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To: GP Practices

Community Pharmacies

HSC Trusts

8th September 2025

Dear Colleagues,

Operational detail: Autumn Influenza & COVID-19 vaccination programme 2025/26

We are writing to you regarding the Autumn Influenza (flu) and COVID-19 vaccination programme 2025/26 with further operational details to help you with your planning.

1. Eligible cohorts

Following the recently issued Joint Committee on Vaccination and Immunisation (JCVI) autumn/winter flu and COVID-19 statements, DoH have confirmed the policy positions for both vaccine programmes via the HSS(MD) <u>Influenza</u> and <u>COVID-19</u> letters. The eligible cohorts for each vaccine programme are now confirmed as follows:

| Flu | COVID-19 |
|---|--|
| ✓ All those aged 65 yrs. and over | ✓ All those aged 75 yrs. and over |
| ✓ Care home residents (long stay residential) | ✓ Care home residents (for older adults) |
| ✓ Those in <u>clinical risk groups</u> aged 6mths – 64 yrs. | ✓ Those <u>immunosuppressed</u> aged 6mths – 74 yrs. |
| ✓ Pregnant women | |
| ✓ HSC workers | |
| ✓ All pre-school children 2 – 4 yrs. | |
| ✓ All primary school children | |
| ✓ Secondary school children in | |
| yrs. 8-12 | |
| ✓ Carers | |
| ✓ Close contacts of those | |
| immunosuppressed | |
| ✓ High risk poultry and avian animal | |
| health workers | |

2. Timing and Delivery Model

This year, for the majority of eligible cohorts, the Flu and COVID-19 vaccination programmes will commence from **Monday 6th October 2025**. The reason for this is this is to ensure a higher degree of protection for vulnerable cohorts during the winter months where infection is likely to be at its peak.

The school Flu programme, and vaccines for pregnant women, are an exception to the October start date, with vaccinations starting as soon as the vaccine becomes available.

Information on the delivery model and the eligible groups each service provider will vaccinate has been outlined in Appendix 1.

3. Vaccine Type

Further information regarding vaccine characteristics can be found in Appendix 2.

3.1: The COVID-19 vaccines procured by UKHSA are allocated as follows:

| Vaccine Provider | Vaccine Type |
|----------------------|---|
| GP Practices | Comirnaty 30 (KP.2) |
| Community Pharmacies | Comirnaty 30 (KP.2) |
| HSC Trusts | Comirnaty 30 (KP.2) Comirnaty 10 (LP.8.1) Child Comirnaty 3 (LP.8.1) Infant |

3.2: Adult influenza vaccines procured by PHA as per JCVI advice, are as follows:

| Cohort | Vaccine Type |
|---------------------------------------|---------------------------------|
| Aged 65 years and over | alIV¹: Adjuvanted PFS (Seqirus) |
| Aged 18 to 64 yrs. in eligible groups | IIVc1: Cell-based PFS (Seqirus) |

3.3: Children's influenza vaccines procured by UKHSA are as follows:

| Cohort | Vaccine Type |
|--|--|
| Aged 6 months to less than 2 yrs. in clinical risk groups | IIVc: Cell-based PFS (Seqirus) *Off label use* |
| Aged 2 yrs. to less than 18 yrs. in eligible groups (including clinical risk groups) | 1. LAIV ¹ : Fluenz influenza vaccine nasal suspension (AstraZeneca) |
| | 2. IIVc ² : Cell-based PFS (Seqirus) |

¹ allV, IIVc and LAIV are trivalent influenza vaccines.

² Where LAIV is contraindicated or otherwise unsuitable (e.g. patients object to LAIV on the grounds of its porcine gelatine content).

4. Ordering and Delivery Dates

4.1: Order opening dates

There will be a phased ordering system in operation. Service providers can begin to place orders with Movianto from the following dates:

| Provider: | Orders open: | Deliveries from: |
|-------------------------|--|---|
| Trusts | Monday 15 th September (10am) | Cut off 12 noon, for delivery within 2 working days |
| GPs | Monday 15 th September (10am) | Commencing Monday 22 nd September - allow up to 5 working days for all initial orders from this date |
| Community Pharmacies | Monday 29 th September | Commencing Monday 29 th September - allow up to 5 working days for all initial orders from this date |

We encourage GPs who are holding clinics later in the programme to order vaccines closer to the date of their clinics and <u>no more than 2 weeks</u> before clinics are due to take place. This is to maximise vaccine shelf life and to avoid vaccine loss due to cold chain incidents.

4.2: Delivery Timeframes

Orders placed by <u>12pm</u> on any working day will be delivered within 2 working days. However, in the initial stages it may take up to 5 working days to receive delivery.

Please ensure you are ready to accept your orders, once an order is placed with Movianto

***Please allow enough time for vaccine ordering and delivery to ensure you have vaccine in stock for clinic. Approval for emergency orders for vaccine will be granted in exceptional circumstances only e.g. fridge malfunction and not due to orders being placed outside of the **ordering guidelines** Appendix 3. There is a high cost involved with emergency orders which then impacts on the finances/budget of the vaccination programme.

Emergency deliveries can only be facilitated for flu vaccines (COVID-19 vaccines cannot be defrosted and dispatched same day) ***

4.3: Quotas

In order to manage the stock appropriately and in line with incoming deliveries to NI, quotas will be placed upon orders according to the provider's previous uptake.

For GP Practices, if your practice is planning a mop-up clinic, requests for additional vaccine will be considered once all vaccine has been administered and recorded on VMS or there have been patients **confirmed** to attend clinic and the number of vaccines remaining in practice will not cover the confirmed bookings. Requests for an uplift to vaccine quota can be made to pha.immunisation@hscni.net.

For Community Pharmacies, uplift requests can be made to SPPG CPVS (Community Pharmacy Vaccination Service) and will be considered once all vaccine has been administered and recorded on VMS.

Over-ordering leads to vaccine waste and increased costs to the programme each year.

For split practices, quotas have been divided equally between each practice. If your practice requires a different split of the quota, please contact PHA pha.immunisation@hscni.net to make amendments.

5. Management of Cold Chain Incidents

Each year there is significant wastage and clinic disruption due to cold chain incidents. There are significant costs relating to vaccine purchase, therefore every effort is needed to ensure vaccine wastage is minimal.

While often talked about as fridge failures, in fact most are human error including leaving vaccines sitting out of the fridge or turning off the power supply. Please ensure that vaccine stock is placed promptly in the fridge when delivered by Movianto.

Please take time to check your cold chain processes are in line with the *Guidance for Vaccine Handling and Storage in GP Practices* document found on the PHA website using this <u>link</u>, and ensure that your practice has appropriate contingency plans in place for planned and unplanned power outages.

All significant cold chain incidents, such as vaccines stored outside of the recommended temperature ranges, should be reported to local/regional HSC Trust Pharmacy Medicines Information Appendix 4 and the PHA Health Protection Duty Room in the first instance.

Do not dispose of any vaccines until the appropriate advice has been sought

For cold chain incidents occurring in:

- Community Pharmacies, please refer to the SPPG guidance via the BSO website using the following link.
- HSC Trusts, please refer to local Trust standard operating procedures.

6. Recording Vaccinations

VMS will continue to be used to record vaccinations. Please ensure you record the <u>correct eligibility cohort</u> and vaccine for each patient. We ask that you update your records as soon as possible after clinics to reflect the vaccinations administered. This not only helps to inform uptake and subsequent public health action, but assists in the planning of vaccine deployment.

VMS has received confirmation from Optum (formerly EMIS) and Vision that the new COVID KP.2 vaccine and the Flu allV and IIVc vaccines can be written back to the GP system within 24 hours of recording on VMS and is LIVE for all GP practices.

Writeback of all new vaccine products from VMS is validated using test data at nominated practices for both Optum (EMIS) and Vision. VMS will release communications regarding the successful testing of the new vaccine products.

For COVID KP.2 these updates are in:

- EMIS MKB 224, currently rolled out to all practices
- Vision 2025 Gemscript, currently rolled out to all practices

For allV & IIVc these updates are in:

- EMIS MKB 224, currently rolled out to all practices
- Vision 2025 Gemscript, currently rolled out to all practices

For COVID L.P 8.1 these updates are in:

- EMIS MKB 226, expected to roll out in early October
- Vision September 2025 Gemscript, expected to roll out in September

VMS releases are planned to support the new vaccines with a release on 28th August 2025. GP clinical systems need their reference data updated before writebacks can commence.

VMS has also released a new feature, **Clinic Mode** on VMS, aimed at reducing the time it takes to record vaccines for patients, especially clinics with large number of patients. This feature will considerably **cut down** the administrative time for GP practices and allow for better management of clinics.

In addition, the following features are now also available on VMS for staff:

- GP Dashboards
- Duplicate records Dashboard for GPs, Trusts & Pharmacies

^{*} More information on these new features can be found on Appendix 5

7. Housebound patients

All eligible housebound patients should be referred by GPs to Trusts as soon as possible and no later than **30**th **September**.

We wish to remind GPs of some new developments to this year's programme:

- due to the changed eligibility for COVID-19 (i.e. 75s and over), GPs should provide Trust vaccination teams with <u>2 separate housebound referral lists</u>, one for those patients eligible for both flu and COVID-19 and the other for those patients eligible for flu only.
- A housebound protocol has been developed which outlines the referral process to be followed between GP practices and Trust vaccination teams. See Appendix 6.

8. Sessional vaccinator resource

As with previous programmes, the sessional vaccinator workforce is available from PHA to support the Autumn Vaccination Programme. To request support, please contact PHAvaccinesitrep@hscni.net.

9. Training and supporting materials

9.1: Professional training resources

Training and supporting materials will be available from the PHA prior to the start of the programme. Training slides for the autumn/winter 2025/26 programme will be available on the PHA website <u>Information for healthcare and other professionals | HSC Public Health Agency</u>

9.2: Patient information leaflets

Patient information leaflets have been developed and are available on the PHA website at Publications | HSC Public Health Agency (hscni.net) when available. Hard copies will also be delivered to each provider. The table below summarises which materials will be available to each provider:

| Should you have any further questions please contact pha.immunisation@hscni.net |
|---|
| Sincerely, |
| PHA Immunisation Team |



Appendix 1: Delivery Model - Flu and COVID-19 Vaccines

| Group / cohort | Flu: Vaccinated by | COVID-19: Vaccinated by |
|--|---|--|
| 65yrs + | GP (identifies and informs patient)Community PharmacyTrust Vaccine Team | n/a |
| 75yrs+ | See 65yrs + as above | GP (identifies and informs patient) Community Pharmacy Trust Vaccine Team |
| Care home residents | Community Pharmacy (visits care home) | Community Pharmacy (visits care home) |
| Clinical risk groups (6mths – < 2yrs) | GP (identifies and informs parent) | **Immunosuppressed only** Trust Vaccine Team (identifies and informs parent) |
| Clinical risk groups (2 – 17yrs) | School nursing team GP (Severely at risk who would benefit from earlier vaccination should be offered by GP. GPs can vaccinate 16-17yr olds Trust Vaccine Team | **Immunosuppressed only** Trust Vaccine Team (Trusts will identify and inform parents up to 4yrs) (GPs will identify and refer pts. 5-17yrs to Trust) |
| Clinical risk groups (18 – 64yrs) | GP (issues invite to patient) Community Pharmacy Trust Vaccine Team | **Immunosuppressed only** GP (identifies and informs patient) Community Pharmacy Trust Vaccine Team |
| Pregnant women | GP (issues invite to pt. if pregnancy known) Trust vaccination team (antenatal vaccine clinics) Community Pharmacy | n/a (unless immunosuppressed) |
| All pre-school children 2-4yrs | GP (issues invite to parent) | n/a |
| All primary school children | School Nursing Team | n/a |
| Secondary school children (to Yr. 12) | School Nursing Team | n/a |
| HSC workers (inc. care home staff) | Trust Vaccine Team Community Pharmacy (care home staff can be vaccinated alongside residents during pharmacy visit) GPs (can vaccinate practice staff or HCWs who other eligibility criteria) | n/a |
| Housebound patients | Trust Vaccine Team (GP identifies & refers pt. to Trust) | Trust Vaccine Team (GP identifies & refers pt. to Trust) |
| Inpatients (eligible cohorts) | Trust Vaccine Team (eligible inpatients identified) | Trust Vaccine Team (eligible inpatients identified) |
| Carers | GP Community Pharmacy | n/a |
| Close contacts immunosuppressed | GP Community Pharmacy | n/a |



Appendix 2: Vaccine Characteristics

The following information has been included to facilitate logistical and operational planning with regards to pack sizes/doses and shelf-life. For information relating to vaccine policy, please refer to the HSS(MD) <u>Influenza</u> and <u>COVID-19</u> letters.

The full summary of product characteristics (SmPC) and patient information leaflets (PIL) for each individual vaccine product is available on the <u>Electronic Medicines</u> <u>Compendium (EMC)</u> website and links below.

COVID-19 Vaccines for Autumn 2025/26

| COVID-19 Vaccine | SmPC / PIL (EMC) link | Pack and dose(s) per vial |
|---|---|--|
| Comirnaty 30 KP.2 Ready to use Multi-dose vial (MDV) | Comirnaty KP.2 30 micrograms/dose dispersion for injection | 1 pack contains 60 doses (10 vials, 6 doses per vial) |
| Comirnaty 10 LP.8.1 Child Ready to use Single-dose vial (SDV) **HSC Trusts only** | Comirnaty LP.8.1 10 micrograms/dose dispersion for injection | 1 pack contains 10 doses (10 vials, 1 dose per vial) |
| Comirnaty 3 LP.8.1 Infant Dilute to use Multi-dose vial (MDV) **HSC Trusts only** | Comirnaty LP.8.1 3 micrograms/dose concentrate for dispersion for injection | 1 pack contains 30 doses (10 vials, 3 doses per vial) |

Please note:

- Comirnaty (Pfizer) COVID-19 vaccines have a thawed shelf life of <u>10 weeks</u> at 2°C to 8°C within the 18-month shelf life.
- Please ensure that the correct thawed shelf life is followed as per the label affixed on the pack by Movianto NI, opposed to the manufacturer's 18-month shelf life.



Influenza Vaccines for Autumn 2025/26

| UKHSA Approved Abbreviation | Name on Movianto and VMS | SmPC (EMC) Link | Product Packaging Artwork and pack size |
|-----------------------------------|--|---|--|
| | 25/26 AIIV ADJUVANTED FLU VACCINE PFS | Adjuvanted Trivalent Influenza Vaccine (Surface | To per still different to the control of the contro |
| allV | allV - Adjuvanted Inactivated Influenza Vaccine – 0.5mL | Antigen, Inactivated) Segirus suspension for injection in pre- filled syringe | 10 prefilled syringes per pack |
| | 25/26 IIVC CELL-BASED FLU VACCINE PFS | Cell-based Trivalent Influenza Vaccine (Surface | 283300 SISSON Marian Marian Marianan Ma |
| IIVc | IIVc – Cell-based Inactivated Influenza Vaccine - 0.5mL | Antigen, Inactivated) Seqirus suspension for injection in pre- filled syringe | 10 prefilled syringes per pack |
| | 25/26 LAIV FLUENZ NASAL SUSP | Fluenz Trivalent nasal spray | FluenZ+ masel spring suspension Influenza vaccine ((ive, nacal) For nasal use only. Do not freeze. Store in a refrigerator. Do not freeze. Keep the nasel appleator in the outer carron to preset from light. |
| LAIV – Fluenz Influenza | suspension Influenza vaccine (live, nasal) | 10 single use applicators per | |

Please note:

- The influenza vaccine type abbreviation "TIV" (Trivalent Influenza Vaccine) was phased out by UKHSA in favour of the new abbreviation "IIV" (Inactivated Influenza Vaccine).
- The allV, IIVc and LAIV vaccines procured by PHA and UKHSA for Autumn 2025/26 are trivalent influenza vaccines as recommended by JCVI advice.
- The shelf life of allV and IIVc is 1 year (12 months), and LAIV is 15 weeks, please refer to pack for dates.



Appendix 3: Guidance on Ordering

GP Practice - Guidance on Ordering Vaccines

Quotas

Quotas have been based on previous uptake (recorded on VMS). Due to vaccine availability, vaccines will not be available for all eligible individuals in your practice/clinics as this does not reflect uptake. Please **do not** request vaccines for all patients invited as these will not be approved. You will be able to order 100% of your quota from the start of the programme; however, we strongly advise that you order quantities to facilitate clinics and do not hold excess stock.

> Ordering timeframes

Only order vaccines 2 weeks ahead of the date of arranged clinics and allow enough time for delivery ahead of the planned clinic. Deliveries may take up 5 working days from your order being placed with Movianto at the start of the programme.

> Planning clinics

- You should plan your clinics based upon the amount of vaccine that is available to your practice (i.e. your quota).
- Please only order enough vaccine to cover planned clinics as large amounts
 of vaccines should not be stored in fridges as this increases the risk of
 vaccine wastage and can create vaccine shortages if large quantities are
 ordered and not used.
- Extra clinics: these can be arranged IF all vaccine has been used and recorded on VMS. You can place an additional order via PHA at <u>pha.immunisation@hscni.net</u>. Please allow enough time for order and delivery before your planned clinic.
- Please do not share any vaccine stock with other providers. This is for various complex legal reasons including vaccine traceability and governance – if for any reason a certain batch is recalled by the manufacturer e.g. product failure or contamination, we need to be able to trace which providers received that batch.



Emergency orders (i.e. needed same day/next morning)

Emergency orders should only be placed in extenuating situations and not due to poor planning. Please note there is a high cost involved with emergency orders which then impacts on the finances/budget of the vaccination programme. Please note that Movianto can only facilitate emergency orders for flu vaccines, as Covid-19 vaccines cannot be defrosted and despatched on same day.

Cold chain failures

There have been a large number of cold chain failures over the past number of vaccination programmes. We must try to minimise these moving forward. Please ensure that vaccine stock is placed promptly in the fridge when delivered by Movianto. Please see the <u>Guidance on vaccine handling and storage in GP practices</u> for information, and ensure that your practice have appropriate contingency plans in place for planned and unplanned power outages (e.g. remedial works and adverse weather).

For cold chain failures that occur in:

- Community Pharmacy settings, please refer to the SPPG guidance via the BSO website <u>link</u>.
- HSC Trust settings, please refer to local Trust standard operating procedures.

> Recording vaccinations

Please ensure all vaccines administered are recorded on VMS promptly. VMS is used to monitor uptake and also how we calculate quotas. It is also important that all records are up to date to ensure the completeness of the patient vaccination record and reduces the risk of double vaccination.



Appendix 4: Contacts (for cold chain incidents)

Northern Ireland Medicines Information Services (NIMIS) Monday to Friday 9.00am - 5.00pm

Please note, if the local MI/Trust service are unable to accept queries relating to cold chain, please contact the Regional Service in the Belfast HSC Trust

| Trust | Email Address | Phone Number |
|---|--|---|
| Regional Service and Local Service for Belfast Trust | medicineinfo@belfasttrust.hscni.net | 028 9504 0558 |
| South Eastern Trust Local Service | medicines.information@setrust.hscni.net | 028 9056 1445 028 9048 4511 ext. 10220 |
| Western Trust Local Service | altnagelvin.medinfo@westerntrust.hscni.net | 028 7161 1462 028 7134 5171 ext. 213756 |
| Northern Trust Local Service | 1st Contact Specialist Vaccine Services Pharmacy Technician, Pharmacy Department, Mid- Ulster Hospital, Magherafelt Alternative contact medicines.info@northerntrust.hscni.net | 028 7936 6755 028 9442 4556 ext. 4763 |
| Southern Trust Local Service | medicinesinfo.cah@southerntrust.hscni.net | 028 3756 3893 028 375 63890 |

Public Health Agency:

| PHA Duty Room Tele: | 0300 555 0119 |
|--|----------------------------|
| PHA Immunisation Team: (general queries) | pha.immunisation@hscni.net |



Appendix 5: New Features on VMS

Clinic Mode

Training guide available using the following link

Using VMS Clinic Mode

Streamline your vaccination clinics with ease



Pre-Clinic Preparation

- · Create Clinic Lists in advance for scheduled clinics.
- Search and select patients vaccinated in the last 16 months.
- Set eligibility before the clinic day.



Walk-in Clinics

- Set default vaccination details (e.g. vaccine type, batch number, vaccinator name).
- Quickly add patients as they arrive using surname or HCN



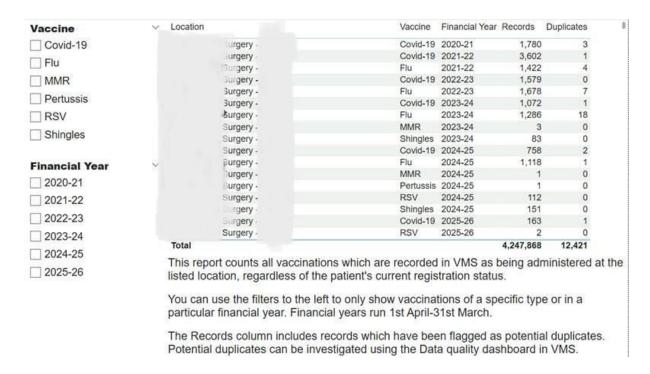
Post-Clinic Data Entry

- Record vaccinations after the clinic when VMS access was unavailable.
- Use batch entry to save time and ensure accuracy

GP Dashboards

It showcases the different type of vaccines administered by a practice in a financial year and potential duplicate records as well. It is a really helpful tool for practices when going through the figures at the end of the year, especially when dealing with probity requests.





Duplicates Dashboard

This dashboard is available to GPs, Trusts and Pharmacies to get an in-depth analysis of the potential duplicate records. This is useful to see if a patient had their vaccination recorded on VMS twice and allow staff to easily identify the records that need to be deactivated.



Appendix 6: Housebound Protocol

1. INTRODUCTION

Within the Seasonal vaccination programmes, General Practitioners (GPs) are tasked with referring their eligible housebound patients to their local HSCT Vaccination team.

Eligibility criteria is set out and communicated via SSPG and PHA, on a programme/campaign specific basis and GPs should make the referrals for eligible housebound individuals.

This regional protocol is intended to provide guidance for the safe management of any referrals made from GPs, in regards to their housebound patients, including reference to the IEAP guidelines re: DNA's/no answer.

2. RESPONSIBILTIES

| GP practice responsibility | Vaccination team responsibility |
|---|--|
| ✓ Make referrals within the requested timeframe. Any newly eligible patients after the main referral date should be referred as soon as possible. ✓ Ensure all necessary patient details are included in the referral. | ✓ Ensure all email referrals are transcribed onto the Trust's internal Vaccine database / information system. |
| ✓ Only <u>eligible</u> patients are referred. | ✓ Ensure a timely allocation for visit. This includes contacting patient or next of kin. |
| ✓ Ensure those being referred fall within the cohort/definition of housebound – being unable to attend GP practice or HSC Trust venues for vaccination | ✓ Ensure best interest forms are in place for those individuals who lack capacity to consent. |
| ✓ Submit referrals preferably via CCG, or via agreed local process. Should you need to contact trust vaccination teams, use their shared mailbox for Trust vaccinations: BHSCT: carehomevaccinations@belfasttrust.hscni.net NHSCT: Partnerhub@northerntrust.hscni.net WHSCT: gpvac.referral@westerntrust.hscni.net SHSCT: access.information@southerntrust.hscni.net SEHSCT: tel: 02895988098 *ensure all submitted information is encrypted in line with organisations information governance policy | ✓ Keep an accurate record of number of visits per patient – ensuring patient receives X2 visitations (As per IEAP guidelines). |
| ✓ Provide completed form / information to support best interest decision for those patients who do not have capacity to consent to vaccination. | ✓ Keep internal database / information system up to date with progress of referral. |



3. HOUSEBOUND REFERRALS: VACCINATION FLOW PROCESS MAP

GP refers

- GP makes referral via agreed process into HSC Trust vaccination team (district nursing team in SET)
- Provide information to support *best interest* decision (if required)

Referral info uploaded Patient details uploaded onto database / information system

Patient contacted

- Vaccination coordinator makes contact with patient (by phone) and schedules appointment
- No answer to 1st phonecall? Try again
- No answer to 2nd telephone call, check contact details with GP Practice
- VMS to be checked re: patients vaccination history
- If *best interest* is required, follow up with GP for Information/ Best interest Form

Vaccination

- Vaccination team visits patient to provide vaccination
- No access/answer on 1st visit? leave a letter with contact details
- No access/answer on 2nd visit? no further visits to be scheduled

Post-vaccine admin.

- Trust database / information system updated (i.e. completed, rebook, unsucessful etc)
- VMS updated within 24 hours with details of vaccine(s) provided
- Notify GP Practice of all patients who refused vaccine, no access/answer on 2nd visit