCWs availed of this service, which was of particular benefit in increasing vaccine uptake among staff working in the independent care sector.
23. During 2022/23 community pharmacies will continue to play an important role in the flu vaccination programme by offering the vaccine to frontline HSCWs and those aged 50 and over. This year, they will also offer flu vaccination to carers and pregnant women to maximise opportunities for co-administration with the COVID-19 autumn booster programme. Community pharmacies have built strong links with the care home sector through the successful delivery of the COVID-19 spring booster programme to care home residents, and will offer flu vaccination to all RQIA registered care home residents and staff.

24. Community pharmacy service providers do not have a fixed patient list from which to undertake call and recall activities. However, they should proactively offer influenza vaccination to any patient they identify as being eligible to receive it on the basis of age should they present in the pharmacy for any reason. They should also encourage uptake by 'at risk' groups by signposting to patients' GPs.

Timing

25. The vaccination programme will officially begin on 19 September 2022, however, those administering the vaccine can and should begin offering the vaccine as soon as they have received their first delivery of vaccine, prioritising groups as set out in Annex 3. Please see Annex 5 for ordering and delivery details.
26. Vaccination should be given in sufficient time to ensure patients are protected before influenza starts circulating. If an eligible patient presents late for vaccination it is generally appropriate to still offer it. This is particularly important if it is a late influenza season or when patients newly at-risk present, such as pregnant women who may not have been pregnant at the beginning of the vaccination period. The decision to vaccinate should take into account the fact that the immune response to vaccination takes about 2 weeks to fully develop. Clinicians should apply clinical judgement to assess the needs of an individual patient, taking into account the level of flu-like illness in the community and the fact that the immune response following flu vaccination takes about two weeks to develop fully. The PHA will provide advice on extending the flu vaccination period if necessary.
27. In light of the risks posed to the most vulnerable in society - care home residents, patients with clinical risks and frontline health and social care workers, and due to the phased release of vaccine to all those delivering the programme this year: in the early stages of the programme GPs are asked to prioritise their vulnerable patients, particularly those 'at risk' and those aged 65 and over, and community pharmacies to prioritise vaccination of RQIA registered care home residents and staff, and other frontline HSCWs.

Vaccine uptake ambitions for 2022 to 2023

28. PHA have reported flu vaccination uptake for 2021/22 from data extracted from the Vaccine Management System (VMS) (<https://www.publichealth.hscni.net/sites/default/files/2022-05/Flu%20Bulletin%20Week19-20.pdf>) but they have advised that caution should be used when comparing VMS data to previous seasons, due to new methods of recording and extracting influenza vaccine data. The Department has therefore also calculated uptake based on claims data provided throughout the 2021/22 programme by GPs.
29. GP claims data indicates that, by the end of March 2022 HSC services had vaccinated approximately 78% of those aged over 65 years and over in Northern Ireland compared to 79.1% which was a record the previous year. Uptake in 2021/22 for 2-4 year olds was approximately 55% compared to 55.2% in 2020/21. 72.7% of primary school children were vaccinated against flu during 2021/22 compared to 73.1% in 2020/21. 64.2% of those in years 8 to 12 in secondary schools were vaccinated by end March 2022 (this was a new cohort in 2021/22).

30. The VMS reports uptake in all Trust employed HSCWs as 41.8%. This cohort differs to previous seasons in which uptake for Trust employed frontline HSCWs was reported (46.6%). 36,051 HSCWs (frontline and non-frontline) were vaccinated in 2021/22 compared to 25,315 frontline HSCWs in 2020/21.
31. Although uptake is slightly lower than the previous year in most cohorts, this is partially due to an increase in cohort sizes and it is estimated that around 17,500 more adult flu vaccines were administered in 2021/22.
32. General practices and school providers should demonstrate a 100% offer this season by ensuring all eligible patients are offered the opportunity to be vaccinated by an active call mechanism, supplemented with opportunistic offers where pragmatic. The aim of the influenza programme for 2022 to 2023 is to demonstrate a 100% offer and to achieve at least the uptake levels of 2021 to 2022 for each cohort, and ideally exceed them.

Shingles vaccine supply

33. The shingles vaccination programme for 2022/23 will also officially commence in September 2022. A separate letter will issue on the eligibility for the shingles vaccination programme.
34. From 1 September 2021, there was a change to the GP delivery of the shingles vaccination programme. From that date, GPs have also offered a non-live shingles vaccine (Shingrix®) to all those aged 70-79 who are eligible for shingles vaccination but are clinically contraindicated to receive the live vaccine Zostavax® due to their immunocompromised status.
35. The groups that should be offered Shingrix® instead of Zostavax® amongst this age group are summarised in the [Shingles \(herpes zoster\) Green Book chapter](#).
36. **Please note** current shingles Zostavax® stock has an expiry date of 31 May 2023. GPs should ensure they only order enough vaccine to meet their weekly needs.
37. It should be emphasised that whilst for ease of administration the shingles vaccine programme has previously been offered to eligible patients at the same time as their flu vaccine; **Zostavax / Shingrix can and should be given throughout the year** to those who did not receive it during the flu season period for whatever reason. Practices should consider the practicalities of possible co-administration of COVID-19 and influenza vaccines when deciding to provide Shingles vaccination at the same time or separately. A 7 day period between COVID-19 and the shingles vaccine is necessary. If you submit a combined order for flu and Zostavax® vaccines you will receive both vaccines in a single delivery from mid to late September onwards. **Please place a single order if you require shingles vaccines outside the flu vaccine programme months**. Shingrix is centrally owned by UKHSA and should be ordered through Trust pharmacy teams.

Conclusion

38. We would like to express our sincere appreciation to all who worked hard to manage seasonal flu during the 2021/22 season. While it was a mild flu season,

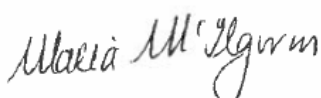
events have now shown with the COVID-19 pandemic that it is vital that we do all we can to ensure the HSC is prepared for winter pressures and unexpected events. Morbidity and mortality attributed to flu is a key factor in HSC winter pressures and a major cause of harm to individuals.

39. The annual flu immunisation programme is a critical element of the system-wide approach for delivering robust and resilient health and care services during the winter. The Flu vaccination will help protect our staff from flu. It will help to reduce GP consultations, unplanned hospital admissions, pressure on Emergency Departments and staff sickness levels. In light of the ongoing pandemic this will be more important than ever.

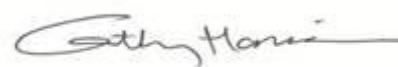
Yours sincerely



Prof Sir Michael McBride
Chief Medical Officer



Maria McIlgorm
Chief Nursing Officer



Mrs Cathy Harrison
Chief Pharmaceutical Officer

Circulation List

Director of Public Health/Medical Director, Public Health Agency (*for onward distribution to all relevant health protection staff*)
Assistant Director Public Health (Health Protection), Public Health Agency
Director of Nursing, Public Health Agency
Assistant Director of Pharmacy and Medicines Management, SPPG (*for onward distribution to Community Pharmacies*)
Directors of Pharmacy HSC Trusts
Director of Social Care and Children, SPPG
Family Practitioner Service Leads, SPPG (*for cascade to GP Out of Hours services*)
Medical Directors, HSC Trusts (*for onward distribution to all Consultants, Occupational Health Physicians and School Medical Leads*)
Nursing Directors, HSC Trusts (*for onward distribution to all Community Nurses, and Midwives*)
Directors of Children's Services, HSC Trusts
RQIA (*for onward transmission to all independent providers including independent hospitals*)
Joe Brogan, Assistant Director, Head of Pharmacy and Medicines Management, Strategic Planning and Performance Group (SPPG) (*for onward distribution to SPPG Pharmacy and Medicines Management Team and community pharmacists*)
Regional Medicines Information Service, Belfast HSC Trust
Regional Pharmaceutical Procurement Service, Northern HSC Trust
Professor Donna Fitzsimons, Head of School of Nursing and Midwifery QUB
Professor Sonja McIlpatrick, Head of School of Nursing, University of Ulster
Heather Finlay, CEC
Donna Gallagher, Open University
Professor Paul McCarron, Head of School of Pharmacy and Pharmaceutical Sciences, UU
Professor Colin McCoy, Head of School, School of Pharmacy, QUB
Professor Colin Adair, Postgraduate Pharmacy Dean, NI Centre for Pharmacy Learning and Development, QUB
Michael Donaldson, Head of Dental Services, SPPG (*for distribution to all General Dental Practitioners*)
Raymond Curran, Head of Ophthalmic Services, SPPG (*for distribution to Community Optometrists*)

Trade Union Side
Clinical Advisory Team
Louise McMahon, Director of Integrated Care, SPPG

This letter is available on the Department of Health website at
<https://www.health-ni.gov.uk/topics/professional-medical-and-environmental-health-advice/hssmd-letters-and-urgent-communications>

VACCINES AVAILABLE

Table 1: Influenza Vaccines available for 2022-23 Programme Marketing Authorisati on Holder	Type of flu vaccine	Name	Vaccine Type	Admin route	Age	Eligible Group	Suitable for egg allergic resulting in anaphylaxis	Suitable for latex allergic
Seqirus UK Ltd, Netherlands B.V. Paasheuvel weg 28 1105BJ Amsterdam	Adjuvanted Quadrivalen t Influenza Vaccine (aQIV)	Fluad® Tetra	Surface antigen, inactivated Adjuvanted with MF59C.1	Intramuscul ar injection	65 years and over including those becoming 65 years by 31 st March	All 65 years and over (GP & CP campaign). HSCWs aged 65 and over can get aQIV from either their GP or a community	No	Yes ^{3*}

³ The adjuvanted Quadrivalent Inactivated Vaccine (aQIV) which should be offered to all those aged 65 years and over is NOT suitable for egg allergic people but IS suitable for latex allergic people.

aQIV vaccine is only licensed for those aged 65 years and over. The aQIV is NOT suitable for egg allergic people. In these instances the cell-based (QIVc) Quadrivalent Inactivated Vaccine can be given.

Table 1: Influenza Vaccines available for 2022-23 Programme Marketing Authorisati on Holder	Type of flu vaccine	Name	Vaccine Type	Admin route	Age	Eligible Group	Suitable for egg allergic resulting in anaphylaxis	Suitable for latex allergic
Netherlands					2023) ²	pharmacy. Occupational Health will offer QIVc.		
Seqirus UK Ltd. Point, 29 Market Street, Maidenhead SL6 8AA, UK	Quadrivalen t Influenza Vaccine (cell grown) (QIVc)	Unbranded Cell-based Quadrivalen t Influenza Vaccine. PLGB stock (added to NIMAR on 15/08/2022	Surface antigen, inactivated prepared in cell cultures	Intramuscul ar injection	Adults and children from 2 years of age	Children aged 6 months – 2 years who are egg- allergic can be offered QIVc (see para 20 of letter for further details). Children aged 2 years and over who cannot receive LAIV (GP	Yes – egg free	Yes*

² The aQIV is licensed for those aged 65 years and over. It is recommended that aQIV ▼ is offered ‘off-label’ to those who become 65 years of age before 31 March 2023.

Table 1: Influenza Vaccines available for 2022-23 Programme Marketing Authorisati on Holder	Type of flu vaccine	Name	Vaccine Type	Admin route	Age	Eligible Group	Suitable for egg allergic resulting in anaphylaxis	Suitable for latex allergic
						campaign) Children from 2 years of age who cannot receive LAIV (GP campaign see paragraph 17 of letter) Anyone aged 18- 64 years in at risk group (GP campaign) All 18 years and over (HSCW campaign) Adults aged 50 to 64 years (GP and CP campaign)		

Table 1: Influenza Vaccines available for 2022-23 Programme Marketing Authorisati on Holder	Type of flu vaccine	Name	Vaccine Type	Admin route	Age	Eligible Group	Suitable for egg allergic resulting in anaphylaxis	Suitable for latex allergic
Sanofi Pasteur Europe 14 Espace Henry Vallée 69007 Lyon FRANCE	Quadrivalen t Influenza Vaccine (egg grown) (QIVe)	Quadrivale nt influenza vaccine	Split virion, inactivated virus	Intramuscul ar injection	From 6 months	6 month to 2 year olds in at risk groups (GP campaign)	Yes – if no history of severe anaphylaxis that required intensive care	Yes
AstraZenec a UK Limited 600 Capability Green Luton, LU1 3LU United Kingdom	Live Attenuated Influenza Vaccine (LAIV)	Fluenz Tetra®	Live Attenuated	Nasal spray	From 24 months to less than 18 years old	All 2-4 year olds (GP campaign) All primary school children plus Years 8-12 children (schools campaign) 11-17 year olds in at risk groups (GP campaign)	Yes - if no history of severe anaphylaxis that required intensive care (see para 36)	Yes

* Flud Tetra, Flucelvax Tetra and Cell-based Quadrivalent Influenza Vaccine are supplied in single-dose prefilled syringes, with a plunger stopper (bromobutyl rubber), with attached needles. None of the components of this staked needle prefilled syringe presentation that are in direct contact with the vaccine (syringe barrel, plunger and rubber stopper) are made with natural rubber latex. The needle shield for Flud Tetra and Flucelvax Tetra contains natural rubber latex. The risk of allergy is extremely small and is considered to be safe in those patients that have latex allergy / latex anaphylaxis.

** Healthcare professionals should be aware that in order to ensure continuity of vaccine supply during the 22/23 influenza vaccination programme, some packs of QIVc vaccine and all packs of Fluenz Tetra® will be supplied as GB licensed stock through the Northern Ireland MHRA Authorised Route (NIMAR). Supplies of QIVc vaccine may be either NI/EU licensed branded Flucelvax Tetra® packs, or generic GB packs labelled as 'Cell-based quadrivalent influenza vaccine (surface antigen, inactivated) suspension for injection 0.5ml pre-filled syringes'.

Healthcare professionals in Northern Ireland do not need to do anything different to prescribe, supply or administer medicines supplied via NIMAR. There is no requirement for end users to identify NIMAR products and they can be supplied to patients on the same terms as medicines with a marketing authorisation valid in Northern Ireland (PL and PLNI). GB packs supplied via NIMAR do not need to be serialised for FMD, and there is no requirement to decommission these products as required by EU Delegated Regulation 2016/161.

Registered health professionals who supply medicines to a pre-defined group of patients under Patient Group Directions (PGDs) do not need to do anything differently. All products supplied via NIMAR are authorised by the MHRA in GB and remain equally as safe and effective for patients in NI.

Further information is available at <https://www.gov.uk/government/publications/the-northern-ireland-mhra-authorised-route-nimar/the-northern-ireland-mhra-authorised-route-nimar>

Please refer to the Green Book Chapter 6: Contraindications and special considerations for further information pages 2&3.
<https://www.gov.uk/government/publications/contraindications-and-special-considerations-the-green-book-chapter-6>

FUNDING, ORDERING, TRAINING AND CONSENT
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Funding and Contractual Arrangements

1. Under the arrangement associated with the GMS contract financial envelope, the SPPG has already been allocated funding for the immunisation with flu vaccine by GPs of those over 65s and for those under 65s at risk.
2. As before, for 2022/23, funding will be allocated **to PHA for onward transmission to SPPG** for:
 - I. Payment to GPs for:
 - Those aged 50-64
 - Immunisation of all pre-school children aged 2 years old or more
 - Immunisation of primary school aged children and Years 8-12 post-primary school children i.e. those born between **02/07/2006** to **01/07/2018**, who present for vaccination if they were unable to be vaccinated by the school health team
 - Immunisation of carers
 - Immunisation of pregnant women
 - Data collection fee
 - Active call and recall of eligible patients
 - II. **To PHA for onward transfer to HSC Trusts to:**
 - support delivery of the influenza programme by treatment room nurses and district nurses for housebound individuals
 - support the expansion of the schools' influenza programme
 - support Occupation Health in delivering the vaccine to frontline HSCWs
 - III. **To SPPG (Pharmacy) to cover payments to community pharmacies for:**
 - Immunisation of all adults aged 50 years and over
 - Immunisation of health and social care workers (HSCWs)
 - Immunisation of carers
 - Immunisation of pregnant women
 - Immunisation of RQIA registered care home staff and residents

Consent and Capacity

3. Health professionals must ensure that consent is obtained from individuals attending for administration of any vaccine although it is not a legal requirement for this to be in writing. Individuals should be given appropriate information and advice about the flu vaccine before attending. Individuals coming for vaccination should be given a reasonable opportunity to discuss any concerns before being vaccinated.
4. For further information on consent, please see Chapter 2 of the 2006 edition of *Immunisation against infectious disease* (the 'Green Book').
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/144250/Green-Book-Chapter-2-Consent-PDF-77K.pdf
5. Health professionals should refer to relevant guidelines and legislation when assessing a person's capacity to consent to vaccination: <https://www.health-ni.gov.uk/articles/consent-examination-treatment-or-care>
6. Some individuals, for example those with learning difficulties, may require reasonable adjustments to support administration of vaccination to ensure equal access to the vaccine for people with disabilities.

Ordering, storage and the cold chain

7. For information on ordering vaccines please see Annex 5.
8. GP practices, community pharmacies and Trusts with responsibility for the delivery of vaccine programmes need to ensure that they have appropriate policies in place to ensure cold chain compliance and that vaccine wastage is minimised. Whilst a degree of wastage is unavoidable either during transportation, storage or at the clinic, with careful planning and care, wastage can be reduced.
9. Vaccinators should carefully plan clinics and only order quantities based on the likely number of people expected to attend. GPs and community pharmacies should ensure that they have the fridge capacity to store the vaccines required. **There is no need to stockpile large quantities of flu vaccine and this is actively discouraged. As with previous years, Movianto will continue to deliver by the next working day if the order is placed before 4pm (2 working days if ordering flu vaccine along with COVID vaccine).**
10. Analyses of vaccine use each year shows that in a number of instances vaccine is lost because of cold chain failures. **To prevent a recurrence it is important that practices, Trusts and pharmacies ensure they have in place comprehensive up to date cold chain policies that will minimise the risk. To avoid unnecessary disposal of viable vaccines practices, Trusts and pharmacies should also be prepared, where possible, to utilise stock which has undergone a temperature**

excursion while stored on their premises where the vaccines have been assessed as safe and effective by the manufacturer under an off-label re-categorisation.

11. The joint SPPG/PHA cold chain guidance should be consulted for more information on vaccine storage and how to manage a cold chain failure. It can be found at the following link: <https://www.publichealth.hscni.net/directorates/public-health/health-protection/vaccine-preventable-diseases-and-immunisation-0>
12. Given the procedures in place and the frequency of deliveries available, the Department would expect all practices, pharmacies and Trusts to have robust arrangements in place to ensure that wastage is low. Excessive waste of vaccines is totally unacceptable and practices will be required to account for such situations which are under the close scrutiny of the Department.

Publicity and Public Information Materials

13. The PHA is responsible for delivery of the influenza vaccination programme communication plan which is delivered in line with wider HSC communications for winter. From September 2022, publicity messages will be launched in phases for children, followed by adults and unpaid carers, and then health and social care workers to encourage those eligible to take up the offer of the vaccine.
14. As before, PHA will also produce public information leaflets which will be distributed by the PHA to all GPs, community pharmacies and Trusts before the season starts, in late August/early September, in line with normal arrangements. Leaflets can also be accessed at the PHA website at: <pha.site/seasonal-influenza>
15. As in previous years, funding is provided to GP practices to enable them to **actively call their patients for flu vaccine** (e.g. by letter, email, phone call, text) to ensure as high an uptake rate as possible. The benefits of flu vaccination among all eligible groups should be communicated and vaccination made as easily accessible as possible while abiding by the social distancing guidelines that apply at that point.

Training for Health Professionals

16. The PHA will produce the following professional information to support the delivery of the programme, which will be available on the PHA website <pha.site/seasonal-influenza>:
 - a. Seasonal flu vaccination programme training slides
 - b. Influenza factsheet
 - c. E-learning for health care
 - d. Influenza weekly surveillance bulletins
17. The Green Book chapter on influenza is available online, see attached link: <https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19>

It should be noted that the chapter is updated on an ongoing basis and therefore all medical and clinical staff should ensure they refer to the latest version of the chapter as required.

Annex 3

CLINICAL RISK GROUPS 2022/23

Flu vaccine should be offered to the eligible groups set out in the table below

Eligible groups	Further detail
All children aged two years of age and over, not yet at primary school	All those aged two years and over, not yet at primary school on 1 September 2022. (i.e. DOB 2 July 2018 to 1 September 2020) should be invited for vaccination by their general practice.
All children attending primary school	All children attending P1 to P7 in primary school (DOB. 2 July 2011 to 1 July 2018) will be offered the vaccine in school. Any who are not vaccinated in school should be vaccinated <i>on request</i> by their practice.
Year 8 to year 12 in secondary schools	All Year 8 – Year 12 in secondary schools (DOB. 2 July 2006 to 1 July 2011) will be offered the vaccine in school. Any who do not receive it in school should be given it <i>on request</i> by their practice.
All patients aged 50 years and over	'Fifty and over' is defined as those 50 and over on 31 March 2023 (i.e. born on or before 31 March 1973).
Chronic respiratory disease aged six months or older (See contraindications and precautions section on live attenuated influenza vaccine)	Asthma that requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission. Chronic obstructive pulmonary disease (COPD) including chronic bronchitis and emphysema; bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD).

	Children who have previously been admitted to hospital for lower respiratory tract disease.
Chronic heart disease aged six months or older	Congenital heart disease, hypertension with cardiac complications, chronic heart failure, individuals requiring regular medication and/or follow-up for ischaemic heart disease.
Chronic kidney disease aged six months or older	Chronic kidney disease at stage 3, 4 or 5, chronic kidney failure, nephrotic syndrome, kidney transplantation.
Chronic liver disease aged six months or older	Cirrhosis, biliary atresia, chronic hepatitis
Chronic neurological disease	Stroke, transient ischaemic attack (TIA). Conditions in which respiratory function may be compromised due to neurological disease (e.g. polio syndrome sufferers). Clinicians should offer immunisation, based on individual assessment, to clinically vulnerable individuals including those with cerebral palsy, learning difficulties, multiple sclerosis and related or similar conditions; or hereditary and degenerative disease of the nervous system or muscles; or severe neurological disability
Diabetes aged six months or older	Type 1 diabetes, type 2 diabetes requiring insulin or oral hypoglycaemic drugs, diet controlled diabetes.
Immunosuppression (see contraindications and precautions section on live attenuated influenza vaccine)	Immunosuppression due to disease or treatment. Patients undergoing chemotherapy leading to immunosuppression, bone marrow transplant, HIV infection at all stage, multiple myeloma or genetic disorders affecting the immune system (e.g. IRAK-4, NEMO, complement disorders). Individuals treated with or likely to be treated with systemic steroids for more than a month at a dose equivalent to prednisolone at 20mg or more per day (any age) or for children under 20kg a dose of 1mg or more per kg per day. It is difficult to define at what level of immunosuppression a patient could be

	<p>considered to be at a greater risk of the serious consequences of flu and should be offered flu vaccination. This decision is best made on an individual basis and left to the patient's clinician.</p> <p>Some immunocompromised patients may have a suboptimal immunological response to the vaccine.</p>
Asplenia or dysfunction of the spleen	This also includes conditions such as homozygous sickle cell disease and coeliac syndrome that may lead to splenic dysfunction.
Pregnant women (see contraindications and precautions section on live attenuated influenza vaccine)	Pregnant women at any stage of pregnancy (first, second or third trimesters).
Morbid obesity (class III obesity)*	Adults over 16 years of age with a Body mass Index $\geq 40\text{kg/m}^2$
Household contacts of immunocompromised individuals	Household contacts of immunocompromised individuals, specifically individuals who expect to share living accommodation on most days over the winter and, therefore, for whom continuing close contact is unavoidable
Residents of long-stay residential care homes or other long-stay facilities	People living in long-stay residential care homes or other long-stay care facilities where rapid spread is likely to follow introduction of infection and cause high morbidity and mortality. This does not include, for instance, university halls of residence, or boarding schools (except where children are of primary school age or secondary school years 8 to 12)
Carers	Those who are in receipt of a carer's allowance, or who are the main carer of an older or disabled person whose welfare may be at risk if the carer falls ill. Vaccination should be given on an individual basis at the GP's or community pharmacist's discretion.
Health and Social Care Workers	Frontline health and social care staff who have direct contact with patients.

* Many of this patient group will already be eligible due to complications of obesity that place them in another risk category.

* Please note that this group refers to adults over 16 years of age. Those 16-18 years of age should therefore be offered the LAIV vaccine, unless contraindicated.

The list above is not exhaustive, and the healthcare professional should apply clinical judgement to take into account the risk of influenza exacerbating any underlying disease that a patient may have, as well as the risk of serious illness from influenza itself.

Healthcare practitioners should refer to the influenza chapter in 'Immunisation against infectious disease' (the 'Green Book') for further detail about clinical risk groups advised to receive influenza immunisation and for full details on advice concerning contraindications and precautions for the influenza vaccine.

Chapter 14a of the Green Book provides information on what groups can be considered as directly involved in delivering care and is available at: Green Book: Chapter 14a COVID-19.

Vaccination of patients outside the clinical risk groups

The list of clinical at risk groups, as set out in Annex 3, is not exhaustive. Where a person not in a clinical risk group requests/requires an influenza vaccination, the decision to immunise is based on the GP's or community pharmacist's clinical judgement. Vaccination should also be offered to individuals where a medical practitioner recommends flu vaccine based on clinical judgement of the risk of flu exacerbating an underlying disease and the risk of serious illness from flu itself.

In such cases, influenza vaccine should be offered from the centrally procured stock even if the individual is not in one of the clinical risk groups specified in this circular.

For any other patients who wish to avail of the flu vaccine they should be advised that these are available (privately) at many community pharmacies.

HEALTH AND SOCIAL CARE WORKERS

Contractual Arrangements for all employers

1. It is important that all health and social care workers (including students) with direct patient/client contact have timely flu vaccination to protect themselves and to reduce the risks of transmission of flu viruses to their patients/clients. High rates of staff vaccination help to protect the individual member of staff and, also the people in their care and help maintain the workforce and services during the winter.
2. Flu immunisation should be offered by HSC organisations to all employees involved in direct patient care. An active vaccination offer should be made to 100% of eligible staff. To maximise uptake and support efficiencies in service delivery, co-administration of the flu and COVID-19 vaccines should be the standard delivery model for health and social care workers.
3. In line with the Green Book definition in [Chapter 14a on COVID-19 - SARS-CoV-2](#), the definition of frontline health and social care workers eligible for free flu vaccination includes clinical and non-clinical staff who have contact with patients. This definition includes the following:
 - Staff involved in direct patient care
 - Non-clinical staff in secondary or primary care/community healthcare settings
 - Laboratory and pathology staff
 - Frontline social care workers

Please see the Green Book for further details.

4. All employers are responsible for vaccination of their staff, and should put appropriate arrangements in place to ensure high uptake.
5. Health and social care staff should not routinely be referred to their GP for their vaccination unless they fall within one of the recommended clinical risk groups, or a local agreement is in place for this service.
6. GPs and community pharmacies can vaccinate their own staff using the stock supplied as part of the national flu vaccination programme.

Trust HSCW Campaigns

7. The responsibility for achieving high uptake in frontline HSCWs lies with HSC Trusts. Trusts should ensure that health and social care staff directly involved in patient care (frontline) are actively encouraged to be immunised and are fully aware of where and when they can access the vaccine. In addition to Trust occupational health services, HSC Trust staff can also access vaccination through community pharmacy services.
8. Trusts should ensure that:
 - there is an identified Flu Lead to coordinate the Trust HSCW Campaign;
 - Flu teams have a broad range of staff from all parts of the Trust, think clinical to communications;
 - Flu teams have adequate time and resources to fully engage and encourage staff to receive the flu vaccine; and
 - Peer vaccinators are encouraged and trained across directorates in the Trusts, particularly in more remote community locations
 - Flu vaccination staff clinics are widely accessible and clearly advertised
9. Trusts have a responsibility to ensure that their flu teams fully engage with the regional campaign to ensure sharing of good practice.
10. As in previous years, regional communication resources will be available, including a regional PHA video, on the PHA website at the following link:
pha.site/seasonal-influenza

Consent

11. Trusts / employers must ensure that consent is obtained from individuals attending for administration of any vaccine although it is not a legal requirement for this to be in writing. Individuals should be given appropriate information and advice about the flu vaccine before attending. Individuals coming for vaccination should be given a reasonable opportunity to discuss any concerns before being vaccinated.
12. For further information on consent, please see Chapter 2 of the 2006 edition of Immunisation against infectious disease (the 'Green Book').
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/144250/Green-Book-Chapter-2-Consent-PDF-77K.pdf

Training Materials

13. The PHA has produced the following professional information to support the delivery of the programme, which will be available, in due course, on the PHA website pha.site/seasonal-influenza:

- Seasonal flu vaccination programme training slides;
- Influenza immunisation programme 2022/23 factsheet for health professionals;
- E-learning for Healthcare;
- Frontline HSCW 2022/23 seasonal flu vaccine campaign - Trust guidance on data collection (includes updated detail on definitions of frontline HSCWs)
- Peer Vaccinator Training recommendations; and
- Influenza weekly surveillance bulletins

14. The Green Book chapter on influenza is available online, see attached link: <https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19>. It should be noted that the chapter is updated on an ongoing basis and therefore all medical and clinical staff should ensure they refer to the latest version of the chapter as required.

Monitoring Vaccine Uptake

15. VMS must be used for recording flu vaccine across trusts, primary care and community pharmacy.
16. It is the responsibility of Trusts to ensure that data is entered on VMS.
17. It is the responsibility of GP practices and Community Pharmacy to ensure data is collected and submitted.

Non-Trust HSCW Flu Vaccine Programmes

Private Nursing and Residential Care Home Staff

18. RQIA should ensure that all employers of Independent Sector Care Home are aware that they have an obligation to ensure their staff working as a frontline HSCWs are offered the flu vaccine in order to protect themselves, their families and their patients / clients.
19. Additional vaccine has been secured which will allow staff in independent care homes to receive a free flu vaccination. The PHA and SPPG will work with RQIA and community pharmacies to build on the successful relationships forged

during the delivery of the spring COVID-19 booster programme in care homes to ensure that timely and proactive flu vaccination is offered to frontline staff in independent care homes by participating community pharmacies.

20. As in previous years, RQIA will raise awareness of the PHA regional communication and training resources that are available for the public and Trust HSCW programmes. Information specific to the care home setting is also available. All PHA flu resources are available, on the PHA website at the following link: pha.site/seasonal-influenza
21. For 2022/23, RQIA will support Independent Sector Care Homes to collect and submit data on vaccine uptake of frontline HCWs and SCWs to the PHA.

Community Pharmacists and Staff Involved In Supplying Medication

22. Community Pharmacists and those frontline staff involved in supplying medicines will be able to receive the vaccine from participating community pharmacies offering influenza vaccination services.

General Practice Staff

23. GP frontline staff, directly employed by or associated with the practice (including MDT staff and locum GPs) will be able to receive the vaccine from their employing/host practice.

HOW TO ORDER VACCINE

1. Quotas on orders will be applied across the board this year from the outset of the campaign for aQIV, QIVc, and LAIV.
2. The Movianto web-based ordering system is available to all GP Practices and community pharmacies and will facilitate simple and accurate ordering of all centrally procured seasonal influenza vaccines for the forthcoming 2022/23 immunisation campaign. As well as being the most efficient way to order vaccines, the system will increasingly be used to provide information and reports on vaccine ordering.

ONLY GP Practice or community pharmacy orders received via the web-based Movianto N.I. Vaccine Ordering System will be processed and delivered.

In the first instance until notification is received that Quadrivalent Influenza Vaccine (egg grown) (QIVe) has been added to the web based system orders for QIVe will be the exception.

Please do not attempt to place orders for seasonal influenza vaccines, COVID-19 vaccines or Zostavax® in any other way. Shingrix is available to order via Trust pharmacy services.

Trust hospital pharmacies should continue to place orders via their pharmacy computer systems

3. GPs, community pharmacies and hospital pharmacies must only order sufficient vaccines to meet their weekly needs and only the quantity that they have sufficient refrigerated capacity to store (Note - Storage Conditions: 2 to 8°C refrigerated storage / Protect from light / Do not freeze). It is essential that orders are realistic in order to conserve and tailor supplies to the expected need. **Orders can normally be fulfilled within 1 working day provided the order has been placed before the cut-off time (2 working days if ordering flu vaccine along with COVID vaccine).** For community pharmacies, the cut off time is 4pm.

Practices and pharmacies are reminded that it is important that orders are made in line with anticipated need and that wastage is kept to an absolute minimum.

4. Update-to-date communications about flu vaccine deliveries and stock will be placed on the web-based Movianto system, so please check the website regularly.

5. How to Order

Orders for seasonal influenza vaccines and the shingles vaccine (Zostavax®) must be placed **only** with Movianto N. Ireland.

Movianto N. Ireland
Sandyknowes Business Park
605 Antrim Road
Belfast, BT36 4RY
Tel: 028 9079 5799

Opening hours: 8.30am to 5.00pm (Monday to Friday)

6. How can I access the web-based Movianto N.I. Vaccine Ordering System?

The Movianto N.I. vaccine ordering system is a secure website. This protects the data held on it from unauthorised access.

All GP practices must confirm or update their details on the current system prior to being permitted to order vaccines for the 2022/23 campaign. GP practices must complete this before ordering. To do this they should login in the usual manner, on the link below, and follow the online instructions.

GP practices may now place their initial orders for injectable seasonal influenza vaccines if they have re-registered.

For details about how to register please go to:

<https://orders.ni.movianto.com/csp/age/Portal.GUI.Login.cls>

Practices requiring vaccine to be delivered to multiple sites must advise Movianto. This is for mass vaccination clinics only and is not an option for business as usual venues.

Further details on ordering arrangements for community pharmacies will be communicated by the Strategic Planning and Performance Group (SPPG).

7. What help will be available to GP practices and pharmacies in using the Movianto N.I. web-based vaccine ordering system?

The Movianto N.I. web-based system has been designed to be user-friendly and user manuals via the website will be made available to all GP Practices and community pharmacies. Help is also available through a dedicated email address info.ni@movianto.com or by calling 028 9079 5799.

8. All GP practices and community pharmacies must ensure that **all stocks** of last year's supplies of Influenza Vaccine 2021/22 are removed and destroyed (according to disposal policy) **prior** to placing your initial order as they are now all date expired and it is essential they are not mixed with this year's vaccine supply.

GPs should check expiry date of Shingles vaccine and may continue to use shingles vaccine received during 2021/22 campaign providing it is still in date at the time of administration.

9. Initial Orders

Practice, and Trust initial orders for the first delivery of aQIV and QIVc influenza vaccines 2022/23 and/or 2022/23 Zostavax[®] vaccine for all age groups will likely be able to be placed with **Movianto N. Ireland from XXXXXXXX**. The Strategic Planning and Performance Group (SPPG) will notify community pharmacies contracted to deliver the influenza vaccination programme of ordering arrangements.

PLEASE NOTE that Shingrix[®] must be ordered from Trusts as per the standard process for ordering childhood vaccines, rather than ordering directly from the wholesaler as is the process for Zostavax[®].

UK wide procurement is carried out for Fluenz Tetra[®] vaccine. GPs can **now** place orders for pre-school (aged 2-4 years) children and young people that have finished school year 12 i.e. aged 16 years to under 18 years in at risk groups requiring Fluenz Tetra[®]. Deliveries to practices will begin **w/c 12 September 2022**. Trust schools teams should place orders for the school programmes as normal.

Orders for QIVe (i.e. for children aged 6 months to 2 years who are too young to receive the LAIV vaccine) can **NOT** be placed on the web-based ordering system. **GPs should phone Movianto to place this order as it will require further assessment before approval.**

Practices and Trusts Trusts should receive their initial delivery between **12 and 16 September 2022**. These dates are dependent on vaccine suppliers meeting the dates that they provided in their tender returns and are subject to change. The Strategic Planning and Performance Group will advise community pharmacies of anticipated dates for initial deliveries.

Vaccine Delivery Model

Cohort	Vaccine given	Administered by	Supplier of vaccine (post-delivery from Movianto)
Residential care home staff	QIVc	Community Pharmacy	Community Pharmacy
Residential care home residents	aQIV (if over 65) QIVc (if under 65)	Community Pharmacy	Community Pharmacy
Nursing home staff	QIVc	Peer vaccinators / Community Pharmacists (CP)	Community Pharmacy
Nursing home residents	aQIV (if over 65) QIVc (if under 65)	Community Pharmacy	Community Pharmacy
Children aged 2-4	Fluenz Tetra	GP	GP
Primary and secondary school children (up to year 12)	Fluenz Tetra (or QIVc if contraindicated)	School nursing teams (Trust) GP for QIVc	Trust for LAIV QIVc via pupil's GP
6 months-2 years in an at risk group	QIVe	GP	GP
Home bound people	aQIV (if over 65) QIVc (if under 65)	Trusts	Trusts
16-49 in a clinical risk group	QIVc	GP	GP
Pregnant women	QIVc	GP/Trusts/CP	GP/Trusts/CP
Carers	QIVc	GP/CP	GP/CP
Close contacts of immune compromised individuals	QIVc	GP	GP
Frontline HSCWs (to include residential care home and nursing home staff as above)	QIVc	Trusts/CP GP (practice staff only)	Trusts/CP GP
65s and over	aQIV	GP/CP/Trusts	GP/CP/Trusts
50 to 64 years	QIVc	GP/CP	GP/CP